Building Capacity for National Latino AIDS Awareness Day

In 2003, the Latino Commission on AIDS launched National Latino AIDS Awareness Day on October 15th as a way to increase attention in the Latino community on the impact of HIV and AIDS. The National Latino AIDS Awareness Day is covered by print and broadcast media, and sponsored by such diverse groups as Univision, Telemundo, MTV Trés and the Miss Universe Organization. Over the years, the day has spread messages about AIDS stigma, the importance of HIV treatment, and HIV testing.

Hundreds of organizations take part in National Latino AIDS Awareness Day, usually within a couple weeks of October 15th (depending on their own needs and schedules). These organizations conduct a wide range of events including: community forums, cultural events, media interviews, radio shows, marathons, HIV testing, and even theater. By connecting the local events to the national platform, organizations help make National Latino AIDS Awareness Day a powerful tool for Latinos to get information about HIV and AIDS. Media and policymakers take note of these kinds of connections, stirring even more interest in the issue.

Groups that register at www.nlaad.org will be able to have their event featured online, and receive a packet of information. In addition, it will help us keep track of the number of events going on under the National Latino AIDS Awareness Day banner.

The Commission offers various capacity building assistance (CBA) services to groups for National Latino AIDS Awareness Day. We recognize that local groups are experts at reaching their local community, but may not be as experienced with social marketing, media, fundraising, or evaluation. Typical National Latino AIDS Awareness Day CBA services include: Social Marketing, Community Mapping, Formative Assessment, Evaluation, Coalition Building, Fundraising, Media Training, Press Releases and Event Implementation. Contact cbadivision@latinoaids.org for more information.

**ISSUE CONTENTS**

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3—Tracking HIV Prevention
3—Working in the Colonias
4—Effective Interventions in the “Real World”
4—Using Motivational Interviewing

**UPCOMING EVENTS**

**November**
• Group Facilitation Training
• Community Mapping Training

**December**
• Come see us at the HIV Prevention Conference (HPLS)!

For information on how to request Capacity Building Assistance please visit www.latinoaids.org/programs/cba or contact us at CBAdvision@latinoaids.org or 212-675-3288
The Latino Commission on AIDS at the US Conference on AIDS

The Latino Commission on AIDS was well represented at this year’s United States Conference on AIDS (USCA) in Orlando, FL. The conference is one of the major gatherings of HIV professionals annually – with over 2500 participants per year from all over the country. Participants range from Executive Directors to researchers to people living with HIV to new employees in the field. Florida has been a key part of the HIV epidemic since the beginning, and remains a pivotal focus for HIV prevention and AIDS services.

Our presence was widely felt. In the exhibition hall, we maintained a booth featuring two initiatives: National Latino AIDS Awareness Day and our capacity building assistance programs Hands United and Comunidades Saludables Ahora. The booth reached approximately 300 people. In addition, we conducted various roundtables, presentation, panels and focus groups with over 70 people attending these sessions.

### Summary of Commission Sessions:

<table>
<thead>
<tr>
<th>How to Address and Plan for Program Sustainability at the Packaging Stage of an Evidence Based Intervention (EBI)</th>
<th>Presenters gave a short run through of the packaging process, how to create a sustainability plan (specifically the seven steps towards creating your plan) and different models for sustainability.</th>
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<tr>
<td>Achieving Universal Access to Treatment: Our Role as the International Community to Push for Universal Access</td>
<td>Participants discussed barriers to universal access to care, possible ways to achieve universal access, and the importance of preventative measures.</td>
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<td>Mobilizing Latino/Hispanic Populations Around HIV: Challenges, Issues and Successes</td>
<td>An overview of the Latino Commission on AIDS’ mobilization models: 1) National Latino AIDS Awareness Day (NLAAD), 2) Latino Religious Leadership Model (LRLM), 3) Hispanic Healthcare Worker Mobilization, and 4) Mobilizing Emerging Latino Populations (Latinos in the Deep South). The theoretical foundation of mobilization and origins of the models were also discussed.</td>
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<td>National Latino AIDS Awareness Day: An Effective Community Mobilization and Leadership Model</td>
<td>This presentation explained the basic elements of NLAAD. Also presenters discussed the different coalitions that exist, how agencies can get involved with NLAAD and what kinds of events you can do in your local community.</td>
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<td>Evaluating Community Mobilization Models: Implications for the HIV Field</td>
<td>Presenters gave a run through of the Latino Commission on AIDS’ mobilization models and the theoretical foundation of mobilization. The process of evaluating coalitions was explained. Specifically, presenters discussed NLAAD, along with other case studies, as examples of this process.</td>
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<td>Structural Interventions Panel</td>
<td>The workshop focused on the role of structural interventions in HIV/AIDS, as well as programs that focus on structural factors affecting HIV risk and vulnerability. Presenters highlighted the impact of HIV criminalization, work across national boarders, transgender rights, AIDS stigma, and job employment in HIV/AIDS services. Panelists included people from Harlem United, API Wellness Center and LA Hospital.</td>
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<tr>
<td>Latinos in the Deep South Focus Group</td>
<td>Participants provided feedback on a toolkit being developed addressing Latino health issues in the deep south.</td>
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**Conference participants attending USCA opening remark**

