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5-24-2010

## The Role of Infrastructure Management in Reducing HIV Disparities in Clinical Settings

Goulda Downer  
*Howard University*

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# NMAETC

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Howard University College of Medicine

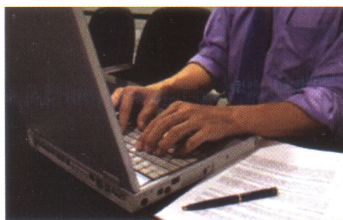
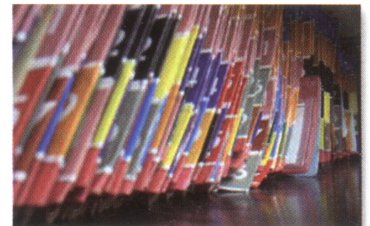
## NATIONAL MINORITY AIDS EDUCATION AND TRAINING CENTER (NMAETC)

HOWARD UNIVERSITY COLLEGE OF MEDICINE  
in Collaboration with the National Medical Association (NMA) and  
Clinical Directors Network, Inc. (CDN)

*presents a Symposium on*

# The Role of Infrastructure Management IN REDUCING HIV DISPARITIES IN CLINICAL SETTINGS

**Goulda Downer, PhD, RD, LN, CNS**  
Principal Investigator and Assistant Professor  
Washington, DC



**Friday, May 14, 2010  
7:30 AM – 5:00 PM**

THE HILTON HOTEL  
8727 Colesville Road • Silver Spring, MD 20910





*Presented in Collaboration with the National Medical Association, Washington, DC  
and Clinical Directors Network, Inc., New York, NY*



HOWARD UNIVERSITY COLLEGE OF MEDICINE

in Collaboration with the

NATIONAL MEDICAL ASSOCIATION (NMA) and CLINICAL DIRECTORS NETWORK, INC. (CDN)

presents a symposium on

# The Role of Infrastructure Management in Reducing HIV Disparities in Clinical Settings

Goulida Downer, PhD, RD, LN, CNS  
Principal Investigator and Assistant Professor  
Washington, DC

The Hilton Hotel  
Friday, May 14, 2010  
Silver Spring, MD



## GREETINGS FROM OUR Principal Investigator & Assistant Professor



Dear Colleagues:

Almost three decades after the first AIDS cases were diagnosed, Howard University's National Minority AIDS Education and Training Center (NMAETC) has demonstrated that determined, strategic and collaborative efforts to combat this disease can be successful. This we have done, by focusing our efforts on straightening the capacity of clinicians and AIDS Serving Organizations nationwide to provide culturally competent quality care to diverse racial and ethnic populations diagnosed with HIV. NMAETC's success in this area is evidenced by the more than 39,550 clinicians and providers we have trained nationwide.

This year, the NMAETC continues its tradition of addressing, in a timely and effective manner, emerging trends in the continuing war on HIV/AIDS. Despite good intentions, HIV/AIDS is not going away. It impacts Communities of Color disproportionately. The Centers for Disease Control and Prevention's current data show that collectively, diverse racial and ethnic minorities represents more than 70% of all new HIV/AIDS diagnoses nationwide.

Through ongoing needs assessment and gap analysis surveys of minority HIV providers, the NMAETC has found that, in addition to clinical delivery and cultural competency, infrastructure management is often overlooked as an essential element in the provision of quality care. In fact, challenging, chaotic work environments and organizational characteristics may contribute to health disparities.

In response to client needs, our 2010 **"Emerging Trends in HIV and Minorities"** Annual Symposium focuses on ***The Role of Infrastructure Management in Reducing HIV Disparities in Clinical Settings***. This symposium presents our approach to the essential capacity building efforts needed by organizations to strengthen their infrastructure and enhance their capacity to identify, develop, and deliver quality HIV care, particularly in communities hardest hit by this disease.

Nationwide, myriad catastrophic events over the past decade have led to a heightened awareness for the need to be prepared for the worst. As a result, health care organizations are now faced with the growing demand for, and reliance on, ready access to information. There is also the need to ensure organizational continuity during and after a disaster. Our discussions on using technology, such as Electronic-Based Patient Care will offer strategies for continuity and disaster recovery. We will also discuss other key approaches to reducing Health Disparity. These will include Identifying Gaps and Improving Quality of Care. Discourse from our expert faculty should also help Health Care Organizations develop a detailed strategy to keep their systems running when problems occur.

We welcome our esteemed faculty and Congresswoman Donna M. Christiansen. Congresswoman Christensen's unwavering commitment and dedication to the goal of improving health status and the quality of life for all Americans, and in particular minorities, is unparalleled and greatly appreciated. Also, without our dedicated and hardworking, faculty we could not succeed in our mission.

This symposium is the quintessential call to energize and support an effective and sustained nationwide infrastructure management response to the HIV/AIDS epidemic. These combined efforts should serve to strengthen and enhance the clinic environment. The impact should serve to improve HIV management programs by making them more responsive to the needs of patients and ultimately reduce HIV disparity.

I believe you will find this symposium informative and useful. And I challenge each of us, to hold ourselves accountable for delivering on our promises in the fight against HIV and AIDS.

Warm Regards,

A handwritten signature in black ink, appearing to read 'Goulda A. Downer'.

Goulda A. Downer, PhD, RD, LN, CNS

LETTER FROM  
Howard University President Dr. Sidney Ribeau

**HOWARD**  
**UNIVERSITY**

Office of the President

May 14, 2010



Greetings:

The Howard University community extends a warm welcome and greetings to each of you on the occasion of the third annual Symposium on Emerging Trends in HIV/AIDS and Minorities sponsored by The National Minority AIDS Education and Training Center (NMAETC).

Through the creation and establishment of the Infrastructure Management (IM) Preceptorship program, Howard University and NMAETC continues to demonstrate our commitment to excellence in teaching and learning, scholarly research and service. Conversely, this year's conference topic, "The Role of Infrastructure Management in Reducing HIV Disparities in Clinical Settings" is integrally associated with Howard University's mission of developing and producing leaders.

We applaud the National Minority AIDS Education and Training Center for its tireless mission to research, interpret and disseminate information about Emerging Trends in HIV/AIDS and Minorities. Our most sincere gratitude is extended to Dr. Goulda Downer and her staff for boldly upholding our motto, Veritas et Utilitas (truth and service).

Howard University stands ready to take on a dynamic leadership role at the local, regional and national levels and invite you to do the same. We encourage you to have thought provoking conversations focused on creative solutions to address the epidemic of HIV/AIDS in minority communities. Let us continue to advance a progressive agenda for our community.

Please accept our best wishes for a productive symposium.

Sincerely,

  
Sidney A. Ribeau  
President

2400 6th Street, NW, Suite 402  
Washington, DC 20059



Telephone 202 806 2500  
Facsimile 202 806 5934  
[www.howard.edu](http://www.howard.edu)



# The Honorable Donna M. Christensen, MD

CONGRESSWOMAN, US VIRGIN ISLANDS

DONNA M. CHRISTENSEN  
DELEGATE, VIRGIN ISLANDS

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ENERGY AND COMMERCE  
MEMBER, SUBCOMMITTEE ON HEALTH  
MEMBER, SUBCOMMITTEE ON  
TELECOMMUNICATIONS AND THE INTERNET  
MEMBER, SUBCOMMITTEE ON  
OVERSIGHT AND INVESTIGATIONS

COMMITTEE ON  
NATURAL RESOURCES  
MEMBER, SUBCOMMITTEE ON  
INSULAR AFFAIRS, OCEANS AND WILDLIFE

MEMBER, SUBCOMMITTEE ON  
NATIONAL PARKS, FORESTS,  
AND PUBLIC LANDS

ASSISTANT MAJORITY WHIP  
MEMBER,  
CONGRESSIONAL BLACK CAUCUS  
MEMBER, CONGRESSIONAL CAUCUS FOR  
WOMEN'S ISSUES

## Congress of the United States House of Representatives Washington, DC 20515-5501

May 14, 2010



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CRUZ BAY, ST. JOHN  
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Welcome to the National Minority AIDS Education and Training Center (NMAETC) Third Annual National Symposium on *Emerging Trends in HIV and Minorities*.


Since 1999, NMAETC, located in the college of Medicine at Howard University, has provided leadership and direct services to support increased involvement of racial and ethnic clinician's involvement in the provision of HIV care within communities of color. The NMAETC is a national network of clinician and experts who provide capacity building assistance in the form of education, training and technical assistance to individuals and organizations. These services target recipients of Ryan White funding and entities working within resource deficient venues.

The implementation of national symposia on HIV within communities of color has been a continuous effort to promote increased understanding and awareness of strategies and issues prevalent in the task to provide quality HIV care for patients of color. Each symposium has been linked to those areas evidenced by our research as salient to improved care; they are cultural competency, clinical management and infrastructure management.

