



Health Care for the Homeless
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Bibliography #21

**HIV Prevention
Among People Who Are Homeless**

October 2004

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2004

Braine N, Des Jarlais DC, Ahmad S, Purchase D, Turner C. **Long-term effects of syringe exchange on risk behavior and HIV prevention.** *AIDS Educ Prev* 16(3):264-75, 2004.

The purpose of this study was to assess stability of population-level injection risk behavior over time among participants in a syringe exchange program and compare factors affecting syringe sharing at two points in time. Participants of the Tacoma Syringe Exchange Program were interviewed in 1997 and 2001 using audio computer assisted self-interviewing technology. In each wave of data collection, a random cross section of participants was recruited and interviewed, with no attempt made to follow respondents over time. Rates of injection risk behavior remained stable across the 4-year period, despite increases in factors associated with syringe sharing. Homelessness, rates of depression symptoms, and injection of amphetamines all increased from 1997 to 2001. The central factors associated with syringe sharing in both 1997 and 2001 were depression symptoms and the interaction of younger age with amphetamine injection. The data indicate that the exchange has been able to stabilize risk among a high-risk population for a substantial period of time. This study confirms previous findings that SEPs can play a significant role in the prevention of HIV in marginal and impoverished communities in the United States.

Rich JD, McKenzie M, Macalino GE, Taylor LE, Sanford-Colby S, Wolf F, McNamara S, Mehrotra M, Stein MD. **A syringe prescription program to prevent infectious disease and improve health of injection drug users.** *J Urban Health* 81(1):122-34, 2004.

Injection drug users (IDUs) are at increased risk for many health problems, including acquisition of human immunodeficiency virus (HIV) and hepatitis B and C. These risks are compounded by barriers in obtaining legal, sterile syringes and in accessing necessary medical care. In 1999, we established the first-ever syringe prescription program in Providence, Rhode Island, to provide legal access to sterile syringes, reduce HIV risk behaviors, and encourage entry into medical care. Physicians provided free medical care, counseling, disease testing, vaccination, community referrals, and prescriptions for sterile syringes for patients who were not ready to stop injecting. We recruited 327 actively injecting people. Enrolled participants had limited stable contact with the health care system at baseline; 45% were homeless, 59% were uninsured, and 63% did not have a primary care physician. Many reported high-risk injection behaviors such as sharing syringes, reusing syringes, and obtaining syringes from unreliable sources. This program demonstrates the feasibility, acceptability, and unique features of syringe prescription for IDUs. The fact that drug use is acknowledged allows an open and frank discussion of risk behaviors and other issues often not disclosed to physicians. The syringe prescription program in Providence represents a promising and innovative approach to disease prevention and treatment for IDUs.

Surratt HL, Inciardi JA. **HIV risk, seropositivity and predictors of infection among homeless and non-homeless women sex workers in Miami, Florida, USA.** *AIDS Care* 16(5):594-604, 2004.

Although homelessness has frequently been associated with substance abuse, and has been established as a predictor of HIV risk among substance abusers, little is known about the impact of homelessness on HIV risk among female sex workers. This analysis investigated the contribution of homelessness to sexual risk taking among a sample of 485 female sex workers recruited into an HIV prevention programme in Miami, Florida, 41.6% of whom considered themselves to be currently homeless. Findings indicated that in comparison to non-homeless sex workers, significantly more homeless sex workers were

daily users of alcohol and crack, and their past month sex work reflected significantly more frequent vaginal and oral sex acts, higher levels of unprotected vaginal sex and more numerous sexual activities while 'high' on drugs. At the same time, a significantly greater proportion of homeless sex workers encountered customers that refused to use condoms than did the non-homeless sex workers. There were no significant differences in HIV seropositivity between the homeless and non-homeless women primarily because the majority of the women in the study cycled in and out of homelessness.

Wechsberg WM, Lam WK, Zule WA, Bobashev G. **Efficacy of a woman-focused intervention to reduce HIV risk and increase self-sufficiency among African American crack abusers.** Am J Public Health 94(7):1165-73, 2004.

OBJECTIVES: This study compares 3 and 6-month outcomes of a woman-focused HIV intervention for crack abusers, a revised National Institute on Drug Abuse standard intervention, and a control group. **METHODS:** Out-of-drug-treatment African American women who use crack participated in a randomized field experiment. Risk behavior, employment, and housing status were assessed with linear and logistic regression. **RESULTS:** All groups significantly reduced crack use and high-risk sex at each follow-up, but only woman-focused intervention participants consistently improved employment and housing status. Compared with control subjects at 6 months, woman-focused intervention participants were least likely to engage in unprotected sex; revised standard intervention women reported greatest reductions in crack use. **CONCLUSIONS:** A woman-focused intervention can successfully reduce risk and facilitate employment and housing and may effectively reduce the frequency of unprotected sex in the longer term.

2003

Connor A. **Encouraging HIV risk-reduction behaviors and testing with people experiencing homelessness.** J Nurs Educ 42(3):138-41, 2003.

In keeping with the CafÃ©s philosophy of reciprocal transformation, the students and guests both were effected and changed by the encounter. The guests actively participated in the intervention, discussed HIV risk-reduction behaviors, and shared their knowledge with others. Participation in the onsite HIV testing project increased, and the guests, CafÃ© staff, and the program coordinator of the agency providing HIV testing expressed gratitude for the student intervention. The students were effected as well. Although all of the students had seen people who were homeless, none had had a sustained encounter with this population. Most students entered the experience uneasy. Some were fearful or had negative stereotypical impressions. As the students spent time with the guests and shared stories, they grew more at ease, and a feeling of connection developed. These comments suggest the students had their eyes opened in new ways and left with a deeper connection to and understanding of the guests and people living at the edges of society.

Fiest-Price S, Logan T, Leukefeld C, Moore C, Ebreo A. **Targeting HIV prevention on African American crack and injection drug users.** Substance Use & Misuse 38(9): 1259-1284, 2003.

This article discusses the use of drugs in the African American community, with particular attention to crack cocaine, and the implications for HIV exposure during sexual risk-taking behavior. The authors examine a study done in Kentucky, which compared treated and untreated African Americans with sexually transmitted diseases (STDs) in an effort to assess the HIV awareness and testing levels of this

population. The authors also examine gender differences among African Americans who have and have not been exposed to STDs on risk behaviors and HIV knowledge, awareness and testing. The article states that drug users in the STD group would engage in more risk behaviors than those without STDs, and that the STD group reported they were more likely to get HIV and were more frequently tested. The article also asserts that females with an STD history were more likely to have been in drug treatment (authors).

Harris SK, Samples CL, Keenan PM, Fox DJ, Melchiono MW, Woods ER; Boston HAPPENS Program. **Outreach, mental health, and case management services: can they help to retain HIV-positive and at-risk youth and young adults in care?** *Matern Child Health J* 7(4):205-18, 2003.

OBJECTIVES: To assess the impact of outreach, mental health, and case management services on retention in primary care of HIV+ and at-risk youth and young adult clients of the Boston HAPPENS program, a comprehensive adolescent HIV prevention and care network of agencies. **METHODS:** Providers at 8 urban sites used standard data forms at each visit to collect background and service receipt information on at-risk clients aged 12-24 years. Data were aggregated across all visits for each client to create summary variables for the number of times each client received each type of service. The retention measure was the number of days between a client's first and last visits during the 4-year data collection period. Kaplan-Meier survival curve and Cox proportional hazards regression analyses were used to assess the association between receipt of the support services of interest and the retention measure. **RESULTS:** The median retention times were 21 days for male clients, and 26 days for female clients. Among males, 45% were retained beyond a month, 24% beyond a year, and 10% beyond 2 years. Similar proportions of females were retained beyond a month and a year, but more females were retained beyond 2 years. After adjusting for other covariates, both male and female clients had significantly longer retention times if they received ≥ 2 outreach contacts, or case management at ≥ 3 visits. Among males, receipt of mental health counseling at ≥ 2 visits also increased retention times. **CONCLUSIONS:** These findings suggest that provision of outreach, mental health, and case management services can improve retention in care of at-risk youth and young adults.

Latkin CA, Sherman S, Knowlton A. **HIV prevention among drug users: outcome of a network-oriented peer outreach intervention.** *Health Psychol* 22(4):332-9, 2003.

A network-oriented HIV prevention intervention based on social identity theory and peer outreach was implemented for HIV positive and negative drug users. A community sample of 250 were randomly assigned to an equal-attention control condition or a multisession, small-group experimental condition, which encouraged peer outreach; 94% of participants were African American, and 66% used cocaine or opiates. At follow-up, 92% of participants returned, and experimental compared with control group participants were 3 times more likely to report reduction of injection risk behaviors and 4 times more likely to report increased condom use with casual sex partners. Results suggest that psychosocial intervention emphasizing prosocial roles and social identity, and incorporating peer outreach strategies, can reduce HIV risk in low-income, drug-using communities.

Linn JG, Neff JA, Theriot R, Harris JL, Interrante J, Graham ME. **Reaching impaired populations with HIV prevention programs: a clinical trial for homeless mentally ill African-American men.** *Cell Mol Biol* 49(7):1167-75, 2003.

