



February 2008

Table of Contents: Provide Full Coverage of Services and Tools That Prevent Infections

- [When One is Infected, All are Affected: NASTAD's 2008 Bulletin Series](#)
- [Blueprint Principle One: Provide Full Coverage of Services and Tools That Prevent Infections](#)
- [Syringe Access: New Mexico's Work With Law Enforcement](#)
- [Condom Availability](#)
 - [Broward County Condom Campaign for Gay Men](#)
 - [Condom Availability in Correctional Settings: San Francisco's Forensic AIDS](#)

When One is Infected, All are Affected ...

In 2008, NASTAD's *Prevention Bulletin* series will feature a further exploration of the core principles outlined in our [National HIV Prevention Blueprint](#). The *Blueprint* lays out NASTAD's vision for how prevention can end the HIV/AIDS epidemic. Central to the *Blueprint* is the overarching premise that *HIV disease is preventable*. Coupled with the NASTAD [National HIV Prevention Policy Agenda](#), the *Blueprint* outlines eight core actions, or principles, that must be present for us to be successful in reducing new infections.

A key facet of this *Bulletin* series will be stories about how state and local health departments, working with their communities, have programs in place that embody or activate these principles. More than anything, we expect these "stories from the field" to demonstrate that our *Blueprint* is not some abstract, unattainable, "pie in the sky" treatise, but, rather, a frank, straight-talking and practical vision for the future that, with appropriate, coordinated and sustained effort from public health officials, community activists, researchers and federal and elected officials, can realize a reduction in new HIV infections.

Provide Full Coverage of Services and Tools that Prevent Infections

The very first principle in NASTAD's *Blueprint* is to "Provide full coverage of services and tools that prevent infections." We are confident that we cannot test or treat our way out of this epidemic. As more and more individuals are being infected with HIV each day in America, the potential to prevent further spread of disease is made more difficult. Our *Blueprint* calls for widespread coverage of services and tools that we know prevent new infections, both directly and indirectly.

- [Project](#)
- [Condom](#)
- [Distribution in](#)
- [Schools](#)
- [STD Treatment: An](#)
- [Essential Prevention](#)
- [Tool](#)
- [Expedited](#)
- [Partner Therapy](#)
- [Internet Based-](#)
- [Partner](#)
- [Notification](#)
- [CBO-based](#)
- [Partner Services](#)
- [Conclusion](#)
- [Meeting and Planning](#)
- [Calendar](#)

Admittedly, our approaches, like our epidemics, should vary depending on the range of circumstances we encounter related to the demographics of our target populations, the settings in which risk-behavior and/or interventions take place and the rates of co-morbidities. Yet we still have a basic set of prevention tools that directly prevent HIV infection and these must be made readily available to anyone who chooses to access them:

- **Syringe Access** – In communities where syringe exchanges and other syringe access programs have been locally supported, HIV infection rates have gone down among injecting drug users.¹
- **Condom Availability** – Condoms are between 87-96 percent effective in preventing the transmission of HIV and many other STDs.²
- **STD Treatment** – Treating STDs can substantially reduce the transmission and acquisition of HIV.³

The concept of balance is an important part of this principle; because of the differing realities across our jurisdictions, our portfolios must balance these tools with other services like HIV counseling and testing, HIV screening, partner services, behavioral interventions and comprehensive sexuality education to ensure the specific needs of our populations are met. No one strategy, whether it is behavioral, biomedical or structural, will suffice. Furthermore, we must have flexibility on the local level to determine the appropriate composition of prevention approaches in order to match local needs and circumstances.