The flagship symposium titled, "Cultural Competency and Quality of Care" covered issues specific to providing culturally competent clinical care in an effort to reduce HIV disparity. The second event presented research on the impact of traditional healing on clinical management of HIV care for racial and ethnic minorities. This symposium will cover the clinic organization's infrastructure and its impact on the quality of HIV care provided to communities of color. Each program has provided empirical research and policies linking the influence of our core service areas on the efficacy and success of HIV care for diverse racial and ethnic minorities in the United States.

Thank you for being a part of this event.

Sincerely,

  
Donna M. Christensen  
Member of Congress

PRINTED ON RECYCLED PAPER



# Summary Statement of Credit and Purpose

THIS PROGRAM IS PRESENTED BY THE NATIONAL MINORITY AIDS EDUCATION AND TRAINING CENTER (NMAETC),

HOWARD UNIVERSITY COLLEGE OF MEDICINE IN COLLABORATION WITH THE  
NATIONAL MEDICAL ASSOCIATION (NMA) AND CLINICAL DIRECTORS NETWORK, INC. (CDN)

Principal Investigator and Assistant Professor: Goulda Downer, PhD, RD, LN, CNS

## Pre-Test and Post-Test

Attendees are asked to complete a “pre-test” evaluation at the beginning of the symposium and a “post-test” evaluation at the end of the event.

**Who Should Attend:** The program is designed for: physicians, physician assistants, nurses, nurse practitioners, dentists, clinical pharmacists and other healthcare providers who treat minority patients in the United States.

**Overall Purpose/Goal of Activity:** The National Minority AIDS Education and Training Center (the NMAETC), located in Howard University’s College of Medicine, Department of Infectious Diseases has identified infrastructure management as an often overlooked necessity to the provision of quality care. This was done through ongoing needs assessments and gap analysis surveys of minority HIV healthcare providers. These surveys also identified the need for improved clinical delivery and cultural competency.

The NMAETC data show that challenging work environments and organizational characteristics may also contribute to increased health disparities. In response to client needs, the NMAETC has developed an innovative Infrastructure Management (IM) Preceptorship program. This pioneering program is aimed at individuals, including clinicians, who are responsible for these duties in their practice setting. This hands-on training focuses on seven primary areas of clinical support to include Clinical Information Systems (CIS), HIPAA Security (HS) Organizational Development (OD) Financial Management (FM), Medical Health Records (MHR), Title VI program (TVI), and Continuous Quality Improvement (CQI).

To reach a wider audience [including private and solo practitioners; care providers who work in rural, geographically remote settings, and on reservations and those in Community Health Centers (CHC)], the NMAETC in partnership with the National Medical Association, and Clinical Directors Network, Inc., presents our **2010 Annual Symposium on The Role of Infrastructure Management in Reducing HIV Disparities in Clinical Settings**. As a part of this symposium, attendees will assess whether their care settings are unknowingly contributing to HIV/AIDS health disparity. Innovative and effective solutions will be offered to attendees whose practice settings need strengthening in these areas. The symposium will also serve as reinforcement for those practice settings already in compliance.

## Overarching Goals of the Symposium:

- Assess whether their care settings are unknowingly contributing to HIV/AIDS health disparity.

- Develop innovative/effective solutions in a practice settings to strengthen needed areas.
- Serve as reinforcement for those practice settings already in compliance.

**Format:** Presentations, panel discussions and concurrent workshops.

**Objectives:** Upon completion of this educational activity, participants should be able to:

- Identify those factors that greatly impact an organization’s ability to provide culturally competent quality care to effectively address HIV disparity.
- Recognize and utilize effective strategies to improve an organization’s capacity to deliver quality clinical care to effectively address HIV disparity.
- Review field-tested approaches found effective to address the challenges clinicians face in providing culturally and linguistically competent communication to their diverse patient population.
- Address the current state and future direction of electronic medical record management among disparate patient management systems.

**Continuing Medical Education:** This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the National Medical Association and the National Minority AIDS Education and Training Center (NMAETC). The National Medical Association is accredited by the ACCME to provide continuing medical education for physicians.

The National Medical Association designates this educational activity for a maximum of **7.5 AMA PRA Category 1 Credits™**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The National Medical Association has been reviewed and approved as an Authorized Provider by the International Association for Continuing Medical Education and Training (IACET), 8405 Greensboro Drive, Suite 800, McLean, VA 22102-5210. The National Medical Association has awarded **0.7** of CEU’s to participants who successfully complete this program.

*Funding provided by Health Resources and Services Administration  
Grant No. H4AHA00066*

**Statement of Disclosure:** Lecturers are expected to disclose at the beginning of their educational presentation any relevant financial relationships with a commercial entity.



# Faculty Disclosure

THE FOLLOWING SPEAKERS HAVE DECLARED NO RELATIONSHIP WITH COMMERCIAL ENTITIES:

Anton C. Bizzell, MD	Martin Markowitz MD
The Honorable Donna M. Christensen, MD	Sheila McKinney, MA
I. Jean Davis, PhD, DC, PA, MS	John Milberg, MPH
Goulda Downer, PhD, RD, CNS	Marsha Regenstein, PhD
Warria A. Esmond, MD	Deidra Roach, MD
Robert C. Gallo, MD	Jonathan N. Tobin, PhD
Pamela Jumper-Thurman, PhD	Anita Varkey, MD
Gail Kelly, MS, CHES	Pierre Viligance, MD
Leighton Ku, PhD, MPH	Gerveen Williams
David Lockett	Deborah Willis-Fillinger, MD

## SYMPOSIUM PLANNING COMMITTEE DISCLOSURE

Oluwole Ajagbe, DDS	Carline Jean-Gilles, PhD, FNP
Denise Bailey, M. Ed	Karima Kendall
John Bartlett, MD	David Lockett
Emiliano Comsti	Sheila McKinney, MA
Robert Delapenha, MD	Denise Mandley
Marjorie Douglas-Johnson	Keisha Watson, PhD
Goulda Downer, PhD, RD, LN, CNS	Tiffany Vaughn

## COMMERCIAL SUPPORT

None

# Program Agenda

## The Role of Infrastructure Management in Reducing HIV Disparities in Clinical Settings

FRIDAY, MAY 14, 2010 • 7:30 AM – 5:00 PM

7:30 AM – 8:30 AM

### Registration and Continental Breakfast

8:30 AM – 10:30 AM

### Welcome Remarks

Goulda Downer, PhD, RD, LN, CNS  
Principal Investigator and Assistant Professor  
National Minority AIDS Education and  
Training Center (NMAETC)  
Howard University College of Medicine,  
Washington, DC

### Introduction of Charge of the Day Speaker:

Pierre Viligance, MD  
Director, District of Columbia Department  
of Health  
Washington, DC

### Charge of the Day: Why Infrastructure Management is Essential in Reducing Health Disparities

The Honorable  
Donna M. Christensen, MD  
Congresswoman, US Virgin Islands

Keynote Address:

### Clinic Environment in Health Care Disparity

Anita Varkey, MD  
Medical Director, General Medicine LOC  
Associate Program Director, Internal  
Medicine Residency, Loyola University  
Medical Center, Maywood, IL

Moderator:

Deidra Roach, MD  
Medical Project Officer  
National Institute on Alcohol Abuse and  
Alcoholism (NIAAA)  
Bethesda, MD

### Questions and Discussion

10:30 AM – 10:45 AM

### Break

10:45 AM – 12:00 PM

### Plenary Session:

### Panel Discussion: Title VI: The Role of Culturally Competent Communication in Reducing Ethnic and Racial Health Care Disparity

Leighton Ku, PhD, MPH  
Professor of Health Policy Research, School  
of Public Health & Health Services

Marsha Regenstein, PhD

Research Professor, Department of Health  
Policy, George Washington University,  
Washington, DC

Moderator:

Deidra Roach, MD  
Medical Project Officer  
National Institute on Alcohol Abuse and  
Alcoholism (NIAAA)  
Bethesda, MD

### Questions and Discussion

12:00 PM – 1:30 PM

### LUNCHEON Keynote Address: Decades into HIV: What's on the Horizon?

Robert C. Gallo, MD  
Director, Institute of Human Virology and  
Division of Basic Science, University of  
Maryland School of Medicine, Baltimore, MD

Moderator:

Anton C. Bizzell, MD,  
Vice President of Health and Clinical Services  
DB Consulting Group, Silver Spring, MD

1:30 PM – 1:45 PM

### Break

### Concurrent Workshops:

1:45 PM – 2:45 PM

### Workshop I Data Driven Clinical Quality Improvement Tools for Health Care: Implications and Applications

John Milberg, MPH  
Health Scientist  
HRSA-HIV/AIDS Bureau, Rockville, MD

Moderator:

David Luckett, Deputy Director,  
National Minority AIDS Education and  
Training Center, Washington, DC



