

People Living With AIDS/HIV  
 Leadership Training Institute  
 A Program of Cicatelli Associates, Inc.  
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# the circle

Summer 2006, N° 19

leading lines advocacy outreach community

## SURVIVING AND THRIVING

Gregory Huang-Cruz, MPH  
 Senior Trainer



**Past, Present and Future: A Look at HIV Prevention Community Planning**

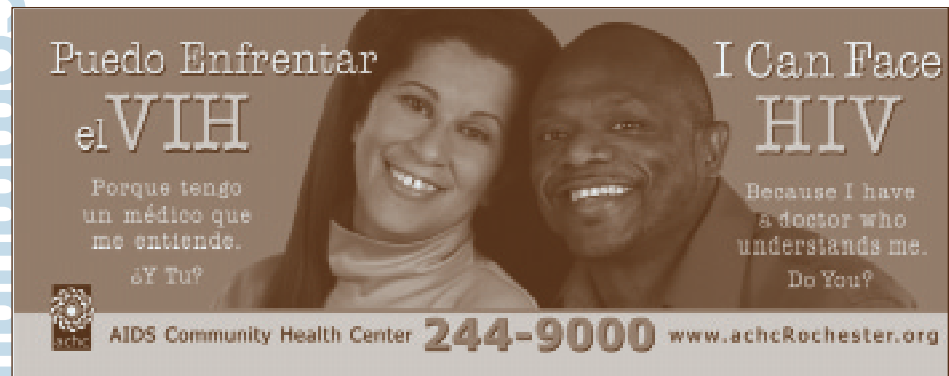
This column is usually reserved

for comments by our Project Director, John Hatchett. However, John believes not only in empowering PWAs, but also believes that sharing is an integral part of community. So, with that introduction, I have been given the distinct opportunity to share with you my thoughts on "HIV Prevention Community Planning."

But first, this column would not make sense without a little history review. Beginning in 1994, the Centers for Disease Control and Prevention (CDC), in coordination with health departments in all 50 states and Washington, DC, 8 U.S. territories and 6 cities (Chicago, Houston, Los Angeles, New York, Philadelphia and San Francisco), implemented a significant innovation in HIV prevention programs: HIV Prevention Community Planning. This large-scale innovation in public health planning has involved tens of thousands of professionals and community residents.

The Community Planning process, still conducted by all 65 health departments receiving HIV prevention funds from CDC, recognizes that the identification

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LTI Graduates Christine and Luis.

## ROCHESTER GRADS PUT FACES ON ADS

by LTI CAB member BILL KRESS

LTI grads Christine V., Luis L., Karen M. and her late husband Tony have literally put their faces to work for HIV prevention. They are featured in a series of larger-than-life bus shelter advertisements and ads on board 111 city busses. This courageous group of LTI grads recently signed on to serve as volunteer models in an ad campaign for AIDS Community Health Center, one of Rochester's premier HIV/AIDS health care providers.

The one-year campaign is designed to target high-risk individuals in some of the city's hardest hit neighborhoods. One series of ads features seven-foot-high faces of each model proclaiming, "I Can Face HIV... Because I Know My Status."

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The PWA LTI is a program of Cicatelli Associates Inc., supported by a unique collaboration between the New York City Department of Health and the New York State Department of Health, AIDS Institute.

This newsletter was supported by Grants Nos. 2 H89 HA 00015 11 and 2 X07 HA 00025 11 from the U.S. Health Resources Services Administration (HRSA). These grants are funded through Title I and Title II of the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, as amended by the Ryan White CARE Act Amendments of 1996 & 2000 through the New York State Department of Health, AIDS Institute. Its contents are solely the responsibility of Cicatelli Associates Inc. and do not necessarily represent the official views of the funders.

## SURVIVING AND THRIVING

(continued from front)

and prioritization of HIV prevention interventions must be a shared responsibility between the health departments administering the funds and representatives of the affected communities for whom the services are intended.

Guidance for this planning process strongly embraces the notion that high-priority HIV prevention strategies and interventions must have a sound basis in behavioral and social science, and that program planning must begin with an accurate assessment of the epidemiology of the current and projected future HIV epidemic. Rather than mandate a single standardized process for all of the 65 jurisdictions, CDC guidance provides flexibility for each jurisdiction to configure a planning process that is responsive to its own unique circumstances. However, all planning activities must be guided by some essential principles. (see page 7.)

