Governor Cuts $3 Million From AIDS Drug Assistance Program

Despite opposition by the AIDS Foundation of Chicago (AFC) and scores of concerned Illinoisans, Governor George Ryan ordered a $3 million reduction to the AIDS Drug Assistance Program (ADAP) on December 9 as part of a sweeping package of funding cuts made in response to the state’s mammoth $500 million revenue shortfall.

AFC policy staff first learned that the program could be a target of funding cuts in November and responded by mobilizing hundreds of AIDS advocates statewide to call and write their lawmakers in opposition to the proposal. As legislators met in the Capitol for the fall legislative veto session, AFC and AIDS advocates also convened in Springfield for the state’s annual HIV prevention conference, where concerned citizens generated approximately 400 personal, hand-written letters opposing the cuts. AFC staff and several AIDS advocates hand-delivered the letters to lawmakers. As the session drew to a close, the governor moved forward with plans to cut ADAP and scores of other programs, including Medicaid. AFC’s hope that the legislature would advance an alternative proposal, protecting ADAP, failed during the abridged six-day legislative session.

ADAP provides life-saving AIDS medications to more than 2,700 low-income, HIV-positive people each month. The program has been widely lauded for reducing AIDS-related deaths by helping to keep individuals healthy and productive. The program also saves Illinois money by keeping people with HIV from advancing to AIDS, a health status that would qualify them for Medicaid and allow for costly emergency room visits or hospitalizations. In 2001, ADAP, a joint state-federal program, was financed by a $19.5 million federal contribution through the Ryan White CARE Act and $7 million in state funding. The governor’s $3 million reduction lowers the state’s contribution to the program by 43%.

Despite the governor’s action, officials at the Illinois Department of Public Health (IDPH), which administers the program, were quick to note that client services and program eligibility would not be affected for the remainder of the fiscal year, which ends June 30, 2002. According to IDPH, FY02 federal funds will be used immediately to cover the loss of state dollars. It is unclear how the state will recoup the loss of funding over the long-term, and program changes appear possible unless funding is restored. In addition, IDPH has indicated that it will give greater scrutiny to new medications before
adding them to the list of approved drugs covered by the program, which could affect access to newly FDA-approved medications. Also, the state could seek deeper cuts to the program, which would necessitate eligibility changes and other cost-cutting measures.

Given the steady growth of new HIV cases in the state, AFC is calling on the governor to restore dollars cut from ADAP. In addition, AFC is urging Governor Ryan to include a full $7 million earmark for the program, and maintain funding for HIV prevention and care services in his FY03 budget request to the General Assembly. The budget request will be announced February 20. Action Bulletin readers are encouraged to call Governor Ryan at 217-782-6830 or 312-814-2121 and urge him to restore funding to the program.


Stay tuned to the Action Bulletin for new developments.

Letter from the Executive Director

AFC Announces 2002 Grantmaking Initiatives

This month, the AIDS Foundation of Chicago is issuing its 2002 request for proposals (RFP) for organizations seeking grant funds to support AIDS-related prevention, care, and advocacy projects. The RFP and other relevant grantmaking information are available on AFC’s website.

Our mission in marshalling public and private resources for the fight against AIDS is more important now than ever before. The slowing economy is especially hard on poor people with HIV/AIDS, and the need for assistance continues to outpace service availability.

Raising money and targeting it to AIDS programs and services that will do the most good is an important way AFC leads the fight against the epidemic in metropolitan Chicago. Since 1988, AFC has awarded nearly $11 million in grant funds in 17 separate grantmaking cycles. This year, in addition to its regular pool of grant funds to support general operating and program costs, AFC will fund programs through two new funding initiatives: Access to Healthcare and Prevention for Positives.

Access to Healthcare will support systems-level advocacy efforts designed to expand the availability of healthcare coverage and access for people living with HIV. The initiative will provide support, coordination, and evaluation of activities related to research, material development, strategy and policy formulation, and educational activities, including legislative outreach.

