



Capacity Building Assistance and National Network of Prevention Training Centers Services Directory



National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention - Intervention Research and Support



I. Letter from Capacity Building Branch Chief	1
II. Preface	2
III. Overview.....	6
IV. Capacity Building Assistance (CBA) Providers	7
CBA for Community-Based Organization	
AIDS Project Los Angeles.....	14
American Psychological Association Behavioral and Social Science Volunteer Program.....	17
National Community Health Partners (formerly Arizona-Mexico Border Health Foundation).....	20
Asian & Pacific Islander American Health Forum	23
Balm in Gilead.....	26
California STD/HIV Prevention Training Center	28
Center for AIDS Prevention Studies (CAPS).....	30
Education Development Center	33
ETR Associates, Inc.	35
Harm Reduction Coalition.....	37
JSI Research & Training Institute	40
Latino Commission on AIDS.....	42
National Minority AIDS Council	45
PROCEED.....	47
South Side Help Center: Chicago, IL.....	49
UT Southwestern Medical Center at Dallas (CBAC).....	51
CBA for Communities	
Asian & Pacific Islander Wellness Center.....	56
Balm in Gilead.....	58
Black AIDS Institute.....	61
Center for AIDS Prevention Studies.....	63
Children’s Hospital Los Angeles.....	66
Colorado State University	69
Farmworker Justice	71
Great Plains (formerly Aberdeen Area) Tribal Chairmen’s Health Board	73

Harm Reduction Coalition.....	75
Latino Commission on AIDS.....	78
Meharry Medical College.....	80
Metropolitan Interdenominational Church First Response.....	82
My Brother’s Keeper.....	85
National Association of People with AIDS.....	87
National Native American AIDS Prevention Center.....	90

CBA for Health Departments

AIDS Project Los Angeles – Shared Action.....	94
California STD/HIV Prevention Training Center.....	97
Center for Health and Behavioral Training (CHBT) at the University of Rochester.....	99
National Community Health Partners (formerly Arizona-Mexico Border Health Foundation).....	101
National Minority AIDS Council (NMAC).....	104

Resource Center for CBA Providers

ETR Associates.....	108
---------------------	-----

Resource Center for CBA Consumers

The AIDS Institute.....	112
-------------------------	-----

V. National Network of Prevention Training Centers (NNPTCs)

Part I - Clinical and Laboratory and HIV Prevention in Care PTCs

Alabama/North Carolina STD/HIV Prevention Training Center.....	120
California STD/HIV Prevention Training Center Clinical Training Program.....	122
Denver STD/HIV Prevention Training Center – Clinical Training.....	124
The STD/HIV Prevention Training Center at Johns Hopkins.....	126
Region II STD/HIV Prevention Training Center.....	128
Seattle STD/HIV Prevention Training Center, University of Washington.....	130
St. Louis STD/HIV Prevention Training Center.....	132
Sylvie Ratelle STD/HIV Prevention Training Center of New England (Ratelle PTC).....	135

Part II - Behavioral Intervention PTCs

California STD/HIV Prevention Training Center Behavioral Intervention Training Program..... 138

Dallas STD/HIV Prevention Training Center 140

Denver STD/HIV Prevention Training Center – Behavioral Intervention Training... 142

Mississippi STD/HIV Prevention Training Center 144

Behavioral STD/HIV Prevention Training Center, University of Rochester..... 146

Part III - Partner Services and Program Support PTCs

California STD/HIV Prevention Training Center (CA PTC) Partner Services and Program Support Training Program..... 150

Mid-America STD/HIV Prevention Training Center (MAPTC) 152

New York State STD/HIV Prevention Training Center (NYS PTC)..... 154

Part IV - National Resource Center PTC

Denver STD/HIV Prevention Training Center – National Resource Center for the NNPTC 158

VI. Abbreviations 160

VII. Glossary162

Dear CDC Partner,

The Capacity Building Branch (CBB) presents with pleasure the Capacity Building Assistance/National Network of Prevention Training Centers Services Directory. Many of you, especially our HIV prevention provider partners, have used our earlier version, the Capacity Building Assistance (CBA) Grantee Directory.



The first directory was developed by CBB during the spring of 2010 as a resource for community-based organizations and health departments directly funded by CDC. The directory was designed to help these organizations identify resources for building HIV capacity. Your responses to and usage of the directory let us know that you found it useful to have a ready reference for CBA resources.

Recently CBB and the Program and Training Branch (PTB) of the Division of STD Prevention (DSTDP) collaborated on a program supported by the Division of HIV/AIDS Prevention and DSTDP to fund a single 3-year cooperative agreement for the National Network of STD/HIV Prevention Training Centers (NNPTC). The NNPTC is dedicated to enhancing the STD/HIV care and prevention knowledge and skills of health professionals and prevention specialists who serve populations that are disproportionately at risk for, or are affected by, STDs and HIV and their associated complications.

Several of our HIV prevention partners are also members of the NNPTC. All of our partner organizations share the mission of enhancing the knowledge and skills of the national STD/HIV care and prevention workforce. To support our partners collectively, CBB joined with PTB to create a directory of resources useful to all partner agencies.

The directory provides the most current information about each CBA provider and the services that are available. The directory also offers similar information about the services offered by each Prevention Training Center within the NNPTC.

Information about the Capacity Building Branch and the Prevention Training Branch is also included in the directory. You can find out more about CBB at www.cdc.gov/hiv/capacitybuilding. Information about PTB is available at www.cdc.gov/std/training.

We support you in your prevention work and will continue to partner within CDC and in the community to provide tools to assist you in your work. We are excited about this directory, and welcome your comments and suggestions as we continue the fight to eliminate HIV and STDs.

Sincerely,

A handwritten signature in black ink that reads "Rashad Burgess". The signature is stylized and cursive.

Rashad Burgess, MA
Chief
Capacity Building Branch
Division of HIV/AIDS Prevention
National Center for HIV, Viral Hepatitis, STD and TB Prevention
Centers for Disease Control and Prevention

HIV/AIDS and STD prevention efforts are the responsibility of the Coordinating Center for Infectious Diseases, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), at the Centers for Disease Control and Prevention (CDC). NCHHSTP maximizes public health and safety nationally and internationally through the elimination, prevention, and control of disease, disability, and death caused by HIV/AIDS, viral hepatitis, sexually transmitted diseases (STDs) and tuberculosis (TB).

The **Division of HIV/AIDS Prevention (DHAP)**, in NCHHSTP, is charged with preventing HIV infection and reducing HIV-related illness and death in the United States. DHAP's Strategic Plan 2011-2015 (the Plan) is DHAP's blueprint for achieving its vision of a future free of HIV. The Plan reflects the Division's response to new opportunities and imperatives for HIV prevention created by critical shifts in the national, state, and local economic and policy environments, including the July 2010 release of the National HIV/AIDS Strategy for the United States (NHAS). It embodies DHAP's commitment to high-impact prevention using scalable, cost-effective interventions with demonstrated potential to reduce new infections, in the right populations, to yield a major impact on the epidemic. The Plan also underscores the important role of partnerships in both reducing HIV incidence and addressing the disparities that persist among populations and within communities.

The **Capacity Building Branch (CBB)** is one of five branches that make up DHAP-IRS. CBB focuses on improving the performance of the HIV prevention workforce throughout the United States and its territories. CBB works to increase the knowledge, skills, technology, and infrastructure needed to implement and sustain science-based, culturally appropriate behavioral interventions and public health strategies to prevent HIV. CBB provides national leadership, capacity building assistance (CBA), and funding for capacity building partnerships.

To accomplish its mission, CBB maintains the following core operational priorities:

- Provision of national leadership and partnership support
- Diffusion of effective behavioral interventions and public health strategies
- Design of curricula and trainings
- Oversight of the marketing, delivery, and quality of CBA

CBB conducts its work through four functional teams whose interdependent activities directly address the core operational priorities. The teams are described below.

The **Partnerships Team** provides leadership and oversight of national capacity building partnerships that advance HIV prevention efforts among populations at risk for HIV infection. The team comprises Program Consultants who provide ongoing programmatic guidance and technical assistance to funded HIV prevention CBA providers.

Program Consultants (PCs) serve as primary liaisons to funded CBA providers. They are subject matter experts on provider capacity, cooperative agreements, and services. PCs consult with CBA grantees in planning, developing, managing and evaluating capacity-building services and program implementation; and provide technical assistance for CBOs and health departments. PCs monitor CBA grantees' performance and program activities, and the quality of CBA training and services, and work with grantees on individualized diffusion planning. PCs also provide consultation on CBA staff qualifications, competency, and provider performance.

The **Science Application Team (SAT)** works to ensure that the HIV prevention workforce has the knowledge, skills, and technology to effectively and efficiently conduct evidence-based HIV prevention interventions across the United States and its territories. The SAT comprises Behavioral Scientists who serve as subject matter experts on behavioral science theory and application.

SAT members are integral in the development and design of evidence-based interventions and implementation tools. They work to ensure the scientific accuracy of the technical content of curricula, training and CBA services. SAT members serve as liaisons to researchers and intervention-related contractors and oversee activities related to the adaptation and fidelity of interventions. They provide technical assistance; including oversight of needs assessments and monitoring of process and outcome evaluation activities. SAT also assists in overseeing CBA recruitment, retention, and networking activities.

The **Training and Development (T&D) Team** develops, delivers, and coordinates capacity building activities related to training, curricula design, and health education. T&D comprises Training Specialists who serve as subject matter experts on curricula design and product development.

Training Specialists are responsible for the development of training tools and materials, including design and implementation of curricula and training plans. T&D team members conduct Training of Trainers training for CBA grantees and other service providers. T&D also supports pilot testing and training adaptation of CBA materials. T&D provides expertise in assessing trainer skills and competencies.

The **Branch Operations and Support Services (BOSS) Team** coordinate intra-branch activities to facilitate optimal branch operations. BOSS Team members have varied backgrounds and expertise in management, coordination, and monitoring of operational systems and programs.

BOSS team members provide expertise and support to activities integral to continuous branch activities. A BOSS team member oversees fiscal and budgetary matters. Strategic and action planning begins within the BOSS team, including developing guidance, tools, policies, and quality standards. Human resource activities, including training and career development, are handled by a BOSS member; as well as collection, analysis, and management of data. Communication and marketing activities are also managed by a BOSS team member.

CBB teams are committed to working with CBB partners to strengthen and sustain the capabilities of the national HIV prevention workforce.

CBB uses a national level, eight-step strategy to provide high-quality training, technical assistance, and other capacity building activities to diffuse science-based HIV prevention interventions and strategies to individuals within community-based organizations (CBOs), communities, health departments, community planning groups, and other stakeholders. CBB's Diffusion Teams (DTs) coordinate the implementation.

The eight steps of the diffusion process are as follows

1. Diffusion planning with researchers: The DT behavioral scientist and the DT lead meet with the original intervention researcher to discuss vision and goals for the diffusion of the intervention, the identification of core elements, and essential implementation activities.
2. Marketing: Marketing begins with initial surveys, needs assessments, and consultations to determine which interventions are needed and which can be supported; which are culturally relevant, and which address the risk determinants of populations of interest.
3. Policy incentives: To enhance marketing outcomes, policy incentives facilitate federal, state, and local agency implementation of evidence-based interventions.
4. Intervention package design: Usually, interventions arrive in CBB, prepackaged for dissemination. The DT collaborates with capacity building partners and others to develop training, capacity building, and supplemental materials.

5. Training: delivery and monitoring: Each DT must develop a training plan for the intervention it will diffuse. Each team is responsible for monitoring the delivery of training per guidelines and expectations.
6. Capacity building and technical assistance: DTs work collaboratively with CBA providers, CBB staff, agencies, and contractors to assess and provide capacity building and technical assistance to health departments and CBOs.
7. Quality assurance and lessons learned: DTs develop quality improvement plans that outline the strategy for improvement of the diffusion process and related products. The plan includes goals and objectives to address needs for improvement, roles and responsibilities, and tasks and timelines.
8. Evaluation: Per guidelines, DTs using appropriate tools, should evaluate their own diffusion.

DTs help avoid unnecessary duplication of efforts and expenditure of limited resources. DTs comprise at least one member from the Partnerships Team, T&D Team, and SAT, as well as staff from the BOSS Team or other DHAP branches. The DTs facilitate and monitor the movement of behavioral interventions and HIV prevention strategies through each phase of the diffusion process. DT “members” consist of internal CDC staff; however, “external partners” may be asked to provide input and feedback where appropriate.

DTs ensure the development of high-quality products and materials; ongoing monitoring and evaluation for continuous quality improvement; and capacity-building and technical assistance in implementing interventions and strategies. Activities are accomplished through long-term partnerships, teamwork, and fidelity to scientific principles and core values.

Additional information about CBB and its ongoing activities is available at www.cdc.gov/hiv/capacitybuilding. The website provides information needed by organizations and communities to strengthen their HIV prevention capacity. It serves as the source for direct HIV service providers, agency directors, supervisors, and community partners to obtain HIV prevention information and capacity building assistance. On the site, you can learn about capacity building and how to request technical assistance and training to support your HIV prevention activities. Additionally the site answers common questions about capacity building resources and provides general HIV prevention information.

The **Division of STD Prevention (DSTDP)** is also a division of NCHHSTP. The DSTDP mission is to provide national leadership, research, policy development, and scientific information to help people live safer, healthier lives by the prevention of STDs and their complications. This mission is accomplished by assisting health departments, health care providers and nongovernmental organizations (NGOs) through the provision of timely science-based information and clear interpretation of such information for the general public and policymakers. The division’s specific disease prevention goals are contextualized within the broader framework of the social determinants of health, the promotion of sexual health, and the primary prevention of STD.

DSTDP’s seven strategic goals for 2008–2013 are as follows:

- Prevent sexually transmitted infection (STI)-related infertility
- Prevent STI-related adverse outcomes of pregnancy
- Prevent STI-related cancers
- Prevent STI-related HIV transmission
- Strengthen STD prevention capacity and infrastructure
- Reduce STD health disparities across and within communities and populations

- Address the effects of the social and economic determinants and the costs of specific STDs and associated sequelae among specific populations

DSTDP (as of July 2011) comprises six offices and six branches: Health Equity Office; International Activities Office; Management and Operations Office; Policy, Planning and External Relations Office; Prevention and Care Office; Science Office; Behavioral Interventions and Research Branch; Epidemiology and Surveillance Branch; Health Services Research & Evaluation Branch; Laboratory, Reference and Research Branch; Statistics and Data Management Branch; and Program and Training Branch.

The **Program and Training Branch (PTB)** is responsible for providing programmatic and training support to state and local programs. PTB strives to enhance the development and implementation of effective strategies to prevent the transmission of STDs and the development of dangerous sequelae. PTB's mission is to develop and support effective, science-based STD prevention programs and activities through promotion and coordination of key partnerships with governmental agencies and NGOs.

The Infertility Prevention Project is located in PTB. CDC, in collaboration with the Office of Population Affairs of the Department of Health and Human Services, supports the national Infertility Prevention Program (IPP), which funds and facilitates chlamydial and gonorrhea screening and treatment services for low-income, sexually active women attending family planning, STD, and other women's health care clinics, with the goal of preventing infertility. IPP serves sexually active women aged <26 years and their sex partners. IPP includes community initiatives and outreach to promote appropriate chlamydial and gonorrhea screening; community and provider education (presentations, webinars, other outreach); and partnership development. For more information about IPP, contact Steve Shapiro at sshapiro1@cdc.gov.

PTB's **Health Professions Training and Education Unit (HPTEU)** develops effective training programs and tools to build awareness, knowledge, skill, and competency in a wide range of audiences to prevent STD transmission. HPTEU does this by contributing funding to the National Network of STD/HIV Prevention Training Centers (NNPTC) and developing online STD prevention trainings and resources for clinicians and developing and delivering STD prevention trainings for other public health professionals.