*“Things which matter most must never be
at the mercy of things which matter least.”*

-Goethe

Yet one of the chief stumbling blocks to using all the tools in our arsenal has been support of these tools in the overarching national response. Proliferation of disease, specifically HIV, STD and viral hepatitis, is the regrettable outcome of a conservative and detached national response to prevention. Furthermore, providing full coverage of the prevention tools we know work requires not only the will to do it, but also the means. A new investment in HIV prevention is critical to allow us to reach more of those in need of HIV prevention services with the tools we have at our disposal. In the past several years, state and local health departments have experienced budget reductions and mandates for redirection of resources from these proven and cost-effective prevention tools in favor of whatever is the “prevention du jour”⁴ that leaders hold up as the “answer” for preventing new infections. But as NASTAD’s principle points out, we already have effective tools that simply need to be supported. We are confident that their widespread implementation will have an impact of impressive proportions.

References

1. Synopsis of effectiveness of Syringe Access available at: http://www.nida.nih.gov/POHP/FAQ_2.html
 2. Davis KR and Weller SC. The effectiveness of condoms in reducing heterosexual transmission of HIV. *Fam Plann Perspect* 1999;31:272-279
 3. Synopsis of studies available at: <http://www.cdc.gov/std/hiv/STDFact-STD&HIV.htm#HowCommon>.
 4. For more on “prevention du jour,” see NASTAD’s March 2007 *HIV Prevention Bulletin*, http://www.nastad.org/Docs/Public/Publication/200786_March07_Bulletin_webfinal.pdf
-

Access to Sterile Syringes: New Mexico’s Work with Law Enforcement

One of the key factors that influences how effective a needle exchange program can be in getting clean needles into the hands of people who use injection drugs is a program’s relationship with local law enforcement. Unfortunately, all too often the goals of public health and the goals of public safety find themselves at odds with one another when it comes to needle exchange. When this happens, needle exchange program participants and staff often find themselves in adversarial relationships with the police - with participants and, sometimes, staff being arrested on possession of paraphernalia charges, programs finding themselves under heavy police surveillance and police officers destroying needle exchange program ID cards or deeming them “invalid.” Not surprisingly, the result of these activities is a tremendous disincentive for participants to use the program.

For syringe access programs that have been able to negotiate cooperative relationships with local law enforcement, an important element is educating them about how syringe access programs are actually consistent with public safety goals. Numerous studies have demonstrated that syringe access programs do not increase crime and/or drug use in a community. In fact, many of these studies have also revealed that syringe access programs actually lead to a decrease in the number of used syringes discarded in public places.¹

While clearly communicating this to local police is an important selling point, some programs, such as those administered by the New Mexico Department of Health, have successfully taken this a step further. NASTAD spoke with Bernie Lieving, LMSW, New Mexico’s Harm Reduction Manager and Public Health Liaison to the Office of the Drug Czar in the Infectious Disease Bureau in the Public Health Division of the Department of Health, about some of the strengths of New Mexico’s program. While there are still pockets of resistance, Lieving says that it is largely thanks to the work of his predecessor, Phillip Fiuty, and A. G. (Sonny) Leeper, Director of the Law Enforcement Training Institute, that the

majority of the state's 131 law enforcement agencies now see the benefit of syringe exchange programs. These relationships took time to build; New Mexico has had syringe access programs for over a decade and overdose prevention programs for the past seven years.

To begin with, the syringe access programs' goals include both public health and public safety: prevent or decrease the transmission of the hepatitis C virus (HCV), hepatitis B virus (HBV), and HIV; protect law enforcement from needle sticks; and keep used needles out of the parks and off the street. As in other communities when the programs were first being sited, law enforcement officials had a number of concerns, including: Will the program increase drug use? Who will participate in the program? How will the exchange sites affect the community? What equipment would be made available to law enforcement?

