COMMUNITY HIV/AIDS CHAMP MOBILIZATION PROJECT
HHS WATCH

**April 2007 -**

**New African American Initiative Gropes for a New Direction • Abstinence-Only Educators Scramble to Prove their Worth • Teen Pregnancy Declines: Birth Control or Just Say No?**

## New African American Initiative Gropes for a New Direction

As the CDC has long recognized, the HIV epidemic has disproportionately affected African Americans. According to the agency's records from the 33 states with name-based HIV reporting since 2001, black men are acquiring HIV at a rate seven times higher than white men and twice as high as black women. For African American women, HIV incidence is an astounding 20 times as high as for white women. Yet the CDC has never developed an overall strategy that acknowledges the specific features of the African American epidemic (see *HHSWatch*, November 2006).

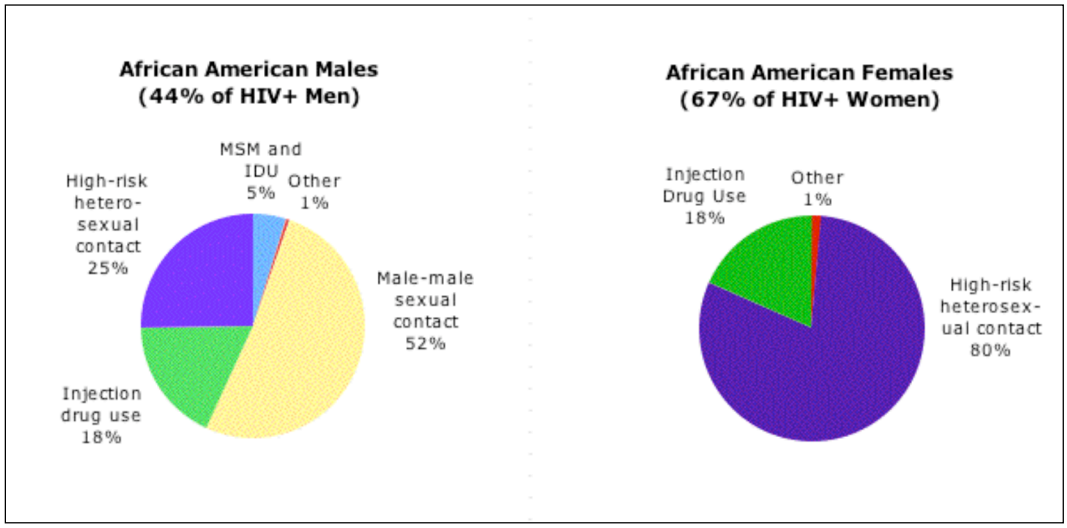
The CDC answered its critics in early March by announcing a new African American initiative in an 11-page full-color document called "A Heightened National Response to the HIV/AIDS Crisis among African Americans." The new initiative has four parts:

**1. Expanding the reach of prevention services.** The CDC plans greater outreach to and training of African American community and religious organizations to improve prevention services.

**2. Increasing opportunities for diagnosing and treating HIV.** As part of the initiative, CDC wants to ensure that HIV testing is widely available to African Americans in community as well as clinical settings (see *HHSWatch*, September 2006).

## HIV Transmission in African Americans

(33 States with HIV Reporting since 2001)




Source: MMWR, March 9 2007

**3. Developing new, effective prevention interventions.** The CDC says it will seek closer cooperation with African American researchers and organizations to develop new prevention interventions. The agency will specifically target current and recently released prisoners as well as students at historically black colleges.

**4. Mobilizing broader community action.** The CDC aims to work with African American organizations and leadership, both religious and secular, to make HIV treatment and prevention a greater community priority. The agency says it will also attempt to "[create] community change by connecting HIV/AIDS prevention with efforts against racism, homophobia, joblessness, sexual violence, homelessness, substance use, mental illness, and poverty." Or at least it will provide information on social issues that contribute to the HIV epidemic and suggest ways to alleviate them.

