

# Using Lessons Learned to Enhance Minority AIDS Initiatives

**Tuesday, August 24<sup>th</sup>, 2010**

**2:00 – 3:30 pm**

**2010 Ryan White HIV/AIDS Program**

**Grantee Meeting**

**Washington, DC**

**20 Years of Leadership**  
**A LEGACY OF CARE**



2010 RYAN WHITE ALL GRANTEE MEETING AND 10TH ANNUAL CLINICAL CONFERENCE

# Panel Presenters

- Moderator: Andrea Knox, MS, Project Officer, HRSA/HAB
- Durrell Fox, BS, CHW, New England HIV Education Consortium- MAI Project Director, New England AETC
- Christina Eaton, MPH, HIV Trainer, Delta Region AETC
- JoAnne Keatley, MSW, Minority Programs Manager, Pacific AETC

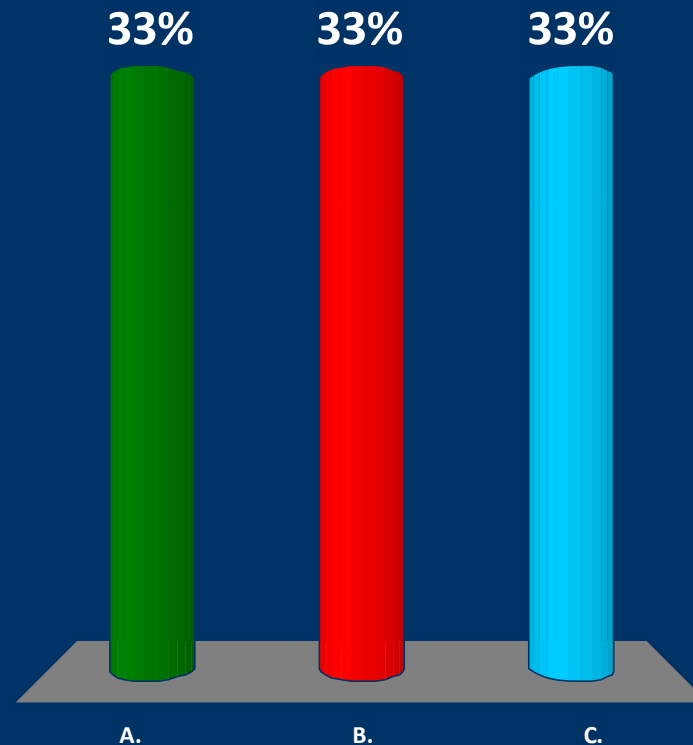
# Learning Objectives

- Discuss the role and benefits of special initiative coordinators and directors
- Review strategies for reaching and networking with targeted minority populations
- Identify ways to increase capacity through workforce development

# MAI Coordinators at AETCs: Enhancing the Effectiveness of MAI Efforts across the country

# Have you collaborated/partnered on or attended a MAI funded training, T/A or CBA event?

- A. Yes
- B. No
- C. Not Sure



Minority AIDS Initiative created in 1998,  
funded in 1999 as a direct result of  
community activism and political will.

*Goal to “lessen the burden of HIV and AIDS  
in communities of color”*



# Agencies Receiving MAI Funding (*Partial list*)

- ❖ **HHS Office of HIV/AIDS Policy**
- ❖ **Health Resources and Services Administration (HRSA) – *Including to AETCs and FTCC***
- ❖ **Centers for Disease Control and Prevention (CDC)**
- ❖ **Indian Health Services (IHS)**
- ❖ **Office of Minority Health (OMH)**
- ❖ ***Links to more details on resource list***