This study tested an intervention to reduce sexual risk behaviors in a high risk impaired population: homeless African-American, Caucasian and Hispanic men with mental illness. In a comparison group clinical trial, men were assigned to an experimental cognitive-behavioral or a control intervention and

followed up over 16 months. Men were recruited from a psychiatric program in two shelters for homeless men in Nashville, Tennessee. An ethnically mixed cohort of subjects were included in the study. Most had a chronic psychiatric disorder and a co-morbid substance abuse disorder. The 257 participants who were sexually active prior to the trial were the main target of the intervention. An experimental intervention (SexG), adapted from Susser and Associates (51), comprised 6 group sessions. The control intervention was a 6-session HIV educational program. Sexual risk behavior was the primary outcome. The experimental and control groups were compared with respect to the mean score on a sexual risk index. Complete follow-up data were obtained on 257 men for the initial six-month follow-up. These individuals have been followed for the remainder of the 16-month follow-up. This intervention, (SexG), successfully reduced sexual risk behaviors of homeless mentally ill African-American, Caucasian and Hispanic men. Similar approaches may be effective in other impaired high-risk populations.

Van Servellen G, Carpio F, Lopez M, Garcia-Teague L, Herrera G, Monterrosa F, Gomez R, Lombardi E. **Program to enhance health literacy and treatment adherence in low-income HIV-infected Latino men and women.** AIDS Patient Care STDS 17(11):581-94, 2003.

This paper reports the initial results of a pilot study to evaluate the acceptability and effectiveness of a program to enhance health literacy in low-income HIV-infected Latino men and women receiving antiretroviral therapy. Participants rated the program highly on measures of satisfaction, providing evidence of its acceptability. The effectiveness of the program was assessed in comparisons of the intervention and standard care only groups at baseline and 6-week intervals. Program participants showed significant improvement over comparison group participants on measures of HIV/AIDS and treatment-related knowledge and recognition and understanding of HIV terms. Although there were no significant changes in adherence mastery and behaviors during the 6-week follow up period, there were significant changes in program participants' knowledge about medication adherence. Future steps to examine the sustainability of the program in the medical management of patients are planned in addition to determining its long-range relative impact.

2002

Katz DG, Dutcher GA, Toigo TA, Bates R, Temple F, Cadden CG. **The AIDS Clinical Trials Information Service (ACTIS): A decade of providing clinical trials information.** Pub Health Rep 117(2): 123-130, 2002.

The AIDS Clinical Trials Information Service (ACTIS) is a central resource for information about federally and privately funded HIV/AIDS clinical trials. Sponsored by four components of the U.S. Department of Health and Human Services, ACTIS has been a key part of U.S. HIV/AIDS information and education services since 1989. ACTIS offers a toll-free telephone service, through which trained information specialists can provide callers with information about AIDS clinical trials in English or Spanish, and a website that provides access to clinical trials databases and a variety of educational resources. Future priorities include the development of new resources to target diverse and underserved populations. In addition, research needs to be conducted on the use of telephone services vs. Web-based information exchange to ensure the broadest possible dissemination of up-to-date information on HIV infection and clinical trials.

Kilbourne AM, Herndon B, Andersen RM, Wenzel SL, Gelberg L. **Psychiatric symptoms, health services, and HIV risk factors among homeless women.** *J Health Care Poor Underserved* 13(1): 49-65, 2002.

The authors determined whether psychiatric symptoms and lack of health and/or social services contacts were associated with HIV risk behaviors among a probability sample of homeless women. Women were interviewed regarding socioeconomic indicators, psychiatric symptoms, health and/or social services contacts, and past-year HIV risk behaviors. Overall, 8 percent of the women injected drugs, 64 percent engaged in unprotected sex, and 22 percent traded sex. Multiple logistic regression results revealed that substance abuse was positively associated with injection drug use and trading sex. Homeless women with case managers were less likely to inject drugs. Although barriers to obtaining drug treatment were associated with trading sex, women attending self-help meetings for substance abuse were also more likely to trade sex. Homeless women who are substance abusers are vulnerable to HIV risk behaviors. Risk reduction interventions for homeless women should be implemented through substance abuse and intensive case management programs.

Lange JM, van der Waals FW. **Prioritising access to antiretroviral therapy in resource-poor settings.** *J HIV Therapy* 7(3): 59-62, 2002.

Until quite recently, bringing antiretroviral therapy to severely resource-constrained countries was not considered to be a priority. It was widely felt that in these settings a preventive HIV vaccine is the only way to win the war. Antiretroviral therapy was perceived to be too expensive and complex, to pose impossible monitoring demands, and to drain valuable resources from more important prevention efforts. However, both from a humanitarian and an economic and developmental perspective, we cannot afford not to bring highly active antiretroviral therapy (HAART) to these settings.

Lazzarini Z, Klitzman R. **HIV and the law: Integrating law, policy, and social epidemiology.** *J Law Med Ethics* 30(4): 533-547, 2002.

Levounis P, Galanter M, Dermatis H, Hamowy A, De Leon G. **Correlates of HIV transmission risk factors and considerations for interventions in homeless, chemically addicted and mentally ill patients.** *J Addict Dis* 21(3): 61-72, 2002.

A study was conducted to ascertain correlates of HIV high risk behaviors and attitudes toward HIV. A questionnaire was administered to 103 men living in a modified therapeutic community (TC) for homeless, chemically addicted and mentally ill men. The psychiatric diagnoses of the sample population included psychotic disorders (48%), depressive disorders (36%), and bipolar disorders (16%). Forty-two percent reported that their primary substance of abuse was cocaine and another 40% named alcohol as the substance to which they were most addicted. Two logistic regression analyses were conducted, one with needle sharing as the outcome measure and one with endorsement of the need for lifestyle changes to reduce risk of HIV transmission. Cocaine users were 3.4 times more likely to have shared needles than the rest of the sample. Patients who had a history of sexually transmitted diseases (STDs) were 17 times more likely to endorse the need for lifestyle changes. The level of HIV transmission knowledge was unrelated to HIV risk behaviors or attitudes.

Liverpool J, McGhee M, Lollis C, Beckford M, Levine D. **Knowledge, attitudes, and behavior of homeless African-American adolescents: Implications for HIV/AIDS prevention.** Journal of the National Medical Association 94(4): 257-263, 2002.

This study describes the knowledge of HIV/AIDS, attitudes about condom use, and the sexual behavior of African American adolescents who reside in a children's emergency homeless shelter. Of the 37 African-American male and female adolescents questioned, HIV/AIDS knowledge and attitudes about condoms were comparable to those of other adolescents described in the literature. The authors conclude that the knowledge, attitudes, and sexual behavior of homeless, African-American adolescents should be examined to develop and implement appropriate programs to address the specific needs of this population (authors).

Marks SM, Taylor Z, Miller BI. **Tuberculosis prevention versus hospitalization: Taxpayers save with prevention.** J Health Care Poor Underserved 13(3): 61-72, 2002.

This study describes who pays for inpatient tuberculosis (TB) care and factors associated with payer source. The authors analyzed TB hospitalization costs for a prospective cohort of active TB patients at 10 U.S. sites. Private insurance paid for 9 percent and private hospitals for 6 percent of TB hospitalization costs. Public sources (federal, state, and local governments and public hospitals) paid more than 85 percent of TB hospitalization costs. Preventive services (treatment for latent TB infection; housing, food, and social work for homeless persons; substance abuse treatment for substance abusers; and antiretroviral medication for HIV-infected persons) targeted to those at high risk for TB hospitalization could save taxpayers between \$4 million and \$118 million. Since public resources are used to pay nearly all the costs of late-stage TB care, the public sector could save by shifting resources currently used for inpatient care to target preventive services to persons at high risk for TB hospitalization.

Valenti WM. **HAART is cost-effective and improves outcomes.** AIDS Read 11(5): 260-262, 2001.

An agenda for health care reform is well beyond the scope of this column. However, the agenda for providers of HIV care in managed care settings is clear. On a programmatic level, we know many of the solutions already. For example, there are published data supporting the role of experienced providers for HIV care. Outcomes are improved when patients with HIV receive care from "experts" (i.e., providers with experience in managing the disease). HAART improves outcomes; patients live longer and have more sustained viral load suppression, and costs of care are lower. Adherence to HAART is also beneficial and results in the same improved outcomes. The use of newer technologies to select these expensive antiretroviral regimens also results in these improved outcomes. Early treatment to which patients are adherent, access to experienced HIV providers, and a multidisciplinary program that delivers that care and the needed wraparound services make sense. In the era of HAART, it is often said that HIV is a chronic, manageable illness. Unfortunately, this applies to only a segment of the HIV-infected population. The findings of Freedberg and Bozzette and their colleagues continue to support a model of well-timed, well-coordinated HIV care. While this model of care is expensive, it is less expensive than inpatient care or the resultant poorer outcomes in the underserved, in nonadherent patients, or in those whose care is delivered by less experienced providers. There is no price to be placed on improved quality of life.

Vernon IS, Jumper-Thurman P. **Prevention of HIV/AIDS in Native American communities: Promising interventions.** Pub Health Rep 117(1): 96-103, 2002.

OBJECTIVE: This article presents the latest data on trends in AIDS prevalence among Native American men and women and discusses problems of classification, data collection, factors that contribute to high risk, and factors that affect prevention and intervention. It presents a model for building effective prevention and intervention strategies. **OBSERVATIONS:** The number of people in the United States diagnosed with AIDS has risen by less than 5% per year since 1992, and the slowdown is estimated to continue in coming years. Among Native Americans, however, the number of people diagnosed with AIDS rose 8% in 1997, and nonwhites accounted for more than one-half of all reported AIDS cases through December 2000. For Native Americans, the rate of growth in AIDS prevalence has been steadily increasing since the early 1980s, and AIDS is now the ninth leading killer of Native Americans between the ages of 15 and 44. Factors that contribute to high risk include poverty, homophobia, denial, and mistrust. **CONCLUSIONS:** Effective strategies must include efforts to reduce the risk factors for AIDS. Future research should honor and celebrate diversity among people as an empowering force that facilitates collaboration and shared learning with tribes.

