

Innovation in HIV Prevention

Annie Stuart

"If we had no prevention, we'd likely see 150,000 to 200,000 new HIV cases in the United States a year, if not more." Instead, new cases are closer to a fifth of that number.

Cynthia A. Gómez, PhD

There are many paths to AIDS prevention. Many have been tried and abandoned. The hardest part of prevention is that it is intangible; you don't feel or see your successes immediately. Despite this challenge, **Cynthia Gómez, PhD**, Co-Director of the Center for AIDS Prevention Studies (CAPS), sees the glass as half full. "If we had no prevention," she says, "we'd likely see 150,000 to 200,000 new HIV cases in the United States a year, if not more." Instead, new cases are closer to a fifth of that number.

Although this is a noteworthy accomplishment, Gómez and other leaders at CAPS can't be found resting on their laurels—far from it. They fully recognize that complacency about this disease is not an affordable choice.

To see why, one need look no further than a recent Centers for Disease Control and Prevention study of young gay men, reported on at the 14th International AIDS Conference in Barcelona. Among men ages 15 to 29 in the study, most—90 percent of blacks, 70 percent of Hispanics, and 60 percent of whites—who were



Members of the Center for AIDS Prevention Studies TIE Core (see page 3) (left to right) Maricarmen Arjona, Jeffrey Bernstein, Ellen Goldstein, Olga Grinstead (seated), Marliese Warren, Pamela DeCarlo, and Scott Stumbo. Not pictured: Damon Johnson

HIV positive didn't know they were infected, making it more likely that they will go on to infect others.

What do these numbers tell us? That new generations have developed immunity to HIV messages? Or that prevention success and HIV awareness in some populations have been matched by a *lack* of success and awareness among others, particularly youth, people of color, and those in lower socioeconomic groups?

"The things that fuel HIV are societal problems—discrimination and stigma, homophobia, and gender, racial, and social

inequities," says **Thomas Coates, PhD**, Director of CAPS and of the AIDS Research Institute. In addition to an ever-challenging social terrain, behavior changes and scientific and technological advances demand continual innovation in prevention strategies, he says. "The challenge that we're faced with is how to do HIV prevention at a time when HIV isn't as scary as it used to be. Today, antiretrovirals delay progression of HIV disease. In some future era, soon, it could be a vaccine that's partially effective or a microbicide that helps stop transmission, both of which require a blending of behavioral and bio-

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Investment in HIV Prevention



LYNNLY LABOVITZ

Thomas J. Coates, PhD,
AIDS Research Institute
Director

“Over half of the people ever infected with HIV worldwide are alive now, which can only mean one thing: HIV is spreading rapidly.”

One fact about HIV/AIDS is clear—it is the world’s worst epidemic in terms of the number of people infected, affected, and killed by it. The numbers stagger the mind: over 70 million people infected worldwide since the beginning of the epidemic, 30 million dead and 40 million living with it. Those numbers suggest a trend. Over half of the people ever infected are alive now, which can only mean one thing: HIV is spreading rapidly.

The UCSF AIDS Research Institute has a very strong investment in HIV prevention, investigating all of the ways that HIV spread can be prevented. This includes behavior change, novel barrier approaches such as the diaphragm and the female condom, new and improving technologies such as rapid HIV testing and microbicides, use of anti-HIV medications as pre- and post-exposure prophylaxis, and the development and evaluation of candidate vaccines.

We have come a long way, and, thanks in large part to 17 years of rigorous research at the Center for AIDS Prevention Studies (CAPS), we know a lot about how to prevent the transmission of HIV. We have made major strides in preventing its transmission here in the U.S. When applied in the developing world, HIV prevention works too, as evidenced in places like Uganda and Thailand.

But one of the major problems comes in the application of what we know. Social and policy barriers to the use of effective HIV prevention technologies must be overcome. That is why we at UCSF created the AIDS Policy Research Center, to study ways to overcome these policy and structural impediments to the imple-

mentation of proven, evidence-based HIV prevention strategies.

We are also committed to the education of the next generation of prevention scientists and scholars, both here in the U.S. and in the developing world. The Traineeships in AIDS Prevention Studies (TAPS) program and the CAPS International Scholars’ Training Program have been very successful; we have “graduated” over 60 U.S. and 100 developing-country scientists now devoting their careers to HIV prevention science. And, we have developed innovative programs to focus scientific investigation on HIV in minority communities in the U.S., where the burden is exceptionally heavy.

I am pleased to announce the appointment of **Drs. Cynthia Gómez** and **Susan Kegeles** as the new Co-Directors of CAPS. Read about their important accomplishments and their vision for the future of HIV prevention research throughout this issue of the ARI newsletter.

We are also happy to share some of our senior scientists with other research fields. **Dr. Margaret Chesney** leaves CAPS to become Deputy Director of the National Center for Complementary and Alternative Medicine at the National Institutes of Health. (See the article on page 8.) We are proud that she is taking such an important position, and know that she will take to that field all that she has learned and contributed to HIV/AIDS. We will miss her, but good work needs to be done.

ARI Mission Statement

The AIDS Research Institute is committed to fostering innovative and integrated science—basic, clinical, prevention, and policy research—to prevent, understand, treat, and someday cure HIV infection; rapid dissemination of our findings; and training new scientists to continue working toward our ultimate goal of ending the HIV/AIDS epidemic.

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Science to Community: All About the TIE Core

Pamela DeCarlo

The finest research in the world can't prevent HIV transmission. Only when research is understood and used by HIV prevention service providers and policy makers can it make a difference in the epidemic. The worlds of research and service provision are quite different, and don't cross without specific effort. The Center for AIDS Prevention Studies (CAPS) Technology and Information Exchange (TIE) Core joins these worlds to make research more useful to service providers and encourage strong science-based service programs.

CAPS has always been a leader in the scientific world of HIV prevention, with researchers publishing articles in top journals, speaking at national and international conferences, and sitting on influential scientific panels. Through the TIE Core, CAPS is also a leader in the service world of HIV prevention. The TIE Core fosters relationships, synthesizes and publishes research in a user-friendly manner, presents findings at non-academic conferences, and joins community-based planning and policy groups.

The TIE Core began 15 years ago to support bi-directional information exchange between CAPS and various community-based HIV prevention stakeholders. It is the gateway through which ideas, data, resources, and goodwill flow into and out of CAPS by non-traditional and non-academic means. The Core is made up of highly people-focused and attuned to the strengths, needs, and politics of the HIV prevention service community in the San Francisco Bay Area and across the country. The TIE Core specializes in three main areas: dissemination, technical assistance, and research.

Dissemination

The TIE Core has developed some of the most innovative dissemination tools in HIV prevention. In 1995, the HIV Prevention Fact Sheets (www.caps.ucsf.edu/FSindex.html), a series of two-page referenced summaries of specific topics in HIV prevention, were launched. The Fact Sheets are known around the world, and are disseminated not only by CAPS via mail, e-mail, and Internet, but by other organizations such as the AIDS Education and Training Centers, the National Association of State and Territorial AIDS Directors, and the American Red Cross. Fact Sheets are used by service agencies to help write grants, design programs, advocate for services, and keep up-to-date on emerging issues.