While the first three of these concerns can easily be answered with research data, the health department took an extra step to respond to the officers' concern about what equipment could be made available to them. In 2004, the health department began purchasing special Kevlar gloves for members of local law enforcement that are both needle resistant and cut proof. They also make sure that squad cars are equipped with portable needle containers. Additionally, the health department supplies intranasal Narcan for any and all entities doing overdose prevention and /or street level interventions - including law enforcement. Knowing that the proponents of syringe access are looking out for the officers' safety has made a big difference. It has helped to create a more collaborative dynamic, rather than an adversarial one. Training members of law enforcement about risks for needle sticks is now standard practice. Law enforcement reports several demonstrable results: reduction of costs to the department, reduction of risk to officers, no time lost due to needle sticks and a reduction of officers' anxiety over needle sticks.

As Lieving explains, "In the spirit of harm reduction, it's essential to be open to the concerns of law enforcement. It is not helpful for public health to be adversarial in these relationships. Instead we need to be engaged and build relationships - to act as facilitators." He adds, "Working with people then who can be identified as potential allies leads to the impacts that our programs want to see in communities."

To this end, one of the programs with which the New Mexico Department of Health contracts - the Albuquerque Healthcare for the Homeless - is specifically contracted to do ongoing outreach in tandem with the members of the local police. NASTAD spoke with Domenic Zurlo at Healthcare for the Homeless to learn more about his innovative program. For almost two years now, Albuquerque Healthcare for the Homeless has been doing collaborative outreach with the Albuquerque Police Department, the Downtown Action Team, and St. Martins. "We do outreach to folks on the street," explained Zurlo, "including syringe exchange." While the officers themselves do not do syringe exchange,

they value the importance of it as a public health service and are allowed to be present while it is occurring. To date, they have trained about 25 officers who understand that access to services and referrals can have a greater impact on improving community health than arrests for misdemeanors. They, in turn, spread this word to other officers.

While New Mexico benefits from a harm reduction philosophy that has been institutionalized at the highest levels of government - as noted, Lieving has been appointed as the public health liaison to the state's Office of the Drug Czar - it continues to be of paramount importance for public health to model collegiality and professionalism. This helps to ensure that the dialogue can go both ways. Just as public health advocates may have pre-conceived notions about law enforcement, members of law enforcement come to the table with biases of their own about the champions of harm reduction.

Furthermore, it is important to remember that participants of syringe access programs often intersect with law enforcement in multiple ways - with police working the streets, in county jails, in the judicial system, etc. As Lieving explains, when public health harm reduction staff have respectfully engaged and educated law enforcement officials, it has positively impacted their ability to engage program participants. However, "If these things don't happen the program won't be successful, and the bottom line is we won't have syringes on the street in the hands of people who need them," says Lieving.

For more information on this program, contact [Bernie Lieving](#).

Reference

1. Synopsis of effectiveness of Syringe Access available at: http://www.nida.nih.gov/POHP/FAQ_2.html

Condom Availability: Profiles of Programs Focused on Gay Men, Incarcerated Populations and Youth

Making condoms available is an essential strategy for preventing the transmission of HIV and other STDs. In last year's *Bulletin* series, NASTAD reviewed the scientific consensus on the effectiveness of condoms in preventing HIV and other STDs, including the hepatitis B virus (HBV).¹ Since the beginning of the epidemic, the scientific evidence of the effectiveness of condoms in preventing HIV and other STDs has saturated fairly deeply into the collective consciousness of the American public, despite persistent ideologically-based efforts to undermine this message. Yet our experience also demonstrates that knowledge alone is not enough to lead to behavior change, particularly in the case of condoms. Even knowing that condoms prevent disease transmission, people will not easily use them if they are not right at hand and if their use is not normative

behavior for their social networks.² That's why the essential aspect of this prevention tool is the availability of condoms through strategies and programs that make condoms more accessible for those at risk.

