THE POWER OF NUTRITION
IN THE FIGHT AGAINST DISEASE

Action for social change through public policy research, advocacy and education
Nutrition is an important component to the health and well being of humans. We all know this, something we were taught during our early school years. Yet, the attention paid to nutritional issues in treatment and care as well as prevention continues to be inadequate. In this issue of ActionLink the lead article is provided by the Association of Nutrition Services Agencies (ANSA). The AIDS Institute hails ANSA for the important service and policy lead it has taken in the area of nutrition and critical and chronic illness, including, but not limited to, HIV/AIDS. The article provides an overview of key topics & issues in nutrition.

Good nutrition is key to human health. We know its importance for growth, mental alertness, and energy, and for the role it plays in the body’s ability to heal itself. Good nutrition is all the more important when we are not feeling well, and especially for people living with chronic illnesses, including HIV/AIDS, malaria, tuberculosis, and hepatitis. Again, this is all common sense, right? Right. But is it? Too little attention is given to nutrition in our outpatient clinics and our hospitals. In the developing world the lack of nutritious food is a medical and social problem in and of itself, and may becoming a more common event in places even like the United States.

Some of us say part of the problem is research or the lack thereof. Maybe that is the case. If so, let us study the interaction between food substances and health more seriously. Or perhaps the utility of nutritional supplements or food substitutes more rigorously. But the bottom line is pretty clear - food is necessary to life. Good, nutritious food - nutrients that assist immunity, build bones, help people feel good - is relay important to life. Its time we give the role of nutrition in prevention, care, and treatment, the attention it deserves.
HIV/AIDS Community Celebrates Lifting of DC Syringe Exchange Funding Ban

On February 13th, the AIDS Institute joined fellow community partners to celebrate the lifting of the DC syringe exchange funding ban. After nearly a decade of efforts aimed at eliminating the ban that prohibited the District from spending its own local funds on any syringe exchange program, justice was served when the ban was lifted on December 26, 2007. The AIDS Institute cosponsored a reception that brought together many of the people who championed this cause and made this victory possible.

Several individuals were recognized for their unique contributions to this effort. Included among them were Representatives Eleanor Holmes Norton (D-DC) and Jose Serrano (D-NY). In addition, The AIDS Institute’s Director of Federal Affairs, Carl Schmid, was honored for his efforts. Dr. Shannon Hader, Senior Deputy Director of the HIV/AIDS Administration in DC, accepted an award on behalf of Mayor Adrian Fenty, who has pledged to spend $650,000 in DC funding for syringe exchange programs. Dr. Hader rejoiced in the lifting of the ban, stating that the District now had a “full toolkit” to fight the HIV/AIDS epidemic in DC. She also called upon the community to continue its important work on the federal level using this victory as momentum towards the permanent repeal of the federal ban on syringe exchange funding. (Bernadette Laber)

WEBSITE OF THE MONTH

ANSA is a leading international association of food and nutrition services providers. We strengthen the capacity of our members, advocate for public policies that promote the impact of good nutrition on health, and expand resources for the field.

ANSA’s education and advocacy efforts are a pillar of our work. Through our collaborations with other national organizations with nutrition and/or HIV/AIDS as a core issue, we are working to ensure the long-term sustainability of our members’ programs and to move the entire field of nutrition services forward with a unified voice. Our advocacy work can be detailed in three primary areas: Ryan White CARE Act reauthorization, new funding for non-HIV/AIDS critically ill populations and building a national coalition, the National Nutrition Collaborative, comprised of national organizations with hunger and nutrition as core issues.
As we observe National Nutrition Month, the Association of Nutrition Services Agencies (ANSA) is grateful to the AIDS Institute for this opportunity to discuss the power of nutrition for people living with HIV and AIDS (PLWHAs) and other critical and chronic diseases.

**ANSA's Heritage**
Born in response to the AIDS epidemic, ANSA is a leading international association of food and nutrition services providers. We strengthen the capacity of our members, advocate for public policies that promote the impact of good nutrition on health, and expand resources for the field.

Our member agencies come from all parts of the United States and abroad, and range from large home-delivered meal providers to small community pantries. Together they serve more than 10,000,000 meals a year to more than 250,000 people living with HIV/AIDS and a range of other critical and chronic diseases. At a national level, ANSA is proud to represent those who are guided daily by their compassion for others and their firm commitment to programmatic and administrative excellence.

**The Power of Nutrition**
With more than 25 years of experience on the front lines, ANSA and its members have learned many things, including how to build and sustain diversely-funded, strategically positioned, community-based nonprofits. But our core learning has been about the power of nutrition. We know that food is the foundation for the success of any medical therapy. Medication is absorbed more quickly, processed more efficiently and acts more effectively when the recipient is well-nourished. Properly nourished people with HIV and AIDS are less prone to opportunistic infections and hospitalization. Medically appropriate food and nutrition services promote health and can prevent or postpone the progression to late-stage disease and costly treatments.

We also know that food and nutrition programs are effective portals for the distribution of prevention messages. People with secure access to food are less prone to acts of desperation that endanger themselves and others. Food security also indicates that people are more likely to receive timely and consistent medical care, thereby reducing health care expenses through early disease management.

And finally we know that food and nutrition programs keep families together, keep communities stable and can prevent doctors, hospitals and social service agencies from being overwhelmed. Ultimately, food and nutrition programs also bring comfort, strength, dignity and hope.
Nutrition and AIDS in Public Policy – Ryan White, PEPFAR and Beyond

By coordinating the local advocacy of our members with ANSA’s national efforts, we have successfully brought the discussion of food and nutrition services to many elected officials at the local, state and national levels. Over the next year, we will continue our work by creating a grassroots advocacy guide designed to galvanize and support our members as we advocate for the prominent role of food and nutrition in U.S. AIDS policy at every level.