Each jurisdiction has had to create an HIV Prevention "Community Planning Group", commonly referred to as a "CPG" (or in the case of New York, "PPG", for Prevention Planning Group). These CPGs/PPGs are responsible for developing a comprehensive HIV prevention plan, using a process called "HIV Prevention Community Planning." The basic intent of the process is threefold: 1) to increase meaningful community involvement in prevention planning, 2) to improve the scientific basis of program decisions, and 3) to target resources to those communities at highest risk for HIV transmission/acquisition.

And so there you have it: HIV Prevention Community Planning in a capsule. Well, not necessarily in a capsule, but at least a condensed version. As New York's epidemics have evolved over the years so have the PPGs' structure and operations, which may or may not be so apparent.

Being involved myself in HIV Prevention Planning for well over 8

years has given me an opportunity to see a number of changes, some for the good and others not so good. A couple of cases in point: In 2000, at the height of community planning, PPGs began looking at prioritizing behaviors, rather than emphasizing populations, leading to an increased need for expanded data collecting. In April of 2003, the CDC announced its "Advancing HIV Prevention" initiatives, which paved the way for PPGs to prioritize HIV+ individuals as the highest priority for receiving HIV prevention interventions, also known as "Prevention with Positives". And in 2006, HIV prevention community planning has been integrated with treatment and care in some states, combining CPGs with HIV care planning bodies, including Ryan White CARE Act-related groups.

All of these changes occurred or are occurring because many people with HIV/AIDS are living longer. And there are concerns that HIV+ individuals who do not know their status are continuing to spread HIV; in fact, some experts believe that a majority of the 40,000 new infections in the U.S. each year are a result of contact with people who do not know they're infected. What everyone agrees on is the need for better HIV prevention campaigns.

So the message here is that, as HIV Prevention Community Planning is changing, our role as HIV+ people is changing, and the need for us to be actively involved in the planning process is increasing. Whether your passion is for HIV prevention or for treatment and care, there is plenty of work to go around, and it is paramount to be connected at whatever level you are comfortable.

Inside this issue of *The Circle* you will find some suggestions about how to become connected in your community. Take advantage of your local resources and seek opportunities as they arise. ●

## GRADS PUT FACES ON ADS

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Similarly designed "rail" advertisements appear inside buses along that space near the ceiling where ambling riders look for something to read rather than look at each other.

"Wow! There's Karen on the No. 1 to Summerville! Wasn't she working the Women's Health Fair last month? ... Yo, Christine and Luis, riding up the Portland route. He's that guy we saw on Upper Falls Boulevard the other day..."

These ads really seem to be working. Their faces are friendly, inviting, non-judgmental. You almost feel better that they're on the same bus with you.

But it wasn't always this way. AIDS service organizations like ACHC have historically struggled to find models willing to appear in their advertisements. Stigma, fear, and the perceived threat of "guilt" by association reduce the pool of available models and often result in ineffective ads that lack a "human" touch. Well, fear no more... LTI heroes to the rescue!

Take Luis, for example. He's one of Rochester's better known outreach workers. His home turf is along the city's "Crescent," a neighborhood known for hard drugs, hot violence, and some of the best Puerto Rican bakeries and restaurants on the planet. Handing out condoms and pamphlets with Luis is like joining the mayor on a campaign tour. Every 10 feet he's stopped and hugged and slapped on the back like a dignitary. He's good at what he does, proud of it, and rightly so.

It was with Luis's persistence that ACHC found "real" people for its advertisements this year—people like Karen, Christine and him who are known entities in the community for their hard work... For taking a stand against shame, ignorance, and fear... For being willing to stand up and say, "I've got

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## GRADS PUT FACES ON ADS

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HIV/AIDS, and I'm doing good."

"It's important that our community sees faces that are familiar to the community," says Luis. "Otherwise, the message won't work; it won't be credible." ACHC agreed, and in April launched a campaign that catapulted four of our fellow LTI grads into the limelight.

