

***2005 was a
historic year
for California
and African
American
communities
throughout
the state.***

Two thousand and five was the year that Assembly Bill 1142—the California Statewide African American HIV/AIDS Initiative—was born. Sponsored by the Statewide African American HIV/AIDS Advisory Board and the California Conference of the NAACP, and authored by Assemblymember Mervyn Dymally, this bill was signed into law on September 29, 2005, by Governor Arnold Schwarzenegger. This enacted measure finally addresses what many individuals, working in the African American health arena, have known for years: that people of color, including African Americans, are being ravaged by the AIDS epidemic, but lack the resources and the attention to combat this threat.

The California African American HIV/AIDS Initiative sets forth a plan of action to address this horrific problem. Its passing validates that community leaders and public-policy makers have understood the need to take action. Collectively, the makers and supporters of the bill aim to unite the political, cultural, and religious sectors to provoke a statewide commitment to defeat HIV and AIDS among African Americans. This initiative can be the first to bring communities of color out of a healthcare depression and to develop more cost-efficient programs with proactive AIDS-awareness campaigns.

Now it is time to implement this momentous plan.

This packet outlines the depth of the problem, the history of the Bill, and the intended goals of the Initiative. Beginning now, implementation of the goals will begin, outcomes measured, and evaluation of efforts determined. This plan cannot be realized without active involvement from everyone.

Please join us!

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The Situation

HIV/AIDS Among African Americans: A National and Statewide Perspective

The HIV and AIDS epidemic has been the largest global threat to public health for over two decades. During this time, in the United States, African Americans have become the group most disproportionately infected and affected by HIV. Although statistics show that we are the most severely impacted, our communities are the least likely to access and receive quality treatment. As the epidemic deepens within our neighborhoods, public policy and funding for HIV and AIDS programs have not kept up with the need.

- In 2002, AIDS was the leading cause of death among African American women, ages 25-34, and the second leading cause of death for African American men, ages 35-44.¹
- In 2002, AIDS was one of the top three causes of death for African American men, ages 25-54, and African American women, ages 25-44.¹
- Through December 31, 2004, there were an estimated 944,306 cases of AIDS in the United States. Of this number, African Americans accounted for 40 percent of all AIDS cases.²
- In 2004, the rate of AIDS cases in the United States among African Americans was 56.4 per 100,000 population, more than three times greater than the rate for Hispanics (18.6 per 100,000) and more than nine times greater than the rate for whites (6.0 per 100,000).³
- At the end of 2004, the Centers for Disease Control and Prevention estimated that over 60 percent of women living with AIDS, and 43 percent of all people living with AIDS in the United States were African Americans. These rates represent the highest for any racial or ethnic group.⁴
- In the United States, African-Americans accounted for 50 percent of all AIDS cases diagnosed in 2004, yet African Americans make up only 12 percent of the nation's population.⁵

Unfortunately, this trend is mirrored in California. As of November 30, 2005, there were 138,997 cumulative reported AIDS cases; of that, 24,496 were African Americans. This represents over 18 percent of all AIDS cases, yet African Americans constitute only 7 percent of California's population.⁶

- As of November 30, 2005, African Americans represented nearly 19 percent (10,996) of all people living with AIDS in California. Eighty percent (8,756) of that number were African American men while 20 percent (2,240) were African American women.⁷
- From July 1, 2002, through November 30, 2005, there were 39,687 reported cases of HIV infections in California; African Americans accounted for 20 percent (7,775) of all reported cases.⁸

Given these alarming facts, something had to be done.



Community Leaders Convene, Confer, and Call for Action

In 2002, in response to the call for action from African American community leaders, the State Office of AIDS convened an initial Steering Committee to plan the first of a series of annual statewide summits. This original group was tasked to review the situation from the perspective of service availability, culture, funding, policy, and research. Representatives from various community-based organizations, research institutions, and state, county and city health officials shared information and discussed strategy. A grassroots momentum started to build in California, especially as a couple of core issues came to the surface:

If the HIV/AIDS problem among African Americans was not acknowledged by policy makers and community leaders, and if a mandate to address the problem was not approved by the government, then adequate resources might never be allocated to fight the epidemic.

