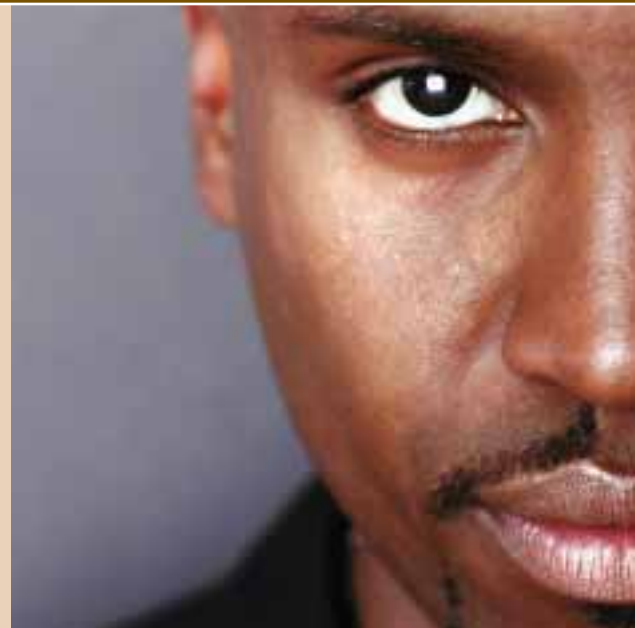


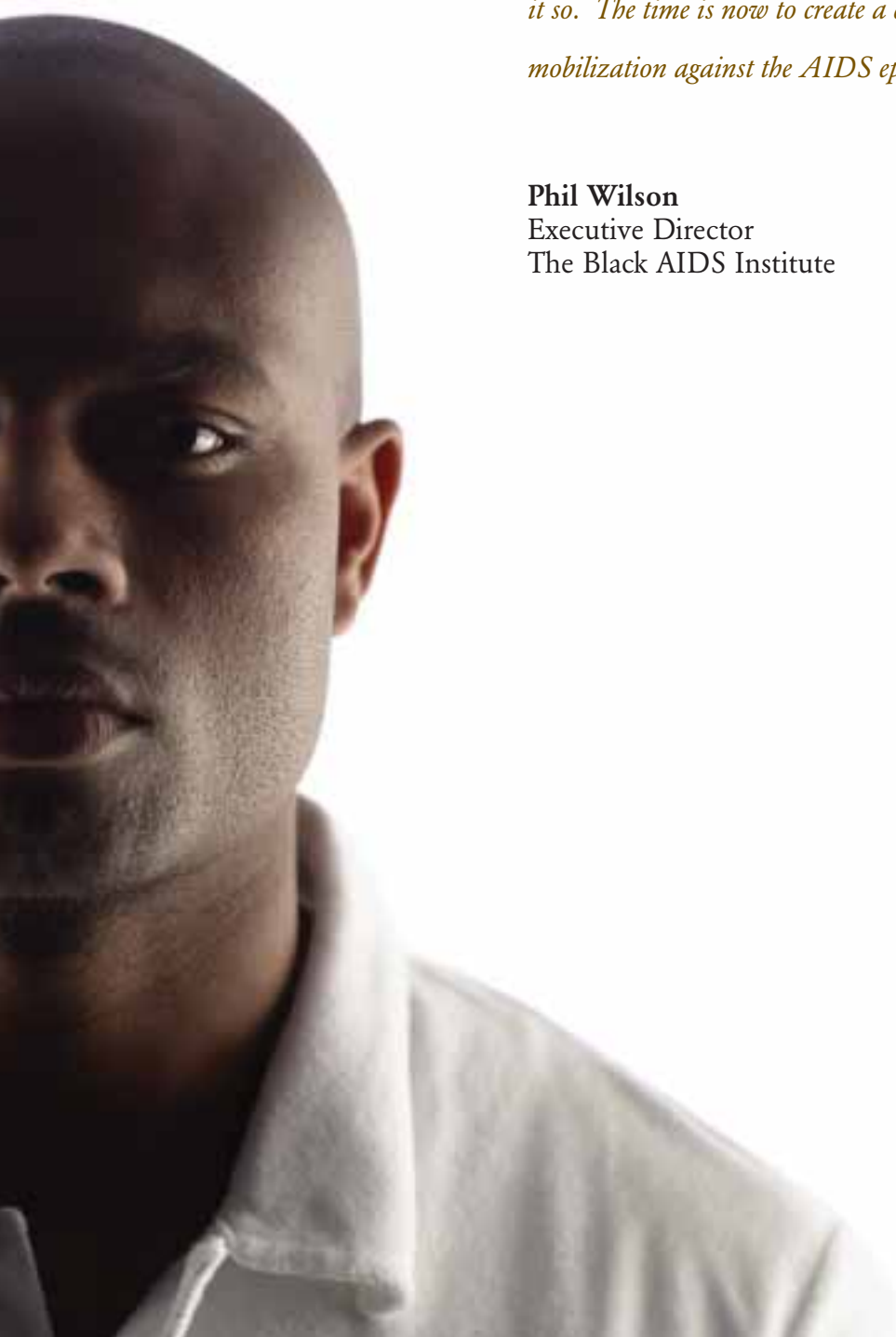


1981
1995
2005



**A Turning Point:
Confronting HIV/AIDS
in African American
Communities**





"The truth of the matter is in 2005 AIDS in America is virtually a Black disease. The epidemic will not be over unless and until Black people in America develop the capacity, infrastructure and commitment to make it so. The time is now to create a comprehensive, coordinated mass mobilization against the AIDS epidemic in Black America."

Phil Wilson
Executive Director
The Black AIDS Institute

A Turning Point: Confronting HIV/AIDS in African American Communities

“...we must focus our efforts on fellow citizens with the highest rates of new [HIV] cases, African American men and women.”

*President George W. Bush,
State of the Union Address, February 2005*

This *Call to Action* underscores the devastating impact of HIV/AIDS in African American communities and urges state and local health departments, African American leaders, federal agencies, and policy makers to mobilize their responses to this crisis. While the early public health response to HIV/AIDS was not focused on African American communities in most of the country – despite evidence of an emerging epidemic – the crisis in African American communities nationwide is unconscionable and demands swift and decisive action. This *Call to Action* seeks to:

- Raise awareness about HIV/AIDS among African American leaders
- Increase access to HIV/AIDS prevention and care services for African Americans
- Demand a comprehensive federal agenda to combat HIV/AIDS in African American communities
- Expand state and local health department initiatives to strengthen their responses to the HIV/AIDS epidemic among African Americans