Using a palette of bright yellow, orange, and lime green, the ads literally jump out along a busy city street or during an uneventful bus ride. And if the colors don't turn heads, a seven-foot face with a huge smile certainly will.

So next time you take a drive up Rochester's North Clinton Ave., wave back at the familiar face at Upper Falls. It might be hot and it might be heavy up there, but for one moment at least, the streets are a lot safer—and friendlier—with our buddies on the corner. ●



Former LTI CAB Member Karen M.

## FRAMING THE BIGGER PICTURE

When I was diagnosed with HIV in 1992 I was really only thinking about myself and simply surviving. This continued for about five years until I decided to do something more. I wasn't feeling real sure of myself and didn't really know what I was capable of, but I saw an ad for a training and finally took that first scary step. I graduated from the first upstate Leadership Training Institute (LTI) Core training in 1997. The LTI gave me confidence in myself, and I decided that although I was still unsure of my abilities, it was once again time to take a chance and try something else. Shortly thereafter I began my career at the AIDS Network in Buffalo, where I now serve as the Executive Director. The main focus of the regional Networks is coordinating care and social support services for people living with HIV/AIDS in our communities. Working at the Network helped me to look beyond myself and think about others living with the virus. My work was—and continues to be—my way of giving back and helping others trying to survive and build a better life for themselves and their families. It is not always easy, but the challenges are good for me and have helped me to gain confidence and feel good about myself.

*"My work [is] my way of giving back and helping others trying to survive and build a better life for themselves and their families."*

In 1998 I was approached to serve on the New York State HIV Prevention Planning Group (PPG). I agreed to this, but only after realizing that although I was already positive and working with others who were, it was time to once again look at the bigger picture.

Working in the HIV prevention arena I was able to play a part in keeping people who were at risk for HIV safe and help to educate those who thought HIV couldn't happen to them. I also learned that "prevention" means working with

those who may already be HIV+ by stressing the importance of knowing your status, being educated and keeping others safe. A colleague of mine once told me, "The only people who can truly stop the HIV epidemic are us—those that are already infected." I was elected to be Community Co-Chair of the PPG for 2001-2002 and ended up serving on the

group for six years.

For me, HIV is no longer just about me—it's about everyone. Seeing the bigger picture has made a difference in my life and hopefully to others in my community and around New York State. Don't be afraid to take that first step; look at the bigger picture and get involved. It is worth it, and you truly can help to make a difference! ●

Andrew Kiener  
Executive Director,  
AIDS Network of Western NY

## WE DON'T WANT TO LOSE YOU!

We want to be able to send you the most up-to-date information about LTI programs and related HIV/AIDS events. Please call us if your contact information has recently changed, and remember to let us know if you move or change your phone number in the future! 866/PWA-LEAD (866/792-5323)

x231; [adhar@ciatelli.org](mailto:adhar@ciatelli.org)



## TAKING RISKS

Some of you may remember from our Core training that a big piece of the LTI's "Leadership Is..." puzzle is "Taking Risks," specifically around telling others that we're HIV-positive. As this June's 25th anniversary of the discovery of the "first AIDS diagnosis" was approaching, all sorts of media decided to pay some much-needed and too-often-neglected attention to the issue, from a major two-part Frontline special on PBS to articles in magazines and local newspapers. Many LTI graduates were among the PLWHA asked to tell their stories during this wave of media attention, including Lynn Atwood and Bill Kress (LTI CAB members from Syracuse and Rochester, respectively), who had opportunities to "go public" in a new way about their HIV status. Lynn was featured on a PBS documentary for her local public television station and Bill in an article in the major daily newspaper in the Rochester area. We had an opportunity recently to speak with both of them about their experiences. Here are excerpts from that interview:

**John:** *Tell us a little about what you were asked to do and how it came about.*

**LYNN:** Well, I was volunteering at a testing site and asked by a case worker there if I would be interested in doing an interview—tell my story—for a documentary about the 25 years of HIV being done by WCNY (Central New York's public television network). They said I didn't have to show my face; they just wanted my story. I thought it was important for people to know that someone like me could get HIV, too, and so I agreed to do the interview. At first I was really nervous, but as the interview progressed, the director, George Kilpatrick, who was great, helped me

feel more and more comfortable; he reassured me that my face wouldn't be seen, that we could show only as much as I was ok with. He had several people interviewed for the piece—a diverse group, all in one-on-one interviews. Then we went to shoot some more in my home, you know, to show everyday life and my daily life with HIV, the number of meds I take, etc.