Prevention for Positives will engage community agencies in developing a continuum of prevention services for people living with HIV. With emphasis on peer models, harm reduction, and the use of new technologies, the initiative will provide funding.
coordination, and ongoing evaluation of specific interventions. The goal of the project is to identify effective models to reduce the transmission of HIV and improve the quality of life of those living with HIV/AIDS.

We believe that focusing grant funds on these critical areas will greatly enhance the region’s system of AIDS prevention and care. For each special initiative, AFC will convene a mandatory bidders’ conference. Interested agencies must attend and participate in the session’s brainstorming discussion, which is designed to help AFC further develop the initiative. Participating agencies will then be invited to submit funding proposals in response to separate guidelines. **Initiative grant proposals will be due no later than 5:00 p.m. Friday, April 19, 2002. General Cycle 18 proposals will be due no later than 5:00 p.m. Friday, April 5, 2002.**

The **Prevention for Positives** bidders’ conference will be held on Wednesday, January 30, 2002, at AFC, from 9:00 a.m. – 12:00 noon. The **Access to Healthcare** bidders’ conference will be held at AFC on Wednesday, February 5, from 9:00 a.m. – 12:00 noon. There will be no bidders’ conference for general Cycle 18 grants.

Please contact Cheryl Beck at 312-922-2322 or cbeck@aidschicago.org for further information.

Thank you for your continued commitment to the fight against AIDS.

Sincerely,

Mark Ishaug
Executive Director

**Congressional Update**

**Congress Finalizes AIDS Funding for 2002**

Despite a looming recession, disappearing budget surpluses, and massive financial uncertainties caused by the events and aftermath of September 11, Congress passed an appropriations bill for fiscal year 2002 that provides important increases in funding for many critical AIDS programs.

Just before adjourning for the year, Congress passed the FY02 Labor-HHS appropriations bill and sent it to President George W. Bush for his signature. While the House and the Senate had passed different versions of the bill in November and early December, a conference committee of members from each chamber spent December negotiating the legislation, and much to the relief of AIDS advocates around the country, the final numbers included much-needed funding increases throughout the federal AIDS portfolio. Included in the bill are the following:
The Minority HIV/AIDS Initiative will receive an increase of $31 million, bringing the amount that will be devoted to capacity building efforts for HIV/AIDS programs in hard-hit minority communities in FY 2002 to $381 million. Funding for domestic and international HIV prevention programs through the Centers for Disease Control and Prevention will increase by almost $78 million, and Ryan White CARE Act funding will increase by $103 million. Congress also made gains towards doubling biomedical research funding over five years by approving a $300 million funding increase for the National Institutes of Health (NIH). Congress left discretion with the NIH to allocate funding among programs, including HIV/AIDS research projects. In addition, Congress specifically authorized the NIH to transfer up to $75 million into international assistance programs for HIV/AIDS or the Global Fund for AIDS.

Within the Ryan White CARE Act, Title I cities will receive a $15.3 million increase, Title III clinics will receive an $8 million boost, and Title II service grants to states will increase by $16.4 million. The AIDS Drug Assistance Program (ADAP), funded within Title II, received a final increase of $50 million, following particularly contentious negotiations between the House—which recommended a $60 million increase for the program—and the Senate, which supported an increase of only $10 million.

Because most federally funded AIDS programs are financed through the Labor-HHS bill, the vast majority of AIDS funding issues were not finalized until the waning days of 2001. One exception was funding for the Housing Opportunities for People with AIDS (HOPWA) program, financed by a separate appropriations bill for the Departments of Veterans Affairs and Housing and Urban Development. In August, Congress approved an 8% funding increase of $19.4 million for HOPWA services nationwide.