The TIE Core launched the CAPS web site (www.caps.ucsf.edu) in 1996, the first HIV prevention research-specific web site to hit the Internet and the only research center site listed on the White House Office of AIDS site. The CAPS site promotes CAPS research and provides HIV prevention materials for community service agencies and other research-



*Olga Grinstead, PhD, MPH,
CAPS TIE Core Director*

ers. It offers lists of current research projects, contact information and bios for CAPS researchers and staff, a searchable database of articles published by CAPS scientists, reports, monographs, and manuals generated by CAPS, and information about fellowships offered. It also provides detailed descriptions of CAPS model programs that have been evaluated and shown to be successful, selected full curricula (including training manuals, handouts, and activities), questionnaires and other instruments, Fact Sheets, newsletters, recruitment opportunities, and job listings. Much of this material is also provided in Spanish.

For those without Internet access, the TIE Core has a wealth of materials available to be mailed or faxed. Hard copies of all of the materials on-line are offered, as well as select articles, videos, and journals.

Technical Assistance

Technical Assistance (TA) is the backbone of the TIE Core's work and the most time- and person-intensive portion of what they do. The TIE Core provides TA to researchers and staff at CAPS to help scientists work with service providers. Scientists may come to the TIE Core for assistance setting up a community advisory board, locating a local agency for recruitment, understanding the work life and politics of service agencies, or getting research results out to the public.

The Core also provides TA to local, national, and international service agencies, health departments, community planning groups, outside researchers, media, and students. This TA can take the form of directing an MPH student to the CAPS web site, mailing Fact Sheets and articles, helping walk through the design of a new intervention, or hooking up agencies with researchers for evaluation. In 2000, the Spanish Language Initiative was initiated to increase our TA and dissemination to the Spanish-speaking community.

Research

Scientists at CAPS have been conducting research in collaboration with service provider partners since 1986. In 1991, the TIE Core initiated a more structured, deliberate strategy for linking researchers and community-based organizations (CBOs) to conduct community-relevant research. Five CBOs were matched with five CAPS researchers and funded with small evaluation grants for two years. In 1994, Northern California Grantmakers-AIDS Task Force and CAPS began a partnership which

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The Mpowerment Project: *Changing Community Norms*

Annie Stuart

It was premature optimism—at best. Less than a decade after the onset of the AIDS epidemic, dramatic declines in the sexual risk behavior of American gay men had AIDS researchers believing that they need no longer be concerned about AIDS prevention in the gay community. There was even some discussion about discontinuing research with gay men and reducing funding for AIDS service organizations.

But the populations being scrutinized did not include *young* gay men. For them, the risk reduction story was much more bleak.

At that time, **Robert Hays, PhD**, and **Susan Kegeles, PhD**—both social psychologists at the Center for AIDS Prevention Studies (CAPS)—were alarmed by anecdotal reports they were hearing about high-risk sexual behavior among young gay men in San Francisco. “Boys groups” were cropping up among men who had not yet encountered HIV the way their older brethren had—who had not yet experienced the tremendous losses. They clung to the belief that as long as they avoided sex with older gay men, they could avoid the scourge of AIDS.

Hays, who had studied issues of social support among gay men, and Kegeles, who was fascinated by the concept of community-level interventions, decided to put their ideas and experience together to develop a community-level HIV prevention intervention for young gay and bisexual men, ages 18–29. They both realized the need for an intervention model that went beyond relying on individuals seeking help to change their own behavior. Instead, they modeled their project after cardiovascular health and smoking cessation programs where entire communities were the targets for change.

The outcome of their collaboration was the Mpowerment Project, begun in 1990, a program of research that continues to this day. In 1996, Kegeles and Hays were joined by **Greg Rebchook, PhD**, a multicultural psychologist who, having worked at a community-based organization and a department of public health, brought with him the expertise of doing HIV prevention in the “real world.” Today, Mpowerment is nationally recognized for its effectiveness in reducing HIV sexual risk-taking among young gay and bisexual men.

Sadly, Hays died of AIDS in 2001, but he was gratified that his work

was continuing and making an impact on HIV prevention. His contributions have changed the lives of countless young gay and bisexual men.

Funded by the National Institute for Mental Health (NIMH), the Mpowerment Project was designed to reduce the frequency of unprotected anal intercourse among young gay and bisexual men. It does this in a cost-effective manner by mobilizing large numbers of men to support each other about safer sex and to shape a healthy community for themselves by building positive social connections.



Members of the Mpowerment Team (L-R) Dave Huebner, Susan Kegeles, Greg Rebchook, Ben Zovod, David Sweeney, and Wayne Steward

Mpowerment is a multi-level intervention, guided by several principles that contribute to its success. First, it relies on peers as agents of change among men who are at a stage of life when peers exert a tremendous influence. Second, because the young men take charge of the project themselves, they are actively involved in finding and implementing solutions to

their problems, so their behavior changes are more lasting. The project also draws on a theory called “diffusion of innovations” which suggests people are most likely to adopt new behaviors that have already been accepted by others similar to them and whom they respect.

Because formative research indicates that HIV is not particularly motivating or captivating for young gay men, the project relates HIV risk reduction to the satisfaction of other, more compelling social concerns. The goal of the program is to create a stronger and healthier young gay men’s community, one in which men can express caring and concern for each other in a variety of ways, including through actively encouraging safer sex. In this way, it creates a community in which safer sex becomes the mutually accepted norm.



The late Dr. Robert Hays, CAPS researcher

The Project is run by a “core group” of 10 to 20 young gay and bisexual men from the community, plus paid staff.

The core group, together with volunteers, designs and carries out all project activities. Ideally, a physical space is dedicated for outreach events and meetings and to serve as a drop-in center for men to meet and sup-

port each other. Four integrated activities comprise the program:

- **Formal outreach.** Teams of men go to popular community venues to promote safer sex and deliver appealing materials they've developed on HIV risk reduction. Additionally, the team creates its own outreach events, such as dances, video parties, picnics, and discussion groups, to attract young gay men and to infuse safer sex promotion.
- **M-Groups.** These peer-led meetings of 8 to 10 young gay men discuss factors contributing to unsafe sex such as misconceptions about what is safe, poor communication skills, and beliefs that safer sex is not enjoyable. Through skill-building exercises, the men practice correct condom use on dildos and safer sex negotiation. Participants also receive free condoms and lubricant.
- **Informal outreach.** At M-groups, participants are trained and encouraged to conduct informal outreach, which consists of expressing support to their friends about having safer sex.
- **Ongoing publicity campaign.** The campaign attracts men to the project by word of mouth and through articles and advertisements in gay newspapers.

Through two randomized, controlled trials, the intervention has been implemented, rigorously evaluated, and found to be effective. An intervention site in Albuquerque, New Mexico, for example, reported a 12 percent decrease in risky sexual behavior over time, as compared with a 42 percent increase in Austin, Texas, and a 26 percent increase in Phoenix, Arizona, two cities where there was no intervention.