The newly formed Statewide Steering Committee recognized the need for legislation to validate the urgency of the problem and solidify a proposed plan of action resulting from the 2003 HIV/AIDS Summit. In 2005, with the support of Assemblymember Mervyn Dymally and the NAACP, AB 1142—the California Statewide African American HIV/AIDS Initiative—was introduced to the Legislature and passed.

¹ National Center for Health Statistics. *National Vital Statistics Report: Deaths: Leading Causes for 2002*, Vol. 53, No. 17.

² *HIV/AIDS Surveillance Report-Cases of HIV Infection and AIDS in the United States, 2004*, Vol. 16, p.12

³ *ibid.*, p. 6

⁴ *ibid.*, p. 21, 8

⁵ *ibid.*, p. 6

⁶ California Department of Health Services, Office of AIDS, *Monthly Summary of California AIDS Cases, November 2005*.

⁷ *Ibid*

⁸ California Department of Health Services, Office of AIDS, *Monthly Summary of California HIV Cases, November 2005*.

The Solutions

“Twenty five years into the epidemic, HIV/AIDS has become a Black disease, no matter what lens you use. The only way to stop the epidemic among African Americans is to increase the will, commitment, infrastructure, and capacity within the Black community.”

Phil Wilson

*Executive Director,
Black AIDS Institute*

One-of-a-Kind Legislation

The Initiative is a pivotal achievement in the effort to coordinate technical assistance, capacity building, increased funding, and other resources to better focus on the HIV/AIDS needs of African American communities. Designed to expand and improve the statewide prevention and services infrastructure, it is the first state law to focus on improving the conditions that foster the spread of HIV. ***The Initiative is not intended to evolve into provision of direct services or compete with existing community-based organizations.*** Instead, the goal is to strengthen the service capacity of existing providers and institutions resulting in improvement of health outcomes for African Americans living with HIV/AIDS.

Collaboration, Coordination, and Continuity

To help guide the implementation of the Initiative, the Statewide Steering Committee has evolved into the California African American HIV/AIDS Coalition (CAAHAC). Twelve key goals (page 7) were developed after a year of statewide planning that culminated in a statewide advocacy summit. Planned by the Statewide African American HIV/AIDS Advisory Board in partnership with the State Office of AIDS, approximately 130 regional stakeholders participated. Over the ensuing two years, increased momentum from a second summit and continued meetings resulted in AB 1142. This Initiative, which reflects many of the goals proposed from the 2003 Summit, indicated that the activities be implemented under the direction of the newly formed California African American HIV/AIDS Coalition.

To achieve the Initiative’s goals, an appropriate infrastructure must be in place for the newly formed Coalition to execute components of the bill. Therefore, the first phase of implementing the Initiative include:

- Creating a statewide resource network of policy makers, researchers, healthcare providers, community-based organizations, government entities, and community members through the State Office of AIDS. It is through this network that research, epidemiological data, and trends will be updated and catalogued.
- Using this network to conduct a comprehensive survey of HIV/AIDS-related services for African Americans.

The Coalition is very aware that the condition of African Americans and AIDS calls for faster action and cannot wait for this infrastructure to be put in place. Therefore, the State Department of Health Services, Office of AIDS has approved and allocated \$400,000 for a contractor to address HIV/AIDS prevention issues related to the Initiative.