Robert Fullilove, who wrote a widely noted report last fall on HIV prevention in African Americans (again, see *HHSWatch*, November 2006), responded, "The CDC made good note of my report and others that acknowledge the changing face of HIV and structural factors. It is to be commended for that. There was a time you couldn't say racism in the public health service. You couldn't call into question the American way of life." Fullilove is the Associate Dean for Community and Minority Affairs at Columbia University's Mailman School of Public Health and a member of CHAMP's Board of Directors.

"The CDC, even at the top, recognizes that current strategies haven't contained the epidemic, and that's forced a larger discourse. People have had to put careers on the line to broaden the discourse," Fullilove continued. But, he said, "The CDC still has a medical model for treating the epidemic: identify cases and get them into treatment. Despite the recognition of structural factors, their initiatives are all directed toward individuals and to the organizations the CDC funds, which aim at individuals."

**Bartering Your Health for Your Existence**

For African Americans, individualized HIV prevention measures appear to have less potential than among whites. A national study of HIV and STD transmission in young adults found that blacks already tend to have less HIV risk behavior than whites do, yet they acquire HIV and STDs much more frequently (Hallfors et al. *American Journal of Public Health (AJPH)*, January 2007). The likely immediate culprit is the relatively high rates of sexually transmitted diseases, including HIV, among African Americans. But the underlying causes are structural. "We think there's a relationship between incarceration and STDs," said Denise Hallfors, the AJPH study's lead author. "Men have little to lose and engage in very risky behaviors after they get out of prison. And there's a shortage of men in the black community due to death and incarceration, so low-risk women frequently have relationships with high-risk men."

At the end of 2005, 3.1% of all African American men were incarcerated, a

rate almost seven times that of whites. Incarcerated black men are testing HIV-positive at a rate of nearly 2%. That's 80% higher than white male prisoners. Imprisoned black women test HIV-positive at a 3.3% rate – six times as frequently as white female prisoners.

The CDC "Heightened Response" initiative promises to work with detention facilities to develop special prevention, testing and treatment programs for incarcerated and recently released men. A CDC report in April 2006 took a step forward by advising prison authorities to consider the feasibility of condom distribution in prisons. The CDC also recommended more "routine" testing of prisoners, including on entry and release, plus intensified HIV education programs (for staff as well as prisoners). Expanded treatment availability and a transition program for released HIV-positive prisoners were other recommendations.

A related action in Congress is the Stop AIDS in Prison Act of 2007, introduced April 19 in the House by Maxine Waters (D-CA) and 18 cosponsors (see *HHSWatch*, September 2006). The proposed law incorporates many of the CDC's points about expanding prevention education and routine testing. There are provisions for improving access to HIV medications but no mention of condom distribution. The bill does not take up the issue of syringe exchange, either, nor does it confront the pervasive incarceration of black men as an HIV risk factor unto itself.

A related structural factor that contributes to the HIV epidemic among African Americans is a lack of decent housing. "Stable and secure housing is a factor associated with better health. It's a strategic factor for intervention," said Angela Aidala, a public health researcher at Columbia University. "Unstable and insecure housing leads to more unprotected sex, shared needles, and transactional sex, especially sex for shelter. A stable home, a physical house, is a prerequisite for stable relationships. Its lack creates a context of risk."

Inadequate housing creates a population without much connection to the outside world. It is difficult for social services to reach them. If they test positive for HIV, there is no way to keep in contact. It is not only a matter of not having a telephone. People with unstable housing have little sense of social connection because they have little to lose. They have so many immediate needs that taking risks with their own health – not to mention others' – does not seem important. At this point, incarceration and inadequate housing feed each other – landlords and public housing usually don't accept ex-prisoners, sending them further into limbo.

Last winter, the Bush administration prepared to limit Ryan White CARE Act short-term housing assistance to 24 months. HHS indefinitely postponed this change at the end of February. "Moves like that are counterproductive," noted Aidala. "The CDC could weigh in when housing is removed from the

communities most affected by the epidemic. There needs to be more support for housing interventions as public health. Rent assistance to stop eviction, that reduces risk behavior."

Aidala is one of the researchers working with the CDC and the Department of Housing and Urban Development on a joint study testing whether providing housing for homeless or unstably housed people reduces HIV transmission and improves the health of those who have already contracted the virus. The study is winding up now and could provide further pressure on the CDC to coordinate its efforts with other agencies. "After all," noted Aidala, "cleaning up slums is where public health started."