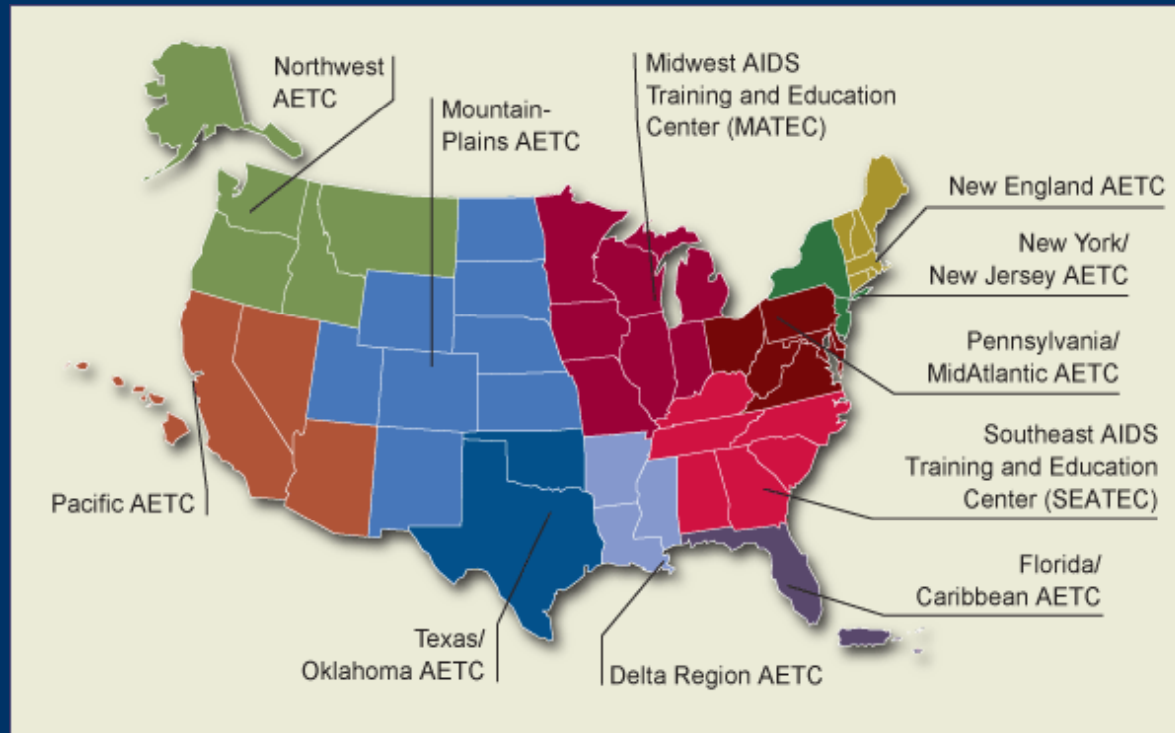
# National AETC MAI Network





# AETC MAI programs across the country

AETC Network: 11 regional center, 4 national centers, over 130 local performance sites (LPSs)



Not shown on map

4 national centers:

- AETC NRC
- AETC NEC
- NMAETC
- NCCC

# AETC MAI Background

- ✓ MAI funding supports several types of AETC initiatives including:
  - ✓ Approximately 20 percent of AETC regional center core funding is designated to support MAI activities
  - ✓ Creation of the **National Minority AETC (NMAETC)** in 1999
  - ✓ **Special MAI Capacity Building Project** which provided new targeted funding resources in 2005
  - ✓ Collaboration with Indian Health Services in 2002, **American Indian/Alaskan Natives (AI/AN)** Project funding became available to the AETC Network; eight AETCs currently receive AI/AN funding support
  - ✓ **U.S.-Mexico Border AETC Steering Team (UMBAST)** was established in 2002

# Strengths of the AETC National MAI Network

- ❖ “Organically” developed National MAI Network conference call series to learn, share, plan collaborations...
- ❖ Ability to comprehensively address HIV training needs of providers of color and providers serving HIV+ people of color
- ❖ Heightening awareness of and sharing information about AETC MAI efforts across the country

# AETC National MAI Network

- ❖ Development of the MAI section of the Orientation guide *(a tool that helped all AETC MAI network programs learn the basics about each program)*
- ❖ AETCs and other Federal Training Center Collaborative (FTCC) members partnering on MAI related training and capacity building efforts
- ❖ Participation of MAI coordinators on AETC National Resource Center workgroups (CC, Subst.)
- ❖ Cross region/site Evaluation project collaborations with the AETC National Evaluation Center

# Strengths of the MAI coordinator/dedicated staffer

- ❖ Ability to maximize MAI resources
- ❖ Creating synergy in the region and throughout AETCs
- ❖ Providing MAI guidance and T/A across the region
- ❖ Expanding capacity to build and sustain collaborative partnerships
- ❖ Developing and managing MAI longitudinal training and clinical preceptorships