**Workshop II:  
Building Financial Capacity**

Gail Kelly, MS, CHES  
Director, University of Minnesota Physicians  
Group, St. Paul, MN

Gervean Williams  
Director of Finance & Operations  
Management, National Association of  
Community Health Centers,  
Bethesda, MD

Pamela Jumper-Thurman, PhD  
Senior Research Scientist, Ethnic Studies  
Advancing HIV/AIDS  
Prevention In Native Communities and the  
Director of the National Center for  
Community Readiness

Co-PI National Minority AIDS Education and  
Training Center at Colorado State University

**Discussion**

**Break**

**Concurrent Workshops:**

**Workshop III:  
Electronic Medical Record:  
Using Technology to Reduce  
Health Disparity by  
Identifying Gaps and  
Improving Quality of Care**

Warria A. Esmond, MD  
Medical Director, Settlement Health,  
New York, NY

Jonathan N. Tobin, PhD  
President/CEO  
Clinical Directors Network, Inc.  
New York, NY

**Workshop IV:  
Management of Occupational  
and Non-Occupational HIV  
Exposure**

Martin Markowitz MD  
Clinical Director, Aaron Diamond AIDS  
Research Center, Rockefeller University,  
New York, NY

I. Jean Davis, PhD, DC, PA, MS  
Associate Professor, General Internal  
Medicine  
Co-PI National Minority AIDS Education and  
Training Center at Charles DREW University  
of Medicine and Science

**Discussion**

**Break**

**Conclusion:  
The NMAETC's Effective  
Model for Reducing Health  
Disparities: Infrastructure  
Management, Clinical Delivery  
and Cultural Competence**

CAPT. Deborah Willis-Fillinger, MD  
CAPT. U.S. PHS, Acting Director, HRSA  
Office of Health Equity  
Rockville, MD

Sheila McKinney, MA  
Senior Program Manager  
Measurement and Evaluation  
National Minority AIDS Education and  
Training Center (NMAETC)  
Howard University College of Medicine  
Washington, DC

Moderator:

4:00 PM – 4:15 PM

4:15 PM – 5:00 PM

Moderator:

Moderator:

2:45 PM – 3:00 PM

3:00 PM – 4:00 PM

Moderator:

# Abstracts

## **Charge of the Day: Why Infrastructure Management is Essential in Reducing Health Disparities**

THE HONORABLE DONNA M. CHRISTENSEN, MD  
Congresswoman

This presentation will address the disproportionate impact of HIV/AIDS on the African-American community and other communities of color, and will stress that since it began, this epidemic has hit racial and ethnic minority communities harder than any other communities in the nation. It will explore the health, social and economic impact that this epidemic has had – and continues to have – on the African-American community, and will focus on the emerging HIV/AIDS trends that warrant immediate attention. This will also address why infrastructure management is essential in reducing health disparities, as well as health equity should be championed as integral core components of quality health care, and will highlight the relevant priorities and legislative efforts of both the Congressional Black Caucus (CBC) Health Braintrust and the CBC HIV/AIDS Task Force.

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## **Clinic Environment in Health Care Disparity**

ANITA VARKEY, MD  
Medical Director, General Medicine LOC  
Associate Program Director, Internal Medicine Residency,  
Loyola University Medical Center, Maywood, IL

This presentation will review facilitators and obstacles noted in the literature and in practice that have impacted an organization's ability to provide care to patients infected with HIV/AIDS. The discussion will have as its structure the BESAFE Model of Cultural Competency developed by the National Minority AIDS Education and Training Center. Specifically, it will challenge participants to conceptualize how organizational and environmental factors can impact health disparity within the context of cultural fluency—a conceptual framework that has historically been reserved for the provider to patient interaction. Issues such as workplace environment, behaviors of physicians within the care process, patient to provider ratios and workplace chaos are just a few of the topics reviewed as influencing barriers to care, ethical practice, sensitivity within the environment, and the overall capacity of a clinic to provide both medical assessment and accurate care in a culturally responsive manner.

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**Title VI: The Role of Culturally Competent Communication in Reducing Ethnic and Racial Health Care Disparity**

LEIGHTON KU, PHD, MPH

Professor of Health Policy Research, School of Public Health & Health Services  
George Washington University, Washington, DC

MARSHA REGENSTEIN, PHD

Research Professor, Department of Health Policy  
George Washington University, Washington, DC

This session will have two parts, led by Profs. Ku and Regenstein, respectively.

**The Policy and Legal Framework for Reducing Disparities for Those with Limited English Proficiency - Ku**

1. General background on problems of language barriers and cultural misunderstanding
2. Diverse scope of problems: hospitals, doctors' offices, pharmacies, insurance enrollment, etc.
3. Demographic factors
4. Evidence of risks and harm due to language barriers
5. A civil rights perspective - role of Title VI and Exec Order 13166
6. A lack of financing for language services
7. Recent policy changes to reduce language barriers

**Implementing Language Assistance Programs in Health Care - Regenstein**

1. Different modes of interpretation: in-person interpreter, bilingual clinician, telephone interpretation, translated materials, informal interpreters
  2. Improving quality thru improving communication
  3. Meeting language needs in hospitals
  4. Meeting language needs in office-settings
  5. Meeting language needs in other settings: pharmacies, etc.
  6. Practical challenges and solutions
-



**Decades into HIV: What's on the Horizon?**

ROBERT C. GALLO, MD

Director, Institute of Human Virology and Division of Basic Science  
University of Maryland School of Medicine, Baltimore, MD

The early years of HIV/AIDS research produced perhaps the fastest results in the history of medical science from the inception of a new disease and a new pathogen. Two great practical advances were also achieved beginning in that first decade. The first was the development of the HIV blood test by our group in 1984, which helped in establishing HIV as the etiological agent of AIDS, protected the blood supply, allowed the epidemic to be appropriately followed for the first time, and made educational programs possible because infected people could be identified. The second great advance, therapy, began a few years later with the discovery of AZT as an anti-HIV agent by Broder and his colleagues in collaboration with Burroughs-Wellcome, and culminated in the development of combined anti-HIV therapy by the mid-1990's. This, of course, has resulted in effective therapy, though remaining necessary for life. The anti-HIV therapy also led to the interruption of mother-child transmission, almost ending pediatric AIDS in industrial nations.

We have three additional great practical needs for the present and future:

1. Bringing therapy to the entire world;
2. Continued need for development of new approaches to therapy (because of drug resistance and because, in some cases, of toxicity from long-term therapy); and
3. Prevention, either by an effective vaccine (attempts for a "virus cure"), by treating a vast number of people to lower virus titers and thus slowing down the epidemic or by microbicides, or educational programs or a combination of these things.

I will address each of these needs, but I will emphasize the field of HIV preventive vaccine, which is, by far, the most important. I will detail the approach being developed at the Institute of Human Virology at the University of Maryland, School of Medicine in Baltimore by my colleagues and myself.





**Data Driven Clinical Quality Improvement Tools for  
Health Care: Implications and Applications**

JOHN MILBERG, MPH  
Health Scientist  
HRSA-HIV/AIDS Bureau  
Rockville, MD

Electronic health information systems have become an increasingly important component of service delivery. These systems can enable primary care providers to efficiently and reliably monitor the health care that they provide and potentially make more efficient the capacity to manage the delivery of care on a daily basis and to generate quality of care reports. CAREWare was initially released 10 years ago to Ryan White CARE Act Grantees as a basic electronic health record and registry to track client demographics, service visits, and basic clinical information such as labs and medications. Since then, the application has evolved into a multi-faceted application that is now used by half of all RW Grantees and providers in simple stand-alone clinics and in large, network based installations with many users and providers connected into one central database. One of the more important features of CAREWare is the Performance Measures Module (PMM) which offers an efficient and standardized way to track performance measures promulgated by the HIV/AIDS Bureau, and can be fully customized by users. This talk will focus on how the PMM can be used to monitor disparities in care within providers and across agencies that may be working in a network setting. We will focus on the aggregate, public health performance reports that can be generated, including a view of how these measures can viewed historically to gauge improvements or declines in the receipt of certain services. In addition, we will show how the PMM can be used to examine individual clients who may require special attention or perhaps are failing on their antiretroviral regimens or not receiving services on a regular basis for optimal care. We will also show how the performance measures can be tailored to examine specific outcomes or receipt of services by specific racial/ethnic subgroups, gender or other factors of interest to the facility or public health monitoring agency.

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**Building Financial Capacity**

GAIL KELLY, MS, CHES

Clinic Director, West Side Community Health Services Center  
St. Paul, MN

GERVEAN WILLIAMS

Director of Finance & Operations Management, National Association of Community  
Health Centers, Bethesda, MD

The presentation entitled Building Financial Capacity will explore, using case study examples, the question, “*How do we balance the community health center mission to serve all patients – regardless of their ability to pay and with an increasing percentage of uninsured patients – against tight fiscal environments at the federal, state, and local levels?*”

The strategies offered in this presentation include methods to:

- Increase patient visits by creating consistent scheduling systems and by reducing and managing no-shows.
- Standardize billing and fees schedules/processes to maximize revenue opportunities.
- Ensure every patient is assessed for insurance eligibility and/or sliding fee discounts.

