Focus on Spousal & Partner Notification

When reauthorization of the Ryan White CARE Act emerged from Congress earlier this year, it contained a new spousal notification requirement which states must meet in order to receive Title II funds.

The provision requires that states take “administrative or legislative action to require that a good faith effort be made to notify a spouse of a known HIV-infected patient that such spouse may have been exposed to the human immunodeficiency virus and should seek testing.” Other recent legislative proposals have also addressed partner notification activities, particularly mandating such efforts.

CDC invited HIV/AIDS and STD directors, community representatives, researchers and other experts from across the country to a meeting on October 17-18 to examine the role partner notification plays in STD and HIV/AIDS treatment and prevention programs, as well as to begin discussion of what “a good faith effort” will be for spousal notification.

During presentations on the background and history of partner notification programs, speakers noted that partner notification has been used in STD control for decades.

Contact tracing, as it was called until recently, was implemented during and after World War II, initially in the fight against syphilis, and for bacterial STDs.

Although the process of partner notification is a standard practice in STD programs, and those who implement these programs believe it is a valuable tool, a number of participants at the CDC meeting pointed to what they saw as a lack of research on the effectiveness of these programs.

In a review of the partner notification science base, Dr. Richard Rothenberg of the Department of Family and Preventive Medicine at Emory University said “Somehow we neglected to see if this works for 40 years.” He said that most pre-1980 reports contain little analyzable data, and stressed the need to look more deeply into the data gathered from contacts.

The arrival of AIDS, Dr. Rothenberg said, brought the issue of effectiveness to the forefront, resulting in “polemics” between the proponents of partner notification and the opponents. “Neither was encumbered by data,” he said.

(continued)
In fact, partner notification programs have not been used to the same extent for HIV/AIDS as they have for STD programs. Given the nature of the disease when HIV testing first became an option, many of those infected and affected by AIDS felt partner notification, or contact tracing, would in effect be the creation of lists and databases of names of gay men, IV drug users, and others infected or at-risk for infection.

NASTAD member Wendy Craytor of Alaska presented AIDS directors’ perspectives on the objectives of partner notification and implications for HIV/AIDS programs. She reviewed some of the recent history of these programs, differences between STDs and HIV which affect partner notification activities, and the wide range of approaches and experiences with partner notification in HIV/AIDS programs.

Craytor stressed that such activities need to be voluntary and confidential in nature, and tailored to the organizational context as well as the nature of the epidemic in each area.

Dr. King Holmes, Director of the Center for AIDS and STD at the University of Washington, presented an overview of public health objectives for partner notification activities, and how those activities may be incorporated within the basis steps of STD/HIV prevention (please see document included in attachments).

Speaking on community viewpoints, Mike Shriver of the National Association of People with AIDS asked, “What makes this issue so visceral for so many of us?” He listed a number of reasons for what he perceives as a failure of collaboration on this issue between infected/affected groups and public health agencies: a lack of clarity as to the purpose of partner notification; political considerations; and a historical mistrust in some communities of public health departments.

States are required by the CDC to have some form of partner notification for HIV cases. A number of AIDS directors at the meeting stressed the importance of keeping partner notification a voluntary process: not only is it next to impossible to force someone to reveal their sexual partners, but the overall process requires a collaborative relationship which cannot effectively be mandated. Disease intervention specialists and STD directors participating in the meeting noted that their partner notification programs successfully function on a voluntary basis.

The success of partner notification programs for HIV often depends on how the program is presented to and perceived by the communities affected by the program. Minnesota, for example, has developed a partner notification program for gay men that presents the process as a “service” they can access after testing. Oftentimes, an individual who tests positive may be reluctant to contact past sex partners and, given effective counseling and referral services, may be relieved to have someone else deliver the news in a professional manner.

A number of states have taken similar approaches. AIDS directors in attendance stressed the importance of working with the communities to make these programs effective. As partner notification is both a primary and secondary prevention intervention, community planning groups can play an important role in assessing the effectiveness and priority of these programs.

One issue raised during the meeting was the difference between STD and HIV/AIDS partner notification “models.” While the processes and models can be similar, the desired outcome can be quite different.

With current medical technology, when intervention workers contacts a person exposed to a bacterial STD such as gonorrhea or chlamydia, they can offer effective treatment and cures for the disease.

For a person infected with HIV, there are no such offerings. Although new treatments have offered much to hope for in recent months, they are not a cure. And while STDs still retain some aura of stigmatization in most communities, the potentially enormous stigma of HIV/AIDS still causes great fear in those who are infected.

These factors require that HIV partner notification programs focus on numerous issues, from treatment...
options to referrals for a range of supportive services to handling shock and fear.