California African American HIV/AIDS Coalition (CAAHAC)

Currently, the California Statewide African American HIV/AIDS Coalition is an advisory body to the State. This body is comprised of community-based organizations, faith-based institutions, health care providers, consumers, community leaders, policy makers, and other stakeholders. The common mission is to address the myriad complex issues associated with HIV/AIDS among African Americans by advising the State as it strives to implement the Initiative in its first two years. During this time, the Initiative mandates that the State Office of AIDS:

- Establish the administrative, educational, and communication infrastructure, including personnel, facilities, and technology, to support the activities of the state's provider network.
- Provide initial administrative support for the core functions of the Initiative until January 1, 2008.
- Implement the Initiative in five designated regions: Alameda/San Francisco, Los Angeles, Sacramento/Central Valley, San Bernardino/Riverside, and San Diego.
- Design and conduct projects focusing on research, policy and advocacy, workforce development, organizational capacity, and prevention and treatment information and resources.
- Provide leadership in sustaining partnerships with stakeholders.
- Improve the efficacy of local service providers through a central coordinating body.

The Coalition, as a not-for-profit organization, will assume the hands-on responsibilities of the Initiative effective January 2, 2008.

“Because African Americans are disproportionately burdened with respect to HIV/AIDS, it is extremely important that significant funding is earmarked to support efforts, such as those outlined in AB 1142. Commitment can only be measured in dollars.”

Rev. Dr. Clyde Oden Jr.
Chair, Statewide HIV/AIDS Church Outreach Advisory Board and Senior Pastor of Bryant Temple AME Church Los Angeles, California

The Birth of the Initiative



MacArthur H. Flournoy
*African American HIV/AIDS Specialist,
California Department of Health
Services, Office of AIDS*

“Now is the time to shepherd this policy into maturity such that it will not become just another piece of legislation, but a turning point in our State’s health care system. This legislation presents an opportunity to further strategize, organize and mobilize.”

October, 2002: The Statewide African American HIV/AIDS Steering Committee formed to begin grassroots planning efforts.

October, 2002–September 2003: Regional summits held and information was collected for the strategic plan to be generated during the 2003 Statewide Summit.

October, 2003: Statewide African American & HIV/AIDS Summit; goals and plan of action developed, presented, and approved.

March, 2004: Statewide Steering Committee develops policy and advocacy strategies.

October, 2004: Annual Statewide African American & HIV/AIDS Summit launches the formal development of the Statewide Initiative.

October, 2004–January, 2005:

- California Conference of the NAACP identifies the AIDS epidemic among African Americans as a key legislative priority.
- Assemblymember Mervyn Dymally offers to author a bill.
- Steering Committee works to develop language for the new legislation.

February, 2005: Dymally introduces AB 1142 to the Assembly.

May, 2005: The Statewide African American HIV/AIDS Steering Committee developed the infrastructure and governance model for the Statewide African American HIV/AIDS Advisory Board, as identified in the Bill, and is charged with implementing the Initiative.

August, 2005: AB 1142 passes the Assembly and the Senate.

September, 2005: Statewide African American HIV/AIDS Initiative signed into law by Governor Arnold Schwarzenegger.

Initial Goals of the CAAHAC

In 2003, several key goals for the Initiative and the programs it will support were identified by the Summit participants. The following list is not meant to be comprehensive; rather, these goals created the foundation on which the broader Initiative was built.

- 1** Create a central administrative and coordinating entity with five regional centers to engage in culturally grounded research and evaluative work about HIV and AIDS in African Americans.
- 2** Develop a task force of experts and scholars in African-centered thought and HIV to inform culturally appropriate HIV-related research that would translate into programs and materials.
- 3** Support the adaptation of evidence-based legislation and policy that allow for creative, innovative, and culturally competent government-funded HIV counseling, testing and referral services (HECT) to increase their utilization by people of African descent.
- 4** Ensure that all certified HIV counselors trained by the state of California receive standardized African-centered, culturally competent training.
- 5** Improve the collective capacity of African Americans to succeed in advocacy and policy work relating to HIV and AIDS issues.
- 6** Increase the number of African American consumers in HIV clinical trials.
- 7** Increase the amount of community-based research activity and accessible data within and among African American communities.
- 8** Increase the number of African American health professionals who are knowledgeable and informed about HIV and related issues.
- 9** Reduce perinatal transmission among women through perinatal programs for HIV education, outreach and screening of at-risk women and newborns.
- 10** Increase the number of African American perinatal services providers providing appropriate care, in order to improve prevention and care for African American women at risk.
- 11** Build capacity and provide technical assistance to enhance collaborative prevention efforts in African American organizations in California.
- 12** Identify resources that will maximize and support collaboration between various organizations in California that serve African Americans.