Woods ER, Samples CL, Melchiono MW, Keenan PM, Fox DJ, Harris SK; Boston HAPPENS Program Collaborators. **Initiation of services in the Boston HAPPENS Program: Human immunodeficiency virus-positive, homeless, and at-risk youth can access services.** AIDS Patient Care STDS 16(10): 497-510, 2002.

This study evaluates the factors associated with initiation of services in the Boston HAPPENS Program, which is a collaborative network of care consisting of multiservice outreach agencies, community health centers and hospitals, for human immunodeficiency virus (HIV)-positive and hard to reach youth who are 12-24 years old. The program served 2116 youth who were 19.8 +/- 2.9 years old; 64% female; 45% youth of color; 16% gay/lesbian, bisexual, or undecided; and 10% homeless or runaway. At first contact with the program, 56% received outreach services; and 91% received a health intervention. Among those receiving a health intervention, 55% had HIV counseling and testing services, 49% medical care, 24% case management, and 9% mental health services. HIV-positive youth needed more contacts before a first medical visit than those who were HIV-negative or untested ($p < 0.001$). Different kinds of service sites reached different populations of at-risk youth. Logistic regression modeling showed that for young women, older age, lesbian-bisexual orientation, substance use, high-risk sexual behaviours, and receiving outreach services at first contact were independent predictors of initiation of services at outreach agencies; however, unprotected sex with males, and pregnancy were associated with a greater likelihood of care at hospitals or community health centers. For young men, older age, Asian/other ethnicity, and substance abuse were associated with care at outreach agencies; however, positive HIV status and unprotected sex with females were associated with care at hospitals or community health centers. Comprehensive networks of care offering a continuum of services and a variety of entry routes and types of care sites are needed to connect underserved youth to health care.

Andia JF; Deren S; Kang SY; Robles RR; Colon HM; Oliver-Velez D; Finlinson A; Beardsley M; Friedman SR. **Residential status and HIV risk behaviors among Puerto Rican drug injectors in New York and Puerto Rico.** Am J Drug Alcohol Abuse, 27(4):719-35, 2001.

This article investigates the association between residential status and HIV risk behaviors among island and New York Puerto Rican injection drug users (IDUs). We assigned 561 subjects from New York City and 312 from Puerto Rico to five residential status categories: living in parent's home, living in own home, living in other's home, living in temporary housing (hotel, single-room occupancy [SRO] hotels), and homeless (living in streets/shelters). Independent variables included injection- and sex-related risk behaviors (sharing syringes, sharing other injection paraphernalia, shooting gallery use, and having paid sex). Chi square, t tests, and multivariate logistic analysis tests were performed separately by site. About one-quarter of the sample in each site was homeless. Island Puerto Ricans were more likely to live with their parents (44% vs. 12%, and more New York IDUs lived in their own home (30% vs. 14%). In New York, gallery use and paid sex were associated with living in other's home, living in parent's home, and being homeless. Sharing paraphernalia was related to living in other's home, living in temporary housing, and being homeless. In Puerto Rico, having paid sex was associated with homelessness. High-risk behaviors were more likely among homeless IDUs in both sites. Programs to provide housing and target outreach and other prevention programs for homeless IDUs would be helpful in reducing HIV risk.

Cabral RJ; Galavotti CI Armstrong KI Morrow BI Fogarty L. **Reproductive and contraceptive attitudes as predictors of condom use among women in an HIV prevention intervention.** Women Health, 33(3-4):117-32, 2001.

This study prospectively evaluates the effect of childbearing motivation and contraceptive attitudes on consistency of condom use among at-risk women enrolled in an HIV prevention intervention. Women (age 15-40, 85% African-American) were recruited from homeless shelters, drug treatment facilities, and public housing developments and assigned to standard or enhanced intervention conditions. Among the eligible study group of nonsterilized women with a main partner (n=312), 24.4% wanted to have a baby at baseline; 43.5% believed their partner wanted them to have a baby. Women who reported a desire for a baby, compared to all others, were less likely to be at a higher level of condom consistency six months later. Women who perceived partner support for contraceptive use showed a higher level of condom consistency at 6-month follow-up. Many women in this study wanted to have a baby and this desire interfered with subsequent consistency of condom use. We also found that condom use increased toward consistency of use among women whose partner supported contraceptive use. HIV prevention interventions should include screening for reproductive motivation, so that prevention messages can be tailored to the realities of women's lives. Women who want a baby can be educated about disease prevention in the context of pregnancy planning and linked with appropriate services. Women who want to avoid childbearing can be given messages that emphasize the contraceptive benefits of condom use and that help strengthen partner support.

Culhane DP; Gollub E; Kuhn R; Shpaner M. **The co-occurrence of AIDS and homelessness: Results from the integration of administrative databases for AIDS surveillance and public shelter utilisation in Philadelphia.** *J Epidemiol Community Health*, 55(7):515-20, July 2001.

Administrative databases from the City of Philadelphia that track public shelter utilization and AIDS case reporting were merged to identify rates and risk factors for co-occurring homelessness and AIDS. Multiple decrement life tables analyses were conducted, and logistic regression analyses used to identify risk factors associated with AIDS among the homeless, and homelessness among people with AIDS in Philadelphia, PA. Results show that substance abuse history, male gender, and a history of serious mental disorder were significantly related to the risk for AIDS diagnosis among shelter users. Among people with AIDS, results show a three year rate of subsequent shelter admission of 6.9 per 100 person years, and a three year rate of prior shelter admission of 9%, three times the three year rate of shelter admission for the general population. Logistic regression results show that intravenous drug user history; no private insurance; black race; pulmonary or extra-pulmonary TB; and pneumocystis pneumonia were all related to the risk for shelter admission. Homelessness prevention programs should target people with HIV risk factors, and HIV prevention programs should be targeted to homeless persons, as these populations have significant intersection.

Hilton BA; Thompson R; Moore-Dempsey L; Hutchinson K. **Urban outpost nursing: The nature of the nurses' work in the AIDS prevention street nurse program.** *Public Health Nurs*, 18(4):273-80, 2001.

The AIDS Prevention Street Nurse Program in Vancouver, Canada, focuses on HIV and sexually transmitted diseases (STD) prevention within a context of harm reduction and health promotion targeted at marginalized, hard-to-reach, high-risk populations. As part of a large evaluation project that included interviews with street nurses, clients, and other services providers together with document analysis of the nature of the street nurses' work and its fit within the provision of health care were described. The street nurses' work reflected the following themes: reach the marginalized high-risk populations for HIV/STDs; building and maintaining trust, respect, and acceptance; doing HIV/AIDS and STD prevention, early intervention and treatment work; helping clients connect with and negotiate the health care system; and influencing the system and colleagues to be responsive.

Sears C; Guydish JR; Weltzien EK; Lum PJ. **Investigation of a secondary syringe exchange program for homeless young adult injection drug users in San Francisco, California, U.S.A.** *J Acquir Immune Defic Syndr*, 27(2):193-201, June 1, 2001.

This study investigated an HIV prevention program for homeless young adult injection drug users (IDUs) that combined a secondary syringe exchange program (SEP) with community-level activities. Homeless young IDUs were recruited from street-based settings in San Francisco, and a structured questionnaire was administered. The secondary SEP operated in a circumscribed geographic area, and for analytic purposes respondents were assigned to the intervention site group if they primarily spent time in this area, or the comparison site group if they primarily spent time elsewhere. Almost all intervention site youth had used the secondary SEP in the past 30 days and were significantly more likely to regularly use SEP. In bivariate analysis, comparison site IDUs were more likely to share syringes, reuse syringes, share the cotton used to filter drugs, and use condoms with casual sex partners only inconsistently. In multivariate analysis, comparison site remained positively associated with sharing syringes, reusing syringes, and inconsistent condom use with casual sex partners. This suggests that the intervention was effective in delivering SEP services to homeless young adult IDUs, and that IDUs who frequented the intervention site had a lower HIV risk than comparison group IDUs.

Wagner LS, Carlin PL, Cauce AM, Tenner A. **A snapshot of homeless youth in Seattle: Their characteristics, behaviors and beliefs about HIV protective strategies.** J Community Health, 26(3):219-32, June 2001.

The purpose of this study was to determine how initial HIV prevention efforts for homeless youth were received and to determine areas where homeless youth's beliefs and behaviors continue to put them at risk for HIV infection. Interviews were conducted with 289 Seattle homeless youth. Youth reported using condoms with casual partners during vaginal and anal sex and with clients during oral, anal and vaginal sex. Condoms are often not used during vaginal sex with main partners or during oral sex with casual or main partners. Knowledge of HIV protective strategies differed according to youth's behavioral characteristics with heterosexual youth having the weakest knowledge of HIV protective strategies especially compared with young men who have sex with men. There is room for improvement in youth's knowledge and beliefs about HIV.

Warner BD; Leukefeld CG. **Assessing the differential impact of an HIV prevention intervention: Who's putting the message into practice?** AIDS Education Prevention, 13(6):479-94, December 2001.