# Strengths of the MAI coordinator/dedicated staffer

- Expanding diversity and serving as culture and tradition brokers/navigators for AETCs and the providers we serve
- Ability to focus on MAI goals and “steer” local performance sites (CBOs, ASOs...) toward best approach to meet the goals
- Economic resources and time to build/sustain, capacity of clinical providers, agencies and systems to serve HIV+ people of color
- Building the capacity to engage clinical providers of color in longitudinal programs

# Addressing HIV Health Disparities



# Strengthening MAI Evaluation

- Ongoing process and follow-up evaluation in each program
- NEC collaborative project with NW AETC on Latino needs assessment
- NEC ... with TX/OK AETC on Cultural Competency in HIV Services
- NEC... with US Mexico Border AETC Steering Team on Continuity of Care
- NEC... with Midwest, New England and NY/NJ on longitudinal HIV Training models



# Strengthening Collaborations

## ✓ **Minority Health Professional Associations**

- ✓ *National Medical Association (NMA)*
- ✓ *National Hispanic Medical Association (NMHA)*
- ✓ *Indian Health Services (IHS)*
- ✓ *National Black Nurses Association (NBNA)*
- ✓ *Association of American Indian Physicians (AAIP)*

## ✓ **National/Community-Based Organizations**

- ✓ *Indian Health Service (IHS)*
- ✓ *Office of Minority Health (OMH)*
- ✓ *National Association of People with AIDS (NAPWA)*
- ✓ *CAEAR Foundation*
- ✓ *National Minority AIDS Council (NMAC)*
- ✓ *Asian and Pacific Islander Wellness Center (APIWC)*

# Marching for Black HIV/AIDS State of Emergency



# Conclusion

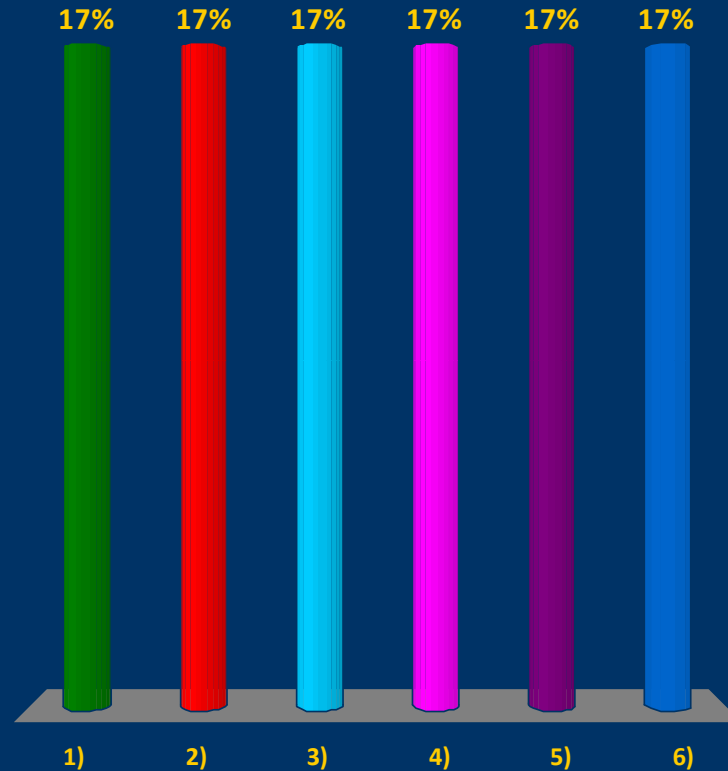
- MAI coordinators/directors have strengthened AETC efforts in communities of color and underserved populations/areas
- AETCs have diverse MAI projects based on identified areas of needs, gaps...
- AETC MAI National Network has expanded and enhanced effectiveness of AETCs to reach providers of color
- Evaluation of AETC MAI efforts have been intensified