“As we diversify as a people, it may...be necessary to create new organizations, new political strategies, and a new political consciousness, instead of trying to engage the same old institutions.”

Cathy Cohen, Ph.D.
*Professor, Political Science and
Director, Center for the Study of
Race, Politics, and Culture
University of Chicago*

The Initiative

“There is hereby established the Statewide African American Initiative to address the disproportionate impact of HIV/AIDS on the health of African Americans by coordinating prevention and service networks around the state and increasing the capacity of core service providers.”

Assembly Bill 1142

The following is the full text of AB 1142: The Statewide African American HIV/AIDS Initiative.

An act to add Chapter 13.7 (commencing with Section 121290) to Part 4 of Division 105 of the Health and Safety Code, relating to HIV.

The people of the State of California do enact as follows:

SECTION 1. Chapter 13.7 (commencing with Section 121290) is added to Part 4 of Division 105 of the Health and Safety Code, to read:

AB 1142 Chapter 13.7. Statewide African American Initiative

121290. (a) There is hereby established the Statewide African American Initiative to address the disproportionate impact of HIV/AIDS on the health of African Americans by coordinating prevention and service networks around the state and increasing the capacity of core service providers. For purposes of this chapter, “initiative” means the Statewide African American Initiative.

(b) The initiative shall have an executive director who shall coordinate the initiative and report to the Office of AIDS through the Statewide African American HIV/AIDS Steering Committee formally established pursuant to Section 121290.8.

(c) The initiative shall be implemented in the following five designated regions:

- (1) Alameda/San Francisco.
- (2) Los Angeles.
- (3) Sacramento/Central Valley.
- (4) San Bernardino/Riverside.
- (5) San Diego.

(d) (1) The Office of AIDS shall provide initial administrative support for the core functions of the initiative.

(2) Until January 1, 2008, the initiative shall be housed at the Office of AIDS. By January 1, 2008, the initiative shall establish itself as an independent nonprofit organization for purposes of Section 501(c)(3) of the Internal Revenue Code.

121290.1. The initiative shall sponsor and conduct an annual Summit on African Americans and HIV. The summit shall be funded solely by private funds. The summit shall do all of the following:

- (a) Provide a report on the progress of the initiative.
- (b) Offer technical assistance workshops.
- (c) Provide an overview of local, regional, and national effort concerning health disparities relating to African Americans and HIV.

AB 1142: The Statewide African American HIV/AIDS Initiative

121290.2. The initiative shall have all of the following responsibilities:

(a) To design and conduct a series of complementary projects to implement policy and planning to address the disproportionate impact of HIV/AIDS on the African American community, focusing on all of the following categories:

- (1) Research.
- (2) Policy and advocacy.
- (3) Workforce development.
- (4) Organizational capacity.
- (5) Prevention and treatment information and resources.

(b) To provide integrated leadership in developing, implementing, evaluating, and sustaining HIV-related services and programmatic partnerships between research institutions, community-based organizations, the business community, and public sector agencies.

(c) To improve the efficacy of local service providers through the central coordination of service availability, data, and funding sources through the development of a central coordinating body.

121290.4. The initiative shall employ all of the following strategies to achieve its objectives: (a) Serve as a community resource for technical assistance and training in the communication and dissemination of information, and for the synthesis, interpretation, and dissemination of HIV/AIDS data and public health information.