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**Electronic Medical Record: Using Technology to Reduce Health Disparity by  
Identifying Gaps and Improving Quality of Care**

WARRIA A. ESMOND, MD

Medical Director, Settlement Health,  
New York, NY

The presentation will cover the Electronic Medical Record (EMR) implementation process as it relates to workflow redesign, template development, engagement of providers, organizational culture and data requirements. The use of data to improve health outcomes is key to reducing health disparities. The presentation will highlight the many advantages that EMR utilization offers to health care providers, particularly as it relates to improved systems for health care delivery and data access, as well as the current barriers to a full complement of data.



**Management of Occupational and Non-Occupational HIV Exposure**

MARTIN MARKOWITZ MD

Clinical Director, Aaron Diamond AIDS Research Center,  
Rockefeller University, New York, NY

The primary means of preventing HIV infection, be it occupational or non-occupational, is by preventing exposure to HIV-infected blood and body fluids. In the occupational setting emphasis must be placed on the use of universal precautions. Simply stated, the use of personal protective equipment such as gloves, and when appropriate masks and eye protection are critical in maintaining a safe workplace.

The risk of occupational transmission of HIV varies with the type and severity of the exposure. Prospective studies suggest the average risk from percutaneous exposure is 0.3% while risk from mucous membrane exposure is 0.09%. Risk for infection via exposure to intact skin is remote. Multiple factors affect the risk of transmission and include "apparent" contamination of a needle or device, whether the device was inserted directly into an artery or vein, whether the needle is hollow bore as opposed to solid, and the depth of injury. In addition, the level of virus in the blood of the source is also a determinant of risk of infection. In addition to blood, CSF, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid are potentially infectious though the risk is not clear due to paucity of data. Unless visibly bloody- feces, nasal secretions, saliva, sputum, sweat, tears, urine and vomitus are not considered potentially infectious. In the event of an exposure, local wound care is critical. In the event of a mucous membrane exposure, similar efforts are indicated.

Exposed HCP's should receive either 2- or 3-drug post exposure prophylaxis (PEP) depending on the status of the source and the severity of exposure as soon as possible. All HCPs should be tested for HIV and other blood borne pathogens at this time. If the source is HIV unknown then all efforts should be made to have the source tested and the HCP should be reevaluated after 72 hours to determine whether PEP should be continued. If HIV exposure is confirmed then PEP should be given for 4-weeks. The relative merits of individual agents and potential side effects will be discussed. Critical to the management of the HCP provider on PEP is education regarding drug-drug interactions, and avoidance of blood donation, as well as pregnancy or breast feeding. The monitoring of HCPs on PEP and subsequent management will be discussed.

The primary means of preventing HIV exposure in the non-occupational setting are mainly behavioral. These include sexual abstinence, sex in a mutually monogamous relationship with a non-infected partner, consistent and correct condom use, abstinence from injecting drug use, and the consistent use of sterile injection equipment in those unable to cease injection drug use. However, when there is a substantial risk of transmission in the non-occupational setting the use of nPEP may be indicated. Treatment should be initiated as soon as possible and within 72 hours of exposure. Optimal treatment regimens and management will be discussed. nPEP should be continued for 28-days.

# Biographical Sketch

## **ANTON C. BIZZELL, MD**

Anton Bizzell, MD, Vice President of Health and Clinical Services at DB Consulting Group, Inc., has over 15 years of combined clinical, research, health services, policy and management experiences with various private and public organizations and agencies with in the US Department of Health and Human Service, including the National Institutes of Health (NIH) and the Substance Abuse and Mental Health Services Administration (SAMHSA). Most of his career has been spent on public health issues related to access and quality of medical, substance abuse and behavioral health services. He has extensive experience in collaborating and interacting with health professional and community organizations as well as expert knowledge in identifying and treating medical diseases in the fields of primary care, mental health and substance abuse.

In his role at DB Consulting, he provides leadership, strategic vision, and executive management for the Health and Clinical Services Division with program offices located in both Silver Spring, Maryland and Atlanta, Georgia. His primary responsibilities include the growth and maintenance of the health division by functioning as the subject matter expert or lead liaison for Federal and commercial clients. Work within the division includes projects of national significance such as CDC's National HIV AIDS Awareness Days, its Emergency Medicine and Labor & Delivery HIV Rapid Testing Initiatives, SAMHSA's Federal Drug Free Workplace, Hepatitis Vaccination and several opioid treatment projects, HRSA's Supporting Networks of HIV CARE, and numerous other projects.

Dr. Bizzell most recently served as a Medical Officer at SAMHSA and prior to that with the National Institute on Alcohol Abuse and Alcoholism (NIAAA), one of the institutes comprising the NIH. While at SAMHSA, he examined issues surrounding the therapeutic use, misuse and abuse of prescription drugs as well as worked in partnership with other Federal agencies, State governments, medical organizations, community coalitions, law enforcement agencies, non-governmental organizations, and other groups that were committed to ensuring the appropriate use of prescription drugs and to curtailing the misuse and abuse of such medications. As the former Medical Officer for NIAAA, he provided expert scientific, clinical, and administrative support for research and educational projects and activities related to the Institute's initiatives to address physician and other allied health professions continuing education, screening and early intervention and related special projects in health disparities and other areas.

Dr. Bizzell earned both his Doctorate of Medicine and Bachelors of Arts in Biology from the University of Virginia, Charlottesville, Virginia. He completed his postgraduate training in Family Medicine at Howard University Hospital in Washington, DC. Shortly after completing his residency he joined the Howard University faculty in the Department of Community Health and Family Practice. Dr. Bizzell continues to serve on various local and national boards including serving as the Chair of Alpha Phi Alpha Fraternity, Incorporated's American Cancer Society Initiative, former Chair of its Health and Wellness Committee and as a member of the National Football League's Substances of Abuse Committee.



### **THE HONORABLE DONNA M. CHRISTENSEN, MD**

The Honorable Donna M. Christensen continues to distinguish herself as a leader in the United States Congress. As a Member serving her sixth term, she is the first female physician in the history of the U.S. Congress, the first woman to represent an offshore Territory, and the first woman Delegate from the United States Virgin Islands.

In the 110th Congress, Delegate Christensen serves on the following House Committees, Subcommittees and Caucuses: She serves on the Committee on Natural Resources, which oversees territorial and public land issues, and on the Homeland Security Committee which oversees preparing the nation to prevent and withstand attack. Delegate Christensen chairs the Natural Resources Subcommittee on Insular Affairs which oversees the affairs of the offshore territories to include Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Marianas Islands, and the free associated states of the Republic of the Marshall Islands, the Federated States of Micronesia and the Republic of Palau. The Subcommittee has been reinstated after 12 years with the Democratic takeover of the House. She also serves on the Homeland Security Subcommittees on Emergency Communications, Preparedness and Response and Emerging Threats, Cybersecurity and Science and Technology. Delegate Christensen is a Member of the Congressional Black Caucus and chairs the Congressional Black Caucus' Health Braintrust, which oversees and advocates minority health issues nationally and internationally. She is a Member of the Congressional Caucus for Women's Issues; Member of the Steering Committee of the Congressional Travel and Tourism Caucus; Member of the Congressional Rural Caucus; Member of the Friends of the Caribbean Caucus; Member of the Coastal Caucus; Member of the Congressional Fire Caucus and additionally, a Member of the Congressional National Guard and Reserve Caucus.

She was born in 1945 to the late Judge Almeric Christian and Virginia Sterling Christian. She earned a Bachelor of Science in 1966 at St. Mary's College in Notre Dame, Indiana. She earned an M.D. (Doctor of Medicine) in 1970 from George Washington University School of Medicine in Washington, D.C. She interned at Pacific Medical Center in San Francisco, California from 1970 to 1971 and did her residency in family medicine at Howard University Medical Center from 1973 to 1974. She became a board certified physician in 1977. Christensen began her medical career in the Virgin Islands in 1975 as an emergency room physician. She served as staff physician at the Maternal & Child Health program, Medical Director of the Nesbitt Clinic in Frederiksted, Director of the Frederiksted Health Center, Director of Maternal and Child Health and Family Planning, served as the Medical Director of the St. Croix Hospital and rounded out her medical career as the Territorial Assistant Commissioner of Health and as the Acting Commissioner of Health. She maintained a private practice in family medicine from 1975 until her election to Congress in 1996.

