Program Sustainability – At the Root of Capacity Building Assistance

By Dr. Andrew Spieldenner

Just turn on the news and you’ll see the economy is a hot issue. Several states have cut their budgets, especially in HIV/AIDS; some foundations are on hiatus; individual giving is down. Unemployment and underemployment have created lapses in health care coverage. While the local environment might seem bleak, people and communities need uninterrupted HIV services. The same or even lower amounts of money are expected to provide the same or higher level of services. Program sustainability is a critical concern.

The start of a grant cycle can be bittersweet – as some agencies get funding and others don’t; some programs continue and others morph into a different shape. Appropriate staffing, diversified funding portfolios, and established infrastructure can all impact the ways programs grow and succeed, or struggle and fall apart. Any organization concerned with the well-being of their community understands that these factors are part of the equation, yet sustainability remains difficult to discuss – perhaps due to its complexity or perhaps due to the confidential nature of the information involved.

Twenty years ago, there seemed to be HIV/AIDS organizations in nearly every state. In the past decade, we’ve seen a plethora of HIV/AIDS organizations make hard choices about viability. Some have closed down; others have merged or developed strategic partnerships to continue providing services. Very few executives or non-profit boards are prepared for this turn of events. In the next decade, we will likely see more organizations face similar decisions.

The Latino Commission on AIDS Capacity Building Assistance (CBA) services are guided by the CHANGE model. CHANGE is an acronym that stands for: Customized; Holistic; Analytical; Networking; Grassroots; and Evaluatory. At the root of the CHANGE model is sustainability – how organizations implement evidence-based HIV prevention services to respective constituents for long-term success. In these difficult times, CBA can be a useful tool to enhance program sustainability plans. CBA services are built around organizational need, as determined by an assessment of data. Free and confidential CBA is available for all dimensions of program sustainability:

- organizational assessments;
- strategic planning;
- protocols about programs, quality assurance, volunteers or staff;
- board development;
- monitoring and evaluation;
- enhancing community collaborations;
- strengthening development activities;
- and even guidance around strategic partnerships and mergers.

Defend your agency and Focus On You
How to start when you’re thinking about d-up and FOY for your agency.

INTERVENTIONS PROFILE

In addressing concerns with HIV/AIDS the Latino Commission on AIDS is a mainstay in combating this HIV/AIDS pandemic and has always provided services to clients across all ethnicities. In keeping with this tradition Hands United has become proficient in services that target all racial/ethnic communities and risk groups. This month we highlight two interventions originally targeting African Americans: d-up! and FOY with ImPACT.

Of all racial and ethnic groups in the United States, HIV and AIDS continues to hit African Americans the hardest. According to the CDC (www.cdc.gov/hiv/resources/factsheets/us.htm), even though African Americans account for about 12% of the US population, we account for about half (49%) of the people who contract the diseases. This startling disparity is complicated by the combination of poverty, sexually transmitted diseases, and stigma. These barriers are institutionalized in social interactions—so many have come to expect them in everyday exchanges, relationships and lifestyles within the community.

Community Level Interventions are very different from the HIV/AIDS interventions that focus on individual behavior change. Many HIV/AIDS providers might be more familiar with the individual level interventions, but community level interventions can be a very effective tool to combat stigma and affect social norms, which influence the standards that have held a significant part of the community hostage.

Before deciding to adopt and implement d-up! and FOY with ImPACT, the potential provider should determine if the intervention is right for not only the organization, also the black MSM population served by your programming. It’s important to outline pre-implementation steps that will help your programs or agencies come to a determination. These crucial considerations include structures, processes, and resources needed to successfully implement activities and incorporate key components while staying steadfast to the core elements of d-up! or FOY with ImPACT. Some steps we strongly recommend:

1. Does the agency have the capacity to not only run but sustain the program? How much start up time and resources will be utilized to get the program up and running to start providing services? What are other interventions in your area for the target population? Do you have access to the target population? Does your agency have physical space to house program activities and staff? Do staff need additional training(s)? Is there support for the intervention at the community or agency? These are a few of the questions that must be discussed before deciding to add an intervention to your programs.

