



MMP CAB Member Dan Snare at the 2009 AIDS Walk Houston.

## YOUR WORK AS A CAB MEMBER

MMP staff in state and local jurisdictions are looking for enthusiastic people to become advocates for the community, provide their expertise on HIV/AIDS, and advise health officials on local implementation of MMP! To find out how you can join your local CAB, please access the MMP Web site at <http://www.cdc.gov/hiv/topics/treatment/mmp/index.htm> and click on “Project Areas” to contact your state or local MMP staff representative.

## REFERENCES

1. Hall HI, Song R, Rhodes P, et al. *Estimation of HIV incidence in the United States. Journal of the American Medical Association* 2008; 300(5):520–529.
2. Centers for Disease Control and Prevention. *Act Against AIDS: The HIV/AIDS Epidemic in the United States Is REAL—Get the Facts!* U.S. Department of Health and Human Services, Centers for Disease Control and Prevention Web site. Available at <http://www.nineandahalfminutes.org/get-the-facts.php>.



# MEDICAL MONITORING PROJECT COMMUNITY ADVISORY BOARD

## THE STATUS OF THE HIV/AIDS EPIDEMIC IN THE UNITED STATES

The HIV/AIDS epidemic is still a growing concern. In the United States men who have sex with men bear the greatest burden of HIV/AIDS infection. Black and Hispanic persons have higher rates of HIV, compared with persons in other racial or ethnic groups. In 2006, an estimated 56,300 people became infected with HIV. This means, that on average,

every 9½ minutes, someone in the United States is infected with HIV. More than 1 million people in the United States are living with HIV, and 1 out of 5 of these persons is not aware of being infected. Despite available new therapies, people with HIV still develop AIDS.<sup>1,2</sup>

## HIV SURVEILLANCE AND THE MEDICAL MONITORING PROJECT

Through the CDC's HIV/AIDS Reporting System (HARS), information is collected in all states on the number of cases and the trends in the epidemic. However, to understand the reasons for any trend in the epidemic, detailed information is needed on health-related and HIV transmission behaviors, medical care and services received, unmet needs, and clinical outcomes.

The Medical Monitoring Project (MMP) is a supplemental surveillance project that collects detailed information on the clinical care and experiences of people with HIV. The project was designed to produce nationally representative data on people living with HIV/AIDS who are receiving care in the United States. A total of 23 project areas, shown in Figure 1, are involved in MMP: California; Chicago, IL; Delaware; Florida; Georgia; Houston, TX; Illinois; Indiana; Los Angeles, CA; Michigan; Mississippi; New Jersey; New York; New York City, NY; North Carolina; Oregon; Pennsylvania; Philadelphia, PA; Puerto Rico; San Francisco, CA; Texas; Virginia; and Washington. MMP is sponsored by the Centers for Disease Control and Prevention (CDC), is conducted by state and local health departments, and is endorsed by a wide array of national organizations. MMP is unique in its ability to bring community advocates, healthcare providers, state, local, territorial health departments and federal organizations together to support and ensure progress of the project. Community advocates are involved with MMP through the Community Advisory Board. Members have a unique opportunity to be heard and have an influence on funding and services for patients receiving care for HIV/AIDS.