AIDS advocates applauded the decision to expand AIDS-related services while recognizing that new funding amounts remain well below levels needed to adequately respond to current needs. Funding increases are particularly noteworthy given intense political pressure in early 2001 to limit or reduce spending on health and social services. For example, AIDS advocates were alarmed last February by President Bush’s budget request to Congress that included no funding increases for the CARE Act or the Minority HIV/AIDS Initiative, and inadequate increases for HIV prevention services and international efforts against AIDS. It is an enormous achievement for the AIDS advocacy community that Congress decided to fund programs at levels above the president’s request.

The AIDS Foundation of Chicago thanks the many members of Congress who worked diligently to secure important funding increase for HIV/AIDS services. We extend a special thanks to Senator Dick Durbin and Representatives Jesse Jackson, Jr., Jan Schakowsky, John Shimkus, Luis Gutierrez, Rod Blagojevich, and Henry Hyde for exceptional support this year. AFC also thanks the more than 800 members of AFC’s statewide advocacy network, whose timely phone calls and letters helped garner much needed support in Congress for AIDS-related services.
Because the federal fiscal year actually runs from October through the end of September, most AIDS programs that rely on federal dollars are already behind schedule, requiring federal agencies to scramble to make grants for the current fiscal year. At the same time, Congress is gearing up to begin budgeting for fiscal year 2003—a process that will start in earnest after President Bush presents his budget request to Congress on February 4, 2002.

Already, AIDS advocates are preparing for another year of difficult budget battles, as the recession and the new prioritization of spending on military and security programs threaten to siphon money away from healthcare programming. In fact, many Capitol Hill insiders are suggesting that the Bush administration will advocate for significant cuts in funding for critical health and social service programs—cuts which would have a negative impact on the fight against AIDS, and which would be necessitated in large part by the enormous tax cuts that were put in place last year.

While difficult, such proposals will not take AIDS advocates by surprise, and along with our many national partners, the AIDS Foundation of Chicago has already begun working with members of the Illinois delegation to support sound and adequate funding for AIDS programs in the FY 2003 budget. Among other activities, AFC is helping to coordinate the writing and distribution of a letter to the president, to come from the Illinois congressional delegation, in support of much-needed increases in the domestic and international AIDS portfolio, for FY 2003.

Other key developments in 2001:

Audits of Prevention Programs

The final Labor-HHS appropriations legislation includes a provision requesting an audit by the Health and Human Services Inspector General of all federally funded HIV prevention programs. According to AIDS Action, a national AIDS advocacy group, the audit would likely duplicate the work of five other audits of HIV/AIDS programs currently being conducted. AIDS Action considers the provision “an attempt to hamstring open, honest and comprehensive sexual health dialogue. These costly audits are essentially diverting funding from direct services and weakening efforts to fight the HIV/AIDS epidemic.”

Global AIDS

As part of its end-of-year negotiations, Congress reached agreement on a Foreign Operations Appropriations bill that includes $475 million to fight AIDS in developing nations and another $200 million for the United Nations Global AIDS, Tuberculosis and Malaria Fund. In another related development, the House passed a bill to increase these levels in future years. With leadership from U.S. Representative Henry Hyde (R-IL), chairman of the House International Relations Committee, the House passed a bill authorizing the use of up to $535 million for bilateral programs and $750 million for the
UN Global Fund in 2003. If enacted, actual funding amounts would still need to be
determined through the annual appropriations process. AFC is calling on both Senators
Peter Fitzgerald and Dick Durbin to seek swift passage for the measure in the Senate.
According to national AIDS advocates, the U.S. should contribute a minimum $2 billion
annually to the Global Fund in order to help reach the $10 billion annual goal set for the
fund by UN Secretary General Kofi Annan.

Microbicides

Four Illinois members of Congress—Representatives Blagojevich, Gutierrez, Jackson,
and Schakowsky—led efforts to develop effective condom alternatives by co-sponsoring
the Microbicide Development Act. Microbicides are products that, when developed, will
prevent HIV transmission by providing individuals with anti-HIV gels, foams, creams, or
suppositories for use during sexual intercourse. The development of such products is
considered essential for people (women especially) who are unable to negotiate condom
use with their male sex partners.

