



UNC
SCHOOL OF
PUBLIC HEALTH

28th Annual Minority Health Conference

February 23, 2007
William and Ida Friday
Continuing Education
Center
Chapel Hill, North
Carolina

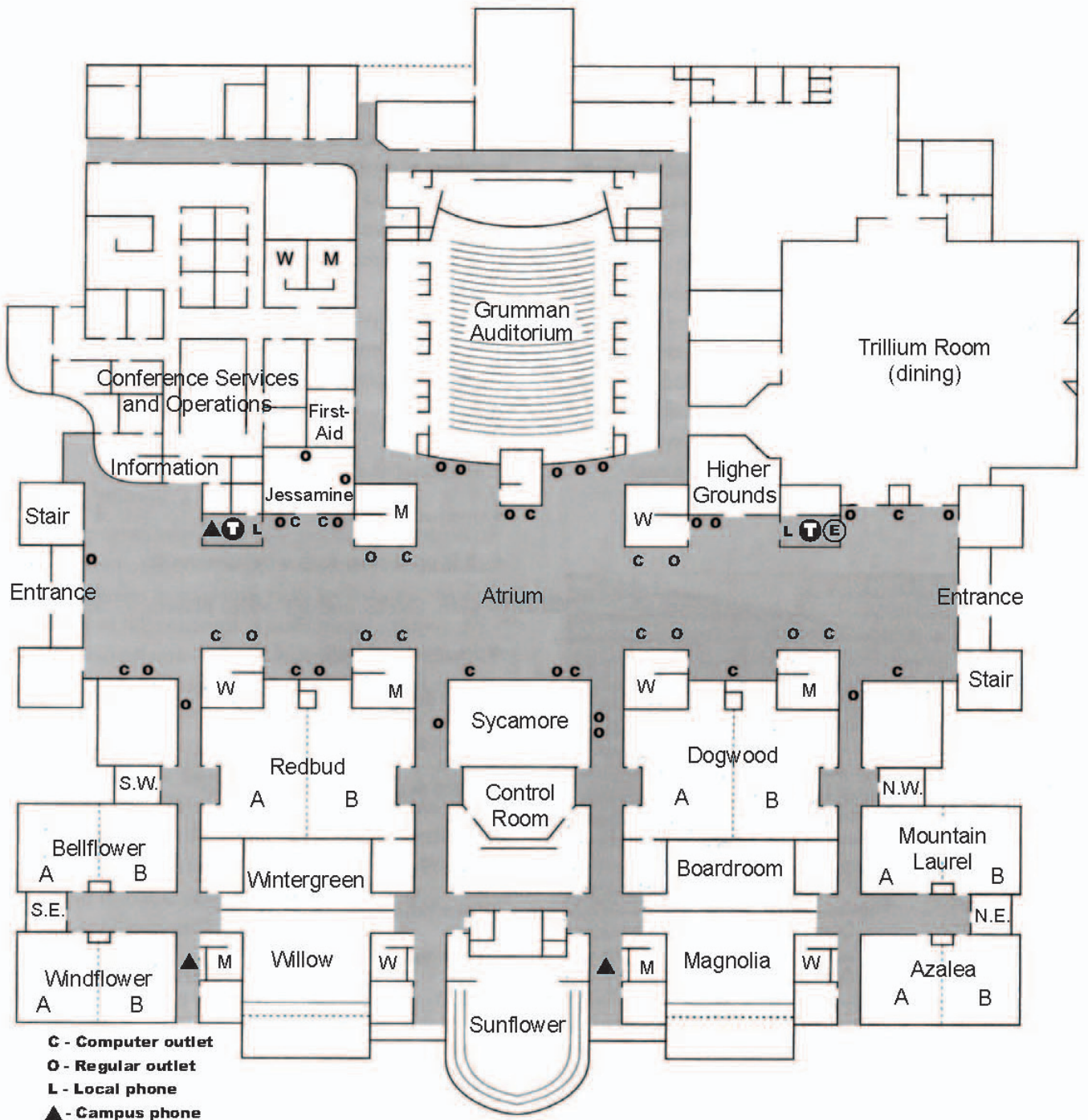
William T. Small, Jr.
Keynote Lecture by
David J. Malebranche,
MD, MPH
of Emory University
School of Medicine

AIDS at 25:



It's Time to Deliver

Sponsored by
UNC School of Public Health
Minority Student Caucus
Student Government Board
Minority Health Project
North Carolina Institute for Public Health



- C** - Computer outlet
- O** - Regular outlet
- L** - Local phone
- ▲** - Campus phone
- E** - E-mail stations
- T** - Pay phone

Floor Plan
 The William and Ida Friday Center for Continuing Education

28th Annual Minority Health Conference

AIDS at 25: It's Time to Deliver

2006-2007 Planning Committee

Conference Co-Chairs

Latoya White- HBHE
Nancy DeSousa- HBHE

Conference Committee Members

Anderson, Althea- MHCH
Armstrong-Brown, Janelle- HBHE
Banks, Bahby- HBHE
Barlow, Jameta- HBHE
Browne, Felicia- HBHE
Diggs, Pamela- HBHE
Girmay, Mehrete- HBHE
Hacker, Tara- HPPA
Ivy, Edward Donnell- HPAA
Leone, Lucia- NUTR
Melton, Larry- HPAA
Mendez, Dara- MHCH
Moultrie, Stephanie- MHCH
Paez, Sadye- MED
Parker, Megan- NUTR
Patel, Shilpa- MED
Raymond, Kristal- EPID
Robinson, Whitney- EPID
Robles, Omar- HPAA
Seman, Laura- HBHE
Spriggs, Aubrey- MCH
Stallings, Willona- MHCH
Taylor, Eboni- EPID
Taylor-Snowden, Nicole- NCIPH

Felicia Mebane, Assistant Dean for Student Affairs, UNC SPH
Victor Schoenbach, Principal Investigator, Minority Health Project, UNC SPH
Steve Hicks, North Carolina Institute for Public Health, UNC-SPH
Beverly Holt, North Carolina Institute for Public Health, UNC-SPH
Lisa Ferdinando Morris, North Carolina Institute for Public Health, UNC-SPH

Conference at a Glance

<u>Time</u>		<u>Room</u>
8:00am	REGISTRATION/ CONTINENTAL BREAKFAST	Central Atrium
9:00am	INTRODUCTIONS & WELCOME	Grumman
9:30am	WILLIAM T. SMALL, Jr. KEYNOTE Lecture	Grumman
10:45am	MORNING CONCURRENT SESSIONS	
	(A1) HIV Among Adolescents	Redbud
	(A2) Drugs: Past, Present, and Future	Mt. Laurel
	(A3) MSM/Down Low	Dogwood
	(A4) Community Partnerships: HIV in the African American Community	Windflower
	(A5) HIV and Incarceration: Dual Epidemics	Azalea
	(A6) Working Around the Barriers: Connecting with the Latino Community	Bellflower
11:45AM	EXHIBITS and POSTER SESSION	Central Atrium
12:15pm	LUNCH	Trillium Room
1:30pm	AFTERNOON CONCURRENT SESSIONS	
	(B1) Migration and HIV Risk among Mexican Males in North Carolina	Mt. Laurel
	(B2) The Impact of HIV/AIDS on Women of Color	Windflower
	(B3) Faith Based Role in HIV Prevention	Redbud
	(B4) HIV in the Native American Community	Bellflower
	(B5) HIV and Human Rights	Dogwood
	(B6) Access to Healthcare for HIV-Infected Individuals	Azalea
	(B7) Risk Reduction among HIV-Positive Individuals	Sunflower
2:45pm	EXHIBITS AND POSTER SESSION	
3:00pm	INTERACTIVE CONCURRENT SESSIONS	
	(C1) Interactive Discussion on Controversial Topics in Domestic HIV	Redbud
	(C2) Panel Discussion	Dogwood
	(C3) Film Viewing Followed by Discussion	Sunflower
4:30pm	CLOSING REMARKS & CONFERENCE ADJOURNS	

Agenda

8:00 am

Registration/Continental Breakfast

Central Atrium

9:00 am

Introductions and Welcome

Grumman Auditorium

Barbara K. Rimer, DrPH
Dean, School of Public Health
UNC at Chapel Hill

Archie W. Ervin, PhD
Associate Provost for Diversity and Multicultural Affairs
UNC at Chapel Hill

Moderator: LaToya M. White
Conference Co-chair
Health Behavior and Health Education
School of Public Health
UNC at Chapel Hill

9:30 am

William T. Small, Jr. Keynote Lecture

Grumman Auditorium

David Malebranche, MD, MPH
Assistant Professor
Emory University, School of Medicine

Moderator: Nancy S. DeSousa
Conference Co-chair
Health Behavior and Health Education
School of Public Health
UNC at Chapel Hill

*9th Annual William T. Small, Jr.
Keynote Lecture*

AIDS at 25: Emerging from the Matrix

by **David Malebranche, MD, MPH**

Abstract

In his keynote address, Dr. Malebranche will review the epidemiologic history of HIV over the past 25 years and discuss how the epidemic has progressed to disproportionately impact various racial/ethnic groups in the United States, particularly Black and Latinos. In addition to discussing the specific medical advances and policy decisions impacting the treatment and diagnosis of this disease, the presentation will specifically focus on conceptualizing HIV as a social disease, identifying the unique social and environmental conditions that are driving infection rates among various racial/ethnic groups. Using this approach, Dr. Malebranche will not only comprehensively cover where we have been and where we currently are with the HIV epidemic, but will also present future directions and challenges that lie ahead.