The Mpowerment Project is the only scientifically developed and empirically tested intervention to show reduction in HIV sexual risk-taking behaviors among young gay and bisexual men. It is listed in the Centers for Disease Control's *Compendium of HIV Prevention Interventions with Evidence of Effectiveness*



The Mpowerment Project is the only scientifically developed and empirically tested intervention to show reduction in HIV sexual risk-taking behaviors among young gay and bisexual men.



HIV prevention providers from around the country converged recently at CAPS for a two-day Mpowerment Project training session to learn about implementing the program in their own communities.

and was also named an *Exemplary Substance Abuse Prevention Program* by the Substance Abuse and Mental Health Service Administration's Center for Substance Abuse Prevention.

As the outcomes of the research were first published, many community-based organizations (CBOs) began requesting information, training, and technical assistance for implementing the Mpowerment Project. Kegeles, Hays, and Rebchook obtained funding from the Centers for Disease Control and Prevention (CDC) to develop a replication package for this purpose. To date, more than 350 requests have been received. Although the team was very interested in providing such assistance, it found that there were considerable challenges to moving HIV prevention research into practice by CBOs. In fact, scant research had ever been conducted on effectively translating *any* kind of research into practice.

It soon became clear that this package was not sufficient for effective implementation of the project. In response to the incredible demand, Kegeles and Rebchook teamed up with **Ellen Goldstein** from the CAPS Technology Information and Exchange Core to obtain a grant from NIMH to develop a state-of-the-art system to translate their research into practice. The just-completed Mpowerment Project Technology Exchange System (MPTES) consists of six components:

- A replication package with two training manuals and two videos
- A three-day comprehensive training program and on-site follow-up trainings
- A technical assistance program
- A web site
- Topical Internet chat rooms
- An electronic discussion group ("e-group")

When CBOs request information, the research team helps determine which of these components are most useful to the organization given its stage of implementation. The team is also collaborating with a wide variety of organizations to better understand how the intervention is implemented in different settings. Besides offering much-needed technical assistance, then, MPTES can serve as a repository of information about how to incorporate scientifically proven HIV prevention interventions into CBOs' services and hopefully become a national model for facilitating the translation of science into practice.

The Dynamics of Gender and Risk

Annie Stuart

In the lives of women, gender equity is most often a desirable goal. But in the world of HIV infection, the goal is anything but enviable. Women are experiencing a rise in HIV infection rates that puts them at risk for achieving this “equitable” status. This is particularly true of younger women. Fifty percent of those newly infected in the U.S. are under age 25, according to **Cynthia Gómez, PhD**, Co-Director of the Center for AIDS Prevention Studies (CAPS). Of these, half are women. “It’s starting to look more like the epidemic in other parts of the world,” she says. “We have not been particularly successful at protecting women.”

To better understand why, one needs to look back to the early history of the epidemic.

“It wasn’t until the early ‘90s that we finally began to pay some attention to relational dynamics,” says Gómez, who adds that those dynamics were also mistakenly ignored in prevention efforts for gay men. “When more women became infected, we recognized that we needed to deal with broader societal issues, especially among women of color,” says Gómez.

A whole host of issues surfaced: Socioeconomic dependence on partners impacts women’s willingness to take sexual risks. Domestic violence can further exacerbate this risk taking. Add to that a lack of effective female-controlled prevention technologies and the picture for women becomes quite challenging. “The female condom has potential, but for those without negotiation skills, it is less effective,” says Gómez, adding that the disempowerment of women unfortunately necessitates development of methods—like the use of microbicides—that could be employed without a man’s knowledge.

GEM: Sorting through complex issues

Complex societal issues have also necessitated innovative approaches to research studies involving women. A new five-year NIH-funded study of African American women and Latinas, called the Gender Economic Model (GEM), is tackling the complex interaction of gender and socioeconomic factors that affects women’s risk for HIV infection. This study will include women who have a surplus of both economic and other resources such as strong social ties, or “social capital”; those without money, but having high social capital; and those without either type of resource. Initiated last fall, GEM is moving out into the field with focus groups and individual interviews in preparation for the larger, longitudinal study of 300 African American women and 300 Latinas.

GEM Project Director **Dellanira Valencia-Garcia** says this is an area that has not been examined adequately, if at all. “A lot of studies have been done on low-income women,” she says, especially since the epidemic has hit hard in poverty-stricken communities. “But as far as we know,



*Cynthia Gómez, PhD,
CAPS Co-Director*

none have looked at these factors in combination. People tend to think that if you have a wealth of economic resources, you also have access to things like health care.” One goal of this project, says Gómez, is to “dismantle what is economically driven from what is more gender driven.” It will also try to determine “what is putting women of color at particular risk.”

Do women believe that they have to live by certain gender expectations? What is the role of economic independence in health maintenance decisions? In addition to money, what other resources allow women to be assertive in their decision making? By

answering questions like these, the research team hopes to gain knowledge that will prepare for an intervention among women and inform other projects, as well.

Sorting out these complex issues is a challenge. But getting women to participate in this type of study may, in fact, be the bigger challenge, says Gómez. “They are no longer in crisis mode, no longer motivated by fear. If anything, women don’t think this is about them.”

A study that successfully overcame this is Mija, conducted among Latina mothers and their adolescent daughters. (See the story at right.) “We knew that mothers of adolescent girls are motivated to talk about their daughters, but would not come in to talk just about themselves,” says Gómez. The study was designed with that in mind, given that its purpose was to help both mothers *and* daughters to protect themselves.

VOICE: Putting formative research to work

Just as the formative stages of GEM will prepare researchers for a potential intervention, the exploratory stages of the VOICE project—a study of male and female heterosexual drug injectors led by Dr. Gómez—provided information to help with the design of the current study. The CDC-funded exploratory study, called VENUS, provided information about the lives of injectors following diagnosis, including details about both protected and unprotected sexual encounters.

“We sat down and tape-recorded qualitative interviews with men and women who were injecting drugs and were HIV positive,” says **Kelly Ray Knight, MEd**, Co-Investigator on the project. “We asked about their hopes and dreams and what their future looked like. This was a big question to ask this population.” It was also one of the first times drug injectors’ sexual risk behaviors were so closely scrutinized. Previous

studies with this population had focused almost exclusively on drug use behavior. What was learned here was critical since many now believe sexual behaviors may be driving the epidemic among this population, more so than drug use behaviors.

And it was one of the first controlled trials to look at the role HIV positive people play in preventing transmission. “We found that HIV-positives in this study wanted to talk about their role and responsibility in stopping the spread of the disease,” says Knight.

Dr. Gómez and her team also learned a great deal about injectors’ relationships with the health care system. When asked about being HIV positive, most translated that into a question about the period of time immediately following diagnosis. “Many told about troubling mistreatment at the hands of health care providers, hospitals, or prisons,” says Co-Investigator **Carol Dawson-Rose, PhD, RN**.

VENUS revealed telling differences between male and female participants. On the one hand, women were more likely than men to get themselves out of a lifestyle that put them at risk. Those remaining at increased risk, though, included women still participating in the drug/sex economy, where they couldn’t exercise much control over condom use.

