AIDS Education and Training Center
National Multicultural Center
HOWARD UNIVERSITY COLLEGE OF MEDICINE

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AETC-NMC NETWORK e-NEWS

Your Connection to Ensuring Cultural Competence in HIV Focused Healthcare

CULTURAL COMPETENCE: The AIDS Education and Training Center National Multicultural Center (AETC-NMC) at Howard University Leads the Way

In August 2009, the Health Resources and Services Administration awarded Howard University College of Medicine, Department of Infectious Diseases, a three-year cooperative agreement to establish the AETC National Multicultural Center (AETC-NMC). The purpose of the Center was to serve as the AIDS Education Training Centers (AETCs) leader for the provision of training, curriculum development, and best practices in cross-cultural and multicultural HIV/AIDS care.

To achieve the overarching goal of this nationwide effort, the AETC-NMC was asked to focus on reducing HIV/AIDS disparities by:

- increasing cross-cultural awareness and competency in health care professionals, while facilitating the needs of people living with HIV/AIDS; and
- improving communication between health care providers and their patients living with HIV/AIDS.

This August, the AETC-NMC concludes this very successful cooperative agreement in which the goals outlined by the funding agency were accomplished. In its premier role as a National Resource for the training of healthcare providers in multicultural HIV/AIDS care, the AETC-NMC has played a key role in supporting President Obama's National HIV/AIDS Strategy. This has been accomplished primarily through educating and training the clinical workforce to address the cultural needs of racial and ethnic minorities, as well as the vulnerable and marginalized populations who suffer disproportionately from HIV/AIDS. The impact of our work has been most felt in i)reducing the number of people from becoming infected with HIV; ii) increasing access to care for those affected by HIV; and, iii) decreasing HIV-related health disparities.

Our work has concomitantly strengthened the HIV clinical workforce in support of the Ryan White HIV/AIDS Program and the recently released HHS National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care. It will also serve to support the successful implementation of the Affordable Care Act (ACA). One mandate of the ACA is to strengthen cultural competency training for all health care providers and work to improve communications between providers and patients. These are activities that the AETC-NMC has been successfully implementing during the past three years.

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Please visit our website (**www.aetcnmc.org**) for more information about our work and to register for upcoming Cultural Competency Training in HIV Management.

CULTURAL COMPETENCE: The AIDS Education and Training Center National Multicultural Center (AETC-NMC) at Howard University Leads the Way *(continued)*

As a direct impact of work in cultural competency, cross-cultural awareness, and patient provider communication training among HIV clinical and care providers, we have helped to strengthen the clinical workforce in providing quality health care for all Americans, especially among low-income Americans, racial and ethnic minorities, and other underserved populations who often have higher rates of disease, fewer treatment options, and reduced access to care.

Ongoing findings from our HIV clinician training needs assessments and gap analysis surveys revealed that cultural competency is often overlooked as an essential element in the provision of quality care. And, understanding the concept of geographic HIV hot spots and the importance of focusing on specific populations and communities that have emerging HIV demand, then addressing the unique training needs of clinicians to adequately respond to those current trends, we can collectively have the biggest impact in lowering the risk of acquiring HIV nationwide. In response to these findings, the AETC-NMC launched the *Regional AETC Cultural Competency and Emerging Populations Training Needs Assessment.*

This effort, innovative in its concept and approach, helped identify the specific emerging cultural competency HIV needs of each AETC geographic region. We then developed targeted resources. The trends identified from this research, made it imperative to consider a regional approach in the fight against HIV/AIDS. This approach became a major focus of the AETC-NMC in training clinicians to better manage the healthcare needs of individuals with HIV/AIDS by increasing their cultural competency skill set.

The AETC-NMC employed a data-driven approach to our program design and development. Thus, key components of the training strategy included conducting needs assessment; prioritizing areas of cultural competency and clinical HIV needs, then develop, design and deliver the training module, progress documentation and evaluating intervention. The "AETC-National Multicultural Center's Nationwide Impact" on page 4 of this newsletter provides details on the impact of our work.

In addition to addressing key aspects of clinical management our needs assessments showed that clinicians serving multicultural populations must be proficient in the management of HIV as it relates to ethnic and racial populations; the vulnerable and marginalized populations; and co-morbidities such as mental illness, hepatitis, substance abuse, etc. and the integration of the chronic care model into all aspects of primary care, secondary prevention, and behavior change.