As a registered member of the Democratic Party of the Virgin Islands, she has served as Democratic National Committeewoman, member of the Democratic Territorial Committee, Delegate to Democratic Conventions from 1984 to present, Member, Platform Committee of the Democratic National Committee from 1988 to present. She was elected to the Virgin Islands Board of Education from 1984 to 1986 and was appointed as a member to the Virgin Islands Status Commission from 1988 to 1992. Christensen is a member of the National Medical Association, the Virgin Islands Medical Society, the Caribbean Studies Association, the Caribbean Youth Organization and the Virgin Islands Medical Institute. Prior to her election to Congress she served on a variety of church and civic associations. She is the mother of two daughters, Rabiah and Karida Green and the grandmother of Nia Elena Hamilton and Kobe George. She is the granddaughter of the late renowned Virgin Islands educator Elena Christian. Congresswoman Christensen also gained two new daughters, Lisa and Esther, and two sons, Bryan and David, through her 1998 marriage to Chris Christensen.



### **JEAN DAVIS, PHD, PA, DC, MS**

Dr. Jean Davis has a PhD in Preventive Medicine. She is a Primary Care Physician Assistant and Doctor of Chiropractic Medicine. Dr. Davis is an Associate Professor at Charles Drew University of Medicine and Science and Assistant Professor at UCLA, Department of General Internal Medicine.

Dr. Davis is the Co-Principal Investigator, Clinical Director and HIV/AIDS Training Specialist for the Charles Drew Site National Minority AIDS Education & Training Center (NMAETC) and Master Trainer for Pacific AIDS Education Training Center (PAETC) HRSA funded and Co-Investigator for Comprehensive Center for Health Disparities for Chronic Kidney Disease (CKD) NIH Program Grant.

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### **GOULDA A. DOWNER, PHD, RD, LN, CNS**

Goulda A. Downer, PhD, RD, LN, CNS is the Principal Investigator for the National Minority AIDS Education and Training Center, located in the School of Medicine at Howard University. Previously, she was Assistant Clinical Professor/Director, Public Health Nutrition Services in the Department of Pediatrics, at Georgetown University Medical School . In 2001, Dr. Downer was appointed to serve as a member of the United States Food Advisory Committee of the Food and Drug Administration (FDA). Dr. Downer was appointed by the Mayor of Washington, DC to the State Health Planning and Development Agency's, Statewide Health Coordinating Council (SHCC), where she is in her second term as chair of that committee. Dr. Downer is also chair of the Nutrition and Dietetics Board of the District of Columbia's Department of Health Regulation Administration.

Internationally, Dr. Downer provides expertise as a member of a team in Sub-Saharan Africa including South Africa, Kenya, Zambia, Mozambique, Uganda, Nigeria, and Ethiopia. As a member of the team, she is responsible for assessing the impact of food aid and food security on the health and nutritional status of country participants; the Dr. Goulda Downer's Biographical Sketch (continued):

impact of HIV/AIDS on the agricultural community; and strategic planning to reduce the risk of mother to child transmission of HIV. She is an alum of Pratt Institute; Howard University where she received her Masters and PHD degrees. She gained her postdoctoral fellowship in Pediatric Nutrition at Georgetown University and was also educated in Nutritional Epidemiology by the Johns Hopkins University .

She has been the recipient of numerous awards including the prestigious 2003 Dr. Pearl Watson Memorial Award for excellence in the delivery of health care by the Caribbean American Intercultural Organization's (CAIO), Inc. She has been a finalist for the White House Fellowship program; community business woman of the year award from the Washington-Maryland-Virginia chapter of the American Business Women Association; the Ebony Image Award from the National Coalition of 100 Black women, northern Virginia Chapter. She is also the recipient of a certificate of appreciation from the National Institute of Health for outstanding assistance in facilitating the implementation of the National Physician's Network to improve cardiovascular health in the African American Community. Dr. Downer has several publications in national journals, is health advisor for several publications and is a frequent contributor to newspapers, peer journals and magazines, including Essence and Real Health. She is the health correspondent for Washington , DC produced CARIBNATION and has been interviewed for several health segments of Discovery Health and Black Entertainment's Television.



### **WARRIA ESMOND, MD**

Dr. Esmond joined Settlement Health, a Federally Qualified Health Center (FQHC) located in East Harlem, New York in February of 2004. Prior to that she spent 13 years with the North Shore-LIJ Health System as director of Woman Care (an OB/GYN faculty practice), as well as instructor for the Family Medicine Residency Program.

In her position as Settlement's Medical Director, she led the team that supported the organization's EMR implementation process. As a representative of Settlement Health, she was one of the founding members of the Primary Care Health Information Consortium (PCHIC). PCHIC began as a unique collaboration between NYC DOHMH and health centers in New York City, to develop and promote systems to support EMR adoption in health centers. In addition, she represents Settlement Health in a Health Center Controlled Network (HCCN) - METCHIT. Her additional duties include Quality Improvement Coordinator, maintenance of Joint Commission accreditation, as well as leading the organization's initiative to attain NCQA Patient Centered Medical Home recognition.

Dr. Esmond is a graduate of Cornell University and Cornell University Medical College, (now known as the Weill Medical College of Cornell University). She completed an OB/GYN residency in NYC.

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### **ROBERT C. GALLO, MD**

Since 1996, Dr. Robert C. Gallo has been Director of the Institute of Human Virology at the University of Maryland School of Medicine. Previously (for 30 years) he was at the National Cancer Institute (NCI) in Bethesda, MD. While at NCI, he and his co-workers discovered interleukin-2 (IL-2) in 1976. IL-2 was one of the first cytokines ("messenger" molecules that allow cells to communicate and alter one another's function) and proved to be a major tool not only for immunology but also for the discovery of all human retroviruses. Gallo and his colleagues then opened and pioneered the field of human retrovirology with the discovery of the first human retrovirus (HTLV-1) and along with Japanese investigators showed it was a cause of a particular form of human leukemia. A year later he and his group discovered the second known human retrovirus (HTLV-2). Dr. Gallo and his colleagues also independently discovered HIV, and provided the first results to show that HIV was the cause of AIDS. They also developed the life saving HIV blood test. In 1986 he and his co-workers discovered human herpes virus-6 (HHV-6), the first new herpes virus found in more than 25 years and the cause of Roseola. In 1995 he and his colleagues discovered the first endogenous inhibitors of HIV, namely some of the beta chemokines. This discovery helped in the later discovery of the HIV co-receptor, CCR5, and opened up entire new approaches to treatment of HIV disease.

Dr. Gallo has been awarded 28 honorary doctorates, is a member of the U.S. National Academy of Sciences and Institute of Medicine, and a member of the National Inventors Hall of Fame. He is also the recipient of numerous scientific honors and awards. Dr. Gallo was the most cited scientist in the world 1980-1990, according to the Institute for Scientific Information, and he was ranked third in the world for scientific impact for the period 1983-2002. He has published close to 1,300 papers.

### **GAIL KELLY, MS, CHES**

Ms. Kelly is an accomplished entrepreneurial-minded executive leader with a strong portfolio of successes in orchestrating the start-up, growth and optimization of diverse businesses within healthcare, education/literacy, retail sales and consumer goods. She was recently hired at University of Minnesota Physicians group where she will be in charge of business development and marketing for their Reproductive Medicine Clinic. For the past 3 years she was the Clinic Director of La Clinica, the largest Federally Qualified Health Center (FQHC) in Minnesota. And in 1990, as the first Regional Director for Planned Parenthood of MN/SD/ND, she spearheaded the opening of the first Planned Parenthood clinics in the state of South Dakota.

In addition to her career in health administration, she has also held various sales management positions including orchestrating the opening of the first Barnes & Noble Bookstore in South Dakota. She was quickly promoted and moved to Minnesota to manage the 14th largest store in the country. As the Regional General Manager for Scholastic Book Fairs, Gail was responsible for all sales and operations conducted in a 7-state region. She holds a Bachelor of Science in Health Services Administration/Business Management from the University of South Dakota and a Masters of Science in Health Education from the University of Utah, SLC.

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### **LEIGHTON KU, PHD, MPH**

Leighton Ku is a professor of health policy at The George Washington University and Director of the Center for Health Policy Research at GW. He is a nationally-respected health policy expert, who has conducted research on topics including health care financing, state and national health care reform, health access for vulnerable populations, including immigrants, and Medicaid. In addition to his research, he has worked with federal, state and local governments, organizations and advocacy groups to strengthen access to affordable health care. He has authored or co-authored more than 200 reports and papers about health policy issues, testified before Congress and state legislatures and has even been a regular panelist on a radio talk show about health policy. He has been recognized by the Mississippi Center for Justice for his work in promoting racial and economic justice.

Prior to joining GWU, he was a senior fellow for several years at the Center on Budget and Policy Priorities, a Washington-DC think tank and policy organization and before that he was a principal researcher at the Urban Institute, another Washington research institution. Earlier in his career, he was a federal regulator and budget and policy analyst for federal nutrition assistance programs. He has a PhD in health policy from Boston University and an MPH from the University of California at Berkeley.

