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Research: Visions for the Future

By Blase Masini, PhD, Director of Research

Howard Brown Health Center set a mandate to grow and diversify the Department of Research. This mandate includes an increase in the number of studies, a move into new areas of lesbian, gay, bisexual, and transgender (LGBT) health research, and growth in relationships with new principal investigators. We are off to an impressive start in 2006 with five new research grant applications under review.

In January, principal investigators David McKirnan, Ph.D. and Rob Garofalo, M.D. teamed up to submit a federal application (R01) to collect descriptive longitudinal data on methamphetamine initiation and use among 16-24 year old men who have sex with men (MSM). Dr. McKirnan brings years of experience as a principal investigator studying substance abuse and risk among MSMs; Dr. Garofalo, Howard Brown Deputy Director and Director of the Youth Program, brings experience as a pediatrician and researcher working with and studying high-risk youth. This five-year study would use respondent-driven sampling (RDS) as the means of recruitment. With RDS, a small number of participants (called seeds) are enrolled in the study. Each is given coupons to recruit friends and acquaintances into the study; for each person they enroll, participants receive an incentive. This method has proven effective in building representative samples of hidden populations.

Also in 2006, Usha Menon, Ph.D. and Alicia Matthews, Ph.D., both from the UIC College of Nursing, have begun collaborating with Howard Brown on an exciting new program of prevention research and service: cancer screening. This collaboration has provided new opportunities to work with the Lesbian Community Cancer Project (LCCP), our partner for outreach and advocacy. In January, Drs. Menon and Matthews worked with Blase Masini, Ph.D., Director of Research at Howard Brown to submit an R01 application to test an innovative approach to motivating LGBT persons aged 50 and older to get screened for colorectal cancer. This intervention has been tested on minority women. Now with Drs. Menon and

Matthews' help, it will be tested on the LGBT population. Participants randomly assigned to the intervention will receive, via computer, a series of tailored messages designed to address that individual's barriers and beliefs about risk for

colorectal cancer. Because the recruitment of 600 older LGBT people may have been daunting, Howard Brown is collaborating with the Fenway Institute in Boston. As a multi-site study, Howard Brown and Fenway will each recruit approximately 310 participants.

Dr. Matthews also applied to the Cancer Research and Prevention Foundation to

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In 2005, Howard Brown's Department of Research worked with 1,345 active research participants for a total of 3,861 participant visits.



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(New Initiatives, from page 1)

pilot test the feasibility and acceptability of a tailored intervention messaging system as a motivator to be screened for breast, cervical, and colorectal cancer. These pilot data will be useful in refining the tailored intervention messaging system for LGBT persons and applying for future grants.

Dr. Matthews also submitted an application to the Illinois Department of Public Health to test the effectiveness of patient navigation to motivate lesbian and bisexual women to get screened for breast and cervical cancer. In this intervention, women aged 40 or older who have not been screened in the last two years will meet with a patient navigator, talk about risk and barriers, and be provided a referral to be screened. A patient navigator is an in-house healthcare professional/peer that is available to coach those that are not familiar or comfortable in health care settings. The women will be followed for

three months to observe the frequency with which they follow through with the screening. They will be compared with women who received standard educational material about risk for cancer.

In concert with this new program of cancer prevention research are formative conversations around cancer survivor care. For the first time in history, a decrease was reported in the number of cancer-related deaths; by implication, there are more cancer survivors. To begin understanding the needs of LGBT cancer survivors, Howard Brown collaborated with LCCP and UIC to launch an online survey of LGBT cancer survivors. These data will be used to inform both research and practice. [See page 8 for instructions on accessing the survey.]

Another investigator new to Howard Brown, Brian Mustanski, Ph.D. from the UIC Department of Psychiatry, submitted an application to the Centers for Disease Control and Prevention (CDC) to study an innovative use of the Internet for

primary and secondary HIV/STD prevention. This study offers an opportunity for collaboration between Howard Brown's Department of Research and HIV/STD walk-in clinic. For the primary prevention, men aged 16-24 who come in for testing are invited to participate in a series of web-based interactive educational sessions. Risk will be measured before and after the sessions. For the secondary prevention, Dr. Mustanski will be testing the effectiveness of our use of the Internet for partner notification among MSMs testing positive for syphilis.

We are thrilled to have made connections with such reputable professionals in the field of research, and are confident that our research efforts and new projects will be great successes!