Ryan White

Since the inception of the Ryan White CARE Act, food and nutrition services have been acknowledged as essential components of an effective medical regimen, and to see these services relegated to the back pages of the reauthorization was difficult for ANSA, our members and the tens of thousands of men, women and children who rely on these meals to help keep them alive and engaged in their own medical care.

Like our colleagues in the larger AIDS community, we were dismayed by changes in the reauthorized Ryan White legislation. We see the 75/25 requirement as counter productive and antithetical to the founding spirit of the legislation. It strips local planning councils of the power to allocate resources as they see fit based on an intimate knowledge of need in their communities and imposes an ineffective one-size-fits-all policy on a deeply complex issue. If the 75/25 mandate cannot be repealed, then we feel the definitions of “core medical” and “support” services should be adjusted to better reflect the medical status of appropriate food and nutrition services.

Despite the setback of the 2006 reauthorization which removed any reference to food and nutrition services from the legislation, we influenced the report language submitted by the House Energy & Commerce Committee that recognizes the value of these services for PLWHAs:

“The Committee wishes to clarify that nothing in the legislation shall be read as limiting eligible support services to the examples listed in the text of the legislation. … The Committee is aware of and received information supporting the validity of other examples of eligible support services that were not listed in the text. For instance, the Committee has received data to show that food and nutrition services as well as emergency and transitional housing may be needed for individuals with HIV/AIDS to achieve their medical outcomes.”

We encourage any nutrition program – ANSA member or not – to contact us for more information about this language and for help in advocating for local, state and federal support for food and nutrition programs.

Another confusing issue related to Ryan White funding is the inclusion of Medical Nutrition Therapy (MNT) as a core medical service. MNT, which is nutritional counseling by a registered dietitian in a clinical setting, has proven effective at improving health for a variety of conditions but does not include the provision of food. MNT can reduce the cost of care for patients by reducing the need for surgeries, hospitalizations, and long-term care, but its effectiveness hinges on the assumption that when clients receive information, support, and appropriately prescribed diets, those clients have the economic resources and access to nutritious food to fully realize the benefits of MNT. It assumes clients have a home with a kitchen and are healthy enough to shop, prep, cook and clean up.

Few would dispute MNT’s importance in assessing a patient’s nutrition status, or the nutritional diagnosis and counseling provided by a registered dietitian. There remains, however, a considerable group for whom making the changes recommended through MNT is impossible. The people who have trouble accessing the benefits of medical nutrition therapy are typically those who are already the most medically and nutritionally vulnerable. They are the 30-50% of people living with HIV/AIDS that are homeless or are at risk of homelessness. They are the nearly 30% of people living below the poverty level that suffer from obesity and at high risk of developing type II diabetes. These are the same people who experience the worst outcomes from their encounters with the medical system – an inequality that frequently goes unaddressed in the realm of health care. And they are the people for whom ANSA and its members have cared for, and advocated on behalf of, for more than two decades. We advocate for keeping MNT within core medical but adding to it the provision of appropriate food in order to ensure its success.

PEPFAR

ANSA entered the international arena in early 2007 when we launched an innovative program that partners community-based organizations in the U.S. with community-based organizations in South Africa and Namibia. The program centers on nutrition and HIV/AIDS but also draws on the congregate expertise of our members in capacity building and organizational sustainability. For more information about the program go to our website at www.ansanutrition.org.

Given this new endeavor, we are happy to see that food and nutrition figures prominently in the proposed PEPFAR reauthorization. In its 2006 report to Congress on food and nutrition for PLWHA, PEPFAR quoted the World Health Organization as saying “nutritional support is an integral part of a comprehensive response to HIV/AIDS, helping to maintain the immune system and sustain healthy levels of physical activity.”

ANSA strongly supports a truly global response to the epidemic and the development of an integrated, and effective, national and international AIDS strategy – one that universally recognizes the integral role of nutrition in fighting AIDS. (continued on page 6)
Non-Traditional Alliances
ANSA’s core values of inclusion and collaboration have introduced us to the tremendous work being done by other national organizations with nutrition and hunger as core issues. By working with them and sharing lessons learned from decades of providing food and nutrition services to PLWHAs, it is clear that the separate silos of AIDS nutrition, senior nutrition, child nutrition, food banks, nutrition research and education actually overlap and that each occupies an essential place in a continuum of care for vulnerable people everywhere.

Nutrition is the nexus between poverty and health, and it is vital to the success of all medical regimens and social welfare programs. With this core belief, we must not be afraid to consider radical shifts in how we move forward to end hunger for each of our 35 million hungry and malnourished neighbors. To paraphrase Albert Einstein, we cannot solve our problems with the same consciousness that created them in the first place.

Food As Medicine
Since 2006, ANSA has been working with the Congressional Hunger Center (CHC) on a national education campaign called “Food As Medicine,” funded by The UPS Foundation. This campaign was inspired by our belief that nutrition is an essential component of any effective healthcare system. As part of the campaign, we produced a publication called “The Power of Nutrition” that begins to illustrate the medical and economic value of providing appropriate food and nutrition services to people living with HIV/AIDS and diabetes. We show that not only are some AIDS drugs three times more effective when taken with the proper food, but the bioavailability of other drugs increases by more than 30% when taken following specific nutritional protocols.