Recent data suggest that educational interventions aimed at reducing HIV risk behaviors have shown some success. Nonetheless, HIV risk behaviors are not always reduced by interventions and probably; do not reduce risk behavior randomly. That is, the success of interventions may be related to participant characteristics. Identifying participant characteristics related to both intervention completion and reduction in risk behaviors may be useful for further developing explanatory models of health behavior and for targeting and customizing interventions. In this study, differences between participants who completed an AIDS educational intervention (n=74) and those who did not complete the intervention are first examined (n=652) and then variables related to reducing drug and sexual risk behaviors among those who completed the intervention and follow-up interviews are examined. Results show that the majority of respondents report decreasing five out of six risk behaviors, with the smallest percentage (48.8%) decreasing rates of unprotected sex and the largest percentage (83.4%) decreasing frequency of drug injection. Different variables were found to be related to changes in the various risk behaviors. However, some relatively consistent results emerge. For all risk variables, the frequency of the specific behavior at Vaseline predicted the amount of change in that behavior, with those having higher levels of risk behaviors reducing their behavior the most. Positive HIV test results significantly decreased three of the four sexual risk behaviors examined, and living in a very rural area was found to be significantly related to three of the six risk behaviors. However, perceived chance of getting AIDS did not significantly reduce any of the risk behaviors. Gender and education level were also not related to changes in any of the risk behaviors. Implications include the importance of developing approaches to retain higher proportions of younger participants, males and homeless interventions. It is particularly important to develop specific approaches to retain women in interventions. Because very rural participants were more likely to decrease crack use and alcohol or drug use with sex, rural interventions should target these behaviors at the outset of the intervention.

Lauby JL; Smith PJ; Stark M; Person B; Adams J. **A Community-level HIV prevention intervention for inner-city women: Results of the women and infants demonstration projects.** Am J Public Health, Vol. 90 (2): 216-222, February 2000

Objectives: This study examined the effects of a multi-site community-level HIV prevention intervention on women's condom-use behaviors. **Methods:** The theory-based behavioral intervention was implemented with low-income, primarily African American women in 4 urban communities. It was evaluated with data from pre- and postintervention cross-sectional surveys in matched intervention and comparison communities. **Results:** At baseline, 68% of the women had no intention of using condoms with their main partners and 70% were not using condoms consistently with other partners. After 2 years of intervention activities, increases in rates of talking with main partners about condoms were significantly larger in intervention communities than in comparison communities. Intervention communities also significant increases in the proportion of women who had tried to get their main partners to use condoms. The trends for condom use with other partners were similar but nonsignificant. **Conclusions:** Many women at risk for HIV infections are still not using condoms. Community-level interventions may be an effective way to reach large numbers of women and change their condom-use behaviors, particularly their behaviors with regard to communication with main sex partners.

Sikkema KJ; Kelly JA; Winett RA; Solomon LJ; Cargill VA; Roffman RA; McAuliffe TL; Heckman TG; Anderson EA; Wagstaff DA; et al. **Outcomes of a randomized community-level HIV prevention intervention for women living in 18 low-income housing developments.** Am J Public Health 90(1): 57-63, 2000.

OBJECTIVES: Women in impoverished inner-city neighborhoods are at high risk for contraction HIV. A randomized, multisite community-level HIV prevention trial was undertaken with women living in 18 low-income housing developments in 5 US cities. **METHODS:** Baseline and 12-month follow-up population risk characteristics were assessed by surveying 690 women at both time points. In the 9 intervention condition housing developments, a community-level intervention was undertaken that included HIV risk reduction workshops and community HIV prevention events implemented by women who were popular leaders among their peers. **RESULTS:** The proportion of women in the intervention developments who had any unprotected intercourse in the past 2 month declined from 50% to 37.6%, and the percentage of women's acts of intercourse protected by condoms increased from 30.2% to 47.2%. Among women exposed to intervention activities, the mean frequency of unprotected acts of intercourse in the past 2 months tended to be lower at follow-up. These changes were corroborated by changes in other risk indicators. **CONCLUSIONS:** Community-level interventions that involve and engage women in neighborhood-based HIV prevention activities can bring about reductions in high-risk sexual behaviors.

1999

Clatts MC; Davis WR. **A demographic and behavioral profile of homeless youth in New York City: Implications for AIDS outreach and prevention.** *Med Anthropol Q*, 3(3):365-74, September 1999.

Rapid changes in the world market economy have served to destabilize many local institutions, widening the gap between the rich and the poor and undermining viability of key social and economic institutions such as family and household. Among those most deeply affected by this displacement are children and institutions before they have acquired the skills and maturity needed to become economically self-sufficient. Fending for themselves amid the vagaries of the underworld of virtually every major city in the world, these youths are at exceptional risk for a wide range of poor health outcomes and premature death. While perhaps a familiar sight in many non-Western countries, this phenomenon also has emerged in the industrialized world, a fact that accounts for the rise in exposure to violence and disease among street-involved youth and young adults in nations such as the United States. There are as yet few empirical data available about the nature of these youth populations or the constellation of behaviors that place them at increased risk for disease outcomes. In this report we construct a demographic and behavioral profile of the homeless youth population in New York City, particularly as behavioral patterns relate to risk associated with HIV infection.

Ennett ST; Federman EB; Bailey SL; Ringwalt CL; Hubbard ML. **HIV-risk behaviors associated with homelessness characteristics in youth.** *J Adolesc Health*, 25(5):344-53, November 1999.

PURPOSE: To examine characteristics of youth homelessness associated with engaging in risk behaviors for human immunodeficiency virus (HIV). **METHODS:** The sample included 288 currently homeless or runaway Washington, DC youth aged 14-21 years. Measures were self-reported homelessness characteristics, unsafe sexual behavior, injection drug use, and background characteristics. Bivariate and multivariable analyses of the relationships between homelessness characteristics and HIV risk behaviors were conducted. **RESULTS:** Both male (n=140) and female (n=148) participants reported high rates of unsafe sexual behaviors, but low rates of injection drug use. HIV risk was significantly associated in bivariate analyses with severity of homelessness circumstances (e.g., spending the night in public place, going hungry and participating in the street economy), the duration of homelessness (e.g., greater number of episodes, longer time length of current episode), and specific reasons for being homeless (e.g., thrown out). In addition, sexual victimization and older age were associated with increased HIV risk. A smaller set of these homelessness characteristics remained significant independent correlates and explained a substantial amount of the variation in the HIV risk indices for both males and females. **CONCLUSIONS:** The results contribute to greater theoretical understanding of the characteristics of homelessness associated with increased risk of HIV infection within this vulnerable population of youth. The associations between homelessness characteristics and HIV risk suggest the need for HIV prevention efforts to focus directly on ameliorating the homelessness circumstances of youth.

Nyamathi AM; Kington RS; Flaskerud J; Lewis C; Leake B; Gelberg L. **Two-year follow-up of AIDS education programs for impoverished women.** *West J Nurs Res*, 21(3):405-25, June 1999.

The long-term effects of two culturally competent AIDS education programs with different content on the risk behavior and AIDS-related knowledge of 410 homeless African American women 2 years after program completion were examined. Participants were members of a larger cohort of impoverished African American and Latina women recruited in Los Angeles from 1989 to 1991. Of a subsample of 527

African American women selected randomly for a 2-year follow-up interview, 410 (78%) were located and agreed to participate. Women participating in both AIDS education programs reported reduced HIV risk behaviors and demonstrated greatly improved AIDS knowledge at 2-year follow-up. Women in a specialized program were less likely than those in a traditional program to report noninjection drug use at 2 years. Women in the traditional program had significantly better AIDS knowledge at follow-up. This suggests that educational programs can produce sustained benefits among impoverished women.

Walters AS. **HIV prevention in street youth.** *J Adolesc Health*, 25(3):187-98, September 1999. Published erratum appears in *J Adolesc Health*, 25(6):414, December 1999.

Homeless adolescents have remained an underserved population throughout the human immunodeficiency/acquired immune deficiency syndrome epidemic. This article reviews the recent literature investigating human immunodeficiency virus (HIV) risk behavior among street youth. Prevalence rates of both adolescent homelessness and HIV seropositivity are unknown. However, data from a number of samples document a high prevalence of HIV risk behavior, sexually transmitted diseases, and alcohol/drug use among homeless adolescents. A number of individual and social factors, often associated with street survival, propel adolescents toward high-risk behavior. For some adolescents, testing HIV positive is perceived as advantageous in the procurement of basic needs such as food and shelter. HIV risk-reduction interventions must take into consideration the cause of homelessness, access to and participation in shelter services, and individual factors (such as the effects of sexual orientation and ethnicity) that frequently have not been systematically included in previous research. HIV risk for many homeless adolescents stems directly from their state of homelessness. National policies and funding are needed to address the health needs of these youth.

Witte SS; el-Bassel N; Wada T; Gray O; Wallace J. **Acceptability of female condom use among women exchanging street sex in New York City.** *Int J STD AIDS*, 10(3):162-8, March 1999.

Greater access to alternative female-initiated barrier methods, such as the female condom, is needed among women exchanging street sex. This study describes knowledge of and experience with the female condom among 101 women exchanging sex for money and drugs on the streets of New York City, and examines the acceptability of female condom use as an alternative barrier method for HIV/STD prevention among this population. Female condom use among this sample of sex workers was found to be related to having a regular sexual partner, living with someone who is a drug or alcohol abuser, not being homeless, using alcohol or intravenous heroin, having heard of the device, and having discussed the device with other women or with a regular sexual partner. Despite decreased acceptability post-use, most sex workers indicated an intention for future female condom use.

1998

Centers for Disease Control and Prevention. **Prevention and treatment of tuberculosis among patients infected with Human Immunodeficiency Virus: Principles of therapy and revised recommendations.** *MMWR* 47(RR_20), October 30, 1998.

These guidelines update previous CDC recommendations for the diagnosis, treatment, and prevention of TB among adults and children co-infected with HIV in the U.S. The most notable changes reflect both the findings of clinical trials that evaluated new drug regimens for treating and preventing TB among HIV-infected persons and recent advances in the use of antiretroviral therapy. AVAILABLE FROM: CDC National Prevention Information Network, PO Box 6003, Rockville, MD 20850. (800) 458-5231.