Keynote Speaker Bio

David J. Malebranche, MD, MPH, is an Assistant Professor of Medicine at Emory University's School of Medicine in Atlanta, Georgia. He sees patients at the Ponce Infectious Disease Center, a local clinic that provides comprehensive care to uninsured patients living with HIV/AIDS and supervises medical providers-in-training at the Primary Care Center at Grady Memorial Hospital in downtown Atlanta.

Additionally, Dr. Malebranche conducts research exploring the social, structural, and cultural factors influencing sexual risk behavior and HIV testing practices, particularly among Black men and men who have sex with men (MSM). He was a Visiting Professor with the HIV Prevention Research in Minority Communities Program at the Center for AIDS Prevention Studies (CAPS) in San Francisco from 2002-2004, and recently completed a project with the Centers for Disease Control and Prevention (CDC) exploring the social factors influencing the HIV testing practices and sexual risk behaviors of Black MSM. In 2006 he began a two year qualitative study with the National Institute of Health's Division of Child & Human Development exploring the social context of disclosure and sexual risk behavior among behaviorally bisexual Black men.

Dr. Malebranche's work has been featured in medical and public health journals such as *The Annals of Internal Medicine*, *The American Journal of Public Health*, *Health Affairs*, *Academic Medicine*, and the *Journal of the National Medical Association*. He is known as a dynamic speaker nationwide and has been featured in documentaries on CNN, ABC News Primetime, and Black Entertainment Television (BET) for his expertise on HIV in the Black community. He has also been recognized in the Black same gender-loving community with an award from *Clik Magazine* in politics/health and the Community Service Award from Gay Men of African Descent (GMAD), a community-based organization in New York City. In July 2006, Dr. Malebranche was appointed to the President's Advisory Council on HIV/AIDS (PACHA).

10:30am

Posters and Exhibitors Session

10:45 am

MORNING CONCURRENT SESSIONS

(A1) HIV Among Adolescents

Current trends in HIV infection rates indicate that youth of color face a significant risk for infection. According to the CDC, in 2004 African American youth account for 55% of HIV infections among youth ages 13-24. Prompted by such data, many researchers and health professionals have directed their attention towards adolescent and young adult HIV prevention. This session will focus on ways in which to address HIV care, research and prevention among youth; techniques that have worked well, core issues facing youth that may increase their risks for HIV infection, and other factors that can have a positive impact on reducing infection rates.

Lawrence J. D'Angelo, MD, MPH

Chief
Division of Adolescent and Young Adult
Medicine
Children's National Medical Center
Washington, DC

Maceo Thomas, MPH

Community Coordinator
Connect to Protect
Division of Adolescent and Young Adult
Medicine
Children's National Medical Center
Washington, DC

A. Keith Selden

Program Manager, Youth Connections
Children's National Medical Center
Washington, DC

Stephanie Crane

Study Coordinator
Division of Adolescent and Young Adult
Medicine
Children's National Medical Center
Washington, DC

Moderator: Bahby Banks, MPH
Health Behavior and Health Education
School of Public Health
UNC at Chapel Hill

(A2) Drugs: Past, Present, and Future

From the discovery of AZT to the highly active antiretroviral treatment (HAART) cocktails of today, management of HIV has changed significantly over the 25 years of the epidemic. This session will discuss the history of HIV disease and drug development, evaluating where researchers and clinicians are now, in terms of treatment options, including the latest advances in HAART.

Charles van der Horst, MD

Core Director
UNC AIDS Research and Treatment Center
Chapel Hill, NC

Moderator: Kim Russell
Health Behavior and Health Education
School of Public Health
UNC at Chapel Hill

(A3) MSM/Down Low

Men who have sex with men (MSM) still comprise the greatest number of infections in the United States. A new term “down low” has emerged as a way to describe some MSM who also have sex with women. This session will explore the myths and realities of the down low as it relates to the lives of young black men who have sex with men (MSM). Additionally, the session will examine North Carolina model of outreach prevention and care for young black MSM.

Justin C. Smith
Project Coordinator
Project STYLE
Chapel Hill, NC

Sebastian Battle
Client Services/Outreach Advocate
Project STYLE
Chapel Hill, NC

Andre L. Brown
Research Associate
Project STYLE
Chapel Hill, NC

Marcie Fisher-Borne, MSW, MPH
Research Associate
Project STYLE
Chapel Hill, NC

Jeffrey E. Love
Outreach Worker
Project STYLE
Chapel Hill, NC

Moderator: Megan Parker
Nutrition Intervention and Policy
School of Public Health
UNC at Chapel Hill

(A4) Community Partnerships: HIV in the African American Community

African Americans are disproportionately affected by HIV, accounting for more than half of all new infections despite comprising only 12% of the population. Thus, it is vitally important to outreach to this community and engage them fully in HIV research projects and interventions. This presentation will focus on effective strategies for academic institutions seeking to fully engage partner organizations and stakeholders within the African American community from the perspective of a community member.

Melvin Rafiq Muhammad
Community Outreach Specialist
Project GRACE
Community Enrichment Organization
Rocky Mount, NC

Tiffany Grant
HIV/AIDS counselor
Community Enrichment Organization
Rocky Mount NC

Moderator: Afa Jatau
Health Behavior and Health Education
School of Public Health
UNC at Chapel Hill

(A5) HIV and Incarceration: Dual Epidemics

Prisoners have historically been at a higher risk than the general population for HIV infection. This session will focus on issues facing prisoners in regards to prevention, support, and treatment services for those infected with or at risk for HIV infection. It will also address continuity of care after release, and the impact of incarceration on the infection rates of prisoners.

David Alain Wohl, MD
Associate Professor
UNC School of Medicine
Chapel Hill, NC

Moderator: Ciara Zachary
Health Behavior and Health Education
School of Public Health
UNC at Chapel Hill

(A6) Working Around the Barriers: Connecting with the Latino Community

Latinos are the fastest growing ethnic minority and are disproportionately affected by HIV. This session will focus on how to best implement HIV prevention and treatment services to Latino communities from a community service perspective, discussing the unique needs, challenges, and barriers to accessing care for this population.

Donna Rzewnicki
Latino HIV/STD Educator
Wake County Human Services
Raleigh, NC

María del Pilar Cabrera Román
Human Services Case Manager
Wake County Human Services
Raleigh, NC

Moderator: Mehrete Girmay
Health Behavior and Health Education
School of Public Health
UNC at Chapel Hill

11:45 am
Exhibits & Poster Preview
Central Atrium

12:15 pm
Lunch
Trillium Room

1:30 pm

AFTERNOON CONCURRENT SESSIONS

(B1) Migration and HIV Risk among Mexican Males in North Carolina

There is increasing recognition that migration contributes to the diffusion of sexually transmitted infections (STIs), including HIV. However, the mechanisms putting migrants at risk are poorly understood. This session will describe the changes in sexual practices accompanying migration and present a comparison between the sexual behavior in Mexican migrant sending communities with those present among Mexicans in Durham, NC.

Emilio Parrado, PhD

Associate Professor of Sociology
Duke University
Durham, NC

Moderator: Dinushika Mohottige
Health Behavior and Health Education
School of Public Health
UNC at Chapel Hill

(B2) The Impact of HIV/AIDS on Women of Color

Gender plays a significant role in the experience of HIV/AIDS in affected populations. This session will address the influence of both social and geographical contexts on sexual behaviors and the challenges of disease prevention among women of color in the United States.