We also demonstrate that medically appropriate food and nutrition services can potentially save tens of billions of dollars every year, mostly in Medicare and Medicaid, by preventing and delaying progression to late-stage disease for HIV/AIDS, diabetes and other critical and chronic diseases characterized by metabolic dysfunction. In fact, annual hospitalization costs for PLWHAs in late-stage disease are nearly three times that of those in early stages of infection. Clearly, interventions that delay disease progression are not only the right thing to do, but they are also economically sound decisions.

Another aspect of the Food As Medicine campaign was a briefing on Capitol Hill, where we spoke of the importance of providing medically appropriate food and nutrition services for people living with critical and chronic disease and issued a call to leadership to those gathered.

We argued that the opportunity to advance a cause which seeks to feed the hungry while saving the country billions of dollars in healthcare costs is too great to pass up. The result of this briefing was spectacular. Within weeks we had arranged with the office of Representative Jim McGovern (D-MA) to host six members of the House Hunger Caucus on a tour of our local member agency, Food & Friends. Representatives Lois Capps (D-CA), Jo Ann Emerson (R-MO), Eleanor Holmes Norton (D-DC), Barbara Lee (D-CA), Janice Schakowsky (D-IL), and staff from the office of Earl Pomeroy (D-ND) all joined us. (continued on page 7)
We are thrilled to have the support of elected officials who understand the direct correlation between the availability of healthy food and nutrition services and improved overall health, not only for PLWHAs, but for each of the 35 million Americans who face the physical effects of hunger every day. Working together we envision a day when every American has access to the food and nutrition they deserve, whether they are too young, too old, too sick, too poor or too hurt by life to help themselves.

The Future of AIDS Nutrition
More than a quarter of a century into our AIDS response, we are faced with an ever-growing number of infections and ever-shrinking financial support. Yet, our resolve has grown. In the early days of feeding people with AIDS there was no money except that which friends could scrape together amongst themselves. And yet it was never – “This is how much money we have, how many people can we feed?” It was always, “This is how many people we need to feed, let’s go find the money.” And we did. The personal nature of the AIDS crisis made us entrepreneurial and creative. It forced us to believe in abundance.

Driven by our fundamental belief that our success is limited solely by our imagination, we envision a world where everyone who struggles with disease and hunger has access to appropriate food and nutrition. We believe in abundance and we believe in the rightness and necessity of our cause. Hunger must never be an option, and, if we are to survive, we must never give way to a belief in scarcity or to cynicism, apathy or fear.

Looking ahead, we commend the efforts of the AIDS Institute to galvanize the leadership of national AIDS organizations into a unified and more powerful voice. We are proud to be a part of AIDS in America and to work with AIDS Action and others in an effort to collaborate more deeply and remove the walls of our separate silos.

And whether we fight together for the Ryan White CARE Act, The Older American’s Act, the Farm Bill or any piece of legislation that touches on our core issues and those of our allies, we must look at each piece and ask ourselves, “Is this good enough? Is this good enough for those I love?” We must keep the fight personal and never lose sight of our common humanity, because ultimately, we fight for ourselves and our own.

(Guest Writer, Mat Gulick, Communications Officer, ANSA)

If you would like to read “The Power of Nutrition,” it is available for download at our website, www.ansanutrition.org. Hard copies are available by contacting Mat Gulick at mgulick@ansanutrition.org.

About ActionLink
ActionLink represents one part of a national news service launched by The AIDS Institute to inform and educate the public about HIV and AIDS issues at home and abroad. ActionLink, news service of The AIDS Institute, is also comprised of news releases, action alerts and newsflashes – updates that keep the public informed, strengthening the bonds within the AIDS Community. To subscribe or for questions please contact: ActionLink@theaidsinstitute.org

We Want To Hear From You!
Let us know what you think about ActionLink Journal. The AIDS Institute is here for you. Is there a topic you want to see? Article to suggest? Just want to share your opinions on the journal? Please email us at ActionLink@theaidsinstitute.org with your comments and your thoughts will be sent directly to our editors. Thank you!
President’s FY09 Budget
A Disaster for Domestic AIDS

On February 4th, President Bush released his budget for FY 2009, the last of his Presidency. Like so many other health programs, the President is either proposing to cut or basically flat fund HIV/AIDS programs. In reaction to the budget’s release, The AIDS Institute issued a very stern release which was sent to all members of Congress. In it, Dr. Gene Copello said, “Congress must reject President Bush’s Fiscal Year 2009 budget in order to address the critical health needs of the over 1.1 million people living with HIV/AIDS in the United States. Most of the people who rely on these government programs for their healthcare and medicines are very poor and from minority communities. As the richest nation in the world, we can’t turn our backs on them. The budget the President has recommended ignores our Nation’s healthcare priorities and must be rejected.”

The President is recommending a total increase of $1 million, or .004%, for the entire Ryan White Program. Part A would receive a cut of $7.7 million. This is the exact same amount that Part A received in an increase in last year’s omnibus appropriations bill, as part of the “stop loss” provision. For Part B, funding to the states for care services would receive an $8.2 million increase, while the AIDS Drug Assistance Program (ADAP) would receive an increase of $6 million. Funding for Parts C, D, and Dental would remain flat. In addition, the President has proposed a decrease of $5.4 million for AIDS Education and Training Centers. These inadequate funding levels do not even keep up with inflation, let alone take into account that more people need services due to new infections, new testing initiatives, and the fact that people are living longer.

While the President is proposing a cut of $1 million to the Centers for Disease Control (CDC) HIV/AIDS programs overall, he is proposing to cut HIV prevention programs by $40 million and put those funds into HIV testing. While the CDC is about to release higher HIV incidence numbers for the U.S., and is embarking on increasing HIV testing and case finding programs, the President’s proposal to cut HIV prevention programs is completely without justification.