Clatts MC; Davis WR; Sotheran JL; Atillasoy A. **Correlates and distribution of HIV risk behaviors among homeless youths in New York City: Implications for prevention and policy.** *Child Welfare*, 77(2):195-207, March 1998.

Homeless youths are at high risk for poor health outcomes, including repeated exposure to STDs and high rates of unplanned pregnancies, untreated TB, HIV infection, and accelerated immune dysfunction associated with AIDS. This article examines the nature and distribution of HIV-risk behavior in a broad, street-based sample of homeless and runaway youths in New York City (n=929). Although street youths in general are shown at high risk, the highest risks are within older age groups of the male street youth population. These youths are least likely to be in contact with prevention services. The data demonstrate the need to reconsider the use of chronological age as a determinant for service eligibility and to reconfigure funding streams to more effectively and consistently target older and more vulnerable youths.

Feudo R; Vining-Bethea S; Shulman LC; Shedlin MG; Burlison JA. **Bridgeport's Teen Outreach and Primary Services (TOPS) project: A model for raising community awareness about adolescent HIV risk.** *J Adolesc Health*, 23(2 Suppl):49-58, August 1998.

The Greater Bridgeport Adolescent Pregnancy Program (GBAPP), based on its skills in sex education, pregnancy, and sexually transmitted disease prevention, developed the Teen Outreach and Primary Services (TOPS) project, an innovative teen-focused community outreach model to expand and ensure access to health and support services for primarily underserved minority adolescents and young adults at risk for or living with the human immunodeficiency virus (HIV). TOPS is supported by the Special Projects of National Significance Program, HIV/ADS Bureau, Health Resources and Services Administration. The target population for TOPS is inner-city minority youth (ages 15-24 years) at high risk for HIV or HIV positive. Services range from outreach to intensive case management for 2173 youth in the project. The number of HIV-positive youth has increased from three in the first year of the project to 17 in 1997. TOPS provides outreach, case management, HIV counseling and testing, risk-reduction activities, and referrals for housing, entitlements, specialty HIV clinics, and substance abuse counseling and treatment. A group of peer educators has been recruited from among the target population and is trained and paired with the staff to provide outreach services, peer counseling, and education, and to assist with recreational opportunities.

Gerbert B; Bronstone A; McPhee S; Pantilat S; Allerton M. **Development and testing of an HIV-risk screening instrument for use in health care settings.** *Am J Prev Med*, 15(2):103-113, August 1998.

OBJECTIVE: To develop and test a brief, reliable, and valid HIV-risk screening instrument for use in primary health care settings. DESIGN: A two-phase study: (1) developing a self-administered HIV-risk screening instrument, and (2) testing it with a primary care population, including testing the effect of confidentiality on disclosure of HIV-risk behaviors. SETTING: Phase 1: 3 types of sites (a blood donor center, a methadone clinic, and 2 STD clinics) representing low and high HIV-seroprevalence rates. Phase 2: 4 primary care sites. PARTICIPANTS: Phase 1: 293 consecutively recruited participants. Phase 2: 459 randomly recruited primary care patients. MAIN OUTCOME MEASURE: Phase 1: comparison of the responses of participants from low and high HIV-seroprevalence sites. Phase 2: primary care patients' rates of disclosure of HIV-risk behaviors and ratings of acceptability. RESULTS: Phase 1: through examining item-confirmation rates, item-total correlations, and comparison of responses from low and high HIV-seroprevalence sites, we developed a final 10-item HIV-risk Screening Instrument (HSI) with an internal consistency coefficient of .73. Phase 2: 76% of primary care patients disclosed at least 1 risky behavior and 52% disclosed 2 or more risky behaviors. Patients were willing to disclose HIV-risk

behaviors even knowing that their physician would see this information. Ninety-five percent of our patient participants were comfortable with the questions on the HSI, 78% felt it was important that their doctor know their answers, and 52% wished to discuss their answers with their physician. CONCLUSION: Our brief, self-administered HSI is a reliable and valid measure. The HSI can be used in health care settings to identify individuals at risk for HIV and to initiate HIV testing, early care, and risk-reduction counseling, necessary goals for effective HIV prevention efforts.

Gleghorn AA; Marx R; Vittinghoff E; Katz MH. **Association between drug use patterns and HIV risks among homeless, runaway, and street youth in northern California.** Drug Alcohol Depend, 51(3): 219-27, August 1, 1998.

We examined relationships between drug use patterns and HIV risk behaviors among 1121 street-recruited homeless, runaway, and 'street youth' in Northern California. Comparisons demonstrated that youth using any heroin, methamphetamine, or cocaine exhibited more sexual risks than non-users, while primary stimulant and combined heroin/stimulant users showed greatest sexual risk. Combined heroin/stimulant injectors showed higher risk injection practices than primary heroin or primary stimulant injectors, including frequent injections and backloading syringes. Interventions for street youth should be tailored to current drug use patterns since those using combinations of heroin and stimulants may require more comprehensive prevention, support and treatment services.

Logan TK; Leukefeld C; Farabee D. **Sexual and drug use behaviors among women crack users: Implications for prevention.** AIDS Educ Prev, 10(4):327-340, August 1998.

The literature suggests that important and contributing factors in the rise of HIV and AIDS among women are crack use and the exchange of sex for drugs or money. However, not all women who use crack report they are exchanging sex for drugs or money. Thus, women are at differential risk for HIV and AIDS. The purpose of this study is to compare and describe women crack users (n=292) who reported exchanging sex for drugs and money with women crack users who did not report exchanging sex. Results indicated that both women crack users who exchanged sex (n=162) and women crack users who did not exchange sex (n=130) were likely to be African American, to be about the same age, to have had incomes below +500 during the previous month, to have had similar education and marital backgrounds, to have had unprotected sexual intercourse as often, to have had similar drug use patterns, and to have initiated drug use at similar ages. However, women who exchanged sex had more sexual partners, had unprotected oral sex more often, used drugs before and during sex more often, and had a higher rate of sexually transmitted diseases than women who did not exchange sex. In addition, women who exchanged sex were also twice as likely to be homeless, four times more likely to have been in treatment, and twice as likely to have been arrested and charged/booked two or more times in their lifetime than women who did not exchange sex.

Martinez TE; Gleghorn A; Marx R; Clements K; Boman M; Katz MH. **Psychosocial histories, social environment, and HIV risk behaviors of injection and noninjection drug using homeless youths.** J Psychoactive Drugs, 30(1):1-10, January 1998.

Injection drug use is a common risk behavior for HIV infection among homeless, runaway and street youths. However, the psychosocial histories and current social environment of these youths are not well understood. The authors recruited 186 homeless, runaway and street youths and assessed psychosocial histories, current daily activities and sexual and drug-related risk behaviors. Youths reported high lifetime rates of injection drug use (45%), recent drug and alcohol use (100%), and current homelessness (84%). Injection drug using youths were more likely than noninjection drug using youths to report traumatic psychosocial histories, including parental substance use and forced institutionalization, use of alcohol and

other noninjection drugs, a history of survival sex, and the use of squats or abandoned buildings as shelter. These findings underscore the need for multifaceted service and prevention programs to address the varied needs of these high-risk youths.

Smereck GAD; Hockman EM. **Prevalence of HIV infection and HIV risk behaviors associated with living place: On-the street homeless drug users as a special target population for public health intervention.** American Journal of Drug and Alcohol Abuse 24(2): 299-319, 1998.

This article examines the prevalence of HIV infection as a function of place of residence and high-risk behaviors in six subpopulations of out-of-treatment drug injectors and crack cocaine users who participated in the National Institute on Drug Abuse (NIDA) Cooperative Agreement project. The subpopulations were blacks, Hispanics, and non-Hispanic whites sampled separately by gender. The street homeless population had a significantly higher HIV infection rate (19.0%) than the study population as a whole (11.2%). Rates differed by gender and race, with exceptionally high HIV rates for street homeless Hispanic males (29%) and females (32%), and for street homeless black females (38%). Street homeless drug users were at strong risk for acquisition and transmission of HIV infection and therefore in need of targeted public health interventions to help prevent the spread of HIV/AIDS.

Tenner AD; Trevithick LA; Wagner V; Burch R. **Seattle YouthCare's prevention, intervention, and education program: A model of care for HIV-positive, homeless, and at-risk youth.** J Adolesc Health, 23(2 Suppl):96-106, August 1998.

YouthCare's project for youth who are HIV-positive or at high risk for becoming HIV positive is one of 10 supported by Special Projects of National Significance Program, HIV/AIDS Bureau, Health Resources and Services Administration. Throughout its 23-year history, YouthCare has focused on serving runaway, homeless, sexual minority, and other youth "on the margins." To respond effectively to the needs of these youth, YouthCare has developed creative service approaches including involving youth in program design and taking the programs to where the youth live. Building on this experience, the agency developed a continuum of services which has provided care to 906 youth, including 37 who are HIV positive. The five major elements of the model include: (a) youth-specific HIV antibody test counseling, (b) outreach, (c) intensive case management for HIV-positive youth, (d) prevention services for youth at high risk of HIV infection, and (e) peer involvement. Quantitative evaluation helped in identifying youth served by the project (e.g., over one third self-identify as a sexual minority) and the sites at which services should be provided. Preliminary results from qualitative evaluations have stressed the importance of teamwork in designing clinical interventions and providing support to direct-service staff. This report's conclusion stresses that case management for this population, even though time and resource-intensive, is effective, and that services need to be flexible and tailored to each client's needs.

1997

Clements K; Gleghorn A; Garcia D; Katz M; Marx R. **A risk profile of street youth in Northern California: Implications for gender-specific Human Immunodeficiency Virus prevention.** *Journal of Adolescent Health*, 20: 343-353, 1997.