In collaboration with the prevention training centers (PTCs), HPTEU has developed several online trainings and resources for clinicians, including webinars re the 2010 STD Treatment Guidelines and Reverse Sequence Syphilis Screening. The unit also developed STD curriculum Self-Study Modules, STD Ready-To-Use Curriculum for Clinical Educators, and STD 101 in a Box. Access to the webinars, curriculum, and other resources is available at www.cdc.gov/std/training.

HPTEU also has an STD programmatic training team that offers the following courses for public health professionals (and their supervisors) who conduct partner services activities: Employee Development Guide, Advanced STD Intervention, STD Intervention for Supervisors, Principles of STD Supervision, Visual Case Analysis, and the On-line Supervisors' Series. Information about how to register for these courses can be found at www.cdc.gov/std/training/courses.htm.

The Directory of CBA and NNPTC Services is a compilation of HIV/STD prevention resources and training activities. It was designed for use by partner organizations of the Capacity Building Branch of the Division of HIV/AIDS Prevention and of the Program and Training Branch (PTB) of the Division of STD Prevention. Both of these branches are within the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention at the Centers for Disease Control and Prevention.

CBB and PTB provide national leadership to HIV prevention and training efforts. Information about each branch and its structure is described here. Directions for accessing services from both CBB and PTB are also given. Frequently used HIV/STD terminology and concepts from each branch are defined.

The directory focuses on individual CBA providers and members of the National Network of STD/HIV Prevention Training Centers (NNPTC), or PTCs. A detailed profile of each CBA and PTC is included. The services provided and ways to access services are described. CBAs and PTCs share the mission of enhancing knowledge and skills of the national STD/HIV prevention and care workforce.

CBA providers are CBB partner organizations funded to assist in building the capacity of funded grantees, including state and local health departments and community-based organizations, to implement HIV prevention programs. The CBA program is a 4.5-year, \$110 million cooperative agreement. Each CBA organization is listed alphabetically within its respective service category. Organizations funded in more than one category are listed and described separately in each category in which an organization provides services.

A total of 30 organizations are funded in five (5) categories:

- CBA for CBOs: Strengthening organizational infrastructure, interventions, strategies, monitoring, and evaluation for HIV prevention
- CBA for Communities: Strengthening community access to, and utilization of, HIV prevention services
- CBA for Health Departments: Strengthening organizational infrastructure, interventions, strategies, community planning, monitoring, and evaluation for HIV prevention
- Resource Center for CBA Providers: Strengthening the quality and delivery of CBA services for HIV prevention
- Resource Center for CBA Consumers - Strengthening consumer access to, and utilization of, CBA services for HIV prevention

PTCs make up the NNPTC, which was created under "Funding Opportunity Announcement PS11-1103: Sexually Transmitted Diseases/Human Immunodeficiency Virus Prevention Training Centers," a 3-year cooperative agreement. The NNPTC is an interdivisional program funded by DHAP and DSTDP and dedicated to improving and enhancing the knowledge and skills of health professionals and prevention specialists who serve populations that are disproportionately at risk for, or are affected by, STDs and HIV and their associated complications.

The NNPTC is a group of regional centers, each created as a partnership between an academic institution and a state or local health department. There are 17 regional centers: eight provide clinical, and laboratory and HIV prevention in care training and technical assistance; five provide training in behavioral and social interventions; three provide partner services and program-support training; and one serves as the National Resource and Coordinating Center (NRCC).

The geographic locations of the PTCs ensure the provision of adequate training in all areas of the United States. Each state or territory is served by at least one clinical and laboratory, one behavioral and social intervention, and one partner services and program-support PTC. The PTCs are also funded to collaborate with other PTCs on national training activities. The four distinct, related parts of the PTCs, including the service area and services of each PTC, are described in the directory.

Capacity Building Assistance

Capacity building assistance (CBA) is planned to improve the performance of the HIV prevention workforce by ensuring scientifically sound and culturally proficient assistance through information sharing, training, provision of technical assistance, and technology transfer. Capacity building is accomplished by providing resources and training and is most effective when done in partnership.

Capacity building is an ongoing process through which the ability of individuals, groups, and organizations to implement and sustain science-based and culturally appropriate HIV prevention behavioral interventions and HIV prevention strategies is enhanced. Capacity building is a key strategy for the promotion, delivery, and sustainability of HIV prevention programs.

CBA is both the art and the science of sharing information, skills, and technology that affect individual abilities and organizational systems (including community) toward improving and sustaining effective and efficient HIV prevention. The outcome of CBA is to contribute to an increase in the quality, quantity, or cost-effectiveness of intervention activities and the sustainability of infrastructural systems that support these activities.

The goals of the CBA program are as follows.

1. To improve the capacity of community-based organizations (CBOs) by strengthening organizational infrastructures that support the delivery of effective HIV prevention interventions and strategies, and the monitoring and evaluation of these HIV prevention services for high risk and/or racial/ethnic minority populations;
2. To strengthen the capacity of individuals, groups, organizations, and other community stakeholders by enhancing/improving their access to, and utilization of, HIV prevention services for high-risk and/or racial/ethnic minority individuals of unknown HIV serostatus including men who have sex with men (MSM), transgender individuals, high risk heterosexuals, injecting drug users (IDUs), and people living with HIV/AIDS and their partners
3. To improve the capacity of health departments by strengthening organizational infrastructures that support the delivery of effective HIV prevention interventions and strategies, implementation of community planning, and the monitoring and evaluation of these HIV prevention services for high risk or of minority races or ethnicity
4. To improve consumer access to, and utilization of, CBA services by strengthening the quality and delivery of CBA services for HIV prevention among high-risk and/or racial/ethnic minority populations.

To meet these goals, CDC staff and competitively funded CBA providers deliver services to CBOs, communities, health departments, community planning groups, and other HIV prevention stakeholders. These partners create linkages to expert consultants who deliver culturally appropriate HIV prevention services to those who most need them. CBA services are categorized as follows.

Category A: CBA for Community-Based Organizations (CBOs) – Strengthening organizational infrastructure, interventions, strategies, monitoring, and evaluation for HIV prevention. CBA for CBOs supports CBOs in their effective delivery of HIV prevention services. Information, training, and technical assistance are available in the following areas.

Service Components

Organizational Infrastructure and Program Sustainability, including

- Organizational Infrastructure
- Leadership and Workforce Development

- Program Sustainability
- Program Collaboration and Service Integration (PCSI) for Front-Line Providers

Evidence-Based Interventions and Public Health Strategies, including

- HIV Prevention Evidence-Based Interventions
- HIV Prevention Strategies (e.g., CTRS, CRCS, Social Networks Strategy)
- Supporting Skills Areas (e.g., group facilitation, recruitment, retention)
- Peer-to-Peer Mentoring and Support

Monitoring and Evaluation, including

- Formative Evaluation and Needs Assessment
- Process and Outcome Monitoring and Evaluation
- Logic Modeling
- Performance Measurement and Improvement
- Data Collection, Management, and Analysis

Category B: CBA for Communities – Strengthening community access to, and utilization of, services for HIV prevention. CBA for Communities supports effective HIV prevention community mobilization efforts, information, and training. Technical assistance is available for either or both of the following:

- Selecting and implementing a community mobilization model
- Developing and implementing a new community mobilization model

A “community” may include individuals, groups, organizations, and other entities that share geographic boundaries (e.g., national or regional); relational affinity (e.g., communities of faith, academic communities); professional association (e.g., African American clinical psychologists or a coalition of business leaders); race/ethnicity or language (e.g., Asian and Pacific Islander, Native American, or Hispanic/Latino); or sexual identity (e.g., young MSM).

Models to mobilize communities for HIV prevention may include the following characteristics:

- Identification of the community to be mobilized
- Definitions of targeted racial/ethnic minority and/or high-risk population(s) and influencing structural factor(s);
- Provision of strategies and tools for community-level assessment, collaboration, and development
- Implementation of activities to increase access to, and utilization of, HIV prevention services by targeted racial/ethnic and/or high-risk population(s); and
- Inclusion of a monitoring and evaluation plan

Category C: CBA for Health Departments – Strengthening organizational infrastructure, interventions, strategies, community planning, monitoring, and evaluation for HIV prevention. CBA for Health Departments supports health departments in their dual roles as providers of HIV prevention services and CBA in their jurisdictions. Information, training, and technical assistance are available in the following areas.

Service Components

Organizational Infrastructure and Program Sustainability

- Organizational and Capacity Building Infrastructures
- Leadership and Workforce Development
- Program Sustainability
- Program Collaboration and Service Integration (PCSI) for Health Jurisdictions

Evidence-Based Interventions and Public Health Strategies

- HIV Prevention Evidence-Based Interventions
- HIV Prevention Strategies (e.g., CTRS, CRCS, Partner Services)
- Supporting Skills Areas (e.g., group facilitation, recruitment, retention)
- Peer-to-Peer Mentoring and Support

Community Planning, including

- Community Planning Processes
- Community Planning Groups
- Peer-to-Peer Mentoring and Support

Monitoring and Evaluation, including

- Formative Evaluation and Needs Assessment
- Process and Outcome Monitoring and Evaluation
- Logic Modeling
- Performance Measurement and Improvement
- Data Collection, Management, and Analysis

Category D: Resource Center for CBA Providers – Strengthening the quality and delivery of CBA services for HIV prevention. Resource Center for CBA Providers supports CBA providers in their effective delivery of high-quality CBA services. Information, training, and technical assistance are available through the online CBA Resource Center (CRC).

- The CRC exists to improve provision of CBA services for HIV prevention by improving communication and collaboration among funded CBA providers and other training partners.
- The CRC has an extensive repository of science-based, culturally appropriate information for HIV prevention. Information is available in both English and Spanish and accessible online and via telephone.
- The CRC has the most updated materials available to ensure that interventions are delivered with fidelity and consistency.

Category E: Resource Center for CBA Consumers – Strengthening consumer access to, and utilization of, CBA services for HIV prevention. The Resource Center for CBA Consumers supports CBA consumers in accessing and utilizing CBA services. Information, training, and technical assistance are available through the following:

- Website for CBA consumer network members
- CBA consumer e-newsletters
- CBA consumer webinar trainings and informational sessions
- E-mail discussion group for CBA consumers
- HIV Prevention Leadership Summit (HPLS) and other meetings

HOW TO ACCESS CBA

CBA can be obtained by using the CBA Request Information System (CRIS) and the Training Events Calendar (TEC). TEC is used as a marketing tool to let CBOs, health departments and stakeholders know the types of training activities available to them. TEC disseminates information about specific training or technical assistance activities, including national, regional and local training events; conferences; town hall meetings; and community mobilization events. Inquiries can be made at wwwn.cdc.gov/GEMS.

CRIS is a web-based system for technical assistance to be used by CDC-funded CBOs and CBA providers, health departments, and CDC staff to submit and track CBA requests.

CRIS is a user-friendly, web-based system for requesting CBA that

- Provides a collaborative communication and tracking system that supports requestors and providers in utilizing CBA services
- Improves resource utilization by creating a central access point for CBA services
- Promotes accountability
- Facilitates access to information
- Ensures timeliness

CRIS allows CBOs and health departments to

- Request CBA services directly
- Submit requests via the web
- View and track the status of requests
- Provide feedback during the process
- Enjoy improved communication among CBOs, health departments, project officers, and CBA providers
- Receive timely action on requests and services
- Contact CDC staff for assistance with questions

In addition, CRIS allows CBA providers to

- Report status of capacity building activities
- Request additional services from other CBA providers
- Provide visibility of activities to all participants

CDC's directly funded CBOs, health departments, and CBA providers can submit their requests via CRIS. Health department-funded CBOs and community planning groups (CPGs) should submit CBA requests through their state or local health departments funded by CDC (i.e., Chicago, Houston, Los Angeles, New York City, Philadelphia, and San Francisco). Nonfunded community stakeholders and Native American jurisdictions may contact CBA provider organizations directly to request services.

CRIS is outlined on the following page and can be accessed at wwwn.cdc.gov/CRIS2009.

CRIS Process Flow

Requestor consults with his/her Project Officer

Requestor submits the request for CBA
into CRIS for TA or Training

CDC CBA Coordinator assigns the CBA provider

CBA Provider submits Action Plan in CRIS

CBA Provider contacts recipients and confirms the Need

Requestor, Recipient, Project Officer, and
Program Consultant Review Action Plan

CBA Provider Conducts CBA services

CBA Provider submits Completion Form in CRIS

CBA Recipients receive automated survey from CRIS

**CBA for Community-Based Organizations (CBOs):
Strengthening organizational infrastructure interventions,
strategies, monitoring and evaluation for HIV prevention**



Back row, left to right: Miguel Bujanda, Vallerie Wagner, Monica Nuño, Oscar Marquez, Miguel Chion. Front row, left to right: Andi Zaverl, Claudia Rodriguez, Sarah Brock Chávez, Jordan Blaza, Jin Ahn.

MISSION

AIDS Project Los Angeles (APLA) is dedicated to improving the lives of people affected by HIV, reducing the incidence of HIV infection, and advocating for fair and effective HIV-related public policy.

CBA PROJECT

Shared Action is a CBA program provided by APLA in collaboration with the Center for HIV Identification Prevention and Treatment Services (CHIPTS) of the University of California, Los Angeles and funded by CDC. APLA has provided high-quality research and capacity-building services in partnership with community-based organizations, governmental agencies, and universities since 1994. The members of CHIPTS have extensive experience conducting community-based research and providing CBA services to health departments. Shared Action works to enhance the programmatic capacity of community-based organizations funded directly or indirectly by CDC to implement Diffusion of Effective Behavioral Interventions (DEBIs) or provide other HIV prevention services under the Advancing HIV Prevention Initiative in the United States.

CBA SERVICES

Shared Action provides capacity-building services through three delivery methods:

Individual-Level Direct CBA Services (ICBA)

ICBA is the component that proves to be the more intense and effective service provided by Shared Action. Through ICBA, Shared Action staff work one-on-one with an agency on needs specifically related to the implementation of its programs and target population. Some of the services include

- Adapting DEBI for Latino populations, especially Latino MSM
- Community and program needs assessments
- Culturally responsive and linguistically appropriate strategies
- Program marketing and material development
- Recruitment and retention
- Program collaboration and service integration
- Public health strategies

Skills Building Trainings

These trainings are designed to address the most commonly shared technical core competencies needed to implement programs. Some of the trainings that Shared Action currently implements are

- Formative research (community and program needs assessment)
 - Formative research overview
 - Focus groups
 - Survey development
- Recruitment/retention
 - Using social networks for recruitment
 - Recruitment/retention (also available in Spanish)
- Program evaluation
 - Basic program evaluation
 - Excel
 - Group facilitation
 - Motivational interviewing

Information and Technology Transfer (ITT)

ITT provides capacity building through information transfer using various printed and Web-based materials, as well as increased access to subject-matter experts. This service makes information available to those with specific informational needs or with limited access to information. The various formats are available through the following:

Resource Center

- Target population-specific broadsheets
- Technical bulletins
- Fact sheets

Webinars/Teleconference

- Online trainings
- Presentation video/audio files
- Presentation audio files
- Presentation handout (PowerPoint slides, PDF, Word, etc.)

PARTNERS

APLA SA has teamed up with CHIPTS to create Shared Action and Shared ActionHD. This partnership bridges APLA's CBA experience with CHIPTS's research expertise to form one of the strongest strategies towards advancing CBOs' and health departments' capacities to support, implement, and/or evaluate the implementation of DEBIs.

ACCOMPLISHMENTS/HIGHLIGHTS

- In 2009, more than 9,100 people accessed APLA's direct services and education programs.
- APLA reaches close to 600,000 people through its publications and Web sites, while countless others benefit from its education programs, social marketing campaigns, and community forums.
- Through its policy work, APLA helps shape legislation to provide access to lifesaving HIV/AIDS drugs and care for people who rely on government programs for support.
- Through its peer-support program, APLA provided training to CBOs who enhance their clients' quality of life with peer-led assistance services.