Furthermore, not only are condoms an effective tool for preventing infection, they are a cost effective tool. By comparing the costs of a condom distribution program to estimates of the costs of treating someone infected with HIV, researchers have asserted that if distributing 1.6 million condoms (at \$0.05 each) prevents only one case of HIV transmission, it would be cost effective.³

In the [April 2007 Bulletin](#), NASTAD profiled New York City's condom social marketing project that distributes New York City-branded condoms. To develop their program, New York City learned from the past experiences of other health departments that have tried condom distribution. The following profiles reflect two other condom distribution programs that target specific populations at risk for HIV and other STDs, including viral hepatitis. The issues impacting condom availability in schools is also reviewed. Taken collectively, a key lesson from these experiences is that condom distribution can work if it is carefully planned and carried out, involving the appropriate stakeholders and community advocates.

References

1. NASTAD's [April 2007 Bulletin](#)
 2. Deborah Cohen, MD, RAND Corporation, personal communication, 1/22/08
 3. Cohen, Deborah A., Farley, Thomas A., Bedimo-Etame, Jean Roger, Scribner, Richard, Ward, William, and Kendall, Carl, "Implementation of Condom Social Marketing in Louisiana, 1993-1996," *American Journal Of Public Health*, February 1999, Vol. 89, No. 2, pp. 204-208.
-

Broward County Condom Campaign for Gay Men

In Florida, the Broward County Health Department has developed the "Take Me, I am Free" campaign, a combination of a social marketing campaign, community mobilization and condom distribution program that targets Men who have Sex with Men (MSM). Initiated to respond in a more systematic way to the needs of the gay community, local advocates helped the health department reach out to local businesses in new and creative ways.

The first phase of the condom distribution program targeted fourteen guesthouses, hotels, and bed and breakfasts that cater to the tourist gay/lesbian/bisexual/ transgender (GLBT) community. Fort Lauderdale/Broward County is one of the top gay tourist destinations worldwide, and the health department wanted to offer a message that in Broward County safer-sex is the norm. Condom packages were distributed with a catchy and colorful design. (Condoms are purchased by the Florida Department of Health, Bureau of HIV/

AIDS, which supports implementation by the local health departments.) Both the Broward County Health Department staff and owners of local guesthouses participated in the creation of the graphic image. The buy-in and participation of these local business leaders was critical to the success of the program.

During the second phase, the condom distribution evolved into the “Take me, I am Free” Campaign, which expanded the distribution to gay bars, retail stores, restaurants, coffee shops, health clubs and other venues in which gay men/MSM congregate. The campaign was launched through a [community mobilization event](#) during National Condom Week at the most popular GLBT venue in Fort Lauderdale. It was supported and sponsored by local business enlisted in the campaign, community leaders, local gay media, HIV prevention providers and other community groups. During the event, one of the most respected female impersonators in the community interacted with the audience through condom demonstration contests designed to dispel myths about condom use. Bartenders and health department staff wore T-shirts with the image of the campaign and more than one hundred shirts were distributed to the audience. Magazine ads were also sponsored by the host venue and media publicity was coordinated by the Broward County Health Department.

Subsequent to the launch, carefully planned marketing allowed the campaign to spread to 58 venues. The “Take me, I am Free” campaign consists of a combination of educational events at gay bars, magazine and newspaper ads, publicity at major events through palm cards, advertising through [mobile billboards](#) and, most importantly, the ready distribution of condoms through consistent outreach. Major community events are used to reinforce the campaign, such as the local pride festival and National Latino AIDS Awareness Day events.

From February to December 2007, the program distributed 250,000 condoms plus HIV prevention information to 58 MSM/GLBT venues, participated in five large community events, distributed 10,000 palm cards and published several magazine and newspapers ads, reaching hundreds of MSM directly or indirectly in Broward County and other South Florida areas such as Miami and Palm Beach.

When the health department reached its initial goal of 50 venues, it knew it had established a strong network of businesses committed to condom distribution. Since this happened during the December holiday season, the health department decided to initiate the final push of the campaign with the slogan “’Tis the Season to Wrap it Up,” including [ads](#) displaying the image of a gift box of condoms and all the venues participating in the campaign, the statewide AIDS hotline and information on the local prevention provider. Currently the health department is evaluating the visibility of these ads through surveys, and, more importantly, assessing the perception of the community about more free condoms and information being available at gay venues.