NASTAD calls for action in five areas deemed critical to addressing HIV/AIDS in African American communities:

- 1) Strategic Prioritization and Resource Allocation
- 2) Policy Education
- 3) Research Initiatives
- 4) Strategic Collaborations
- 5) Coalition and Partnership Building

The primary audiences for this *Call to Action* are:

- State and local health departments

Please note: The terms “African American” and “Black” are both used in this *Call to Action*. The use of the term African American is consistent with its use in the NASTAD monograph, *HIV/AIDS: African American Perspectives and Recommendations for State and Local AIDS Directors and Health Departments* and its recognition of historical circumstances that have created a legacy of mistrust for many African Americans in this country. Paramount to both documents, however, is an acknowledgement of the devastating impact of HIV/AIDS on all people of African descent, as reflected in the use of the term Black.

- Federal agencies and policy makers, including congressional leaders, Congressional Black Caucus members, and Department of Health and Human Services (DHHS) leadership
- State and local elected officials
- National African American leaders, including civil rights, civic, faith-based, social, political, and health/medical organizations
- National African American non-governmental organizations (NGOs) and African American-led AIDS service organizations (ASOs)

NASTAD advocates that each of these audiences renew their commitment to fight HIV/AIDS in African American communities at levels previously unseen, and consider the action steps of this *Call to Action* as part of their HIV/AIDS agenda.

