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(\*as of 3/1/08)

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# THE LOOP



# Family Ties Project

LIFE PLANNING FOR FAMILIES AFFECTED BY HIV/AIDS

## HIV/AIDS COMMUNITY ORGANIZERS UPSET WITH THE CDC

About a year ago community activists from various African American HIV/AIDS organizations met with members of the Centers for Disease Control to respond to the high rates of HIV infection in the African American community, and what will be done to meet these demanding needs in areas of prevention and treatment. It seems that a year later nothing has happened from this meeting to deliver any significant changes or follow through with suggestions for a plan. Organizers are calling for real, substantive change as opposed to “band-aid” solutions. Kenyon Farrow, Director of Communications at Community HIV/AIDS Mobilization Project (CHAMP) had this to say, “This seems like yet another grand vision outlined in a glossy document that is, in fact, ill-equipped to make any real dent in new infections. We need real leadership, real funding and a comprehensive strategy at the federal level if we’re going to do more than give lip service to HIV prevention in our country.”

A year ago, due to the increased numbers of African-Americans infected with HIV, the CDC invited African-American leaders from around the country to discuss ways and strategies to improve HIV prevention and outreach in the African-American community. To leave the conversation with a sense of purpose and action, members were asked to complete pledge cards that stated what commitments that they would be responsible for completing in their communities. The pledge cards were never followed through by the CDC, and reportedly, many organizations are on the verge of losing funding and closing due to the lack of funds.

CHAMP understands that CDC may be facing some internal challenges that they are not disclosing which could be the reason why the follow through has not happened. However, CHAMP members remain committed to promoting HIV in the African-American community to help lower the numbers of new HIV infections and help those infected and affected maintain healthy lives. 

## NEW INTERVENTION SHOWS DECREASE IN TEEN SEXUAL BEHAVIOR

June 4, 2008 — A behavioral intervention called SAFE (Sexual Awareness for Everyone) was significantly effective in reducing recurrent sexually transmitted infections in African American and Mexican American teens, according to the results of a randomized controlled trial reported in the June issue of *Obstetrics & Gynecology*. “In a previous randomized controlled trial, we found that ... the SAFE behavioral intervention significantly reduced the rate of recurrent *Neisseria gonorrhoea* and *Chlamydia trachomatis* infections among reproductive-age Mexican-American and African-American women,” write Andrea Ries Thurman, MD, from the University of

Texas Health Sciences Center San Antonio, and colleagues.

“Subsequently, we found that risk reduction was largely explained by five modifiable behaviors: unprotected sex with untreated partners, lack of mutual monogamy, unsafe sex (defined as never using condoms with one or more casual sexual partners or more than five unprotected sex acts in the past 3 months and incorrect or problematic condom use), rapid (less than 3 months) partner turnover, and douching after intercourse.”

The goal of this trial was to determine the efficacy  
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of the SAFE behavioral intervention in teenagers compared with adult rates of reinfection with *N gonorrhoea* or *C trachomatis* cervicitis and to identify behaviors associated with recurrent infection.

Mexican American and African American females aged 14 to 18 years with a nonviral sexually transmitted infection were randomized to receive the SAFE intervention or to the control group. All participants were interviewed and examined at baseline, 6 months, and 12 months. The main end point was reinfection with *N gonorrhoea* or *C trachomatis*, and secondary end points were changes in risky sexual behavior.

Compared with teens in the control group, those randomized to participation in SAFE had a reduced incidence of recurrent *N gonorrhoea* and *C trachomatis* at 0 to 6 months (52%;  $P = .04$ ) and cumulatively (39%;  $P = .04$ ). As a group, teens had higher cumulative rates of reinfection (33.1%) than did adults (14.4%;  $P < .001$ ). In adolescents, reinfection was attributed to unprotected sex with untreated partners (adjusted odds ratio [OR], 5.58), nonmonogamous behavior (adjusted OR, 5.14), and rapid partner turnover (adjusted OR, 2.02). In adult women, reinfection was associated with unprotected sex with untreated partners (adjusted OR, 4.90), unsafe sex (adjusted OR, 2.18), rapid partner turnover (adjusted OR, 3.13), and douching after sex (adjusted OR, 2.14). "Sexual Awareness for Everyone significantly reduced recurrent STDs [sexually transmitted diseases] in teenagers," the study authors write. "Adults and teens randomized to the SAFE intervention had significant decreases in high-risk sexual behaviors as compared with those in the control group. Although not specifically designed for teens, the SAFE intervention worked very well in this high-risk population."

A limitation of this study is that it did not involve the teens' parents or partners in the intervention.

"Intervention designed to prevent recurrent STDs in teens needs to emphasize skills to help teens ensure their partners are treated or to otherwise refuse intercourse," the study authors conclude. "Understanding how each age group's reinfection rates are influenced by specific behaviors will help health professionals communicate age-appropriate STD risk-reduction strategies."

The National Institute of Allergy and Infectious Diseases supported this study. The authors have disclosed no relevant financial relationships. 

## In The Loop

This section will be new to *The Loop*, as it will feature a caregiver, provider, youth or any person that is interested in sharing their success story with our readers as it relates to receiving or providing services to individuals infected or affected by HIV/AIDS. The individual can be referred by someone else (with their permission) or can choose to share their own stories by calling Christopher Lane at 202.547.3349 or by email at [clane@familytiesproject.org](mailto:clane@familytiesproject.org) for an interview so that their story can be featured in this section.

## Upcoming Events

### Grandmothers' Weekly Support Group

730 Maryland Ave. NE, Washington, D.C.

Every Thursday from 12:00-2:00.

For more information please contact Cassandra Stanfield at 202-547-0165

### Partners Together: Faith Response to HIV Crisis

8:00 am to 3:30 pm

First Baptist Church of Alexandria

2932 King Street

Alexandria, Virginia 22302

## MORE PEOPLE ARE TAKING HIV/AIDS MEDICATION FOR MAINTAINING HEALTHY LIVES

The United Nations has reported that there are more people taking antiretroviral medication to prolong healthier lives while living HIV or AIDS. The report is a global report including numbers from around the world. The World Health Organization, UNAIDS and the UN set a benchmark to have 3 million people on medical treatment by 2005. However, the goal for this was not met until last year. There was a 54% increase in folks using HIV/AIDS medication. While the increase is very good, it is reported that 1/3 of those that need the treatment are not taking the medication.

There was also some success in getting more mothers to use the medication to prevent mother to child transmission. A 1/3 increase in getting the treatment to mothers was up from 2004 from 10% with most of the gains west and central Africa. 