# Strategies for reaching and networking with targeted minority populations



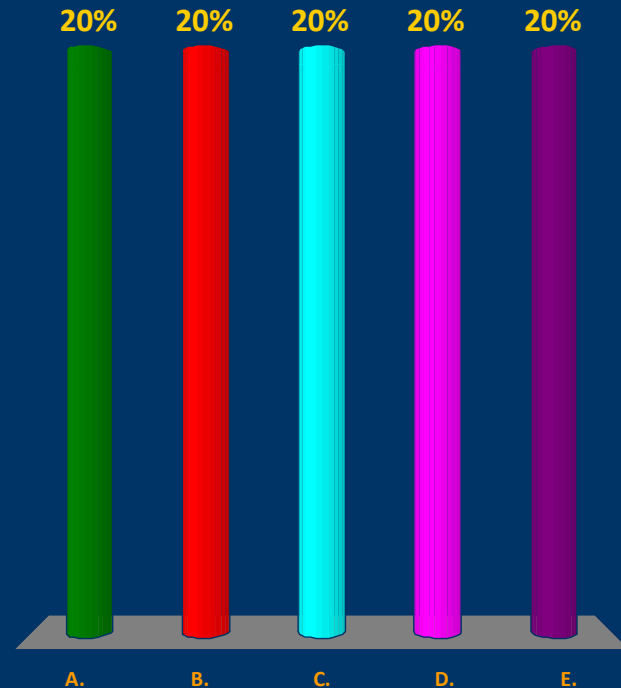
# You are funded by which part of Ryan White?

- 1) A
- 2) B
- 3) C
- 4) D
- 5) F
- 6) Not Funded by Ryan White

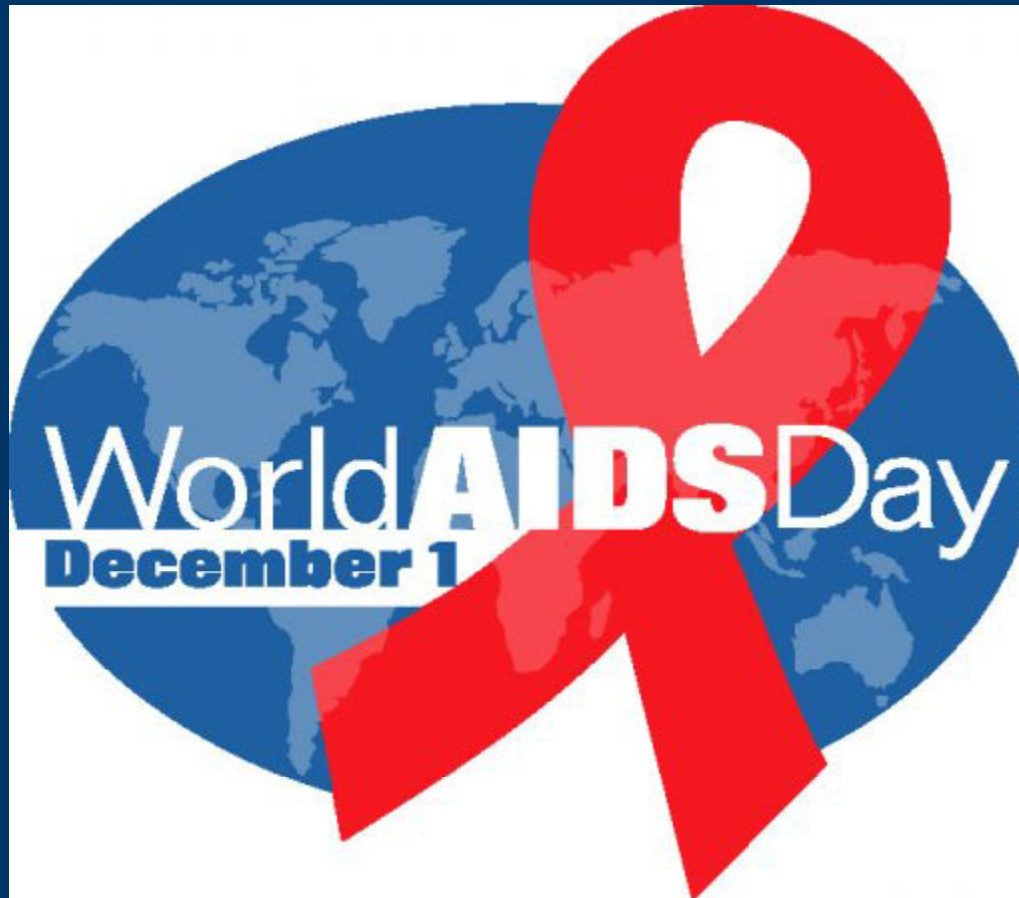


# Which Minority AIDS Initiative group are you particularly interested in reaching?

- A. Blacks/African Americans
- B. Native Americans/Alaska Natives
- C. Hispanics/Latinos
- D. Asians/Pacific Islanders
- E. Other