In November, Senator Jon Corzine (D-NJ) introduced a companion microbicide bill in
the Senate. Action Bulletin readers are encouraged to call Senators Fitzgerald and
Durbin and ask that they join as co-sponsors of the Microbicide Development Act of
2002 (S. 1752). The senators can be reached by calling the Capitol Hill switchboard toll-
free at 1-800-648-3516, and ask to be transferred to their offices. When you call, leave
this message: “Please sponsor S. 1752, the Microbicide Development Act of 2002.
Women are too often unable to ensure that condoms are used, and desperately need
microbicides to help protect against HIV transmission.”

Housing Instability High Among People With HIV/AIDS, Says
AFC Report

According to a new study by the AIDS Foundation of Chicago (AFC), the need for
housing assistance among people with HIV/AIDS continues to outpace available
resources, leaving more than 5,000 individuals in need of AIDS housing services each
year in the Chicago metropolitan area.

Published in November, AFC’s Five-Year HIV/AIDS Housing Plan for Metropolitan
Chicago provides a detailed needs assessment and services inventory as well as an
analysis of the distribution of AIDS housing services and recommendations for
policymakers. AFC created the plan to inform the use of limited government resources
for AIDS housing services and to call attention to the housing plight of thousands of
people with HIV/AIDS.

The plan was the result of an intensive and yearlong community planning process led by
an Ad-Hoc Steering Committee and the Housing Committee of AFC’s Service Providers
Council. Hundreds of service providers, AIDS advocates, and people with HIV/AIDS
were consulted in the creation of the plan.
According to the report, the region’s affordable housing crisis, chronic poverty, and problems such as substance abuse and other illnesses experienced by people with HIV/AIDS are fueling the region’s AIDS housing crisis.

“For people with HIV/AIDS, a safe and affordable place to live can make the difference between life and death,” said Mark Ishaug, AFC Executive director. “We must continue to press upon government entities to expand funding for housing services and must continue to target scarce AIDS housing resources where they are most desperately needed.”

A depleting stock of affordable housing across the region is adversely affecting housing stability for people with HIV/AIDS, according to the report. An estimated two low-income renters compete for every one affordable housing unit in the Chicago metropolitan area. HIV-positive people responding to an AFC survey reported having experienced alarming levels of housing discrimination based on disability and source of income. HIV-positive individuals with mental illness and chemical dependency were especially prone to housing instability.

Among survey respondents reporting housing instability, the majority attributed it to an inability to pay rent. Extremely low incomes were most frequently reported by people disabled by AIDS and other health concerns, including chemical dependency and mental illness. Over one-third of survey respondents reported having been homeless at one time in their lives.

AFC and members of its housing committee will use the plan to advocate for increased government spending on housing services and expanded community involvement in the planning and organization of AIDS housing services.

Program News

Perinatal Initiative to Provide HIV-Positive Women Specialized Support

The AIDS Foundation of Chicago (AFC) recently welcomed the University of Chicago’s Children’s Hospital and Mount Sinai Hospital as partners in a yearlong program to reduce perinatal HIV transmission. The program was developed and funded in collaboration with the Perinatal AIDS Chicago Prevention Initiative (PACPI), an organization dedicated to the elimination of perinatal HIV transmission.

The goal of the AFC-PACPI prevention project is to improve the health of pregnant HIV-positive women and to reduce the possibility that an infected mother will transmit the virus to her baby during pregnancy, labor, or delivery. Perinatal HIV transmission accounts for 90% of pediatric AIDS cases in the U.S. In 1994, the Pediatric AID

Clinical Trials Group discovered that when the HIV medication zidovudine (AZT) is dispensed to HIV-positive women during their pregnancy and labor, and to their
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newborns, the risk of HIV transmission could be reduced by two-thirds. Since this critical medical discovery, pediatric AIDS cases due to perinatal transmission have declined 75% between 1992 and 1998. But, the effectiveness of AZT is dependent upon the individual’s adherence to its complex regimen and the maintenance of regular medical visits. To this end, AFC and PACPI have created two new intensive case management positions to ensure that pregnant HIV-positive women get the medical support and counseling they need to sustain their HIV-medication regimens.