**JOHN:** *At what point did you decide to allow them to show your face?*

**LYNN:** At some point during the interview, I just said to George, "George, we really need to put a face on this, don't we?" And he replied, "Yeah, we do." So that was it—and I said ok.

**JOHN:** *Bill?*

**BILL:** Well, I had a previous relationship with a reporter I'd helped on a story just prior to AIDS Awareness Day, and she called my organization to see if I wanted to do the piece. I declined. This time around, the Director of Marketing called and asked if I knew someone

who was a long-term survivor, and I felt that it was my turn to step up to the plate and into the limelight. So I spoke with Lauren, the reporter, who by the way asked to speak to me "in the victim's home," and we spoke for about 2 hours. I got comfortable in sharing my story, though initially I was afraid to bring up my addiction history. But in the end I was ready to talk about it and my HIV;

HIV and drug addiction are so closely related to each other. Before this, I had felt safe talking to grade schoolers, but I wasn't used to the idea of sharing my story with tens of thousands of people, and it was a bit scary. But, I felt it had to be done this way.

**JOHN:** *Both of you had had a good deal of experience talking to groups about HIV before this. Did you feel as though this interview took you out of your comfort zone?*

**BILL:** Yes, as it took me a week to realize, [it felt like] the weight of the world came upon me, and I had to take a moment to acknowledge that. It hit me more than I expected.

**LYNN:** It scared me to death to divulge, not knowing who was going to watch PBS. Who was going to judge me? For 3 weeks [after taping the interview] I kept myself really busy, and during this time a good friend passed away. This sent my mind to other places. However, after the piece aired—which I'd almost forgotten about by that point—someone came up to me and hugged me, saying "how brave you are!" I didn't even

know him, and when he left it hit me and I just broke down. Then I went to ACR (AIDS Community Resources in Syracuse) and I received the same thing, where others exclaimed the same sentiments and offered how "brave" I was.

**JOHN:** *What has the response been like since the stories came out?*

**BILL:** Before the story hit the stands, I told my family about it, and I received support from them—including other family members who I didn't think would be supportive, but especially from my mother and brother. The day the paper came out, at 5:00 a.m. I traversed out in my slippers to retrieve the newspaper and read the article to see how it turned out. At first there was a quietness... and since its publication, people began and are still coming up to me offering comments on the article. It's been all very positive. Also, I realize my friends are commenting to each other and not

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## TAKING RISKS

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necessarily to me directly. From those from whom I've gotten direct feedback, they've all been positive.

**LYNN:** All of it has been positive, with lots of comments that there should be more stories like mine out there. For me the only thing I was really worried about was if my children were going to be impacted by the article. And if other children would respond differently to them after hearing or reading about me.

**JOHN: Any regrets? Would you do it again?**

**LYNN:** No regrets. If I did, I would still be scared to death! But yes, I'm really glad I did it; it's been a very good experience for me.

**BILL:** I plan to do it again—make myself more available. We need to stand up and show people that we are living and proud and that we can weather the storm. Anyone can get this disease. I feel like I have a responsibility to do this. In fact, I should have done it a long time ago. You know, there's nothing to be ashamed of—many of us have had unhealthy relationships and addictions. And earlier in my life I made a few mistakes.

**LYNN:** We are part of the community, we are no different than anyone else. The difference is we have a virus. Like someone who has cancer, we have an obligation to show people what it's like to live with this disease. And more and more I think there is no such thing as "risky behavior," it's human behavior. People have to think twice about what they do. We are all human and no one is perfect.

**JOHN: Any advice for other PWAH considering a more visible platform or activity?**

**LYNN:** Take a deep breath and go for it! Sure, you're going to be nervous, but if you're thinking about doing it, you probably are ready. For me I'm clear that it's where God wants me to go.