For the most current information about our current research initiatives, including participation in studies and our Student Internship Program, please visit our website at www.howardbrown.org.

TAP: Past, Present, and Future

By Jennifer Hopwood, TAP Project Coordinator and Jason Bird, TAP Regulatory Coordinator

Past...The Treatment Advocacy Program (TAP) has been a vital part of care and support for the positive MSM community at Howard Brown for more than six years, providing compassion, clarity, and understanding for clients who seek and need support. TAP was created in 1999 to help HIV+ persons address topics related to intimacy, sexual safety, and HIV treatment through counseling sessions with HIV+ peer advocates in conjunction with the patient's HIV-related care services. Treatment advocates are available to provide counseling and educational sessions to patients and most referrals to the program come from Howard Brown's medical services and case management.

Present...Seeing promise in TAP, Howard Brown and the University of Illinois at Chicago (UIC) applied for and received a grant from the Centers for Disease Control and Prevention (CDC)

to test the treatment in a randomized, treatment-control train. The TAP research project began recruiting participants in May 2004 from medical providers at Howard Brown Health Center, Saint Joseph Hospital's Sloten, Klein, and French clinic, and the Chicago Department of Public Health's Uptown Clinic. A four-session counseling intervention used a cognitive behavioral approach to address issues of sexual risk reduction, medication adherence, and general coping skills. The participants completed extensive baseline, six-month, and 12-month assessments covering sexual behavior, drug use, medical care, HIV health status, and HIV coping. TAP augments the self-reported behavioral data with health-related information from their medical charts, including current and past HIV medication use, viral load, CD4 counts, and opportunistic infections. Finally, information about medical adherence, sexual safety and

coping was collected during the intervention counseling sessions.

Future...Preliminary analysis of the TAP research data show promising results, supporting Howard Brown's commitment to continue the program. From the beginning, TAP advocates have been available to Howard Brown's clients on an as-needed basis. More recently, advocates have been paired with clinical research participants to support drug adherence through the duration of study. Referrals have come from all departments within Howard Brown, including Medical Services, Behavioral Health, and Case Management, underscoring the need for a sustained treatment advocacy program at Howard Brown.

For more information about TAP, or medical, behavioral health, or case management services at Howard Brown, please visit www.howardbrown.org.

MACS news

Welcome to Wave 46

By John Phair, M.D., Principal Investigator, MACS

The participants and investigators of the Chicago MACS had a busy 2005. The recruitment of the new members of the cohort at Howard Brown, Northwestern and the CORE Center was completed in December 2003. A total of 228 men in the 2001-2003 cohort were seen at one of the three clinics and 257 of the original cohort were seen at Howard Brown or Northwestern in 2005. Total visits for the year were close to 900.

The cardiovascular study for men over forty years of age began in December 2004; 242 have undergone ultrasound imaging of the carotid artery and electron beam CT (EBCT) to assess coronary artery calcification. The goal of the study is to evaluate the extent and progression of arteriosclerosis (hardening of the arteries) over a three-year period. This has been an issue of active interest and

concern over the past several years among HIV-infected persons receiving HAART and their treating physicians. Currently, the relationship between HIV infection, HAART therapy and hardening of the arteries is unclear. The two imaging studies will be repeated in 2007 and 2008. In addition, the blood level of C - reactive protein (CRP) of participants is being determined. CRP provides an estimate of the level of general inflammation which has been demonstrated in non-HIV infected persons to correlate with the risk of heart attacks; the higher the level of CRP the greater the risk. Untreated HIV infection can modestly increase the level of CRP in blood but it is not known whether HIV infection, when controlled by HAART is associated with higher levels of CRP. The MACS will be able to compare levels of CRP in men on HAART, infected but

not on highly effective therapy and uninfected men in the same age groups, smokers versus non smokers and with similar levels of cholesterol and other blood lipids (fats).

Other new initiatives started in 2005 include an assessment of kidney function to determine if HAART has an unexpected effect on this organ. We have long known that HIV itself can adversely affect kidney function. The extent to which HAART in general or specific drugs used in such regimens can modify HIV's effect or exert effects of their own are unclear. Both CRP and measures of kidney function use blood obtained at the routine visit and do not require extra blood draws or an increase in the amount of blood taken at the visit.

(continued on page MACS2)

State of Emergency?