Adaora Adimora, MD, MPH

Assistant Professor
UNC School of Medicine
Division of Infectious Diseases
Chapel Hill, NC

Suki Terada Ports

Executive Director
Family Health Project
New York, NY

Moderator: Althea Anderson
Maternal and Child Health
School of Public Health
UNC at Chapel Hill

(B3) Faith Based Role in HIV Prevention

The church often plays an important role in the lives of individuals and can influence community norms. This session will discuss the role of the church in recognizing HIV/AIDS as a health crisis as opposed to a sin issue. Twenty-five years of abstinence without prevention has seen HIV/AIDS continue to devastate our communities.

Katherine Miranda Soares, BS

Pastor and founder
Disciples of Christ Tabernacle Mission Church
Health Promotion Specialist/Contract Manager
Rhode Island Department of Health
Providence, RI

Moderator: Nicole Snowden-Taylor
Program of Ethnicity, Culture, and Health Outcomes
UNC at Chapel Hill

(B4) HIV in the Native American Community

Native Americans' diversity and relatively small numbers often leads to difficulty in providing adequate healthcare and access. This session will discuss developing linkages and improving access to HIV care in rural areas for Native American communities.

Bruce Swett

Minister and Executive Director
The Healing Lodge
Native American Interfaith Ministries Inc
Pembroke, NC

Trisha Carter, MSW, LCSW,

Behavioral Health Care Specialist
Native American Interfaith Ministries
The Healing Lodge
Robeson Healthcare Corporation
Pembroke, NC

Moderator: Anthony Flegg
Native Health Initiative
Chapel Hill, NC

(B5) HIV and Human Rights

Human rights abuses play a key role on the rates of infection among stigmatized groups, such as the incarcerated. Incarceration is a major social force of our day. This session will explore the many ways in which incarceration can contribute to HIV transmission among those who don't go to prison, but who live in a community with a high incarceration rate.

James Thomas, PhD, MPH

Associate Professor
Department of Epidemiology
UNC School of Public Health
Chapel Hill, NC

Moderator: Carla Lopez
Health Behavior and Health Education
School of Public Health
UNC at Chapel Hill

(B6) Access to Healthcare for HIV-infected Individuals

As the number of uninsured and underinsured Americans continues to rise, many HIV infected individuals are not receiving adequate treatment. This session will discuss the options that HIV infected individuals have in North Carolina to gain access to crucial health care, including prescription drugs, as well as the barriers that exist to such access.

Carolyn McAllaster, JD
Founder and Director
AIDS Legal Assistance Project
Clinical Professor of Law
Duke University School of Law
Durham, NC

Moderator: Edward Donnell Ivy, MD
Health Policy and Administration
School of Public Health
UNC at Chapel Hill

(B7) Risk Reduction Among HIV Positive Individuals

Most research interventions on HIV prevention target HIV-negative individuals, and little attention has been given to providing prevention messages for those already infected with HIV. This session will discuss a current program that targets HIV-positive individuals and their role in reducing risk for themselves and potential partners.

Carol Golin, MD
Research Assistant Professor
UNC School of Public Health
UNC School of Medicine
Chapel Hill, NC

Moderator: Eboni Taylor, MPH
Epidemiology
School of Public Health
UNC at Chapel Hill

2:45 pm

Poster and Exhibits

3:00 pm

Interactive Sessions

These sessions will give participants an opportunity to engage with each other and guest speakers in dialogue around topics addressed throughout the conference.

(C1) Discussion and Activity on Hot Button Domestic HIV Issues

Participants will engage in an interactive activity and discussion about the pros and cons of policy implementation around HIV prevention and testing. Topics will include Needle Exchange Programs, Access to condoms in prison, and mandatory testing.

Moderator: Nancy DeSousa
Health Behavior and Health Education
School of Public Health
UNC at Chapel Hill

(C2) Panel Discussion

Participants will be able to attend a panel discussion with speakers from both our morning and afternoon sessions on the state of HIV prevention, treatment, and where the epidemic is going in different sub-populations. The panelists are: Lawrence D'Angelo (Adolescents), Melvin Muhammed (African Americans), Bruce Swett (Native Americans), Suki Terada Ports (Women), and David Wohl (Prisoners)

Moderator: Dinushika Mohottige
Health Behavior and Health Education
School of Public Health
UNC at Chapel Hill

(C3) Film and Discussion

A showing of the ABC documentary, "Out of Control: AIDS in Black America" will be followed by a discussion of the film's major themes. The documentary features commentary by top researchers, many from UNC, and HIV leaders on different key determinants of the rising infection rates in African American communities. Jim Thomas, who was featured in the film, will facilitate the discussion immediately following the one-hour film.

Moderator: Althea Anderson
Maternal and Child Health
School of Public Health
UNC at Chapel Hill

4:30pm

Closing Remarks

4:45pm

Conference Adjourns

Speaker Bios

Adaora Adimora, MD, MPH is an infectious disease physician, associate professor of medicine at the University of North Carolina School of Medicine and adjunct associate professor of epidemiology at UNC's school of public health. Her research focuses on HIV epidemiology, particularly the importance of sexual networks, the influence of social context on sexual behaviors, and the epidemiology of HIV infection among African Americans and the special challenges of HIV prevention among rural women and their partners.

Sebastian Battle is a Client Services/Outreach Advocate with a joint appointment between Project STYLE and the Alliance of AIDS Services-Carolina. Sebastian focuses on education and prevention of college-aged African-American males between 18-30, linking HIV+ persons to care, treatment and the available services in the community. He also serves the community in various volunteer capacities. Sebastian is a graduate of the University of North Carolina at Chapel Hill with a Bachelor's of Science in Biology.

Andre L. Brown is a second year Master's student in the Department of Health Behavior and Health Education at the University of North Carolina-Chapel Hill's School of Public Health. His research interests include HIV/AIDS among young Black men and the effects of race and racism on the health of people of color. Andre also holds the position of research associate with Project STYLE and after graduation plans to continue his work addressing HIV/AIDS among young people and people of color. Andre obtained his Bachelor's of Art degree in Sports Management and Communication and Afro-American and African Studies from the University of Michigan-Ann Arbor.

María del Pilar Cabrera Román, a resident of North Carolina since 2004, is a native of Puerto Rico. Ms. Cabrera Román received her first degree, a BA in Fine Arts, from the University of Puerto Rico in 1997. She received a second degree, a BA in Cultural Anthropology, in 2003 from Iowa State University. Since arriving in North Carolina, Ms. Cabrera Román has worked almost exclusively on health promotion projects targeting the Latino community. She has assisted with or developed programs for community information, resource networking and maternal/child health. She now works for Wake County Human Services as part of the HIV/STD Program Team as a Human Services Case Manager. In this role she provides HIV testing and counseling services to Wake County's Latino community, migrant workers, day laborers, regional Latino sports enthusiasts and the community at large. She has also collaborated with numerous partner agencies in the development and expansion of services for the Latino community. She is currently pursuing advanced degrees at North Carolina State University, Raleigh.

Trisha Carter, MSW, LCSW, is a Behavioral Health Care Specialist with Native American Interfaith Ministries "*The Healing Lodge*" in Pembroke, NC and Robeson Health Care Corporation in Lumberton, NC. A 1997 graduate of East Carolina University, she specializes in individual and group therapy with adults diagnosed with HIV/AIDS. She also provides rapid HIV testing along with pre and post test counseling for high risk individuals who receive screening, triage and referral.

Stephanie Crane, MPH, currently works for Children's National Medical Center in Washington, DC, in the Division of Adolescent Medicine as a Study Coordinator for the Adolescent Trials Network. Prior to her time in DC, she got her Masters in Public Health, with a concentration in Social and Behavioral Sciences, from Boston University in 2004. While getting her MPH in Boston, she worked for Boston Medical Center's Public Health Clinic as a Clinical Research Assistant for their adolescent STI and HIV studies. Ms. Crane got her BA in Psychology from the University of North Carolina at Chapel Hill in 2000. While at UNC, she worked with Dr. Mark Hollins, on pain and vibrotactile analgesia studies. Ms. Crane has been working in research for over 7 years. Her areas of interest in research include adolescents, STI's, HIV, and women's reproductive health.

Lawrence J. D'Angelo, MD, MPH, Chief of the Division of Adolescent and Young Adult Medicine at Children's National Medical Center, Washington, D.C. Dr. D'Angelo has been a DC Metro area pioneer in the adolescent HIV field. For the past 23 years, he has lead regional and national efforts to understand the epidemiology and pathophysiology of HIV infection in adolescents. He founded the Burgess Clinic at Children's in 1988, one of the first clinics in the country dedicated to caring for HIV infected and affected adolescents. That same year, he and a group of community leaders founded a community based organization, which ultimately grew into MetroTeen AIDS. The author of over 100 articles and book chapters, Dr. D'Angelo recently co-edited and wrote the first book to address the comprehensive experience of HIV infection in adolescents, Teenagers and HIV/AIDS: Insights from Youths Living with the Virus. Dr. D'Angelo has also been the principal investigator on numerous research studies of HIV infection in teenagers and currently directs one of 15 national Adolescent Trials Network units funded by the National Institute of Child Health and Human Development. He is the recipient of a special NIAID award recognizing these efforts. He was the first chair of the Adolescent Scientific Committee of the AIDS Clinical Trials Group (ACTG) of the National Institute of Health and has also chaired two protocol teams for the first two adolescent-specific protocols being conducted in the ACTG.