The Impact of HIV/AIDS on African American Communities

1995 marked a turning point in the history of the HIV/AIDS epidemic. For the first time, African Americans equaled whites in the proportion of reported AIDS cases.¹ According to the Centers for Disease Control and Prevention (CDC), African Americans currently represent more than half of all HIV/AIDS² cases and HIV/AIDS² is now the leading cause of death for African American women age 25-34.³ The rate at which African Americans are diagnosed with HIV and AIDS reveals an alarming trend: African American women in the U.S. are diagnosed with HIV/AIDS² at a rate nineteen times that of white women and African American men are diagnosed at a rate seven times higher than that of white men.³ Moreover, specific African American populations, including men who have sex with men (MSM), African American women and the incarcerated, are impacted even greater by HIV and AIDS. What began in the early 1980s as an epidemic primarily viewed as affecting gay, white men, has become an epidemic that progressively and aggressively impacts African American communities.

A 2004 survey of Americans on HIV/AIDS conducted by the Kaiser Family Foundation revealed that African Americans were the only racial/ethnic group to name HIV/AIDS as the number-one domestic health problem.⁴



“There can be no real national response to ending health disparities unless attention is paid to ending the HIV/AIDS epidemic in the South. As pointed out in the Southern States Manifesto, ‘HIV/AIDS & STDs in the South: A Call to Action!’ the impact of HIV/AIDS on African Americans in the South, particularly African American women, is nothing new. African Americans make up a larger proportion of AIDS cases in the South than in other parts of the country yet there has not been an easily detectable and recognizable national response or strategy.”

Evelyn Foust
Branch Head,
HIV/STD Prevention
and Care Branch, North
Carolina Department of
Health and Human Services

"HIV/AIDS is a serious health crisis in the African American community and without swift, decisive, and continuous action, the greater the risk that HIV/AIDS will simply join the long list of health conditions that prematurely ends the lives of African Americans. Public health continues to be the most consistent source of services for our most vulnerable citizens, and state and local health departments play a unique and vital role in HIV-related prevention, care, and treatment. However public health cannot be expected to reverse this alarming trend alone. It requires that we each take ownership over this issue. The impact of HIV/AIDS on African Americans demands not only a 'call to action' but also a 'commitment to action.' Challenge yourself to ask 'what can I do?' and then do it."

Loretta Davis-Satterla
Director, Division of Health,
Wellness and Disease
Control, Michigan
Department of Community
Health

Additional findings revealed that 43 percent of the African Americans surveyed were personally "very concerned" about becoming infected with HIV, as compared to only 10 percent of whites. Unfortunately, this concern has not always translated into early HIV testing for African Americans. CDC data suggest that African Americans tend to be diagnosed with HIV infection much later and often at a more advanced stage of their illnesses.⁵ This explains, in part, why African Americans die from AIDS-related complications sooner than any other racial/ethnic group in the U.S.

Additionally, African Americans and other minorities are more likely to be uninsured and, therefore, less likely to receive timely preventive care.⁶ However, lack of health insurance is only part of the problem. According to the Institute of Medicine (IOM), several reports indicate that African Americans and other racial/ethnic minorities may receive lower-quality healthcare and treatment, regardless of their insurance status. The impact of inadequate access to quality care and treatment for African Americans, as it relates to diabetes, heart disease and other chronic illnesses is clear. HIV/AIDS must not be relegated to the litany of other health disparities that disproportionately impacts African American communities and continues to jeopardize the health and longevity of millions of African Americans.