By: Kumasi Gwynne, Howard Brown Administrative Coordinator, MACS

In 2001 and 2002 the Multicenter AIDS Cohort Study (MACS) recruited a new cohort of largely African-American men. We are thankful for the dedication of these men to the research of the MACS. This cohort of participants is particularly important to us given that AIDS has, according to the Centers for Disease Control and Prevention (CDC), become the leading cause of death for 25-44 year old African Americans. The rates of infection and AIDS cases in the African American community are highly disproportionate to their population in the United States.

According to the CDC, the US census report from 2000 estimates that the US

population is 12.3% African American, yet African Americans have accounted for 40% of HIV cases since 1981. From the years 2000-2003, African American women had HIV/AIDS rates 19 times that of white women. African American women, according to the Kaiser Family Foundation, accounted for 36% of new AIDS cases in 2003.

African American men reportedly have rates of infection that are seven times that of white men. The CDC reports that African American teens aged 13 to 19 lead all other racial and ethnic groups by having rates of new infection at 65% in 2002. All of this is what has lead some to call the HIV/AIDS crises in the African

American community a "State of Emergency."

Also disconcerting is the fact that according to the Kaiser Family Foundation, African Americans are dying at the same rate as they were dying before effective treatment came into place. It is of high priority to have HIV prevention tailored to this community. It is also of high priority to address the economic factors that are a component of these high numbers. MACS is proud to be a part of the work being done in the community to counteract these statistics, and as time goes on we will undoubtedly see the results of these efforts.

Benefits that Blossom

By: Carmon Houston, CORE Center Project Coordinator

"Hi Bill, it's really good to see you! How have you been getting along? Has it been six months? Still into...?"

This exchange takes place at the MACS sites daily as the 504 active Chicago MACS participants return for their visits. There are 259 men who were enrolled pre-2001, many of whom have been in the study since its inception in 1984. The majority of these persons are at Howard Brown with about forty at the Northwestern site. From October 2001 to January 2003, an additional 275 men were enrolled at the above sites and the Cook County CORE Center; continuing in the study are 202 of that group.

Under the title of a "research visit," many positive deeds transpire in the MACS. Although individuals value experiences differently, and their current stage in life may determine the value of an action at a particular time, there are without a doubt a number of valuable benefits that take place during and after the visits every six months.

For those who highly value the medical model, or are concerned about short-term health issues or have learned the importance of monitoring their health, the physical examination (frequently reported better and more thorough than most) is number one on the list of good things taking place at the visit. Physicians and nurse practitioners perform detailed examinations with special attention to manifestations of HIV infections. The laboratory test results are sought after by many of the participants, providing a gauge on their current health status and serving as supplemental data for their health practitioner. Explanation of results and guidance about the next step in care and/or diagnosis is available for the asking.

A more subtle but nevertheless important experience that takes place is the reminders as questions are asked about health and behaviors, for example with a

jog of the memory: "It's time for PPD testing," "I intended to look into hepatitis vaccine," or "I need to bring those reoccurring leg pains to my doctor's attention." Some important preventive actions are initiated as a result of the seeds that are planted as explored in the questions. Extremely helpful have been some of the current substudies like those looking at cardiovascular changes and hepatitis B that remains infectious.

In a time of social isolation and superficial interactions as the common fare in our society, genuine contacts that occur between participants and staff are frequently enriching and affirming. Relationships and trust develop over time that can influence adherence and safe practices. Staff knowledgeable in HIV provides resources and a safe and confidential source of discussion on issues. Referrals may result. A listening ear is a valuable commodity. Another commodity for some is the stipend that may come in handy in addition to the transportation reimbursement provided. Sometimes the date of the visit comes up just at the right time (a time of need). In a survey in 2003 the leading motivation for participants to join the study was a desire to help others, to add to the knowledge and win the war against HIV. Those altruistic desires have a positive effect on the individual as well as the community that they seek to help. That level of care runs deep in the MACS community. Men reaching out a hand to help others via their participation inevitably grow.

There is much to gain as a participant in MACS. Are you taking advantage of the opportunities afforded? Your participation is greatly appreciated. You are valued as an individual and member of the MACS community. Your growth is applauded as you blossom into all that you can be. We hope you have found friends in MACS, persons who care, and a truly flowering experience.

(Wave 46, continued from page MACS1)

The full Neuropsychological testing resumed this past year to ascertain the long-term changes in HAART treated HIV infected persons. The testing is much the same as was used in the early days of the MACS.

