



News

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LinCS 2 Durham provides opportunities for members of Black communities in Durham, North Carolina and scientists in the region to learn and work together to find new ways to prevent HIV. Read on to find out what's happening.

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Upcoming Events

You're invited!

What: World AIDS Day Community Observance

When: Wednesday, December 1, 2010
6:30 – 8:30 PM

Where: Hayti Heritage Center
804 Old Fayetteville Street
Durham, NC 27707
[Get directions here.](#)

Details: Please join LinCS 2 Durham Collaborative Council members and staffers at the LinCS 2 Durham table in the lobby. Plan to attend the program of local live entertainment and testimonials, including a speech by Collaborative Council facilitator Randy Rogers. Stay for dinner following the event. Admission is free. Please bring two canned goods to support a local AIDS service organization. [Click here for details.](#)

What: Collaborative Council meeting

When: Monday, December 13, 2010 (tentative)
6:00 to 8:00 PM

Where: Durham Public Library
300 North Roxboro Street
Durham, NC 27701
[Get directions here.](#)

Details: Please join LinCS 2 Durham Collaborative Council members and staffers for our December meeting.

LinCS 2 Durham Pilot Survey Begins

A key activity of the LinCS 2 Durham project is to survey members of Durham's Black community between the ages of 18 and 30 to understand what affects their trust in medicine, medical research, and public-health programs. The survey will also provide a window on social relationships, HIV-related behaviors, the factors that guide people's decisions to participate in HIV-research studies, and attitudes toward HIV testing.

The Collaborative Council (community members and LinCS 2 Durham staff) has worked for months—at retreats and in pre-pilots—to fine-tune the survey questions. Now field staff members are conducting a pilot test of the interview with up to 15 people drawn from the project's target population. Participants use secure netbook computers to answer most survey questions. To assure maximum confidentiality, the survey computers do not collect any personal identifying information about participants.

Feedback from this pilot will allow the Council to refine the questions in preparation for the official survey, which will launch early in 2011.



LinCS 2 Durham Collaborative Council members reviewing survey questions at a retreat held August 28, 2010 at the Stanford L. Warren branch of the Durham County Public Library: left to right, Caressa White and Timberly Butler. Ms. Butler is also a member of the project's field staff. Photo: Mario Chen/FHI

Collaborative Council Online

The Collaborative Council has a Web site. A select group of creative and web-savvy members developed it. Special thanks to Council member Allison Winfield Kalloo for maintaining the site.



Allison Winfield Kalloo, LinCS 2 Durham Collaborative Council member

Check the site for minutes of the most recent Council meeting, an archive of the minutes of previous meetings, a gallery of photos documenting Council activities, and a blog. The site describes the Council’s work in the context of the LinCS project as a whole. It’s also a gateway to information about the HIV epidemic. To visit the site, click [here](#).

Staff Profile: Michelle A. Laws



Michelle A. Laws, LinCS 2 Durham study team member (Photo courtesy of North Carolina Central University)

Michelle Laws describes herself as a public sociologist. She says she’s interested not only in theory but also in “applying sociological research to public policy, to reduce social inequality and improve social conditions.” Before joining the sociology department at North Carolina Central University, Ms. Laws was the legislative liaison for a division of the North Carolina Department of Health and Human Services. From

2008 to 2010 she served on the state’s Human Relations Commission. Now, in addition to her teaching, she is president of the Chapel Hill-Carrboro chapter of the National Association for the Advancement of Colored People. Ms. Laws says, “In everything I do, I ask ‘Is this work really going to make a difference? Is it going to get in the hands of policy makers or practitioners to effect change?’”

Ms. Laws joined the LinCS 2 Durham study team in March 2010, drawn by her longtime interest in health disparities associated with HIV and AIDS. “LinCS connects communities and science, and that’s a nice fit for an applied sociologist,” she says. “That’s exactly what we do.” She says the project has been an interesting experiment for her in maintaining neutrality and balance. “I wear two hats,” she says. “As a scientist, my job is to be objective and value-free. At the same time, I’m a member of Durham’s Black community and LinCS gives me a chance to use my professional skills in service to my community.”

At times Ms. Laws finds her dual perspectives challenging. The foundation of LinCS 2 Durham is community-based participatory research. “The process requires some starts and stops along the way that can delay that immediacy we tend to look for when we’re talking about critical health issues,” Ms. Laws observes. “HIV and AIDS are urgent problems, but I understand the need to be systematic, with scientific rigor undergirding us.”

Point of View: Noah Powell

Recently I came across a surprising talk by Robert E. Fullilove, a professor at Columbia University’s Mailman School of Public Health and advisor to the National Academy of Science, the National Institutes of Health, and the United States Center for Disease Control and Prevention.

In his keynote address in 2009 to the 30th annual Minority Health Conference at the University of North Carolina at Chapel Hill, Dr. Fullilove argued that health care promotion or disease prevention may not be the appropriate first step in creating effective interventions.



Noah Powell, LinCS 2 Durham Collaborative Council member
(Photo: Debbie McGill/FHI)

He suggested that a return to the roots of old-fashioned community organizing is the most effective approach to disease prevention. As a student of history, I concur.

Consider this: The civil rights movement actually started in 1688, with the Germantown (Pennsylvania) Quaker Petition against Slavery—the first protest of slavery made by a religious body in the American colonies. Following the petition there were three more major milestones:

- The abolitionist movement, which helped to end slavery
- The dismantling of the Jim Crow laws, which prepared the ground for the Supreme Court’s *Brown v. Board of Education* decision and the eventual desegregation of public schools
- The work of Martin Luther King, Jr.