During the life of this agreement the following key tasks were accomplished:

- Eighteen CME/CEU-accredited live webcasts were conducted.
- Approximately 2,100 HIV clinicians and other care providers were trained.
- Collectively, clinicians who received training reported that they provide clinical care to over 50,000 individuals with HIV in the U.S.
- Regional specific HIV resources were provided for 100% of the AETC Network partners.
- Development of a diverse nationwide consultant pool of HIV and cultural competency experts
- Distribution database of over 70,000 HIV clinicians and other care providers.
- Development of the following tools:
  - ***Cultural Competency and HIV Training Needs Assessment*** – used to assess the need and then develop cultural competency and HIV educational resources for healthcare professionals in the US.
  - ***AETC Regional Emerging Populations Training Needs Assessment*** – used to identify emerging geographical HIV trends and develop culturally competent HIV resources of each AETC region.
  - ***Provision of Quality HIV/AIDS Care*** – used to identify causes of stigma among clinicians and its impact on patient care.
  - ***International Medical Graduates Cultural Competency and HIV Training Needs*** – used to assess the cultural competency skills and knowledge of Foreign-Trained Clinicians and identify resources to strengthen their ability to provide culturally competent quality HIV care.
- ***AETC-NMC Provider Self-Assessment*** – linked providers nationwide, to the most appropriate AETC-NMC training modules based on their current knowledge and skills related to HIV/AIDS.

CULTURAL COMPETENCE: The AIDS Education and Training Center National Multicultural Center (AETC-NMC) at Howard University Leads the Way *(continued)*

Training topics developed and conducted *via web-based interactive medium included the following:*

1. Cultural Competence: Strengthening the Clinician's Role in Delivering Quality HIV Care;
2. HIV and Substance Abuse;
3. The Triple Whammy for African Americans: HIV and Psychiatric Illness;
4. Implementing the CLAS Standards to Reduce HIV Disparity: Part I;
5. Implementing the CLAS Standards to Reduce HIV Disparity: Part II;
6. Promoting HIV Testing among Diverse Populations;
7. Issues of Ethnopharmacology in HIV Management;
8. Cultural Competence: Strengthening the Clinicians Role in Delivering Quality HIV Care within African American Adolescent MSM Communities;
9. Cultural Competence: Strengthening the Clinicians Role in Delivering Quality HIV Care within Hispanic Adolescent MSM Communities;
10. Cultural Competence: Strengthening the Clinicians Role in Delivering Quality HIV Care within AANHPI Transgender Communities;
11. Cultural Competence: Strengthening the Clinicians Role in Delivering Quality HIV Care within Native American Transgender Communities;
12. Patient Provider Communications and the Impact on Medical Outcomes for Patients with HIV: Part I;
13. Patient Provider Communications and the Impact on Medical Outcomes for Patients with HIV: Part II;
14. Cultural Competence: Strengthening the Clinician's Role in Delivering Quality HIV Care within Homeless Communities;
15. Cultural Competence: Strengthening the Clinician's Role in Delivering Quality Care within Veteran Communities;
16. Cultural Competence: Strengthening the Clinician's Role in Delivering Quality HIV Care to People with Disabilities;
17. Cultural Competence: Strengthening the Clinician's Role in Delivering Quality HIV Care within Asian and Pacific Islander (API) Communities (Burmese);
18. Cultural Competence: The Impact of Stigma on Patients with HIV/AIDS;

CULTURAL COMPETENCE: The AIDS Education and Training Center National Multicultural Center (AETC-NMC) at Howard University Leads the Way *(continued)*

- ***Comprehensive cultural competency HIV curricula to accompany each webinar training sessions.***
  - Cultural Competence: Strengthening the Clinician's Role in Delivering Quality HIV Care and Substance Abuse
  - The Triple Whammy for African Americans: HIV and Psychiatric Illness
  - Implementing the CLAS Standards to Reduce HIV Disparity: Part I
  - Implementing the CLAS Standards to Reduce HIV Disparity: Part II
  - Promoting HIV Testing among Diverse Populations
  - Issues of Ethnopharmacology in HIV Management
  - Cultural Competence: Strengthening the Clinicians Role in Delivering Quality HIV Care within African American Adolescent MSM Communities
  - Cultural Competence: Strengthening the Clinicians Role in Delivering Quality HIV Care within Hispanic Adolescent MSM Communities
  - Cultural Competence: Strengthening the Clinicians Role in Delivering Quality HIV Care within AANHPI Transgender Communities
  - Cultural Competence: Strengthening the Clinicians Role in Delivering Quality HIV Care within Native American Transgender Communities
  - Patient Provider Communications and the Impact on Medical Outcomes for Patients with HIV: Part I
  - Patient Provider Communications and the Impact on Medical Outcomes for Patients with HIV: Part II