- APLA's Community-Based Research unit, one of few programs of its kind operating within an AIDS service organization, conducts research designed to improve HIV/AIDS programs and services. The unit has provided assistance and trainings to more than 40 CBOs serving primarily people of color affected by HIV/AIDS.
- APLA's history and experience providing CBA services span more than a decade. The agency has offered capacity-building assistance to smaller CBOs and community groups since 1994 through a range of services, including individual capacity-building assistance, skills-building trainings, and information technology transfer. More than 1,500 participants have attended 79 different trainings, and more than 1,600 participants have attended more than 40 webinars. More than 100 individual capacity building services have been provided.
- In partnership with CHIPTS, APLA co-led efforts to provide a range of technical assistance and organizational consulting to health departments and their grantees countywide.
- Under Capacity Building Funding PA 04019, APLA received funding from CDC to provide CBA services to CBOs and health departments under Focus Area 2 – Western Region with an emphasis on Latino MSM. Throughout the 5-year program, APLA provided CBA services focusing in three domain areas: program planning and development, evaluation and needs assessment, and technology transfer. APLA provides a range of CBA services, including information dissemination/transfer, technology consultation through delivery of individual CBA (ICBA) services, technology transfer, and training.
- Under Capacity Building Funding PS 09906, APLA received funding from CDC to provide CBA services to CBOs and health departments nationally.

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Back row, left to right: Elena Lumby, Sharon Asonganyi, Latonia Coryatt, Danielle Pope. Front row, left to right: Edna Davis-Brown, John Anderson.

MISSION

The mission of the American Psychological Association (APA) is to advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives. The Behavioral and Social Science Volunteer (BSSV) program is a national network of behavioral and social science volunteers who provide free HIV prevention capacity-building assistance (CBA) to CBOs.

The mission of the BSSV program is to provide free and ongoing HIV prevention CBA services to CBOs to help with program evaluation and monitoring and with selecting, adapting, implementing, and evaluating evidence-based interventions.

Populations targeted include men and women of all races/ethnicities, particularly individuals with known HIV-positive serostatus and their partners; African-American men who have sex with men (MSM); African-American high-risk heterosexual (HRH) men and women; Latino MSM; Latino HRH men and women; MSM of all races/ethnicities, including Asian and Pacific Islander, Native American, and Caucasian populations; and transgender individuals of all races/ethnicities.

CBA PROJECT

The APA's BSSV program has a national network of psychologists, sociologists, anthropologists, and public health experts who are trained to provide HIV prevention CBA services. The program recruits, trains, mobilizes, supports, and monitors this national network of behavioral and social scientist volunteers as they deliver CBA services to CBOs that offer HIV prevention services for high-risk and/or racial/ethnic minority populations. APA's BSSV program provides online and in-person training and technical assistance to CBOs.

GOALS

The overall goal of the BSSV Program is to provide free CBA (information, training, technical assistance, and technology transfer) to targeted CBOs as they develop and/or select, adapt, implement, monitor, and evaluate evidence-based interventions and public health strategies for the purpose of improving HIV/AIDS-related health outcomes and reducing HIV/AIDS-related health disparities.

CBA SERVICES

The APA's BSSV program focuses on delivering CBA in the following content areas: assessment strategies for CBOs to use for the purpose of selecting and/or adapting evidence-based interventions; adapting evidence-based interventions for new settings and new populations; pre-implementation issues for CBO staff preparing to deliver locally adapted evidence-based interventions; consultation related to implementation issues faced by CBO staff currently delivering locally adapted evidence-based interventions; evaluation of locally adapted evidence-based interventions; and strategies for assessing and addressing mental health and substance abuse issues in the context of HIV prevention services.

CDC-assigned evidence-based interventions and public health strategies for which BSCC provides CBA with respect to implementation, adaptation, and evaluation include

- Sisters Informing Sisters on Topics About AIDS (SISTA)
- Many Men Many Voices (3MV)
- CLEAR: Choosing Life: Empowerment! Action! Results!
- PROMISE
- Healthy Relationships (HR)
- NIA
- Comprehensive risk counseling and services
- Counseling, testing, and referral.

COLLABORATING PARTNERS

- AIDS Project Los Angeles
- Center for Health and Behavioral Training
- Colorado Department of Health and Environment
- National Association of People with AIDS
- University of Texas Southwestern Medical Center: Capacity-Building Assistance Center

HISTORY

Founded in 1892 and based in Washington, D.C., the APA is a scientific and professional organization that represents psychology in the United States.

The APA's BSSV program has been funded by CDC since 1996 and is operated through the APA's Office on AIDS. The Office on AIDS' primary mission is to coordinate APA's nationwide leadership in the following areas: educating psychologists and society about the unique roles psychology can play in the fight against HIV/AIDS; supporting psychologists in their efforts to eliminate the epidemic through evidence-based prevention interventions; stimulating behavioral research in a variety of areas associated with HIV prevention and mental health services for persons affected by HIV/AIDS; and producing and disseminating HIV/AIDS educational resources for APA members and the public.

APA's BSSV program originally provided CBA support to three audiences: health departments, CBOs, and community planning groups. The core of this program is a national network of more than 290 psychologists, sociologists, anthropologists, and public health experts who are trained to provide HIV prevention CBA services.

ACCOMPLISHMENTS

- APA has more than 155,000 members, including researchers, educators, clinicians, consultants, and students.
- APA is the largest association of psychologists worldwide
- APA has more than 550 full-time employees.
- The Office on AIDS oversees two other key initiatives that are federally funded: the Cyber Mentors Program aimed at preparing promising early career scientists to develop successful independent research careers in HIV/AIDS by the National Institute of Mental Health, and the HOPE Program, a national mental health training initiative funded by the Substance Abuse and Mental Health Services Administration.
- The national network of BSSVs of more than 290 professionals has delivered CBA to more than 600 organizations over the past 15 years.
- The BSSVs represent disciplines such as anthropology, social work, education, psychology, and public health. More than 75 percent hold doctorate degrees, and almost half have attained psychology degrees.

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*Left to right: Frank R. Olivas, Belinda Booker, Ashley Prunty, Jie Pu, Robin Higashi, Maribel Najar, Ricky Wascher-Tavares.
Not pictured: Albert A. Moreno.*

MISSION

National Community Health Partners (NCHP), formerly Arizona–Mexico Border Health Foundation, recently changed its name to reflect the expansion and scope of its services. Based in Tucson, Arizona, NCHP was founded in 1984 to address the health needs of border populations. Since then, NCHP has developed a strong national presence providing education and services to minority and underserved populations in 44 states and two U.S. territories.

NCHP has housed more than 70 public health programs and services that promote the health and well-being of individuals and communities across the United States. It is the goal of the organization to improve health outcomes through innovative services and compelling educational programs.

NCHP’s mission is to educate and assist in the identification and correction of social and economic issues associated with the threat and outbreak of communicable disease and social dysfunction.

CBA PROJECT

HRC’s National Community Health Partners is funded by CDC to provide capacity-building assistance to CBOs and health departments throughout the United States and eight territories. NCHP improves consumers’ HIV prevention services by strengthening capacity related to organizational infrastructure and program sustainability, as well as the planning, adaptation, implementation, and evaluation of evidence-based interventions and public health strategies. To assist in these areas, NCHP works closely with consumers to identify core competency areas that require attention. NCHP then develops a comprehensive strategic CBA action plan, in collaboration with the consumer, to identify how CBA activity will be implemented to address these areas. Highly qualified NCHP program staff maintain continuous contact with its consumers to provide ongoing support and to ensure that additional needs are addressed. NCHP staff has extensive experience conducting HIV prevention with the following populations:

- At-risk, hard-to-reach Latinos, African Americans, Native Americans, and Asian/Pacific Islanders
- Men who have sex with men of all races/ethnicities
- Injection drug users and non-injection drug users
- At-risk youth
- High-risk heterosexual men and women
- Transgender individuals of all races/ethnicities

NCHP incorporates business approaches to achieve optimal success in the delivery of capacity-building services. For example, NCHP uses the business incubator approach (programs designed to accelerate the successful development of entrepreneurial companies through an array of business support resources and services), providing intensive and cost-effective one-on-one CBA services to CBOs and health departments until each has attained its desired level of capacity. The strategies used to obtain enhanced capacity are then shared through NCHP's peer-to-peer model.

NCHP also works with a limited number of CBOs and health departments to adapt evidence-based interventions. Information is disseminated about these adaptations on a national basis to further assist those that would like to use these interventions but are unsure of the adaptation process.

GOALS

The goals of NCHP's CBA project are to improve the capacity of CBOs and health department to strengthen and sustain organizational infrastructures that support the delivery of effective HIV prevention services and interventions for high-risk racial/ethnic populations and to improve the capacity of CBOs and health departments to implement, improve, and evaluate HIV prevention interventions for high-risk racial/ethnic populations of unknown serostatus, including pregnant women, people of color who are living with HIV/AIDS, and their partners.

CBA SERVICES

HRC's NCHP provides technical assistance as well as training in core competency areas to address the needs of CBA consumers in the following two areas:

1. Organizational Infrastructure and Program Sustainability (OIPS)

- Board Development
- Fiscal Management and Accounting
- Grant Writing
- Leadership Development
- Quality Management
- Personnel Policies and Procedures
- Program Collaboration and Service Integration (PCSI)
- Program Marketing
- Public Relations.
- Strategic Planning
- Human Resources.
- Faith-Based Leadership
- Program Development
- Logic Model Development

2. Evidence-Based Interventions and Public Health Strategies (EBI and PHS)

- HIV 101
- Community Needs Assessment
- Adapting Evidence-Based Interventions
- Recruitment and Retention
- Project Evaluation
- Group Facilitation
- Overcoming Communication Barriers
- Motivational Interviewing
- Cultural Competency 101
- Cultural Competency: Working with Intravenous Drug Users (IDUs)
- Cultural Competency: Working with a "Silent" Population
- Cultural Competency: Working with the Transgender Population
- Fundamentals of HIV Prevention Counseling

ACCOMPLISHMENTS

- NCHP has successfully administered more than 72 different projects since its inception in 1984.
- During the 2004–2009 funding cycle, NCHP provided a total of 562 trainings in 44 states and 2 U.S. territories.

- In collaboration with CDC, NCHP adapted the Safety Counts evidence-based intervention to address the needs of migrant Latino farmworkers and developed a national training of facilitator's curriculum to teach other providers how to implement the adaptation.
- NCHP collaborated with CDC to translate the Safety Counts Program Manual into Spanish.
- NCHP is in the process of adapting the VOICES/VOCES evidence-based intervention to address the needs of migrant farmworkers as well as African-American and Latino MSM.
- NCHP participated on Education Development Center's advisory board for the development of the new VOICES/VOCES videos for Latinos, "Se Trata De Ti" ("It's About You").

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Left to right: Edward Tepporn, Sonya Dublin, Mazdak Mazarei, and Venessa Laurel

MISSION

The Asian and Pacific Islander American Health Forum (APIAHF) works to address health inequities across all racial/ethnic communities, especially among at-risk, underserved, and vulnerable populations.

CBA/HIV PROJECT

Since 1993, APIAHF has been continuously funded by CDC as a national provider of capacity-building assistance (CBA) and/or technical assistance (TA) to CBOs, health departments, community planning groups, and other community stakeholders serving high-risk and/or racial/ethnic minority populations.

APIAHF's current CBA program, Capacity for Health (C4H), is designed to enhance the ability of CBOs to plan, deliver, monitor, and evaluate effective, evidence-based HIV prevention interventions and strategies. Capacity for Health also works with CBO leaders to develop the internal infrastructure (e.g., finance, human resources, governance) to support these interventions and to build lasting organizations.

Capacity for Health is staffed by an energetic, knowledgeable, and passionate team with more than 50 years of experience providing HIV prevention services, participating on HIV prevention community planning groups, and providing HIV-related capacity-building assistance. For example, Capacity for Health team members have previously coordinated HIV prevention programs for youth, gay men, and substance users; assisted organizations with streamlined strategic planning processes; re-tooled monitoring and evaluation protocols; and helped program staff fine-tune their grant applications.

CBA/HIV SERVICES

Capacity for Health works with CBOs across the United States and its territories. Capacity for Health's staff, its subcontractor, Life Foundation, and consultants have a wide range of skills and experiences focused in three main areas:

- Organizational Infrastructure and Program Sustainability, including
 - Board development
 - Business planning
 - Cultural sensitivity
 - Executive coaching
 - Facilitation skills
 - Fiscal management
 - Fund development
 - Grant writing
 - Human resources
 - Leadership development

- Media relations
- Organizational policies and procedures
- Program collaboration and service integration (PCSI)
- Strategic planning
- Monitoring and evaluation, including formative assessment, conducting surveys, conducting focus groups, conducting key informant interviews, logic modeling, program monitoring, and program evaluation.
- Evidenced Based Interventions (EBIs) and Public Health Strategies (PHS), including
 - Selecting EBI and PHS
 - Adapting EBI and PHS
 - Formative assessment
 - Community discovery process
 - Implementing EBI and PHS
 - Recruitment and retention
 - Group facilitation
 - Program design
 - Performance indicators
- Capacity for Health staff are also trainers for the following (EBIs):
 - Popular Opinion Leader (POL)
 - Mpowerment
 - Self-Help in Eliminating Life-threatening Diseases (SHIELD)
 - Focus on Youth with Impact (FOY)

Across the previously mentioned topic areas, CBOs can take advantage of numerous forms of CBA from Capacity for Health's staff, subcontractor, and consultants, including

- 1-on-1 Tailored CBA: Over a period of up to 4 months, Capacity for Health can work with organizations to address a particular challenge or take advantage of a pending opportunity. Capacity for Health may provide a specific CBA service, such as facilitating a strategic planning retreat for staffers and board members, or might help coach an organization through the steps in facilitating a strategic planning retreat.
- Trainings and webinars: Capacity for Health regularly conducts trainings and webinars. Capacity for Health has existing training curricula across a variety of topics and can develop or customize a training or webinar for an organization's unique assets, challenges, and skill level.
- HIV Resource Center: Capacity for Health has a variety of online documents and links that can be accessed on its Web site.

COLLABORATING PARTNERS

Capacity for Health subcontracts with Life Foundation in Honolulu, Hawaii, and works collaboratively with many of CDC's other CBA providers. Capacity for Health also uses a multicultural consultant pool network of individuals based across the United States that includes organizational infrastructure experts, behavioral scientists, HIV program experts, community planning experts, former executive directors, and former health department AIDS directors.

HISTORY

Founded in 1986, APIAHF has grown to a staff of 30 individuals divided between its main office in San Francisco, California, and second office in Washington, D.C. APIAHF works with community leaders, health advocates and providers, and CBOs to improve the health and well-being of communities across the United States and its affiliated jurisdictions. Key health areas that APIAHF focuses on include HIV/AIDS, domestic violence, chronic diseases, community capacity to reduce health inequities, data and research, and Native Hawaiian and Pacific Islander health.

ACCOMPLISHMENTS

APIAHF has been an HIV prevention TA and CBA provider for CDC for 16 years, specializing in topics such as organizational infrastructure, HIV prevention interventions, community mobilization, and community planning.

APIAHF staff are currently involved in several coalitions and advisory groups, including

- The Alliance for Nonprofit Management's People of Color Affinity Group
- The Latino Coalition on AIDS's Community Advisory Board
- The AIDS Project Los Angeles' Category C Community Advisory Board
- Asian and Pacific Islander Wellness Center's Banyan Tree Project 2.0 Category B Community Advisory Board
- The American Psychological Association's Behavioral and Social Science Volunteer Program Community Advisory Board
- The Governing Body for Out of Many, One (a national multicultural advocacy coalition, established in 2000, that is committed to achieving health parity for people of color)
- The U.S. Department of Health and Human Services (DHHS) Office of Minority Health Resource Center Advisory Board
- The DHHS Office of Minority Health Advisory Committee on Minority Health
- The National Lesbian, Gay, Bisexual, and Transgender Tobacco Control Network

CONTACT

For additional information about Capacity for Health's CBA services and resources, please contact:

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Left: Betty Stephens, Jeffrey Marlow, Pernessee C. Steele Top right: Ashley Ramsey, Makeba D'Abreu. Bottom right: Cary L. Goodman, Iman Shabazz.