(b) Assemble a network of health experts, HIV/AIDS service providers, community-based organizations, and relevant public and private sector stakeholders who will be accessible through the regional centers, to support the capacity building of community-based programs to eliminate HIV-related health disparities for African Americans.

(c) Establish the administrative, educational, and communication infrastructure, including personnel, facilities, and technology, to support the activities of the initiative's provider network.

(d) Assess the availability and allocation of scientific, governmental, and private sector resources to reduce the impact of HIV/AIDS on African Americans.

(e) Evaluate community-focused interventions and demonstration projects to eliminate disparities in the evaluation and treatment of HIV/AIDS, based on information from the work of the initiative and local and regional resources.

(f) Coordinate and disseminate data, including epidemiology, outcome assessment, and informatics, to provider networks addressing health disparities regarding HIV/AIDS.

(g) Facilitate the development of lasting academic and community partnerships that promote healthy lifestyles, prevent disease, and reduce risk factors for HIV/AIDS.

(h) Increase ongoing access to culturally appropriate health care for African Americans living with HIV/AIDS.

121290.5. (a) The initiative shall establish a central coordinating body to provide administrative, technical, educational, and health information dissemination services to the initiative's network of community-based organizations.

(b) The duties of the central coordinating body shall include, but not be limited to, all of the following:

AB 1142: The Statewide African American HIV/AIDS Initiative (continued)

“It is amazing what a small group of determined, passionate, and focused people can do to affect historic change. May God bless us to see an end to HIV/AIDS in our lifetime.”

Rev. Dr. Yvette Flunder
*Presiding Bishop,
Refuge Ministries/Fellowship 2000*

- (1) Helping to provide program administration services, project management, fiscal support, resource allocation, and program evaluation to the initiative.
 - (2) Assisting in the collection, management, and analysis of primary and secondary data, and providing technical support and training.
 - (3) Aiding in the synthesis, interpretation, and dissemination of information on HIV and African Americans.
- (c) The objectives of the central coordinating body shall include, but not be limited to, both of the following:
- (1) To achieve economies of scale in effort, expertise, and equipment, and thereby build the capacity of the provider network and the Office of AIDS to develop, implement, and evaluate community programs to address HIV/AIDS among African Americans.
 - (2) To pool services, expertise, equipment, and facilities to support several interrelated projects and collaborating organizations, thereby leveraging greater resources than those that would be provided separately to each project and without formal interactions among the Office of AIDS, community-based organizations, and public sector agencies.

121290.7. The Office of AIDS shall appoint an internal advisory committee composed of the office’s African American HIV specialist, a section head from the office, and a designee to supervise the day-to-day activities of the initiative.

121290.8. There is hereby established the Statewide African American HIV/AIDS Steering Committee. The committee shall be appointed by the Office of AIDS and shall initially consist of the current membership of the informally established Statewide African American HIV/AIDS Steering Committee, which consists of leadership from service providers, researchers, educators, community-based organizations, and public sector agencies.

121290.9. The requirements of this chapter shall be implemented only after the Department of Finance makes a determination that nonstate funds in an amount sufficient to fully support the activities of the initiative have been deposited with the state. Thereafter, the requirements of this chapter shall be implemented only to the extent that nonstate funds are received for the purposes of this chapter.

We Need Your Help!

Please join us in the battle. We want funders, researchers, policy makers, and community-based organizations to partner with us to make the vision of the Initiative a reality. To find out more about the African American HIV/AIDS Initiative or the Coalition, please feel free to contact the co-chairs of the Executive Committee.

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Our Mission:

To address the disproportionate impact of the HIV/AIDS epidemic in the Black community and communities of African descent and prioritize HIV/AIDS as an urgent healthcare issue, by impacting public policy, enhancing resource development, and promoting collaboration among stakeholders.

Our Purpose:

To coordinate the relationship and activities among individuals and organizations that are involved with providing HIV/AIDS services to the affected population in order to effectively accomplish the stated mission.

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