Clients will be identified and referred to an intensive case manager, known as a maternal child health specialist, by obstetricians and other health care and social service providers, as well as by AFC-funded case managers. The specialist will provide clients with intensive case management services throughout the term of their pregnancies and six-months after delivery. These services consist of linkages to primary, prenatal, and well-child care, as well as substance abuse treatment and other psychosocial services as needed. At the end of the six-month, post-partum period, clients will be transferred from intensive to non-intensive HIV case management, for further health services needs. AFC anticipates that the case manager to client ratio for the program will be between 1:8 and 1:20 at any given time during the pregnancy and post-partum period.

AFC currently administers two other intensive case management programs for high-risk populations with HIV – the SafeStart program and the Corrections Initiative. SafeStart pairs multi-diagnosed, HIV-positive, homeless clients with intensive case managers to ensure that they get the housing and support services they need, while the Corrections Initiative targets HIV-positive individuals returning from correctional settings and gives them access to the life-stabilizing services they need to make a successful transition back into the community. Each program is based on the intensive case management model that includes frequent client visits and small caseloads.

Both the Children’s Hospital and Mount Sinai Hospital are in the process of recruiting for the maternal child health specialist positions. Once hired, the specialists will participate in AFC case manager training sessions before beginning to serve clients. AFC will work closely with PACPI to monitor data collection and evaluation of the project, and will keep Action Bulletin readers updated on the project’s success.

AFC Selected to Coordinate Early Intervention Study

In early 2002, the AIDS Foundation of Chicago (AFC) will begin coordinating a pilot early intervention program designed to connect at-risk individuals with HIV testing, counseling, and primary care services. The project, called ACT4LIFE, is being funded by GlaxoSmithKline and is based on a successful outreach project in south central Los Angeles. AFC, along with Roseland Community Hospital, are the only agencies in Chicago selected by GlaxoSmithKline to participate in the nationwide study. The ACT4LIFE program was developed to reach individuals who are either unaware that they are HIV-positive or are aware of their status but not receiving regular medical care.

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Of the 700,000 – 900,000 individuals living with HIV in the United States, the CDC estimates that one-third of the population knows their status and receives medical care, one-third knows their status and does not receive medical care, and the last third is not aware of their HIV-positive status.

ACT4LIFE utilizes a peer-to-peer approach, which is based on the idea that individuals share similar behaviors with their friends and acquaintances. Under this model, it is likely that HIV-positive individuals associate with others who may also have HIV or are at risk for the disease. In order to reach this at-risk population, the program will enlist HIV-positive clients of case management services to act as outreach workers, or “recruiters,” by encouraging friends, family, and acquaintances to get tested for HIV and to enroll in primary care. Client “recruiters” provide friends with comfort and advice – support that is especially meaningful because it comes from a trusted source who has gone through a similar experience. ACT4Life’s success is based on the fact that it reaches at-risk individuals where they are, with people just like them, by creating a comfort level that motivates individuals to access healthcare. According to Dr. Wilbert C. Jordan, who pioneered the study at the OASIS Clinic in Los Angeles, 95% of the people who tested HIV-positive at his clinic entered treatment because of the support they received from peers who were also going through treatment.

AFC is in the process of identifying two to three agencies throughout the metropolitan area that will take part in the pilot study. Agencies will provide program participants with HIV testing and counseling services, as well as linkages to care and treatment options. They will also offer HIV treatment education and adherence workshops, one-to-one harm reduction counseling, case management, and referrals to peripheral services necessary for the management of HIV.

