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### **HHS: Addressing HIV/AIDS Among Urban Minority Communities**

*Overview: On October 28, 1998, President Clinton, Health and Human Services (HHS) Secretary Donna E. Shalala and Surgeon General David Satcher unveiled a strategy to enhance federal efforts to fight HIV/AIDS in America's urban minority communities in response to the worsening, disproportionate impact of the disease in these populations. The strategy unveiled at the White House with the Congressional Black Caucus and other members of Congress focused on a special \$156 million package woven into the existing FY 1999 budget for these efforts.*

*An integral part of the strategy includes HHS employing a form of technical assistance called Crisis Response Teams. These multidisciplinary teams will go into individual communities where racial and ethnic minority populations are hardest hit by HIV/AIDS. The teams will work as partners with local officials, public health personnel and minority community-based organizations to help them address their minority HIV/AIDS situation and develop new strategies to increase the effectiveness of their prevention and treatment efforts to reduce HIV/AIDS.*

#### **Experts helping experts**

In many cases, local communities have found ways to address the HIV/AIDS problem at large, but targeting issues specific to minority populations can be particularly challenging. Crisis Response Teams are being formed with experts from HHS' Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH), and the HHS Office of HIV/AIDS Policy. They will offer external perspective and expertise.

Each community is required to form a Community Advisory Committee to work in tandem with the Crisis Response Team. The advisory committee will be comprised of representatives from local policy and planning bodies, leaders of community-based organizations that work with indigenous minority populations, community representatives, and local persons living with HIV/AIDS who are representative of the disease's demographics in minority communities.

HHS estimates that in most instances, the process can be completed -- from initial consultation with local elected leadership to submission of an action plan and final report -- within 10 weeks. Communities will incur no cost for the Crisis Response Team's assistance; however, a city's participation in this technical assistance initiative will not result in any additional federal funding for their local HIV/AIDS-related programs.

HHS will provide training and expert professional technical assistance with existing personnel and will cover the cost of field data collection operations, estimated at \$24,000 per community. The HHS agencies with key roles in HIV/AIDS programs or services will share this expense.

### **Targeting Communities Hardest Hit**

HHS determined 16 communities that had large minority populations affected by HIV/AIDS were eligible for this assistance. The three inaugural sites for Crisis Response Teams are Detroit, Miami and Philadelphia.

The teams will visit several of the remaining eligible communities by early 2000. They include: Atlanta; Baltimore; Chicago; Los Angeles; Newark, N.J.; New Haven/Bridgeport/Danbury/Waterbury, Conn.; Washington, D.C.; and West Palm Beach/Boca Raton, Fla.

Additionally, Ft. Lauderdale, Houston, New York City, Jersey City, N.J. and San Juan, Puerto Rico were deemed eligible but have not yet requested HHS assistance. It is possible that similar types of assistance may be extended to other communities at a later date.

### **Evaluating the Severity of the Situations**

The eligibility criteria used to determine which cities qualified for this Rapid Assessment and Response technical assistance included:

- Populations of at least 500,000 persons;
- At least 1,500 African-American or Latino persons (combined) living with HIV/AIDS;
- and African-American and Hispanics accounting for at least 50 percent of the total community HIV/AIDS cases.

Once qualified, the chief elected official in that community had to request that HHS dispatch a Crisis Response Team.