MISSION

The Balm In Gilead, Inc.™ is a not-for-profit, nongovernmental organization whose mission is to prevent diseases and to improve the health status of people of the African Diaspora by providing support to faith institutions in areas of program design, implementation, and evaluation that strengthens their capacity to deliver programs and services that contribute to the elimination of health disparities.

CBA PROJECT

The Balm In Gilead provides training and technical assistance to faith- and community-based organizations (CBOs) throughout the United States to plan, deliver, monitor, and evaluate three effective behavioral HIV prevention interventions: SISTA, WILLOW, and Focus on Youth + ImPACT. As a collaborator with the African Methodist Episcopal (AME), African Methodist Episcopal Zion (AMEZ), and Christian Methodist Episcopal (CME) denominations, The Balm In Gilead assists in building the infrastructure necessary to support and implement evidence-based interventions and public health strategies. Morehouse School of Medicine and Mailman School of Public Health (Columbia University) are also collaborative partners.

The Balm In Gilead also provides capacity-building assistance to faith-based organizations to implement public health strategies related to HIV prevention and to evaluate and monitor their HIV prevention efforts. The Balm In Gilead also provided capacity-building assistance to CBOs to increase their knowledge and skills in the area of monitoring and evaluation.

HISTORY

In 1989, The Balm In Gilead was born out of Pernessee Seele's vision for faith institutions to play a major role in addressing HIV/AIDS. She rallied the faith community by organizing The Harlem Week of Prayer for the Healing of AIDS.

Within a few years, the mobilization effort spread from 50 faith-based organizations to faith communities throughout the nation and became The Balm In Gilead's flagship program known as The Black Church Week of Prayer for the Healing of AIDS. This HIV awareness campaign was among the first HIV awareness campaigns born out of the United States and the only multiday campaign to mobilize the global faith community. In 2010, the focus of the campaign expanded again to include all faith institutions and is now known as the National Week of Prayer for the Healing of AIDS.

Today, The Balm In Gilead is recognized as an international leader in education, training, and technical assistance for faith communities. With five major HIV programs and a host of initiatives that address other health disparities, it is known for its insightful understanding of religious cultures and values and its extraordinary ability to build strong partnership with faith institutions. The Balm In Gilead's headquarters, which was originally based in New York City, moved to Richmond, Virginia, in 2006 as the AIDS epidemic increased in the South. The organization also has an office in Dar es Salaam, Tanzania.

The Balm In Gilead's HIV programs include the National Week of Prayer for the Healing of AIDS, Our Faith Lights the Way: HIV Testing Campaign, the Black Church Training Institution for HIV and Other Health Disparities, the African American Denominational Faith Leadership Health Initiative, and the Tanzania HIV/AIDS Interfaith Partnership, with offices in Tanzania.

ACCOMPLISHMENTS/HIGHLIGHTS

During the annual National Week of Prayer for the Healing of AIDS, the first week of March of each year, HIV/AIDS messages related to healing through prayer, education, advocacy, and service reach approximately 2.5 million faith community members.

Through its evidence-based faith community mobilization model known as Our Faith Lights The Way: HIV Testing Campaign, The Balm In Gilead mobilizes faith institutions and promotes and supports HIV testing. More than 15,000 people are tested annually in spaces provided by faith-based institutions through this national campaign.

Internationally, The Balm In Gilead established, within the infrastructure of each of the four national faith institutions in Tanzania, an HIV/AIDS office and a network to address HIV related issues, disseminate HIV educational materials, and provide testing treatment and care services.

The Black Church Training Institution for HIV and Other Health Disparities Technical Assistance Center provides capacity building/technical assistance and training to the African-American faith community, departments of health, public and private health institutions, community-based AIDS service organizations, and civic organizations to develop and implement HIV programs.

The African American Denominational Faith Leadership Health Initiative represents a national partnership between The Balm In Gilead and the National Women's Missionary Societies of the AME Church, the AMEZ Church, and the CME Church. The initiative was designed to develop and implement a sustainable health education and service delivery system within each denomination to address the challenges of HIV/AIDS and other health disparities disproportionately affecting African Americans. The ultimate goal is the establishment of a health ministry at every local church. More than 7,000 churches are represented by these three denominations.

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MISSION

The mission of the California Prevention Training Center (CA PTC) is to strengthen the capacity of health professionals and organizations to reduce the spread of HIV/STDs. CA PTC achieves this by developing, implementing, and evaluating innovative trainings and technical assistance nationally and internationally that facilitate collaboration between researchers, practitioners and funders. CA PTC's areas of expertise include partner services, behavioral interventions, and STD diagnoses, treatment and management.

CBA PROJECT

The CA PTC CBA program builds the capacity of community-based organizations (CBOs) and health departments throughout the United States to implement HIV prevention evidence-based interventions (EBIs) and public health strategies (PHSs) and to monitor and evaluate their HIV prevention programs.

GOALS

Consumers receiving capacity-building assistance (CBA) services for EBIs or PHSs will increase their knowledge, skills, and/or self-efficacy related to the selection, adaptation, implementation, and/or evaluation of EBIs/ PHSs.

Consumers receiving monitoring and evaluation-related CBA services will increase their knowledge, skills, and/or self-efficacy in monitoring and evaluation.

CBA SERVICES

Provide information, training, and/or technical assistance related to

- Selecting EBIs/PHSs and effective combination approaches
- Adapting EBIs/PHSs
- Evaluating EBIs/PHSs and combination approaches

Provide training and/or technical assistance related to implementing EBIs/PHSs; for example

- Group facilitation
- Integrating EBIs into public health strategies
- Working more effectively with HIV-positive clients, African-American and Latino MSM clients, transgender clients, etc

Provide information, training, and/or technical assistance related to monitoring and evaluating HIV prevention programs; for example

- Using qualitative and quantitative data
- Creating and using logic models
- Creating measurable indicators and objectives

HISTORY

For nearly 20 years, CA PTC has been part of the National Network of STD/HIV Prevention Training Centers (NNPTC) and has provided clinical, behavioral, and partner services training and technical assistance (TA) services for health providers throughout the country.

ACCOMPLISHMENTS

CA PTC is the only fully integrated center within the national network and has long recognized the importance of and been committed to providing integrated prevention training and TA to its health department and community partners at the local, state, and national levels.

CA PTC has a fully operational online learning management system. This allows delivery of a variety of online courses. CA PTC is committed to meeting the ongoing needs of its constituents and plans to continue development and implementation of distance learning courses.

CA PTC has more than 15 years of established leadership in formative research, needs assessment design and implementation, curriculum development, interactive training using participatory approaches and adult learning principles, provision of technical assistance, and evaluation design and analysis. In addition, CA PTC has more than 9 years of experience delivering training on interventions from the Diffusion of Effective Behavioral Interventions (DEBI) project.

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Left to right: JoAnne Keatley, Jae Sevelius, Jamison Greene, E. Michael Reyes, Yavanté M. Thomas-Guess, Andres Maiorana, Susan Kegeles, Kevin Kharmarko, John Hamiga, Luis Gutierrez-Mock, Greg Rebchook, Marguerita Lightfoot, Angel Ventura. Not pictured: Danielle Castro, Katie Kramer, Robert Williams, Barry Zack, Ben Zovod.

MISSION

The mission of the Center for AIDS Prevention Studies (CAPS) at the University of California San Francisco (UCSF) is to conduct domestic and international research to prevent new HIV infections, to develop behavioral approaches to improve health outcomes among HIV-infected people, and to reduce disparities. The mission of the Center of Excellence for Transgender Health (CoE) is to increase access to comprehensive, effective, and affirming healthcare services for trans and gender-variant communities.

CBA PROJECT

Using a culturally and linguistically competent approach to all capacity-building assistance (CBA) services, UCSF partners with community-based organizations (CBOs) to build their capacity to successfully adapt, implement, monitor, and evaluate evidence-based HIV prevention interventions. UCSF staff work with agencies to identify strengths and gaps in program-specific knowledge, skills, and abilities and assist in the development of a workplan to maximize strengths and address any gaps.

GOALS

The Mpowerment Project

To provide CBA to support the successful adaptation, implementation, and monitoring and evaluation of the Mpowerment Project (MP), originally developed for young gay/bisexual men.

The Transitions Project

To provide CBA to CBOs throughout the United States to promote knowledgeable, sensitive, and effective HIV/AIDS prevention for transgender communities.

Street Smart

To provide CBA for the implementation and adaptation on the Street Smart intervention for youth at high risk for HIV.

Monitoring and Evaluation

To provide CBA to CBOs to assist them with their monitoring and evaluation of Diffusion of Effective Behavioral Interventions (DEBIs).

Project START and other EBIs for Correctional Settings

To provide technical assistance to agencies implementing Project START, an EBI targeting individuals who are incarcerated or newly released from correctional settings.

CBA SERVICES

The Mpowerment Project

CAPS' CBA on the Mpowerment Project includes a 3-day experiential training and customized technical assistance, implementation and adaptation materials – including Web-based multimedia materials – individual work plan development, ongoing individual post-training support, and support for Mpowerment Project adaptations.

The Transitions Project

CBA provided through the Transitions Project includes individualized CBA for CBOs adapting EBIs for transgender populations, transgender adaptation toolkits and training, and training to build HIV prevention competency within the transgender community.

Street Smart

CAPS provides training and technical assistance on successfully implementing and adapting Street Smart for youth at high risk for HIV.

Monitoring and Evaluation

CAPS provides materials, training (online or in person), and individualized CBA services on monitoring and evaluation.

Project START and other EBIs for Correctional Settings

CAPS' CBA on Project START (through the Bridging Group) includes technical assistance about organizational readiness assessments, customized work plan development, evaluation planning and design, ongoing post-training support, and specialized assistance for working with and within correctional settings.

HISTORY

CAPS was founded in 1985 by a group of dedicated professionals who wanted to use their expertise to help prevent the spread of HIV. CAPS has since grown into one of the largest HIV prevention research centers in the world. Since its beginning, CAPS scientists have valued CBOs as important research partners, because such partnerships lead to more effective HIV prevention. Not content to sit in an academic ivory tower, CAPS research is focused on making a tangible difference in the communities at highest risk for HIV infection. CAPS is part of UCSF's AIDS Research Institute and School of Medicine and consists of multidisciplinary faculty, including psychologists, sociologists, anthropologists, epidemiologists, biostatisticians, other public health researchers, and physicians.

ACCOMPLISHMENTS

- The CAPS Technology and Information Exchange (TIE) Core provides fact sheets on HIV prevention, a Web site, conferences, community partnerships, and technical assistance.
- CAPS researchers have developed and adapted many evidence-based interventions listed in the Compendium of HIV Prevention Interventions with Evidence of Effectiveness, including the Mpowerment Project, and staff from our collaborative partner, the Bridging Group, co-developed Project START.
- CAPS also housed the Transgender Resources and Neighborhood Space (TRANS) Project, the first federally funded transgender HIV prevention intervention.
- CAPS has developed collaborative and respectful relationships with CBO front-line staff, managers, administrators, Board Members, volunteers, program participants, and other stakeholders. CAPS has been cultivating these types of relationships since the earliest days of the epidemic, before HIV was even named.

- Together, the CAPS team represents individuals from various high-risk and and/or racial/ethnic minority populations, including AfricanAmerican, Latino, and Caucasian gay men; African-American, Latino, and Asian-Pacific Islander transgender individuals; and African-American and Caucasian women. All of the CAPS team members have years of experience working in high-risk and/or racially/ethnically diverse communities.

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Web site: www.facebook.com/streetsmartintervention

Web site: www.facebook.com/mpowermentproject



Top row, left to right: Olivia Alford, Deborah McLean Leow, Lydia O'Donnell, Robert Coulter, Martin Owino. Bottom row, left to right: Athi Myint-U, Rebecca Jackson Stoeckle, Jim Whinfield, Alfredo Hernandez, Ann Stueve

MISSION

AIDS Education Development Center, Inc. (EDC), is a global nonprofit organization that designs, delivers, and evaluates innovative programs to address some of the world's most urgent challenges in education, health, and economic opportunity. Working with public-sector and private partners, EDC harnesses the power of people and systems to improve education, health promotion and care, workforce preparation, communications technologies, and civic engagement.

CBA PROJECT

The EDC e-Learning and CBA Center offers an innovative, coordinated, and comprehensive program of face-to-face and Web-based capacity-building assistance (CBA) designed to overcome challenges to the successful transfer of proven HIV/AIDS prevention strategies to community agencies and their dissemination to populations at greatest risk. EDC provides national coverage for face-to-face training and technical assistance (TTA) on specific DEBI interventions (e.g., VOICES/VOCES, POL, CONNECT, CLEAR), as well as on general capacity building (e.g., needs assessments and strategic planning, board development, community outreach and recruitment, program fidelity and adaptation, and monitoring and evaluation).

EDC e-Learning: EDC has been a pioneer in creating engaging and personalizing online trainings and professional development programs. For more than a decade, EDC has created interactive, multiplatform e-Learning programs for youth and adult learners. These products cover a broad breadth of content and incorporate state-of-the-art multimedia interactive activities. The e-Learning addresses the increased pressures of agencies to reduce travel costs as well as barriers to the successful delivery of prevention programs, such as frequent staff turnover. The developers are experts in instructional design and development of best-of-breed software applications, as well as in evaluation of interactive technologies.

GOALS

The goal of EDC is to promote the delivery of evidence-based programs and practices to African-American and Latino communities that continue to shoulder disproportionate burdens of the HIV/AIDS epidemic. The activities are designed to get the evidence-based prevention services that have been developed over the last 2 decades to populations that are at highest risk

and bridge gaps between evidence-based prevention programming and current practice and community settings.

CBA SERVICES

EDC's TTA services are tailored to the stage of implementation, type, and intensity of community- and faith-based organization (CBO/FBO) needs. EDC delivers face-to-face trainings on DEBI programs and proven health strategies. Through face-to-face site visits and follow-up, EDC helps agency staff conduct needs assessments and develop strategic plans. EDC also provides a range of face-to-face, telephone, and online professional development and technical assistance activities designed to fit an agency's needs and support the selection, adaptation, and implementation of EBIs and public health strategies. EDC works with agencies on infrastructure development and strategies for increasing capacity to recruit and retain clients in HIV prevention programs, and provide expertise to support process and outcome monitoring and evaluation. In addition, EDC works with CDC, community advisors, and other CBA Centers to identify and create new online TTA opportunities to support innovative, vibrant Web communities of practice. Beginning with CLEAR and VOICES/VOCES and expanding to other EBIs, EDC mounts and hosts accessible, user-friendly online multi-media skills-based trainings for CBO staff. These include an administrators' training for CLEAR and an online VOICES/VOCES training for facilitators, as well as other high-priority HIV prevention initiatives, including a guide for adapting interventions to meet the needs of minority men who have sex with men.

COLLABORATING PARTNERS

EDC collaborates with community advisors, other CBA providers, and multi-media producers to produce top-quality training and technical assistance materials, including online TTA for evidence-based programs and strategies.

HISTORY

EDC brings more than 25 years of experience in HIV/STI prevention, from early efforts to address AIDS stigma among health care providers to the development of successful DEBI programs, including VOICES/VOCES and Safe in the City. The multidisciplinary, multi-ethnic team of HIV/AIDS prevention experts and TTA providers has decades of experience working with CBOs/FBOs to address risk behaviors and promote protective factors that contribute to the health of African American and Latino youth and adults in economically disadvantaged communities. The team has learned what it takes to implement and sustain interventions and the challenges and barriers agencies face as they strive to deliver prevention services to those who need it most.