The success in Broward County has prompted Miami-Dade County to replicate the program. Pairing a strong social marketing component with condom distribution was an important factor that contributed to this success by helping to change community social norms. According to Manuel Rodriguez, Program Manager for AIDS Health Education/Risk Reduction in the Broward County Health Department, "What this program has created in the gay community of Broward County is an environment of social responsibility, in which the health department and the business community are equal partners."

For more information on this project, please contact [Manuel Rodriguez](#).

Condom Availability in Correctional Settings: San Francisco's Forensic AIDS Project

Although condom distribution in correctional settings is relatively rare, the Jail Health Services - Forensic AIDS Project (FAP) in the San Francisco Department of Health has been distributing condoms as part of its health education efforts in the county jails since 1989 (FAP began its work in 1983). In addition to health education classes, condom distribution, rapid and conventional HIV testing and prevention counseling, FAP provides primary care, discharge planning and case management to approximately 700 patients a year through funding from Ryan White Part A.

Through its long-standing health education program, FAP provides condoms to jail inmates - 86 percent of whom are men, predominantly men of color - at the conclusion of sessions upon request. However, they found that the success of this approach depended largely upon who the health educator was. Working together, Los Angeles advocate Mary Sylla, founder of the Health Policy Institute, Olga Grinstead, a researcher from the Center for AIDS Prevention Studies (CAPS) at the University of California, San Francisco and FAP Director, Kate Monico Klein, developed a research project to evaluate whether installation of a condom machine to dispense condoms to inmates would expand access.

In April 2007, FAP installed the condom machine in the gym of the building through which two county jail sites feed. Inmates may take one condom at a time, and, to adhere to specific rules, must remove the outer packaging before leaving with the condom. As in health education distribution, inmates are counseled that having sex in jails is illegal under California penal code. The Rules are posted in English, Spanish and Mandarin. Researchers conducted pre and post-installation interviews with inmates and correctional staff about condom availability, and, using an April to August implementation time-span, determined that condom access had increased. Attitudes among correctional staff and prisoners about condom distribution are still being evaluated.

When the project first proposed the condom machine idea to the staff in the jails, they heard concerns that echoed those heard when they first started

working there in the early 1980s. Yet in neither case have condoms been associated with concerns like drug transfer, "gassing" (throwing material at guards) or clogging toilets. Monico Klein asserts that FAP's long-term relationship with the jails and the credibility they have established with jail staff in safely providing health services to inmates have minimized these initial concerns.

Monico Klein says there are three crucial ingredients that made this work: the respect that FAP staff has earned over years of doing this work in the jails; the support from the Sheriff, Undersheriff, and Captains; and ensuring that the machine is very sturdy and works properly. Because of the rules regarding how inmates may carry the condoms, working with condom manufacturers to come up with different packaging may also help facilitate increased uptake.

The project's researchers are currently meeting to review results but have already been approached by the state on strategies for developing a state-wide condom distribution program (piloting a condom distribution program in one state prison facility). Last year, a bill to support condom distribution in prisons and jails statewide was vetoed by California Governor Schwarzenegger pending more information on the public health implications of the measure. Since working in correctional settings is, at the start, fraught with challenges and controversy, approaching condom availability as a research project has allowed FAP to look at new ways to demonstrate the impact of condom distribution in a way that is palatable to all stakeholders. They have capitalized on the opportunity to collaborate with colleagues in other parts of the state and researchers to further provide this critically important prevention tool in the jail setting.

For more information on this program, please contact FAP Director [Kate Monico Klein](#).

