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September 2010

The National HIV/AIDS Strategy: A Synopsis

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The White House effort to focus and energize the fight against the domestic HIV pandemic is historic. For the first time in the history of the epidemic America has a National HIV/AIDS Strategy and a Federal Implementation Plan (“the Strategy”) that begins with a bold vision:

“The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination”

The Strategy has three primary goals: 1) reduce new HIV infections; 2) increase access to care and improve health outcomes for people living with HIV; and 3) reduce HIV-related disparities and health inequities. My Director’s Corner will be dedicated to discussing the Strategy’s primary goals over the next three quarterly issues.

Reduce New Annual HIV Infections by 25%

Prevention, the Strategy’s first primary goal, is an “imperative”. By 2015, President Obama aims to reduce the annual number of new HIV infections by 25% (56,300 total new US cases X 25% = 14,075 target case reduction). Reducing HIV transmissions from 5 persons per 100 people each year to 3.5 persons will help to maintain our commitment to providing quality care to people living with HIV/AIDS. Three steps are set forth to reach this goal.

Step one instructs Federal, State and local agencies to “intensify HIV prevention efforts in the communities where HIV is most heavily concentrated”. Nationally gay men (defined to include bisexual and MSMs) are most “at high risk of HIV infection followed by African Americans, Latino/as, and IDUs. Gay men make up only 2% of the population but accounted for 53% of new HIV infections in 2006. White gay men recorded the highest number of new infections (13,230), but African American and Latino gay men were at greatest disproportionate risk of HIV infection (10,130 and 5,710 respectively).

African Americans represent 13% of the population but 49% of people living with HIV/AIDS. One CDC study of five major cities found nearly 50% of African American gay are HIV infected. The CDC reports that 64% of all HIV infected women are African American.

The CDC also found that new AIDS cases among Latino men was triple that of white males and among Latinas the number of new cases was five times that of white women. Again gay Latino men are most disproportionately impacted followed by Latinas.

IDUs constitute less than one half of one percent of the population but are disproportionately represented among new infections (16%), especially African American IDUs. Finally, the Strategy notes that other types of substance use are associated with greater risk of sexual transmission of HIV infection.

Step two calls for an expansion of targeted efforts to prevent HIV infection through a combination of effective evidence-based approaches that include home-grown interventions. Abstinence, limiting one’s number of sexual partners, condom use, knowing one’s HIV status, accessing HIV treatment and harm reduction techniques all reduce HIV transmission. Screening for and treating STIs is also associated with reduced HIV transmission risks. Screenings for STIs and HIV should be offered in communities heavily impacted by HIV.

The Strategy calls for innovation in prevention strategies, strengthened HIV surveillance, expanded HIV prevention services with greater...
population-level impact (e.g. seek, test & treat; PreP), and expanded prevention-with-positives interventions. The Strategy sets an awareness target of 90% (up from 79%) of people living with HIV to know their serostatus. That’s an increase from 948,000 to 1,080,000 Americans. Studies show that people who know their HIV status tend to better protect themselves and their partners from HIV transmission. Federal funders (such as HRSA and CDC) will hold health jurisdictions accountable to meet these goals.

Few risk reduction interventions are specifically designed or evaluated for African American gay men despite estimates that 50% of all AIDS cases among them are attributed to male-to-male sexual activity. The CDC recently awarded $2 million to the City University of New York to evaluate a homegrown HIV prevention intervention for African American same gender loving men. OAA is pursuing the principal researcher for more information.

Step three urges all Americans to be educated about HIV transmission and provided with clear prevention information. Since HIV prevention educators commonly encounter questions across generations that reveal serious misunderstandings of basic HIV transmission behavior risks. The CDC reported in 2006, that 34% of transmissions occurred among youth and young adults ages 13 to 29. In 2008, 15% of transmissions occurred among adults over age 50. To combat continuing HIV transmission risk misperceptions the Strategy calls for reinforced, sustained, evidence-based, age and culturally appropriate social marketing and education campaigns via traditional and network media. OAA is proceeding with plans to establish our website as a primary, interactive resource for HIV/AIDS education and referrals.