One of the major efforts in the MACS is to assess the effects of the genetics of the infected person upon the course of HIV infection. A total 17 genes have been identified which either slow or hasten progression of HIV infection in untreated individuals. A study led by Dr. Munoz of Johns Hopkins and co-authored by Dr. Chmiel of Northwestern, published in the American Journal of Epidemiology, described how a significantly greater number of untreated persons would have developed AIDS if they had not had a favorable genetic make up. Work is currently underway to determine the impact of these genes upon the response to HAART, i.e. whether those persons with more favorable genetic profiles have better responses to HAART. In addition, other genes that could influence the metabolism (the body's ability to process) of antiretroviral drugs are under study to determine their effect upon response to treatment.

The impact of HAART upon blood pressure, glucose (sugar) metabolism and the risk of developing diabetes have been evaluated and papers submitted for publication. Just as HAART can raise the level of cholesterol and other lipids in the blood in some persons, a small fraction of HAART treated people, less than ten percent, develop high blood pressure and elevated blood sugar. These studies will be continued to allow us to gather information about longer-term side effects of HAART. To date, although adverse effects of the antiretroviral drugs represent an increasing problem that requires careful monitoring, the beneficial impact of these drugs upon HIV infection justifies their use. The number of persons progressing to AIDS or death has dropped dramatically in the MACS and similar studies. All countries that can afford to treat patients have reported the same outstanding results as a consequence of HAART use.

Nutrition: Make Each Mouthful Count

By: Jimm Buffington, Northwestern Project Coordinator, MACS

Nutrition is often not thought of as an aspect of managing chronic disease. 'I've lost so much weight, it doesn't matter what I eat,' or 'I'm going to lose it all at some point with HIV, I'm not going to worry about my weight now,' have been stated to me on many, many occasions. These statements could not be further from the truth. Nutrition does matter, especially with HIV, no matter if you are thin, at your ideal body weight, or heavy.

Nutrition is broken down into three stages: first, what we choose to eat; second, how the body digests what we put into it; and third, how well the body uses these nutrients. The only one of these stages that we have any real control over is the first stage.

In the last newsletter, I wrote about making good nutrition a plan, not a diet, making a list of meals for the week, creating a shopping list, and then following that plan. It not only makes your days and evenings easier, it also assists in sticking to a budget. Impulse buying is not just done at your favorite retailers, but more often at the grocery store with that impulse purchase being one of less nutritional quality.

Malnutrition and wasting are major concerns with HIV. One of the major culprits for this is simply not eating enough calories and nutrients. After getting into the habit of creating a meal plan, I would like to give you three nutritional recommendations. They may sound basic or even trivial, which is the very reason why they need to be continuously stated and reinforced in our lives.

My first recommendation is to enjoy eating: from the planning to the preparing of the meal, to sitting and savoring the flavors as you eat. Enjoy each and every step in the process. Can you describe the flavors of the last meal that you had? Not what you ate, but the flavors. Describe them. Enjoy them. Think about your favorite meal growing up and what made it your favorite. What cultural or ethnic foods do you like? Why do you like them so much? If you have the opportunity to travel, have you considered choosing a destination because you like the food from that area? Enjoy the act of eating.

Secondly, with each and every mouthful, make it count. You need to get enough fluids, calories, protein, vitamins and minerals in order to allow the body to do its part. If you don't, your body will react by slowing down. What you eat has a direct effect on how you feel, both physically and mentally. If you can't eat a lot at any one time, add a fourth or fifth meal to your day. Part of your meal planning can be making sure that you have some quick and easy meals always handy, so that when you are hungry, you can eat a good meal. Instead of the jelly beans or candy bar you pick up at the cashier aisle, what about having some almonds or some cheese and crackers for that snack? Nutrient quality matters.

My third recommendation many do not consider to be an integral part of nutrition. As a dietitian I can tell you that it is one of the major concerns in my profession, and has even been brought up in terms of national security recently.