Condom Distribution in Schools

Another venue for condom distribution is perhaps one of the most needed: schools. While condom availability may be permissible in various states, condoms may not be distributed or easily accessible by the students. [Advocates For Youth](#) is a national non-profit agency in Washington, D.C. which tracks issues impacting the health and well being of young people. They have compiled information on studies of condom availability in schools¹ and assert that the basis for these programs is the clear data that show that kids who are sexually active are at increased risk for sexually transmitted diseases, including HIV.² Research shows that the provision of condoms to youth does not increase adolescent sexual activity, but does increase safer behavior.³ Condom availability in schools is usually done as part of a comprehensive sexuality education curricula, with most of these programs requiring parental consent (i. e., "opt in" or "opt out" permission).

Like other non-academic subjects, school health programs have been negatively impacted by the national emphasis on reading and math performance and standardized testing. Although HIV prevention in schools is mandated in most states, this mandate comes through the education agency, which has a strong tradition of local control. As a result, health departments have little control over what gets provided to youth in schools, and many have funded community based organizations (CBOs) to provide prevention and care and treatment services to young people. Behavioral interventions, comprehensive sexuality education, condom distribution and other prevention and health care services are provided at drop-in centers, after-school programs, school health clinics and other settings.

Many health departments simultaneously continue to reach out to the health/HIV education staff in education agencies to find ways to work together across the two disciplines with often disparate philosophies. For example, in New York State, staff from the State's education and health departments have been meeting regularly to identify opportunities to strengthen HIV, STD and unintended pregnancy prevention education in schools. HIV prevention education is mandated in schools in New York State; comprehensive sexual health education is not. As part of the State's mandated HIV prevention education, schools may make condoms available to students. In addition, in 1991, the New York City Board of Education adopted a measure approving universal availability of condoms in city high schools to students without the need for parental consent.

Not all schools in the State, however, take advantage of these options and distribute condoms to students. What is often missing in the schools' decision-making about condom distribution is the voice of the students. Building on several years of work to promote youth involvement and decision-making in its community-based adolescent HIV prevention programs, the New York State Department of Health AIDS Institute is exploring how best to support young people in having a say in how they are educated about HIV prevention. For instance, the AIDS Institute is providing training to programs on strengthening youth/adult partnerships and youth leadership to develop the ability of young people to promote the availability of comprehensive sexual health education in their communities and schools.

References

1. *School Condom Availability Fact Sheet*, Advocates for Youth (AFY), downloaded on 1/22/2008 from: <http://www.advocatesforyouth.org/publications/factsheet/fsschcon.htm>.
2. Research studies cited/compiled by AFY, *School Condom Availability Fact Sheet*, Advocates for Youth (AFY), downloaded on 1/22/2008 from: <http://www.advocatesforyouth.org/publications/factsheet/fsschcon.htm>.

STD Treatment as an Essential HIV Prevention Tool

As the NASTAD *Blueprint* and the April 2007 *Bulletin* emphasize, STD prevention and treatment can lower the risk of HIV transmission and acquisition. In short, STDs that are not treated reflect missed opportunities to prevent HIV infections. While resources to combat new STD infections are limited, several alternative methods for STD prevention and treatment, such as expedited partner therapy (EPT), internet-based partner notification and CBO-based partner services, hold promise for reaching people in new and different ways. On the bright side, these strategies can be undertaken with existing STD prevention and treatment resources.

Expedited Partner Therapy

Expedited partner therapy (EPT) is usually known as “permitting,” where patients infected with chlamydia or gonorrhea are permitted to deliver medication to their potentially-infected partners without the partners being diagnosed. In addition, EPT can also include field-delivered and pharmacy-delivered (delivered by professionals outside a traditional STD treatment facility) medications to partners exposed to an STD. According to the CDC, EPT is an additional option for partner management but should not replace other strategies due to missed opportunities for professional counseling of patients’ sex partners. EPT has been shown to be most useful among heterosexual men and women with chlamydia or gonorrhea because of disease behavior and treatment, undiagnosed HIV and other STDs in MSM, and drug intolerance for trichomoniasis. Patient-delivered partner therapy has also been shown to be cost-saving compared to standard patient referral largely as a result of reduced numbers of health care visits by partners managed by an EPT partner.¹