To learn more about, or to share your comments on the White House National HIV/AIDS Strategy and Federal Implementation Plan, please call or email the White House Office of National AIDS Policy at: (202) 456 4533 or AIDSpolicy@who.eop.gov. Or visit ONAP’s website at: www.whitehouse.gov/onap.
3 Lives of Cat Smith
By Duran Rutledge

Few of us can point to a specific day more than a decade ago and remember exactly what was happening, outside of the birth of a child, a death of a loved one or a wedding. Cathy Smith can.

She was 35, a mother of three, homeless and addicted to coke. It was Thursday, April 26, 1999 and the day that Cathy aka Cat found out that she was HIV positive. "When the lady came and told me I was positive. I said I'm positive of what? What is you talking about? The first thing that came to my mind was ah shit I'm dying, and I don't even know how I got it." Cat says that she sat alone crying and drinking heavily for four years straight trying to cope with her diagnosis. And, although she had an uncle who had died from AIDS years earlier, her family, like most African American families during that time didn't openly talk about HIV and its impact.

It was now the early 2000s and she was feeling alone, and scared. "I felt like my world was ending and that I was gonna die. I was homeless and I felt nasty, ashamed, empty." "Why ashamed?" I asked. Her voice dropped down to almost a faint whisper and she slightly lowered her head, as if she were reliving those painful feelings. "Cuz I did. I felt ashamed. I felt embarrassed maybe because of that stigma thing and how somebody was going to think of me. Is everybody gonna change up on me? I'm really not gonna have nobody and be in this world but myself, dying."

Cat credits the doctor and nurses at Highland Hospital for connecting her to WOLRD, (Women Organized to Respond to Life-Threatening Diseases), an information and support network for women with HIV/AIDS for help in those early years cope with some of the stress of being an HIV positive woman. Although she says that it wasn’t until she was locked up in San Francisco’s County Jail for 77 days in 2007, for “trying to make fast money“ that she really had time to think about her life and her HIV status that really started to deal with her life had how it had spiraled down, homeless, addicted, HIV positive and in jail. She wrote a 5-page letter to her HIV which started off, “Dear HIV, my name is Cathenne Smith. I just want to tell you that I hate you" She says that she got honest with herself, pouring out all of her fears and anger over being HIV positive that by the time that she finished her letter to her HIV that “things got lighter“ and she felt a release of much of the shame and pain that she had been keeping walled up inside her.

This was helping fuel her depression, but she found a new sense of self love and began participating more frequently in WOLRD’s group meetings and one-on-one sessions.

Cat has also taken control of her health by sticking to her HIV antiviral treatment and as such her T-cells have gone from 26 to 969, with an undetectable viral load. “I know that when I walk down the street it doesn’t say no HIV/AIDS on me, I know that now. I also know if I take my medicines and go to the doctors I’m going to be alright.”

It is out of Cat’s self love that has grown her desire to want to help other HIV positive women come to terms with their HIV status as a Peer Advocate. “I want to walk them through it, cuz I know how it feels. I would tell them to take your time to process whatever you are going through. Keep it in your head you ain’t sick. You ain’t sick! If you think it you’ll look it and you’ll feel it.” Cat recalls what it was like for her when she first began attending WOLRD’s retreats and how she would sit back feeling alone and ashamed to speak. I felt my own emotions wailing up once again as Cat’s voice dropped down to almost a child like whisper as if reliving her own pain and fear the first time she attend WOLRD retreat for HIV positive women. “It’s like the woman is saying I want to be over there but I’m scared. I want to say my name, but I’m scared. I want to say help but I’m scared. I just don’t know how to say, help.” These are the women that Cat wants to help as a Peer Advocate, by sharing her story and encouraging them to keep attending the retreats and the group meetings and keep expressing how they feel so that they too can come up and come out of their own depression or fears about being HIV positive women. “I’m 5 feet tall but I feel like I’m seven feet tall now.”

Cat says that she’s in a contest with her HIV and as long as she’s still here she’s winning. Throughout the interview she stressed the fact that just because someone is HIV positive doesn’t make them sick and that positive (women) need to keep that in mind. She says that is why when she’s 85 years old she’ll still be able to drop it like it’s hot. “I love me and I love who I am now.” And at 45 Cat has a long time to drop it like it’s hot, but I have no doubt that when her 85th birthday comes that she will be doing just that.
Beloved East Bay AIDS physician, Claire Borkert, died peacefully at her home on June 24, from cancer. Claire was an extraordinarily warm, creative and energetic person who threw herself whole-heartedly into everything she did. She was a hero to her patients and her colleagues for her fierce advocacy and leadership, especially on behalf of women with HIV, and for the uniquely personal way that she devoted herself to her patients.