# World AIDS Day as a Platform



# HIV/AIDS Awareness Days





# HIV/AIDS Awareness Days

- Many are not aware these days exist
- Opportunity to begin discussion about HIV-related issues
- Utilize for raising awareness
- Anchor activities for particular minority groups in strategic plan
- Center marketing for various activities around the awareness day
- Collaboration opportunities

# Successful Examples

- Cultural Competency Training (NLAAD)
  - Collaborated with Office of Public Health's Louisiana Latino Project
- “Stigma, Discrimination, and Homophobia: How Gay Men of Color Experience HIV” (NGMAAD)
  - Collaborated with Part A Planning Council
- Medicine for the 7<sup>th</sup> Generation Conference
  - Opened doors to discuss HIV with local federally recognized tribe

# Non-Education Focused Examples

- Community Health Fair
- Rapid Testing or Rapid Testing with a perk
- Movie Marathon (movies related to HIV)
- Gospel (or other type of concert) Concert
- Art display, competition or sale
- Talent Showcases
- Walks for Life

# Websites

- <http://aids.gov/awareness-days/>
- <http://www.blackaidsday.org/>
- <http://www.nlaad.org/>
- [http://www.happ.colostate.edu/nnhaad/n\\_index.html](http://www.happ.colostate.edu/nnhaad/n_index.html)

Any Success Stories You Would Like to Share With the Group?



# Strategies for Increasing Capacity Building



# Example on Workforce Development

- ❖ Trained clinical workforce as local experts into experienced faculty.
- ❖ These clinicians also train other physicians and be a resource for clinicians in the PI's
- ❖ Building ongoing support leads to a sustainable and reliable delivery of HIV care, in a setting where none existed previously.

# With support from The PAETC MAI

- ❖ Hawaii AETC began HIV clinical education and capacity building in the U.S. Pacific Jurisdictions training clinicians throughout a large geographic and remote area of 2.5 million square miles





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2018 RYAN WHITE ALL GRANTEE MEETING AND 17TH ANNUAL CLINICAL CONFERENCE

# U.S. Pacific Jurisdictions Include:

- ❖ American Samoa
- ❖ Guam
- ❖ Federated States of Micronesia  
(Chuuk, Kosrae, Pohnpei, Yap)
- ❖ Commonwealth of the Northern Mariana Islands
- ❖ Republic of Palau
- ❖ Republic of the Marshall Islands