Marcie Fisher-Borne, MSW, MPH is a doctoral student at the School of Social Work at the University of North Carolina-Chapel Hill where she also serves as Adjunct Faculty. Marcie is a research associate with Project STYLE and is working to implement and evaluate a statewide training for the North Carolina DHHS HIV/STD division to help providers better serve lesbian, gay, bisexual, transgender clients. Her research interests include: community-based participatory research, community organizing, structural inequalities as they relate to health and well being, and LGBT youth and family issues.

Carol Golin, MD is engaged in research in the development and assessment of behavioral interventions to enhance compliance and healthcare for persons living with HIV/AIDS and access to care for incarcerated persons. In addition she studies the influence of patient-provider communication on health outcomes and is particularly interested in medical decision-making. She is also interested in behavioral interventions to prevent the secondary spread of HIV.

Tiffany Grant is currently employed by Community Home Care & Hospice. She is a member of Increasing Faith Ministries located in Rocky Mount NC. Ms Grant is the founder of Graceful Girls Inc. a group designed to help develop healthy self- esteem in young black girls. She currently serves on the Edgecombe Community College Education Board. She is also trained as a HIV/AIDS counselor. She is currently the member of Cultural Collective, which is a poetry troop from Rocky Mount N.C., Cultural Collective is also dedicated to creating better

neighborhoods. She is also writing a collection of poetry to be published this spring (2007). She speaks at churches in the community to help with HIV/AIDS awareness. Ms. Grant is the daughter of Eva Gainer and the late Ricky Grant. She is a native of Rocky Mount N.C. She received her BSW from Barton College located in Wilson NC.

Jeffrey E. Love currently serves as an Outreach Worker for Project STYLE and is based at North Carolina Central University. Jeffrey has been working in the HIV/AIDS field for two years and interest lies in developing innovative ways to reach populations for HIV testing. Jeffrey is also in his senior year at North Carolina Central University where he is majoring in Criminal Justice and Psychology.

Carolyn McAllaster, JD, is the Founder and Director of the AIDS Legal Assistance Project and a Clinical Professor of Law at Duke University School of Law. She supervises students in the AIDS clinic and teaches a course on AIDS and the law. She was a Founder and the first President of the North Carolina Association of Women Attorneys, and was appointed by the Governor to serve on the North Carolina AIDS Advisory Council in 1996. She chaired the Council in 2005. She received her B.A. from the University of North Carolina in Chapel Hill in 1972, and her J.D. from the UNC Law School in 1976. She was a litigator in private practice in Durham, North Carolina from 1976 to 1988 where she handled a variety of complex litigation in the state and federal courts. She has been a state court arbitrator in the Fourteenth Judicial District since 1987. McAllaster has taught at Duke Law School since 1988. She is a frequent speaker at workshops for both attorneys and non-attorneys on AIDS and the law issues.

Melvin Rafiq Muhammad has served as the executive director of youth programs at the Conetoe Community Development Corporation of Conetoe Chapel Missionary Baptist Church and as the Facilitator for the Community Enrichment Organization's "Male Focus Group," a program designed to assist black males with in and around Edgecombe County, NC developing employment and social skills. He currently serves as protocol director for Nation of Islam's Muhammad Mosque #79, in Greenville, NC. He also serves on the Edgecombe County Public Schools Advisory Council, as a representative for District 6. In addition, he is the vice president of the Edgecombe County NAACP, member of the Phoenix Historical Society for African American Research, founder of AIMBK (Am I My Brothers Keeper), and co-founder of AAMEN (African American Men Enhancing Neighbors). He is also a trained HIV/AIDS counselor who serves in this capacity in his community. Mr. Muhammad is currently working with the Opportunities Industrialization Center of Rocky Mount, NC and the Community Enrichment Organization of Tarboro, NC as the community outreach specialist for Project GRACE (Growing, Reaching, Advocating for Change and Empowerment), a collaborative partnership between local community-based organizations from Nash and Edgecombe County and UNC – Chapel Hill's Sheps Center for Health Services Research. He also serves as the chairperson for Project GRACE's Steering Committee.

Emilio Parrado, PhD, received his doctorate in Sociology from the University of Chicago and is currently an Associate Professor of Sociology at Duke University. His area of specialization is social demography, with particular emphasis on international migration, immigrant adaptation, family and fertility behavior, and health in Latin America and among Latinos in the U.S. Throughout his research, Dr. Parrado combines qualitative and quantitative methodologies, including community-based participatory research and survey techniques to study difficult to reach populations. He is currently the principal investigator on a project studying the connection between gender, migration, and HIV risks among Latinos in Durham, NC and in their sending

communities in Mexico and Honduras. Dr. Parrado has been working with the Durham Latino community for over 6 years, has extensive experience conducting surveys with Latinos and has published extensively on issues related to immigration and Latino health.

Suki Terada Ports, a graduate of Smith College, has been a community activist since 1960. In 1985, she became involved with the HIV/AIDS pandemic as the first Director of the Minority Task Force on AIDS, and went on to found the Family Health Project (FHP) to raise awareness about the impact of HIV/AIDS on women, primarily in communities of color. Recognizing the need for targeted prevention education and advocacy, she helped to found the National Minority AIDS Council, APICHA (Asian and Pacific Islander Coalition on HIV/AIDS), and Iris House. She helped with the development of AIDS programs at the American Indian Community House and the HIV Law Project. In addition to working with local low-income women and their families, parent groups in schools and churches, FHP also provides information to policymakers, public officials, medical personnel and students, academicians and funders. FHP organizes conferences and participates on local and statewide prevention planning groups.

Donna Rzewnicki is the Latino HIV/STD Educator for Wake County Human Services. She has also worked as an HIV counselor and tester and established a non-traditional rapid HIV testing site at SouthLight, in Raleigh, NC. From 2002-2004, Ms. Rzewnicki served as a Peace Corps volunteer in Honduras, where she worked in health promotion and agriculture extension. She received her BA in International Development from Ohio State University.

A. Keith Selden has worked as an advocate for children, youth and families for the past 20 years. Trained in social work and case management, Keith has worked the past 15 years specifically with adolescents and young adults infected with HIV. Keith attended The University of Maryland Baltimore County where he received degrees in both social work and psychology. He currently manages a Ryan White Title IV funded program, Youth Connections, at Children's National Medical Center (CNMC) in Washington, DC. Youth Connections is a collaborative effort between CNMC and four community based organizations designed to identify and link HIV positive youth to medical care and a variety of social support services.

Justin C. Smith is the coordinator for Project STYLE, an HIV/AIDS program for young Black men based at the UNC School of Medicine. Prior to joining STYLE, Justin worked at the Rutgers Center for State Health Policy, where he researched policy options to strengthen New Jersey's health care safety net. Justin has been involved with HIV/AIDS research and prevention work since 1998. Justin's research interests lie at the intersection of race, sexuality and health, and his research has been published in the *Journal of the National Medical Association*. Justin is also involved in national projects that seek to advance the health of men of color, through his work with the Black Gay Men's Network Initiative of the Black AIDS Institute. Justin holds a bachelor's degree from Brown University with a dual concentration in Sociology and Community Health.

Katherine Miranda Soares, BS, is pastor and founder of Disciples of Christ Tabernacle Mission Church which was originally founded in a maximum security prison in RI in 1992. Since then, the church has moved outside of the prison walls, primarily ministering to the needs of the homeless, those who are drug addicted, people living with HIV/AIDS, and victims of domestic violence through a variety of ministries. Rev. Soares also serves as a Health Promotion Specialist/Contract Manager at the Rhode Island Department of Health having developed and managed needs based contracts for underserved populations, such as Native Americans,

Southeast Asians, and prisoners in the area of HIV/AIDS and other STI education and prevention. She has also served on several local and national community boards and coalitions such as the Community Advisory Board (CAB) for the HIV Vaccine Trials Unit in RI, the National/international HIV Vaccine Trials Network Protocol Working Group, South Providence Neighborhood Ministries Path To Health Advisory Board, and serves as co-chair to the Women's Task Force of the RI Community Planning Group on HIV/AIDS. She has developed an HIV/AIDS curriculum for churches targeting youth ages 13-21 entitled Things They Didn't Teach You In Sunday School, A Biblical Response to HIV/AIDS. An adaptation of this curriculum, designed for use in developing countries, is currently being piloted in South Africa.

