



**COMMUNITY HEALTH AWARENESS GROUP**

**Main Office** 1300 W. Fort Street  
 Detroit, MI 48224

**POC and CORE satellite** 3028 E. Grand Blvd.  
 Detroit, MI 48202

**Cindy Bolden Calhoun**, Executive Director

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*A Letter from the Executive Director*

**C**ommunity Health Awareness Group celebrated the move to our new location, on West Fort Street in downtown Detroit, with an Open House on December 17. With the dedication of our new community center, Veronica's PLACE, we honor those who have passed and establish a safe haven for clients and their loved ones. The new facility with greatly increased space will allow us to expand our services and fulfill our mission to address the primary health concerns of African Americans in the City of Detroit.

I hope you had the opportunity to attend the Open House and see this wonderful new space. We want this to be a place



**Cindy Bolden Calhoun**

where the community feels welcome, where clients can come and know it's safe to be who they are.

It is also important for us to honor those who made contributions to the fight against HIV/AIDS, and who have passed but remain important to us as we continue the struggle. Veronica's PLACE, the new community

center, is dedicated to Veronica Mitchell, a dearly loved former staff member who worked tirelessly as an advocate for the needs of women. PLACE is an acronym for Purpose, Love, Acceptance and Care for Everyone. The new conference room is dedicated to Belinda Mack Howard, another former

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**Down to the CORE**

**C**HAG's new outreach worker training program, The CORE Project, kicked off last year. This completely new Michigan Department of Community Health (MDCH) sponsored training now meets the specific needs of those individuals who work on the streets doing prevention outreach. The training program was based on a needs assessment and research with an original design that provides the needed skills for outreach.

This new training is not just an HIV 101 "with safety stuff sprinkled in," said CHAG's Director of Substance Abuse Services, Harry Simpson, who designed the CORE program. In fact, he said, "We don't teach HIV. What we teach are the skills that people need to work in the streets – engagement skills, community observation, how to communicate with folks in the street, and how to market their programs."

The curriculum was developed by Orin Johnson, MA, who had both the education and the experience to develop a curriculum

based on the research that had been done previously. Johnson left CHAG in July '04 for a position out of state; and Benita Tucker has recently taken over management of the program.

The 3-day course includes didactics and exercises, demos and skills-building role plays. "We also take our participants into the field where they perform community outreach with a trained supervisor," said Simpson. "This provides an opportunity for instant feedback, so the new skill can be incorporated and practiced during the next engagement." He said the evaluations indicate that participants are increasing their knowledge significantly, in some cases from 20% in pretests to 90-100% in post-testing.

All of the outreach workers who are certified by MDCH – even those who have taken previous training – will have to take this new CHAG training to keep their certification. "I am confident that this training will change the way outreach is done in this state," said Simpson.

## 1st Annual Black AIDS Awareness Campaign

The African American Workgroup of the Michigan HIV/AIDS Council (MHAC) and the Michigan Department of Community Health (MDCH) have invited community based organizations around the state to participate in activities during February and March that will raise awareness about HIV/AIDS among African Americans in their communities.

African Americans represent 58% of persons living with HIV/AIDS in Michi-

gan, while they are only 14% of the state's general population. This means a rate of infection among African Americans that is 8.5 times higher than among whites. Blacks also have the highest estimated number of HIV/AIDS cases in the state.

Of particular note is the contrast between black and white females. African American females have the second highest rate of infection and the third highest estimated number of cases behind black and white males in Michigan.

## Counting the HIV/AIDS cases

A new law will change the way HIV is reported in Michigan. When PA 514 goes into effect on April 1, physicians and testing sites will share the responsibility with clinical labs to report confirmed positive HIV tests. It is important to note that this does not affect the ability of individuals in our state to obtain anonymous testing at MDCH designated testing sites, including CHAG.

This new reporting will, however, help to provide a more accurate picture

of the epidemic in Michigan. And it will pave the way for a more equitable assessment of need for Ryan White CARE Act funding.

Also, due to a new review of data to eliminate duplicated records nationally – starting with the January 2005 report from the MDCH HIV/AIDS Surveillance Section – the cumulative AIDS/HIV numbers in Michigan have decreased. This is a result of a CDC-initiated Interstate Duplication Evaluation Project (IDEP).