**A Day Late and a Dollar Short**

All this is not to say that individual prevention programs are futile. Innovative approaches could make a difference if they have sufficient impact. The CDC, for example, is supporting local HIV risk reduction efforts that recruit key members of black MSM social networks. The agency is also helping to develop counseling programs for prisoners approaching their release dates.

Much more could be done. Toni Young, convenor of the National Black Women's HIV/AIDS Network, says that African American women's HIV concerns have been ignored until recently because they have little political clout. No one acted to protect black women even though it has been obvious for a long time that they were in the path of the epidemic. Young observed that even when formulating the Heightened Response initiative, the CDC failed to hold a meeting to consult black women's groups. The much-delayed consultation is currently scheduled for June.

Young told *HHSWatch*, "We're looking for a reprioritization at the CDC. No one really knows how much HHS spends for black women and AIDS. We need to review the entire HHS to see where the gaps in data collection and programming are. We can't effectively plan otherwise."

A major issue for National Black Women's HIV/AIDS Network is the definition of HIV risk. The organization sent the CDC a statement that first of all advised it to "adjust the current definitions of high risk to include economic, social, and political factors which continue to place Black women at greater risk of HIV/AIDS and use this new definition as the starting point for HIV/AIDS research, prevention, treatment and care. Current definitions eliminate many Black women in dire need of prevention case management and reduce dramatically the number of women who will seek HIV testing."

African American women are not the only ones worrying about the CDC's follow-through. Mark McLaurin, executive director of the New York State Black Gay Network, said, "Black gay men's rates continue to rise because we have had virtually no investment in HIV prevention research,

appallingly inadequate investment in HIV prevention services, a damning silence on the homophobia in the African American community, and racism in the mainstream gay community, all of which continue to fuel this epidemic." The CDC's "Heightened Response" report admits all of this. The question is whether the CDC can chart an effective course in the face of all its limitations.

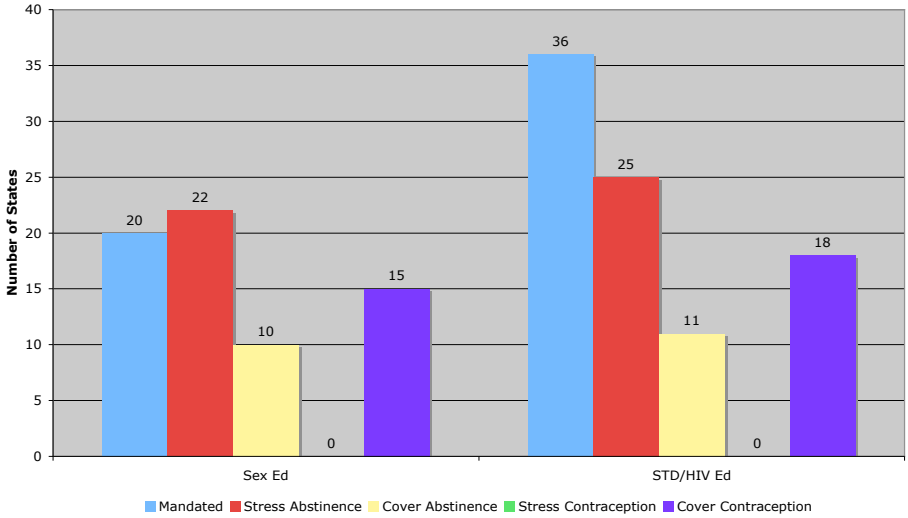
The Heightened Response initiative is hamstrung by a lack of new funding to support innovative departures. In its 2008 budget, the Bush administration is proposing a new, politically safe testing program targeting the black community. As for actual prevention, the CDC could rearrange its existing grants to focus on African American prevention. The agency says that it already spends half its prevention funds on African Americans. That leaves the CDC with little room to maneuver. Robert Fullilove observed, "The CDC is really captive to its current partners among the health departments and community organizations, who need its resources to do their job.