In addition to these challenges, stigma, and distrust of the medical establishment continue to impact the HIV/AIDS epidemic in African American communities. Beliefs about public health systems, fueled in part by historical events such as the Tuskegee Syphilis Study, impact the health-seeking behavior of many African Americans and pose barriers to the HIV/AIDS prevention, research, and treatment efforts of many government-sponsored programs. A study published in the *Journal of Acquired Immune Deficiency Syndromes (JAIDS)* reports that a significant number of African Americans harbor HIV/AIDS conspiracy beliefs. The study further suggests that stronger conspiracy beliefs are associated with more negative attitudes toward condom use and more inconsistent condom use among African American men.⁷

Reflecting on the earlier days of the epidemic, noted psychiatrist Alvin Poussaint, M.D., in a 1990 *New York Times* article on African Americans and AIDS conspiracy theories, describes such beliefs surrounding AIDS and drugs as a "measure of frustration and neglect" felt by the African American community.⁸ The article further highlights the fear of many public health workers that conspiracy theories could erode the credibility of many AIDS programs. Conspiracy theories surrounding the origin of HIV/AIDS and a widespread belief in the government's promotion of drug

use and other health risk behaviors, pose substantial barriers to HIV prevention efforts, as well as African American participation in HIV/AIDS related medical research and HIV vaccine trials. NASTAD's monograph, *HIV/AIDS: African American Perspectives and Recommendations for State and Local AIDS Directors and Health Departments*, advises that "To fight AIDS effectively, it is imperative to acknowledge events (past and present) that underlie attitudes of mistrust."

Staggering Rates among African American Women, MSM and the Incarcerated

The HIV/AIDS epidemic in the U.S. is increasingly and disproportionately impacting African American women, men who have sex with men (MSM) and the incarcerated. Strategies for confronting HIV/AIDS among African Americans must account for the HIV prevention, care and treatment needs of these specific populations.

African American Women

Much attention has been focused on the impact of HIV/AIDS on women abroad. Although the female burden of this pandemic clearly falls on other parts of the world such as Sub-Saharan Africa, the impact of HIV/AIDS on women (especially young African American women) in the U.S. cannot be ignored. At the end of 2003, over 66 percent (58,319) of the estimated 87,940 women living with HIV/AIDS were African American.¹⁰

As HIV prevalence and incidence rates in the African American community increase, so does the risk for HIV transmission among African American women, as they are more likely to establish sexual relationships within their racial or ethnic group. Higher rates of sexually transmitted disease (STD) among young African American women is another issue of grave concern given that the presence of an STD can greatly increase the likelihood of acquiring or transmitting HIV infection according to the CDC. African Americans now represent the largest group of young people affected by HIV¹¹ and for young African American women (aged 20-24), HIV infection has been cited as one of the four leading causes of death.¹²

Poverty, abuse, a paucity of female-controlled HIV prevention methods, disparities in access to care, and imbalances of power are all factors that may place women at a disproportionate risk for HIV. For example poverty and the despair that is linked to poverty are believed to increase risky behavior. African American women at high risk for HIV are more often caught at the intersection of poverty and gender discrimination, and many report feeling

powerless in protecting themselves against HIV. There must be dialogue and commitment among stakeholders to end the unacceptable impact of HIV/AIDS on African American women. The challenge lies in deconstructing the myriad of factors, often complex, that place African American women at an even greater risk for HIV.

African American Men who have Sex with Men (MSM)

Regardless of gender or race/ethnicity, HIV/AIDS is stigmatizing. The intersection of HIV/AIDS with issues of sexuality, particularly among African American men, creates a powerful dynamic. African American MSM must navigate many cultural, social, spiritual, sexual, racial, and economic issues that alone may appear to be similar to issues affecting other populations. However, when combined, these issues pose a unique set of challenges that include:

- 1) The powerful role of the Black church in establishing sexual norms
- 2) The connection between African American masculinity and the expression of sexuality
- 3) External and internal prejudice
- 4) The impact of violence and substance abuse
- 5) High rates of incarceration among young African American men
- 6) The lack of culturally competent providers and access to quality health care, treatment and information.