This article describes a study completed to assess HIV behaviors of street youth and to determine whether risk behaviors differ by gender or housing status. Using systematic street-based sampling in four Northern California cities, 429 street youth (mean age=19.2 years) were recruited. Participants completed a structured interview, which was used to assess sexual and drug HIV risk behaviors. The majority of youth were heterosexual white males, and were currently without any type of stable housing. Compared with those with stable housing, youth who were currently without such housing reported higher rates of injection, and other drug use; females without stable housing were less likely to have used condoms the last time they had vaginal intercourse. The high level of HIV risk behavior in this street-based sample of youth, particularly females and youth without stable housing, suggests an urgent need for gender-specific prevention efforts and an increased range of housing options.

Community-based HIV prevention in presumably underserved populations--Colorado Springs, Colorado, July-September 1995. *MMWR Morb Mortal Wkly Rep*, 46(7):152-5, February 21, 1997.

Persons whose behaviors may increase their risk for infection with human immunodeficiency virus (HIV) but who may be underserved by existing HIV prevention and testing programs (in part because of limited access) include those who are homeless, chemically dependent but not in treatment, and mentally ill. To assess the prevalence of high-risk behaviors for HIV infection, the acceptance of HIV counseling and testing, and HIV seropositivity in such populations in Colorado Spring, Colorado (1995 population: 465,885), the El Paso County Department of Health and Environment (EPCDHE) conducted a study during July-September 1995. This report summarizes the results of the study, which indicate that such presumably underserved persons are accessible, commonly report high-risk behaviors and previously have been tested for HIV infection and that social isolation, in part, accounted for the low seroprevalence of HIV in this study population.

Coates TJ; Feldman MD. **An overview of HIV prevention in the United States.** *J Acquir Immune Defic Syndr Hum Retrovirol*, 14 Suppl 2: Sept. 13-16, 1997.

Despite recent promising results with protease inhibitors and combinations of drugs in treating HIV-infected persons, a cure or vaccine for AIDS is unlikely within the next several years. Therefore, prevention remains the most realistic strategy for dealing with the HIV epidemic. Translating knowledge about effective HIV prevention strategies into sound HIV prevention policy must be a priority. For example, AIDS prevention experts must dispel the myth that needle exchange programs for injection drug users encourage drug use. Such programs may, however, decrease the risk for HIV transmission. It is well established that early sex education does not lead to promiscuity among young people; in fact, it may actually decrease overall sexual activity and decrease high-risk sexual activities. Finally, prevention programs must reach those most at risk. Surveillance data indicate that these include young gay men, Hispanic and African Americans, and the economically disadvantaged. Prevention policy too often is formed on the basis of opinion or anecdote rather than on the basis of science. Sound and strong science is needed to ensure that the best programs and policies can be put into place.

Centers for Disease Control and Prevention. Community-based HIV prevention in presumably underserved populations--July-September 1995. JAMA, 277(11):876-877, 1997.

Kelley JA; McAuliffe TL; Sikkema KJ; Murphy DA; Somlai AM; Mulry G; Miller JG; Stevenson LY; Fernandez MI. **Reduction in risk behavior among adults with severe mental illness who learned to advocate for HIV prevention.** Psychiatric Services 48(10): 1283-1288, 1997.

This article describes a study that evaluated the relative impact of HIV risk reduction intervention for adults with severe mental illness living in the inner city. A total of 104 chronically mentally ill men and women were interviewed to determine sexual risk behavior over the last month and to assess HIV risk related psychological characteristics. Participants were then randomly assigned to one of three conditions: single AIDS education session, seven-session cognitive-behavioral HIV risk reduction group intervention, or a seven-session group intervention that combined the cognitive-behavioral intervention with advocacy training. Participants were then reinterviewed three months after completion of the intervention. Results indicated that although all participants exhibited change at follow-up in some risk-related psychological characteristics and sexual risk behaviors, participants who received the intervention that included advocacy training reported greater reductions in rates of unprotected sex and had fewer sexual partners at follow-up. The authors conclude that HIV preventions that teach risk reduction skills and then encourage participants to advocate behavior change in others seems to strengthen their capacity to change their own behavior, even among disenfranchised groups.

Malow RM; McMahon R; Cremer DJ; Lewis JE; Alferi SM. **Psychosocial predictors of HIV risk among adolescent offenders who abuse drugs.** Psychiatric Services, 48(2):185-190, 1997.

This article describes a study which reported that compared with other youths, juvenile offenders have a disproportionately high risk of contracting HIV and other sexually transmitted diseases. These youths typically failed to perceive themselves as at risk for contracting HIV, even though they generally had adequate levels of knowledge about the virus. The findings demonstrate a strong need for designing, testing, and evaluating HIV prevention interventions for this vulnerable population. The author recommend further investigation to understand the relation between HIV risk and systems of family and social support, family dysfunction, and gender-specific behavior for drug abusing adolescent offenders.

National Institutes of Health. **Interventions to prevent HIV risk behaviors.** Kensington, MD: NIH Consensus Program Information Service, Consensus Development Conference Statement (revised draft), February 14, 1997.

This conference examined what is known about behavioral interventions that are effective with different populations in different settings for the two primary modes of transmission: unsafe sexual behavior and use of unsafe injection practices. Following two days of presentations and audience discussion, an independent, non advocacy, non-Federal consensus panel weighed the scientific evidence and developed a draft consensus statement that addressed the following questions: (1) How can we identify the behaviors and contexts that place individuals/communities at risk for HIV?; (2) What individual-, group-, or community-based methods of interventions reduce behavioral risks? What are the benefits and risks of these procedures? (3) Does a reduction in these behavioral risks lead to a reduction in HIV?; (4) How can risk-reduction procedures be implemented effectively?; and (5) What research is most urgently needed?

Nyamathi AM; Stein JA. **Assessing the impact of HIV risk reduction counseling in impoverished African American women: A structural equations approach.** AIDS Educ Prev, 9(3):253-73,1997.

We assessed changes in cognitive, psychological, and risky behavior latent variables after traditional or specialized AIDS education after 2 years using structural equation modeling (SEM) in a sample of impoverished at-risk African American women (n=300). Both groups reported significant improvement at 2 years in their self-esteem and social resources. They also reported less threat perception, avoidant coping, emotional disturbance, HI risk behavior, and drug use behavior. There was an advantage to specialized group membership. When compared with the traditional group at 2 years, women in the specialized group reported enhanced social resources, reduced emotional distress, less use of an avoidant coping style, and less drug use. We discuss advantages of culturally sensitive HIV risk reduction programs and the importance of connecting women with social services in their communities.

Somlai A; Kelly J; Otto-Salaj L; Nelson D. **“Lifepoint:” A case study in using social science community identification data to guide the implementation of a needle exchange program.** Milwaukee, Wisc., Center for AIDS Intervention Research (CAIR), Dept. of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, 1997. (UNPUBLISHED PAPER)

The public health benefits of needle exchange programs (NEPs) are well-known. NEPs lower risk factors for HIV transmission by providing injection drug users (IDUs) with clean syringes and needles; harm reduction materials; and referrals to drug, STD, mental health and medical treatment. While exchange programs continue to be implemented, there have been few reports illustrating how social science and community assessment research can be used to guide the development of NEPs. Using the Lifepoint needle exchange program in Milwaukee as a case study, this paper shows how social science methods can be used to understand IDU culture through the community identification process; link qualitative and observational findings to program decision making; and guide the implementation and operation of a needle exchange. The community identification process showed that there were different IDU subcultures in the city indicating that the NEP would be tailored to meet the distinctive needs of multiple drug use networks. Ethnographic field observations, and key informant and systems representative interviews resulted in a two-stage NEP planning process that included a community task force on IDUs and development of methods to incorporate community assessment findings into the operating plan of the NEP. This process illustrates the importance of integrating a systematic community analysis in the planning of a needle exchange program.

Somlai AM; Kelly JA; Wagstaff DA; Whitson DP. **Patterns, predictors, and situational contexts of HIV risk behavior among homeless men and homeless women.** Milwaukee, WI: Center for Aids Intervention Research, Dept. of Psychiatry/Behavioral Medicine, Medical College of Wisconsin, 1997.

This paper describes a study that investigated psychosocial, relationship, and situational factors associated with HIV risk in a sample of 152 inner-city homeless men and women. Results indicated that while men at risk for AIDS often had multiple sexual partners, women reported fewer partners but more frequent unprotected intercourse. Different factors were also found to be associated with HIV risk level among men and women. In men, high risk patterns were associated with negative condom attitudes, weak behavioral intentions to use condoms, high perceived risk for AIDS, and low-perceived self-efficacy for avoiding risk. Women at high risk for HIV had greater life dissatisfaction than their lower-risk counterparts, were less optimistic and held more fatalistic views about the future, held more negative condom attitudes, perceived themselves to be at risk, and frequently used alcohol, marijuana, and crack cocaine. The authors conclude that HIV prevention efforts tailored to the different risk circumstances of men and women are urgently needed in social service programs for homeless people.

Waterston A. **Anthropological research and the politics of HIV prevention: Towards a critique of policy and priorities in the age of AIDS.** *Soc Sci Med*, 44(9):1381-91, May 1997.