Good food safety practices must be followed. Most cases of food poisoning are not attributed to restaurant or purchased meals, but rather to poor food handling and sanitation at home. You have to wash your hands. Yes, with soap. It may sound trivial, and I don't mean to sound like I am preaching to you, but it is the single most overlooked personal hygiene act that men do not follow. Food professionals are taught to scrub with an antibacterial soap for no less than thirty seconds. Next time you are washing your hands, see how long 30 seconds is. I would be willing to bet that it is a lot longer than you realize when doing this task. Cross contamination at home is another concern that you have to keep in mind. If you use a knife to cut some raw meat and it is placed on the counter, the counter needs to be cleaned and disinfected too. A quick wipe with a sponge is not enough. Here's an interesting thought for you: most people have fewer germs and bacteria in their bathrooms than they do in their kitchens. Be very conscious of how you do things around your home over the next week and then try to improve on those things that need improvement.

These recommendations are all an aspect of the first stage of nutrition, choosing what we eat and drink. Without them, the second and third stage of nutrition cannot and will not perform well. Digestion of the food will be inadequate and the body will simply not have the nutrients to function well. Plan, enjoy, and eat healthy!

If you should have any questions regarding nutrition, I invite you to call, write, or email me at j-buffington2@northwestern.edu.

Alternative Therapy Program

Did you know that both Howard Brown and the CORE Center have free massage, acupuncture, and chiropractic care for those who are HIV+? Heartland Health Outreach Inc. operates out of several Chicagoland locations providing access to alternative therapies for those HIV+ individuals who can provide a referral from their primary care physician. If you or someone you know is interested in finding out more information about these complementary services, or if you would like to schedule an appointment call, call Howard Brown at (773) 388-1600 or the CORE Center at (312) 572-4520.

Knowledge is power

By Marilyn Urso, MACS Clinical Coordinator

AIDS Community Research Initiative of America (ACRIA) publishes *Understanding Your Lab Results*, a brochure that provides comprehensive information regarding the many routine tests the participants in MACS research receive. ACRIA provided a large supply to Howard Brown and they have been offered to the men at the time of their Wave 44 MACS visit. The feedback has been excellent, from a thank you to appreciative phone calls weeks later stating that the information was easy to read, beneficial, and relevant. ACRIA is deserving of credit for being an educational organization that "really delivers" by providing vital and necessary information to the public without charge.

MACS Gets Brainy

By Michelle Johns, Howard Brown Research Assistant, MACS

Several of the MACS participants have heard of our new substudy, entitled Neurologic and Psychological Manifestations of HIV Infection or simply the "Neuro-Psych" study for short. Whether you have already been an active participant, or perhaps just received a phone call asking for your participation, you might be wondering about the background of this new addition to MACS.

This substudy may look familiar, for in actuality it is a reprise of the neuropsychological testing that MACS initiated in the 1990s. The intent of the Neuro-Psych is to investigate the origin of neurological, emotional, and cognitive disorders during the course of HIV infection. The study consists of initial basic neurological tests, including several exercises looking at memory and basic motor skills. Many participants find the word games, computer trials, and pegboard races against time to be a fun challenge for themselves. This first meeting usually runs about 45 minutes and every Howard Brown participant receives \$20 for his time. If anyone should test below average in one or more areas of the examination, he would be referred on to phase two: a neurological examination with a specialist at Northwestern Medical Center. With all MACS participants eligible for this substudy, the kick off has been very successful. If you would like to participate or to find out more about the study, just give your MACS site a phone call to be scheduled.

Coming Right Up: Other Substudies Brewing for MACS

By: Angela Hahn, Howard Brown Project Coordinator, MACS

With the close of our successful Wave 44, we are eager to open new doors in Wave 45, mostly in the way of new substudies that we hope you will find as interesting and valuable to our research as we do. Some of the studies are still in the formation stages, while others are ready to begin recruiting sometime this year.

Natural History of Stimulant Use:

Researchers in Chicago have a new substudy design to look at how /why/whom non-injection drug use contributes to HIV transmission and disease progression. David Ostrow and collaborators at Northwestern University Medical School have prepared a study design and submitted an application to the National Institute of Drug Abuse in May 2006. They sought out the feedback of MACS participants at the January CAB meeting held at Howard Brown. The meeting was a success, and resulted in great conversation and valuable food for thought for David as he continues formulating the protocol of the study. Still to come, David and his colleagues will be looking to do a pilot project to test an online interview tool. Starting in April, at least ten men from several Chicago site will be recruited to complete the pilot ACASI (the computer program that MACS participants utilize) that contains new questions about substance use. We estimate a need for 400 men to be recruited if the study proceeds.