Once chosen, AFC and the partner agencies will train case managers to identify which individuals in their caseload would make successful recruiters. In turn, recruiters will receive training on methods for approaching friends about getting tested, how to educate peers on the role of primary care, and ways recruiters can serve as mentors to those going through testing and treatment. Recruiters and the individuals they sign onto the study will receive a small incentive, such as a movie pass, medic alert jewelry, or food voucher for taking part in testing, counseling, and treatment activities.

AFC and GlaxoSmithKline will monitor program success by tracking data regarding recruitment, testing, and treatment figures. Greater than 8 of 10 people who came into Dr. Jordan’s clinic at the encouragement of their peers received their first HIV test. AFC will keep Action Bulletin readers updated on the success of this important prevention initiative as information becomes available. For more information on ACT4LIFE, visit www.thepositivesource.com.
AmeriCorps Program Expands Capacity; Members Begin Service Term

The National AIDS Fund, which coordinates AmeriCorps assignments in several U.S. cities hardest hit by HIV/AIDS, has increased capacity for Chicago’s AmeriCorps team from five to eight members. The AIDS Foundation of Chicago has led the local AmeriCorps project under contract by the National AIDS Fund since 2000.

After careful review of prospective member and host agency applications, AFC welcomed the members and agencies in September for the 2001-2002 term. The team, which includes a returning member from the previous service year, participated in an orientation and training seminar in Washington, DC before beginning its 11-month service commitment with local AIDS organizations.

The members and their host agencies for the 2001-2002 service year are: Estela Coronado with Health Advocacy Project of Little Village, Sara Dietsch with The Night Ministry/Open Door Shelter, Kelly Gray with The Children’s Place Association, Kevin Lovelace with Chicago House Agency and Social Service Agency, Samara Russell (returning member) with AIDS Legal Council of Chicago, Eric Smiltneek with Haymarket Center, Radhika Subramanian with Roseland Community Hospital, and Max Wyatt with South Side Help Center.

Members spend four days each week with their host agencies doing direct service work, which includes conducting HIV prevention education, HIV counseling and testing services, and assisting people infected and affected by HIV. On the last day of the week, members meet for “fifth day” projects, during which the team plans and implements additional community service activities, receives further training, and/or supports each other’s service experience.

Although only a few months into their service term, members have already begun to make a positive impact. In honor of World AIDS Day, members gave HIV/AIDS prevention education presentations to 350 high school students from throughout the metropolitan area, as part of an event sponsored by the American Red Cross of Greater Chicago and the Mayor’s Office for People with Disabilities. And, on October 27, Make a Difference Day, the team spent the day at the Roseland Community Hospital Health Fair, providing visitors with free HIV counseling and testing as well as information on HIV/AIDS. Other fifth day projects have included packing food boxes for citywide distribution at the Greater Chicago Food Depository, preparing dinner for residents of the Ronald McDonald House, and helping out at the 5K Run & Walk for Cathedral Shelter.

AmeriCorps is a federal program that engages individuals in a year of public service to address critical community problems in the areas of education, public safety, the environment, and other human needs. AIDS service agencies interested in hosting AmeriCorps members for fifth day projects should contact Cheryl Beck at 312-922-2322.
Annual Meeting Speaker Recounts Challenges Ahead

Dr. Tom Coates, an internationally renowned HIV prevention expert, spoke to more than 100 agency representatives, AIDS advocates, and AFC supporters at AFC’s annual meeting November 7.

Coates, director of the Center for AIDS Prevention Studies at the University of California at San Francisco, is considered to be among the nation's leading behavioral scientists working on HIV prevention issues. During his 40-minute address, Coates outlined the critical challenges in battling AIDS in the period ahead. Coverage of Coates’ comments is available at www.aidschicago.org/services/conferences.html.