This paper is based on the author's ethnographic HIV prevention research at a community-based residence for women in New York City who have a history of homelessness and diagnosis of mental illness. The author presents the human face of this American tragedy, while exploring the ways in which larger social forces circumscribe these women's lives. The author also critically assesses the HIV prevention agenda, including the dominant paradigm in prevention intervention. Despite acceptance by the most prominent players in AIDS prevention in the United States, the most popular prevention theories are theoretically and substantively inadequate. While educational interventions and behavior change efforts may have some impact on inhibiting HIV transmission, the focus on the individual as the sole locus of change tends to obscure the social and material factors in the spread of the disease. An anthropologically informed alternative, integrating social responsibility and social justice, is explored. Also considered are dilemmas in applying anthropology to AIDS prevention research and how to translate theoretical abstractions into humane and pragmatic social programs.

1996

Baldwin JA; Rolf JE; Johnson J; Bowers J; Benally C; Trotter RT. **Developing culturally sensitive HIV/AIDS and substance abuse prevention curricula for Native American youth.** *J Sch Health*, 66:322-7, November 1996.

In 1990, researchers and health care professionals joined with members of several southwestern Native American communities to form an HIV/AIDS and substance abuse prevention partnership. Culturally sensitive approaches to theory-based interventions were developed into highly replicable, structured, school-based and community-based intervention programs. Process evaluations indicated high levels of program acceptance and fidelity. Outcome evaluations demonstrated significant positive preventive intervention effects among participants. This article reports how NAPPASA school prevention curricula were developed and discusses three critical processes in developing these successful curricula: (1) selection of integrative theory to address the multi-dimensional antecedents of HIV/AIDS and substance abuse among Native Americans; (2) use of ethnographic methodology to obtain intensive input from target groups and community members to ensure cultural and developmental sensitivity in the curriculum; and (3) use of process and outcome evaluations of pilot and field trials to develop an optimal curriculum.

Brady S. **Taking a sexual history.** Boston, MA: Fanlight Productions, 1996.

The US Public Health Service, through its "Healthy People 2000" program, has called on clinicians to significantly increase their involvement in HIV risk assessment and prevention. This video will help to meet that need by providing real-world models of ways to conduct these assessments. The unrehearsed vignettes show a variety of clinicians (physicians, psychiatrists, nurse practitioners, and a psychologist) interviewing patients about their sexual and drug-using histories. The approaches demonstrated will enable clinicians to assess risks for HIV and other sexually transmitted diseases, as well as for the variety of other health risks associated with drug use. This video is geared to professionals in primary healthcare and mental health settings, but the techniques it models will be helpful in any delivery context, as well as for students in the healthcare and social service professions. AVAILABLE FROM: Fanlight Productions, 47 Halifax St., Boston, MA 02130, (800) 937-4113. COST: \$195/purchase; \$50/rent

Cabral RJ; Galavotti C; Gargiullo PM; Armstrong K; Cohen A; Gielen AC; Watkinson L. **Paraprofessional delivery of a theory-based HIV prevention counseling intervention for women.** Public Health Rep, 30:75-82, 1996.

This report describes a mid-course process evaluation of an HIV risk-reduction counseling intervention delivered by specially trained peer paraprofessionals. A key question is whether paraprofessionals can successfully implement a theory-based counseling intervention. Project CARES, is a five-year demonstration research project to prevent HIV infection and unplanned pregnancies in women at risk for HIV infection and transmission who were recruited from homeless shelters, drug treatment facilities, and hospital-based settings for HIV-infected women. Project CARES uses an enhanced counseling intervention based on the Transtheoretical Model, also known as the Stages of Change model, to promote condom and other contraceptive use for women who wish to avoid pregnancy, condom use for disease prevention, and reproductive health service use. Peer paraprofessionals, called advocates, provide stage-tailored counseling using a structured manual which guides them in the selection of specific counseling activities appropriate to a woman's level of readiness to change her behavior. Data from process evaluation forms completed by advocates in Philadelphia and Baltimore document that delivery of the intervention is consistent with the theoretical model. Paraprofessionals become skilled in delivering stage-based counseling intervention in health and social service settings. The use of paraprofessionals in HIV prevention service delivery may be a cost- effective way to enhance and extend services for women.

Chawarski M; Schottenfeld R; Pakes J; and Avants K. **AIDS Risk Inventory (ARI): Structured interview for assessing risk of HIV infection in a population of drug abusers.** New Haven, CT, Yale University, Dept. of Psychiatry, Substance Abuse Center, June 6, 1996.

This instrument was developed as a tool that can better discriminate between subjects with high- and low-risk of HIV infection, as well as reliably assess change in behavioral patterns associated with high risk of HIV infection during drug abuse treatments. It is a structured interview containing questions about behaviors associated with drug use, sexual practices, and general knowledge of AIDS prevention.

Chuang HT. **AIDS knowledge and high-risk behaviour in the chronic mentally ill.** Canadian Journal of Psychiatry, 41(5):269-272, 1996.

The authors describe a study whose goal was to ascertain the degree of HIV-risk knowledge among patients attending a downtown program and to identify the extent of high-risk behavior for HIV infection. A total of 151 patients were selected at the Calgary Community Mental Health Clinic (n=110) and the Self Help Association (n=41). Results show that although the percentage of subjects erring on questions about AIDS knowledge was smaller when compared with previous studies, a significant number of subjects believed that one could acquire AIDS by donating blood, and 25% did not think that having only one unsafe sexual contact would make them vulnerable to HIV infection. At least 50% of the participants have had sex with at least one partner in the past year, and 33% of the participants indicated that they would not insist that they or their partners wear a condom. The authors conclude that this study confirms the need for psychiatrists and mental health workers to continue to explore high-risk behavior in the chronic mentally ill population and to further educate these patients through the development of prevention and risk-reduction strategies in Canada

Corby NH; Enguídanos SM; Kay LS. **Development and use of role model stories in a community level HIV risk reduction intervention.** Public Health Rep, 111 Suppl 1:54-8, 1996.

A theory-based HIV prevention intervention was implemented as part of a five-city AIDS Community Demonstration Project for the development and testing of a community-level intervention to reduce AIDS risk among historically underserved groups. This intervention employed written material containing stories of risk-reducing experiences of members of the priority populations, in this case, injecting drug users, their female sex partners, and female sex workers. These materials were distributed to members of these populations by their peers, volunteers from the population who were trained to deliver social reinforcement for interest in personal risk reduction and the materials. The participation of the priority populations in the development and implementation of the intervention was designed to increase the credibility of the intervention and the acceptance of the message. The techniques involved in developing role-model stories are described in this paper.

Larson M; Schatz M. **HIV prevention strategies with homeless and street youth.** In Moore MK; Forst ML (eds.), *AIDS Education: Reaching Diverse Populations*, Praeger Pibl (Westport), 1996.

This book chapter looks at ways to prevent HIV infection among homeless youth by providing education that is accessible and which promotes behavior change. To accomplish this, it is necessary to understand and address the barriers that are intrinsic to the task. The authors examine various types of street-based outreach HIV prevention education including: (1) one-on-one; (2) spontaneous street groups; (3) formal street groups; (4) drop-in centers; (5) HIV prevention activities; and (6) programs.

McKinnon K; Cournos F; Sugden R; Guido J; Herman R. **The relative contributions of psychiatric symptoms and AIDS knowledge to HIV risk behaviors among people with severe mental illness.** Journal of Clinical Psychiatry, 57(11):506-513, 1996.

The authors describe study which was designed to determine whether psychiatric symptoms and acquired immunodeficiency syndrome (AIDS) knowledge predict human immunodeficiency virus (HIV) risk behavior among people with severe mental illness. The authors interviewed 178 psychiatric patients to determine Axis I diagnosis, level of functioning, severity of psychiatric symptoms, knowledge about AIDS, sexual risk behaviors in the previous 6 months, and drug injection since 1978. Results show that patients, particularly those who were sexually active, were well informed about AIDS. Specific psychiatric conditions, including the presence of positive and excited symptoms and a diagnosis of schizophrenia, predicted certain sexual risk behaviors and must be the focus of innovative prevention efforts. The authors contend this study demonstrates that being sexually active, having multiple sex partners, and trading sex are directly related to particular psychiatric conditions, regardless of patients' AIDS knowledge.

Susser E; Valencia E; Sohler N; Gheith A; Conover S; Torres J. **Interventions for homeless men and women with mental illness: Reducing sexual risk behaviours for HIV.** Int J STD AIDS, 7 Suppl 2 (HIV Centre for Clinical and Behavioral Studies, New York State Psychiatric Institute, Presbyterian Hospital, New York, USA.):66-70, 1996.

Valentine J; Wright-De Agüero L. **Defining the components of street outreach for HIV prevention: The contact and the encounter.** Public Health Rep, 8(3):69-74, 1996.

Health departments and community-based organizations across the United States are funded by the Centers for Disease Control and Prevention to conduct street outreach to facilitate risk reduction among a variety of hard-to-reach populations who are at risk for HIV infection and other sexually transmitted diseases. The interaction between the client and outreach worker is the fundamental element of any street outreach activity. However, little has been written about the relationships that develop on the street between workers and clients to promote, support, and sustain behavior change. This paper describes two types of interactions that occur in street outreach intervention activities: the contact and the encounter. As part of a comprehensive evaluation of street outreach, interactions between workers and clients were described and analyzed during the formative phase of the AIDS Evaluation of Street Outreach Projects. For purposes of the evaluation, a contact was defined as a face-to-face interaction during which materials and/or information are exchanged between an outreach worker and a client. An encounter was defined as a face-to-face interaction between a worker and client going beyond the contact to include individual assessment, specific service delivery in response to the client's identified needs, and a planned follow-up. The contact provides a means to initiate interaction with potential clients in the community. It is the encounter that provides more significant opportunity for helping the client initiate and sustain behavior change. The discussion suggests techniques for enhancing the encounter between outreach workers and clients using the conceptual framework of the social work helping relationship. Five elements of the encounter are defined and developed: screening, engagement, assessment, service delivery, and follow-up. The encounter represents an enhancement of the traditional street outreach interaction and a more systematic approach to promoting the behavioral change goals of the AIDS Evaluation of Street Outreach Projects. Recommendations are suggested for implementing the encounter in street outreach programs serving hard-to-reach populations.