**Staff & partners at The Commission’s booth at USCA 2010**

**Christian F. Castro, Director of Latinos in the Deep South Project, presenting at USCA 2010**
Research Update: Working in the Colonias

A recent paper in the American Journal of Public Health by O’Hegarty, et al highlights the power of collaborations in accessing hard-to-reach populations of Latinos living in colonias along the Texas-Mexico border. The researchers created a survey instrument to interview adults living in the colonias (communities with limited services such as utilities and roads) about their smoking knowledge, attitudes, beliefs and behaviors; face-to-face interviews were conducted with 1485 Latino adults. One of the objectives of the study was to achieve unusually high participation levels in the study by carefully designing both the instrument and the data collection procedures.

To design the study instrument and collect data, the Centers for Disease Control and Prevention (CDC) teamed with Research Triangle Institute (RTI) International and Texas A&M University. GeoFrame, which combined digital photography with geospatial technology, utilized by RTI International helped to overcome the difficulties in establishing the sampling frame in the colonias, where the widespread use of post office boxes means that physical addresses are not available through post office records. On the local level, Texas A&M’s Colonias Program provided the expertise to identify and train culturally competent, Spanish speaking promotoras as interviewers to administer the data collection. The recruitment and training of the local interviewers facilitated access to the hard-to-reach communities; as well, the researchers called upon local expertise to review the data collection tools to ensure their feasibility and cultural and linguistic competency. Furthermore, the tool underwent cognitive pre-testing with an additional 68 Latino respondents in cities throughout the U.S.

The efforts in preparing the tool as well as mapping the sample paid off: overall, the study achieved a high 80% response rate. As the researchers note (p. S162), exact response rate comparisons to other community samples are difficult because of the many differences in methodologies across studies. The excellent response rate did come at a price: the researchers estimate that each completed interview cost approximately $300 when all costs are considered.

Many of us are well aware of the tremendous difficulties in surveying hard-to-reach populations such as the one described in this study. And while such an extensive and costly multi-year research protocol is beyond the scope of most service providers looking to obtain data to support their interventions, the study does illustrate important lessons for community-based organizations (CBOs). The availability of such thorough, high-quality data depends on researchers’ collaboration with local organizations and individuals to provide the access and the cultural competency that was key to the project’s success. In turn, local service providers can benefit from the availability of technologies such as GeoFrame as well as

How Are We Doing?: A New National Approach for Tracking HIV Prevention

By Emily Klukas

Lina Cherfas and Emily Klukas, the Commission’s monitoring and evaluation (M&E) CBA specialists, refined their M&E skills at a recent CDC training held in Atlanta, Georgia. A key message that was discussed throughout the training was the importance of collecting the minimum data for new national reporting requirements, referred to as the National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS). Some of the NHM&E data may overlap with what we already want to know about our programs and communities, such as “do participants use condoms more after the program?” However, it also includes a few additional things that can be helpful when looking across CBOs, cities or regions to answer questions such as “are we, as a nation, serving everyone that needs interventions?” Once data is collected, it is entered into PEMS for reporting to the CDC.