Internet-Based Partner Notification

Because the Internet offers the potential for individuals to meet multiple sex partners, STD prevention interventions benefit from being technologically savvy, as well. Internet-Based Partner Notification employs the Internet and e-mail to anonymously notify partners of a possible STD infection. This method has been particularly successful for MSM who meet partners in online chat rooms and other online communities. The benefits of programs like this have been demonstrated in a study of MSM tied to a syphilis outbreak in San Francisco.² One drawback to Internet-Based Partner Notification is that this type of program has only been studied in MSM communities who use the Internet to meet sex partners.³ Nevertheless, jurisdictions are successfully using this approach to identify individuals exposed to STDs.

CBO-based Partner Services

Traditionally, partner services, or services to inform the partners of individuals

diagnosed with an STD about their potential exposure, are delivered by health department Disease Intervention Specialist (DIS) staff. This approach, at times, puts health department DIS staff at odds with community advocates working with those at risk. To address this, the Chicago Department of Public Health proposed in 2001 the implementation of a new model for partner services based in a community organization. In this model, they hired and placed DIS as permanent staff within a large LGBT health center, the Howard Brown Health Center, to deliver partner services in hopes of decreasing transmission of a syphilis outbreak in the city at that time. Once hired, the new CBO DIS staff received training by the health department and developed skills in traditional partner services, including interviewing and partner management.

Will Wong, MD, of Chicago's Department of Public Health explains that the role of these DIS is to protect the community from STD infection by reaching out to partners of infected patients and discussing the importance of education in the community. "DIS have had a long history of success in the past as staff of the health department." But according to Wong, Chicago hypothesized that hiring DIS at the CBO level for delivery of partner services would increase client access to resources and create an important portal for linkage to treatment services. Additionally, by placing DIS directly in the community, the cycle of transmission could be broken more easily because they would be closer to the community and would have the opportunity to develop better rapport and trust.

Wong says the CBO-based partner services model is effective on many levels. Benefits include the ability to extend partner services to gay, bisexual and MSM communities; the direct connection to other services provided by the CBO; and the trust gained within the community. Furthermore, this type of model can potentially be cost-effective for a health department by outsourcing the DIS staff to these community organizations. Low incidence jurisdictions may likely find utility in delivering partner services through their existing relationships with CBOs and communities.

Expectedly, there have also been challenges with this type of approach. "As STDs like syphilis have evolved and changed in MSM communities since 2000, in particular, the model of partner services has had to adapt to meet the needs of new populations through communication and understanding the changing needs of the community. The model is essentially the same; however, the practice of public health is different. Differences can include communication style, language and sexual behaviors," explains Wong.

Still, the benefits to this approach have extended beyond the actual service provision itself. Not only does the health department benefit, says Wong, but this approach to partner services helps grow the services provided by CBOs as well. Having CBO-staffed DIS deliver partner services has allowed the Howard Brown Health Center to develop a syphilis clinic of their own that can provide services to the entire community. They now provide testing and counseling on

site, as well, which in turn expands access to care and the awareness of syphilis for their entire patient community. The CBO-based DIS program at Howard Brown Health Center is funded through the Syphilis Elimination Grant that is part of the Comprehensive STD Prevention Systems grant by CDC to support STD prevention and control activities in Chicago.