ACCOMPLISHMENTS

EDC is an international, nonprofit organization with more than 325 projects dedicated to enhancing learning, promoting health, and fostering a deeper understanding of the world. Named as one of the top places to work in Massachusetts by the *Boston Globe*, EDC staff collaborates with partners all over the world to create and disseminate culturally relevant, science-based prevention strategies and to support pathways not only from "science to service" but also from "service to science."

CONTACT

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Left to right: Rafiki Rama Franklin, Fish Williams, Cherri Gardner, Carnelius Quinn, Shallen. Inset top: Pam Drake. Inset bottom: B.A. Laris.

MISSION

The mission of ETR Associates is to maximize the physical, social, and emotional health of all individuals, families, and communities by advancing the work of health, education and social service providers through high-quality research, publications, information resources, training and programs.

CBA PROGRAM

The ETR Tabono CBA program's overall goal is to improve HIV/AIDS programming and reduce HIV risk among youth and adult populations of African-American, Latino, MSM, LGBTQ, and other high-risk and racial/ethnic populations served by CBOs. "Tabono" means "oar" or "paddle." It symbolizes unity of purpose and hard work to reach a destination or goal. ETR does this by helping community-based organizations assess where they are and how they can best meet their HIV/AIDS program goals.

CBA SERVICES

The Tabono CBA program services include high-quality training and coaching on how to better implement, monitor, and evaluate evidence-based interventions (EBIs) and public health strategies (PHS). ETR provides interactive EBI trainings on d-Up!, Focus on Youth with ImPACT, SIHLE, and SISTA. Tabono CBA also offers training and technical assistance on a variety of PHS and other related topics including cultural competency, recruitment and retention of staff and clients; facilitation skills; program adaptation; program marketing; monitoring and evaluation methods that include how to create a program logic model; developing, administering and summarizing needs assessments; how to conduct focus groups; how to collect, interpret and use data; and how to meet CDC monitoring and evaluation requirements. These trainings and technical assistance services are conducted by phone, through face-to-face trainings, workshops, online training/courses, online discussion forums, Web sites, webinars, learning communities, through conferences and seminars, and through the electronic transfer of information.

HISTORY

Since 1981, ETR has been devoted to building the capacity of CBOs to help promote healthy sexual practices that prevent the spread of HIV/AIDS. ETR's multidisciplinary staff has worked with organizations in every state and territory in the United States to enhance their prevention efforts to support them in providing the best HIV prevention programs for the most vulnerable and at-risk populations.

ACCOMPLISHMENTS

- ETR Associates is a center for exemplary publications development and dissemination, pioneering approaches to training and CBA, state-of-the-art information, clearinghouse services, and high-quality research and evaluation.
- ETR's Tabono CBA project is known for its CBA, training and development of multiple EBIs for African-American and Latino men who have sex with men, youth, and women, including the following
 - Updated and packaged Focus on Youth with ImPACT
 - Produced ImPACT video
 - Developed RAPP TOT
 - Updated and packaged RAPP TOP training materials
 - Spanish translation of RAPP TOT and TOP training materials
 - Developed training materials to support EBIs, including group facilitation, BDI logic models, and evaluation
 - Successfully trained CBOs on group facilitation skills
 - Collaborated with other CBOs and another CBA provider to facilitate webinar for agencies that serve men who have sex with men and women (MSMW)
 - Delivered face to face CBA in multiple areas including culturally sensitive strategies for working with MSM, transgender populations, as well as non-identifying MSM
 - Trained hundreds of CBO and health department staff in Focus on Youth with ImPACT, d-Up!, POL, RAPP and SISTA
 - Trained on additional EBIs including Mpowerment, 3MV, Cuidate and Street Smart

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Left to right: Elizabeth Williams-Riley, Allen Kwabena Frimpong, Dena Quinones, Michael Everett, Velvet Lattimore, Adam Viera, Camille Abrahams Emeagwali, Narelle Ellendon. Katie Burk

MISSION

Harm Reduction Coalition (HRC) is a national advocacy and capacity-building organization that promotes the health and dignity of individuals and communities impacted by drug use. HRC advances policies and programs that help people address the adverse effects of drug use, including overdose, HIV, hepatitis C, addiction, and incarceration. HRC recognizes that the structures of social inequality impact the lives and options of affected communities differently, and work to uphold every individual's right to health and well-being, as well as their competence to protect themselves, their loved ones, and their communities.

CBA PROJECT

HRC's HIV Prevention Capacity Building Initiative is a part of the Harm Reduction Training and Capacity Building Institute ("The Institute"), a division of HRC. The Institute is a national training and capacity-building initiative with a nonjudgmental, evidence-based approach to empowering individuals, organizations and communities to effectively promote the health and dignity of individuals and communities impacted by drug use. The Institute accomplishes this by offering technical assistance, trainings, informational workshops, social marketing, and mentoring on topics related to harm reduction, including substance use, opiate overdose, HIV/AIDS, and hepatitis C.

GOALS

HRC's HIV Prevention Capacity Building Initiative increases the ability of community-based organizations (CBOs) to:

- Identify and understand the influencing factors associated with the increase in HIV/AIDS diagnoses in high-risk communities (for instance, men who have sex with men, high-risk heterosexuals, injection drug users, and the transgendered).
- Expand the reach of effective HIV prevention services.
- Develop new and/or strengthen existing effective HIV prevention interventions.
- Increase opportunities for diagnosing and treating HIV.
- Develop and use effective and comprehensive strategies that address organizational infrastructure and program sustainability issues.
- Develop and use a comprehensive evaluation plan for HIV prevention programs.

CBA SERVICES

HRC provides capacity-building assistance (CBA) to CBOs around the United States and its territories with the goal of strengthening organizational infrastructure, evidence-based interventions, public health strategies, and program monitoring and evaluation. HRC employs the following effective CBA strategies:

- Technical Assistance: providing and/or facilitating culturally relevant and expert programmatic, scientific, and technical advice (mentoring/coaching) and support.
- Knowledge- and Skills-building Training: delivery of curricula and coordination of training activities to increase the knowledge, skills and abilities of trainers, educators and service providers.
- Resource Development and Dissemination: the creation of tools and resources (e.g., curricula, fact sheets, webinars, etc.) that can be used to increase the capacity of staff and enhance program service delivery.
- Community Consultation Series: a mechanism for bidirectional capacity building where the HRC CBA program disseminates information on a topic while receiving information from key stakeholders about how capacity building can support them in addressing this key issue.

HRC's CBA for CBOs program provides assistance in the following areas of expertise:

- Organizational infrastructure development (e.g. strategic planning, board development, program collaboration, and service integration, etc.).
- Program design, implementation, adaptation, and sustainability.
 - Evidence-based interventions (e.g., Safety Counts, SHIELD, VOICES/VOCES, Nia, d-up!)
 - Public health strategies (e.g., counseling, testing, and referral).
 - Core competencies (e.g., group facilitation, motivational interviewing, client recruitment and retention).
- HIV prevention and harm reduction (e.g., communities at risk, influencing factors for risk behavior).
- Program and outcome monitoring and evaluation.

COLLABORATING PARTNERS

Hunter College School of Social Work, Latino Commission on AIDS, and AIDS Project Los Angeles

HISTORY

HRC was founded in 1994 and has thrived as a national organization conducting a wide range of training, technical assistance, and other CBA for communities, health departments, and organizations focused on HIV prevention for high-risk communities of color and people who use drugs. In addition to its HIV prevention efforts, HRC's work focuses on related health issues, including hepatitis C and STD prevention for drug users and other high-risk individuals. Nearly all of HRC's CBA and training emanates from the Training & Capacity Building Institute, which functions as a national training and capacity center that is ideally situated to replicate work piloted by HRC staff in its two offices in New York City and Oakland, California, with organizations around the nation. The Institute's CBA consumers include service providers working in CBOs, substance abuse treatment, HIV prevention, criminal justice, housing, and related fields.

ACCOMPLISHMENTS

- In the previous CBA cycle, the African American Capacity Building Initiative (AACBI) was the national CDC-funded capacity-building program at HRC. For 5 years, AACBI provided CBA to CDC-funded CBOs and health departments in the United States that targeted African Americans.
- In the past year, HRC CBA staff provided approximately 40 trainings/workshops and more than 20 technical consultations. HRC trained approximately 650 people in 23 states and the District of Columbia.
- In 2010, HRC facilitated two Community Consultations: WSW and HIV Prevention (May) and BYMSM and Leadership Development in HIV Prevention (September). Both events were held in HRC's New York office while simultaneously being webcast.
- HRC also piloted the first of a series of webinars on drug user health and HIV prevention.
- At the HIV Prevention Leadership Summit, HRC presented a poster entitled "Assessing Agency Capacity to Serve Injecting Drug Users."
- HRC served as a subject-matter expert onsite at the development and filming of a video for the evidence-based HIV prevention intervention, d-up!, a community-level intervention for black men who have sex with men.
- At the U.S. Conference on AIDS, HRC facilitated a workshop on intimate-partner violence among LGBT people of color.

CONTACT

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Left to right: Jackie Nolan, Kim Watson, David Salinas, Juli Powers, Jeremy Holman, Alexia Eslan, Arman Lorz, Dianne Perlmutter, Rodolfo Vega, Mariana Iurcovich, Elena Thomas Faulkner, Naima Cozier, Robb Nolan, Susan Grantham, Rachel Morse.

MISSION

JSI and its staff are dedicated to improving the health of individuals and communities throughout the world. JSI believes all people are entitled to accessible, appropriate quality health care. To make this vision a reality, JSI applies practical and innovative solutions in management, research, education, information, and training.

CBA PROJECT

The goal of JSI's capacity-building assistance (CBA) project is to help reduce HIV prevalence in high-risk and racial/ethnicity minority populations by enhancing the capacity of community-based organizations (CBOs) in organizational infrastructure and program sustainability; selecting, adapting, implementing, and evaluating evidence-based interventions (EBIs) and public health strategies (PHS); and monitoring and evaluating their HIV prevention services. Currently, JSI is a national trainer for the following EBIs and PHS: ¡Cuidate!, Fundamentals of HIV Prevention Counseling, Safety Counts, SHIELD, SISTA, and VOICES/VOCES.

CBA SERVICES

JSI believes that CBA services are most effective when they are guided by a comprehensive understanding of each organization's needs and a tailored action plan that addresses those needs in a timely and efficient manner. No two organizations are exactly alike, and as such, JSI works closely with organizations to develop and deliver CBA services that address their unique needs. JSI's CBA services include

Building Strong HIV Prevention Organizations

- Board development
- Organizational assessment
- Social marketing campaign development
- Strategic planning
- Proposal development and grant writing
- Streamlining data collection for the National HIV Prevention Program, Monitoring & Evaluation (NHM&E) variables

Implementing Effective HIV Prevention Interventions and Strategies

- Assessing community needs
- Selecting, adapting, and implementing evidence-based interventions
- Training on various EBI and PHS
- Recruiting and retaining at-risk populations

Ensuring Quality HIV Prevention Services

- Building cultural competence and awareness
- Using monitoring and evaluation data to improve services
- Conducting quality assurance activities

Providing Tailored Training for Organizations

Training topics include

- Conducting focus groups
- Organizational development
- Strategic planning
- Monitoring and evaluation for program improvement
- Effective meeting strategies
- Project management
- Social marketing
- Leadership development
- Cultural competency and diversity
- Facilitation skills
- CBO efficiency
- New media and social media technologies
- HIV 101
- Recruitment and retention

HISTORY

Since 1978, JSI has worked to improve health services through more than 800 projects in 102 countries in Africa, Asia, the Caribbean, Central Asia, Eastern Europe, Latin America, the Middle East, and North America. In the United States, JSI has implemented projects in 49 states, Washington, D.C., and Puerto Rico. Working in partnership with national experts, organizations, and governments, JSI's multidisciplinary staff strives to make quality, accessible health care a possibility for children, women, and men worldwide.

ACCOMPLISHMENTS

Through its work with the U.S. Department of Health and Human Services (DHHS) Health Resources and Services Administration HIV/AIDS Bureau, CDC, and other federal partners, JSI supports the delivery, coordination, evaluation, and quality improvement of HIV prevention, health care, and support services across the United States. Through its work with state and local health departments and CBOs, JSI helps ensure services address the complex needs of people at risk for or living with HIV and meet federal and state requirements.

- Between 2004 and 2009, JSI's CDC-funded Proyecto IDEAS provided CBA to CBOs, health departments, and community planning groups targeting high-risk Hispanics/Latinos in the Midwest region of the United States.
- During the same time, JSI was a national technical assistance provider for CDC's National HIV Prevention Program Monitoring and Evaluation (NHM&E) project, assisting CBOs and health departments with the NHM&E data set and implementation of the Program Evaluation Monitoring System.
- JSI has also served since 2006 as the management, communications, and training contractor for the U.S. DHHS, Office of HIV/AIDS Policy (OHAP)'s AIDS.gov Project. By increasing access to HIV information, AIDS.gov aims to decrease HIV infection rates, increase HIV testing, and expand early access to care among communities of color and others at greatest risk of HIV in the United States.

CONTACT

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MISSION

The Latino Commission on AIDS (the Commission) is a national nonprofit organization dedicated to improving and expanding HIV/AIDS prevention, research, treatment, and other services to Latino and other ethnic communities through organizing, education, model program development, capacity building, and training.

CBA PROJECT

The Commission has an extensive history providing capacity-building assistance (CBA) services to community-based organizations (CBOs), health departments, faith-based organizations (FBOs), media, universities, businesses, and coalitions. The Commission has worked with organizations providing services to African Americans, Latinos, Asian and Pacific Islanders, Native Americans, gay and bisexual men, HIV-positive individuals, youth, women, substance users, and both rural and urban settings.

The Commission's CBA model was developed over time and experience. This model is called CHANGE, an acronym standing for Customized; Holistic; Analytical; Networking; Grassroots; and Evaluatory. To sum, CBA using the CHANGE basic principles are:

Customized: related directly to organizational and population needs.

Holistic: taking into account the entire organization, such as membership, infrastructure, and coalitions.

Analytical: building self-reflective opportunities and skills for community-based partners.

Networking: building the opportunities for partners in the HIV epidemic (consumers, CBOs, health departments, legislatures, and other constituents) to meet and sustain relationships.

Grassroots: recognizing the value of community-based partners in engaging local communities in HIV prevention, AIDS services, and other health disparities.

Evaluatory: Engaging in ongoing and systematic data collection, data analysis and interpretation, sharing findings, and assisting community-based partners with evaluation activities.

Following these principles, the Commission believes in a comprehensive view of the work of the CBO. Every partner has an equal voice in this process.

CBA for Community-based Organizations (CBOs): Hands United

Hands United is a capacity-building program designed to assist CBOs nationally with developing organizational infrastructure, and implementation, adaptation, quality assurance and evaluation of effective behavioral HIV prevention interventions. Hands United focuses on CBOs that serve all racial/ethnic groups and all transmission groups in the HIV epidemic. These services focus on work in three components:

- Organizational infrastructure and program sustainability.
- Evidence-nased interventions and public health strategies.
- Monitoring and evaluation.

GOALS OF THE CBA PROJECT

CBA For CBOs: Hands United

1. To support organizational infrastructure and program sustainability efforts for CBOs providing HIV prevention and AIDS services to racial/ethnic minorities in the United States.
2. To enhance and strengthen the skills and overall capacity of CBOs servicing all racial/ethnic minorities with CDC Evidence-Based Interventions (EBIs) and Public Health Strategies.
3. To build the ability and long-term ability of CBOs providing HIV prevention and AIDS services to monitor and evaluate.

CBA SERVICES

Hands United accomplishes these goals through technical assistance in the following areas:

Organizational Infrastructure and Program Sustainability

- Developing an organizational assessment and strategic plan for enhanced CBO capacity.
- Developing tools and protocols for assessing organizations.
- Creating protocols on organizational infrastructure and program sustainability.
- Assessing and developing human resources and nonprofit boards.
- Diversifying resource development.