With the emergence of the spousal notification require-
ment, issues surrounding partner notification most likely
will continue to be raised throughout the coming months.
With this in mind, it is important for AIDS programs, state
health departments, CPGs, STD programs, epidemiolo-
gists, researchers and others to work together to assess
the desired outcomes from, and effectiveness of, HIV/
AIDS partner notification programs within HIV/AIDS
prevention programs.

Community Planning &
HIV Prevention at the
National Skills Building
Conference

Written by Miguel A. Miranda, Community Planning
Coordinator for the State of Florida Department of
Health. NASTAD thanks Miguel for this story.

The 1996 National Skills Building Conference held
October 10-13 in Washington, D.C. offered four full days
of up to the minute educational and training opportunities
for attendees from throughout the country. As a first time
attendee, I hoped to obtain new information immediately
applicable to my work in HIV prevention community
planning.

The sessions offered included African Americans and
HIV/AIDS, AIDS Ministries, AIDS Education in
Schools, HIV Prevention Community Planning, Peer
Programs, Grantwriting, Board Development, and many
others. Conference sessions ranged from 100 to 300
levels of instruction to meet the various needs of people
with different work and educational backgrounds. The
use of a university model to organize the various sessions
gave participants the option of selecting a major such as
fundraising, financial management, organizational develop-
ment, people development and program planning. Minors
were also offered in communications, marketing, com-
puter technology and public policy.

One of the most rewarding sessions I attended was “HIV
Prevention Community Planning...BASICS,” coordinated
by Mary Willingham of CDC. Though I was familiar with
the information presented, the opportunity to network
with people in other states working on community plan-
ning was invaluable. Representatives from New York,
Mississippi, Tennessee, Florida and many other states
were in attendance, as well as Norm Fikes from the
CDC. Many of us used this opportunity to discuss issues
and concerns we are currently facing, share ideas for the
future and identify current community planning needs.
Overall, it was refreshing to hear that other programs are
identifying and overcoming many similar growing pains.

Another session which offered information specific to
community planning and prevention was “Developing
Effective, Theory Based HIV Prevention Programs,”
presented by E. Duane Wilkerson of the Washington
State Department of Health. This overview of behavioral
theories provided a concise explanation of the major
behavioral theories in use today. Although a required
component of the prevention plans developed through
community planning, behavioral theories are at times
difficult to understand at the direct service level. Mr.
Wilkerson provided a rare opportunity to compare and
contrast multiple behavioral theories and apply them to
real life exercises.

The CDC’s National AIDS Clearinghouse (NAC) staff
was also on hand to provide Internet training on accessing
NAC information. The wealth of information available
through NAC may be used to improve service delivery,
identify funding opportunities, research information for
needs assessments, and simply make your job easier.

In addition to the National Skills Building Conference,
Washington, D.C. hosted a multitude of other HIV/AIDS
related activities. One of the largest was the display of
the NAMES Project AIDS Memorial Quilt on the
National Mall. Organizers of the 1996 National Skills
Building Conference incorporated the opportunity to attend the Quilt display into their conference schedule.

I would like to express my gratitude to the conference organizers for their forethought and sensitivity and congratulate them for an excellent conference.

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**Remembering a Colleague: Waddy Remembered by Houston HIV Community**

The world lost a valuable asset to HIV research and prevention with the recent death of Gerald L. Waddy, who died on October 2 in Houston, Texas. Waddy served two terms as the elected Community Co-chair of the Houston HIV Prevention Community Planning Group, and was the Associate Director of the HIV Prevention Center at Texas Southern University, a historically black college in Houston. Gerald began his research career in 1993 in an effort to discover the sources of misinformation among African-American males regarding HIV transmission. The study gained public recognition as being the first of its kind in Houston, and has become the blueprint for similar knowledge, behavior, and belief research studies. Waddy served on numerous boards and participated in many HIV/AIDS conferences, including the International Conference on AIDS in Vancouver this summer, the International STD Conference in New Orleans, the National Skills Building Conference, and the HIV Prevention Summit: HIV Prevention Community Planning Co-chairs Meeting.

NASTAD applauds the work of Gerald and others who have made important contributions to HIV prevention community planning while also dealing with HIV disease themselves. NASTAD feels it is important to honor this work and recognize the impact their lives have made on all of us.

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**Adolescents and School Based HIV Prevention**

**Peer Education in Juvenile Detention Facilities**

Statewide and regional HIV prevention community planning groups (CPGs) and state health agencies are having to meet the challenge of reaching youth in high risk situations by using a variety of skills, techniques, and programs. In order to reach adolescent populations most at risk, AIDS directors and CPGs have planned a number of viable projects for reaching this target population. One such population are adolescents who have been placed in juvenile correction centers. Adolescents in these centers often have substance abuse problems. Moreover, individuals engage in same-sex sexual activity without the use of condoms inside detention facilities, increasing the risk of transmission of HIV and other sexually transmitted diseases.