2. Prior to starting FOY or d-up!, agencies have to consider creating or revising agency policies, as well as recruiting, hiring and training staff.

3. At this phase, community discovery activities will also serve to identify the specific needs of the local target population. Regular assessments will ensure that intervention activities are responsive to the local target population, such as including information relevant to the participants while introducing and reinforcing concepts of the theories that guide the intervention.

4. Creation of implementation & evaluation plans should be devised before the intervention is introduced to ensure a strategy is in place to address each phase of the delivery. It’s easier to evaluate when you do it from the start!

5. If you would like to learn more about agency readiness we can assist you in developing a plan unique to your agency and program. Contact Natasha Quirch, CBA Division Coordinator at NQUIRCH@latinoaids.org.

d-up! Defend yourself- has a mantra of Brothers Keeping Brothers Safe. This Community Level Intervention was adapted from Popular Opinion Leader (POL) to address the HIV needs of African American Men who Have Sex with Men (MSM) in a specified catchment area.

Focus on Youth (FOY) with Informed Parents and Children Together (ImPACT) is an HIV, STD and pregnancy prevention intervention that originally targeted African American youth ages 12-15. This intervention works with friendship networks of children and trusted adults to reinforce prevention behavior as a viable and sought after normalcy.

By Kevin Williams, CBA Specialist
Successful Deep South Summit in Birmingham, Alabama focused to address Hispanic HIV and AIDS Research Priorities

By Christian F. Castro

Over 40 key leaders from seven southern States gathered in Birmingham, Alabama to discuss and promote HIV/AIDS research priorities within the region specific to the needs of the emerging Hispanic population. The Latino Commission on AIDS in collaboration with the Office of AIDS Research (OAR) of the National Institutes of Health (NIH) hosted the Deep South Summit: Promoting Community-Based Participatory HIV/AIDS Research within the Hispanic Community from June 21-22, 2010.

The summit brought together key leaders to identify, discuss and resolve research gaps in HIV-related health in the Deep South region. This summit is the follow-up to the inaugural meeting, where different stakeholders from the Deep South region were invited. The inaugural meeting, which was held in November 2009 in Charlotte, NC, revealed the need to further explore how HIV health disparities within the Hispanic community can be addressed through a focus on research.

“Coming from a community-based organization (CBO) perspective it was comforting and ensuring to know that there is a collaborative research effort on the part of individuals and organizations that are willing to come to our aid and to help us to understand the data we collect. In turn, it will help us to better serve the Hispanic community,” stated Mark Gray, HIV Prevention Coordinator at Lowcountry AIDS Services in Charleston, South Carolina.

Our impressions are that research can be a strong tool that can be utilized by all sectors of the community. As it was stated during the Summit, we are all researchers! We all observe, take stock and analyze our impressions. Research can be a strong tool that can be utilized by all sectors of the community.

To learn more about this and our other community mobilization models, please visit our website at www.latinoaids.org/programs/cba or send us an email at latinocba@latinoaids.org

Brief Update - A Growing Crisis: The Double Epidemic

By Dr. Miriam Vega

Co-infection with HIV and the Hepatitis C Virus (HCV) has emerged as a growing global public health concern, often overshadowed by the gravity of HIV infection alone, but with significant impacts when ignored. As of 2006, it was reported that worldwide there were an estimated 130 million individuals with HCV and 40 million infected with HIV. Previous estimates of the number of HIV-infected persons co-infected with HCV posited an estimated 4–5 million individuals. But more recent research suggests an estimated 25% to 40% of HIV-infected patients are now also infected with HCV, and in certain high risk groups such as injection drug users, the prevalence of co-infection is as high as 75% to 90%. Recent estimates suggest that approximately 250,000 persons are co-infected with HIV and HCV in the United States alone. Hepatitis C Virus and Human Immunodeficiency Virus are both among the top 10 leading causes of infectious disease deaths worldwide.

