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En Acción

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Research and Evaluation Department (RED)
at the Latino Commission on AIDS, New York, NY

Thanks
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The Latino Commission on AIDS would like to announce the official establishment of the Research and Evaluation Department (RED). Under the visionary leadership and expertise of Dr. Miriam Vega, the research and evaluation department was formed to

Conduct and coordinate research on topics and issues surrounding health and the Latino/Hispanic community, both locally, regionally and nationally

- ✓ Provide demographic data and analysis
- ✓ Gather, analyze, and interpret data
- ✓ Evaluate internal programs and events
- ✓ Consult with and provide data to internal programs upon request

Some of the goals of the Research and Evaluation Department are to:

To expand the knowledge base of the local, regional and national community about health-related issues among US Latinos including health status, health care access and utilization, and health beliefs by conducting research that has ecological validity (by the community, for the community).

To use research to improve service delivery to the most vulnerable populations.

To effectively develop "innovative model" service programs that are culturally and linguistically competent and serve the diverse Latino community and other underserved communities that they interact with.

To empower the community to use research as an effective mobilization tool; through community participatory research, RED hopes to nurture community members to become future agents of change and advocates within their own community.

Currently, the Department includes a Director, a Senior Researcher, a Research Associate, a Capacity Building Specialist and five evaluation interns.

Director of Research and Development, *Dr. Miriam Vega*

Senior Research Associate, *Yadira Perez, ABD*

Research Associate, *Jennifer Tang, MSW*

Capacity Building Specialist, *Jennifer Hughes, MPA Candidate*

Evaluation Interns (spring): *Lauren McCullagh, Dena Quiñónez, Natasha Quirch,*

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If you'd like to send a general query to the department, please email to RED@latinoaids.org.



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Necessary Skills to build an HIV Prevention Program for Young Latino MSM –Part III

Implementing the Program

By Leandro Rodriguez – MBA

In the first parts of this series we have covered the first steps organizations should follow when they decide to implement an intervention. The first step included conducting a formative assessment to assess the communities' needs, define the target population and to assess the capacity of the organization to work with the targeted population. The second step was to think of a recruitment and retention plan that would attract clients to the program. This recruitment and retention plan will follow whatever strategy or intervention you choose to implement in your program. Now we come to the point of implementing.

Implementation is a process that includes three phases: Pre-implementation, Implementation and evaluation. Let's look at Pre-implementation. In this process the organization chooses an intervention and/or strategy to work with the population. After making these decisions, the organization looks for the appropriate staff that will carry the intervention. Usually organizations have to choose public health strategies to address HIV prevention. These strategies may include HIV Counseling, testing and referrals (CTR), Prevention Case Management or as labeled by CDC¹ "Comprehensive Risk Counseling Services" (CRCS), Health Education and Risk Reduction (HERR.) Remembering that our target population for this case is Young Latino MSM², we will chose two strategies to work with this population: CTR and CRCS. In reality, organizations will choose their strategies based on the formative assessment done in the beginning of the program.

Now for the purpose of this case, the rationale for selecting these two strategies is that by providing CTR to Latino Ymsms, we provide the program the capability of monitoring at first hand the incidence of HIV cases within this population. This strategy also facilitates a referral component to CRCS if it is identified that the client needs more targeted client-centered information/counseling that will help him reduce his risk factors. This provides a perfect platform were the two strategies can feed on each other and can provide a holistic approach to HIV prevention to the population. Organizations, when choosing their strategy, need to think about how those strategies will feed on each other, how they will be interlinked and how this benefits the client.

In the next edition we will look at the different interventions available for Latino Ymsms. We will also look at the skills necessary to implement some of the interventions.

¹CDC – Centers for Disease Control and Prevention

²MSM – Men who have sex with men

THE LATINO COMMISSION ON AIDS NEWS....

Implementation Challenges for Community PROMISE - Part I

By Jennifer Hughes, CBA Specialist



Agency infrastructural challenges in the implementation of Community PROMISE (CP) relate to all four of this DEBI's core elements: Community Identification (CID), Role Model Stories, Peer Advocates, and Evaluation. Based on Manos Unidas' work with CBOs in the northeast region implementing this DEBI, the major hurdles are in the CID process. Inadequate or incomplete CID also often leads to problems in the other three core elements.