Data released by the CDC at the 2005 National HIV Prevention Conference in Atlanta, GA confirmed the HIV epidemic's disproportionate impact on Black MSM. A study of MSM conducted in five U.S. cities (Baltimore, Los Angeles, Miami, New York City and San Francisco) from June 2004 to April 2005, showed that 46 percent of Black MSM tested were HIV-positive, and 67 percent of these men were unaware of their status.¹³ These results follow several previous studies documenting high rates of HIV prevalence among Black MSM.

An August 2005 CDC Black MSM Consultation convened health care providers, policymakers, scientists, researchers, and community leaders to discuss current HIV prevention programs and research activities targeted at Black MSM. Recommendations from this consultation, as well as those developed by a unified national coalition of Black gay men, should guide CDC and other HHS agencies in developing a comprehensive response. Resources, both financial and human, must be used in the most effective ways to reduce the alarming rate of HIV infection among Black MSM.

The Incarcerated

More than one in ten African American men in their twenties and thirties are incarcerated in U.S. prisons and jails,¹⁴ where inmates are at high risk for HIV infection. According to the U.S. Department of Justice, among male inmates, Blacks were nearly twice as likely as whites to be HIV positive and the rate of HIV infection among white female inmates was nearly half that of Black female inmates. Additionally, Black inmates were twice as likely as Hispanics and 2.5 times as likely as whites to die from AIDS-related causes. In 2002, AIDS-related deaths among Black inmates accounted for two-thirds of all AIDS-related deaths.¹⁵ HIV/HCV co-infection, another issue of concern which has been well-documented among high-risk populations such as African American injection drug users (IDUs) and the incarcerated, makes addressing HIV/AIDS in African American communities even more complex.

Policies and programs addressing HIV infection within African American communities must consider the profound impact of incarceration on the health of African Americans. Organizations such as the Association of State and Territorial Health Officials (ASTHO) work with state public health officials and corrections officials to encourage collaboration, influence sound HIV prevention policy in correctional facilities, and promote transitional planning programs for HIV positive inmates re-entering the community. Collaboration among a variety of stakeholders is critical to meeting the HIV prevention, care, and treatment needs of the incarcerated.

A Collaborative Response

A comprehensive response that addresses the HIV/AIDS crisis in African American communities requires the commitment and collaborative response of state and local health departments, federal agencies, policy makers, national non-governmental organizations and AIDS service organizations.

The Critical Role of State and Local Health Departments

State and local health departments play a critical role in the delivery of HIV/AIDS prevention, care, and treatment programs. State public health agencies are the central authorities of the nation's public health system. State and local health departments conduct a continuum of activities that address HIV/AIDS programs including: counseling, testing, and referral (CTR); disease surveillance, health education/risk reduction (HERR); primary health care and supportive services for the uninsured and indigent; delivery of antiretroviral medications; and prevention research and program evaluation.

"Prevailing negative views towards people of African descent and HIV stigma have created a context in which being Black and living with HIV is a double-edged sword. Of particular concern is the pervasive and unconscionable racism experienced by African American men who have sex with men (MSM), coupled with additional discrimination based on actual or perceived HIV status. We must engage ourselves in cultivating innovative research and community empowerment initiatives that address the specific racial, cultural, sexual and social dynamics that influence the health behaviors of Black MSM."

Dr. David Malebranche
Emory University's Division
of General Medicine

"African American leaders are united in their determination to wage war on behalf of the African American community. HIV/AIDS is the single greatest health crisis facing African Americans today. We stand ready and willing to work with every individual and organization committed to the health and well-being of the community to stop this epidemic. It is significant that NASTAD has produced this Call to Action because state HIV/AIDS programs have an important role to play in ensuring that increasingly scarce federal and state resources end up where they are needed most. NASTAD's Call to Action builds upon previous efforts by NBLCA to mobilize African American leadership, including our history-making Meeting of the Millennium in 2001, which continues to be the foundation for our affiliates across the country. The NBLCA stands prepared to work with NASTAD to help strengthen its African American-focused efforts and to partner with NASTAD in on-going efforts with African American leaders, organizations, and institutions in the battle against HIV."