Claire was born in Memphis, Tennessee, the middle of five sisters. She spent her early career as a social worker in Tennessee and Arizona before returning to Memphis to go to medical school in 1984. She moved to the East Bay in 1988 to do her residency and started immediately working in HIV, first in the Adult Immunology Clinic at Highland and then in 1992 at the East Bay AIDS Center, where she settled and became the co-medical director. Among many other professional accomplishments, Claire helped establish the Family Care Network and served on the Board of Directors for WORLD.

Claire was an avid dancer, sailor, kayaker, hiker, and craftsperson who made glass and wirework jewelry. She is survived by her beloved husband Larry Miller, her mother and four sisters and her EBAC family of patients and co-workers.
Food for Life, the newly funded Ryan White congregate meal program, opened their doors with a kick-off celebration on August 4, 2010. Attendees were treated to a delectable meal, participated in a raffle, and got to meet the staff of the program. The program is run by the Allen Temple Housing and Economic Development Corporation (ATHEDCO), the non-profit arm of Allen Temple Baptist Church.

Well-balanced lunches are served Monday through Thursday, 1:00-2:00 p.m., at 8501 International. The program has partnered with Cal-PEP’s medical van transportation service, which provides free round trip rides from several service provider sites in the Oakland area.

“We want people to come out, to find and build a community, to have fun and decrease their isolation”, says case coordinator, Toni Dunbar. She stays engaged with participants making sure they follow their case management care plans, and makes sure they stay in medical care. She also conducts monthly health-related workshops.

ATHEDCO offers other programs as well, such as the culinary arts program, employment services, a computer center, and special programs for people who are recently released from prison. Through its partnership with the Community Access Ticket Service (CATS), ATHEDCO also offers free tickets to A’s and Giants games or to places like the California Academy of Sciences. Participants enrolled in the Food for Life Program are also eligible for all of these other programs and services.

Call Toni at 510-544-8973 for more information.

Project Open Hand Celebrates 25 years of food services for people living with HIV/AIDS

Sunday, October 24, 2010
11 am - 2 pm
1921 San Pablo Avenue,
Oakland

Project Open Hand is commemorating twenty-five years of providing nutritious meals, groceries, and nutrition counseling to people living with HIV/AIDS, seniors, and homebound people living with serious illnesses in both San Francisco and Alameda counties. We will be commemorating our Silver Anniversary with a celebration event in Oakland that includes music and entertainment, tours of the facilities, unveiling our brand new website, guest speakers, tasty treats and much, much more! We would love for you to join us in commemorating this very special milestone. RSVP if you plan to attend by e-mailing events@openhand.org or call (415) 447-2316 for more information. Admission is free but space is limited, so mark your calendar today and let us know if you can make it, because you don’t want to miss this very special event!
On August 23-26, The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau, hosted its bi-annual Ryan White Grantee in Washington DC, for 2500 direct care providers, program/fiscal administrators, members of planning councils or board members, consumers, and Federal staff. This year marks the 20th anniversary of passage of the initial Ryan White legislation, and is the largest gathering of HIV/AIDS health care providers in the US.

The goals of this meeting were: to identify strategies for improved systems of HIV/AIDS care in areas of greatest need; to share models of care focused on lifesaving and life-extending services; to encourage collaboration and networking; to increase grantees’ knowledge of programmatic and fiscal requirements in accordance with the 2009 Ryan White legislation.

Concurrent workshops fell in the following categories: clinical, access and retention, administrative and fiscal management, coordination and linkages, cultural competency, prevention, program development, and quality/data/evaluation. There was also a session on the National HIV/AIDS Strategy, with discussion to continue at the October United States Conference on AIDS, in Orlando.

Some of the directives from the agency were focused on early detection of new cases as well as increasing peer-led services.