## Abstinence-Only Educators Scramble to Prove their Worth

Ten years in the making, a new study of abstinence-only education programs has fueled the growing controversy over HHS's moves to substitute abstinence-only-until-marriage promotion for comprehensive sex education. Mathematica, a policy research firm, conducted the study under a contract from HHS itself. The Mathematica researchers compared adolescents' sexual attitudes and behavior based on whether or not they had participated in a sexual abstinence program during elementary or middle school.

### State Laws Governing Sex and STD/HIV Education

*States with Laws Mandating Sex or STD/HIV Education*
*States with Laws Restricting Curricula*




Source: Sex and STD/HIV Education, Guttmacher Institute, April 1 2007

These programs had received the so-called Title V abstinence-only-until marriage grants. Title V originated in the 1996 welfare reform act promulgated under the Clinton administration. In 1997, Congress mandated that such programs should receive a "scientific" evaluation of their effectiveness.

Mathematica randomly assigned 2,500 elementary and middle school students in four locales to attend either the locally available title V abstinence-only program or whatever sex education their schools historically offered. Some 2,057 of these students filled out a questionnaire about six years later, in 2005-2006. The students' median age was 16.5 years at the time of the follow-up survey.

And the answer is: Attending the abstinence-only program seemed to make no difference whatsoever. 51% of the students in both the abstinence-only education group and the control group reported having had sexual intercourse, a normal percentage for US teens of the students' age range. The distribution of sex partners was also the same: 16%-17% of each group reported having had four or more sex partners.

Peter Bearman, a Columbia University sociologist who has conducted studies on teenagers who take virginity pledges (see *Journal of Adolescent Health*, April 2005) commented, "The results of the study confirm those of all the other major evaluations. Abstinence-only education is not effective public health education. The study is clear on this. Millions of dollars are wasted and students gain nothing."

The significance of the Mathematica study is that the staff and consultants who worked on it were largely centrist to conservative welfare reform advocates. Their previous focus has been to trim the welfare budget by reducing teen pregnancies. (Also among the consultants were such noted abstinence-only advocates as Joe McIlhaney, Robert Rector, Shepherd Smith, Amy Stephens and Pat Funderburk Ware.) The Mathematica report concluded, "Findings from this study speak to the continued need for rigorous research on how to combat the high rate of teen sexual activity and its negative consequences."

Within that context, the authors noted that at least the abstinence-only education programs did not decrease the use of birth control and condoms among teenagers. This aspect of the study could instead be considered the most disturbing: About half the students who had sex in the previous 12 months reported "always" using a condom, whether they had received abstinence-only education or not. Given the students' lack of knowledge, it is surprising that the condom rate reached that high: Only about half the study participants in each group believed that condoms "usually" protect against pregnancy. And just a third of the abstinence-only group and 38% of the control group thought that condoms "usually" protect against HIV. The trend was the same for other STDs,

with the abstinence-only program attendees having somewhat lower confidence in condoms' protection.

Most surprising was that only 55% of survey respondents in either trial group believed that birth control pills "usually" protect against pregnancy – despite their name. Rather than supporting the thesis that at least abstinence-only education "did no harm," the Mathematica study further indicates how weak American sex education usually is.

The Mathematica report comes at a time when abstinence-only education has become vulnerable to cuts in Congress. Title V abstinence-only funding amounts to $50 million dollars a year. States administer the abstinence-only grants and have to match the federal funds with another $37.5 million of their own money. The law authorizing title V expires this year and could be eliminated if Congress simply chooses to do nothing and allows it to lapse.

In 2000, Congress added another major abstinence-only funding stream, Community Based Abstinence Education (CBAE). CBAE's direct federal grants this year total $113 million. The CBAE programs target a somewhat older age group than the Title V ones. Program attendees are in high school or even beyond. CBAE's budget receives yearly renewal, and the amount appropriated could be cut during the Congressional budgetary process. The Bush administration is asking for a $28 million dollar increase for the 2008 CBAE budget, including $4.5 million for program evaluation, while a coalition of HIV/AIDS advocacy organizations have asked for zeroing out the account.