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### **DAVID LUCKETT**

David Lockett serves as Deputy Director of the National Minority AIDS Education and Training Center (NMAETC) and brings more than 30 years of business, technology and non profit experience to the organization. In this position, Mr. Lockett provides direction and implementation of the NMAETC Infrastructure Management service offerings and assists the Principal Investigator in managing the organization's operations.

As a consultant, Mr. Lockett successfully performed a Medicaid Re-certification analysis for the deputy Mayor of the District of Columbia and the Medical Assistance Administration (MAA) which resulted in the identification of key improvement areas within the District's Medicaid re-certification process, many of which are in practice today.



## Biographical Sketch, cont'd

Mr. Lockett's technical expertise comes from over 15 years of system engineering and technical product marketing at AT&T and US Robotics where he led development of high speed digital access technology and enterprise modem deployment in commercial and governmental accounts. He has also led project teams in the development of emergency response call centers for municipal governments.

In the non profit arena, Mr. Lockett served as Regional Director for HOPE worldwide Mid Atlantic, and led a 7 state non profit region which focused on health, safety and community enrichment outreach to underserved community residents for 4 plus years. His overseas work included participating in HOPE *worldwide's* Health Corps HIV/AIDS Projects in Cambodia where he assisted medical personnel in reaching out to, and caring for, abandoned HIV positive residents. Mr. Lockett also spearheaded the development of a successful Papua New Guinea School Sponsorship Programs and created successful fundraising projects for mobile healthcare clinics which served the residents of Port Moresby.

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### **MARTIN MARKOWITZ, MD**

Dr. Martin Markowitz is a graduate of Stanford Medical School and completed his postgraduate training in Hematology/Oncology at Cornell Medical College and Infectious Diseases at New York University.

Dr. Markowitz has worked at the Aaron Diamond AIDS Research Center (ADARC) since 1992 and currently holds the positions of Clinical Director and Staff Investigator at ADARC and is an Aaron Diamond Professor at the Rockefeller University. His research interests have included the pathogenesis and treatment of acute HIV-1 infection, the fitness and transmission of drug resistant HIV-1, and investigations of novel antiretroviral agents as well as pathogenesis-based interventional trials. Current clinical trials are focused on understanding how complete viral replication is inhibited by currently used combinations of antiviral agents and whether intensive combination therapy can result in a virologic remission when applied early in the course of infection.

Dr. Markowitz has co-authored over 110 peer-reviewed publications in medical journals including The New England Journal of Medicine, Lancet, Nature, Science, AIDS, JAIDS, and the Journal of Virology. He serves as a peer reviewer for a wide spectrum of journals and currently chairs the AIDS Research Review Committee for the National Institutes of Health and serves as a grant reviewer for diverse private funding institutions.

In addition to his work at the Aaron Diamond AIDS Research Center, Dr. Markowitz has served as a member of the HIV/AIDS Task Force of the UN Millennium Project and has been an active board member of community based organizations.

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### **SHEILA Y. MCKINNEY, MA**

Ms. McKinney serves as the Manager of Evaluation and Measurement for the National Minority AIDS Education and Training Center (NMAETC). Ms. McKinney is responsible for developing evaluation policy and procedures and managing the data collection processes of the organization, training the staff and partners on evaluation, monitoring the development of the NMAETC training materials, and for providing analytical leadership for the core team.

Ms. McKinney is an experienced HIV/AIDS program evaluator with particular expertise in coordination and management of national, cross-site evaluation efforts for the Centers for Substance Abuse Prevention and the Centers for

Disease Control and Provision. As a Research and Evaluation Officer for the Academy for Educational Development (AED) within its Center for Applied Behavioral Evaluation and Research, Ms. McKinney provided technical assistance to selected non-governmental organizations, and state and local education agencies to evaluate their CDC/Division of Adolescent School Health-funded HIV prevention programs.

Prior to AED, Ms. McKinney has served as a local evaluator for the past six years developing evaluation capacity for governmental agencies and community based organizations within the District of Columbia. These organizations provide direct services to women, youth, and communities of color to address behavior that places their audiences at risk of HIV and substance use, as well as, serve individuals that are living with HIV/AIDS (PLWHA) and their families. The services are provided in faith-based, community-based, or school-based settings.

Ms. McKinney is a graduate of Northwestern University in Evanston, Illinois and is completing her doctorate at the Catholic University of America in Washington, DC. She is also an instructor in the Department of Education at Catholic where she instructs in-service teachers in the following subjects: current issues of race, class and gender in education; current issues in multicultural education; educational psychology; methods to address substance abuse in the educational setting; and current issues in educational leadership.

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### **JOHN MILBERG, MPH**

Mr. Milberg has worked in the HIV/AIDS Bureau at HRSA since 1998 where he initiated the CAREWare software and oversees its maintenance and development. He has been involved in HIV/AIDS as an epidemiologist since the early 1980s when he worked in the New York City Health Department at the beginning of the HIV/AIDS epidemic. In addition to domestic work, he has also worked in international HIV, most recently as part of a health information systems working group member in PEPFAR, the President's Emergency Plan for AIDS Relief. Through that work he has trained CAREWare users in a variety of locations, including Nigeria, Uganda, and Viet Nam, where CAREWare has been implemented in a number of HIV treatment facilities. Mr. Milberg received his masters in public health at Columbia University and further training in epidemiology and biostatistics at the University of Washington in Seattle. His current work now focus on health informatics and improving the collection of routine health information in HIV/AIDS clinics, and developing the capacity of health care personnel to use that data to monitor services and outcomes in care.

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### **MARSHA REGENSTEIN, PHD**

Marsha Regenstein is a research professor in the Department of Health Policy and co-director of the Center for Health Care Quality at The George Washington University School of Public Health and Health Services. She serves as associate director of Aligning Forces for Quality, the Robert Wood Johnson Foundation's signature effort to improve overall quality of health care in targeted communities, reduce racial and ethnic disparities, and provide models for national reform. For several years she led *Speaking Together: National Language Services Network*, an RWJF program designed to improve the quality of language services in U.S. hospitals. Dr. Regenstein was previously the director of the National Public Health and Hospital Institute, vice president for research at the National Association of Public Hospitals and Health Systems and vice president of the Economic and Social Research Institute.



### **DEIDRA ROACH, MD**

Dr. Roach has more than 20 years of experience in the field of addiction treatment. She currently serves as a medical project officer for the National Institute on Alcohol Abuse and Alcoholism where, among other responsibilities, she manages research portfolios addressing the treatment of co-occurring mental health and alcohol use disorders and alcohol-related HIV/AIDS among women. She also serves on the Interagency Coordinating Committee on Fetal Alcohol Syndrome (ICCFAS), for which she served as Executive Secretary from 2000 to 2004, the NIH Coordinating Committee for Research on Women's Health, and the Office of AIDS Research Committee for Research on Racial and Ethnic Minorities.

Dr. Roach began her career in internal medicine as Medical Director for the 125th St. Health Center, one of a network of community-based treatment centers within the Addiction Research and Treatment Corporation in New York City. There she provided primary care and specialty addiction treatment services to opiate and other substance dependent patients. While in New York Dr. Roach also served as Assistant Attending Physician for the Harlem Hospital Center Primary Care Network, providing primary care in a community-based health center, and as Medical Director of the WRAP Alcoholism Treatment Center in Mount Vernon, N.Y. She later joined the Department of Health, Addiction Prevention and Recovery Administration in Washington, D.C., first as the Chief of the Central Intake Division, and later as Medical Director, a position in which she served for 11 years. As Medical Director she was responsible for the direction and technical supervision of all medical services for more than 20 programs comprising the public D.C. addiction treatment system, and for establishing treatment guidelines for use in all Agency programs. Dr. Roach went on to serve as Acting Administrator for the D.C. Addiction Prevention and Recovery Administration until she was appointed Single State Agency Administrator in 1999. During her tenure as Administrator, the Agency completed its first community needs assessment in 10 years, expanded city-wide treatment capacity by 1,000 slots, and successfully implemented an employment experience program for adult patients.

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### **PAMELA JUMPER THURMAN**

Pamela Jumper Thurman, Ph.D., a Western Cherokee, is a Senior Research Scientist with the Ethnic Studies Department at Colorado State University and the Director of the National Center for Community Readiness, home of the CA7AE Project, at Colorado State University. She has 25 years of experience in mental health and substance abuse research and epidemiology, as well as an additional 12 years in the provision of direct treatment, prevention and capacity building assistance. She is a co-developer and co-author of The Community Readiness Model and has applied the model in over 2,000 communities throughout the US as well as over 23 communities internationally. She currently serves or has served as principal investigator or co-principal investigator for federally funded grants that examine community/grassroots prevention of intimate partner violence, state wide initiatives to prevent methamphetamine use, epidemiology of American Indian substance use, prevention of HIV/AIDS, and epidemiology and prevention of solvent use among youth. She has served as a member of the National CSAT Advisory Council and is also a member of one of Roslyn Carter's Caregiving Panels and assisted with the First Lady Laura Bush's "Helping Americas Youth" initiative.