In another significant finding, HIV positive women in long-term relationships were sometimes pressured by their HIV negative partners to have unprotected sex. This group is “a big focus of our intervention,” says Knight. “People have the impression that it is pretty unlikely they’ll become infected by an HIV positive woman during vaginal intercourse. They’re pretty savvy about relative risk, and they’re willing to play the odds.”

Information like this helped shape the goals for the current intervention, VOICE, a study of up to 375 sexually active drug injectors in the San Francisco Bay Area, and part of a national study called INSPIRE, which includes three other sites. VOICE is testing the efficacy of two approaches—a video intervention and a peer mentoring intervention. VOICE seeks not only to reduce sexual risk behaviors that can transmit the virus to negative partners, but to improve health care utilization and adherence to medications, as well.

“We’ve learned from previous studies that there is a great benefit to linking prevention and care,” says Knight. “This is especially true for the urban poor, who need to focus first on stabilizing their lives before they can deal with preventive behavior.” Perhaps the greater attention now given to relational dynamics, so important for women—and men—will help make that link a life-saving one.

Community Collaboration: The Mija Project

Jennifer Garcia

AS IN ANY COMMUNITY-BASED INTERVENTION, establishing relationships between researchers and community members was an important first step for the Intergenerational HIV Prevention Initiative for Latina Women, also known as “De Madre a Hija: Protegiendo Nuestra Salud,” (“From Mother to Daughter: Protecting Our Health”), or “Mija” for short. Through a Community Advisory Board (CAB) and more informal communication, the Mija Project staff engaged in multiple conversations with members of the Latina community at all stages of the project, from needs assessment to intervention development. This collaboration proved to be highly useful in creating a program that was responsive to community needs and mindful of existing resources.



*Mija Field Coordinator
Angelica Martinez (L)
and Project Director of
GEM Dellanira
Valencia-Garcia*

The program, led by **Dr. Cynthia Gómez**, targeted Spanish-speaking Latina mothers of adolescents in two distinct communities in Northern California: rural Watsonville and urban San Francisco. The intervention focused on improving mother-daughter communication about sexuality and building HIV risk reduction skills. The primary community partner, Salud Para la Gente, is a well-established community health clinic in Watsonville. Over the years Salud has built relationships with many of the local families in Watsonville, and is now the primary health clinic serving the Mexican farmworker community in that area. This partnership with such a trusted community mainstay was essential for recruitment, securing community space for events, and overall community buy-in to the program.

In addition to relationships with community members through the CAB and with community partners in Watsonville and San Francisco, the Mija Project team established valuable relationships by talking directly with the target population during the recruitment phase. In order to connect personally with Latina mothers, Mija Field Coordinator **Angelica Martinez** took to the streets of San Francisco’s Mission District. She posted fliers, visited community centers, and most importantly, spoke with the women whom she met along the way. The personal connections that Martinez made during this process offered a “face” to the program and encouraged women to participate who may not have otherwise felt comfortable doing so. “During recruitment I tried to talk with as many people as I could. I wanted to get the word out about Mija, and I found that there was a lot of interest —

people supported our project because it was needed in their community and they believed in what we were trying to accomplish,” said Martinez.

While establishing relationships is a crucial component to community-based interventions, it can be a difficult process. “One of the biggest challenges to building relationships is lack of time,” Project Director **Carmen Mandic** explains. “Although we did work with community partners throughout the project, we had a demanding timeline to follow and a very small staff that made it hard to work with each one as in-depth as we would have liked to.”

The Mija Intervention Curriculum consisted of four sessions (three group sessions and one individual session) in which participants discussed a variety of sexual health topics. Lessons included sexual anatomy, gender/sexual norms, and an activity, “Generation to Generation,” in which participants examined the cultural values that are passed from mother to daughter and how these values change over time. The curriculum used culturally appropriate examples and Spanish language materials.

The three facilitators who implemented the curriculum came from different backgrounds, which provided a balance within the groups and allowed them to relate with the women on many levels—as women, Latinas, daughters, wives/partners, and mothers. “I’d bring my daughter into the discussions, and it was validating their thinking and saying, ‘It’s ok, you’re not crazy, you’re not going out of your mind. It’s ok to think this about your daughter—we all think this way,’” says **Sylvia Young**, mother of a 16-year-old and a Mija facilitator. These types of connections occurred on all levels and brought the intervention to a personal level where group members knew that other women understood their needs and related to their experiences.

Among participants and facilitators, the graduation ceremony was a time of heartfelt celebration. The participants (many of whom came dressed up for the occasion) ate cake and received “diplomas” recognizing their completion of the program. They reported feeling grateful for the opportunity to talk about sexual topics in a safe and supportive place with their fellow participants. The women’s enthusiastic reports about the effectiveness of the program during each of the sessions accompanied positive post-test outcomes in intervention target areas including knowledge of sexual anatomy, comfort with various risk-reduction activities, and intention to communicate with their partners and daughters about sexual topics. These promising results will most likely form the basis of a larger community-based study in the future.

Dr. Margaret Chesney Takes on New Post in D.C.

Margaret A. Chesney, PhD, an expert in behavioral medicine and recent Co-Director of the UCSF Center for AIDS Prevention Studies (CAPS), was appointed in late January the first deputy director of the National Center for Complementary and Alternative Medicine (NCCAM) at the National Institutes of Health (NIH).



Dr. Margaret Chesney, NCCAM's new deputy director

Established in 1998, NCCAM is the lead federal agency supporting scientific research on complementary and alternative medical (CAM) healing practices, educating and training CAM researchers, and disseminating research findings to the public and health professionals.

“Dr. Chesney brings to this position an extraordinary record of scientific achievement and leadership in studies of the complex behaviors that lead to cardiovascular diseases and AIDS, and of rigorous trials of novel interventions to prevent them,” said **Stephen E. Straus, MD**, NCCAM Director. “Her influence will be felt most immediately on the Center’s portfolio of studies of mind-body approaches to healing and related behavioral and social science investigations.”

As NCCAM’s first deputy director, Chesney will partner with Straus in planning, directing, and managing the programs and resources of the Center.

Throughout her career, Chesney has designed and conducted original research on the relationship between behavior and chronic illness, and on behavioral factors in clinical trials, including issues of recruitment, adherence, and retention. She also worked on the development and evaluation of psychosocial and behavioral interventions for health promotion, illness prevention, and treatment.

“This is an exciting opportunity,” says Chesney. “It offers new avenues for me to contribute to the science of disease prevention and health promotion. In particular, I hope to apply the lessons we have learned in basic and applied research with HIV/AIDS to help grow an evidence base in another arena of health care.”

Chesney looks back with fondness on her years at CAPS. “How wonderful to have spent so many years where the answer to the questions, Are we making a difference? Are we saving lives? is a resounding ‘Yes!’”

Parts of the above article were adapted from a news release issued by the National Center for Complementary and Alternative Medicine (NCCAM) January 27, 2003.

National AIDS Fund: Partners in HIV Prevention

The National AIDS Fund (NAF) is one of America's largest philanthropic organizations dedicated to creating public-private partnerships as a means to mobilize national resources and community-based responses to HIV/AIDS. The Fund's Community Partnership Model is simple but unique: It fosters greater participation from both national and local funders and invests those resources in a community-wide, collaborative needs assessment and grantmaking process that meets the most pressing unmet HIV prevention and care needs in those communities. The Fund currently has 29 active Community Partnerships making grants in 25 states and the District of Columbia.