**“Let us give publicity to HIV/AIDS and not hide it because the only way to make it appear like a normal illness, like TB, like cancer, is always to come out and say somebody has died because of HIV/AIDS, and people will stop regarding it as something extraordinary.”**  
— Nelson Mandela, during the announcement that his son had died of AIDS in South Africa in January.

## HEALTH DISPARITIES

More than 886,000 deaths could have been prevented between 1991 and 2000 if African Americans had received the same care as whites, according to a report in the December issue of the American Journal of Public Health. In an era where the focus is on improving technology in medicine – drugs, devices and procedures – this study found that “five times as many lives can be saved by correcting the disparities [in care between whites and blacks] than in developing new treatments.”

And access to health care does not account for all the racial disparity in preventable deaths. Blacks have a greater incidence of some diseases, which results from education, income level and environment as well as access to health care.

One of the goals of the national health initiative, Healthy People 2010, is to eliminate such inequities in health care. Former U.S. Surgeon General David Satcher said some steps have already been taken, such as the creation of the National Center on Minority Health and Health Disparities at the National Institutes of Health, but more needs to be done. *Boston Globe* (1/12/05)

Then in the Jan. 14 issue of *Morbidity and Mortality Weekly Report*, the CDC published several studies addressing racial disparities in health care, including higher rates of death from HIV/AIDS-related causes among African Americans – a mortality rate 8.7 times higher than whites according to one study. African Americans also have higher rates of many infectious diseases according to CDC data. *Atlanta Journal-Constitution*, (1/14/05)

### mark your calendar

#### March 6-12: The Balm in Gilead's 16th Annual Black Church Week of Prayer for the Healing of AIDS

The Balm in Gilead program works with faith institutions to raise HIV/AIDS awareness in their congregations. This year the Balm in Gilead [www.balmingilead.org](http://www.balmingilead.org) is focusing on educating African American women about their high rate of risk for HIV infection.

#### March 9: 2005 HIV/AIDS Women Awareness Program

This is a dinner conference in honor of the Black AIDS Awareness Campaign. Sponsors include ANAC, St. John Health Systems, DMC, Henry Ford HS, VNA, Gospel Against AIDS, AIDS Partnership of Michigan, and CHAG.

#### March 15: HIV Education and Information Day

In honor of the Black AIDS Awareness Campaign, CHAG will sponsor this event in Lansing on the Rotunda at the State Capitol.

# CHAG news

**STARRS** (Sustained Training in Adopting Risk Reduction Strategies) Program, our Centers for Disease Prevention and Control (CDC) funded prevention case management intervention, continues to accept referrals. HIV positive individuals who need help in reducing risky behaviors that may be putting them at risk of re-infection, or others at risk of becoming infected are eligible for counseling services.

STARRS counselors work intensively with program participants to develop a risk reduction plan and take the steps necessary to work through problems that may be keeping them from adopting and maintaining safer behaviors. Clients are encouraged to enroll in or maintain Ryan White case management to ensure that health and social service needs are met. STARRS staff work closely with Ryan White case managers to ensure that duplication does not occur. For more information on the program, or to make a referral, please contact Lisa Rigg at (313) 963-3434.

**Many Men, Many Voices** is a new CHAG program that will outreach to Black men who have sex with men, but who may not necessarily identify as being gay.

## SPECIAL RECOGNITION FOR CHAG

- **Spirit of Detroit Award** presented December 17 in recognition of achievement.
- **Detroit City Council Testimonial Resolution** in honor of the new Community Center awarded on December 17.
- **The Great Seal of the State of Michigan**, “TUEBOR,” which means ‘I will protect,’ given in honor of the service provided to the community, on January 10.

The program, made possible through grants from MDCH, will begin in March and invite men to attend either a six-session workshop or a weekend retreat. Director of CHAG Substance Abuse Services, Harry Simpson said this program will be “a peer led group level intervention that focuses on issues particular to Black men, stigmatization, self-identification, racism, discrimination and their impact on health care access and utilization.” For more information, contact Benita Tucker, (313) 872-2424.