**BILL:** Being this bold and open may not be for everyone. People need to do this at their own pace. If you are able to do some of the work, such as disclosure, then that's a beginning. If you "have your own house in order," then it flips over to the responsibility. It's a hell of a ride. It feels good; I feel tingly... I feel high.

**JOHN: Was there anything that you'd say was especially important in getting you to this point?**

*"Take a deep breath and go for it!"*

**LYNN:** Definitely my peers, my friends at ACR... my LTI training and the support of my family. If it wasn't for my peers and friends I wouldn't be where I am now. Like John Wikiera, who's been one hell of a friend, and many others. There are terrific people and if it weren't for people who saw things in me that I didn't see, I would not be where I am today. All of this has also been very therapeutic.

**BILL:** Ultimately you'll do what needs to be done. You will know when it leads you into the spotlight. There is a power in telling your story. It's what's moved me to this place. I was able to test the waters. Then, if it feels good, it will happen. It's very cleansing. It's exhausting also. Shawn, my partner, asked me, "why did you do it?" "It just happened," I replied, and in the long term it will help others also. I also have to give LTI a lot of credit, as it led me to do what I did.

**JOHN: Thank you both for your courage in sharing your stories, and for sharing the experience with us. ●**

## ALL TRAINED UP AND NOWHERE TO GO?

There are many chances to use your LTI experience to assist our communities in planning, strategizing and priority setting for services and interventions for PWAH. Also, every region of the state has a Ryan White Title II **HIV Care Network** (see list on p.8), and several regions are also Ryan White Title I designated EMAs, with their own **Planning Councils** and **PWAH Advisory Groups**. If prevention is your passion, check out the city or state **Prevention Planning Groups**.

In other words, there are lots of opportunities for our involvement in different kinds of groups all around New York State. All of these groups depend on our contributions and expertise as PWAH, and some are actively recruiting members right now!

*Please directly contact any of the groups below for more information or for schedules of their open public meetings.*

### DUTCHESS COUNTY HIV SERVICES PLANNING COUNCIL

Call: (845) 452-8805  
Contact: Andrea Sarich  
[www.hivplanningdutchess.org](http://www.hivplanningdutchess.org)

### NASSAU/SUFFOLK COUNTY HIV PLANNING COUNCIL

United Way of Long Island  
Call: (631) 940-3716  
Contact: Myra Alston

### NEW YORK CITY HIV HEALTH AND HUMAN SERVICES PLANNING COUNCIL

Call: (212) 442-3929  
Staff Liaison: Stephen Bailous  
[www.nyhiv.org](http://www.nyhiv.org)

### TRI-COUNTY RYAN WHITE TITLE I PLANNING COUNCIL

Westchester County Department of Health (also includes Rockland & Putnam Counties)  
Call: (914) 637-4752 or 2453

### NEW YORK STATE HIV PREVENTION PLANNING GROUP (PPG)

General Number: (518) 473-8484  
Staff Liaison: Barry Walston

### NEW YORK CITY DOH HIV PREVENTION PLANNING GROUP (PPG)

Call: (212) 788-4180  
Staff Liaison: Linda Battle  
Email: [dohmhppg@health.nyc.gov](mailto:dohmhppg@health.nyc.gov)



## HELLO LTI-ERS! by Aanchal Dhar

**A**lthough I've probably spoken with or met many of you already, I'd like to take a few

moments and briefly introduce myself. My name is **Aanchal Dhar**, and I'm the new Program Assistant for LTI. I'll be taking over for Jenny O'Brian, who's actually been promoted to another position here at Cicatelli. It's been a busy couple of months making the transition and learning the ropes, so to speak, but I've also had a lot of support and encouragement from John, Petra, Greg and Jenny, which has made the process very smooth and enjoyable so far!