1995

Deren S; Davis WR; Beardsley M; Tortu S; Clatts M. **Outcomes of a risk-reduction intervention with high-risk populations: The Harlem AIDS project.** AIDS Educ Prev, 7:379-90, October 1995.

AB- Many studies of interventions with high-risk populations have reported reductions in risk behaviors. To assess effectiveness of interventions, data are also needed on the characteristics of subjects lost to follow-up, and on follow-up risk behaviors for subjects who were not participants in the intervention. This paper reports on a study conducted in Harlem, New York, recruiting 1,770 injection drug users (IDUs) and sex partners of IDUs, randomly assigned to two interventions. Repeated-measures analyses for the two intervention groups and those who participated in no intervention indicated that all groups reported significant reductions in risk behaviors, with no group effect. Comparisons of those followed-up and not followed-up indicate that those followed-up were less likely to: be homeless, be Latinos, and to use "shooting galleries." The discussion focuses on the need to assess outcomes for all types of participants, and to distinguish the impact of interventions from other explanations for behavior changes.

Kalichman SC; Sikkema KJ; Kelly JA; Bulto M. **Use of a brief behavioral skills intervention to prevent HIV infection among chronic mentally ill adults.** Psychiatric Services 46(3):275-280, 1995.

The purpose of this study was to determine if a relatively brief group intervention, based on risk education and skills instruction, would reduce behaviors associated with high risk of HIV transmission among adults with serious mental illnesses. Participants in the prevention program demonstrated significant gains in AIDS-related knowledge and intentions to change risk behaviors. The prevention program also

significantly reduced rates of unprotected sexual intercourse and increased the use of condoms over a one month follow-up period. A relatively brief, skills-focused AIDS prevention program for chronic psychiatric patients produced reductions in HIV risk behaviors. Such HIV risk reduction intervention programs may be of use in inpatient, outpatient, and community-based settings.

Kelly JA; Murphy DA; Sikkema KJ; Somlai AM; Mulry GW; Fernandez MI; Miller JG; Stevenson LY. **Predictors of high and low levels of HIV risk behavior among adults with chronic mental illness.** *Psychiatric Services* 46(8):813-818, 1995.

Several recent studies confirm elevated rates of human immunodeficiency virus infection (HIV) among adults with mental illnesses in large urban areas. The study described in this article sought to characterize risk for HIV infection among adults with serious mental illnesses and to examine psychosocial factors predictive of risk. Two hundred and twenty-five adults with serious mental illnesses who were sexually active in the past year outside of exclusive relationships were individually interviewed in community mental health clinics. More than 50% of the study participants were sexually active in the past month, and 25% had multiple sexual partners during that period. Interventions aimed at prevention of HIV and AIDS are urgently needed in settings that provide services to persons who have serious mental illnesses.

Metsch LR; McCoy CB; McCoy HV; Shultz JM; Lai S; Weatherby NL; McAnany H; Correa R; Anwyl RS. **HIV-related risk behaviors and seropositivity among homeless drug-abusing women in Miami, Florida.** *J Psychoactive Drugs*, 27(4):435-446, October 1995.

This article examines the multifaceted interactions among homelessness, HIV, substance abuse, and gender. Data were collected on 1,366 chronic drug users using a nationally standardized validated instrument within the Miami CARES project of a multisite federally funded program. HIV testing accompanied by pretest and posttest counseling was conducted on-site by certified phlebotomists and counselors. In addition to descriptive analyses and corresponding tests of significance, logistic regression analyses were used to clarify the complex associations between the outcome variables of homelessness and HIV, recognizing difficulties of determining temporal sequence. HIV infection was found to be 2.35 times more prevalent among homeless women than homeless men and significantly higher for homeless women. The findings indicate that among women, homelessness and HIV have a highly interactive effect increasing the vulnerability of this population and thus rendering them an extremely important priority population on which to focus public health efforts and programs.

St. Lawrence J; Brasfield T. **HIV risk behavior among homeless adults.** *AIDS Education and Prevention* 7(1): 22-31, 1995.

Very little information is available regarding HIV risk behavior among homeless adults despite increasing evidence that HIV infection disproportionately affects inner-city residents and disadvantaged populations. In this study, adults entering a storefront medical clinic for homeless persons completed an AIDS risk survey. The results suggest that homeless adults are engaging in sexual and substance-use behaviors that place them at high risk for HIV infection. Sixty-nine percent of the present sample was at risk for HIV infection from either: (1) unprotected intercourse with multiple partners, (2) intravenous drug use; (3) sex with an intravenous drug user; or (4) exchanging unprotected sex for money or drugs. The results suggest that there is an urgent need to develop and evaluate AIDS-prevention strategies for homeless adults.

Whitson DP; Murphy DA; Somlai AM; Koob JJ; Davantes BR. **Implementing and HIV/AIDS risk reduction intervention for homeless, inner-city women.** HIV Infect Women Conf, :S10, February 22-24, 1995.

Women in urban homeless shelters are at increasing risk for becoming infected with HIV. This presentation deals with the following specific issues in the implementation of an HIV/AIDS risk-reduction intervention for homeless women: recruitment and retention; confidentiality; maintaining attendance; communications and relations with shelters and other contact agencies; obstacles to intervention and follow-up; and key barriers to program implementation. The insights regarding program implementation were derived from a study assessing the psychological, behavioral, and relationship factors contributing to risk among 59 inner city women living at a homeless shelter in a major mid western city. Women in this study were predominantly African American, unemployed, with incomes under \$8,000 annually, in their late 20's, and most had not completed high school. The intervention was facilitated by developing a partnership with the homeless shelter; using reinforcers that were appropriate to the needs of the participants; child-care; and transportation. Specific obstacles to program participation and risk reduction were the participant's immediate medical needs, transitions to alternative shelter sites, family acceptance, and difficulties negotiating with a long term partner. Recommendations for the implementation of future studies for homeless women will be provided.

1994

Bolvary K; Vaczi M. **AIDS prevention with the help of streetworkers among the prostitutes of the capital.** Int Conf AIDS, 10:343 (abstract no. PC0309), Aug 7-12, 1994.

OBJECTIVE: The enlightenment of the marginal layers of prostitutes in the capital, with regard to illnesses spread through sex, with particular emphasis on the transmission of HIV, the dangers and health hazards following their style of life, and the possibilities and methods of prevention. **METHODS:** (1) Only those street workers can reach the endangered persons, who belonged to this layer and are appropriately prepared. The street workers have been found in shelters for the homeless, juvenile institutes and family care centers. (2) We ran four courses of education, each lasting six weeks. In 1992, nine, and in 1993, 14 of our street workers were active after being instructed in AIDS prevention in our institute. (3) To evaluate the work of the street workers, we applied the worksheet used by the Cardiff street workers. **RESULTS:** In 1992, the street workers had 5,290 meetings of concrete value; out of this 67.8% were with males and 32.2% females. In two-thirds of the meetings, the street workers handed out condoms, 23.7 % of the clients used condoms. In 1993, there was a significant increase in handing out condoms. **CONCLUSIONS:** Peer preventive activity of the street workers not only reached the marginal prostitute layer, but also drug addicts in their surroundings, the homeless and alcoholics.

Harlow R; Sorge R (eds). **A briefing book: Needle exchange, harm reduction, and HIV prevention in the second decade.** New York, NY: ACLU AIDS Project, 1994.

This briefing book is designed to be read and used by advocates of needle exchange and harm reduction. The authors provide practical checklists and recommendations about policy positions as well as descriptive material giving background about HIV prevention for intravenous drug use. Chapter topics include: AIDS and drug use; harm reduction; needle exchange; scientific evidence; politics; policy guidelines; community advocacy; advocacy in court; and legislative advocacy. Also provided are lists of needle exchange, harm reduction, and advocacy programs by state. **AVAILABLE FROM:** ACLU AIDS Project, 132 West 43rd Street, Box NEP, New York, NY 10036, (212) 944-9800.

Urban MT; Fellizar IF; Kabalilat NP. **Hazards of HIV/AIDS work: Experiences of a community-based HIV/AIDS prevention and care program for homeless youth and adults in the sex trade.** International Conference on AIDS 10:45 (abstract no. 474D), 1994. (presentation).

Work on HIV/AIDS began as early as the time the virus causing AIDS was given a name. Numerous success stories on various aspects of the work has been shared in big conferences which have helped encourage people to go into similar ventures. With growing concern of an increasing number of organizations – GOs, NGOs, CBOs and private – that are engaged in the struggle to stop the spread of HIC infection, it is time that the difficulties of doing HIV/AIDS work be shared. Lessons learned and actions taken to resolve hazards of implementing a community-based HIV/AIDS prevention and care project among sex workers in a country such as the Philippines may have some value to areas where similar situations are evident. Likewise, the process lends to listing of effective strategies that consider cost benefit. This paper seeks to paint a true picture of the challenges an organization faces in conducting community-based efforts among sex workers in the Philippines.

Undated

National Network for Youth, **Issue brief: HIV prevention for two populations of youth in high-risk situations – homeless youth and sexual minority youth.** National Network for Youth, undated.

This publication is a review of the literature concerning HIV prevention for homeless and sexual minority youth. The review focuses on statistical studies and presents tables outlining the major finding of these studies. AVAILABLE FROM: National Network for Youth, 1319 F St. NW, Suite 401, Washington, DC, 20004. www.nn4youth.org