## WHERE TO CALL

### HOTLINES

**National AIDS & STD hotline**  
(800) 342-2437  
24 hours daily

**in Spanish**  
(800) 344-7432  
8 a.m. to 2 a.m. daily

**Michigan AIDS hotline**  
(800) 872- AIDS (2437)  
9 a.m. to 9 p.m. weekdays

**HOTLINE FOR WOMEN**  
(800) 554-4876  
2 to 9 p.m. Mon., Wed., Fri.

### COMMUNITY HEALTH AWARENESS GROUP

**Main office (313) 963-3434**

- Advocacy
- HIV Counseling and Testing
- Community and Street Outreach
- Case Management
- Life Points
- Prevention Case Management
- Jail Case Management
- Transportation

**Point of Change and CORE (313) 872-2424**

- HIV Counseling and Testing
- Substance Abuse Services  
Aftercare  
Pretreatment  
Hepatitis C Support Groups  
Drop-In Center
- Training
- Many Men, Many Voices

## NEW CHAG STAFF AND STAFF CHANGES

### NEW STAFF

- **Gloria Ateman** fills the new position of Prevention Coordinator.
- **Kathie Griffin** will join CHAG’s KEEP SAFE program.
- **Craig Miller** will join the Life Points Harm Reduction Program as a harm reduction outreach specialist.

### STAFF CHANGES

- **James Sain** has accepted a position as a transportation specialist and part-time support group facilitator.
- **Benita Tucker** will direct all activities of the CORE Training program and Many Men, Many Voices. She also serves as Deputy Director of CHAG’s POC substance abuse treatment expansion grant.
- **Ricardo Marble** will serve as Lead Trainer for the CORE Training Program.

**Founded in 1985, Community Health Awareness Group (CHAG) is a not-for-profit, minority operated, community-based AIDS service organization.**

Our mission is to address current health issues and concerns of the African American citizens of Detroit, to provide compassionate and nonjudgmental services through culturally appropriate and ethnically sensitive programs, and to develop effective ways of promoting and implementing positive health strategies to influence the overall quality of life of the African American community.

## A Letter from the Executive Director

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CHAG staff member, who took prevention messages to the streets, and who we remember and honor.

Given the continuing stigma surrounding HIV in our community, it is important for the children whose parents have passed to be able to come to a place where their family members are remembered. We are still dealing with denial in our community. And we don't want the children of the mothers who we have served to think that their mothers were forgotten, or that their lives didn't have purpose. This will give those children an opportunity to come to a place where their mom or their father or uncle is remembered. Whenever we are our loved ones will be remembered.

CHAG's goal now is within five years to be able to purchase this property or to buy an appropriate piece of land and build. We have five years to put all the puzzle pieces into place. An upcoming capital campaign is part of the plan to make this all a reality. Over the next five years, CHAG will focus on creating greater awareness of the

community's health, reaching beyond the emergent needs of HIV and substance abuse.

We are committed to addressing other health disparities among African Americans, while maintaining our efforts to reduce the incidence and impact of HIV and



**Linda Stokes with CHAG Board members Debra Smith and Marsha Bey at the December 17 Open House.**

Substance Abuse. Because the population we work with continues to age, there are other co-morbidities besides HIV and substance abuse which cannot be ignored. There are so many negative health outcomes that impact the African American community that sometimes HIV is just really low down on the list of things that a person has

to deal with every day. So how do we help people deal with all of the despair that comes from negative health outcomes, from poverty and all of the socio-economic challenges of just being an African American citizen in the United States?

Our mission is to address the current health issues of African Americans. We can't do that without looking at all of the health issues that negatively impact our community, heart disease, diabetes, obesity and hypertension. And so we are trying now to focus on these – along with training, HIV, substance abuse and case management.

There are challenges ahead. We will have to deal with these new health issues in a way that the organization and staff do not become overwhelmed. CHAG

has learned so much from our experience with HIV, core public health techniques like needs assessment and gap analysis. We have to learn how to take these and apply them to other health disparities in our community. This will take us into new arenas, and we will be making new partners to take on the challenges that await us.

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