Evidence Based Interventions and Public Health Strategies

- Identifying and selecting culturally appropriate evidence-based HIV prevention interventions and strategies.
- Adapting, implementing, monitoring, and evaluating evidence-based interventions.
- Enhancing CBO skills in implementing EBIs and public health strategies, such as culturally appropriate recruitment, retention strategies, formative assessment, community mapping, and protocol development.
- Monitoring and evaluation of EBIs and public health strategies, including assessing evaluation ability, database development, inputting and cleaning data, interpreting data, and writing up results.

Monitoring and Evaluation

- Agency process and outcome monitoring and evaluation
- Protocol development for quality assurance, monitoring and evaluation
- Development of databases, including data input and cleaning
- Data analysis and interpretation
- Report development and writing

COLLABORATING PARTNERS

- CDC
- CBA providers
- Health departments
- Universities

HISTORY

- Founded in 1990 to fight HIV/ AIDS in communities nationwide
- Services in more than 40 states, Puerto Rico, and the Virgin Islands
- \$5.5 million annual budget
- Multidisciplinary staff of 45
- Bicultural/bilingual capacity
- Long demonstrated history of building national, regional, and local coalitions
- Led by national AIDS advocate Dennis deLeon from 1993 to 2009
- Since 1995, Guillermo Chacon has spearheaded coalition building, community mobilization, and media outreach efforts and is now the President of the Commission.
- In the 20 years of the organization's existence, the Commission has expanded to include a broader range of health disparities and health promotion, including a wider lens to view diverse multiracial communities.

ACCOMPLISHMENTS/HIGHLIGHTS

The Commission's public health model encompasses five core complementary services for ethnic minority communities: research, health education, HIV prevention, capacity building, and advocacy. All services are offered in English and Spanish by a culturally diverse and experienced staff.

- Five core areas
 - Behavioral research center
 - HIV prevention and health promotion
 - Capacity-building assistance
 - HIV testing and linkages to care
 - Advocacy and community mobilization
- Local, regional, and national level
- Unique community based participatory research model

CONTACT

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Latino Commission on AIDS
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Back row, left to right: Albert Hannans, Robin Kelley, Jamie Gonzalez, Tamara Combs Middle row, left to right: Kim Johnson, Kelvin Mulembe Front row, left to right: Willene Hare, Melanie Graham, Alaysia Phillips, Joan Llanes.

MISSION

The National Medical AIDS Council (NMAC) mission is to develop leadership within communities of color to address the challenges of HIV/AIDS.

CBA PROJECT

NMAC's capacity-building assistance (CBA) program design reflects numerous lessons learned as a result of working with CDC on past cooperative agreements. The NMAC CBA program design reflects the evolution of management effectiveness. The model is rooted in methodology for large-scale, proactive, culturally appropriate and individualized CBA provision.

NMAC builds the capacity of health departments in the areas of organizational infrastructure and program sustainability, community planning, and monitoring and evaluation.

GOAL

NMAC works to ensure that organizations with complex needs receive timely coordinated assistance that strongly fosters their ability to function effectively and achieve and maintain organizational and program sustainability by employing a client-centered, flexible, and nonjudgmental approach.

CBA SERVICES

- Organizational assessment
- Strategic planning
- Fiscal management
- Resource development
- Personnel management
- Program marketing
- Leadership development
- Grant writing/proposal development
- Social marketing
- Monitoring and evaluation
- CBA for community planning

HISTORY

Since 1987, NMAC has advanced its mission through a variety of public policy education programs, national conferences, treatment and research programs and training, electronic and printed resource materials, and a Web site (www.nmac.org). NMAC represents a coalition of 3,000 faith-based organizations (FBOs), community-based organizations (CBOs), and AIDS service organizations (ASOs) delivering HIV/AIDS services in communities of color nationwide. NMAC's advocacy efforts are funded through private funders and donors only.

In 1989, NMAC partnered with CDC to help build the capacity of small FBOs and CBOs delivering HIV/AIDS services in communities of color. This changed the mission of the agency from raising awareness of the impact of HIV/AIDS among minorities to building leadership within communities to address the challenges of HIV/AIDS.

NMAC accomplishes this mission through a variety of public policy education programs, national conferences, treatment and research programs and training, and electronic and printed resource materials.

ACCOMPLISHMENTS

- NMAC has been fighting HIV/AIDS for more than 22 years. Along the way, it has repeatedly proven its sustainability and innovation in the face of new challenges. NMAC's relationships with its constituents and partners have matured over decades.
- NMAC is the sole national organization founded specifically to unite African- American, Latino, Asian Pacific Islander, and Native American leaders in the fight against HIV/AIDS.
- NMAC's board, staff, and constituents represent the communities with the heaviest and most disproportionate burdens of HIV incidence in the United States.
- NMAC has been working with CDC since 1989 to deliver CBA.
- NMAC provides education, training, technical assistance, and other capacity-building services to thousands of constituents.
- NMAC also advocates for federal policies to improve access to HIV prevention, treatment, and care, and host the nation's largest annual community-based AIDS meeting, the U.S. Conference on AIDS.
- NMAC is committed to innovation. NMAC, in collaboration with the National Institutes of Health Office of AIDS Research, sponsors the Equal Access Computer Initiative and has given more than 1,200 computers to CBA and people living with AIDS coalitions in efforts to address the technology divide.
- NMAC has fostered many of the first meaningful working relationships between federal, state, and local health agencies and HIV prevention CBOs in minority communities.

CONTACT

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Standing, left to right: Corynna Hines, Brenda Cruz, Sarahjane Rath, Yuriko de la Cruz. Seated, left to right: Jeff Blanchard, Gisele Pemberton.

MISSION

The mission of the National Center for Training, Support, and Technical Assistance (NCTSTA) is to provide organizations with the tools to enhance, maximize, and sustain their organizational infrastructure and programs.

CBA PROJECT

It is within the NCTSTA that PROCEED executes Capacity-building Assistance for Agency Infrastructure Development Services and Evidence-Based Interventions capacity building initiatives funded under FOA#09-906. This is achieved through research, innovation, and continuous service provision aimed at increasing nonprofit capacities to govern, manage and sustain themselves and deliver valuable services to the community.

CBA SERVICES

Capacity-building services are provided in two major areas: Organizational Infrastructure and Program Sustainability (OIPS), and Evidence-based Intervention (EBIs) and Public Health Strategies. Services are delivered via a “systems-coordinated approach” that recognizes the relationship between an organization’s infrastructure; its ability to select, implement, and evaluate HIV programs; and its success in producing and delivering quality HIV prevention services to priority target populations. The innovative, customized CBA and professional skills development trainings strengthen and support OIPS, the EBIs and Public Health Strategies. Technical assistance and training areas include

OIPS: resource and fund development, basic and advanced grant-writing courses, fiscal management and systems, human resource development, strategic planning, board development, executive coaching, systems preparation for outcomes monitoring and evaluation, leadership development, technology development, and more.

EBIs & Public Health Strategies: CDC national training partners in the following DEBIs: VOICES/VOCES, RAPP, MIP, Safety Counts and D-Up. Technical assistance provided in

Counseling, Testing and Referral (CTR), Comprehensive Risk and Counseling Services (CRCS), and Program Collaboration and Service Integration (PCSI).

Supportive skill areas: group facilitation skills, motivational interviewing, culturally competent adaptations, cosupervision, recruitment and retention, and more.

HISTORY

PROCEED, Inc., is a multi-service, multi-ethnic, human and social service organization headquartered in New Jersey. Founded in 1970 to address the socioeconomic needs of Latinos, PROCEED has expanded its mission to serve a wide range of constituents without regard to nationality, race, ethnicity, marital status, gender, sexual orientation/identity, age, political affiliation, or disability.

PROCEED's objective is to offer culturally and linguistically appropriate services that minimize risk and enhance protective factors that enable individuals, families, and organizations to survive and thrive in challenging and rapidly changing communities. To achieve this objective, services are rendered through six interdependent departments:

1. PROCEED I and II Early Childhood Centers
2. Community Development
3. Multi Services
4. Individual and Family Development
5. Community Health Initiatives
6. The National Center for Training, Support, and Technical Assistance (NCTSTA)

ACCOMPLISHMENTS

- Trusted human service organization and partner with state, government, and federal agencies since 1970.
- NCTSTA has served more than 400 health and human service organizations across its programs and approximately 1,200 unduplicated health service providers.
- Track record of results-oriented CBA in the areas of organizational infrastructure development and the implementation and evaluation of evidence-based interventions and public health strategies.
- Peer-based reviews of CBA services available from consultants and CBA customers (CBOs).
- Proficiency in cultural and linguistic competence through award-winning courses such as Infrastructure Needs for the Greater Implementation of DEBIs (INGRID).
- Conducted adaptation of several DEBIs' including SISTA, 3MV, and MIP.
- Expertise in ground-breaking strategies and techniques, such as motivational interviewing and appreciative inquiry.
- Leader in distance learning technologies via blended learning, webinars, webcasts, self-paced learning, and social media and networking sites.
- Staff trained in organizational and infrastructure development, HIV prevention, adult learning theory, evidence based interventions, and distance and blended learning.

CONTACT

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Top row, left to right: Charles Nelson, Osceola Muhammad, Shaune Freeman. Second row, left to right: Felicia Simpson, Winter Viverette, Sherry Nolen. Bottom row, left to right: Pamela Tassin, Vanessa Smith.

MISSION

The mission of SouthSide Help Center (SSHC) is to provide comprehensive services to help people of all ages cope with mental, physical, and social problems by offering prevention and positive, healthy alternatives so at-risk individuals may live productive lives in their communities

CBA PROJECT

SSHC builds the capacity of faith- and community-based organizations (FBOs/CBOs) through two components: Strengthen Organizational Infrastructure and Program Sustainability, and Evidence-Based Interventions (EBI) and Public Health Strategies (PHS).

GOALS

- To provide capacity-building assistance (CBA) to national minority FBOs/CBOs who provide HIV prevention services for high-risk and/or racial/ethnic minority populations that will strengthen organizational infrastructure, public health outreach, and service delivery strategies in a culturally and linguistically appropriate manner.
- To enhance skills, knowledge, and efficacy of national minority FBOs/CBOs in the application and delivery of evidence-based interventions.

CBA SERVICES

Services provided by SSHC's Building and Nurturing Communities of Color program (BANCC) include training and technical assistance of staff on EBIs, PHSs, and organizational infrastructure and program sustainability (OIPS). BANCC delivers CBA services through five mechanisms: skills building, information transfer, technical consultation, technical services, and technology transfer.

HISTORY

SSHC was established in 1987 as a 501(c)(3) not-for-profit organization by community residents who were motivated by the need to provide education and information on a variety of health topics to the residents of the Roseland community in Chicago, Illinois. SSHC is dedicated to identifying and addressing the health and social support needs of African-American families who are at risk for negative health and life outcomes.

ACCOMPLISHMENTS

- SSHC is a community-based agency supported by dedicated staff, an active board of directors, and loyal volunteers.
- SSHC has a staff of 30 employees, 15 to 20 volunteers, and an impressive slate of talented consultants who work aggressively in the community to provide people with positive and healthy alternatives.
- SSHC's diverse program structure includes: comprehensive HIV services (for example, counseling, testing, referrals, and prevention education); support groups and specialized services for women and intravenous drug users; case management, mental health counseling, and housing for people living with HIV and their families; Youth Self-Enhancement Programs, which includes the male/female mentorship program and C.R.E.A.T.E, an interactive arts program for youth; substance abuse and violence prevention program, and the Parenting Project.
- Over the past 10 years, SSHC has continued to develop its CBA portfolio, which includes a city/state CBA services collaborative to assist men who have sex with men (serving HIV providers and two federally funded programs for local and national providers), as well as ongoing coalition development services.

CONTACT

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Back row, left to right: Cheryl Bedford, Louis Henry, Tracee Belzle. Front row, left to right: Daniel Casillas, Shirley Davis, Marilyn Pyeatt, Anne Freeman, Alvin Dawson. Not pictured: Curtis Jackson

MISSION

UTSW is dedicated to the prevention of disease through the partnership of professionals and community. UTSW works to prevent disease and promote health by designing and conducting risk reduction interventions, prevention research, program evaluation, capacity-building assistance (CBA), and training. UTSW values the diversity of our local, national, and international communities and strive to conduct our work with respect and compassion.

CBA PROJECT

UTSW/CBAC works with community-based organizations (CBOs) to help build their capacity to provide successful HIV prevention programs through information sharing, training, and technical assistance. UTSW/CBAC delivers scientifically sound and culturally-proficient assistance in the core areas of selecting, adapting, implementing, monitoring, and evaluating Evidence-based Interventions (EBIs) and Public Health Strategies (PHS). Assistance to CBOs with assessment, behavioral theories as applied to EBIs/PHS, issues related to prevention with people most at risk for acquiring/transmitting HIV, and monitoring and evaluating their HIV prevention programs is also provided. This package of CBA services contributes strength, effectiveness, and fidelity to the technology transfer of EBIs/PHS.

GOALS

CBAC will build the capacity of CBO staff to select, implement, adapt, monitor, and evaluate culturally appropriate HIV prevention EBIs/PHS for high-risk and/or racial/ethnic minority persons and to monitor and evaluate their HIV prevention programs.

CBA SERVICES

CBAC's services include

- Hands-on information and technology transfer, skills building, and technical consultation and services by telephone, electronically, and onsite.
- Training for specific EBIs, PHS, and program support courses using Web technology to support e-learning solutions, including on-demand and instructor-led formats.

Technical assistance provided for

- PROMISE
- Respect
- Partnerships for Health
- CLEAR

Training and technical assistance provided for

- Popular Opinion Leader
- Nia
- Many Men, Many Voices
- Healthy Relationships
- D-up: Defend Yourself

COLLABORATING PARTNERS

- Academy for Educational Development
- American Psychological Association/Behavioral and Social Science Volunteer Program
- Center for AIDS Prevention Studies
- Latino Commission on AIDS
- National Association of People with AIDS
- National Minority AIDS Council
- National Network of Prevention Training Centers
- National Youth Advocacy Coalition

HISTORY

UTSW has been a leader in providing national HIV/STD prevention services for more than 24 years. These include the design and provision of HIV risk reduction interventions and testing, research and surveillance, capacity-building assistance, program evaluation, and training. UTSW has worked with CBOs, faith-based organizations (FBOs), health departments, and persons at risk for acquiring and/or transmitting HIV/STD.

ACCOMPLISHMENTS

- Served as the CDC's sole national CBA provider on EBIs and PHS for agencies serving persons living with HIV/AIDS and their partners (2006–2009).
- Developed materials to support the Diffusion of Effective Behavioral Interventions process, such as the Healthy Relationships Adaptation Guide and a revision of the CLEAR Technical Assistance Guide (2006–present).
- Developed the replication packages for Healthy Relationships, a group-level, behavioral intervention with men and women living with HIV (2002–2005), and for Nia, a group-level, behavioral intervention with African-American men who have sex with women (2006–2008).
- As one of four CDC-funded STD/HIV Prevention Behavioral Intervention Training Centers (PTCs), UTSW developed curricula/training materials in English and Spanish and provided training on HIV prevention techniques, methods for adapting EBIs/PHS, behavioral theory, and EBIs/PHS, including PROMISE/PROMESA, VOICES/VOCES, Healthy Relationships, RESPECT, Comprehensive Risk Counseling and Services (CRCS), and Project SAFE. Program support courses included Community Assessment, Bridging Theory and Practice, Interrelationships of HIV and other STDs, Prevention Messages with Persons Living with HIV/AIDS, Process Evaluation, and Outcome Evaluation. Training-of-trainers curricula was developed for program support courses as well as for Healthy Relationships and Partnership for Health. The Dallas PTC collaborated on periodic assessments of training needs with state health departments that allowed us to develop strong relationships and create tailored training plans for the dissemination of EBIs/PHS (1995–2011).