- ***Development of the following tools to assist health care providers and clinicians to better serve the health needs of HIV/AIDS diverse patients:***
  - *Cultural Competency and HIV Training Needs Assessment* - assessed the cultural competency and HIV education needs of healthcare professionals in the US.
  - *AETC Regional Emerging Populations Training Needs Assessment*- identified information about the geographically specific cultural competency HIV needs of each AETC region and determined how the AETC-NMC may best support those needs.
  - *Provision of Quality HIV/AIDS Care* - identified the causes of stigma among clinicians and its impact on patient care.
  - *International Medical Graduates Cultural Competency and HIV Training Needs* - focused on the emerging population of Foreign-Trained Clinicians in the US and their ability to provide culturally competent quality HIV care.
  - *AETC-NMC Provider Self-Assessment* - linked providers nationwide, to the most appropriate AETC-NMC training modules based on their current knowledge and skills related to HIV/AIDS.

Conclusion:

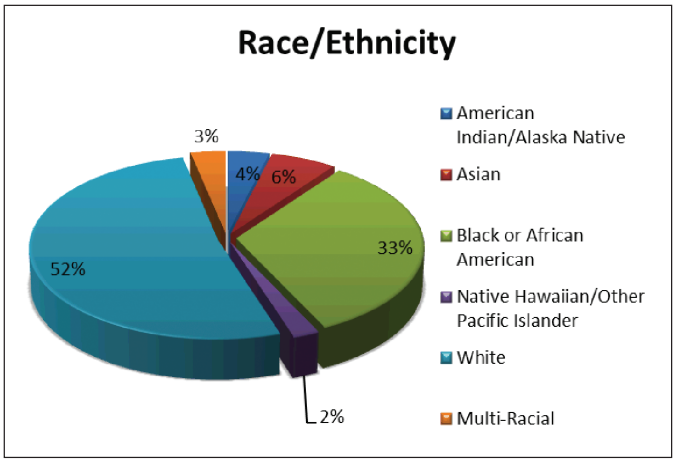
During this period, the AETC-NMC has worked to help clinicians better understand how Cultural Competency can improve quality of care and health outcomes while simultaneously eliminating health disparity for persons living with HIV. As a result, we have been able to strengthen the ability of health care providers to address the distinct health needs of diverse, multiethnic populations within the context of health promotion and health care delivery. The results should translate into better health care and a strengthening of the health systems response to the HIV epidemic. The care provider who understands that beliefs about disease, health, and perceived causes of sickness stem, in part, from an individual's culture and to be effective, health care services should be responsive to, and respectful of, cultural and linguistic needs is on the path of cultural awareness.

AETC-National Multicultural Center Strengthens Diversity of the Clinical HIV Workforce

The AETC-NMC conducted eighteen live webcasts on HIV and Cultural Competence during the three year life of this funding period. Our trainings were ethnically diverse with the majority of providers who were Caucasian (51.7%), reported their patient loads were made up of mostly racial/ethnic minorities. Our efforts served to educate and train almost 2,100 "unique" HIV clinicians and other care providers, thereby strengthening their ability to deliver quality HIV care. Collectively, these clinicians reported that they provided HIV care to almost 50,000 patients living with HIV nationwide. The impact of this focused training is of significance in light of the CDC reporting an average of 47,500 new reported cases of HIV annually.

HIV/AIDS disproportionately impact ethnic and racial minorities. As the CDC reports, members of minority groups account for only about 8% of physicians in practice and African-Americans comprise less than 4% of physicians. HIV clinicians from minority groups comprise even less. And with HIV care being provided overwhelmingly by majority clinicians, cultural competence becomes paramount in helping to reduce HIV disparity. Thus, the overarching impact of the AETC-NMC's training cannot be overstated as our data also show that we have satisfied the HIV and cultural competency training needs for this diverse clinical workforce.