*Deborah Frazier-Howze,
The National Black Leadership Commission on AIDS (NBLCA)*

State and local health departments provide leadership, resources, and assistance to meet citizens' HIV prevention and care needs, working in partnership with the federal government, other state and local agencies, and community-based organizations (CBOs). Along with significant state funding, health departments receive federal funding from agencies such as the CDC and the Health Resources and Services Administration (HRSA) to administer prevention and care activities.

In recent years, decreases in federal funding for HIV/AIDS programs have challenged how states address this ever-increasing epidemic, particularly within communities of color. According to the April 2005, National ADAP Monitoring Project Annual Report, 34 percent of clients served by state AIDS Drug Assistance Programs (ADAPs) in June 2004 were non-Hispanic Black/African American,¹⁶ yet African Americans represent more than half of the HIV/AIDS cases in the U.S.³ Additional resources are needed to support fiscally strained state ADAPs and other public payer programs in order to serve African Americans in proportion to the epidemic. Furthermore, national data must be enhanced to assess whether or not ADAPs and other public service programs are serving African Americans in proportion to their need.

It is urgent that state and local health departments address the disproportionate impact of HIV/AIDS on African American communities. NASTAD's monograph, *HIV/AIDS: African American Perspectives and Recommendations for State and Local AIDS Directors and Health Departments*, asserts "AIDS directors have a responsibility to take leadership and address the HIV/AIDS crisis in African American communities."⁹ Health departments must take a leadership role in shaping a governmental response to the HIV/AIDS crisis among African Americans. The response must account for the central role that health departments play in HIV/AIDS prevention, care, and service delivery. Indeed,

state and local health departments are viewed as key partners in the fight against HIV/AIDS.

The Critical Role of Federal Agencies and Policy Makers

Recent events in our nation's history underscore the central role of core public health activities in ensuring public safety and promoting well-being. The threat of bioterrorism and the devastating impact of Hurricane Katrina both illustrate the importance of collaboration among federal, state, and local health and human service agencies. The alarming spread of HIV/AIDS represents a similar threat to our nation's health and security and requires a coordinated response from all levels of the public health system. Yet, even as the HIV/AIDS pandemic continues its explosive growth, budgets are being curtailed domestically for key programs and services, further challenging already strained health care safety-net programs.

Federal government health entities are integral to curbing the systemic effects of HIV/AIDS on at-risk populations, particularly African American communities. CDC, HRSA, The Office of Minority Health (OMH), the National Institutes of Health (NIH), the Centers for Medicare and Medicaid Services (CMS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Veteran Affairs (VA), and the Department of Housing and Urban Development (HUD) are increasingly challenged by, yet responsible for, the administration of a myriad of HIV/AIDS services and activities. These entities must integrate multidisciplinary programs of research, data collection and surveillance, technical assistance, housing, drug treatment, counseling and testing, prevention outreach, capacity building, care and treatment, and evaluation. Coordination among these agencies is also crucial in mounting an effective response to this crisis.

The federal Minority HIV/AIDS Initiative (MAI) has worked to address health disparities within communities of color in various federal programs across multiple agencies. This initiative has targeted the highest-risk and hardest-to-serve populations, which for the past two decades have eluded more traditional HIV/AIDS prevention, treatment, and education efforts. As African Americans continue to represent the majority of all new HIV infections nationwide, the disproportionate effects of this disease require a heightened response, and significant attention at all levels of government. Moreover, authorities responsible for the reauthorization of the Ryan White Care Act, Medicare and other care and treatment programs must recognize the effects that changes in these programs may have on African Americans. There must be an unprecedented collaboration and coordination among federal entities to effectively respond to the gravity of this disease among African Americans.