In Tulsa, Oklahoma, the HIV Peer Education Program for Incarcerated Juveniles was established in response to increasing concerns about the incidence and transmission of HIV in correctional facilities. The program is designed to maximize prevention messages for youth incarcerated at the Rader Treatment Center to decrease the risk of HIV/STD infection. The State Health Department’s HIV/STD Service, in collaboration with the Oklahoma Juvenile Justice System and the Tulsa American Red Cross, developed this program.

The goal of the program at the Rader Treatment Center is to train peer educators who will serve as positive role models by sharing information, clarifying facts, answering questions, facilitating referrals and providing educational outreach designed to teach fellow inmates the basic concepts of HIV prevention. Specifically, the peer educators explain what steps to take in order to prevent contracting HIV disease or transmitting it to partners while incarcerated or upon release. To identify peer educators for the program, a selection criteria was used.
which consisted of questions pertaining to what the young men had to offer as peer educators. One juvenile from each housing unit or “cottage” was selected to be a peer educator. Many of the participants themselves reported using injection drugs, chronic alcohol use, and/or engaging in sexual intercourse with injection drug users without consistent condom use.

Once selected, the peer educators met one afternoon each week for ten weeks with educators from the State Health Department and the American Red Cross facilitating Students Teaching AIDS to Youth (STAY). The STAY curricula provides accurate HIV/STD information and uses appropriate language and vocabulary level for adolescents. Instructors assess participants’ knowledge level and personal effectiveness in asking open-ended questions, and ability to present factual information in a supportive and nonjudgmental style. Participants learn the history of AIDS, HIV/STD prevention facts, techniques for building a healthy relationship, alcohol/drug effects on the brain, relapse prevention, sexual negotiation skills, factors that constitute a functional family, how to be an effective peer educator, and how to utilize tools for successful prevention education. In addition, the effects of drugs, alcohol, family dysfunction and childhood abuse are addressed in relationship to low self-esteem and its impact on the transmission of HIV and other STDs. The curricula was augmented with alcohol/drug tapes and other films and literature provided by the Oklahoma State Department of Health, the Tulsa Community AIDS Partnership, and the Red Cross. Peer educators are trained not to give advice nor to be counselors. In addition, participants are given a written exam and demonstrate their skills by leading classes with accurate peer education presentations at the end of the ten week program.

Process evaluations have indicated that both the young men and the detention facilities were pleased with the peer education program. For example, a juvenile who had participated in the program and was later placed in a halfway house in Oklahoma City called the AIDS office at the State Health Department and indicated that he was giving a presentation to his peers and requested HIV/STD pamphlets. Also, the detention facilities have requested additional peer education programming, further validating the program’s success.

The HIV Peer Education Program for Incarcerated Juveniles is a community program supported by the Oklahoma State Department of Health’s HIV/STD Service, the HIV Resource Consortium, the Tulsa Community AIDS Partnership (TCAP), the American Red Cross, the Corrections Task Force, the Tulsa Metropolitan Ministry, the Tulsa Boys Home, and the Rader Treatment Center.

NASTAD thanks Bill Pierson and Melanie Spector of the Oklahoma State Department of Health for their assistance in this story.

Help Select Youth to be Honored for their HIV/AIDS Work

Metropolitan Life Foundation and the National AIDS Fund are co-sponsoring the Caring Counts Awards, a program to select and honor young people from across the nation whose work exemplifies the highest standards of volunteerism and community service in the fight against HIV/AIDS. Awardees will be honored in a publication and receive a plaque and a cash award of $200. They may also be offered additional publicity opportunities.

All youth between the ages of 12-18 who have contributed to the fight against HIV/AIDS in their community are encouraged to apply. Applications must be postmarked by Wednesday, December 4, 1996; fax, e-mail, or computer on-line applications will not be accepted. A National Advisory Panel, consisting of youth and adults, will make final selections. They will meet in January, and awardees will be notified by February 1, 1997.

To receive a Caring Counts Award application, please contact the National AIDS Fund; 1400 I (Eye) Street, NW; Suite 1220; Washington, DC 20005-2208; phone - (202) 408-4848.
NETWORK!

The NASTAD Bulletin is a great way to network and learn from your colleagues from other planning groups. If your CPG or health department has something that you feel would benefit other CPGs, or if your jurisdiction has a particularly innovative prevention program as a result of HIV prevention community planning, the Bulletin can share your story. Please contact Lynne Greabell at NASTAD (202) 434-7127 to discuss your idea.

Attachments

1) Materials on Partner Notification (11 pages)
2) Information from APLA’s “There’s Life After Sex” program geared towards the next generation of gay men at risk for HIV infection (4 pages)
3) Information from the National AIDS Clearinghouse (2 pages)