In addition to grant resources, the NAF staff provides technical and capacity building assistance on topics including board and resource development, needs assessment, engaging the private sector, and strategic grant-making.

Two years ago, the Center for AIDS Prevention Studies (CAPS) and the National AIDS Fund initiated a strategic collaboration to bring together the resources of CAPS and the Community Partnerships of the Fund. The collaboration has been exceptionally successful. Last year, the two organizations planned, integrated, and co-hosted the 14th Annual Community Partnership Meeting and 2nd Annual CAPS Conference. This collaboration catalyzed two substantive follow-up activities:

- A standing commitment on the part of both organizations to collaborate in planning and co-hosting the Annual Community Partnership Meeting and CAPS Conference, including the one scheduled for April 4, 2003, in San Francisco. This collaboration is a unique integration of community and academic prevention science in an equal and mutual enriching process of learning and information dissemination.
- The development of a comprehensive and innovative national model to provide technical assistance, capacity building, and leadership development assistance on two levels—directly to the National AIDS Fund's 29 Community Partnerships and indirectly, to the over 500 community-based service providers the Partnerships support locally.

The strategic collaboration has been further grounded by the initiation of a pilot technical assistance project led by CAPS scientists **Drs. Olga Grinstead** and **Cynthia Gómez** with TIE Core technical assistance specialists **Ellen Goldstein** and **Jeffrey Bernstein**; and at the National AIDS Fund by **Michael Rhein** and **Ari Lopez** from the Fund's program department.

The primary objective of this collaborative technical assistance model is to help communities to build strong and sustainable public-private partnerships that support the implementation of sound HIV prevention science. The model consists of an on-site assessment and the provision of technical assistance toward:

- educating local leaders, funders, and community-based organizations about the need for science-based HIV prevention interventions
- better assessing the HIV prevention needs of underserved or emerging populations
- helping the partnerships develop requests for proposals that encourage use of science-based programs
- working with community-based organizations to design and implement proven or new research-based prevention interventions
- evaluating those interventions and the public-private partnerships that support them
- disseminating the "lessons learned"

The NAF and CAPS collaboration has already led to a better understanding of diverse communities' HIV prevention needs as well as a number of creative ideas for translating HIV prevention science into community application.

*the Center for AIDS Prevention Studies and
National AIDS Fund invite you to*

*the third annual caps hiv prevention conference
many voices...one mission*

friday, april 4, 2003

The Argent Hotel, 50 Third Street, San Francisco

registration: www.caps.ucsf.edu/2003conference.html

The conference brings CAPS research methods, findings, and programs and NAF program and grantmaking experiences to service providers, health department workers, community planning councils, policy makers, and community partners.

TIE Core

(continued from page 3)

would continue for the next six years and fund 18 CBO/CAPS research projects. The CAPS/NCG Collaborative Research Consortium Model has been evaluated and found effective, and subsequently has been replicated with various modifications across California, in New York, and in Chicago.

After eight years of experience with the CAPS/NCG Model, the TIE Core began three projects to explore what elements made for successful collaborations. The Legacy Project looked at best practices for collaboration and capacity building among the 18 research partnerships. The Collaborative Data Analysis Project identified and described models of effective collaboration during the data analysis process. The Implicit Theories Project documented how service providers think about their work and what contributes to behavior change. The results of much of this research can be found in the manual, "Working Together: A Guide to Collaborative Research in HIV Prevention" (www.caps.ucsf.edu/collaboration).

Innovation

(continued from page 1)

logical prevention strategies.”

The need for vigilance is one of many lessons learned by CAPS researchers. Established in 1986, the organization has consistently contributed to a growing body of prevention knowledge by conducting interdisciplinary research; by stimulating collaboration between researchers, public health professionals, and community-based organizations; and by contributing to HIV policy development. CAPS has been at the cutting edge of HIV prevention work, pressing for acceptance and implementation of such proven strategies as confidential HIV testing and counseling, needle exchange, and discussions about relapse in the practice of prevention.

We are still learning, though, from some of the earliest lessons in prevention, remarks Gómez. “In the beginning, people made significant changes in behavior, which was good,” she says. “But at that time, risk was identified by groups, such as gay men or injection drug users, rather than by the behaviors that put them at risk,” she says. “We’re still fighting that simplistic risk-group categorization. As a result, others at risk still think, ‘This isn’t about me.’”

Nowhere is this truer than among the youth, whose sense of invulnerability has existed from time immemorial. “Today’s youth form a generation that has never known a time without HIV, but did not see the devastation of the disease in the early ‘80s,” says Gómez. “In our middle school project, HIV positive people came in and described their experiences,” she says, “and the students always spoke about the power of that. But they would also say, ‘Oh, but they’re so healthy!’ It’s created a contradiction between what they’re hearing and what they’re seeing,” says Gómez. “The fear factor is no longer what’s going to do it.”

Rife with contradiction, prevention in this era of antivirals requires complex approaches, says **Susan Kegeles, PhD**, Co-Director of CAPS. “We don’t want to dissuade people from getting tested and treated, but if we’re talking to HIV-negatives, we need to impress upon them that these are not fun medications—they make you feel awful, you can develop resistance, you have to see a physician regularly, and you have to take them for the rest of your life,” she says. “I’ve heard people say they thought it was like a morning after pill—not that big a deal to get treated.”

Part of the problem is that information alone is rarely enough to affect change. And a single behavior, such as not using condoms, may be motivated by a myriad of things. “One woman who has unprotected sex

does it because she wants to have a baby, another because she doesn’t know how to negotiate condom use,” says Kegeles. “One gay man may not use condoms because he feels that he’s expressing trust, a second because it feels better, and a third because he didn’t plan ahead.” Simply providing information about how to use condoms would miss the mark for most, if not all, of these people.

Understanding the complexities of behavior change, particularly within the arena of sexual behavior, is key to HIV prevention success. “Keeping people from smoking is easier because you don’t *have* to smoke and there are a variety of clear benefits to not smoking,” says **Margaret Chesney, PhD**, former Co-Director of CAPS. (See page 8.) “But for most people, sex is an integral part of human functioning,” she says. “To try to put prohibitions on that is tough. We know from all the research on health and behavior that simply telling people that there are things they need to do to avoid getting a disease doesn’t motivate them.”

Coates adds, “Trying to get people to do things that in the moment don’t feel as good for a benefit that can be somewhat intangible in a situation where it’s not all that clear that they’re going to get the disease is difficult.” Instead, Chesney says, prevention experts need to help people identify positive motivators that resonate for them personally.



CAPS Director Dr. Thomas J. Coates and
Co-Director Dr. Susan Kegeles

Motivating people to stay safe

One technique that is particularly effective is motivational interviewing, which originated in work with alcoholics. Used in several CAPS research programs, these one-on-one interviews first help people visualize and articulate the “line” they will not cross. Interview questions might start something like this: “Tell me where you draw the line for yourself—a line you won’t cross because you just see it as too risky. Why do you draw the line there?” The person is encouraged to look inside him or herself to find and focus on their own limits. Then they can look at the circumstances that pull them over the line, such as being high or feeling down.