The Critical Role of National Non-Governmental and AIDS Service Organizations

National non-governmental organizations (NGOs) and AIDS Service Organizations (ASOs) that serve African American communities are vital to addressing the HIV epidemic. We must continue to strengthen the capacity of these organizations that are committed to fighting HIV/AIDS and engage other organizations whose mission and vision supports the work already begun in the fight against HIV/AIDS among African Americans. Many national African American organizations are committed to goals that eliminate health disparities, preserve the African American family unit, foster economic empowerment, and create powerful research and policy agendas. These issues are all critical to addressing HIV/AIDS in African American communities. These organizations must find ways to link HIV/AIDS to their current agendas, and make this involvement relevant and meaningful to the organizations and the specific African American populations they serve.

National African American organizations often possess the credibility in the community and the capacity to reach segments of the population unattainable by traditionally non-African American agencies. For example, The Balm in Gilead, an NGO dedicated to empowering churches, has recognized the powerful and influential role of the faith community to provide HIV/AIDS education and support to people living with and impacted by HIV/AIDS.

National African American organizations also exert political influence and shape policy dis-

cussions and responses. These organizations should participate in established initiatives, such as National Black HIV/AIDS Awareness & Information Day (NBHAAD), sponsor HIV/AIDS focused discussions at annual meetings and conferences, mobilize grassroots efforts, and develop their own HIV/AIDS initiatives. The broader HIV/AIDS community, particularly African American led ASOs, must support these non-traditional partners.

Action Steps

HIV/AIDS is unraveling the very fabric of the African American community. The medical, social, psychological, and economic impact of HIV/AIDS on African American communities is far-reaching. Prevention is key to stemming the tide of HIV/AIDS in African American communities. As more African Americans learn their HIV serostatus (through initiatives such as CDC's Advancing HIV Prevention), infrastructures must be in place to ensure that African Americans living with HIV/AIDS are linked to appropriate care and treatment.

Since the roles of state and local health departments, federal agencies, policy makers, and national non-governmental organizations are critical to addressing HIV/AIDS in the African American community, NASTAD challenges these organizations with the following five action steps:

1. Strategic Prioritization and Resource Allocation

- Conduct a critical analysis of infrastructure, existing services, and service delivery systems to ensure that current practices appropriately reflect the needs and concerns of African Americans to reduce HIV transmission.
- Collaborate with DHHS and its agencies, including CDC, HRSA, NIH, and SAMHSA, to develop a strategy to ensure that funds target African American communities at greatest need and support programs and interventions with greatest proven impact.
- Conduct a comprehensive analysis within state and local health departments of HIV prevention resources targeted at Black MSM, with a particular focus on high incidence jurisdictions.
- Increase funding for the continuum of HIV/AIDS programs administered by state and local health departments, particularly those targeting African Americans in underserved areas of the country.
- Enhance qualitative data collection for populations at highest risk in the African American community and on behaviors that put them at risk, with a focus on exploring social and family networks.



"As a pillar of strength and support in the African American community, faith communities are uniquely positioned to be a force in response to the HIV/AIDS epidemic. The Black Church has consistently served as a cornerstone of leadership and compassion in the Black community. The organization and structure of the Black Church facilitate the expansion of its leaders' and congregants' roles to provide HIV education and promotion, prevention, and intervention services, mobilize their communities, and participate in advocacy efforts."

Pernessa Steele
Founder/CEO, The Balm In Gilead, Inc.



More than one in ten African American men in their twenties and thirties are incarcerated in U.S. prisons and jails,¹⁴ where inmates are at high risk for HIV infection.

2. Policy Education

- Partner with community-based organizations (CBOs), community activists, and faith leaders to increase their capacity in coalition-building, policy education, and advocacy.
- Inform elected officials, particularly African American representatives in state legislatures, about the HIV/AIDS epidemic among African Americans, both nationally and within their local jurisdictions.
- Support NGOs to work with state and local health departments and AIDS directors, to build the policy education capacity of indigenous African American CBOs to address HIV/AIDS among African Americans.