The AETC-NMC's consistent data driven approach to our work was crucial to the success of the training program. Specific metrics were used to capture trainees' learning experiences and outcomes. This included extensive follow-up evaluation measures, pre/post analysis and 30/90 follow-up tools. Training participants reported significant increases in knowledge after trainings ($p < .01$). Data from a 30-day follow up training on Cultural Competence: Strengthening the Clinician's Role in Delivering Quality HIV Care, for example revealed the following ($t(93) = -6.174$, $p<.05$):



- 91.2% of clinicians found trainings adequately prepared them to increase involvement as an HIV care provider.
- 26.1% of clinicians reported that they would apply the strategies learned in their practice care setting on a daily basis.
- 34.8% of clinicians reported that they would apply the strategies learned in their practice care setting regularly (at least once a week).
- 73.9% of clinicians reported that they would use the strategies learned from the trainings to improve their ability to communicate with patients.
- 43.5% of clinicians reported that they would use the strategies learned to improve clinical skills to provide care to patients with HIV/AIDS.

Overall, AETC-NMC trainings data reveals that clinicians have 1) effectively implemented the culturally competent strategies learned, 2) become more responsive to the cultural competency needs of their patients, and 3) positively influenced the quality of care provided to patients living with HIV. The steps have therefore helped the AETC-NMC accomplish its mission and have helped to ensure a competent, diverse and sustainable HIV clinical workforce prepared to meet current and emerging health equity priorities.

[1]CDC. Estimated HIV incidence among adults and adolescents in the United States, 2007-2010. HIV Supplemental Report 2012.

AETC-NMC Expands on Social Media Tools to Advance Prevention and Treatment of HIV/AIDS

The AETC programs at Howard University have built on its legacy of distance-based technology and has thus allowed for the AETC-NMC to focus considerable effort throughout the project to ensure that critical health information – lessons learned and responsiveness to the needs of the user – is readily available online and on-the-go. By doing so, the AETC-NMC has addressed the U.S. Public Health Service's current goal "*to improve IT skills among public health professionals and medical practitioners.*"

According to recent studies, 81% of private health consumers, 97% of primary care physicians, and 96% of state health department staff use the Internet to routinely locate health information. In a study conducted by the Pew Internet and American Life Project, primary care physicians were listed second in preference to the internet (58%) by respondents as the *most important* source for health information. Additionally, social media, including sharing of user-generated content through Web 2.0 platforms such as Facebook, Twitter, and LinkedIn, have become a growing venue for exchange of health information.

Understanding that simplifying the web browsing process thereby making it easy to navigate will increase traffic to our website, the AETC-NMC completely redesigned our website in early 2012. This allowed for greater access through search engines, compliance with Section 508 of the Americans with Disabilities Act, and greater usability for those who needed to find information quickly. As a result of these focused enhancements in helping clients find the, "right needle in the digital haystack," the following were immediately realized:

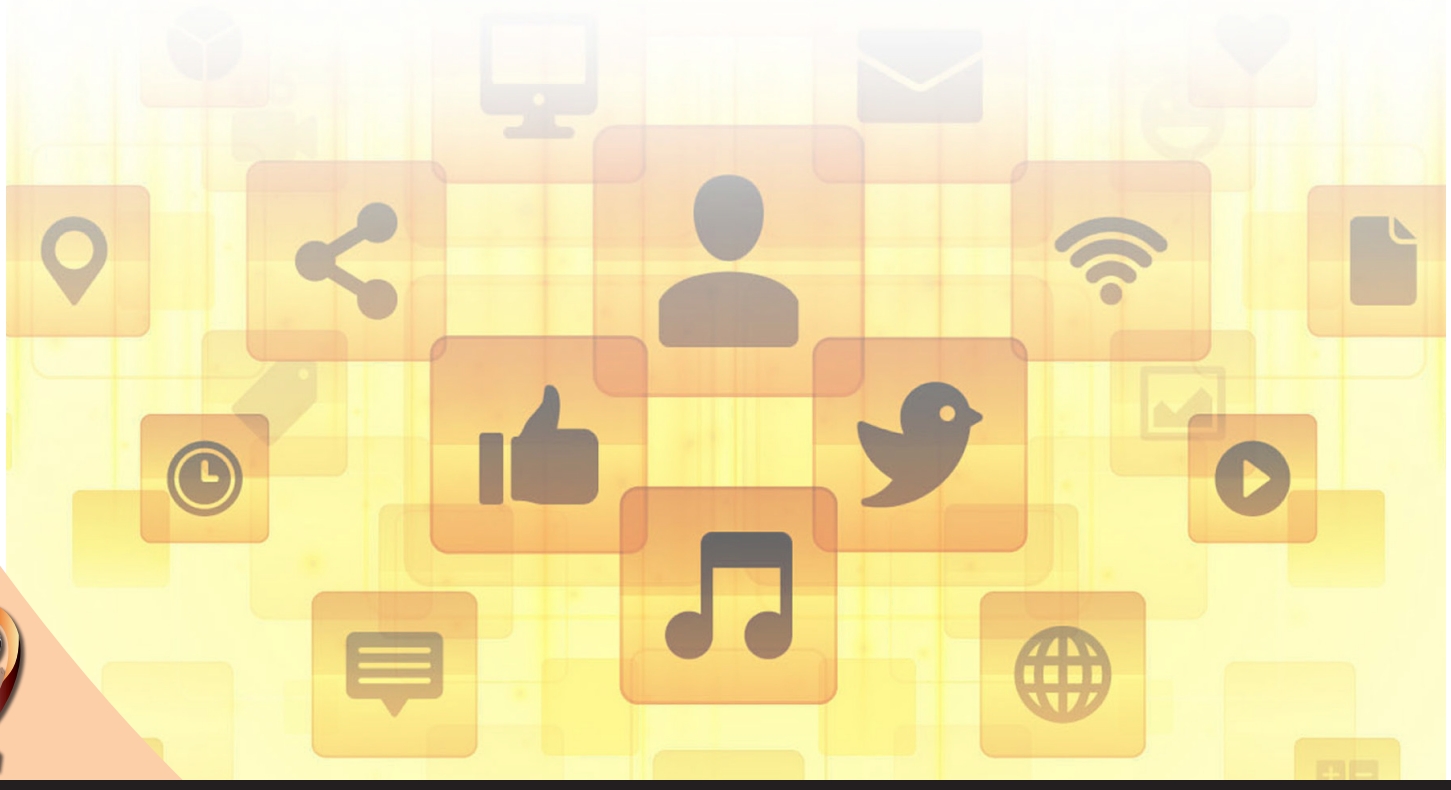
- > 30% increase in overall usage
- > 50% increase in repeat users

The site was also expanded to include:

- A comprehensive distance learning curricula
- Archived webinars to include:
  - "Listen + Learn" podcasts for those wanting quick tutorials.
  - Automated bibliographies tapping the National Library of Medicine's journal databases, to provide the most current related information
  - An interactive Translation Toolkit for Health Professionals to provide additional resources and ensure access to content in various languages, including English.

Following the momentum gained in the website's overhaul, the AETC-NMC launched a social media campaign consisting of Twitter and Facebook. Information about the project's newly-developed materials, learning and training opportunities, and the latest data and research from the field was also posted. Social media followers varied from HIV clinicians and other care providers to individuals living with HIV/AIDS as well as federal health agencies.

Taking this step in social media through **@aetcnmc** (Twitter) and *Cultural-Competence-at-Howard-University* (Facebook) have also served to expose our faculty and staff to the activities of our colleagues in the filed in "real time." Furthermore, this approach has also allowed us to follow the social media directive: ***Stay Connected***.



Voices from the Field

C. Godfrey Jacobs



1. ***Briefly describe your current work in the field of cultural competency.***

As Program Manager for the Health Determinants and Disparities Practice (HDDP) at SRA International, Inc. our key client is the HHS Office of Minority Health (OMH). Our work with OMH is focused on implementing its Think Cultural Health (TCH) project. TCH is dedicated to advance health equity through the development and promotion of culturally and linguistically appropriate services. TCH offers the latest resources and tools to promote cultural and linguistic competency in health care. Free, accredited continuing education programs are also provided. This includes a suite of e-learning resources which includes on-line curricula for physicians, nurses, and disaster first responders are available. These will be supplemented with curricula designed for oral health professionals and for Promotores de salud/community health workers in the near future. Information about TCH is available at **www.thinkculturalhealth.hhs.gov**