Globally, each chronic infection contributes to substantial morbidity by itself, but the high percentages of co-infection can be logically presumed to further increase the morbidity of both. Substantive attention on the impact of HIV/HCV co-infection not only on morbidity, but also on impacts to treatment require examination if we are to limit the overall severity of both chronic infections.

1 Alter, (2006).
2 Ibid
4 Alter (2006)
5 Bova et al., (2010)
NEWS FROM OUR CBA COLLEAGUES:

ASIAN AMERICAN, NATIVE HAWAIIAN AND PACIFIC ISLANDER CONSULTATION AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION

A&PI Wellness Center and Asian & Pacific Islander American Health Forum (APIAHF) participated in an historic meeting with the U.S. Centers for Disease Control and Prevention (CDC), Division of HIV/AIDS Prevention. This meeting marked the very first Community Consultation convened by the CDC focused on the emerging HIV/AIDS epidemic among Asian American, Native Hawaiian and Pacific Islander (AA and NHPI) communities.

A&PI Wellness Center and APIAHF’s advocacy efforts on behalf of the AA and NHPI communities resulted in this important two-day meeting—attended by over 35 organizations, community leaders, health department representatives and researchers—on April 29th and 30th, 2010 in Atlanta, GA. We are extremely pleased with the CDC’s response to developing a deeper understanding of HIV/AIDS issues in AA and NHPI communities. The CDC is committed to developing an HIV/AIDS epidemiological profile for AA and NHPIs, and are considering inclusion of sexually transmitted diseases, tuberculosis and viral hepatitis, to draw a clearer picture of current health and funding disparities. This alone is a huge win for our communities, as data drives resources for research and programs, a key focus of ongoing collaboration with the CDC. In the Pacific Island Jurisdictions, the CDC has committed to assess the current funding structure for health departments and Ministries of Health across HIV, STDs, TB and viral hepatitis.

La Familia en la Cocina: ¿De qué hablamos? (Families at the Kitchen: what do we talk about?)

New Research Initiative at the Latino Commission on AIDS
By Yanira Arias

Childhood obesity is a public health concern because it affects children’s current and future health. The challenge of childhood obesity is multifaceted, including genetic, physiologic, and modifiable factors such as the environment and behavior. The potential to impact childhood obesity rates from focusing on behaviors suggests that it be primary target in prevention efforts.

Unfortunately, the relatively scarce amount of data available on Latinos makes it difficult to develop and implement evidence-based, culturally appropriate interventions that are effective in preventing and addressing childhood obesity in this increasingly affected population. In formative behavioral and policy research conducted by the Robert Wood Johnson Foundation found that there was a need for research on:

1) Community participatory processes that encourage Latino families to discuss their needs and define strategies;
2) Comprehensive interventions that treat the family as the unit of analysis;
3) On parental knowledge, attitudes and behaviors (modeling) related to food consumption and food preferences; and
4) Knowledge, attitudes and skills of Latino children and adolescents regarding nutrition.

Thus, the Latino Commission on AIDS is undertaking “La Familia en la Cocina” a mother-child nutrition communication research study to help better understand communication around food, eating and obesity and to eventually have an impact on the childhood obesity epidemic in the US Latino Community. The goal of La Familia en la Cocina research study is to assess the nature of communication between recent immigrant Latina mothers and her child. The research study seeks to better parental and child knowledge, attitudes, environment (including built and cultural) and behaviors (including communication) related to food consumption and food preferences in order to eventually create, test and disseminate new disparity-reducing behavioral/communication nutrition interventions.

More on this exciting research study on our CBA Connect September issue.

For information on how to request Capacity Building Assistance please visit www.latinoaids.org/programs/cba or call 212-675-3288