Dr. Jumper Thurman is the Co-PI National Minority AIDS Education and Training Center at Colorado State University.



### **JONATHAN N. TOBIN, PHD**

Jonathan N. Tobin, PhD, is President/CEO of Clinical Directors Network, Inc. ([www.CDNetwork.org](http://www.CDNetwork.org)), a NYC-based practice-based research network (PBRN) dedicated to improving clinical outcomes for low income and medically underserved communities. Dr. Tobin, a board certified epidemiologist, holds the rank of Professor in the Department of Epidemiology and Population Health at Albert Einstein College of Medicine of Yeshiva University, and he is also an Adjunct Professor in the Allen and Frances Adler Laboratory of Blood and Vascular Biology and the Center of Clinical and Translational Science at The Rockefeller University. He holds an MA, MPhil and PhD from Columbia University, as well holds elected fellowships in the American Heart Association - Council on Epidemiology & Prevention and the American College of Epidemiology. He has had extensive experience in the design, administration and analysis of large-scale observational, experimental and translational studies. Dr. Tobin previously served as the Director of Education and Training at the Yeshiva University Institute for Public Health Sciences (at Albert Einstein College of Medicine – [www.yu.edu/iphs](http://www.yu.edu/iphs)), and he has also developed and directs an web-based post-graduate medical training Institute that provides online CME-accredited courses and clinical decision-support tools for clinicians ([www.eClinician.org](http://www.eClinician.org)). Dr. Tobin has served as Principal or Co-Principal Investigator on grants funded by NIMH, NHLBI, NCI, NIAID, NIDCR, SAMHSA, EPA, CDC, and HRSA, in studies related to behavior, stress, clinical preventive services, cardiovascular disease, cancer and HIV/AIDS, all designed to study translating research into practice for the elimination of health disparities and the improvement of public health. Under Dr. Tobin's leadership at CDN, over 200 health centers, 1000 physicians and 55,000 patients have been recruited into clinical trials and observational studies and nearly 550 CME-accredited online courses have been produced.

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### **ANITA VARKEY, MD, FACP**

Dr. Varkey is a general internist who came to Loyola University Medical Center in the fall of 2007 following nine years on faculty at Rush University Medical Center where she was a clinician educator at the John H. Stroger Jr Hospital of Cook County. At Cook County Hospital, she was the Assistant Director of the Faculty Development Program as well as the Co-Course Director of the Women's Health Rotation. It was working at a large public hospital that sparked her interest in better understanding and working towards eliminating health care disparities.

At Loyola, Dr. Varkey is the associate program director for Internal Medicine who is responsible for the intern recruitment efforts and chairs the intern selection committee. Along with her work as Medical Director of the General Medicine Clinic on the main campus, Dr. Varkey has a focus in Women's Health and also works in the Benign Breast Clinic.

She participates in Health Services Research examining health care disparities and quality of care in the outpatient setting. She was the Chicago site director for the Minimizing Error, Maximizing Outcome (MEMO): The Physician Worklife Study II which was a longitudinal observational study of primary care physicians and their patients in 5 regions to determine the effect of the healthcare work environment on the quality of care and the role of physicians as mediators of this effect. This study was funded by the AHRQ and RWJF with select results published in the 2009 Annals of Internal Medicine and the Archives of Internal Medicine. She is again the Chicago site director for an AHRQ funded follow up study which is a cluster randomized control trial to test the impact of a quality improvement intervention focusing on modification of adverse primary care work conditions (workflow, work control and organizational culture) which will lead to greater participation among primary care providers to initiate and participate in programs which improve patient care.



### **GERVEAN WILLIAMS**

Gervean Williams is the director of finance and operations in the Training and Technical Assistance Division for the National Association of Community Health Centers. Prior to joining NACHC Ms. Williams was the chief financial officer at Samuel Rodgers Health Center. She has a Bachelor of Science in Accountancy from the University of Missouri. Ms. Williams served as the chief financial officer for Shawnee Mission Physician's Group, and as manager of accounting, payroll and medical records for Saint Luke's-Shawnee Mission Health System South. Ms. Williams also worked in the field of Public Accounting at the Regional firm Baird Kurtz and Dobson. Ms. Williams is a former Rodgers' board member, co-chair for the Mid American Regional Council HIT committee, and has served as a member of the Diversity Council for the St. Luke's Health System.

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### **CAPT. DEBORAH WILLIS-FILLINGER, MD**

CAPT. Deborah Willis-Fillinger, MD, Directs the Office of Health Equity (OHE) at the Health Resources and Services Administration (HRSA), an agency of the Federal Department of Health and Human Services (HHS). HRSA is a 9 Billion dollar Federal Government agency that provides support for health services, health professions workforce training, and other infrastructure for this countries health care safety net. The OHE serves as the advisor and coordinator to HRSA for the special health care related needs of medically underserved, socially and economically disadvantaged and isolated populations, especially racial, ethnic and cultural minorities.

Dr. Willis-Fillinger is a practicing Internist, trained at the Chicago Medical School and Henry Ford Hospital. She joined HRSA in 1990 as a Regional Director for the National Health Service Corps in Chicago and later directed the National Office of State Activities for the Bureau of Primary Health Care, Directed the HRSA Regional/Field Offices in Chicago and Kansas City, and directed the Nationwide HRSA HIV/AIDS Bureau AIDS Education Training Center Program. Since 2006, prior to joining the Office of Minority Health and Health Disparities which became the Office of Health Equity in January of 2010, CAPT Willis-Fillinger served as a Senior Medical Advisor in the HRSA Center for Quality where she led implementation of HRSA Core Clinical Quality Performance Measures and the HRSA Quality Road Map.

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### **DR. PIERRE VIGILANCE**

Dr. Vigilance was appointed as Director of the District of Columbia Department of Health in April 2008. As the public health agency for the Nation's Capitol, the department serves the District's population of almost 600,000 as well as those who work and spend recreational time in Washington, DC. The department has an annual budget of \$268 million and more than 800 staff. In recent years the agency has promoted health and wellness through improved physical activity and nutrition projects such as community-level "Ward Walks", and the Healthy Corner Store Initiative. Under his tenure, the agency has made extensive use of data to drive the agency's activities. He has focused attention on improving data collection and analysis which has led to the publication of the District's HIV/AIDS epidemiology reports, the Preventable Causes of Death Report (the first city-level report ever produced), the Obesity Report and the Obesity Action Plan.

Before joining the agency, Dr. Vigilance was Director of the Baltimore County Department of Health in Baltimore, Maryland. Prior to his position in Baltimore County he served in Baltimore City as the Assistant Commissioner for Health Promotion and Disease Prevention where he directed and aggressive HIV outreach and education campaign "Live, Love, Be Safe". Before entering the government, his public health work focused on the development of a community-based substance abuse program in East Baltimore. He received his MD and Master of Public Health degrees from the Johns Hopkins University and is residency-trained in Emergency Medicine."





# NMAETC

National Minority AIDS  
Education and Training Center  
Howard University College of Medicine

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National Minority AIDS Education and Training Center Network (NMAETC) within the Department of Infectious Diseases, Howard University College of Medicine, leads the NMAETC Network. The NMAETC Network was established in 1999 and consists of Charles Drew University of Medicine & Science, Colorado State University, Meharry Medical College, Morehouse School of Medicine, Navajo AIDS Network, University of Texas Health Science Center, and Xavier University. The NMAETC is a national leader in the HIV/AIDS arena. It has trained over 39,550 clinicians and HIV providers nationwide. Many of these providers are located in and or serving rural, underserved and urban populations. This includes clinicians from underrepresented minorities (physicians, advanced practice nurses, physician assistants, nurses, oral health professionals and pharmacists as well as allied health professionals -clinical case managers, nutritionist/dietitians, clinical social workers, etc) on HIV management and treatment issues.

The mission of the NMAETC is to decrease the disparities in the health outcomes of minority clients with HIV/AIDS by positively impacting the availability and quality of health care services. To that end, we seek to increase (1) the core competence of organizations, clinicians and other HIV providers; (2) the number and types of available services; (3) the number of culturally competent qualified HIV specialists; and (4) the number of clients who access and remain in care. This is achieved through a collaborative network of Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), Native American Institutions, Community Based Organizations (CBOs) and national organizations that represent minority health care professionals, and the regional AIDS Education and Training Centers.