This approach helps people see their behavior as a choice they have made and encourages them to take personal responsibility for their choices. The counselor facilitates the person’s ownership of his or her risk and, most importantly, the person’s own reasons to lower that risk.

Interviewers then can help people to develop their own safety plans and to practice communication and self-esteem skills that will help insure that the plans work. An important and positive aspect of the training focuses on those occasions when they *didn’t* cross the line. Most people have situations in which they are always safe, and it is important to

build on these successes. These demonstrate that people already have many of the key skills they'll need to stay safe.

This intervention technique makes the personal experiences of being risky and safe much more vivid. "It also helps people recall the panic associated with the chances that they have taken in the past and the good feelings associated with the times that they *decided on their own* to stay safe," says Chesney.

Chesney says that another potential positive motivator, among those who are HIV positive or unsure of their HIV status, is altruism, "appealing to the part of us that is protective of those we're with." Kegeles expands on this concept with her CAPS program, Mpowerment, which emphasizes that having safer sex is a way of supporting one's community, not just focusing on "number one." "If we had *always* had this approach," says Kegeles, "then it wouldn't be such a novel thing to talk about prevention for positives."

"More than any other disease we've dealt with, HIV has brought up the importance of addressing people within the context of their own lives"

Cynthia A. Gómez, PhD

Connecting with the community

Making connections to the community has long been a central aspect of prevention campaigns. "The general principle is that public health works better if it's done in concert with the affected populations," says Coates. "If it doesn't do that, it will be ignored." Gómez agrees. "More than any other disease we've dealt with, HIV has brought up the importance of addressing people within the context of their own lives," she says. "We've learned that the more targeted the intervention—the more the program truly addresses the unique issues of a particular person—the more effective it is."

Replicating research models directly within in the community is a challenge, but a concern that's top of mind for CAPS researchers. "There's a fear—shared by agencies and funders—that research studies won't have the same impact once moved into the larger community," says Gómez. "And it's tough because you don't really have any statistically based way of testing an outcome there—you won't really know if you've changed behavior." Yet, she insists, there are plenty of organizations throughout the country that welcome the science-based programs that CAPS has to offer.

"Unfortunately, organizational and political barriers form some of the biggest roadblocks to prevention success," says Kegeles. Homophobia, an aversion to sexual topics, and the criminalization of drug use are intrinsic to U.S. HIV prevention policies. Underfunding of community organizations is another barrier. Two recent studies show that nearly two-thirds of HIV infections projected to occur worldwide by 2010 could

be prevented if an additional \$27 billion were put toward HIV prevention programs.

"People want simple, quick fixes," says Kegeles, "and they just don't exist." Gómez agrees that political agendas often have been the "cart leading the horse," allowing people to "forget that our mission is to save lives." As a result, CAPS has found itself in the role of assertive policy promoter, much more so than the average research institution. Promoting interventions at multiple levels—individual, familial, community, medical, and policy—is one of CAPS's many strengths.

Other types of health campaigns have benefited greatly from this systematic approach, according to Coates. "Obviously, if you require kids to be immunized before they go to school, if you raise the price of tobacco or liquor, or if you really enforce drunk driving laws, that does a lot for public health," he says. "There are lessons in there for HIV."

Perhaps one of the greatest lessons of HIV is that it continues to steel us for even broader challenges. "It's a great opportunity to look at the underlying social conditions that allow a disease like this to spread and to figure out what we can change," Coates says. "Because at the end of the day, if we provide better treatments for HIV and we come up with a vaccine, but we haven't changed those social conditions, there will just be another bug that comes along and does the same thing."

Macy's Continues to Support Vaccine Collaboration



Dr. Thomas J. Coates, ARI Director, accepts a check from Macy's President and COO Mike Osborn to support the ongoing work of the Vaccine Initiative, a collaboration between UCSF/Gladstone and UCLA. Macy's Passport has been a longtime supporter of AIDS research at UCSF. Mike McCune, MD, PhD, (not pictured) leads the UCSF effort.

“An Enduring Vision” Raises over \$1 Million

The worlds of business, fashion, public service, and science came together on October 16, 2002, to recognize the philanthropic efforts of **Sir Elton John** and the **Elton John AIDS Foundation's** fight against HIV/AIDS. The one-of-a-kind evening, “An Enduring Vision,” raised over \$1 million. The exclusive event, presented by **AT&T** and **Carmel and Eric Greenberg** in collaboration with the Elton John AIDS Foundation (EJAF) and the **Fine Arts Museums of San Francisco**, was held at the courtyard of the California Palace of the Legion of Honor in San Francisco. Chairs were **David Dorman**, Chairman Designate of AT&T; Carmel and Eric Greenberg; **Ambassador James C. Hormel** and **Timothy C. Wu**; and **Sharon Stone**. Both Mr. Dorman and Mr. Greenberg spoke to the audience prior to Sir Elton's performance, reinforcing the importance of the evening not only to raise much needed funds but to raise awareness nationally and internationally.



Sir Elton was joined by Academy Award-nominated filmmaker **Baz Luhrmann** and his Academy Award-winning wife, production designer **Catherine Martin**, as well as renowned filmmaker **George Lucas**, **Neil and Pegi Young**, **Sammy and Kari Hagar**, and **Mayor Willie L. Brown, Jr.** **MAC Cosmetics** CEO **John Demsey**, **Stanlee Gatti**, **Kamala Harris**, **Carl and Yurie Pascarella**, AT&T Foundation President **Ester Silver-Parker**, and **Terry Watanabe** were also in attendance. Representatives from the U.S. Centers for Disease Control and Prevention and corporations including **American Airlines**, **Clift/An Ian Schragger Hotel**, **Coca-Cola**, **Dreamworks Records**, **Johnson & Johnson**, **Pfizer/Agouron**, and **Tanqueray** joined this distinguished group with their support.

Proceeds from the dinner and concert benefit EJAF primarily for use in support of its national partner in prevention and care, the **National AIDS Fund (NAF)**. In 1993, EJAF established a collaborative effort with NAF, a Washington, D.C.-based organization with Community Partnerships all across the United States. This collaboration was established to facili-



Kandy Ferree, President and CEO of the National AIDS Fund, Sir Elton John, and ARI Director Dr. Thomas J. Coates

tate nationwide distribution of grants to communities and populations most impacted by HIV/AIDS. The UCSF AIDS Research Institute, a strategic partner with EJAF and NAF, will also benefit from the event, with funding going to our internationally recognized Center for AIDS Prevention Studies.

With offices in Los Angeles and London, EJAF is an international non-profit organization funding HIV/AIDS programs and services worldwide. Sir Elton John, who serves as its Chairman, established the charity in 1992. The mission of EJAF is to provide funding for educational programs targeted at HIV/AIDS prevention and/or the elimination of prejudice and discrimination against HIV/AIDS-affected individuals, and for programs that provide direct services to people living with or at risk for HIV/AIDS.