Bruce Swett has been a minister and active volunteer within the public sector for over thirty years. He is currently the Principle Investigator of the HIV/AIDS research Special Project of National Significance (SPNS) Project, one of six HRSA grant funded projects from 2002-2007; Member of the Robeson County HIV/AIDS Taskforce; NC Region V STD/AIDS Task Force; Member of the Robeson County Partnership (which is part of the 2010 NC Healthy Carolinians Initiative); served as director of the Healing Lodge; Board Chairman of the Native American Interfaith Ministries Inc; and Board Chair of Robeson Family Counseling Center. In addition, he has presented at local and national conferences, including the 2006 Ryan White AI/AN SPNS conference as well as the submissions of various writings on faith based approaches to HIV/AIDS.

James Thomas, PhD, MPH, is an associate professor in the department of Epidemiology at the University of North Carolina School of Public Health. He also serves as Director of the Program in Public Health Ethics at the school. His primary interest is in the relation between community dynamics and the distribution of disease, principally sexually transmitted diseases and HIV infection. He has studied individual communities in-depth, integrating epidemiologic research with methods from other disciplines, such as anthropology, history, molecular biology, and medical geography. In studies comparing communities, having adapted tools from sociology to measure the effects of phenomena such as race relations on STD rates. His research has included the implementation and evaluation of a community-based intervention to prevent STDs that was built on the social assets of a low income, African-American, rural community.

Maceo Thomas, MPH received his MPH in Health Behavior Health Education in 2002 from The University of North Carolina. Since his departure from Chapel Hill, Mr. Thomas has been active in adolescent HIV prevention in Washington, DC. After spending several years providing HIV prevention within DC Public Schools, Mr. Thomas has taken on the position of Community Coordinator at Children's Hospital where he works with community-based organizations to provide HIV prevention services in the District of Columbia. Mr. Thomas has worked with adolescents for nearly 15 years in a variety of settings. Mr. Thomas served as a case manager of adjudicated and pre-trial youth in Baltimore City, as a math and science teacher in an alternative middle school in Charlotte, and as a health educator while serving in the Peace Corps in Senegal. Maceo also serves as a Big Brother. Committed to community work, Mr. Thomas recently began writing for a community newspaper, *East of the River*. His stories illustrate much of the untold work of local non-profit organizations, often those focused on youth issues.

Charles van der Horst, MD, FACP is a graduate of Duke University and Harvard Medical School. After completing a fellowship in infectious diseases he began working on herpes virus clinical trials and then HIV clinical trials with a focus on the treatment of opportunistic infections. He helped establish and expand HIV treatment centers around the state of North

Carolina as well as in the NC Department of Corrections facilities including Greensboro, Raleigh, Lumberton, and Ashboro. Under his leadership the UNC NIH-funded AIDS Clinical Trials Unit has been in the top five in terms of both enrollment as well as scientific productivity since the beginning in 1988. In 2001 he turned over his grants to junior colleagues and began working in Johannesburg, South Africa and Lilongwe, Malawi with a primary focus on prevention of mother to child transmission. He serves on the editorial board of AIDS, a reviewer for the Food and Drug Administration Orphan Drug Program, and maintains a clinic of patients in Chapel Hill.

David Alain Wohl, MD, is an associate professor of medicine at the University of North Carolina - Chapel Hill. He is an HIV clinician and conducts clinical research related to HIV including clinical treatment trials and investigations of the nexus between incarceration and HIV. Dr. Wohl is co-director of HIV services for the North Carolina Department of Corrections and is a founding member of the UNC Center for AIDS Research Criminal Justice Working Group. He is the principal investigator of a National Institute of Drug Abuse, NIH funded study of a case management intervention bridging incarceration and release that aims to increase access to care and services and reduce HIV transmission and re-incarceration for HIV-infected persons who are imprisoned.

Abstracts

. Lower Reported Rate of Suspected Hypersensitivity Reaction (HSR) to Abacavir (ABC) Among Black Patients

D. Sutherland-Phillips, MD, C. Brothers, P. Wwannamaker, J Hernandez, M.D.

Introduction: ABC is an effective drug for HIV-1 infection. Approximately 5% of patients treated with ABC develop HSR that in rare cases has proved fatal. An association between ABC HSR and carriage of the genetic allele HLA-B*5701 has been reported by several groups and reaches high statistical significance in Caucasian subjects but is less significant in Black subjects. In multivariable analyses assessing clinical risk factors for HSR, black race consistently demonstrated a lower odds for reporting HSR.

Methods: Reported rates of HSR from recent randomized, controlled clinical trials using ABC-containing products were reviewed across the study populations and by self-report of black race.

Results: Incidence rates from 5 studies comprising 2798 subjects from the Americas and Europe are described below:

StudyID	N	Black (%)	HSR cases Black N(%)	HSR cases Nonblack N(%)	Overall HSR Rate N(%)
KLEAN*	879	32	9(3.3%)	44(7.3%)	53(6%)
ALOHA	680	34	6(2.6%)	30(6.7%)	36(5.3%)
ACTION*	139	32	1(2.3%)	6(6.3%)	7(5.0%)
CNA30024*	330	20	2(3.0%)	25(9.5%)	27(8.2%)
CNA30021	770	27	12(5.7%)	52(9.3%)	64(8.3%)
TOTAL	2798	30	30(3.6%)	157(8.0%)	187(6.7%)

* 48 week data

** subjects randomized to ABC only

Conclusion: Across 5 randomized controlled trials, there was a consistently low rate of HSR reported among Black subjects. This finding supports previous risk factor findings and recently reported HSR rates in the DART trial (CROI 2006). The prevalence of HLA-B*5701 differs among racial groups and is low in people of black race, which may partially explain this finding. Additional research is underway to more fully address the association of the allele and HSR across racially diverse populations.

2. The Association of Lifetime Sexual Assault Experiences and Risky Sexual Behaviors among Inner-City Women in a Drug-Using Community

Carol Strong, MPH, Amy Knowlton, ScD, and Carl Latkin PhD

Introduction: Sexual violence against women has tremendous impact on the victim's health and quality of life, including higher risks of HIV infection. The association between sexual violence and risky sexual behaviors has been documented. However, very few studies have focused on a drug-using community. The paper examines the association of lifetime sexual assault and risky sexual behaviors among inner-city women in a drug-using community.

Methods: The study sample of women were analyzed from Self-Help in Eliminating Life-Threatening Diseases (SHIELD) study, a social network-oriented HIV prevention intervention recruited through peer outreach in areas with high drug activity in Baltimore City, MD. The data in the paper were collected through face-to-face interview in the second follow-up period during April 2000 to June 2002. We analyzed 397 female data and 96.9% of them were African American.

Results: Women in this cohort have high prevalence of risky sexual behaviors (42-43%) and lifetime sexual assault experiences (43%). Multiple logistic regression was performed and we found that after adjusting for various factors, women who traded sex for drugs or money in the past 90 days are 2.45 times more likely to report lifetime sexual assault experiences (95% CI: [1.13-5.35]).

Conclusion: HIV Prevention programs should not only address consensual sexual relationship, but more importantly, consider women's past and current sexual traumatic experiences. Public health interventions for inner-city women should address their basic needs, and focus on economic empowerment to minimize their risk of trading sex for drugs or money.

3. African American Men Who Have Sex with Men and HIV/AIDS: A Review of the Literature

Sara LeGrand, MS, Judith Bacchus Cornelius, DNSc, RN, Linda Moneyham, DNS, RN, FAAN

Introduction: Recently the 'Down Low,' a term used to describe African American men who identify themselves as heterosexual but have sex with other men, has received attention in the media. To increase understanding of the sexual behaviors of African American men who have sex with men (AAMSM), this review aimed to identify differences in men who have sex with men (MSM) by race/ethnicity; identify the sexual risk behaviors of AAMSM; and identify HIV prevention strategies for AAMSM.

Methods: The literature was searched in two steps. In the first step, MEDLINE and CINAHL databases were searched using the keywords men who have sex with men, bisexual, down low, non-gay identified men, HIV prevention, HIV risk, and African American. Reference lists of articles identified were searched for additional relevant articles. Twenty-nine articles were found that were based on empirical research, written in the English language, and peer-reviewed.