Down-Low Study:

Men who discreetly have sex with other men while in sexual relationships with women are said to be on the "down-low"

(or "DL" for short). Often these men do not consider themselves gay or bisexual and their female partners are not aware that they have sex with other men, thus the term "down-low" or "in hiding". Proposed by the MACS Baltimore site, the Down-low substudy is in the formation stage and aims to explore the down-low phenomenon within the MACS participants. Over the next year, the primary investigators hope to gather focus groups of MACS men to discuss this issue and help define the parameters of the study. One meeting is already scheduled for May in Chicago, in which we are hoping to gather a small group of men as 'key informants' on this issue to help us further guide the study. If you have an interest or experience with this topic and would like to participate as a key informant at the meeting, please call Angela Hahn, MACS Project Coordinator at Howard Brown, at (773) 388-8863.

MACS Intensive Pharmacokinetics Substudy:

This substudy will be looking at how antiretroviral therapy (ART) absorbs and then gets removed from the body among HIV-positive men. Specifically, men who are using either Kaletra or Sustiva will be eligible for enrollment; a total of 80 men will need to be recruited from Chicago. Participation includes a 24-hour overnight stay at Northwestern Hospital in order for clinicians to collect an extensive amount of self-reported information and lab testing. Every participant will receive a \$100 stipend. We are currently awaiting IRB approval and hope to begin recruiting this year.

Project Mix and the Methamphetamine Epidemic

By Chris Powers, Coordinator of Recruitment and Retention, and Carol Ferro, Project Coordinator

The fight to stop methamphetamine use has recently emerged as an important battle within the battle to fight HIV in urban gay populations. It is well established that men who have sex with men (MSM) are disproportionately affected by HIV and AIDS, particularly in large urban areas, and for the last few years, this population has faced rising recreational use of methamphetamine. Methamphetamine is one of the most psychologically damaging drugs, is readily available, and has been "normalized" in the MSM community.

"Meth" is a highly addictive stimulant that increases the behavioral risk of HIV by stimulating the libido and decreasing inhibitions, making it a perfect partner for transmission of the virus. Data from Howard Brown's community surveys support the idea that there is a strong link between substance use and HIV risk among MSM. After years of decline, the number of new HIV diagnoses among MSM increased every year between

2000 and 2003, while remaining stable in the rest of the population. A link to meth use is one possible explanation.

The natural history of the virus and the behavioral nature of transmission have taught us that to effectively prevent HIV, an intervention must be tailored to the population being targeted. For instance, urban MSM require different prevention messages than monogamous women in sub-Saharan Africa, despite that they are both populations where the virus thrives.

In response to the demonstrated link between substance use and HIV risk among urban MSM, Howard Brown began collaborating with the University of Illinois at Chicago in 2002 to run Project Mix, a behavioral intervention tailored to a "higher risk" MSM (MSM using substances while engaging in risky sex). Project Mix is a multi-site study funded by the CDC, with project sites in Chicago, New York, San Francisco, and Los Angeles.

The intervention under investigation is designed to protect participants' overall sexual health by lowering their risk for contracting or transmitting HIV. One approach to doing this is to address substance use. While the intervention does not specifically address methamphetamine use, a disproportionate trend in the use of methamphetamines among Project Mix men suggests that this drug may require special attention in future efforts to reduce HIV transmission and acquisition.

Recruitment for Project Mix concludes in May and follow-up visits will continue until 2007. This important research will help to determine whether the Project Mix curriculum was effective in lowering the participants' risk of contracting or transmitting HIV. This evidence will in turn inform interventions that address both substance use and HIV risk.

For help dealing with meth use, please visit our website, www.howardbrown.org, or call the Crystal Clear hotline: 773-388-8891.

Youth Research at Howard Brown

By: Amy Herrick, Youth Research Coordinator

In 2004, Howard Brown expanded in a new direction; to engage in research designed specifically to address the needs of lesbian, gay, bisexual, and transgender (LGBT) youth. Expanding in this direction was a natural result of the exponential growth of our youth services department and an organizational desire to improve our services for youth. During these past two years we have successfully undertaken the following three youth-focused projects:

The first study, Project Q, was funded by the National Institute of Child Health and Human Development (NICHD) to test the utility of a Social-Personal theoretical model explaining HIV-related risk behaviors in LGBT adolescents. Enrollment was closed in September of 2005 with a total of 498 youth ages 16-24. Data analysis is

underway and the first manuscript, "Tip of the Iceberg: Young Men Who Have Sex With Men, the Internet, and HIV Risk," has been accepted to the American Journal of Public Health.