Let me begin by providing you with a short bio, and the journey that led me to the LTI program here at Cicatelli. I

was born in Bombay, India, but spent the majority of my life growing up in Troy, Michigan. As if a lifetime of braving the cold Michigan winters wasn't enough, I actually ended up moving after high school to Ann Arbor. There, I spent what would turn out to be four of the most amazing years of my life, studying at the University of Michigan, where I received my Bachelors degree in Biopsychology and Cognitive Science. I knew after my undergraduate years that I wanted to continue studying topics such as health disparities, community advocacy and policy-driven programs. This interest, in turn, led me to my graduate program at Columbia University here in New York, where I received my Masters in Public Health, and had the opportunity to work for a variety of HIV/AIDS-related programs and committees, including UNAIDS, based in both Geneva and Thailand. One of the most important

ideas I've learned throughout my educational and professional experiences the past few years has been the importance of mobilizing local resources and bringing community voices to the face of HIV/AIDS, which, as we all know, is undergoing constant transition. Discovering that the LTI program does this beautifully, and after a few exciting conversations with John, I became very motivated to join this program!

Let me finish by saying that I'm really looking forward to meeting those of you who I have not had a chance to speak with yet. As the LTI has shown, by sharing our experiences and building on our collective knowledge, we can all gain a sense of personal empowerment in our lives. This is an idea that underlies all of our work, and which I hope to further during my time here with the program. ●

**N**ow, with community planning activities more important than ever, your local HIV Care Network is the place to be... to be heard, to be seen, to be involved, to be a leader! Below is an updated list of the networks, their coordinators and basic contact information. Give them a call and ask when their next PWA Advisory Committee meeting is, and/or how you can help.

**Albany Region HIV Care Network**  
**JILL FARNHAM**  
Tel: 518-434-9194, ext. 116  
Web: [www.ccsnys.org/rwnet](http://www.ccsnys.org/rwnet)  
Email: [jfarnham@ccsnys.org](mailto:jfarnham@ccsnys.org)

**Bedford Stuyvesant/Crown Heights HIV Care Network**  
**EVE AMMONS-JOHNSON**  
Tel: 718-613-6595  
Email: [bschhivcare@earthlink.net](mailto:bschhivcare@earthlink.net)

**Binghamton Tri-County Region HIV Care Network**  
**SANDRA KOSTY**  
Tel: 607-778-3066  
Email: [skosty@co.broome.ny.us](mailto:skosty@co.broome.ny.us)  
Web: [gobroomecounty.com](http://gobroomecounty.com)

**Bronx HIV Care Network**  
**SOCRATES CABA**  
Tel: 718-231-3296  
Email: [scaba@montefiore.org](mailto:scaba@montefiore.org)

**Buffalo Region HIV Care Network**  
**ANDREW KIENER**  
Tel: 716-882-7840  
Email: [aidsnet@pce.net](mailto:aidsnet@pce.net)  
Web: [www.aidsnetwork.net](http://www.aidsnetwork.net)

**Central Harlem HIV Care Network**  
**LEATRICE WACTOR**  
Tel: 212-531-0049  
Email: [lwactor@hdg.org](mailto:lwactor@hdg.org)

**East Harlem HIV Care Network**  
**JOSE MARTIN GARCIA ORDUNA**  
Tel: 212-828-6143  
Email: [jorduna@unionsett.org](mailto:jorduna@unionsett.org)  
Website: [www.aidsnyc.org/network](http://www.aidsnyc.org/network)

**East New York Brownsville HIV Care Network**  
**GWENDOLYN EDWARDS**  
Tel: 718-462-8654  
Email: [enybhcn@aol.com](mailto:enybhcn@aol.com)

**Lower Hudson Region HIV Care Network**  
**TRACY ASHE**  
Tel: 914-428-6300, ext. 230  
Email: [lhrccarenetwork@gmail.com](mailto:lhrccarenetwork@gmail.com)

**Mid-Hudson Region HIV Care Network**  
**CARLOS RECINOS**  
Tel: 845-563-8058  
Email: [carecinos@aol.com](mailto:carecinos@aol.com)  
Web: [www.mid-hudsonhivcare.org](http://www.mid-hudsonhivcare.org)

**Nassau Suffolk Region HIV Care Network**  
**DEBRA ROSS**  
Tel: 631-940-3700, ext. 3736  
Email: [dross@unitedwayLI.org](mailto:dross@unitedwayLI.org)

**Queens HIV Care Network**  
**BRENDAN COLLINS**  
Tel: 718-389-5100, ext. 188

**Rochester Region HIV Care Network**  
**LYNN VARRICCHIO**  
Tel: 585-461-3520, ext. 106  
Email: [lynn@flhsa.org](mailto:lynn@flhsa.org)