2. ***OMH recently released an enhanced version of the National CLAS Standards. How will this impact health disparity?***

The concepts of cultural and linguistic competency as well as health disparities are featured prominently in the Patient Protection and Affordable Care Act (ACA). In April of this year (2013) OMH released an enhanced version of the National CLAS Standards. The enhanced National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2011) and the National Stakeholder Strategy for Achieving Health Equity (HHS National Partnership for Action to End Health Disparities, 2011), which aims to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country. Similar to these initiatives, the enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

Further, OMH undertook the National CLAS Standards Enhancement Initiative from 2010 to 2013 to recognize the nation's increasing diversity, to reflect the tremendous growth in the fields of cultural and linguistic competency over the past decade, and to ensure relevance with new national policies and legislation, such as the Affordable Care Act.

3. ***What are some cultural factors that influence the provision of clinical care for patients with HIV/AIDS?***

The HIV/AIDS epidemic in the United States sits squarely at the intersections of social and health related issues. Countries of origin, for example can affect cultural values of patients, as can levels of acculturation and even impact on the patient-provider relationship. Factors such as race, ethnicity, gender, socioeconomic factors often predominate. However, when we think of this more broadly, cultural competency is needed to respond to current demographic trends, improve patient outcomes, and increase the overall quality of care among our ever increasing multi-cultural and diverse communities nationwide. And while it is difficult to quantatively show the role of cultural competence in reducing racial and ethnic health disparities, there are a plethora of studies to amply show that the persistence of racial and ethnic disparities in health care access, quality, and outcomes as relates to cultural competence of health care can be effective in reducing health disparities. As such, the values, needs, and preferences of the patient should always be taken into consideration.

4. ***If you could give a new clinician who wants to serve culturally diverse patients one piece of advice, what would it be?***

I would advise a new clinician to be prepared each day to learn something new about the culture of the patients he/she sees. Be prepared to take the cultural competence journey that will never end because there is always more to learn.

C. Godfrey Jacobs *is an expert in cultural competence and the needs of special populations. His particular focus is in the area of health disparities. He currently directs "Think Cultural Health," a project sponsored by HHS' Office of Minority Health (OMH). The project aims to help reduce health disparities by developing and implementing culturally competent curricula on a range of health issues.*



Collective Voices from the Field

***We asked our Cultural Competency HIV experts:* "One mandate of the Affordable Care Act (ACA) is to strengthen cultural competency training for all health care providers and work to improve communications between providers and patients. In this context, please explain What does Cultural Competency mean to you as a clinician?"**

"Cultural competence is not a state of being, but rather a process of becoming competent by seeking unremitting cultural encounters to acquire cultural awareness, cultural knowledge, cultural skill and cultural desire."

Josepha Campinha-Bacote, PhD, MAR, PMHCNS-BC, CTN-A, FAAN is President and Founder of Transcultural C.A.R.E. Associates, in Cincinnati, Ohio

"Cultural competency is a patient centered journey we take understanding that each patient is an individual clinically, socially, psychological and spiritually. Any other approach to patient care is not acceptable and would lead to an absence of prevention and poor health outcomes."

I Jean Davis, PhD, PA, AAHIVS, Faculty Consultant, AETC National Multicultural Center

"Cultural Competence is the ability of the health care practitioner to partner with each patient from different cultures and backgrounds and consistently provide each of them with the most comprehensive, effective, quality medical care such that patient-centered health and wellness are promoted."

Goulda A. Downer, PhD, RD, LN, CNS
Principal Investigator/Assistant Professor, AETC National Multicultural Center & Howard University College of Medicine

"Compassion and understanding for the patient while working to provide the best care possible."

Andre Farquharson, DDS is an Associate Professor in Washington, DC at Howard University College of Dentistry.

"Cultural competency is a direct reflection of the knowledge, understanding and effectiveness of the care you tailor to each and every client you serve." You can consider yourself culturally competent if your client considers you a partner in their care and they say, "No one knows me better than you."

Veronica Jenkins, MD, is the Medical Director at Family and Medical Counseling Service, in Washington, DC

"Although the role of cultural competency is sometimes focused on the interaction with the patient in an effort to create a comfortable environment for a patient centered interaction, the role is much broader and expands to the treatment modalities. For example, many patients cannot be expected to adhere to certain diets, exercise or medication regimens which may conflict with their cultural, religious, or family customs. As healthcare providers, we have a responsibility to seek ways to maximize our patient's healthcare outcomes, and this includes ways to incorporate these belief into their treatment modalities."