Before the keynote address, annual elections for AFC’s Board of Directors and Service Providers Council were conducted by Board Member Valerie Hoffman and SPC Membership Committee Chair Armando Smith of The Night Ministry. The 2001-2003 SPC Executive Committee is comprised of the following members:

Chair        Luis Vera, AIDS Legal Council of Chicago
Vice Chair   Deborah Hinde, Open Hand Chicago
Secretary    Betty Smith, South Side Help Center
Advocacy     Dennis Hartke, Test Positive Aware Network; Ann Hilton Fisher, AIDS Legal Council of Chicago
Case Management Freddie Shufford, CORE Center; Ruth Martin, University of Chicago Children’s Hospital
Food and Nutrition John Buckley, HIV Coalition; Kimberly Hammon, Open Hand Chicago
Housing      John Ames, Better Existence with HIV; Judy Perloff, Chicago House
Medical/Primary Care Steven Glass, Access Community Health Network; Anne Statton, Pediatric AIDS Chicago Prevention Initiative
Membership   Armando Smith, The Night Ministry
Mental Health Lisa Razzano, UIC Mental Health Services Research
Prevention/Education Dan Lustig, Haymarket Center; Cynthia Tucker, Chicago Women’s AIDS Project
SPC NEWS:

In December, members of the SPC Mental Health Committee explored potential agenda items for the 2002 provider’s forum, which is tentatively slated for October – Mental Health Awareness month. Possible forum discussion items include whether case managers should receive skills training to perform mental health evaluations of clients and the need for sensitivity training of medical providers. Because case managers see clients on a more regular basis than other healthcare professionals, they may be in an optimal position to detect mental health changes and refer clients to psychosocial services. Members also talked about the need for sensitivity training of non-case management agencies that deal with HIV-positive mental health clients, such as emergency medical technicians and hospital workers. Fear and misconception about modes of HIV transmission often lead to client discrimination and subsequent HIV testing and disclosure without consent. Training would dismantle these beliefs and facilitate more fair and sensitive treatment of HIV-positive clients. Members will continue the discussion of forum topic ideas and possible keynote speakers at the February committee meeting.

The SPC Food & Nutrition Committee collaborated with AFC staff member Iliana Oliveros in organizing the large case manager meeting held on December 11. These mandatory meetings occur bi-monthly and provide case managers with ongoing job training skills. The December meeting focused on enhancing case managers’ understanding of nutrition and the important role it plays in the health of HIV positive clients. SPC Food & Nutrition Committee members Kim Hammon, Carla Heiser, and Shelly Scott, along with pharmacist Glen Pietrandoni, presented case managers with information on how to effectively communicate with clients about the importance of nutrition maintenance in easing medication side effects and aiding with adherence. They also provided the group with a list of nutrition resources, including client referrals for dieticians and nutritionists. The committee also organized a panel comprised of a case manager, dietician, physician, food provider, and a pharmacist to address nutrition education needs and to field questions on how case managers can help clients promote good nutrition. Committee members will be developing a campaign to promote nutritional assessments during March, National Nutrition Month.

In its December meeting, the SPC Prevention/Education Committee wrapped up the year by discussing new directions the committee should explore in 2002. Members agreed that HIV prevention services for youth is an important issue to tackle, especially because there has been a recent increase in the number of positive diagnoses among teenage girls. John Colon and Cecilia Tipiani of VIDA/SIDA outlined the organization’s teen outreach programs to give the committee an idea of what tools have proven successful in their prevention services. Members examined the possibility of employing a
cable access show as a medium to reach various young audiences, which VIDA/SIDA has found effective as an outreach tool. Robert Ames with the South Side Help Center presented members with information on a new initiative that targets youth under age 24. The program, called Young Men for Community Advocates, will provide community and peer outreach, sensitivity workshops, prevention case management, and HIV testing and counseling for young men of color who have sex with other men and for transgender individuals. Members then discussed the difficulty in getting individuals to return for their test results, and the benefit of using incentives to increase the rate of return. Choosing a testing location, such as a school, where individuals return on a daily basis, was suggested as another way to increase return rates.