Additionally, the President is continuing to propose increases for failed and scientifically invalid abstinence-only until marriage programs, which are slated to receive a $28 million increase. The President is also proposing to cut Viral Hepatitis Programs at CDC by $800,000.

The President’s budget also flat funds HUD’s Housing Opportunities for Persons With AIDS (HOPWA) program and National Institutes of Health (NIH) research. HOPWA assists individuals and families who are homeless or in threat of homelessness and living with HIV/AIDS. NIH funding increases are desperately needed so we can find new therapeutics and prevention strategies, including a vaccine and microbicides.

The President has also proposed to dramatically reduce funding for Substance Abuse Treatment, Substance Abuse Prevention, and Mental Health Services within the Substance Abuse and Mental Health Services Administration (SAMHSA).

In addition, The AIDS Institute is also deeply concerned with the startling $200 billion proposal to reduce Medicare and Medicaid over the next five years. As the two largest healthcare programs for people with HIV/AIDS, we will work very hard in the Congress to defeat any reduction that harms beneficiaries.

While we are deeply disappointed with the proposed funding levels for HIV/AIDS programs in the President’s Budget, we are hopeful that Congress shares a different set of priorities, and will give these important programs increases. We realize that this will again be another tight Budget year, however, with rising infection rates and more and more people with HIV/AIDS in care and treatment than ever before, we cannot afford another year of funding shortfalls for these critically important programs. The AIDS Institute will work with The AIDS Budget and Appropriations Coalition, which we co-chair, to ensure higher funding levels for FY 2009. (Suzanne Miller)

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Rep. Fortuño Introduces Bill to Help Resolve Ryan White Crisis in Puerto Rico and Other Areas

On February 7th, Rep. Luis Fortuño (R-PR) introduced legislation (H.R. 5292) that would amend the Ryan White CARE Act to give the Secretary of Health and Human Services the authority to administer Ryan White Part A and B grants for eligible areas, States, or territories that fail to make appropriate use of their Ryan White Part A and B grants. Fortuno proposed the legislation to address the ongoing crisis of financial mismanagement that has led to Puerto Ricans living with HIV/AIDS to go without lifesaving care, treatment, and services.

During the past few years, health authorities in Puerto Rico have been cited by the Health Resources and Services Administration for failing to appropriately manage Ryan White funds. In addition, the San Juan Eligible Metropolitan Area, which receives Ryan White Part A funds, had its offices raided by FBI, IRS and OIG agents in December of 2006. This has led to a breakdown of the HIV/AIDS service delivery system, including the closing of many community based organizations and inconsistent, or even nonexistent, care and treatment for many Puerto Ricans.

Rep. Fortuño’s legislation would enable the Secretary to determine, after reasonable notice and opportunity for a hearing, that the eligible area or State has substantially failed to make appropriate use of any grant made, and if so, the grant may be administered by the Secretary in lieu of the chief elected official, or the Secretary may delegate this authority to a Federal instrumentality or private entity. In determining whether the Secretary would step in or not, he can consider whether the grantee has had more than 5% of its grant unobligated for over a year, mismanaged funds, or not lived up to its grant requirements. The Secretary can only administer the grants for one year consecutively.

The AIDS Institute supports some type of mechanism that would give authority to the Secretary to step in when problems arise, as they have in Puerto Rico and other jurisdictions over the years. Despite pleas from the Puerto Rico HIV/AIDS community, the federal government has said it does not have the authority to step in. The AIDS Institute has been working in coalition with other community partners to bring attention to the ongoing crisis in Puerto Rico and offered advice to Rep. Fortuno’s office in drafting his legislation. Representative Jose Serrano (D-NY) has signed on as a cosponsor. The bill was referred to the House Energy and Commerce Committee.

(Andrea Zwischenberger)

Catholic Charities Demonstrates Commitment to HIV/AIDS Through Community Programs

As the HIV/AIDS epidemic in the United States continues to grow, Catholic Charities are showing unwavering commitment to supporting community residents suffering from the disease. Programs have been developed to address the physical, spiritual and emotional needs of the individual, focusing on the homeless and impoverished. From Albany to the East Bay of California and Chicago to Houston, the poor and homeless are able to improve their lives through the work of the Catholic Charities in their areas.

Their work strikes at the heart of social determinants of health that have been fueling the HIV/AIDS epidemic. Services include food pantries, clothing distribution, pastoral counseling, spiritual support, crisis intervention, assistance finding housing and employment, limited financial assistance, and often as part of residential facilities. In addition to improving clients’ general health, the programs focus on HIV/AIDS by providing HIV testing and counseling, case management, advocacy, mental health support, education, and medical referrals.

Catholic Charities are able to conduct this degree of aid through their well-organized infrastructure and ability to reach thousands of persons, especially those in vulnerable populations. They are able to establish partnerships with local organizations and schools and develop educational materials to be disseminated throughout the Catholic community and beyond.

An especially successful program has been established in Lake County, Illinois, outside Chicago. Chicago has a growing HIV/AIDS epidemic, with over 32,000 AIDS cases in the city alone, and 15,000 individuals are homeless. Catholic Charities in the area provides counseling, transportation, food and referrals to other outlets for medical care and housing. The most thriving project underway is the Care Cupboard Pantry which provides food exclusively for patients with HIV/AIDS. It was established through a partnership with the Chicago Department of Health and the AIDS Foundation of Chicago. Their initiative stems from the understanding of the importance of a well-balanced nutritional diet for clients with HIV and how it can improve the treatment outcomes.

