The Children of Resilient People

In my work on HIV care, treatment and prevention, I am known as “the vaccine guy”. Why? Because I have always been willing to stand and say: “We have gained so much from HIV science, let’s not forget the search for an HIV vaccine.”

W.E.B. DuBois, Marcus Garvey, Cesar Chavez, Shirley Chisholm, Luis Miremontes, Ralph Abernathy, Henrietta Lacks, Percy Julian, Ellen Ochoa, Jaime Escalante, Charles Drew, Patricia Bath. These are the names of women and men of color who, as leaders and scientists, could tell us a thing or two about innovation. I am personally inspired by them and hundreds of others who have been willing to stand tall even when it meant standing alone.

For those who follow U.S. history, these names represent incredible energy that could be only harnessed partially, only realized momentarily. They are women and men whose impact is larger than life. In the moment, their right ideas were embraced by few and often dismissed as a dream that would never come true.

In my work, I have seen everyday people representing the same resilience as the luminaries above: single parents, unemployed household providers and persons living with HIV. Surely there are moments when they want to break out in a chorus of “Nobody knows the trouble I’ve seen.” Yet each morning they find a source of inspiration that ranges from quiet faith to the vibrant sounds of Aretha Franklin’s “Deeper Love.”

As you review this newsletter you will learn about the people who give me strength to continue to work on HIV vaccines. There are tremendous challenges ahead in the search for a vaccine to prevent HIV infection. Some wonder why we need a vaccine when research has given us over thirty HIV treatments. Others are not aware that the study vaccines do not contain HIV. Many are starting to realize that if gender makes a difference, perhaps genetics or race could impact how effective a vaccine might be given differences in family medical history. If Blacks and Latinos don’t participate in large enough numbers, we will not know if the vaccine works for our lives and our bodies.

The leaders noted above found others who would listen. They found colleagues who could and would speak to the needs of the communities where they were born. They found persons resilient enough to stand in support of ideas that were not easy to embrace. Please take the time to learn more about ways to make a difference in the fight against HIV at a personal and community level.
Building Support for HIV Vaccine Research: The Role of State Health Departments

The National Alliance of State and Territorial AIDS Directors (NASTAD) was founded in 1992 as a membership organization that represents state and territorial AIDS directors. Our members represent the nation’s chief state health agency staff members who have programmatic responsibility for administering HIV/AIDS and viral hepatitis health care, prevention, education, and supportive service programs funded by state and federal governments. NASTAD’s mission is to strengthen state and territorial-based leadership and expertise and bring them to bear on reducing the incidence of HIV infection and on providing care and support to all people who live with HIV/AIDS. Working collectively with our membership, NASTAD continues to support new and innovative HIV prevention methods including HIV vaccines. NASTAD’s vision is a world free of HIV/AIDS.

NASTAD National Partnership

In 2008, NASTAD was selected by the Academy for Educational Development (AED) to serve as one of the NHVREI HIV Vaccine Research and Education Initiative (NHVREI) national partners. NASTAD’s goal in participating in this initiative is to increase knowledge about and support for HIV vaccine research, primarily working through state and local health departments. Health departments are encouraged to work with their local community based organizations, planning bodies and consumers of HIV and viral hepatitis prevention and care services.

State Health Departments as Partners

State health department HIV/AIDS programs are viable partners and are entrées into the communities most affected and impacted by the HIV/AIDS epidemic. When an HIV vaccine is developed, health departments will be charged with its implementation in the communities they serve. Over the last two years of the NHVREI project, NASTAD has conducted the following activities to increase the knowledge of HIV vaccine research of our members:

- Updates on HIV vaccine development through monthly newsletters
- Plenary sessions on HIV Prevention/Vaccine Research at the 2008 and 2009 NASTAD annual meetings
- Conference calls for the Prevention Networking Group members to celebrate HIV Vaccine Awareness Day

NASTAD believes that investment in biomedical interventions is vital in the fight against HIV/AIDS. NASTAD will continue to increase health department staff knowledge about HIV vaccine research so that they can provide leadership on HIV vaccine development and awareness at the state and local level.

From Chicago on front cover

hip-hop comes a cure), motivated a West Side neighborhood devastated by HIV to paint an AIDS awareness mural (With art comes a cure) and hosted its first HIV Vaccine Awareness Day “edutainment” event, featuring community epidemiologist Sister Yaa Simpson, Congressman Danny Davis, slam poetry, a live band and an iPod give-away.

“This campaign truly meets people where they’re at. Whatever talent or resource they have can be used to make HIV prevention and research relevant to them,” said Reverend Doris Green, AFC director of correctional health and community affairs, who helped develop the campaign.

Indeed, one young woman exposed to the campaign expressed her sense of empowerment, saying simply: “Maybe I’m a solution for somebody.
Engaging Local Residents to Build Community Support for HIV Vaccine Research

No major viral epidemic has ever been defeated without a vaccine. And in the United States, the very survival of communities of color – especially African Americans and Latinos, who have been hardest hit by AIDS since the epidemic began, may depend upon the discovery of a vaccine. Unfortunately, however, there is a great deal of public misunderstanding about HIV vaccine research. And the lack of accurate knowledge is having an extremely negative impact on African American and Latino support for the research being done.