# U.S. Pacific Jurisdictions are a resource-challenged region

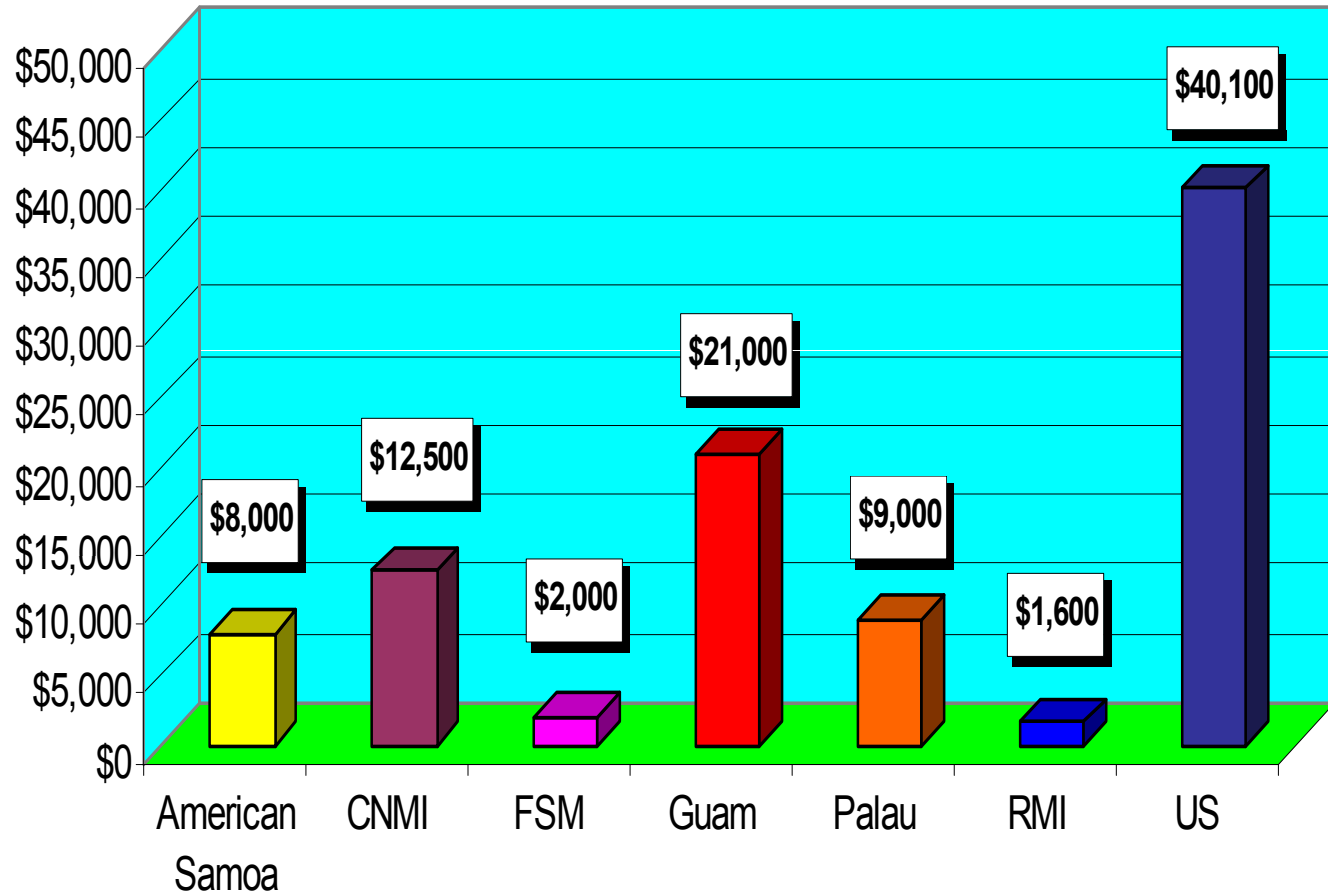


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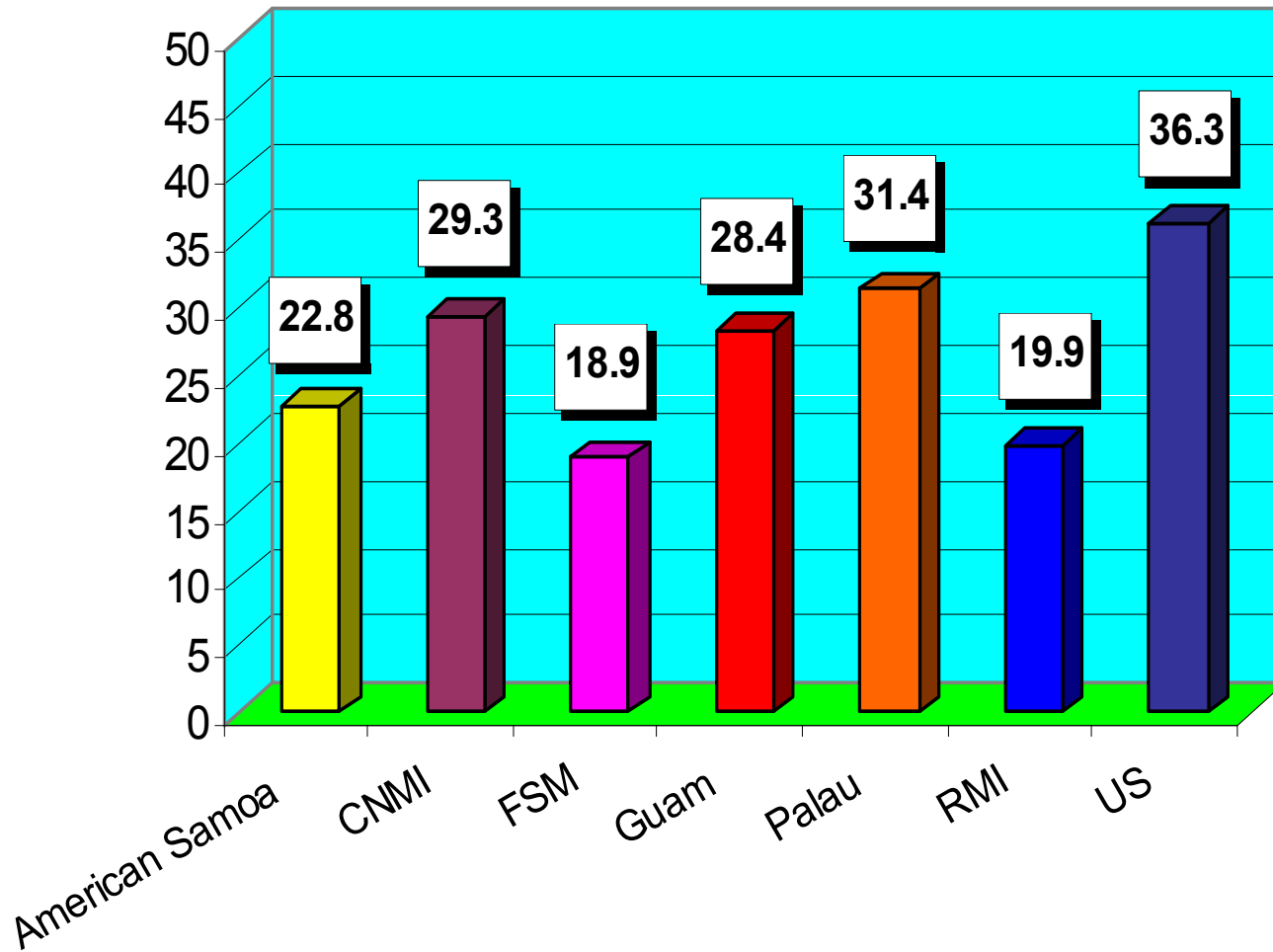