Catholic Charities aim to reduce poverty, support families and empower communities. Through their work with HIV/AIDS patients at the community level, they are helping to reduce the burden of this disease and improve the health of homeless by developing services to meet their needs.

(Andrea Zwischenberger)
The AIDS Institute Springs Ahead With Their Technical Assistance and Training Programs

Why you need us:
TAI offers ongoing training and technical assistance to ensure maintenance and growth of new and emerging community networks after they are developed. Technical assistance is also available to longer established networks. TAI provides capacity building assistance to resource challenged organizations, with an emphasis on advocacy, fundraising, grant development and writing, public relations, social marketing, signature event planning, and sustainability and development planning. TAI has expanded these services beyond the United States based on requests received. The greater Caribbean region is also a focus point of this expansion.

A unique model:
The AIDS Institute offers a unique model for program development and evaluation. Components include: services assessment and capacity analysis, network development, comprehensive training techniques, and customized program monitoring mechanisms.

For more information:
For more information on TAI’s Education or Training efforts, please contact Michelle Scavnicky at MScavnicky@theaidsinstitute.org or 813-258-5929.

Women Informing Now! (WIN) Partner Update

amfAR’s Education Programs
The Women & HIV International Clinical Conference, jointly sponsored by amfAR and the Texas/Oklahoma AIDS Education & Training Center, will take place April 27–30, 2008, at the Magnolia Hotel in Dallas, Texas. The conference will focus on improving patient outcomes for HIV-positive women by providing clinicians in the HIV/AIDS field with the latest, evidence-based information. amfAR will provide Continuing Medical Education credits to participating healthcare professionals.

Representatives of amfAR’s education and public policy departments are serving on the planning committee for the conference. The agenda, which was designed to maximize interaction between participants and faculty, will include three areas of focus: biomedical, psych/social, and policy/advocacy.

For more information on the Women & HIV International Clinical Conference, please visit www.amfar.org

For more information on amfAR’s CME programs, contact Robert Giannasca at (212) 806-1754 or robert.giannasca@amfar.org.
### Technology in Healthcare

**What is health information technology?**

The following technologies and terms are often included in discussions of information technology in health care:

- **Electronic health record (EHR):** EHRs were originally envisioned as an electronic file cabinet for patient data from various sources (eventually integrating text, voice, images, handwritten notes, etc.). Now they are generally viewed as part of an automated order-entry and patient-tracking system providing real-time access to patient data, as well as a continuous longitudinal record of their care.

- **Computerized provider order entry (CPOE):** CPOE in its basic form is typically a medication ordering and fulfillment system. More advanced CPOE will also include lab orders, radiology studies, procedures, discharges, transfers, and referrals.

- **Clinical decision support system (CDSS):** CDSS provides physicians and nurses with real-time diagnostic and treatment recommendations. The term covers a variety of technologies ranging from simple alerts and prescription drug interaction warnings to full clinical pathways and protocols. CDSS may be used as part of CPOE and EHR.

- **Picture archiving and communications system (PACS):** This technology captures and integrates diagnostic and radiological images from various devices (e.g., x-ray, MRI, computed tomography scan), stores them, and disseminates them to a medical record, a clinical data repository, or other points of care.

- **Bar coding:** Bar coding in a health care environment is similar to bar-code scanning in other environments: An optical scanner is used to electronically capture information encoded on a product. Initially, it will be used for medication (for example, matching drugs to patients by using bar codes on both the medications and patients’ arm bracelets), but other applications may be pursued, such as medical devices, lab, and radiology.

- **Radio frequency identification (RFID):** This technology tracks patients throughout the hospital, and links lab and medication tracking through a wireless communications system. It is neither mature nor widely available, but may be an alternative to bar coding.

- **Automated dispensing machines (ADMs):** This technology distributes medication doses.

- **Electronic materials management (EMM):** Health care organizations use EMM to track and manage inventory of medical supplies, pharmaceuticals, and other materials. This technology is similar to enterprise resource planning systems used outside of health care.

- **Interoperability:** This concept refers to electronic communication among organizations so that the data in one IT system can be incorporated into another. Discussions of interoperability focus on development of standards for content and messaging, among other areas, and development of adequate security and privacy safeguards.

Source: Adapted from deliverable submitted to MedPAC by Abt Associates.

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**GLOBAL ORGANIZATION OF THE MONTH**

**WWW.PIH.ORG**

The PIH Vision: Whatever it takes

At its root, our mission is both medical and moral. It is based on solidarity, rather than charity alone. When a person in Peru, or Siberia, or rural Haiti falls ill, PIH uses all of the means at our disposal to make them well—from pressuring drug manufacturers, to lobbying policy makers, to providing medical care and social services. Whatever it takes. Just as we would do if a member of our own family—or we ourselves—were ill.
Nutritional Supplements for People Living with HIV/AIDS

It has long been established through clinical studies that certain nutritional supplements are beneficial for people living with HIV/AIDS. Many of us utilize supplements in combination with our antiviral regimens or alone in order to help, among other things, strengthen the immune system, add muscle mass and ease digestion and drug side effects.

There are no established guidelines for PLWHA’s on which supplements to use. Studies are often small and inconclusive and even contradictory, sometimes due to poor study design. American medical schools spend only a few hours teaching nutrition thus many U.S. taught physicians are not well informed regarding nutrition and often do not prescribe supplements unless specified by a nutritionist or requested by the patient. Many nutritionists focus largely on the dietary aspects of nutrition and only to a much lesser degree supplementation.