This article incorporates findings from needs assessments for service providers including CBOs implementing Community PROMISE and formative assessment and coaching for CBOs implementing DEBIs with CID process and role model story development similar to CP.

In regards to the CID process, challenges occur in surveying external sources and conducting community observations due to lack of staff skills or comfort in accessing, reading, and interpreting existing data (e.g., epi data, census data, and crime stats); lack of staff training in community mapping (which requires a skill set including analytical, writing, implementation, and design skills, as well as skill in using findings to determine an outreach system); and staffing patterns (primarily turnover) and staff resources (i.e., a large enough team for the various types of interviews, data collection, data entry, and report writing activities).

Manos Unidas created a Community Mapping curriculum based on the needs expressed by CBOs implementing Community PROMISE, RAPP, Mpowerment and other DEBIs involving community identification. The multi-training helps staff locate where needs are and where outreach should happen (e.g., identifying hard to access/serve populations, and usual and unique activities that are occurring in our community that indicate HIV/AIDS vulnerability). Components of the MU Community Mapping curriculum include: collecting and reviewing existing data to determine target population; developing data indicators and physical indicators; practicing direct observation (walking through and mapping a neighborhood), while letting go of assumptions; performing spot interviews, gatekeeper interviews, and key informant interviews; creating maps incorporating primary and secondary data.

A number of organizations are unsure how often to perform CID – say, every two years for stationary/stable populations, or every six months to once a year for mobile/transient populations (e.g., IDUs in PR). Again, revisiting the CID process requires staff resources. Additional challenges to CID are resistance to the CID process itself. Some agencies rely on other tools, such as focus groups, for community assessment or have already established places of interest. Other CBOs depend on information from partner organizations and word of mouth from staff to find outreach locations.

Implementation Challenges for Community PROMISE

By Jennifer Hughes, CBA Specialist

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Questions from MU trainings regarding the CID process address resources (“How do you do the CID process with low funds?” “Are there readily available indicators list?”); hard to access populations (“How do you do a community assessment of internet chat rooms? What about areas with small numbers of people?”); gatekeepers (“How do you approach the gatekeeper without insulting them?” “Can current clients be gatekeepers?”); and community mapping (“How do you translate mapping into outreach?” “Should we provide incentives to the people we talk to during the mapping?” “Should we make multiple maps for different times or use the same map?”)

In the next issue of the newsletter, we will examine challenges related to the CP core elements of Role Model Stories, Peer Advocates, and Evaluation.

MANOS UNIDAS UPDATES!



UP-COMING TRAININGS:

Behavioral Theories : This training will introduce attendees to basic behavior change concepts and definitions, common behavioral science theories, and the use of behavioral science theory in HIV prevention (from design to evaluation). The objectives of this training are to increase participants’ knowledge of behavioral science theories and to learn how to apply behavioral science theory to HIV prevention programs.

When: Monday, March 10th, 2008 from 9am to 5pm

Evaluation I (Intermediate): Learning how to design and execute the evaluation of your program. Looking at data collection tools and logic models and understanding how to analyze and report data.

When: Monday, March 17th, 2008 from 9am to 5pm

Evaluation II—Continuation (Intermediate): Learning how to design and execute the evaluation of your program. Looking at data collection tools and logic models and understanding how to analyze and report data.

When: Monday, March 24th, 2008 from 9am to 5pm

All these trainings will be held at the Latino Commission on AIDS located at 24 West 25th Floor, 9th Floor, New York, NY 10010.

If you are interested in attending or if you have any questions, please contact Ms. Bertha Ramos at 212-584-9313 or via email at bramos@latinoaids.org.

Reunion Latina 2008: Estableciendo Nuestra Agenda: Latinos Unidos respondiendo al SIDA/ Setting Our Agenda: Latinos United, Responding to AIDS.

MARCH 13 –14 2008 - ALBANY, NEW YORK

Contact Bethsy Morales-Reid for more information about registration. bmorales@latinoaids.org