

JSPH Hosts Region III HIV/AIDS Meeting August 2, 2012

On August 2, on the heels of the 19th International AIDS Conference in Washington, DC, clinicians, researchers, service providers, advocacy groups, clients and other stakeholders met at the Department of Health and Human Services (HHS) Region III National HIV/AIDS Strategy summit, hosted by Jefferson School of Population Health. The purpose of the meeting was to address the accomplishments and future directions of the government's effort to reduce HIV infections nationally, to increase access to care and optimize health outcomes for HIV-positive individuals, and to reduce HIV-related health disparities. These goals, outlined by the initiative, are based on a roadmap established by the July 13, 2010 National HIV/AIDS Strategy for the United States (NHAS), the first comprehensive strategy initiative of its kind for this country.

The program, attended by 135 participants, featured a mixture of presentations from leaders in the field, panel discussions featuring stakeholder and advocacy groups, and ended with town hall sessions to gather feedback and encourage greater collaboration. Timothy Harrison, PhD, Senior Policy Advisor at the HHS Office of HIV/AIDS and Infectious Disease Policy, focused on the value of collaboration between health care providers, all levels of government, and the community. His talk was followed by a panel discussion led by members of key community organizations serving individuals with HIV/AIDS. Another notable speaker in the morning session was Linda Frank, PhD, MSN, Associate Professor of Public Health at the University of Pittsburgh and Director of the Pennsylvania/Mid-Atlantic AIDS Education and Training Center, who spoke about the role of mental health, substance abuse and comorbidities of psychiatric disorders as barriers to care for persons living with HIV/



Dalton Paxman, PhD, Regional Health Administrator, Region III, U.S. Department of Health and Human Services, welcomes attendees to the Region III National HIV/AIDS Strategy Conference.

AIDS. During her presentation, Dr. Frank indicated that often times mental illness precedes HIV transmission in the most at-risk populations: injection-drug users, men who have sex with men (MSM) and sex workers. Dr. Frank also illustrated the complexities involved in treating an addicted or mentally ill individual, such as poor medication adherence, participation in high-risk behavior and impaired judgment. Compounding these difficulties are the additional issues of poverty, cultural barriers, and language barriers.

The afternoon session was marked by presentations from Lisa Belcher, PhD and behavioral scientist Mary Neumann, PhD of the Centers for Disease Control

and Prevention (CDC) Division of HIV/AIDS Prevention. They presented their work on the Enhanced Comprehensive HIV Prevention Planning (ECHPP) initiative in Baltimore, Philadelphia, and Washington, DC, which seeks to increase evidence-based HIV prevention. Following these presentations were three town hall meetings on the topics of Early Intervention with Adolescents, Trauma and Substance Abuse, and Stigmatization of Persons with Mental Illness. Although participation was encouraged and practiced throughout the meeting, these town hall get-togethers allowed attendees to give their suggestions for improving patient access to care, de-stigmatizing an otherwise stigmatized group, and

coordination of services. An underlying theme of coordination, collaboration and integration of services' was emphasized throughout the meeting by certified peer counselors, healthcare providers, and community organizations. ■

The Department of Health and Human Services Region III is made up of Delaware, Washington, DC, Maryland, Pennsylvania, Virginia, and West Virginia.

Kate Cecil, MS
Project Manager
Jefferson School of Population Health
kate.cecil@jefferson.edu

To obtain a copy the strategy and an update of the federal implementation plan, visit www.aids.gov.

REFERENCES

1. Funnel M, Brown T, Childs B, et al. National standards for diabetes self-management education. *Diabetes Care*. 2011; 35 (suppl): S101-S108.
2. Mensing C. Comparing the processes: Accreditation and recognition. *Diabetes Educ*. 2010; 36: 219-243.
3. Mulcahy K, Maryniuk M, Peoples M, et al. Diabetes self-management education core outcomes measures *Diabetes Educ*. 2003; 20:768-803.
4. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. *Healthy People 2020*. Diabetes. <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=8> Accessed June 19, 2012.