**Community Health Action of Staten Island**  
**LILLIAN AGBEYEGBE**  
Tel: 718-448-8789  
Email: [lillian.a@sihealthaction.org](mailto:lillian.a@sihealthaction.org)  
Website: [www.sihealthaction.org](http://www.sihealthaction.org)

**Syracuse Region HIV Care Network**  
**STEVE WALDRON, Ph.D.**  
Tel: 315-472-8099, ext. 105  
Email: [sewaldron@cnyhsa.com](mailto:sewaldron@cnyhsa.com)

**Williamsburg/Greenpoint/Bushwick HIV Care Network**  
**TROI LYE SANON**  
Tel: 718-455-6010, ext. 138  
Email: [troyanon66@yahoo.com](mailto:troyanon66@yahoo.com)

**GUIDING PRINCIPLES FOR HIV PREVENTION COMMUNITY PLANNING\*** — To ensure that the HIV prevention community planning process is carried out in a participatory manner, the CDC expects all CPGs to address the following Guiding Principles of HIV Prevention Community Planning as they carry out HIV prevention community planning:

1. The health department and community planning group must work collaboratively to develop a comprehensive HIV prevention plan for the jurisdiction.
2. The community planning process must reflect an open, candid, and participatory process, in which differences in cultural and ethnic background, perspective, and experience are essential and valued.
3. The community planning process must involve representatives of populations at greatest risk for HIV infection and PLWHA. Persons at risk for HIV infection and PLWHA play a key role in identifying prevention needs not adequately met by existing programs and in planning for needed services that are culturally appropriate.
4. The fundamental tenets of community planning are: parity, inclusion, and representation (often referred to as PIR). Although these tenets are not accomplished or achieved in a linear fashion, there is a strong relationship between each — with one building on another.
  - a. Representation is defined as the act of serving as an official member reflecting the perspective of a specific community. A representative should truly reflect that community's values, norms, and behaviors (members should have expertise in understanding and addressing the specific HIV prevention needs of the populations they represent). Representatives must be able to participate as group members in objectively weighing the overall priority prevention needs of the jurisdiction.
  - b. Inclusion is defined as meaningful involvement of members in the process with an active voice in decision making. An inclusive process assures that the views, perspectives, and needs of all affected communities are actively included.
  - c. Parity is defined as the ability of members to equally participate and carry-out planning tasks/duties. To achieve parity, representatives should be provided with opportunities for orientation and skills building to participate in the planning process and to have equal voice in voting and other decisionmaking activities.
5. An inclusive community planning process includes representatives of varying races and ethnicities, genders, sexual orientations, ages, and other characteristics such as varying educational backgrounds, professions, and expertise. CPGs should have access to:
  - a. Persons who reflect the characteristics of the current and projected epidemic in that jurisdiction (as documented by the epidemiologic profile) in terms of age, gender/gender identity, race/ethnicity, sexual orientation, socioeconomic status, geographic and metropolitan statistical area (MSA)-size distribution (urban and rural residence), serostatus, and risk for HIV infection.
  - b. State and local health department HIV prevention and sexually transmitted disease (STD) treatment staff; staff of state and local education agencies; and staff of other relevant governmental agencies (e.g., substance abuse, mental health, corrections).
  - c. Experts in epidemiology, behavioral and social sciences, program evaluation, and health planning.
  - d. Representatives of key non-governmental and governmental organizations providing HIV prevention and related services (e.g., STD, TB, substance abuse prevention and treatment, mental health services, homeless shelters, prisons/corrections, HIV care and social services, education agencies) to persons with or at risk for HIV infection.
  - e. Representatives of key non-governmental organizations relevant to, but who may not necessarily provide, HIV prevention services (e.g., representatives of business, labor, and faith communities).
6. The community planning process must actively encourage and seek out community participation. The community planning process should attempt to accommodate a reasonable number of representatives without becoming so large that it cannot effectively function. Additional avenues for obtaining input on community HIV prevention needs and priorities — especially for input relevant to marginalized populations or to scientific or agency representation that may be difficult to recruit and retain — include:
  - a. Holding well-publicized public meetings,
  - b. Conducting focus groups, and
  - c. Convening ad hoc panels.
7. The set of prevention interventions/activities for prioritized target populations should have the potential to prevent the greatest number of new infections. CPGs should conceptualize interventions/activities as a set or mix of interventions/activities versus one specific intervention/activity for each target populations.