Thanks to Charles Zukow Associates for assistance in the preparation of this article.



Event underwriters including AT&T Chairman Dave Dorman, Mrs. Dorman, Eric and Carmel Greenberg, Sir Elton John, Tim Wu, and Jim Hormel at the reception before the performance.

Designers Dazzle Diners

Randall Shields

The extraordinary talents of some of the of the Bay Area's top designers made for eye-popping fun at **ELLE DECOR's** Dining by Design, presented by **Champagne Taittinger**. The December 5, 2002, gala organized by **DIFFA**, Design Industries Foundation Fighting AIDS, was a benefit for the Positive Health Program at San Francisco General Hospital, a program of the UCSF AIDS Research Institute.

Ann Getty served as Honorary Chair of the event. Event co-chairs were **Gary Hutton** and **Barbara Waldman**.

Held at the Exhibition Concourse at the San Francisco Design Center, Dining by Design was much more than just a dinner party with pretty dishes. The hall was transformed by the magical interpretations of designers of the 46 tables. Some chose lavish romantic themes while others were whimsical.

- Landscape architect **Penny Magrane** teamed up with interior designer **John Maienza** to recreate a picnic in Provence, a table for 30 surrounding an incredible 18-foot-tall, 2,000-pound live olive tree.
- **Ann Getty** selected a Secret Garden theme. Her tablecloth featured round eucalyptus leaves attached to the fabric and strewn around the base of the table. The chairs were wrapped with moss and pink roses.
- Cheers to **Earl Montelibano of Macy's**, who created a champagne bottle-shaped tabletop. Silver and gold branches hung above the table adorned with lights, tassels, and ornaments. Stools were slipcovered to resemble corks.
- Guests at Gary Hutton's table were seated on frosted plastic lounge chairs in a circle, each with a stainless steel and frosted plastic TV tray, new from his line of furniture. In the center was a stack of televisions all playing a video commissioned from artist **Leslie Alperin**.
- **Celia Tejada** and the Pottery Barn team created a chic setting using captain's chairs at each end and sleek benches on either side of a flashy table set with the latest tableware from Pottery Barn.
- **Barbara Scavullo Design** and **Zak Architecture** combined forces to create a Hawaiian Wa'a-hale, a symbolic meeting hut where islanders would gather and feast upon a fresh catch and create a timeless bond.

Following the gala dinner, about 200 people joined as the party morphed into the Champagne Taittinger Bubble Blast, an opportunity to see the designed tables and enjoy delicious desserts and champagne, with



Event co-chairs Gary Hutton and Barbara Waldman

dancing and a silent auction.

Diane Havlir, MD, Director of the UCSF Positive Health Program (PHP), said proceeds from Dining by Design will help the program at San Francisco General Hospital improve clinical services for a growing HIV-infected population. The program serves more than

3,000 patients per year, one-third of the city's HIV-infected persons under care. She noted PHP is experiencing increased demands as it identifies individuals in San Francisco who are HIV-infected yet not receiving care. Many are struggling with HIV disease in addition to problems with substance abuse and co-existing hepatitis.

"Thanks to support from DIFFA and the gala supporters," Dr. Havlir said, "PHP will be prepared to assist more patients facing the evolving challenges of AIDS and chronic HIV disease." PHP is committed to providing an exceptional level of care and treatment that would not otherwise be available. "We will work to achieve better

health outcomes, make delivery more effective, and improve patients' clinical experiences," she said.

(continued on page 14)



(L-R) ARI Director Thomas J. Coates, Honorary Event Chair Ann Getty, Stanlee Gatti, and Jo Schuman Silver



The Pottery Barn's design team seemed to be enjoying themselves.

ALL PHOTOS THIS PAGE: ROBERT BENJONSON



Riding for a Reason

Three veteran bicycle riders—**Tracy Daugherty**, **Mary Harding**, and **Rodney Watkins** (*L-R above, with Dr. Coates*)—took on a personal challenge last fall: a 12-day ride from Seattle to San Francisco during which they raised \$30,000 for the AIDS Research Institute’s Breakthrough Fund. Accompanied by a small crew including Mary’s son Michael, they organized their ride, found donors and supporters, and plotted their route.

On Friday, September 20, they rode over the Golden Gate Bridge and to the UCSF Medical Center on Parnassus Avenue. An assembled group of over 100 scientists and clinicians who were attending a CFAR update looked on as the three tired but elated riders presented ARI Director **Dr. Thomas J. Coates** with a check for \$30,000, representing the contributions of many individuals and corporate supporters, including Tracy and Mary’s employer, **AT&T Wireless**.

Mary and Tracy met in 1997 on the starting line of the first grassroots bicycle fundraising event to benefit Pacific Northwest AIDS service organizations. They quickly discovered both had lost brothers to AIDS. They participated in several other organized rides together before setting out on their own. In 2000, they met Rodney on an AIDS ride in Alaska. All three were motivated to contribute to ARI by a desire to see 100% of the funds they raised go directly to a cause about which they cared deeply, AIDS research. Proceeds from the ride will be used to support the Breakthrough Fund’s UCSF/Gladstone/UCLA Vaccine Initiative.

To read more about Mary, Tracy, and Rodney and their dedicated crew, and to view photos from their ride, visit <http://rideforareason.org>.



Dining by Design

(continued from page 13)

DIFFA is one of the oldest and largest funders of HIV/AIDS service and education programs in the U.S. Since its founding in 1984, DIFFA has mobilized the immense resources of the design communities to provide over \$30 million to hundreds of AIDS organizations nationwide. With 15 chapters and community partners nationwide, DIFFA has also been an innovative agent in drawing local and national corporations into the fight against the epidemic, and enjoys tremendous support from the business community.

Mark your calendar for Dining by Design 2003, to be held Thursday, November 20.

Our thanks to these incredible designers who made the event sparkle:

- | | |
|---|--|
| Andrea Hawkins for Baker Knapp & Tubbs | John Vaughn for Fete Catering |
| Ann Getty and Associates Custom Interior Design | Jiun Ho, Inc. |
| Armani Casa | Lewis Sykes, Saks Fifth Avenue Macy’s |
| Avi Adler for Champagne Taittinger | Magrane Associates Landscape Design |
| Barbara Scavullo Design & Zak Architecture | Margaret Russell for ELLE DECOR |
| Catherine Macfee & Associates | Martin Richards for F. Schumacher |
| Christine Markatos Lowe for The Wiseman Group | Mask Italia |
| Claudia Juestel Adetuyi & Guenter | Melon’s Catering & Events |
| Frivert for Pomp Home | Michael Zimmerman for Draeger’s Home |
| Desousa-Hughes & Antoine Proulx | Nick Trubenbach Design |
| Edward Ngiam | Patina Atelier |
| Eugene Anthony & Associates | Pottery Barn |
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|--|--|

AIDS Has a Woman's Face

The Women's Global Health Imperative (WGHI), a research program of the UCSF AIDS Research Institute (ARI) and Department of Obstetrics, Gynecology, and Reproductive Sciences, hosted its third annual International Women's Day Symposium on March 7, 2003. This year's symposium, themed "*AIDS Has a Woman's Face—Gender and Power: New Strategies for HIV Prevention*," focused on innovative and promising prevention strategies that empower women to protect themselves against HIV.