Results: The findings suggest that AAMSM are less likely to identify as homosexual, are less likely to disclose same sex behavior, and are more likely to be bisexually active than white or Hispanic MSM. However, it cannot be concluded that the decreased likelihood of a homosexual identity or same sex behavior disclosure among AAMSM translates into an increase in risky sexual behaviors.

Conclusion: Instead of focusing on the 'Down Low,' it will be more productive to focus HIV prevention efforts on reducing homophobia in African American communities so that the need for AAMSM to identify as heterosexual and hide same sex behaviors is minimized.

4. Sexual Health for Latino Men in Correctional Settings

Donna Rzewnicki, BA (donna.rzewnicki@co.wake.nc.us)

Introduction: The Wake County HIV/STD Program is implementing a sexual health curriculum for Latino males at county jails. Participants explore gender roles and cultural expectations that can lead to HIV/STD risk for men and women.

Methods: Groups of 15 males participate in five three-hour sessions. After covering health education and HIV/STD risk reduction, the group discusses gender roles, substance abuse, and related topics, using activities based on the gender and power model. HIV and syphilis testing is offered. Three weeks after the course, the facilitator meets individually with participants to return test results, issue the post-test, and discuss referrals. Changes in participants' knowledge, attitudes and behaviors are evaluated using pre-tests and post-tests. The program is establishing a system to track participants as they move or are released, in order to conduct long-term evaluations of the curriculum.

Results: According to pre- and post-tests, 96% of class participants demonstrate increased knowledge of HIV/STD HE and RR. Seventy-nine percent of participants choose to be tested; of those tested, 64% have never been tested before. Most participants express that prior to the course, they had not received comprehensive information about HIV/STDs or related topics.

Conclusion: Wake County's program was developed to engage a low-literacy population in need of comprehensive information about HIV/STDs, substance abuse, and violence. The activities used in the curriculum may be adapted for non-correctional settings, with youth and women.

5. Cost Description of HIV/AIDS patient care at a Tertiary Care Hospital in India.

Sunil K Agarwal, MBBS; Naveet Wig, MD; D. Nath, MD; Chandrakant S. Pandav, MD, MPH; Hemraj Pal, MD; Madhu Vajpayee MD.

Introduction: More than 5.1 million people are living with HIV in India. Against the backdrop of many illnesses competing for scarce resources, there is a high demand of subsidized health care. Present study estimates direct and indirect costs for inpatients as well as outpatients infected with HIV from a societal viewpoint. Such knowledge may provide vital clues towards cost reduction approaches and rational cost sharing. Methodology: Cross sectional tertiary hospital based study. All the HIV positive visiting during study period were enrolled. For regular hospital costs, using step down methodology, the fixed cost of capital goods, manpower cost, and overheads from supporting services like laundry, diet, blood bank, administrative services, AC, water, electricity etc. were calculated. Using step up approach, another structured questionnaire identified other costs from patients and their relatives such as hospital charges, drugs and investigations.

Results: Out of 82 enrolled patients, 38 (46%) were outpatients, 42 (53%) had active tuberculosis. 44 (53%) had CD4 count >200 cells/mm³. 42% spouses and 48% children tested HIV positive. The mean number of outpatient visits and hospital stay duration per month were 4 ± 3.3 and 19.5 ± 9.4 days respectively. Costs per patient per month for inpatient and outpatient respectively were as follows: US\$20 and US\$46 paid as hospital charges, US\$662 and US\$42 direct hospital cost; US\$541.6 and US\$557 as total patient cost; US\$1204 and US\$600 as societal cost.

Conclusion: Despite substantial subsidy in public hospitals, the cost borne by patients is high. Provisions to cut down indirect cost on patient are vital, especially so for outpatients.

6. Utilizing Student Organizations at Historically Black Colleges and Universities in the Rural South to Facilitate HIV/AIDS Education

Martinique C. Free

Introduction: HIV/AIDS among students at Historically Black Colleges and Universities (HBCU) in the rural South is a growing public health concern. Lack of basic HIV/AIDS knowledge, underestimating risky behaviors, and lack of discussions about sexuality are some factors that contribute to the spread of HIV/AIDS within this population. Objectives of the study included: 1) To examine how HIV/AIDS is viewed by student leaders and organizations on campus; 2) To examine barriers to HIV/AIDS education and the role student organizations and administrators are playing in HIV/AIDS education.

Methods: This study utilized a qualitative research design in which student leaders and administrators were interviewed and asked a series of questions related to HIV/AIDS education on their campus. Interview data were analyzed using principles of grounded theory.

Results: Findings suggest that student organizations may be useful in HIV/AIDS peer-led interventions if their members are well trained and first address underlying issues such as cultural homophobia, sexuality, and stigma relating to HIV/AIDS.

Conclusion: University administrators should encourage students to be creative when addressing their peers about issues surrounding HIV/AIDS. Researchers and public health officials must create

appropriate interventions to address issues surrounding HIV/AIDS before effective education of HIV/AIDS can take place. Improving HIV education among HBCU students presents a potentially effective strategy that addresses HIV/AIDS among African Americans by focusing their efforts and targeting a smaller sub-population first. This sub-population is particularly important because many of these individuals will become leaders of the African American community, and influence community behavior and attitudes towards HIV/AIDS.

7. Project Commit to Prevent

Kimberly Hoke

Introduction: In keeping with the North Carolina Department of Health and Human Services' mission to eliminate health disparities for racial and ethnic minorities, the Division of Public Health, HIV/STD Prevention and Care Branch developed Project Commit to Prevent (PC2P). This project has as its overall goal to empower Historically Black College/University students, with special emphasis on African Americans and American Indians, to change behaviors that put them at risk for HIV and STD infections.

Methods: To achieve this end, the NC HIV/STD Prevention and Care Branch partners with eleven of North Carolina's twelve Historically Minority-Serving Colleges/Universities to assist each institution with:

1. Expanding HIV/STD prevention/risk reduction educational programs on campus
2. Enhancing the capacity of the health services on each campus to provide HIV/STD risk reduction services
3. Strengthening linkages between each institution and other HIV/STD service providers near the campus, particularly those providing HIV/STD counseling and testing

Results: Peer Health Educators have been trained on each campus to promote HIV prevention through health education/risk reduction messages amongst their peers. Campus Coordinators have been identified on each campus to oversee prevention activities such as health fairs, HIV/AIDS counseling and testing events, STD screenings, public service announcements, social marketing campaigns, and student leadership development workshops.

Conclusion: Students, faculty, and staff are learning how to stop the spread of the disease by practicing safer sexual behaviors. More North Carolinians are taking action to eliminate this health disparity by getting tested, treatment and changing risk behaviors once they learn of their status.

8. HIV Prevention Needs in African American Women 50 years and Older

Ina Ananda Jones, MPH

Introduction: This study examined the HIV prevention needs of two groups of African American women 50 years and older, injection drug users and non injection drug users.

Methods: Data were collected through focus groups on general HIV knowledge, experience with HIV prevention, psychosocial factors, drug involvement, and risks and barriers to HIV infection and prevention. Data were also collected through a survey on sources of HIV information, HIV testing, HIV risks, and demographics.

Results: This study found: 1) lack of education and misconceptions regarding disease transmission act as barriers for prevention efforts; 2) a need for inclusive HIV prevention efforts such as multi-generational in-home programs, multi-family programs and the incorporation of prevention messages with existing health services; 3) a need for skills building, condom negotiation skills and self-empowerment. Effective prevention methods suggested by participants were techniques that align with African American culture and heritage such as storytelling, and the inclusion of family and community components.

Conclusion: Future research should include a more representative sample such as churchgoers, sorority women, health conscious women, ex offenders, past injection drug users, infected or affected women and newly single women. The findings of this study contribute to the small body of knowledge regarding the HIV prevention needs of African-American women 50 years and older. Moreover, the study findings provide insight into what a sample of this group views as effective prevention methods and can be used to design prevention messages for the population from which they were gathered.

9. The Phoenix Program: A Culturally Competent Intervention Program for Incarcerated African American Males

Aminifu R. Harvey, DSW, LICSW

Introduction: The Phoenix Program was developed with funding from the HIV/AIDS Division of Mental Hygiene and Mental Health for the State of Maryland. The purpose of the program is to address the spread of HIV/AIDS by African American heterosexual males both in prison settings, and in the overall community upon their release from prison.

Methods: The Program is a culturally competent program based upon the values, principles and ethics of Afri-centric theory and practice. The Phoenix Model Program Curriculum consists of five (5) sessions:

1. Ethnic /Gender Pride
2. Use of Power in One's Personal and social life
3. HIV Education/Condom Use
4. Power: Responsibility to self, family and community
5. Transition

Contract agency personnel were trained in the implementation of the Program. Surveys were distributed to the agencies' trainers after one year of implementation. There was also a qualitative feedback session by the trainees after their first program implementations. The Center for Disease Control's (CDC) standard HIV/AIDS evaluation form was used as an evaluation Instrument for all program participants.