References

1. Centers for Disease Control and Prevention. *Expedited partner therapy in the management of sexually transmitted diseases*. Atlanta, GA: US Department of Health and Human Services, 2006.
 2. In data summarized in a Fact Sheet entitled, *How does the Internet affect HIV Prevention*, by the Center for Substance Abuse Services (CAPS), accessible at <http://www.caps.ucsf.edu/pubs/FS/internet.php>: downloaded on 1/30/08.
 3. Mimiaga, M, et al. "Acceptability of an internet-based partner notification system for sexually transmitted infection exposure among men who have sex with men." *American Journal of Public Health*, 97(11).
-

Conclusion

While we wholly support the provision of life-saving care and treatment services to every person living with HIV/AIDS, we must ask: How can we, as a nation, allow any individual to be infected with a preventable disease? By not investing appropriate resources in strategies that *prevent* HIV infection, we are allowing individuals to become needlessly compromised and our economy and health care system to be needlessly taxed.

Meeting and Planning Calendar

Capacity Building Opportunities: For a searchable database of CDC-supported capacity building trainings and events, please visit the [Capacity Building Branch's Group Events Management System site](#).

February 3-7, 2008

15th Conference on Retroviruses and Opportunistic Infections, Boston, MA. For more information, visit the [conference website](#).

February 7, 2008

National Black HIV/AIDS Awareness Day. For more information, visit the [event website](#).

February 25-26, 2008

2008 National Conference on African Americans and AIDS, Philadelphia, PA. Sponsored by Minority Healthcare Communications, Inc. For more information,

visit the [conference website](#).

March 10, 2008

National Women and Girls AIDS Awareness Day. For more information, visit the [event website](#).

March 3-7, 2007

National Housing and HIV/AIDS Research Summit III: *Examining the Evidence: The Impact of Housing on HIV Prevention and Care*. Sponsored by the National AIDS Housing Coalition (NAHC). For more information, visit the [conference website](#).

March 20, 2008

National Native HIV/AIDS Awareness Day. For more information, visit the [event website](#).

March 28-29, 2008

17th Annual HIV Conference, Orlando, FL. Sponsored by the Florida/Caribbean AETC. For more information, visit the [conference website](#).

May 19, 2008

World Hepatitis Day. For more information, link to the [newsletter](#).

May 19, 2008

National Asian and Pacific Islander AIDS Awareness Day. For more information, visit the [event website](#).

May 22-25, 2008

20th Annual National Conference on Social Work and HIV/AIDS, Washington, D. C. For more information, visit the [conference website](#).

June 11-14, 2008

HIV Prevention Leadership Summit (HPLS), Detroit, MI. For more information, visit the [conference website](#).

June 27, 2008

National HIV Testing Day. Sponsored by NAPWA. For more information, visit [NAPWA's website](#).

July 28-29, 2008

2008 National Conference on Latinos and HIV/AIDS, Miami, FL. For more information, visit the [conference website](#).

August 3-8, 2008

XVIII International AIDS Conference, Mexico City, Mexico. For more information, visit the [conference website](#).

August 25-28, 2008

Ryan White HIV/AIDS Program Training and Technical Assistance Grantees Meeting and 11th Annual Clinical Update, Washington, D.C. Convened by HRSA.

September 18-21, 2008

United States Conference On AIDS (USCA), Miami Beach, FL. For more information, visit the [conference website](#).

Credits, Feedback, and Input

The *NASTAD Prevention Bulletin* is edited by NASTAD staff and is written by staff and prevention experts from around the country. NASTAD's production of the *Bulletin* is made possible through funding provided by CDC's Division of HIV/AIDS Prevention (DHAP) in the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

If you have an idea or program that you would like to include in the *Bulletin*, please contact [Dave Kern](#) or [Lynne Greabell](#) (202) 434-8090. NASTAD welcomes feedback to issues presented in *Bulletin*. To submit commentary, please [e-mail us](#). Electronic versions of the *Bulletin* are available on our webpage.

National Alliance of State and Territorial AIDS Directors

444 North Capitol Street, NW Suite 339 Washington D.C. 20001

(202) 434 - 8090

Copyright (C) 2007 National Alliance of State and Territorial AIDS Directors, All rights reserved.

[Unsubscribe here.](#)

444 N. Capitol Street, NW, Washington, DC 20001