The keynote speaker, **Helene Gayle, MD, MPH**, is Director of the Bill & Melinda Gates Foundation's HIV/AIDS and Tuberculosis Program and co-chair of the Global HIV Prevention Working Group. The Gates Foundation recently announced a new series of grants to demonstrate the important link between contraception and disease prevention. These grants, reflecting recommendations issued by the Global HIV Prevention Working Group at the International AIDS Conference in Barcelona last summer, seek to reduce HIV infections by developing new technologies and scaling up existing prevention tools and strategies.

Dr. Gayle presented an overview of the HIV epidemic among women, pointing out critical gaps in prevention and key populations in need of further research and intervention, and gave a status report of women-focused prevention strategies.

Nancy Padian, PhD, Director of WGHI and Director of International Programs at ARI, hosted the symposium and presented an update on the effectiveness of the diaphragm as a tool to prevent HIV infection among women. Initial findings of her research in Zimbabwe, also presented at the Barcelona conference, show that the diaphragm is a prevention tool Zimbabwean women are eager to use. The Bill & Melinda Gates Foundation recently awarded WGHI \$28 million to examine the effectiveness of the diaphragm in Zimbabwe and South Africa.

Kavita Ramdas, President and Chief Executive Officer of the Global Fund for Women, spoke about gender inequality as a major risk factor for HIV and women's empowerment as an HIV prevention strategy. Since 1987, the Global Fund for Women has granted over \$25 million to 2,000 women's groups in 161 countries, enabling each organization to apply the funds to best address the specific needs of women in their communities.



Dr. Nancy Padian, host of the symposium and Director of WGHI

Hazel Chinake, BSc, Project Coordinator at the University of Zimbabwe-UCSF Collaborative Research Programme in Women's Health, discussed the Adolescent Livelihoods Project. This project seeks to combine reproductive health education with economic empowerment programs such as vocational training, job opportunities, and small loans, or microfinancing, for young women. Research has shown that women's economic dependence on male partners, limiting women's ability to negotiate safer sex, is a major contributor to risk for HIV infection.

Sandra Hernandez, MD, Executive Director of the San Francisco Foundation, closed the program by providing a local perspective on women and the HIV/AIDS epidemic. Dr. Hernandez spoke about the application of lessons we've learned in international research and how they can be applied here at home.

Following the presentations, WGHI hosted a reception featuring an exhibition of handcrafted ceramic tiles representing Zimbabweans' response to the HIV/AIDS crisis.

The title of this symposium, "*AIDS Has a Woman's Face*," was taken from a *New York Times* Op-Ed by United Nations Secretary-General **Kofi Annan** noting the devastating impact of HIV/AIDS on African women. The Joint United Nations Programme on HIV/AIDS released a report on World AIDS Day 2002 revealing that, for the first time, half the people living with HIV/AIDS worldwide are women.

This year's International Women's Day Symposium was sponsored by Wells

Fargo, the Johnson & Johnson Family of Companies, Ortho-McNeil Pharmaceuticals, HealthNet, and the National Coalition of 100 Black Women.

To learn more about the Women's Global Health Imperative, please visit www.wghi.org.



Featured speakers at this year's International Women's Day Symposium (clockwise from upper left)

Dr. Helene Gayle, Kavita Ramdas, Dr. Sandra Hernandez, and Hazel Chinake

PHOTO OF KAVITA RAMDAS BY TERRY LORANT

Upcoming Meetings

Community Planning Leadership Summit for HIV Prevention

March 12-15, 2003
Sheraton New York, New York, NY
Sponsored by National Minority AIDS Council
www.nmac.org/conferences/CPLS2003/index.asp

2003 Keystone Symposia: 20 Yrs. of HIV Research: From Discovery to Understanding & HIV Vaccine Development: Immunological & Biological Challenges
March 28-April 4, 2003
Fairmont Banff Springs Hotel, Banff, Alberta, Canada
www.kestonesymposia.org/

15th National HIV/AIDS Update Conference:

Focusing on the Front Lines: Practical Lessons in Prevention, Treatment, and Care
March 30-April 2, 2003
Hotel Inter-Continental, Miami, FL
Sponsored by amfAR
www.amfar.org/cgi-bin/iowa/nauc/

3rd CAPS HIV Prevention Conference:

Many Voices, One Mission
April 4, 2003
Argent Hotel, San Francisco, CA
www.caps.ucsf.edu/2003conference.html

5th Int'l Conference on Nutrition and HIV Infection

April 19-21, 2003
Cannes, France
Contact: hivcannes@wanadoo.fr

16th Int'l Conference on Antiviral Research

April 27-May 1, 2003
Savannah Marriott Riverfront Hotel, Savannah, GA
<http://isar-icar.com/icarmain.html>

Voices 2003: The National Conference on HIV/AIDS and Children, Youth, and Families

May 1-5, 2003
Wyndham, Washington, DC
Sponsored by AIDS Alliance
www.aids-alliance.org/voices/index.htm

Gay Men's Health Summit 2003

May 7-11, 2003
Sheraton Capital Center, Raleigh, NC
www.GMHS2003.org

13th European Congress of Clinical Microbiology and Infectious Diseases

May 10-13, 2003
Scottish Exhibition & Conference Centre, Glasgow, UK
www.akm.ch/eccmid2003/

13th Annual Clinical Care Options for HIV Symposium

May 15-18, 2003
Hyatt Regency Gainey Ranch, Scottsdale, AZ
www.imedoptions.com/hiv/ccohiv2003/info2.htm

AIDSWatch 2003

May 18-20, 2003
Washington, DC
Sponsored by NAPWA
www.napwa.org/aidswatch.htm

XII International HIV Drug Resistance Workshop: Basic Principles and Clinical Implications

June 10-14, 2003
Hacienda del Mar Resort & Spa, Los Cabos, Mexico
www.informedhorizons.com/resistance2003

AIDS Impact 2003: Biopsychosocial Aspects of HIV Infection

July 7-10, 2003
Milan Marriott Hotel, Milan, Italy
www.aidsimpact.org/aids_main.htm

2nd IAS Conference on Pathogenesis and Treatment

July 13-16, 2003
Le Palais des Congrès de Paris, Paris, France
www.ias2003.org/

National HIV Prevention Conference

July 27-30, 2003
Hyatt Regency Atlanta, Atlanta, GA
www.2003hivprevconf.org/

43rd Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC)

September 14-17, 2003
McCormick Place, Chicago, IL
www.icaac.org/ICAAC.asp

United States Conference on AIDS

September 18-21, 2003
Hyatt Regency Hotel, New Orleans, LA
Sponsored by National Minority AIDS Council
www.nmac.org/conferences/usca2003/default.htm

For complete and updated information, check the conferences section of the ARI web site: ari.ucsf.edu/conferences.html

UCSF AIDS Research Institute

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friday, april 4, 2003

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San Francisco*

*www.caps.ucsf.edu/2003conference.html
a limited number of need-based
scholarships are available*