John I. McNeil,MD
President Maximed Associate,PC

"Cultural competency…. means meeting the patient in a place (emotional, physical, spiritual, mentally, etc) that provides the most comfortable and shared experience to meet the need expresses by the patient. Cultural competency must start with a process for clinicians and practitioners to access information and quickly understand and explore the competences necessary to connect with the patient….. Interpersonal communication skills and listening strategies help the two, patient and provider, quickly find common ground to share their values and negotiate the patient's care."

Blaine Parrish, PhD, is Assistant Professor and Interim Director of the Community Oriented Primary Care (COPC) program in the Department of Prevention and Community Health, George University in Washington, DC

"Cultural competency means to understand your patients not just as individuals but as unique persons shaped by a mosaic of cultural values, mores, and belief systems"

Paul Nathenson, ND, RN, CRRN, HN-BC is the Vice President of Integrative Health and Community Services at Madonna Rehabilitation Hospital in Lincoln, Nebraska.



Tune-In or Join-In: It's Your Choice: (HIV and Cultural Competency-Focused Webinars/Webcasts/Events)

AETC-NMC Calendar of Events

JULY 26 – 30, 2013

AETC-NMC Abstract for

National Dental Association

National Harbor, MD

http://www.ndaonline.org/index.php?option=com_content&view=article&id=265&Itemid=41

ABSTRACT TITLE:

AN EMERGING ORAL HEALTH ISSUE: HIV and Aging

Goulda Downer, PhD, RD, LN, CNS;
Gail Cherry-Peppers, DDS,
David Reznik, DDS

Effective diagnosis, treatment, and care for persons with HIV have resulted in extended life expectancy. This encouraging news is tempered by data which show that approximately one out of every six new HIV diagnoses is among adults over age 50 with nearly one-quarter of the nearly 35,000 new cases of AIDS occurring in those aged 50 or older. Furthermore, new estimates show that as early as 2015, more than half of the U.S. population with HIV will be age 50 or older. Whether resulting from a lack of prevention messages that have not targeted this older population; clinicians who incorrectly underestimate the desire for and level of sexual activity in older adults, thereby neglecting their STI risk; clinicians who mistake the signs of the disease for "normal aging," or because HIV disease is largely and wrongly associated with youth and therefore do not get tested, AIDS diagnoses among older adults are rising while it appears to be decreasing overall. This session will focus on the complexity of oral care for older persons living with HIV/AIDS

- Discuss testing and treatment issues pertinent to dental practice and older patients with HIV/AIDS
- Identify and develop mechanisms to assist dentists adopt best practices associated with aging, oral health and HIV
- Describe how to optimize oral health care in the management and overall well being for older individuals diagnosed with HIV/AIDS.
- Discuss the culture of being older with HIV and accessing dental care

Tune-In or Join-In: It's Your Choice: (HIV and Cultural Competency-Focused Webinars/Webcasts/Events)

The following information is disseminated for informational purposes only and does not constitute an endorsement by the AETC-NMC:

JULY 1 – 31, 2013

National Minority Mental health Awareness Month

http://www.nami.org/Template.cfm?Section=Multicultural_Support&Template=/ContentManagement/ContentDisplay.cfm&ContentID=120508

JULY 1 – JULY 31, 2013

Latino HIV Testing Month - New York

http://www.health.ny.gov/press/releases/2011/2011-07-19_hiv_testing_month.htm

JULY 7 – 9, 2013

The 17th Annual Fellows Course in Hospital Epidemiology and Infection Control

John Hopkins Hospital
Baltimore, MD

http://heicfellowscourse.com/

JULY 10 – 13, 2013

American Association of Naturopathic Physicians Conference

Keystone, CO

http://www.naturopathic.org/conference2013

JULY 17, 2013

1:00 pm - 2:00 pm ET

Webcast: Our Strength and Support: Celebrating National Minority Mental health Awareness Month

https://www2.gotomeeting.com/register/794767202

JULY 19 – 20, 2013

Correctional Health Care Leadership Institutes for Physicians and Health Administrators