3. Research Initiatives

- Increase funding for research to develop effective behavioral and biomedical interventions that reach high-risk African Americans with a particular focus on Black MSM.
- Support African American participation in HIV vaccine trials and ethically-sound treatment research.
- Facilitate collaboration between health departments, community planning groups, and funding agencies to enhance the dissemination of HIV/AIDS focused research and public information.

4. Strategic Collaborations

- Strengthen collaborative efforts among federal, state and local entities responsible for core public health functions.
- Convene a task force across federal agencies conducting HIV/AIDS programs to develop a comprehensive federal agenda to combat HIV/AIDS in African American communities.
- Utilize local and state-based surveillance data to educate health care providers on their local epidemic, to enhance HIV, STD, and hepatitis screening for African Americans and to ensure that HIV/STD/hepatitis prevention information is widely disseminated, especially to high-risk populations.
- Strengthen collaborations between health departments and health care providers to promote effective HIV prevention strategies for women that include early diagnosis and treatment of STDs.
- Strengthen collaborations between health departments and state criminal justice systems to address the HIV prevention, care, and treatment needs of incarcerated populations.

- Facilitate collaborations between health departments and substance abuse agencies to provide HIV, STD, and viral hepatitis counseling and testing for current and former substance users, and to ensure the availability of treatment options.
- Facilitate collaborations between health departments and state and local departments of education to support and enhance comprehensive school-based sexual health education, including HIV prevention education.

5. Coalition and Partnership Building

- Foster coalitions and partnerships with stakeholders who represent a broad range of African American constituencies including community leaders, faith-based communities, educational institutions, media outlets, civil rights groups, and civic organizations.
- Explore opportunities for partnerships to address HIV/AIDS related issues, including substance abuse, mental health, domestic violence, homelessness, and teen pregnancy.
- Seek opportunities for dialogue to explore and respond to co-factors that put African Americans at risk for HIV, including historical barriers, such as a deep mistrust of the public health care system, low health care-seeking behaviors, and HIV/AIDS related stigma and discrimination.
- Explore opportunities for partnerships with the pharmaceutical industry, particularly companies with established programs targeting African American communities.

A Call to Action

The nation has waged a war against HIV/AIDS for more than two decades, and during this time it has witnessed the epidemic's proliferation into virtually every segment of the African American community. The unfortunate reality is that as time has passed, public interest, federal funding, and media attention has waned. Awareness of the devastating impact of HIV/AIDS on African Americans is simply not enough. The nation must take ownership and reinvigorate the response to this crisis within African American communities and beyond. A comprehensive response to addressing HIV/AIDS in African American communities must include state and local health departments, federal agencies, policy makers, and national organizations.

NASTAD urges its members, national organizations, federal partners, CBOs, and community leaders to adopt the action steps in this *Call to Action*, and work together to effectively and proactively tackle this public health crisis.

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The following represents the 33 areas that have had laws or regulations requiring confidential name-based HIV infection reporting: Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, Wyoming and the U.S. Virgin Islands.
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Call to Action Development

This *Call to Action* builds upon the recommendations of NASTAD's monograph, *HIV/AIDS: African American Perspectives and Recommendations for State and Local AIDS Directors and Health Departments*, and its recognition of the critical role of state and local health departments to address the HIV/AIDS crisis in African American communities. This *Call to Action* was presented at the 2005 NASTAD Annual Meeting and received approval by the NASTAD Executive Committee.

The *Call to Action* was written by NASTAD staff and a working group of NASTAD's African American Advisory Committee. The NASTAD African American Advisory Committee is comprised of African American leaders in state health departments who provide their collective public health knowledge and experience to help inform NASTAD on various HIV/AIDS initiatives that target African American communities.

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