

# The NAPWA/TAEP HIV/AIDS POLICY REPORT

## A Look at the CDC's Heightened National Response to Prevent HIV Among African Americans

By Frank J. Oldham Jr.  
and Kali Lindsey

We are more than 25 years into the AIDS epidemic and African Americans continue to be disproportionately affected by HIV. The Centers for Disease Control and Prevention's (CDC) most recent surveillance report, released in March 2008, confirms that African Americans and men who have sex with men of all racial and ethnic groups are most severely affected by HIV. Although African Americans comprise only 13 percent of the population, they accounted for almost half (49 percent) of all HIV/AIDS cases diagnosed in 2006. African-American women continued to comprise the majority of HIV/AIDS cases among women.

Current trends in the HIV epidemic dictate that we revisit the CDC's Heightened National Response to the HIV/AIDS Crisis Among African Americans (HNR). Announced in March 2007, the HNR was presented as a bold initiative to both raise awareness about HIV and mobilize leaders to action in the African-American community. The HNR includes four strategies to reduce the HIV/AIDS epidemic's toll on African Americans: 1) expanding the reach of HIV prevention services, 2) increasing opportunities for HIV diagnosis and treatment, 3) developing new interventions, and 4) mobilizing broader community action.

The CDC deserves credit for directing urgent attention to the peril in the African-American community brought on by HIV. Efforts to control the spread of HIV/AIDS have been hampered by homophobia in the African-American community, along with stigma associated with HIV and discomfort in discussing sexuality. AIDS advocates and activists have for years urged greater involvement by the African-American clergy, civil rights and social justice organizations, elected officials and high-profile African Americans in sports, media and entertainment.

Because of its promise to mobilize African-American leadership, many national AIDS policy groups, local AIDS service organizations and community stakeholders joined the CDC in the announcement of the HNR. At the same time, many stakeholders expressed concerns about the limited involvement of traditional partners in the HNR's development. Many pressed for more details on the implementation steps and were dismayed that no new federal dollars were attached to the HNR.

One year after the HNR's official launch, criticism of it persists. The Community HIV/AIDS Mobilization Project (CHAMP) has called the initiative "chaotic and underfunded" and "marked by shifting leadership, lack of communication with local leaders and community organizations." While criticism of the HNR is justified, some members of the community still hold out hope that it can be successful. They assert that the effort is too important to allow it to fail.

The HNR can potentially reinvigorate important constituencies in the African-American community across the United States and bring in new allies. To be successful, the HNR needs additional community input, increased collaboration across federal public health agencies, and more strategic investment of financial resources in service providers and stakeholders on the ground.

New leaders in faith communities and other institutions must enter the conversation about HIV, and be willing to suspend judgment and confront HIV/AIDS in African-American communities with science- and evidence-based strategies. With such efforts, the HNR can be successful and we can start to reverse the ongoing devastation AIDS has inflicted on African Americans.