Results: Agency personnel receiving the training rated the Program effective. Qualitative results show non African American males participated in the Program and found the Program to be effective. The results of the CDC instrument (not designed to evaluate this unique) indicted only moderate change by the participants.

Conclusion: The conclusion is that the Phoenix Program is potentially a culturally competent intervention program for incarcerated African American and probably for males in general. The author is designing an evaluation instrument, specially for this intervention.

10. Marketing an HIV Testing Event at an Historically Black University.

Tanya M. Bass, MS; David Jolly, DrPH; Jeffrey Love

Introduction: On October 26, 2006, an HIV testing event was held at North Carolina Central University. A multi-pronged, graduated marketing campaign was conducted to recruit students to this event. This poster will discuss how we: involved numerous campus partners in the campaign, developed our marketing strategy, and conducted the campaign. We will also display samples of media developed for the campaign.

Methods: Testing Day represented collaborative efforts among Student Health and Counseling Services, a grant-funded HIV program (Project Style), three academic departments (Health Education, Art, and Public Administration), and seven student organizations. These partners developed flyers, handbills, articles for the campus newspaper, a special student-developed newsletter, campus radio and television spots, announcements on Facebook, and an HIV art installation. Designed by students from the Art Department, the art installation consisted of 252 pairs of shoes arranged in a large spiral in the center of campus under the banner, 'Shoes Too Easy To Fill.' Each pair of shoes represented a young African American diagnosed with HIV infection in North Carolina in 2005. Signs explaining the exhibit and encouraging students to learn their HIV status were posted along the spiral.

Results: Some 230 students registered for testing in the first 2 hours of the event, and 200 were actually counseled and tested over an 8-hour period. Ultimately over 50 students were turned away because of time and staff constraints.

Conclusion: This marketing campaign successfully recruited students for HIV testing and can serve as a model for testing events on other college campuses.

11. The Construction of Masculinity: The Role of Gender and Incarceration As It Relates to HIV Transmission Among Recently Released South African Inmates and The Communities to Which They Return.

Aba D. Essuon Ph.D., MPH, MSW

Introduction: In South Africa, the risk of HIV transmission is confounded by two factors: 1) the historic and social-cultural constructions of masculinity that dictate male/ female relationship power roles and 2) the large influx of inmates (up to 300,000 per year) back into the community. The nature of the South African prison system creates an environment which is conducive to the spread of HIV through various mediums, thus increasing the likelihood of infection among recently released inmates. The association of power with gender, suggest that the health of the community and the health of the women within that community is directly linked to the health, attitudes, beliefs, and behaviors of men. This paradigm suggests the need for prison based interventions to educate and influence behaviors related to safer sex practices; yet, there has been little research which examines and suggests interventions to impact the HIV related health risk of inmates while incarcerated and/ or upon their release.

Methods: This is a cross sectional descriptive survey study. It is a part of a larger ongoing study designed to assess 357 South African pre-release male inmates participating in a pre-release health education intervention program.

Results: Inmates demonstrated male dominance attitudes regarding women and sexuality. They exhibited HIV behavioral beliefs which included the perception of forced intercourse as a means of curing HIV, obtaining respect, and dominating women.

Conclusion: Cultural competent public health efforts should be made to address the heightened threat of HIV associated with gender roles and incarceration history in South Africa.

12. Identifying gaps in HIV prevention services in North Carolina

Elizabeth A. Torrone

Introduction: HIV prevention programs and agencies in North Carolina (NC) are fighting growing rates of infection with decreasing resources. Community planning boards at the local and state level should consider what gaps in prevention services exist and how those gaps may contribute to disease rates and persisting racial disparities in sexually transmitted diseases (STDs).

Methods: We conducted a cross-sectional analysis of HIV prevention networks in ten counties in NC. In face-to-face interviews with representatives of HIV prevention agencies, as well as persons considered by others in their community to be "influential informants" of the community's HIV prevention services, we identified current gaps in prevention services. We purposefully selected counties based on STDs rates, racial disparities in STDs and urban/rural locality, to compare unmet needs by county characteristics using the exact Wilcoxon rank sum test.

Results: We conducted 415 key informant interviews (mean=41.5, standard deviation (sd)=28.2) and 169 agency interviews (mean=16.9, sd= 7.3). The most commonly reported barrier to meeting the needs of persons at risk for HIV was funding, followed by stigma. Community resistance to HIV prevention was more common in counties with racial disparities in STDs. Lack of programs and problems with service program coordination/cooperation were more common in rural counties.

Conclusion: By using key informants' and HIV prevention agencies' perspectives, we identified perceived gaps in prevention service provision. Findings from this study can help inform local and regional planners on how to efficiently target prevention programs, including programs aimed at reducing racial and geographic disparities in STDs.

13. Project GRACE: A Participatory Approach to Address Health Disparities

Selena Youmans, BA, Arlinda Ellison, MSc (Presenting Author), Melvin Muhammad, AA (Presenting Author), Connie Blumenthal, MPH, Ada Adimora, MD, MPH, Barbara Council, Reuben Blackwell, BA, Joynicole Martinez, MBA, Giselle Corbie-Smith, MD, MSc

Introduction: Some of the highest HIV rates in the Southeast are in Edgecombe and Nash counties in North Carolina. The Project GRACE Consortium (Growing, Reaching, Advocating for Change and Empowerment) uses a community-based participatory (CBPR) approach to develop culturally sensitive, feasible and sustainable interventions to prevent the spread of HIV in African American communities in these counties through a community-academic partnership. We will describe the innovative approach used by Project GRACE to develop an intervention to address individual and environmental/contextual factors that influence the spread of HIV.

Methods: The Project GRACE Consortium has employed a staged approach to intervention development that includes: 1)conducting focus group interviews to describe community members' perceptions of contributors to the spread of HIV; 2)conducting semi-structured interviews with community stakeholders to identify perceptions of the community needs, strengths and resources, and; 3)establishing baseline level of individual risk behaviors by surveying community members. We will pilot test the delivery of developed interventions within a lay health advisor framework. Each stage is directed by a research design committee (RDC) comprised of eight community members and five UNC representatives. The RDC reports monthly to a steering committee of community members who represent a range of institutions and constituencies and UNC representatives.

Results: Project GRACE has completed eleven focus groups using teams that include community members, and the RDC is beginning the analysis. Trained community members are currently conducting in-depth interviews with stakeholders.

Conclusion: A participatory approach to designing multilevel interventions can effectively include community members in all aspects of research design and implementation.

14. EPICC (Eastern Piedmont Coalition for Comprehensive Care): Using PRECEDE-PROCEED as a Model for Reducing AIDS-Related Mortality among Rurally-Loacted African American Women in North Carolina

Dinushika Mohottige, Michael Schwartz, and Jennifer Wieland MPH

Introduction: Studies have shown that adherence to ART (Anti-Retroviral Therapy) can significantly prolong life and reduce mortality due to AIDS-related illnesses. However, HIV-positive African American (AA) women living in rural North Carolina are less likely to adhere to ART and are dying at an accelerated

rate compared to other populations.

Methods: By using PRECEDE-PROCEED to address issues surrounding access to healthcare and daily needs, physical and financial access to ART, adherence to ART, the negative stigma associated with HIV-positive status and self-efficacy to adhere to the ART regimen, we hope to address a prioritized health outcome and quality of life factors within the target population.

Results: The focus of the intervention is the operation of a co-located comprehensive care clinic in Edgecombe County, North Carolina. The clinic includes: a policy/lobbying arm; provision of transportation and physical access to the clinic and other services; internal and outreach HIV/AIDS education programs aimed at health professionals and the general population; comprehensive case management; and (ART) adherence self-efficacy strategy development.

Conclusion: Although co-located care facilities have proven to be very successful in treating HIV/AIDS and reducing mortality in both rural and urban settings, each component of this intervention is dependent on 1) securing a large, sustained budget to meet high costs, and 2) extensive coordination. However, the later, more debilitating stages of AIDS require the use of more expensive ARVs; therefore, the benefits of implementing this intervention outweigh the costs because currently underserved individuals in the target population will receive lower cost, timely, and sustained HIV/AIDS care and treatment.

15. HIV Risk Perceptions Among African American College Women in the South

Sarahmona M. Przybyla MPH, LaToya M. White, MPH candidate, Carol E. Golin MD

Introduction: Recent data continue to demonstrate an alarmingly disproportionate trend in HIV prevalence among minority women. Nearly half of all HIV infections occur among people under 25, with the majority of cases among females. In addition, the first documented HIV outbreak among college students occurred among African Americans in North Carolina which has alerted HIV researchers to the importance of college campuses as intervention sites.