Since the NHM&E system is relatively new, there are a variety of resources available. Here are a few to get started:

- First, you can register at http://www.nhmetraining.net to gain access to training modules that provide a background on the new system.
- Second, the NHM&E Service Center provides technical assistance on collecting, reporting and submission of NHM&E data (as well as PEMS software assistance). The Service Center can be reached at 1-888-PEMS-311 or pemsservice@cdc.gov\1-888-PEMS-311.
- Third, there are monitoring and evaluation field guides for nearly all effective behavioral interventions (EBIs). These guides include the NHM&E requirements for that particular EBI and provide definitions.
Research Update: Effectiveness of Interventions in the “Real World”

In a recent *American Journal of Public Health* article “Effectiveness of an HIV/STD Risk-Reduction Intervention for Adolescents When Implemented by Community Based Organizations: A Cluster Randomized Control Trial,” four doctors with specialty in psychiatry, psychology, sociology and epidemiology put theory to the true test...evaluation of research out in the open.

Their mission was to see just how beneficial the findings achieved by a control group would fare in the actual community settings the interventions are created to work in. In this case not-for-profit community based organizations (CBO) that service African American adolescents 13-18 at least 50% of the time.

The physicians wanted to research "Be Proud! Be Responsible!” (BPBR) a HIV/STD risk reduction intervention as a viable option in curtailing the staggering upsurge of young people (15-24 years old) contracting sexually transmitted diseases. Currently this age group accounts for half of all new HIV infections and STD cases in the U.S.

Through clustered randomized trails conducted at 80 CBO settings in the South New Jersey and Philadelphia, Pennsylvania area 3,445 adolescents received the BPBR intervention or a health promotion intervention focused on reducing behaviors linked to risk for heart disease, cancer, lung disease and hypertension. Out of this group 1,707 (863 in BPBR & 844 health promo) were randomly selected for follow-up sessions 3, 6 and 12 months after the initial intervention.

The study found that, indeed, success could be obtained through the implementation of Evidence Based Interventions (EBIs) in CBOs. The proven efficacy achieved in research settings can translate to the real lives of the targeted population.

This finding reinforces the notion of the CBOs unique contribution to the delivery of HIV/STD prevention and education services globally on community at a time. Armed with these exciting results and potential for similar findings with other populations, this speaks to the purpose of Capacity Building Assistance (CBA) to enhance organizations effectiveness and appropriateness for their communities’ health.

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Research Update: Optimizing HIV Field Outreach Efforts by Using Motivational Interviewing

By Erika Morillo

HIV testing and counseling remains one of CDC’s HIV prevention priorities. Currently, traditional field outreach, where health workers, peers and/or program staff go into the community to engage people in prevention services, is the most widely used approach for encouraging people to get tested for HIV. This approach encounters the usual barriers to care, such as, limited access to testing sites and the inconvenience of returning for test results. Although the advent of new technologies, like rapid testing has helped to alleviate the latter, a challenge remains: encouraging those who do not feel motivated to get tested.

A recent article from the *American Journal of Public Health* titled “Using Motivational Interviewing in HIV Field Outreach with Young African American Men Who Have Sex with Men: A Randomized Clinical Trial” (Supplement 1, 2010), depicts a study that integrated Motivational Interviewing (MI) to traditional field outreach efforts, to determine whether field outreach alongside MI, in comparison to traditional field outreach led to increased HIV counseling and testing returns for results in young (ages 16 to 24) African American men who have sex with men (MSM). MI is a direct, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.

The study included a population sample of 188 from which 96 received field outreach with MI and 92 received traditional field outreach. The results indicated that 49% of participants who received field outreach with the MI received HIV testing and counseling and returned for their results, vis-à-vis 20% from participants who received traditional field outreach alone.

These results indicate that incorporating MI to traditional field outreach is effective for encouraging young African American MSM to receive HIV testing and counseling, and for returning for their results. If we couple these findings with recent studies which have demonstrated the efficacy of MI in working with HIV-related risk behaviors among Latinos (Robles, et. al. 2004; Patterson, et. al., 2005), we can infer that MI might be a useful addition to HIV testing outreach practices not only with young African American MSM, but across at-risk populations.

As Capacity Building Assistance providers, these findings greatly inform the applicability of the services we provide to Community Based Organizations on MI. Lack of motivation for behavior change is a recurring difficulty that providers face when working in the HIV prevention field. We have been enhancing service provider’s skills around MI to address this issue, specifically for their counseling practices, case management, and for the implementation of risk reduction interventions. It is relevant to know that providers can also apply this knowledge to their HIV testing outreach efforts, which in turn can lead to increased utilization of prevention services.

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