The data regarding nutritional supplements is immense and often confusing. One thing we know for sure is that people living with HIV and AIDS are often deficient in protein as well as many vitamins, minerals, micronutrients and antioxidants. Some of these deficiencies such as selenium and B12 have been shown to shorten survival and/or speed disease progression and infection/illness. Deficiencies are partially due to malabsorption caused by diarrhea and vomiting both of which can be caused by opportunistic infections, drug side effects or HIV itself.

For many of us the issue of which supplements we should be taking is hampered greatly by our financial ability to purchase them. Expensive vitamins and supplements sold at GNC/Vitamin Shoppe for $29.99 per month and up each product for many of us simply is not an option. With the closing of New York City’s DAAIR, buyers clubs with wholesale or slightly above wholesale prices are unfortunately few and far between these days. Even at buyers club prices a high percentage of us simply can not afford any added strain on our already tight budgets.

Many PLWHA’s in the U.S. obtain our medical care through governmental insurance such as Medicaid, Medicare or ADAP. The issue then not only becomes what is best for us to take but also what is available to us.

Access to nutritional supplements varies greatly state by state. Some states have a substantial list of supplements they will cover, other states do not cover any supplements and still others lie somewhere in between. The list of what your state will cover is unusually difficult to obtain and the best course of action is to ask a nutritionist or pharmacist or have your doctor write a prescription and your pharmacy attempt to run it. Normally prior approval is needed for nutritional supplements. This is an over the phone automated process where you must qualify for each supplement. A number is then provided to the pharmacy. As this process is time consuming and many physicians have time constraints and may be unfamiliar with the procedure, it may be helpful to remind your physician that prior approval is necessary and where ever possible, ask if there is a nutritionist who is familiar with the system.

The following supplements are available in some states and either have been or their components have been studied in people living with HIV/AIDS or they have been used extensively by PLWHA’s.

**Juven with HMB**
Juven has been clinically shown in PLWHA’s to produce muscle mass while not adding fat. Juven contains HMB which helps increase lean body mass and increase overall strength, Arginine which helps enhance the immune system and heal wounds and Glutamine which also helps support the immune system and facilitate protein synthesis.

**ReSurgeX**
ReSurgeX is a high protein multi-nutrient supplement which is a blend of vitamins, antioxidants and amino acids which help increase energy, maintain muscle, support the immune system and prevent free radical damage. ReSurgeX includes powerful antioxidants such as SOD, CoQ10 and L-Carnatine as well as OKG to build muscle.

**KPAX**
KPAX Immune Support Formula was studied in forty HIV-infected patients on stable antiviral regimens who were given either KPAX or placebo. After 12 weeks those on KPAX showed a 24% increase in CD4 count compared to the placebo group who showed no change. KPAX Immune Support Formula includes the highly potent antioxidants Alpha Lipoic Acid, Acetyl L-Carnation and N-Acetyl Cytokine.

**Nutrivir**
Nutrivir is a potent combination of antioxidants, enzymes, protein, vitamins and minerals. Nutrivir contains powerful antioxidants such as NAC, Alpha Lipoic, Vitamin C and Vitamin E. Nutrivir has been available through Medicaid for several years and has been consumed by a large number of people living with HIV/AIDS.
The following supplements are currently applying for Medicaid approval:

**Selenomax**
Selenomax is a form of selenium which was studied at the University of Miami and found to increase CD4 counts a mean 30 cells and decrease viral load an average of 10,000 copies in those who responded to 200 mcg/daily.

* Although selenium has been shown to be safe in up to 400 mcg, it is not advisable to take Selenomax in conjunction with other supplements that contain selenium such as Nutraplete, ReSurgeX, KPAX or Nutrivir.

**Isopure**
Isopure is a whey protein Isolate that contains 40 grams of protein in each serving. Whey protein helps prevent the loss of lean muscle mass while producing enzymes, hormones and antibodies. Whey protein has been shown to help build and sustain muscle mass. Unlike other whey proteins Isopure is clear, non filling and easily digestible. It is available in 8 flavors.

**Nutraplete**
Nutraplete is an immune system formula therapeutic drink mix. Nutraplete helps facilitate drug adherence by combating side effects such as nausea, diarrhea and fatigue. Nutraplete contains, among many other components, Aloeride, an antioxidant and anti microbial that promotes a healthy immune system and improves stamina and energy, Immunolin which provides immunoglobulins that neutralize bacteria and viruses and Kre-Alkalyn that is a buffered Creatine that helps build muscle mass.

Some supplements may not be appropriate for people with certain conditions. Be sure to thoroughly discuss your supplement options with your physician. (Guest Writer: Jeannie Gibbs)

Disclaimer about products, services or treatments: Any therapy, product, or service presented in ActionLink Journal and/or posted on www.theaidsinstitute.org is for informational purposes only and NO medical claims or endorsements are expressed or implied, either directly or indirectly, regarding the therapies, products or services presented herein.