The Responsible Education about Life (REAL) Act, reintroduced in the House and Senate on March 22, and defines a more comprehensive alternative approach to sex education. The REAL Act would establish an annual $206 million appropriation for comprehensive school-based sex education. Funded programs would have to teach about the protection provided by contraceptives as well as discussing the value of abstinence. Advocates for Youth, in coalition with other organizations, are also calling on congressional appropriators to approve a $50 million comprehensive sex education demonstration project for 2008.

Last fall, the Government Accountability Office criticized the rigor of past efforts to evaluate abstinence-only-until-marriage education programs. Over the years, a dozen states have reviewed their abstinence-until-marriage programs and failed to document any significant effect.

There is a growing movement on the part of states to refuse the federal money. In March, Ohio's and Wisconsin's governors pulled out of the Title V program, joining California, Connecticut, Maine, Montana, New Jersey, Rhode Island and Pennsylvania. On April 11, Washington state legislature passed a bill requiring that

any sex education programs offered by the state's schools be comprehensive and scientifically accurate. The Massachusetts governor has also announced his opposition to continuing the grants.

The Mathematica authors suggest that programs begun or continued into high school might have been more able to reduce adolescents' sexual activity. On this subject, Peter Bearman responded, "There's no evidence at all to support that."

It is always possible to argue that further development will make the abstinence-only programs more effective. Valerie Huber, director of the newly formed National Abstinence Education Association (NAEA), told the Associated Press, "The field of abstinence has significantly grown and evolved… and the results demonstrated in the Mathematica study are not representative of the abstinence education community as a whole."

The NAEA plans an intensive lobbying campaign against Congressional attempts to restrict abstinence-until-marriage education funding. It has hired a prominent conservative public relations group best known for the Swift Boat Veterans for Truth campaign denigrating John Kerry's war record during the last presidential campaign. The NAEA's apparent theme is that abstinence-only-until-marriage education is not just about reducing sex or pregnancy but about building healthier relationships and personal empowerment. That may sound appealing, but such outcomes are much harder to measure and evaluate. Clearly, the debate is not over.

## Teen Pregnancy Declines: Birth Control or Just Say No?

Even if abstinence education programs do not have a direct effect on participants, perhaps they influence overall teen culture. The United States has the highest rate of adolescent pregnancy of any industrialized nation, but there has been a downward trend since 1991. In this, the US parallels trends in Western Europe during the 1980s. The reason for the decline in the US has been subject to wide debate. Unlike in Europe, a noticeable drop in sexual activity among younger teens accompanied the pregnancy decline here.

A study in the January 2007 *American Journal of Public Health* sought to unravel the causes of the declining US pregnancy rate. The study, whose lead author was John Santelli of the Columbia University Mailman School of Public Health, based its analysis on data from the CDC's National Family Growth Survey. The authors noted first of all that the percentage of sexually active 15 to 17 year-old females fell by 17% between 1995 and 2002. There was no change among 18 to 19 year-old females. Yet in that time span, the birth rate declined appreciably

for both age groups (by 35% and 17%, respectively). Besides the decrease in sexual activity among the younger age group, there was also a large increase in contraceptive use, especially condoms, in both age groups. When considering the increased protection offered by condoms, the authors calculated that 77% of the decrease in pregnancies among 15-17 year olds was due to improved contraceptive use. Contraceptives accounted for 100% of the pregnancy decline among 18 and 19 year olds.

The authors commented, "Our findings raise questions about current US government policies that promote abstinence from sexual activity as the primary strategy to prevent adolescent pregnancy. Other scientific data also challenge the federal government's efforts to promote abstinence-only strategies. The limited evaluations of abstinence-only sex education programs provide no evidence that they are successful in delaying initiation of sexual intercourse."

*This HHSWatch was written by David Gilden*

***HHSWatch**, a watchdog newsletter from CHAMP, monitors and reports on activities related to HIV prevention at Health and Human Services agencies, including CDC, NIH, HRSA and SAMHSA.*

*HHSWatch is a resource for community members, policy advocates, researchers and anyone interested in more fully understanding and tracking the committees, panels and administrators whose recommendations and decisions affect our work.*

*HHSWatch is committed to providing an outlet for those concerned about infringements upon science-based HIV prevention and treatment, and will respect your wishes for confidentiality. If you are interested in contributing information or suggesting a story, please contact champ@champnetwork.org.*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