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# Per Capita GDP



# Median Age



# An HIV pandemic in this region is possible because:

- ❖ high birth rates,
- ❖ highly mobile populations,
- ❖ very high STD prevalence
- ❖ sexually active young population

- ❖ HAETC sees the Pacific Jurisdictions as part of the Hawai'i ohana.
- ❖ Our region is proud that we have the opportunity to provide HIV education, capacity building, and technical assistance to clinicians there

# HAETC initially built clinical capacity by training:

- ❖ One physician and two nurses in each jurisdiction
- ❖ to be HIV caregivers and educators for their area





**Dr Edilyong, Dr Yichiro, Angela, and Dr Reyes,  
2007 Clinical Conference, Micronesia**

# HAETC developed and implemented a multi-faceted clinical training program:

1. annual HIV clinical conferences;
2. week-long mini-residencies;
3. on-site consultations, and;
4. bi-monthly satellite-based teaching

**WELCOME AETC PARTICIPANTS**



**AETC ANNUAL CONFERENCE**

**APRIL 10-12, 2007**

**POHNPEI, FEDERATED STATES OF MICRONESIA**



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20th RYAN WHITE ALL GRANTEES MEETING AND 10th ANNUAL CLINICAL CONFERENCE

# Annual HIV clinical conferences

- ❖ Region-wide or island wide
- ❖ 2 - 3 day long conferences
- ❖ Lectures
- ❖ Skill building
- ❖ Interactions with patients or HAETC trained standardized patients

# Week-long mini-residencies

- ❖ 1 - 3 clinicians immersed in clinic-based training
- ❖ Observe HIV providers model best-practice care
- ❖ Participate in case-based learning with HIV specialists

# Initial Bi-monthly satellite-based teaching

- ❖ Via PEACESAT
- ❖ Case based discussions across the jurisdictions
- ❖ Facilitated by an HIV specialist

Dr. Yoster Yichiro was the first HAETC trained regional trainer. He is now the Director of the Chuuk AIDS Education and Training Center.

Clinical outcomes have included:



# Core teams of HIV clinicians trained







- ❖ HIV testing/  
counseling  
protocols
- ❖ Perinatal HIV  
transmission  
protocols

## 2006 Kosrae HIV Training

- ❖ Ability to perform HIV risk assessments
- ❖ Hospitals have written HIV tx protocols



# Conclusion

- ❖ Clinicians in Resource-Challenged Settings will and can respond to increased responsibility for HIV care despite financial shortages and other demands
- ❖ Adult Learners appreciate transparency: Letting them know what you want, need and expect of them increases Buy-In
- ❖ Early investments in relationship building and attention to cultural expectations contributed to long-term commitments and success

# Contact Information

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