The second project, TRYP (Transgender Research Youth Project), was funded by the Adolescent Trials Network and conducted in collaboration with the Children's Hospital of Los Angeles. The project utilized a cross-sectional research design to examine the HIV risk behaviors of male-to-female transgender youth. Recruitment closed early this year with a total of 150 participants. We are currently organizing our final data and are eager to begin analysis.

Our third youth research project was funded by the Lesbian Health Fund and

utilized the Social Ecological model of adolescent development to examine the experiences of same-sex dating violence in lesbian and bisexual women ages 16-24. Approximately 150 young women participated. Preliminary findings for this project will be presented at the 2006 Women In Medicine conference this May.

The initial two years of youth research at Howard Brown have been successful beyond expectation. The interdisciplinary collaboration between the Department of Research and the Youth Services Department has proven to be an effective partnership. We are confident and excited as the future of youth research at Howard Brown continues to unfold.

For more information about other services that we provide to youth, please visit www.howardbrown.org.

A Participant's Story

By Mariano B. Lising, LPN



As a nurse, I learned about the art and science of nursing, how to advocate for my patients' best interests, and how to address their total holistic needs so that care, interventions, and teaching can lead to positive outcomes. However, when the roles were reversed and I became the patient, the situation became a crash course in sensitivity and definitely became a humbling experience.

In my time of need, the research staff, especially Chandra Matteson, RN, and the rest of the nurses, doctors, and staff at Howard Brown rose to the occasion to not only help my body

heal, but also to address and reinforce my concerns and questions. Despite my being a nurse and having a formal education in disease processes and pharmacology, Chandra always took the time to explain things and reinforce what I already knew. She understood that entering the research study was a big step for me and that I was scared of what the future would bring. But she held my hand through the process and gave me the courage to face my fears and to remain compliant with my treatments. It feels good to know that not only am I resolving my own health issues, but the time and effort that Howard Brown's research staff puts into my care is also going to lead to improved care and outcomes for others.

Looking back, if it weren't for the support of the Howard Brown nursing staff like Chandra, Daliah (who always took time out of her day to sit me down and encourage me, even when I thought I couldn't bear another day of OB or PEDS), Alvin, Linda and the rest of the nursing staff, as well as Dr. Barrett and the medical staff, I would never have become a nurse. But the staff believed in me and encouraged me to take control of my life, to live it to my fullest potential and to take it to the next level.

For all the good that the staff at Howard Brown has done for me and for others, a very sincere thank you! You bring light into the lives of those of us who feel like we have stumbled into the dark and lost our way.

Participate in the first LGBT cancer survivor survey!

**Are you a survivor of cancer?
We want to know about your experiences.**

Be part of history by participating in the first study looking at the combined experiences of LGBT cancer survivors, sponsored by the Lesbian Community Cancer Project (LCCP), Howard Brown, and the University of Illinois at Chicago.

Access the survey from the Howard Brown website:

www.howardbrown.org



Howard Brown

**4025 North Sheridan Road
Chicago, IL 60613
(773) 388-1600**

Services at the main location include all medical services, behavioral health and social services, research, youth services, case management, and the Walk-in Clinic. This location serves the community as the preeminent source for LGBT health care. Most HMO/PPO plans accepted.

**TRIAD Health Practice
3000 North Halsted Street,
Suite 711
Chicago, IL 60657
(773) 296-8400**

TRIAD Health Practice provides all of our medical services, including primary care, gynecological services, family planning, and health screenings and check-ups. TRIAD accepts both HMO and PPO plans, and provides on-site parking.

**Broadway Youth Center (BYC)
3179 N. Broadway
Chicago, IL 60657
(773) 935-3151**

BYC is a program of Howard Brown and our community partners, offering comprehensive services to all youth 24 and under. Services include: case management for youth who need help with housing, job placement or basic needs; HIV testing and STD screening and treatment; medical services and education; individual and group counseling; and drop-in services including computer and internet use, laundry, food, and shower facilities.



COOL STUFF.

EVERY DAY.

Lakeview: 3651 N. Halsted
Andersonville: 5404 N. Clark
Wicker Park: 1459 N. Milwaukee
Oak Park: 217 Harrison

Schedule your pick up online at
www.howardbrown.org
or call 773-549-5943