- Conducted the original research demonstrating the efficacy of the Community PROMISE intervention with non-gay-identifying men who have sex with men and communities with high rates of STDs (1989–1995).
- Conducted the CDC National Behavioral Surveillance with more than 500 injecting drug users employing respondent-driven sampling (2005–2006).
- Developed three DVDs for Healthy Relationships: the original clips, new clips for African Americans, and new clips for various audiences (2006–present).
- Developed a closed-caption version of the Healthy Relationships original clips DVD (2009).
- Developed Web-based products such as the Prevention Toolbox, EBI fact sheets, and EBI/PHS booster trainings (2004–present).

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**CBA for Communities:
Strengthening Community Access to and
Utilization of HIV Prevention Services**



Left to right: David Stuppelbeen, Sapna Mysoor, Lina Sheth, Stephanie Goss

MISSION

The Asian & Pacific Islander Wellness Center (A&PI) mission is to educate, support, empower, and advocate for communities, particularly A&PIs living with or at risk for HIV/ AIDS. A&PI believes building healthy A&PI communities requires more than providing direct health and education services to individuals. The vision is to improve the overall health care system by addressing all barriers that make it difficult to receive care and live full, healthy lives. The A&PI target population is high-risk or HIV-positive Asian and Pacific Islander communities. The geographical service area is the United States and the six U.S. Pacific Island jurisdictions: American Samoa, Commonwealth of Northern Mariana Islands, Federated States of Micronesia, Guam, Palau, and Republic of the Marshall Islands.

CBA PROJECT

Banyan Tree Project (BTP) 2.0

GOALS

The goal of BTP 2.0 is to reduce HIV-related stigma and discrimination toward HIV-positive and high-risk A&PIs, particularly men who have sex with men (MSM), injection drug users (IDU), and transgender individuals. Reducing stigma and discrimination will increase both acceptance of marginalized populations and access to and use of HIV testing and health related services, including tuberculosis (TB), viral hepatitis, and sexually transmitted diseases screening and care.

CBA SERVICES

Implementation and investment of BTP 2.0 is focused on enhancing the adaptation and diffusion of the program models to community-based organizations based on the assessment of the 10-year impact of increasing A&PI community acceptance and linkage to HIV testing and improving health outcomes for A&PIs at high risk or living with HIV. CBA services are provided to A&PI leadership and coalition members, media, organizations participating in HIV/ AIDS awareness day activities, and organizations implementing social marketing campaigns, including health departments and ministries of health. BTP 2.0 will continue the core methods of delivering CBA services used over the past 16 years. These methods include client-centered, tailored one-to-one CBA, national and regional skills building training, peer-to-peer mentorship, resource development, and information dissemination.

CBA MODEL

- National A&PI HIV/AIDS Awareness Days – increase awareness and acceptance of HIV/AIDS and related services in the A&PI community, sensitize media, provide CBA related to coordination of awareness days, and inform social marketing campaigns.
- Anti-Stigma Social Marketing Campaign – develop and disseminate culturally appropriate campaign addressing HIV-related stigma in A&PI community and targeting high-risk A&PIs for increased use of HIV testing services. Provide CBA to implement similar strategies and campaigns across the United States.
- Leadership & Coalition Development – develop a national A&PI HIV/AIDS coalition to increase visibility of A&PI leadership and create spokespeople for HIV/AIDS issues in the community. Create new and support existing regional A&PI coalitions.

PARTNERS

- Asian Pacific AIDS Intervention Team, Los Angeles, California
- Life Foundation, Honolulu, Hawaii
- Massachusetts Asian & Pacific Islanders for Health, Boston, Massachusetts

HISTORY

A&PI Wellness Center started in 1987 as a grassroots response to the HIV/AIDS crisis in A&PI communities. A&PI endeavored to meet the real health care needs of the most disenfranchised A&PIs. A&PI Wellness Center's efforts now inform, advocate for, and provide responsive health care services to our diverse clients at local, national, and international levels. As the oldest North American nonprofit targeting A&PI communities around sexual health and HIV/AIDS services, A&PI Wellness Center has the expertise to put innovative, holistic, and effective programs and services in place that benefit all communities of color.

A&PI started the Banyan Tree Project in 2004 with an ambitious goal: to end the silence and shame surrounding HIV/AIDS in Asian and Pacific Islander communities. A&PI learned how difficult it is to reach all A&PIs with a single message that bridges all A&PI cultural and generational divides. We've also learned to branch out, engaging A&PI communities throughout the U.S. and Pacific Islands in strengthening A&PI collective health and HIV awareness. Each individual, organization and community committed to the goals of the Banyan Tree Project is a vital part of the A&PI network and root system, grounding all in A&PI community values. Like the banyan tree, a culturally significant symbol in Asia and the Pacific, A&PI seeks to form an extensive and stable root system by embracing the many branches of the ever-growing tree.

ACCOMPLISHMENTS

To improve the health of the diverse A&PI communities, particularly those living with or at risk for HIV/AIDS, A&PI adopted a multifaceted approach that bridges gaps in the health care systems and creates change at individual, community, and governmental levels.

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Left: Betty Stephens, Jeffrey Marlow, Pernessea C. Steele. Top right: Ashley Ramsey, Makeba D'Abreu. Bottom right: Cary L. Goodman, Iman Shabazz

MISSION

The Balm In Gilead, Inc.TM is a not-for-profit, nongovernmental organization whose mission is to prevent diseases and to improve the health status of people of the African Diaspora by providing support to faith institutions in areas of program design, implementation, and evaluation that strengthens their capacity to deliver programs and services that contribute to the elimination of health disparities.

Today, The Balm in Gilead is recognized as an international leader in education, training, and technical assistance for faith communities. With five major HIV programs and a host of initiatives that address other health disparities, it is known for its insightful understanding of religious cultures and values and its extraordinary ability to build strong partnerships with faith institutions. The Balm in Gilead's headquarters, which was originally based in New York City, moved to Richmond, Virginia, in 2006 as the AIDS epidemic increased in the South. The organization also has an office in Dar es Salaam, Tanzania.

CBA PROJECT

The Balm In Gilead provides training and technical assistance to faith- and community-based organizations (CBOs) throughout the United States to plan, deliver, monitor, and evaluate three effective behavioral HIV prevention interventions: SISTA, WILLOW, and Focus on Youth + ImPACT. As a collaborator with the African Methodist Episcopal (AME), African Methodist Episcopal Zion (AMEZ), and Christian Methodist Episcopal (CME) denominations, The Balm In Gilead assists in building the infrastructure necessary to support and implement evidence-based interventions and public health strategies. Morehouse School of Medicine and Mailman School of Public Health (Columbia University) are also collaborative partners.

The Balm In Gilead also provides capacity-building assistance to faith-based organizations to implement public health strategies related to HIV prevention and to evaluate and monitor their HIV prevention efforts. The Balm In Gilead also provided capacity-building assistance to CBOs to increase their knowledge and skills in the area of monitoring and evaluation.

HISTORY

In 1989, The Balm In Gilead was born out of Pernessa Seele's vision for faith institutions to play a major role in addressing HIV/AIDS. She rallied the faith community by organizing The Harlem Week of Prayer for the Healing of AIDS.

Within a few years, the mobilization effort spread from 50 faith-based organizations to faith communities throughout the nation and became The Balm In Gilead's flagship program known as The Black Church Week of Prayer for the Healing of AIDS. This HIV awareness campaign was among the first HIV awareness campaigns born out of the United States and the only multiday campaign to mobilize the global faith community. In 2010, the focus of the campaign expanded again to include all faith institutions and is now known as the National Week of Prayer for the Healing of AIDS.

Today, The Balm In Gilead is recognized as an international leader in education, training, and technical assistance for faith communities. With five major HIV programs and a host of initiatives that address other health disparities, it is known for its insightful understanding of religious cultures and values and its extraordinary ability to build strong partnership with faith institutions. The Balm In Gilead's headquarters, which was originally based in New York City, moved to Richmond, Virginia, in 2006 as the AIDS epidemic increased in the South. The organization also has an office in Dar es Salaam, Tanzania.

The Balm In Gilead's HIV programs include the National Week of Prayer for the Healing of AIDS, Our Faith Lights the Way: HIV Testing Campaign, the Black Church Training Institution for HIV and Other Health Disparities, the African American Denominational Faith Leadership Health Initiative, and the Tanzania HIV/AIDS Interfaith Partnership, with offices in Tanzania.

ACCOMPLISHMENTS/HIGHLIGHTS

During the annual National Week of Prayer for the Healing of AIDS, the first week of March of each year, HIV/AIDS messages related to healing through prayer, education, advocacy, and service reach approximately 2.5 million faith community members.

Through its evidence-based faith community mobilization model known as Our Faith Lights The Way: HIV Testing Campaign, The Balm In Gilead mobilizes faith institutions and promotes and supports HIV testing. More than 15,000 people are tested, annually, in spaces provided by faith based institutions through this national campaign.

Internationally, The Balm In Gilead established, within the infrastructure of each of the four national faith institutions in Tanzania, an HIV/AIDS office, and a network to address HIV-related issues, disseminate HIV educational materials, and provide testing treatment, and care services.

The Black Church Training Institution for HIV and Other Health Disparities Technical Assistance Center provides capacity building/technical assistance and training to the African-American faith community, departments of health, public and private health institutions, community-based AIDS service organizations, and civic organizations to develop and implement HIV programs.

The African American Denominational Faith Leadership Health Initiative represents a national partnership between The Balm In Gilead and the National Women's Missionary Societies of the AME Church, the AMEZ Church, and the CME Church. The initiative was designed to develop and implement a sustainable health education and service delivery system within each denomination to address the challenges of HIV/AIDS and other health disparities disproportionately affecting African Americans. The ultimate goal is the establishment of a health ministry at every local church. More than 7,000 churches are represented by these three denominations.

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Left to right: Denishia Clark, Lenee Richards, Chris Bland, Raniyah Abdus-Samad.

MISSION

Founded in May 1999, the Black AIDS Institute is the only national HIV/AIDS thinktank focused exclusively on black people. The Institute's Mission is to stop the AIDS pandemic in black communities by engaging and mobilizing black institutions and individuals in efforts to confront HIV. The Institute interprets public and private sector HIV policies, conducts trainings, offers technical assistance, disseminates information, and provides advocacy mobilization from a uniquely and unapologetically black point of view.

The Institute's motto describes a commitment to self-preservation: "Our People, Our Problem, Our Solution."

CBA PROJECT

The Black AIDS Institute's African-American HIV University (AAHU) Community Mobilization College (AAHU CMC) uses a community mobilization model to enhance the capacity of Black communities to address the HIV/AIDS epidemic. Through building the knowledge and networks of community leaders around the country and providing a skills-building internship focused on community mobilization, individuals become capable of engaging traditional black institutions and other stakeholders in local-level community activities that will increase access to and use of HIV prevention services in their communities. AAHU CMC runs for approximately 10 months.

GOALS

The Black AIDS Institute works to increase access to and use of HIV prevention services through the mobilization of pillars of the black community: traditional black institutions and black community stakeholders

CBA SERVICES

AAHU CMC

- Engagement of CBA recipient organizations in four comprehensive community mobilization training modules that allow participants to learn and review concepts in manageable modules, building upon an ever-increasing knowledge base.

AAHU CMC is focused on four key components of the AAHU Community Mobilization Model:

- Training Module 1: Community Assessment
- Training Module 2: Strategic Planning, Coalition Building and Implementation
- Training Module 3: Monitoring and Evaluation
- Training Module 4: Community Mobilization Symposium
- Facilitation of three community mobilization internships to immerse CBA recipients in an environment where they continuously practice and apply the new skills-based knowledge and expertise gained through the comprehensive trainings. Internships last between 60 and 120 days and take place in between onsite training modules.

TRAININGS AND ONE-ONE-ONE TECHNICAL ASSISTANCE

As part of CBA Services, the Institute also offers one-time trainings on various topics related to creating HIV community mobilization campaigns in black communities and provides one-on-one technical assistance on various subjects upon request.

Target population: black communities (including high-risk heterosexuals, injection drug users, men who have sex with men, and transgender individuals).

HISTORY

The Black AIDS Institute was founded by Phill Wilson in 1999 as the African American AIDS Policy and Training Institute (AAPTI). AAAPTI provided community-based training and policy support to African Americans committed to ending AIDS. With the founding of the Black AIDS Institute, the focus on mobilization became central as a mechanism for responding to the HIV/AIDS crisis in black American communities. From the beginning, the organization has published policy documents that sought to define the issues and raise the policy concerns that particularly affected black communities. The organization also launched the Web site www.BlackAIDS.org, which receives approximately 150,000 hits a month. The Institute has held numerous town hall meetings across the country to discuss the HIV epidemic and the ways it has affected black communities. AAHU has been at the forefront of Institute programming since 2000.

ACCOMPLISHMENTS

- More than 70 organizations have received capacity-building assistance directly through Fellowships in the AAHU program; hundreds of others have received episodic TA and CBA.
- The Institute championed the development of Strategic AIDS Action Plans for 14 national black organizations.
- CEO/Founder Phill Wilson was nominated to the President's Advisory Council on HIV/AIDS (PACHA) in 2010.

CONTACT

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Left to right: JoAnne Keatley, Jae Sevelius, Jamison Greene, E. Michael Reyes, Yavanté M. Thomas-Guess, Andres Maiorana, Susan Kegeles, Kevin Kharmarko, John Hamiga, Luis Gutierrez-Mock, Greg Rebchook, Marguerita Lightfoot, Angel Ventura Not pictured: Danielle Castro, Katie Kramer, Robert Williams, Barry Zack, Ben Zovod

MISSION

The mission of the Center for AIDS Prevention Studies (CAPS) at the University of California San Francisco (UCSF) is to conduct domestic and international research to prevent new HIV infections, to develop behavioral approaches to improve health outcomes among HIV-infected people, and to reduce disparities. The mission of the Center of Excellence for Transgender Health (CoE) is to increase access to comprehensive, effective, and affirming healthcare services for trans and gender-variant communities.

CBA PROJECT

Using a culturally and linguistically competent approach to all capacity-building assistance (CBA) services, UCSF partners with transgender communities and communities of young gay/bisexual men to build their capacity to mobilize and increase access to and use of HIV prevention services. UCSF will provide CBA to communities by developing collaborative relationships with members of high-risk and/or racial and ethnic minority populations, as well as with the agencies and professionals who work within such communities.

GOALS

Coalitions in Action for Transgender Community Health (CATCH)

The UCSF Center of Excellence for Transgender Health (CoE) developed the evidence-based CATCH model to mobilize transgender communities and service providers within California. Based on early successes with CATCH, the CoE has expanded its efforts to transgender communities throughout the US to promote knowledgeable, sensitive, and effective HIV/AIDS prevention within transgender communities. CATCH starts by organizing “Town Halls” within the community to bring together local coalitions that promote provider networking and community use of existing services. The coalitions guide the community mobilization process and lead data collection and evaluation efforts. They then prioritize prevention needs and identify available resources, leading to the development of a comprehensive plan to strengthen community access to and use of HIV prevention services.

The Mpowerment Project Movement (MPM)

The Mpowerment Project (MP) is an evidence-based, community-level HIV prevention intervention for young gay/bisexual men. The MP not only addresses young men’s HIV prevention needs, but it also supports young men in many aspects of their lives – reducing social isolation by providing a supportive and nurturing community and safe gathering spaces, empowering them to grow into healthy adults, and teaching them to cope with and overcome

stigma and discrimination from society (just to name a few). CBOs have been successfully implementing MP throughout the United States, and many of these programs focus on racial/ethnic minorities. The MPM provides an opportunity for these CBOs to come together to share ideas, successes, challenges, and best practices. In addition, it helps link young men to MP programs in their communities. Part of the MPM is also continue to partner with CBOs to adapt the MP to young men of color, particularly young Latino men, since much of the adaptation work within the young African American men's community has already been undertaken.

CBA SERVICES

CATCH

Implemented through the CoE, the CATCH community mobilization model develops coalitions with transgender community members and providers to strengthen community access to and use of HIV prevention services. CBA services include providing leadership, support, training, and TA to communities to: (1) adopt, adapt, and implement the CATCH community mobilization model, and/or (2) develop and test their own community mobilization models.