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**THINGS TO KNOW IN MARCH**

March is National Nutrition Month

March 10
National Women and Girls HIV/AIDS Awareness Day

March 20
National Native HIV/AIDS Awareness Day

March 24
World TB Day

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**VIRGINIA**

Volunteers Lobby Legislators for AIDS-Prevention Funds

Dennis Buie has been HIV-positive for 11 years. Theresa Cosby has been HIV-positive for 10 years. They’ve gotten over their reluctance to tell people they have the virus that destroys the immune system and for which there is no cure. Yesterday, they joined about 60 other volunteers with Virginia Organizations Responding to AIDS to lobby state legislators for more money for HIV prevention and education. “Believe it or not, as long as HIV/AIDS has been around, there are still people who I don’t think are paying attention to the consequences of it,” said Buie, an outreach specialist with the Minority Health Consortium Inc. in Richmond. “Some people don’t even know how to put on a condom,” said Buie, who teaches HIV prevention to gay and bisexual men. The volunteers went from office to office asking legislators to support budget amendments that target HIV prevention in youth. Some of the volunteers have lost friends to HIV or AIDS and wore red ribbons in their memory. One of the budget amendments, sponsored by Del. John M. O’Bannon III, R-Henrico and Sen. Henry L. Marsh III, D-Richmond, calls for $250,000 for each of the next two fiscal years to develop HIV-prevention programs targeting people 25 and younger. Another amendment, sponsored by O’Bannon and Sen. Ralph S. Northam, D-Norfolk, focuses on preventing use of the illicit, mood-altering drug methamphetamine, which can make a person more likely to engage in risky behavior. It a problem for more rural areas, the advocates said. “One way or another Virginia is going to be spending money,” said Juan Pierce Sr., executive director of the Minority Health Consortium Inc. “Either you are going to spend the money to treat them or you are going to spend the money to prevent it.” In Virginia, about 19,000 people are living with HIV or AIDS, according to Virginia Department of Health figures from 2007. Most -- 73 percent -- are male. Blacks are disproportionately affected, accounting for about 11,600 of the 19,000 people in Virginia living with HIV or AIDS. “We need help,” said Cosby, who works for an organization that helps people newly diagnosed with HIV or AIDS. Housing support, she told legislators, is also a big issue. “It’s not going anywhere,” Cosby said. Buie, who was lobbying for the first time, said the response was better than he expected after being warned legislators would say there is no money. He talked to several Democratic legislators, including Dels. Jennifer L. McClellan and Franklin P. Hall, both from Richmond. “It seems like the people we talked to wanted to help,” Buie said. (By Tammie Smith, Times-Dispatch)
VERMONT

State Urges HIV Tests During Pregnancy

The Vermont Department of Health, taking its lead from the national Center for Disease Control and Prevention, this week urged that pregnant women be tested for HIV, the virus that leads to AIDS. Guidelines on moving forward with this effort, which were crafted by the CDCP and Vermont health, obstetric and AIDS leaders, were mailed to physicians statewide last week.

"The most important message buried in the technical information is there are two lives at stake here," said Donald Swartz, medical director for the Department of Health, referring to the mother being tested and the baby being protected. "If we know that she has the virus, then the chances that the virus will pass to the baby drop from one out of four to one out of 50. That's amazing," he said.

Add to that direct benefit the reality that an infected mother obviously is sexually active and potentially putting at least one partner at risk, the value of diagnosing the virus and preventing its spread increases. "A small percentage of the people who have the virus suspect they have it," Swartz said. "It's not a matter of saying, 'I've always lived risk free from HIV,' because we don't know."

The Health Department in Vermont and the CDCP nationally are hoping to reduce the spread of the disease, which can be transmitted from an infected mother to her baby during pregnancy or delivery, or through breastfeeding, officials said. According to health officials, about 8,460 children nationwide have been diagnosed with AIDS perinatally since the epidemic began in 1981. More than half — 4,800 — have died. The CDCP has recommended universal testing of all adults and adolescents in most states, but that recommendation was not made for Vermont given this state's low incidence of the disease, Swartz said. But the benefit of testing expectant mothers, even when the numbers are as small as Vermont's, is real, he said. On a national scale, the likelihood of transmission from mother to baby following diagnosis falls from 25 percent to 2 percent, with mothers taking the appropriate precautions. Those include treatment with antiretroviral drugs, a cesarean delivery and avoidance of breastfeeding.

The CDCP recommended testing of pregnant women nationally in September 2006, and began working with Vermont health care providers and officials to establish guidelines released Tuesday. Under Vermont's current system, known as "opting in," pregnant women are informed of the test's availability and offered the test, but have to agree or opt in. The new guidelines call for and opt-out system under which the test is automatically administered unless a pregnant woman chooses not to undergo the testing. Some states already have switched to the new system and, according to health officials, have seen positive results.

In Arkansas, for example, the percentage of pregnant women screened for HIV climbed from 57 percent to 71 percent over two years.

NEW YORK

NYC Unveils Official New Condom

The official New York City condom has a different look and a sexy new slogan: New Yorkers are being encouraged to "get some" on Valentine's Day. Street teams will be handing out the free condoms at busy hubs around the city on Thursday, including Times Square, Wall Street and near City Hall. And an ad campaign on television, radio and subways and buses will soon begin, featuring the catch phrase.

"We want to give away as many condoms as people will use because we're trying to make New York City an even safer place to have sex, and this is a powerful way to do it," said Monica Sweeney, the Health Department's assistant commissioner for HIV prevention and control.

The free condom initiative is part of the city's effort to reduce rates of sexually transmitted diseases and unplanned pregnancies. About 100,000 of New York's 8.2 million residents have HIV or AIDS, and many more are diagnosed each year. The city has made free condoms available for years, but last year revamped the package with a distinct look to encourage usage. Since then the city has been giving away 3 million condoms a month on average, up from 1.5 million a month before the redesign.

The design introduced last year was a black wrapper stamped with the letters "NYC CONDOM" in the same font and bright colors used on city subway maps and signs. The new design unveiled Wednesday features the letters "NYC" in black, inside three adjoining white circles. Underneath the "NYC" is the word "CONDOM," with each letter in a different color. The wrapper is still black and the condom inside, from the Lifestyles brand, is the same.