Las Vegas, NV

http://www.ncchc.org/correctional-health-care-leadership-institutes

JULY 21, 2013

National Clinicians HIV/AIDS Testing and Awareness Day

http://www.theaidsinstitute.org/node/474

JULY 22 – AUGUST 1, 2013

The 21st Annual Principles of STD/HIV Research Course

University of Washington

Seattle, WA

http://pshrcourse.org/

JULY 26 – 30, 2013

National Dental Association 100th Annual Convention

National Harbor, MD

http://www.ndaonline.org/index.php?option=com_content&view=article&id=265&Itemid=41

JULY 27 – 31, 2013

National Medical Association

Toronto, Canada

http://www.nmanet.org/index.php?id=206&option=com_content&Itemid=31

JULY 28, 2013

World Hepatitis Day

http://www.cdc.gov/hepatitis/WorldHepDay.htm

JULY 31 – AUGUST 4, 2013

41st National Black Nurses Association Annual Institute and Conference

New Orleans, LA

http://www.nbna.org/index.php?option=com_content&view=article&id=575&Itemid=197

AUGUST 6 – 9, 2013

National Association of Hispanic Nurses (NAHN)

New Orleans, LA

http://www.nahnnet.org/

Tune-In or Join-In: It's Your Choice: (HIV and Cultural Competency-Focused Webinars/Webcasts/Events) *(continued)*

SEPTEMBER 8 – 11, 2013

US Conference on AIDS (USCA)
Hyatt Regency
New Orleans, LA
http://nmac.org/events/2013-u-s-conference-on-aids/

SEPTEMBER 18 – 21, 2013

Gay and Lesbian Medical Association (GLMA) 31st Annual Conference
Denver, CO
http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageId=559

SEPTEMBER 18, 2013

National HIV/AIDS and Aging Awareness Day
http://www.theaidsinstitute.org/programs/education/national-hivaids-and-aging-awareness-nhaaa

September 21, 2013
South Sound AIDS Walk
Cheney Stadium
Tacoma, WA
http://www.piercecountyaids.org/

SEPTEMBER 24 – 25, 2013

National Health Impact Assessment Meeting
The Washington Hilton
Washington, DC
http://www.nationalhiameeting.com/

SEPTEMBER 27, 2013

8th Annual National Conference on HIV/AIDS & Aging
Boston, MA
http://neaetc.org/component/comprofiler/registers

SEPTEMBER 27, 2013

National Gay Men's HIV/AIDS Awareness Day
www.napwa.org

OCTOBER 15, 2013

National Latino AIDS Awareness Day
http://www.nlaad.org/

OCTOBER 26 – 30, 2013

National Conference on Correctional Health Care
Nashville, TN
http://www.ncchc.org/national-conference-on-correctional-health-care

OCTOBER 30 – 31, 2013

4th International Workshop on HIV & Aging
Baltimore, MD
http://www.virology-education.com/index.cfm/t/Welcome/vid/4DBFC252-EA30-037D-FC3777A7D4305083

NOVEMBER 2 – 6, 2013

American Public Health Association (APHA)
141st Annual Meeting and Exposition
Boston, MA
http://www.apha.org/meetings/AnnualMeeting/

NOVEMBER 3 – 5, 2013

A Transitional Medicine Conference on HIV research

What will it take to Achieve and AIDS-free World?
San Francisco, CA
http://www.translationalmedicine-lancet-cell.com/HIV/index.html

NOVEMBER 18 – 22, 2013

11th International Congress on AIDS in Asia and the Pacific (ICAAP11)
Bangkok, Thailand
http://www.icaap11.org/

NOVEMBER 21 – 23, 2013

ANAC's 26th Annual Conference
Atlanta, Georgia, USA
http://www.nursesinaidscare.org/i4a/pages/index.cfm?pageid=4457

DECEMBER 1, 2013

World AIDS Day
worldaidscampaign.org

Downer, Goulda, PhD, RD, LN, CNS – Principal Investigator / Project Director
Watson-Bah, Keisha, PhD, MPH – Evaluation Manager
Pacheco, Guadalupe, MSW – Training Director
Richards, John, MA – Website Manager
Douglas-Johnson, Marjorie, BA – Resource Manager
Woods, Jasmine, MBA CPA – Financial Manager
Tessema, Meron, BA – Project Associate

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