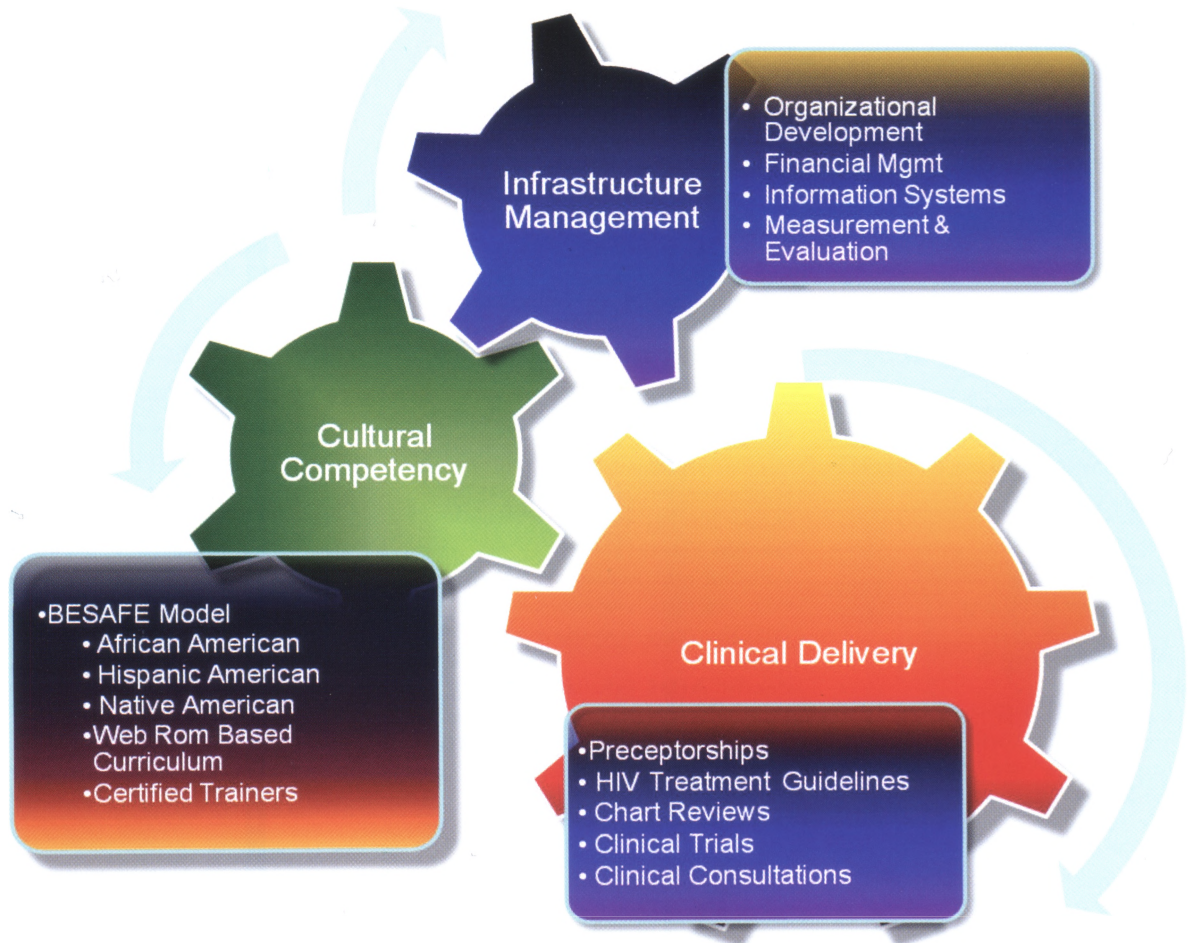
[www.nmaetc.org](http://www.nmaetc.org)







# One Solution: Capacity Building





# AETC INFORMATION

## **Delta Region AIDS Education and Training Center**

Louisiana State University, Health Sciences Center, School of Public Health  
136 South Roman Street, 2nd Floor  
New Orleans, LA 70112  
Phone: 504-903-0788  
Fax: 504-903-7186  
Web Site: <http://www.deltaaetc.org>

## **Florida/Caribbean AIDS Education & Training Center**

USF Center for HIV Education and Research  
University of South Florida  
13301 Bruce B. Downs Boulevard, MHC-1715  
Tampa, FL 33612  
Phone: 813-974-4430  
Fax: 813-974-8451  
Email: [Contact@FAETC.org](mailto:Contact@FAETC.org)  
Web Site: <http://www.FAETC.org>

## **Midwest AIDS Training & Education Center**

The University of Illinois at Chicago Jane Addams College of Social Work (M/C 779)  
1640 W. Roosevelt Road, Suite 511  
Chicago, IL 60608  
Phone: 312-996-1373  
Fax: 312-413-4184  
Email: [matec@uic.edu](mailto:matec@uic.edu)  
Web Site: <http://www.matec.info>

## **Mountain Plains AIDS Education & Training Center**

Anschutz Medical Campus  
Academic Office West  
Building L15  
12631 E. 17th Avenue West  
Aurora, CO 80045-0508  
Phone: 303-724-0867  
Fax: 303-724-0875  
Web Site: <http://www.mpaetc.org>

## **New England AIDS Education & Training Center**

Office of Community Programs University of Massachusetts Medical School  
23 Miner Street, Floor G  
Boston, MA 02215-3318  
Phone: 617-262-5657  
Fax: 617-262-5667  
Web Site: <http://www.neaetc.org>

## **New York/New Jersey AIDS Education & Training Center**

HIV Center, Department of Psychiatry,  
Columbia University  
100 Haven Avenue #31G  
New York, NY 10032  
Phone: 212-304-5530  
Fax: 212-304-5555  
Web Site: <http://www.nynjaetc.org>

## **Northwest AIDS Education & Training Center**

Center for Health Education and Research  
University of Washington  
901 Boren Avenue, Suite 1100  
Seattle, WA 98104  
Phone: 206-221-4964  
Fax: 206-221-4945  
Web Site: <http://www.northwestaetc.org>  
Web Site: <http://www.uwpallcare.org>  
Web Site: <http://www.hivwebstudy.org>

## **Pacific AIDS Education & Training Center**

Department of Family & Community Medicine, University of California, San Francisco  
50 Beale Street, Suite 1300  
San Francisco, CA 94105  
Phone: 415-597-8198  
Fax: 415-597-9386  
Web Site: <http://www.ucsf.edu/paetc>

## **Pennsylvania/MidAtlantic AIDS Education & Training Center**

University of Pittsburgh Graduate School of Public Health, Department of Infectious Diseases and Microbiology  
130 DeSoto Street, A427 Crabtree Hall  
Pittsburgh, PA 15261  
Phone: 412-624-9118 (office)  
Phone: 412-624-1895 (main)  
Fax: 412-624-4767  
Web Site: <http://www.pamaaetc.org>

## **Southeast AIDS Education & Training Center**

Department of Family and Preventive Medicine  
Emory University School of Medicine  
735 Gatewood Road, NE  
Atlanta, GA 30322-4950  
Phone: 404-727-2929  
Fax: 404-727-4562  
Email: [seatec@emory.edu](mailto:seatec@emory.edu)  
Web Site: <http://www.seatec.emory.edu>

## **Texas/Oklahoma AIDS Education & Training Center**

Parkland Health & Hospital System  
4811 Harry Hines Blvd, Support Services Building C  
Dallas, TX 75235  
Phone: 214-590-6685  
Fax: 214-590-2184  
Web Site: <http://www.aidseducation.org>

## **NATIONAL CENTERS**

### **AETC National Resource Center**

Stanley S. Bergen Building  
65 Bergen Street, 8th Floor  
Newark, NJ 07101-1709  
Phone: 973-972-6587  
Fax: 973-972-0397  
Web Site: <http://www.aidsetc.org>

### **National Minority AIDS Education and Training Center**

Howard University  
1840 7th Street, NW, 2nd Floor  
Washington, DC 20001  
Phone: 202-865-8146  
Fax: 202-667-1382  
Web Site: <http://www.nmaetc.org>

### **National HIV/AIDS Clinicians' Consultation Center**

Department of Family & Community Medicine  
University of California, San Francisco San Francisco General Hospital  
1001 Potrero Avenue, Building 20-22  
San Francisco, CA 94110  
Phone: 415-206-5792  
Fax: 415-476-3454  
Web Site: <http://www.ucsf.edu/hivcntr/>

### **National Evaluation Center**

AIDS Policy Research Center AIDS Research Institute  
University of California, San Francisco  
50 Beale Street, Suite 1300  
San Francisco, CA 94105  
Fax: 415-597-9213  
Web Site: <http://www.ucsf.edu/aetnc>

### **International Training & Education Center on HIV (I-TECH)**

University of Washington  
901 Boren Avenue, Suite 1100  
Seattle, WA 981043508  
Phone: 206-221-4948  
Fax: 206-221-4945  
Web Site: <http://www.go2itech.org>







**NMAETC**

National Minority AIDS  
Education and Training Center  
Howard University College of Medicine

National Minority AIDS Education and Training Center  
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