Designer Yves Behar, founder of the San Francisco-based agency fuseproject, created the wrapper's new look, which he said he wanted to be friendly and unintimidating. The city said new condom dispensers, also designed by Behar, will be available for establishments that wish to distribute the condoms. Currently about 900 establishments — some restaurants, bars and salons but mostly nonprofit groups — offer the condoms, Sweeney said.

Last year, the city's condom campaign angered New York's top Catholic leaders, who said Mayor Michael Bloomberg's administration was promoting promiscuity by "blanketing our neighborhoods with condoms." (By Sara Kugler)
Jonathon Berliner is the Executive Director of Gregory House Programs in Honolulu, Hawai‘i, and has held that position since July 2005. Gregory House Programs, a Hawai‘i non-profit, is Hawai‘i’s only statewide HIV/AIDS Housing services provider, serving individuals and families living with HIV and AIDS throughout the Hawaiian Islands www.gregoryhouse.org.

In addition to serving as a Board member of The AIDS Institute, Mr. Berliner is a member of the Board of Directors of the National AIDS Housing Coalition, based in Washington, D.C. Additionally, Mr. Berliner serves as the Co-Chair of the Hawaii Statewide HIV Care and Prevention Community Planning Group, Chair of the Hawai‘i Statewide HIV/AIDS Housing Coalition, and was recently appointed to serve on the Advisory Board of the Hawaii AIDS Clinical Research Program. Mr. Berliner is very active in working with the Hawaii State Legislature each legislative session on issues around HIV/AIDS, housing and homelessness, and other related issues.

Prior to taking the position at Gregory House Programs, Mr. Berliner served for twelve years as the Executive Director of Maui AIDS Foundation, a comprehensive HIV/AIDS service organization providing case management / HIV care related services and HIV/STD Prevention Services, serving Maui County; Islands of Maui, Lana‘i, and Moloka‘i. During his tenure at Maui AIDS Foundation, Mr. Berliner secured the first U.S. Department of Housing & Urban Development (HUD) Special Project of National Significance (SPNS) Grant for the Neighbor Island Counties of the Hawaiian Islands, in the amount $1.1 million, under the Housing Opportunities for People with AIDS (HOPWA) program, providing much needed housing services for persons with HIV/AIDS residing throughout the neighbor island counties (outside of Honolulu) -- County of Hawai‘i (Big Island), County of Kaua‘i, and Maui County (all of the Hawaiian Islands excluding the Island of O‘ahu).

Mr. Berliner has been a strong voice and advocate through service on many different committees, planning bodies, and boards, including serving as past co-chair of the Hawai‘i HIV Prevention Community Planning Group, past co-chair of the Hawai‘i’s statewide HIV/AIDS Consortium, past member of the Hawai‘i Governor’s Committee on AIDS, and served previously as Vice-President of the Board of Directors of the Community Clinic of Maui – a community health center serving residents of Maui. Additionally, Mr. Berliner was appointed by Governor Linda Lingle (Hawai‘i Governor) to serve on her selection and interview Committee, to select the Director of the Department of Human Services; and was appointed by Governor Lingle to serve as a member of her Maui Advisory Committee.

Mr. Berliner was honored to receive an invitation from President Bill Clinton to attend the historic White House Conference and Meeting on HIV and AIDS held December 6, 1995 at the White House, Washington, DC. In 1995, Mr. Berliner graduated from Hawaii Pacific University’s Hawaii Community Services Council Weinberg Fellows Program for Executive Directors of Non-profits. In 2002, he was one of only twelve executive directors throughout Hawaii selected to participate in the Harry & Jeannette Weinberg Fellows Leadership Discovery Program for graduates of the Hawaii Pacific University Weinberg Fellows Program. Mr. Berliner also has a degree in liberal arts and business management.

Mr. Berliner has many years of business management experience and training in both the private and non-profit sectors. Mr. Berliner has longtime involvement in advocating for gay & lesbian causes and specifically HIV/AIDS issues. Mr. Berliner worked on gay & lesbian and HIV/AIDS issues in San Francisco, California in the early 1980’s, and later in Oregon where he was awarded the Harvey Milk Award for his distinguished work on GLBT and HIV/AIDS issues in the State of Oregon.

In the mid 1980’s, Mr. Berliner developed and published The Gay Book, a directory and resource guide for the gay and lesbian community in the San Francisco Bay Area. There were three editions of The Gay Book published from 1984 to 1986. Mr. Berliner was also publisher of a “Business Report” sold to businesses and corporations interested in marketing to the gay and lesbian community. The Gay Book and the associated Business Report generated numerous letters of recognition from San Francisco elected officials, including the San Francisco Mayor at the time, Mayor Dianne Feinstein.
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Let us know what you think about ActionLink Journal. The AIDS Institute is here for you! Is there a topic you want to see? Article to suggest? Just want to share your opinions on the journal? Please email us at ActionLink@theaidsinstitute.org with your comments and your thoughts will be sent directly to our editors. Thank you!

Registration: Sign up for USCA 2008

The United States Conference on AIDS (USCA), set for September 18-21, 2008, at the Fontainebleau Hotel, in Miami Beach, Florida, is an event that you cannot miss. This is the largest AIDS-related gathering in the United States. Over 3,000 workers representing all fronts of the HIV/AIDS epidemic—from case managers and physicians, to public health workers and advocates, PLWHAs to policymakers—come together to build national support networks, exchange the latest information and learn cutting-edge tools to address the challenges of HIV/AIDS.

For more information, visit www.nmac.org