[Centers for Disease Control & Prevention, National Center for HIV, STD, and TB Prevention  
Divisions of HIV/AIDS Prevention, July 15, 2003]

## ENRIQUE ANDINO

On April 5th, 2006, the LTI and the entire HIV community lost *un verdadero héroe*: Enrique Andino.

Enrique was a proud man—proud of being a gay Puerto Rican New Yorker living with AIDS, proud of being a long-term survivor, and very proud of being Latino. His contributions were many: he fought tirelessly for funding, for education, for inclusion, and he fought against ignorance, hatred and the “isms” that plague our communities: racism, sexism, classism and homophobia. He was especially passionate about access and inclusion for Spanish speakers, and for immigrants in general.

Whether at the PPG, the New York City HIV Planning Council, HIV Care Networks in East Harlem or the Bronx, the many Latino organizations he worked with, in his years as a trainer with the LTI or simply in the mundane encounters of his daily life, Enrique affected everyone he touched. His passion, his easy, infectious laugh, his fierce anger at injustice, and his warmth, gentleness and compassion for anyone in pain were shared freely through his remarkably generous spirit. His triumph over the many challenges that AIDS threw at him were always accomplished with honesty, great courage and no small amount of humor.

Enrique’s legacy lives on in the LTI through our Core Training *en español* (which he championed from our earliest years) and in our hearts, and he remains an example and role model for hundreds of PLWHA.

*¡Te extrañamos y te extrañaremos muchísimo, compadre!* ●



*Enrique (right) with former LTI CAB member John Wikiera (Michelle Lopez in background)*

## ENRIQUE AND THE WARM ORANGE SCARF

Enrique was the most generous person I have ever met. Not only giving of his time and energy but most importantly, his love. On one of the mornings we were leaving for an LTI training out of town, he had on a beautiful orange scarf. I admired it and he said his sister had given it to him. To my surprise and delight he promptly removed it from his neck and wrapped it around mine. I have treasured that scarf ever since.

Whenever the weather turned cold, I’d reach for my warm orange scarf. Enrique is very much like that scarf:

**WARM**—his presence gave off a glow that radiated right to the heart.

**PROTECTIVE**—whether completely covering my chest or wrapped seductively around my neck, my scarf protects me from the elements. Enrique was that protective supportive advocate for PWAs.

**DEPENDABLE AND STYLISH**—the scarf goes with everything. Enrique was able to fit into whatever setting we were in, instantly accepted and looking good.

**DURABLE**—years later that scarf is like new. Enrique seemed to live on through incredible illness; he had durability.

**COMPATIBLE**—my scarf goes with everything I wear. Enrique and I were very compatible: we liked the same music and shows; we both loved to laugh.

**SNUGGLY AND VIBRANT**—the colors of the scarf stand out and catch your eye; it is very soft to the touch. Enrique was beautiful, vibrant, soft and snuggly.

Whenever I wear that scarf, everyone who sees it admires it... just as Enrique was admired, different, unique and special.

I’ve never seen another scarf like this one and I’ll never know a more unique individual than Enrique. He challenged you to be alive and to live with dignity and truth. I can’t wait until the weather changes again and it’s time to wear my bright orange scarf. ●

Denise Drayton

*Director of Education and Prevention, Exponents*

*LTI CAB member and former Deputy Director*

*In an effort to highlight the devastating impact of HIV/AIDS on Latino communities, several organizations have joined to promote testing, education and awareness among Latino/as. Using National HIV Testing Day (June 27th) as a springboard, The Latino Commission on AIDS and the Hispanic Federation are spearheading organizing for the second New York Latino HIV Testing Month. For more information about how you or your organization can help in this effort, contact:*

**Latino Commission on AIDS**

**24 West 25th Street, 9th Floor, New York, NY 10010**

**T: 212-675-3288 F: 212-675-3466**