Many would argue that Reverend King led the movement that brought about the inclusion of African Americans in the American fabric. Others would say he only played a part. Either way, according to Fullilove, understanding the long history of community activism can give us direction to handle health issues in the present.

Understanding and applying the practices and principles of community mobilization can empower communities who now desperately need that strength. Community organizers walking different paths came together time and again over the centuries to seek equality for African Americans. I believe we can be just as effective as the old, unforgotten soldiers of our distant past, and build on the social capital they bequeathed to us.

Noah Powell received his Bachelor of Arts degree in history from North Carolina Central University in 1984. He is a founding member of the LinCS 2 Durham Collaborative Council and also serves on the advisory council and the World AIDS Day committee of the Partnership for a Healthy Durham.

HIV and Black America in the News

Daily pill found to prevent HIV

Results of a study [announced](#) this month suggest that taking antiretroviral (ARV) medicine normally used to treat people who are HIV positive can also protect people from acquiring the infection. The [iPrEx](#) study, conducted since 2007 in the United States, Brazil, Ecuador, Peru, South Africa, and Thailand showed that the risk of acquiring HIV among men who have sex with men (MSM) dropped

by 43.8 percent with use of two widely used HIV medications, emtricitabine and tenofovir (FTC/TDF). Consistent use of the drugs may have offered more protection.

The study is “the first HIV prevention study looking at men in either Africa or Asia and the first time a method using medication has been shown to prevent infection in MSM,” according to commentary by the [Black AIDS Institute](#). National and international health authorities and regulatory bodies must now meet to review the iPrEx study data and determine whether and how to recommend use of ARV medicines for people at increased risk of HIV infection.

The [National Institutes of Health](#) (NIH) sponsored iPrEx through a grant to the [Gladstone Institutes](#), a nonprofit independent research organization affiliated with the University of California at San Francisco. The [Bill & Melinda Gates Foundation](#) also supported the study.

A call for change in U.S. HIV prevention strategy

An article posted on the Web site of the Coalition for a National AIDS Strategy (a collective of more than 500 organizations and 2,400 people) says President Obama’s [National HIV/AIDS Strategy](#), released in July 2010, must address “the context of vulnerability” in order to succeed. In [“How HIV Prevention Has to Change,”](#) Chris Collins points out that “African-American gay men do not practice riskier sexual behavior than their white counterparts, and have lower risk profiles in some respects.” Collins says African-American gay men are nevertheless at far greater risk of becoming HIV positive than other demographic groups because of social barriers—“stigma, racism, and homophobia”—to HIV prevention and care services. The coalition calls for an expansion of these services in areas with high incidence of HIV.

Awareness of HIV status lowest among young Black men

The results of a [study](#) released in late September, 2010 by the U.S. Centers for Disease Control and Prevention (CDC) show that among racial and ethnic groups in this country, HIV-infected Black men who have sex with men are least likely to be aware of their status: 59 percent were unaware, in comparison with 49 percent of Hispanics and 26 percent of whites. The percentage of HIV-infected Black men under the age of 30 who have sex with men and don’t know their status jumped to 71 percent.

CDC researchers suggested several factors that contribute to young men’s ignorance of status across demographic groups: “they may have been infected more recently, may underestimate their personal risk, may have had fewer opportunities to get tested, or may believe that advances in HIV treatment minimize the threat of HIV.” The researchers identified additional barriers to knowledge of status for young men of color. For this group, they said, “discrimination and

socioeconomic factors – such as poverty, homophobia, stigma, and limited health-care access – may be especially acute and pose particular challenges.”

U.S. funds better HIV/AIDS care for minority groups

The United States Office of AIDS Policy [announced](#) in October 2010 the award of a three-year, \$2.975 million grant “to improve and enhance the organizational capacity of community health centers across the nation to provide culturally competent, compassionate, high-quality, and life sustaining HIV care and treatment to racial and ethnic minorities living with or affected by HIV/AIDS.” The grant will support training for staff of a national network of 7,900 health centers that offer primary care to 19 million medically underserved people, 40 percent of whom have no health insurance. For a list of centers in Durham that participate in the network, click [here](#).

Real Talk!

Be a part of the LinCS 2 Durham project

Join the conversation about ways to prevent the spread of HIV/AIDS in Durham’s Black communities. Please contact Natalie Eley, the LinCS 2 Durham study coordinator, to request information about the LinCS 2 Durham project and find out how to participate.

You’re also invited to share your knowledge with the LinCS 2 Durham project team. Tell us what you think about this effort. If you come across something interesting in the news related to HIV, send it to us. And let us know about local events that would be good opportunities to spread the word about LinCS 2 Durham. We thank you for your interest and help!

To reach Natalie, e-mail her at lincs2durham@fhi.org. Or get in touch with Randy Rogers, a public health education specialist for the Durham County Health Department and coordinator of the LinCS 2 Durham Collaborative Council: rrogers@co.durham.nc.us; (919) 560-7675.

Contribute to the LinCS 2 Durham newsletter

Our purpose with this newsletter is to keep you informed about the project’s many activities and accomplishments. The newsletter is also a forum for information that isn’t part of the project but related to it:

- Articles from the news
- Community events with an HIV message
- Stories of the impact of HIV on you and your family, friends, and neighbors
- Suggestions to improve support for people living with HIV/AIDS and their caregivers

- Your ideas about ways to stop the spread of HIV in Durham

You deserve credit for your contributions to the newsletter. However, if you prefer to contribute confidentially, just let us know. In that case we won't identify you as the source and we'll guard your anonymity.

The LinCS 2 Durham newsletter is a work in progress. We'd like to know what you think of it, so we can make it better.

E-mail us at lincs2durham@fhi.org.