Methods: The study's qualitative methodology used focus group discussions to explore HIV risk behaviors and their antecedents among college women. Eligible participants were African American females enrolled at the University of North Carolina. We conducted ten focus groups with 66 women, ages 18-32. These discussions were audiotaped, transcribed, and analyzed using theme analysis.

Results: The most commonly cited factors placing college women at risk for HIV included a sense of invincibility, promiscuity, serial monogamy, low self-esteem, alcohol and drug use, and an unbalanced African American female-to-male ratio on college campuses. Women believed that disproportionate HIV rates among African American women stem from a lack of communication between partners, relationship violence, overlapping sexual networks, incarceration rates among African American men, "down low" phenomenon, and hyper-sexualization of African American women in the media.

Conclusion: This study's findings will assist health educators in developing HIV prevention programs for minority college women that are cognizant of the context of sexual relationships and the interpersonal dynamics influencing communication between partners.

16. Is there a relationship between intimate partner violence and HIV status or HIV-risk among minority females in the U.S.?: A systematic literature review

Dieula Delissaint, MPH; Heather H. Honore, MSW; Joy L. Anderson, MS

Introduction: Intimate partner violence (IPV) and HIV are two of the most prevalent concerns affecting women in the U.S. The National Violence Against Women survey estimated 201,394 women were raped by an intimate partner. Women are twice as likely to be a victim of IPV as their male counterparts. Many of these women are living with HIV. To date, more than 40 million people are living with HIV/AIDS worldwide. The purpose of this systematic literature review is to explore the relationship between IPV and HIV risk/serostatus among minority females in the U.S.

Methods: Several electronic databases were accessed using key search terms HIV, female, and IPV. Inclusion criteria included English peer-reviewed, empirical studies performed in the U.S., and assessed the relationship between IPV and HIV. Fourteen published studies met the inclusion criteria. A coding system was then used to rank the methodological quality of each article.

Results: Findings included two studies reported no relationship between IPV and HIV+. However, these studies describe relationship between IPV and HIV- women experience more abuse than their HIV+ counterparts. One study reported IPV as a causal factor in HIV infection. Most studies reported that these variables were not correlated; however, some studies reported that IPV and HIV were correlated.

Conclusion: The burden of two co-occurring social and health issues in women is very disconcerting and troublesome. Based on this literature review, the relationship between HIV and intimate partner violence is inconclusive. Further studies are warranted to explore the relationship between HIV and IPV.

17. Beliefs About Reinfection among HIV-Positive Patients in the South: Does Race Matter?

Sarahmona Marie Przybyla

Introduction: Few existing studies examine beliefs about HIV reinfection among persons living with HIV/AIDS (PLWHA) and how such beliefs vary by racial group.

Methods: Using data from two clinical HIV prevention studies, we assessed racial differences in study one about beliefs in: 1) the concern of personal reinfection and 2) the general possibility of reinfection occurring for PLWHA. In study two, we assessed differences about beliefs in: 3) the personal likelihood of reinfection and 4) the harmfulness of reinfection to one's health.

Results: Studies one (n=234) and two (n=140) had similar demographics with a mean age of 43, approximately 60% males, two-thirds African American, and one-quarter White. In study one, 1) more than half of patients reported concern about reinfection (54%) and 2) few believed it is not possible to reinfect PLWHA (14%). We found no racial differences in concern about reinfection or belief in the possibility of reinfection. In study two, 3) one in five believed they are likely to be reinfected in the next year (22%) and 4) virtually all believed reinfection was harmful to their health (95%). While beliefs about the harmfulness of reinfection did not vary by race, Whites were more likely than African Americans to report likelihood of reinfection (p=.005).

Conclusion: Beliefs about reinfection did not vary by race, except for belief in the personal likelihood of reinfection. More than half the HIV-infected patients reported concern about reinfection, and almost all believed reinfection was damaging to their health. The next step for future researchers is to investigate how reinfection beliefs influence sexual risk behaviors among seroconcordant partners.

18. Use of the electronic Primary Care Research Network (ePCRn) to Create An Electronic Infrastructure for Patients at Risk for HIV/AIDS

Laura Marie Myerchin

Introduction: LA Net is a practice based research network (PBRN) based in the University of Southern California that is committed to researching and transforming health disparities in Southern California. LA Net, as part of the National Primary Care Registry Pilot Project, is taking part in the electronic Primary Care Research Network (ePCRn). The ePCRn is funded by the Roadmap Initiative of the National Institutes of Health and administered by the Federation of Practice Based Research Networks. By electronically linking primary care practices, locally and across the country, through billing data, lab information and ICD-9 codes, the ePCRn creates a low cost infrastructure for electronic health records. LA Net is beta-testing the ePCRn in three community clinics in underserved areas of Los Angeles.

Methods: HIPAA compliant software has been developed that will screen de-identified billing data and ICD-9 codes for indicators of patients who are at-risk for later contracting HIV.

Results: The ePCRN will electronically link 3 community clinics in Los Angeles. Of these clinic's patients, 15% are African-American and 62% are Hispanic. A low-cost infrastructure will be created for these clinics to maintain electronic health records and improve their quality of care, specifically enabling improvement in quality of care for patients at risk of contracting HIV.

Conclusion: Often community clinics do not have the resources to establish and maintain an IT/electronic health record keeping system. The ePCRN provides a low-cost method. The ePCRN establishes an infrastructure to improve quality of care, particularly for diseases such as HIV/AIDS.

19. Sexual Risk Behaviors of Black Men Who Have Sex with Men (BMSM) and Black Men Who Have Sex with Men and Women (BMSMW)

Patricia Ann Clubb, Ph.D.

Introduction: Men who have sex with men (MSM) are disproportionately affected by HIV/AIDS, particularly Black MSM (Blair et al., 2002; CDC, 2000; CDC, 2004). Black MSM are more likely than white MSM to report having had sex with women (Bingham et al., 2003; Montgomery et al., 2003). Men who conceal their sexual activity with other men from their female partners have been termed 'on the down low' in the popular media and have heightened concern about the role of this population in spreading the transmission of HIV/AIDS. This study investigates how Black men who have sex with men (BMSM) and Black men who have sex with men and women (BMSMW) differ in terms of risky sexual behaviors.

Methods: Analyses are based the 2001 HBCU Substance Use Survey, in which freshmen enrolled at 34 HBCUs completed self-administered surveys. The analytic sample includes 130 Black freshmen who reported same-gender sex, 31 who indicated only same-gender sex (24%) and 99 who were classified as men who had sex with both men and women (76%).

Results: Descriptive analyses were conducted given that the small sample size precluded in-depth analyses. The percentages of respondents by same-gender group status are as follows: always used a condom (57% of BMSM and 56% of BMSMW), condom use at last intercourse (68% of BMSM and 65% of BMSMW), never had an STD (91% of BMSM and 80% of BMSMW), and ever tested for HIV (62% of BMSM and 58% of BMSMW).

Conclusion: Implications of this research will be discussed.

20. Sister Connect: A Peer Education Treatment Program

Fiodaliza Gomez, BA and Rose Jean Baptiste, MPH, CHES

Introduction: For the last 18 years, New Jersey Women and AIDS Network (NJWAN) has provided African American and Latino HIV infected women, living in areas with high prevalence of HIV, with educational and risk reduction skills. Needs assessments demonstrated that there is significant need for education and skills building among HIV infected women of color in understanding HIV basics, treatment, adherence issues and empowerment. The objectives were to increase the prevention skills and knowledge base of HIV infected women; improve compliance and adherence to treatment and to ultimately reduce the spread of HIV/AIDS among women.

Methods: The State (DHAS) funded prevention program was implemented over a two-year period, servicing 150 women. Groups of 8-12 women enrolled in eight, two-hour skills-building training sessions. Pre/post tests were utilized to measure increase in knowledge base. Journaling and client evaluation forms were used to document personal attitudes, thoughts and feelings during the Sister Connect experience regarding motivation to change HIV risk behavior.

Results: Outcome measures for the Sister Connect program were:

- 80% of the women increased their knowledge of HIV/AIDS,
- 65% of the participants self reported intentions to reduce participation in sexual behaviors that may lead to transmission of HIV/AIDS,
- 80% of the participants know and understand the importance of compliance and adherence,
- 80% of the women have the skills to educate their peers.

Conclusion: Women-specific, HIV/AIDS prevention/education programs are both urgently necessary and efficient in areas of high prevalence.

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