With funding from the National Institute of Allergy and Infectious Diseases (NIAID), NMAC launched a one-year pilot program in January of 2009 to test a new strategy for dispelling misconceptions and increasing African American and Latino awareness, knowledge and support for HIV vaccine research. The grass-roots program was designed to mobilize community members to serve as messengers who introduce their family members, friends and associates to much-needed facts about HIV vaccine research. Seven volunteer community liaisons (representing community and faith-based organizations, clinics, AIDS service organizations, and colleges/universities in five states) were trained to plan, develop, implement and evaluate health communication campaigns to recruit local community residents to educate others about the potential benefits of HIV vaccine research and the importance of community support.

NMAC worked in close collaboration with health communication researchers at George Mason University to create the message the liaisons would use to recruit African Americans and Latinos to help spread the word about HIV vaccine research. Then several different variations of the message were developed. The community liaisons conducted focus groups with representatives of their target audiences to see which variations they preferred and to find out if any changes were needed. After analyzing the data collected from the focus groups, one word-of-mouth message and one printed (pocket-card) message were selected to be used for the program. The two messages used for recruiting Latinos were translated into Spanish.

NMAC now has proof that its new model is effective. The seven community liaisons recruited almost 350 messengers (individuals who expressed a willingness to share the message with three other people) within a short seven-week period of time.

The other articles in this section of the newsletter were written by three of the community liaisons. They describe how they integrated HIV vaccine research education into their various activities, how their campaigns turned out, and what they gained from the experience.

I Want to Be a Beacon of Hope

My duties as campus nurse at Huston-Tillotson University often include speaking with students in a classroom setting about issues related to disease prevention and health promotion. I also serve as co-director of the HIV/AIDS Peer Educators program, which strives to broaden our student’s knowledge about HIV/AIDS prevention. So when I learned about NMAC’s Community Liaison Training Program, I thought it was a perfect fit for us.

Students enrolled in two courses offered in the College of Arts and Sciences were the target audience for my HIV vaccine research education activities. I worked with faculty members to schedule a series of special seminars, which covered a range of topics: basic information about HIV and AIDS; the HIV/AIDS epidemic in the U.S.; how the disease is affecting people of color; and why we need a preventive HIV vaccine. A pre-post test evaluation was used to gauge the student’s knowledge before and after the presentation. The goal was to increase the student’s awareness of the devastating impact of HIV/AIDS on African Americans and Hispanics, the benefits of a preventive HIV vaccine, and how important it is to pass the knowledge they’ve gained about HIV vaccine research along to others.

But the students who attended my seminars were not alone in learning something new about HIV vaccine research. I learned an awful lot too about vaccine research by participating in the Community Liaison program. And it helped me overcome my own fears about HIV vaccine clinical trials. When the project ended, I asked myself: “With all that I’ve learned about HIV vaccine research through this program, would I participate in vaccine clinical trials?” The answer is yes. As a nurse committed to improving the health and well being of African Americans, I think it’s very important that I serve as a beacon of hope for future generations.
When it Comes to Improving Women’s Health, HIV/AIDS is ‘The Last Straw’

The LaStraw (or ‘Last Straw’) is a 501(c)3 nonprofit, community-based organization founded by a group of women in Greensboro, NC who grew up in several of the low income areas of Guilford County.

Our work involves partnering with local organizations to create an accessible network of human and social services to empower low-income women. Recognizing the devastating impact of HIV and AIDS among black women in my community and the need for a vaccine, I was immediately attracted to the simplicity and huge potential of the NHVREI Community Liaison Training Program. It was one of the first programs I had seen that recognized the value of the social hierarchy found in peer groups.

Through the Community Liaison Training Program, we learned how to structure a targeted health communication campaign. We were also provided with all of the materials needed to make our campaigns effective. Originally I had planned to conduct a series of HIV 101 seminars and share important information about HIV vaccine research with residents of the four largest public housing communities in Greensboro. That’s because of the disproportionate number of out-of-wedlock births and multiple father sibling groups in those developments. But unfortunately, after several failed attempts to meet with the Greensboro Housing Authority Administration, I realized that I needed to find a different place to host the events.

As it turned out, the target audience for my health communication campaign was primarily the 15 female volunteers (from local businesses) and the 50 low-income women that participated in our Crochet Program. This program was conceptualized by a single mother who had recently been released from prison. Many of the volunteers also knew how to quilt and expressed an interest in honoring local residents who had died from HIV/AIDS by creating panels for the AIDS Memorial Quilt. The quilt project never materialized. But the volunteers were quite receptive to the idea of conducting the HIV seminars and provided a great deal of support by reaching out to friends and co-workers to participate.

During the seminars we shared information about the benefits of HIV vaccine research with 119 women, and 27 of them agreed to share the information with others. And I have proof that many of them did pass the information along to others. Because I took the liberty of adding my email address to the printed material created for the liaisons to use. To my surprise, I got more than fifty email messages from people who had received information about HIV vaccine research from the seminar participants. So I consider my campaign quite a success, and it really wasn’t difficult to do.

What Is Your HIV Vaccine IQ?

What do you know about HIV vaccines? Perhaps you’ve heard that there already is a vaccine — or that a vaccine would work in the same way as highly active antiretroviral therapy. These assertions are not true — but do you know why?

NMAC’s HIV Vaccine Tutorial at https://www.nmac.org/forms/HIVTutorial/quizlogin.php is an excellent place to start your HIV vaccine education. This online tool tests your current knowledge base, takes you through intensive web training and re-tests your skill level when you are done. The tool is free-to-use over and over again. Here are some of the questions you’ll be able to answer when you are done:

• Is AIDS really a problem in the U.S.?
• What HIV prevention tools are currently available and/or being developed?
• Why do HIV vaccine researchers need volunteers from different communities during clinical trials?
• Will participating in an HIV vaccine trial make me HIV positive?