The Bay Area was well represented with presentations by Dr Kathleen Clanon, Dr Ronald Goldschmidt of UCSF, Barbara Rosa, RN, National Quality Center Consultant, and Itta Aswad, quality improvement coordinator for Part C.

Staff Highlight:

Jessie has worked for the OAA as a student intern since June of this year. She attended the Seoul National University and holds a BS degree in pharmacy and plans to attend graduate school next year to study health policy and management.

Jessie has been keeping busy helping us organize our resource library, entering data, updating the HIV/AIDS pocket resource guide, and assisting in the formation of the API-HIV task force. She used her background in pharmacy to develop a list of HIV medications covered by the Patient Assistance Program for those ineligible for ADAP. She is also a whiz in all of the MicroSoft applications.

Jessie enjoys listening to music, especially rock, and is currently taking a class in jazz history. She loves online social networking and keeps in touch with her friends in South Korea. Earlier this summer she visited her father’s hometown of Gosung, which she describes as a beautiful seaside fishing and farming community.

“I’ve learned so much about HIV and AIDS and the importance of prevention since I started working here”, says Jessie. We certainly appreciate Jessie’s hard work and her great personality.
New Media: OAA’s New Website and Facebook Page

The use of New Media like Facebook, Twitter, MySpace and texting have become common ways to communicate with our friends and loved ones, keeping them abreast on all the split second happenings in our lives. This could be a good or bad thing depending on your own personal need to be in the know or to inform.

The OAA, through a grant from AIDS.gov will take full advantage of New Media technology through its Facebook page and new website, which will launch in the upcoming weeks. The website Once launched OAA’s website will target three specific groups; people living with HIV/AIDS (PLWHA), HIV/AIDS service providers who provide or coordinate HIV care for clients, and those seeking Alameda County’s HIV/AIDS epidemiology data. It will provide comprehensive HIV/AIDS related information on services and resources for HIV positive consumers and HIV/AIDS service providers. It will also inform the community on HIV/AIDS related funding or legislative changes that affect services within Alameda County.

Through our use of new media the OAA hopes to increase the community’s awareness of the Office of AIDS Administration, providing for a greater visibility and opportunities for addressing the needs of the community and to share HIV/AIDS information and resources that are specific to our county.

If your agency provides services which support people living with HIV/AIDS in Alameda County and would like to be linked to OAA’s new website, please send us a link to your website along with a brief description of the services to duran.rutledge@acgov.org

OAA News Briefs

Careware Update
The integration of CAREWare into the county care service provider system continues. Contact Deborah Jones at (510) 268-7640 or by email Deborah.Jones@acgov.org or Edward Kierklo at (510) 268-7642 or by email Edward.Kierklo@acgov.org to arrange date entry training. There will be additional training classes scheduled in October for clinical data and custom reporting.

QA Survey
One of the ways to measure the quality of health care is by assessing client satisfaction with services. Consumer input surveys have been delivered to agencies providing primary care, case management, substance use and mental health services funded by Ryan White Parts A, C and D in Alameda and Contra Costa counties. The surveys should be distributed and collected between now and October 15, 2010. Once analyzed these results will be shared with both providers and clients. Thank you for your support in this important quality-related activity.

OAA Service Award Nominations
OAA will soon send information on how to submit nominations for service awards. The categories are Care, Education and Prevention, Non-Traditional Community Partner, Caregiver, Volunteer and Youth. Nominations will be available for submission through Survey Monkey or hard copy forms. Stay tuned for further details.
Both meetings are:
12:00 to 5:00 PM
Washington Hospipital West
2500 Mowry Ave. Fremont Ca. 94538
Lunch and childcare provided.

For more information, contact
Antonio Osuna, 510/943-2557  TJ2000@rome.com
Ron Chavez. 510/593-1045  RON94538@yahoo.com
Article or Announcement Submissions

The Office of AIDS Administration encourages community members to submit articles relevant to HIV/AIDS in Alameda County

Approximately 250 words (one double spaced page)
Include contact information
Submit by email only
Submit as word document or in the body of email
Due to space constraints, not all submitted articles will be published.
For more specific guidelines, contact Daniela Torres at Daniela.Torres@acgov.org

For a subscription to the OAA Quarterly Newsletter, please send email to Daniela.Torres@acgov.org