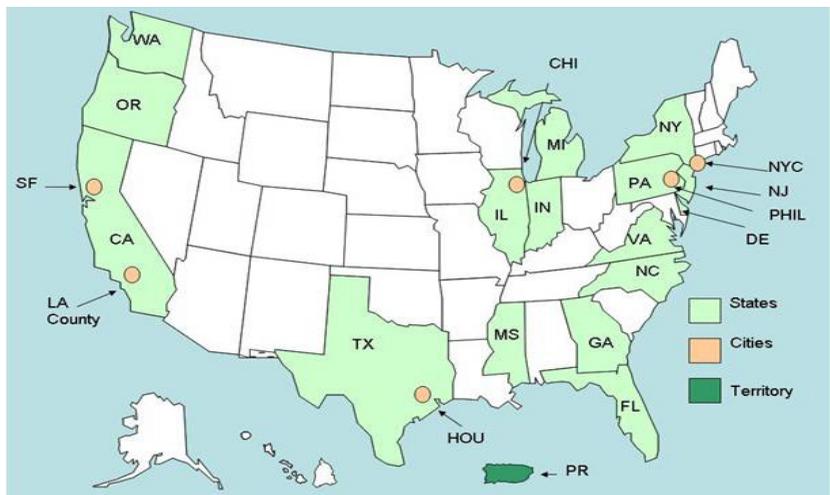


Figure 1. Areas participating in the Medical Monitoring Project

## CAB MEMBERS' THOUGHTS ON MMP

*"When the data comes out, you'll get a snapshot of what is truly going on. The data will be very useful for all providers and planning bodies."*

**-Gregg Fordham, Virginia**

*"I'm excited about the opportunity. I see the value of ensuring that we're hearing the voices of the people we're serving. Their health data is a voice like a chorus. MMP allows us to expand from the individual...It requires abstraction as well as the interview."*

**-Neal Carnes, Indiana**

*"My involvement in MMP represents my belief that results of the project will help ensure that prevention, care, and treatment are never lost in the continuum of care."*

**-Judith Dillard, Texas**

*"MMP is very important to the communities we serve. It is critical to understand the quality and quantity of care and treatment people are receiving and identify the gaps so we can improve health outcomes for all our fellow citizens living with HIV/AIDS."*

**-Jim Pickett, Chicago**

## MMP COMMUNITY ADVISORY BOARD (CAB)

Community advocacy and participation is essential to the success of MMP. Most state and local health departments that conduct MMP have assembled a local Community Advisory Board (CAB). Often, the local CABs are formed from existing HIV planning groups or boards. CABs include a diverse group of people who are concerned about the well-being of persons living with HIV/AIDS in the community and the quality of care they receive. CAB members work with their local health departments to ensure that

every aspect of MMP is designed and implemented in a way that is respectful of patients' rights and protective of patients' privacy. The National CAB includes one community representative from each of the 23 CDC-funded project areas. National CAB members consult with CDC and state and local health departments on project methods to ensure that MMP answers important public health questions.

## GENERAL CAB ACTIVITIES

At the local level, MMP CAB members serve as local representatives and resources to answer questions from persons interested in participating in MMP. They also work with local MMP project staff to improve the effectiveness of methods used to recruit providers and patients. CAB members promote MMP by educating their peers about the project and encouraging their participation, sending endorsement letters to providers, and presenting information about MMP at meetings and conferences. At the national level, CAB members attend an annual CAB meeting to share information with representatives from other areas and with CDC. They also participate in quarterly conference calls to provide updates on progress in their local areas, to stay informed on the progress of MMP at the national level, and to discuss topics of interest, such as patient recruitment. CAB members also review and provide input on the MMP protocol, data collection instruments, and educational materials.

## CAB ACTIVITIES IN THE FIELD

Here are some examples of activities that current members have been involved in:

Detroit, Michigan—Speaking engagements about MMP at support groups for patients such the HIV/AIDS Positive Veterans Support Group (Military).

Houston, Texas—MMP promotion at health fairs, the AIDS Walk, and annual World AIDS Day events.

Philadelphia, Pennsylvania—Collaboration with HIV/AIDS researchers and community members on advertisement and outreach planning and providing input on all MMP implementation.

Richmond, Virginia—Meet and greet sessions on MMP during Ryan White Planning meetings.

Spokane, Washington—Published articles about MMP in the newsletter produced by the Spokane AIDS Network.



University of Pennsylvania Center for AIDS Research (CFAR) CAB World AIDS Day Red Ribbon Awards Ceremony December 1, 2009. Pictured from left to right are J. Mason, Attic Youth Center, Chris Bartlett, interim co-director Delaware Valley Legacy Fund, Jane Shull, executive director Philadelphia FIGHT, Philadelphia Mayor Michael Nutter, CFAR/MMP CAB member Rick Britt, a sign interpreter, and PA State Senator Vincent Hughes.