MPM

MPM strengthens young gay/bisexual men's communities' access to and use of HIV prevention services by diffusing MP, assisting young men to join existing MPs or advocate for the implementation of MPs in their community, and providing CBA services, including training, technical assistance, and adaptation toolkits to community-based organizations (CBO) and young men who have sex with men regarding the adoption, start-up, and adaptation of the MP mobilization model.

HISTORY

CAPS was founded in 1985 by a group of dedicated professionals who wanted to use their expertise to help prevent the spread of HIV. CAPS has since grown into one of the largest HIV prevention research centers in the world. Since the beginning, CAPS scientists have valued CBOs as important research partners, because such partnerships lead to more effective HIV prevention. Not content to sit in an academic ivory tower, CAPS research is focused on making a tangible difference in the communities at highest risk for HIV infection. CAPS is part of UCSF's AIDS Research Institute and School of Medicine, and consists of multidisciplinary faculty including psychologists, sociologists, anthropologists, epidemiologists, biostatisticians, other public health researchers, and physicians.

ACCOMPLISHMENTS

- The CAPS Technology and Information Exchange (TIE) Core provides fact sheets on HIV prevention, a Web site, conferences, community partnerships, and technical assistance.
- CAPS researchers have developed and adapted many evidence-based interventions listed in the Compendium of HIV Prevention Interventions with Evidence of Effectiveness, including the Mpowerment Project, and staff from our collaborative partner, the Bridging Group, co-developed Project START.
- CAPS also housed the Transgender Resources and Neighborhood Space (TRANS) Project, the first federally funded transgender HIV prevention intervention.
- CAPS has developed collaborative and respectful relationships with CBO front-line staff, managers, administrators, Board Members, volunteers, program participants, and other stakeholders. CAPS has been cultivating these types of relationships since the earliest days of the epidemic, before HIV was even named.
- Together, the CAPS team represents individuals from various high-risk and and/or racial/ethnic minority populations, including African-American, Latino, and Caucasian gay men; African-American, Latino, and Asian-Pacific Islander transgender individuals; and African-

American and Caucasian women. All of the CAPS team members have years of experience working in high-risk and/or racially/ethnically diverse communities.

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Web site: [facebook.com/mpowermentproject](https://www.facebook.com/mpowermentproject)



Back row, left to right: Miguel Martinez, Mona Desai, Bamby Salcedo, Julia Dudek. Front row, left to right: Leslie Clark, Mia Humphreys. (Photo: John Gremeldi.)

MISSION

The mission of the Division of Adolescent Medicine at Children's Hospital Los Angeles is to advance the health and well-being of adolescents by integrating health care, health promotion and prevention, youth development, professional education, advocacy, and evaluation and research in response to the needs of young people and our community.

The Division of Adolescent Medicine's Risk Reduction Program provides HIV prevention services, including both Health Education/Risk Reduction services and HIV counseling and testing, and wraparound HIV care services for youth ages 12 through 24, with a particular emphasis on young gay men and transgender youth of color.

CBA PROJECT

The SYPP Center is housed in the Division of Adolescent Medicine at Children's Hospital Los Angeles and incorporates 40 years of institutional knowledge and expertise around HIV prevention for high-risk youth, with particular emphasis on African-American and Latino young gay and bisexual men and African-American and Latino transgender youth. Capacity-building assistance (CBA) services are provided for communities around the Connections for Youth model, which has been adapted from Connect to Protect®: Partnerships for Youth Prevention Interventions, an intervention of the Adolescent Medicine Trials Network for HIV/AIDS Interventions.

Historically, HIV prevention has been focused at the individual- or group-level. While these efforts are critical to reducing HIV rates among youth, they often cannot address social determinants of health, such as discrimination and inequitable access to prevention services. The SYPP Center provides CBA services for communities who seek to address such social determinants of health using two approaches: by implementing structural-level changes that decrease HIV risk for youth and by leveraging resources and increasing collaboration through the formation of community coalitions.

Ideal consumers of the SYPP Center's CBA services are

- New community coalitions (working in conjunction with a designated community-based organization [CBO] or health department)
- Existing community coalitions (working in conjunction with a designated CBO or health department)
- Communities seeking to prevent HIV among high-risk youth populations
- Communities located in the Western Region of the United States and the Pacific Basin

CBA SERVICES

CBA services are provided around the Connections for Youth (CFY) community mobilization model, which has two goals: creating sustainable structural changes and building healthy community coalitions. The model provides a flexible framework, rather than a prescriptive solution, for each community to create a Strategic Plan for structural change that is responsive to its local youth HIV epidemic. In this way, implementing CFY augments existing HIV prevention efforts.

Seven pillar trainings are associated with Connections for Youth:

- Introduction to Structural Change for HIV Prevention
- Community Assessment
- Coalition Development: Structure & Management
- Strategic Planning for Structural Change (VMOSA I)
- Coalition Development: Shared Leadership & Diverse Participation
- Developing a Road Map for Structural Change (VMOSA II)
- Coalition Sustainability

In addition, community mobilization tools and technical assistance are provided to communities throughout implementation of the model.

We tailor CBA services to meet the unique needs of each coalition or agency requesting support. For example, new coalitions may request all pillar trainings, whereas existing coalitions may not identify a need for all of them.

HISTORY

The Division of Adolescent Medicine, established at Children's Hospital Los Angeles in 1963, is one of the largest adolescent medicine programs in the United States and one of only three accredited adolescent medicine training programs in California. Since 1982, the Division of Adolescent Medicine has focused on reducing risks for young people through models of prevention and intervention established in partnership with community-based organizations and schools and through applied research that seeks to understand individual, familial and community factors that influence the well being of youth. The Division of Adolescent Medicine encompasses a wide range of programs aimed at addressing the needs of youth ages 12–24.

Capacity-building assistance services are housed within the Division of Adolescent Medicine's Risk Reduction Program. CBA staff have extensive histories in working with a variety of youth sub-populations including young gay men and transgender youth. The center leadership has extensive research, service and training experience, specifically in building the capacity of agencies and coalitions in addressing the unique health needs of African-American and Latino gay men and African-American and Latino transgender youth.

ACCOMPLISHMENTS/HIGHLIGHTS

- Mobilized youth-serving agencies in San Diego to create a new African American and Latino YMSM coalition and provided CBA around the entire Connections for Youth model to this coalition. The coalition partnered with NYAC to implement the “We Know Different” social marketing campaign and is implementing five initial structural changes, such as partnering with businesses during HIV testing events and creating safer school environments for LGBTQ youth. This project was funded through CDC’s supplemental funding to enhance the provision of CBA to CBOs and communities serving African-American and Latino gay, bisexual, and other men who have sex with men.
- Facilitating the development of a statewide, youth-focused coalition in Hawai’i to advocate for structural changes, using the CFY model.
- Conducted several pillar trainings and continuing to provide technical assistance to the Transgender Service Provider Network in Los Angeles
- Implementing the monthly “Third Thursdays Webinar Series” to augment HIV prevention work related to structural change, coalition building, and African American and Latino young gay and bisexual men and transgender youth. Past topics addressed issues such as adolescent development, transphobia, emotional intelligence, and policy change.
- Disseminated knowledge and best practices at conferences, such as the United States Conference on AIDS (“Structural Change and HIV Prevention”), HIV Prevention Leadership Summit, and the National African American MSM Leadership Conference.
- The Connect to Protect® Project (funded by the Adolescent Medicine Trials Network for HIV/AIDS Interventions) at the Division of Adolescent Medicine enacts a community mobilization model organizing CBOs, the Los Angeles County Health Department, school systems, and other stakeholders to create structural changes to curb the HIV epidemic among young gay and bisexual men of color. This coalition was responsible for Los Angeles County adopting a linked referral protocol for newly identified HIV positive youth. The coalition also developed an LGBT support package of educational materials and resources for school teachers and administrators to support policies around health and safety of students.

CONTACT

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Top row, left to right: Pamela Jumper-Thurman, Irene Vernon, Andrea Isreal, Maricela Demirjyn, Jodi Griffin. Bottom row, left to right: Barbara Plested, Martha Burnside, Norberto Valdez, Richard Breaux.

MISSION

Commitment to Action for 7th Generation Awareness & Education: HIV/AIDS Prevention Project (CA7AE: HAPP) is funded by CDC for a 4 ½-year project to provide capacity-building assistance (CBA) to multiethnic communities, tribal health departments, state health departments, and other CDC-funded CBAs, community-based organizations (CBOs) and organizations serving multiethnic communities. CA7AE assists communities who are providing HIV/AIDS-related services to high-risk populations to increase their capacity for developing and implementing HIV/AIDS prevention and/or testing. The mission of CA7AE is to work collaboratively with communities or organizations to increase the availability for effective HIV/AIDS prevention and encourage and support early detection through testing. CA7AE targets the priority populations of African-American men having sex with men (MSM) and high-risk heterosexuals (HRH), Latino MSM and HRH, American Indian and Alaska Native MSM and HRH, all HIV-positive persons, their partners, and all injection drug users.

CBA PROJECT

CA7AE staff provides communities and organizations with training and assistance centered on use of the Community Readiness Model (CRM), a nine-stage multidimensional model designed to facilitate community change and engage and invest the community. The model was developed 17 years ago at Colorado State University. It is community- and issue-specific and was designed to build cooperation between systems and individuals while incorporating the culture of the community into the resulting prevention and social marketing strategies. In a cost- and resource-effective manner, it helps mobilize communities to develop and implement culturally appropriate intervention strategies for prevention of HIV/AIDS. Community Readiness is theoretically based and offers a respectful, step-by-step approach to creating positive and healthy community change. When applied to prevention of HIV/AIDS, Community Readiness helps the user to determine and guide the timing for each step aimed at changing community norms, behaviors, and attitudes.

GOALS

The CA7AE goal is to provide CBA that strengthens capacity for building HIV prevention, intervention, and testing efforts for high-risk ethnic populations.

Specifically, we use the CRM to strengthen community access to and use of HIV prevention services and testing resources.

CBA SERVICES

CA7AE conducts CRM telephone interviews in the community, scores those interviews using the CRM protocol, and visits communities to conduct CRM workshops. During these workshops, a CRM overview will be presented prior to the presentation of the readiness scores. Using the CRM scores, participants will then develop strategies for prevention, intervention, and social marketing activities that engage and involve the targeted community members and leaders to promote HIV awareness, testing, and anti-stigma campaigns. CRM is designed to facilitate community change, encourage cooperation between systems and individuals, and in general, mobilize the community. CA7AE provides the initial assessment, a workshop, and follow-up on all action plans. If requested, a post-assessment following the implementation of the action plan is provided.

COLLABORATING PARTNERS

CA7AE currently has memoranda of understanding or agreement on file with 24 other agencies/organizations, including the Substance Abuse and Mental Health Services Administration and Indian Health Service. CA7AE continues to work with other CBA providers to form a collaborative network of comprehensive CBA services similar to those previously established with the Native Network.

HISTORY

CA7AE staff have been providing technical assistance and/or CBA to multiethnic communities for more than 20 years through funding from the National Institute on Drug Abuse, the Office of Juvenile Justice and Delinquency Prevention, the National Institute of Justice and, CDC. The staff and project were initially under the administrative arm of the Tri Ethnic Center at Colorado State University but moved to the Ethnic Studies Department in 2006. CA7AE staff have been providing HIV/AIDS focused CBA services through funding from CDC since April 2003.

ACCOMPLISHMENTS

- As part of the Native Network, the first Native HIV/AIDS Awareness Day was launched in March 2007.
- CA7AE CRM was recognized as one the Nine Best Practices in Indian Country by the First Nations Behavioral Health Association.
- CA7AE model is being used by the World Health Organization for use with Child Maltreatment Prevention in six countries.
- More than 30 articles have been published about the use and outcomes of the model.

CONTACT

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Left to right: Bruce Goldstein, Carlos Ugarte, Jessica Felix-Romero, Jennifer Freeman Smith, Merlyn Perez, America Rivera, Dagan Bayliss.

MISSION

Farmworker Justice is a national nonprofit organization that empowers migrant and seasonal farmworkers to improve their living and working conditions, immigration status, health, occupational safety, and access to justice. Using a multifaceted approach, Farmworker Justice engages in litigation, administrative and legislative advocacy, training and technical assistance, coalition-building, public education, and support for union organizing.

CBA PROJECT

Through this cooperative agreement with CDC, Farmworker Justice provides training and technical assistance to organizations across the United States that serve rural Latino communities. Farmworker Justice uses the *promotores de salud* (community health worker) model because it is a culturally competent, community-level approach to increase access to and use of HIV prevention, testing, and linkage to care services.

GOALS

Poder Sano, Farmworker Justice's health initiative, has three major components:

- Community Mobilization Toolkit: Design, develop, and distribute a comprehensive *promotores de salud* community mobilization toolkit to mobilize underserved Latino communities around HIV prevention. All materials are free and available online.
- Capacity-Building Assistance (CBA): Provide culturally competent and linguistically appropriate CBA on community mobilization and *promotores de salud* strategies and approaches for high-risk rural Latino communities. Learning opportunities in the form of regular webcasts and training also provided.
- Coalition Building: Build a coalition of community-based organizations (CBOs), policy makers, faith communities, health departments, and CBA providers to fight the spread of HIV/AIDS in rural Latino communities.

CBA SERVICES

Training and technical assistance in the following areas:

- Planning, implementing, and/or evaluating *promotores de salud* HIV prevention programs
- Community mobilization, organizing, and advocacy
- Fundraising for program sustainability
- Curriculum development
- Media and public relations
- Monitoring and evaluation

- Conducting and analyzing community assessments
- Approaches to serving rural Latino communities
- Recruiting and retaining *promotores de salud*
- Networking and partnering with other organizations

COLLABORATING PARTNERS

Hispanic Communications Network and other Latino- or rural-focused organizations across the country.

HISTORY

Farmworker Justice has had an interest in the issues of occupational and environmental health since its founding in 1981. Its work in HIV/AIDS came later as a direct response to feedback from the farmworker community. In 1991, Farmworker Justice convened a summit of farmworker women to discuss and address the issues affecting them, and these women identified HIV/AIDS as a priority concern. Farmworker Justice began work to secure funding to develop an HIV prevention *promotores de salud* program and started a capacity-building program for rural providers of HIV prevention and care services. For more than 10 years, Farmworker Justice has been providing CBA to rural service organizations in HIV/AIDS prevention as a partner to the CDC.

ACCOMPLISHMENTS

- Served migrant and rural Latino communities for more than 10 years as a CDC-funded CBA provider.
- Implemented HIV prevention *promotores de salud* program with partner organizations in California, Washington, Arizona, Texas, Arkansas, and Florida, reaching thousands of farmworkers and their families with prevention messages.
- Developed eight Spanish-language or bilingual fotonovelas to promote condom use and testing in rural, Latino communities. Fotonovelas, which are comic-book style health information brochures, are a popular means of spreading health messages, and they are good with low-literacy clients as well.
- Created and disseminated three Spanish-language radio public service announcements to reduce homophobia and increase HIV testing.
- Adapted the Popular Opinion Leader and MPowerment interventions for use with young, Latino migrant men who have sex with men. The goal is to empower other organizations to use effective interventions with migrant and rural populations, including farmworkers, who are often left behind in prevention efforts.

CONTACT

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Left to right: Tanya Baird, Neva Zephier, Sandra Fire Lightning.

MISSION

Capacity-Building Assistance (CBA) works regionally with Native American tribal chairmen and task forces on reservations in the Northern Plains states to build capacity for planning, coordinating, and implementing activities to increase awareness and prevention of HIV/AIDS among Native American populations.

A social marketing plan focuses on two community mobilization models: a model to promote and increase prenatal HIV testing and a model to decrease stigma of HIV/AIDS testing with Native Youth. These models concentrate on improving access to prenatal health care to native women and destigmatizing HIV testing among youth through large social gatherings or events.

CBA/HIV PROJECT

The Great Plains Tribal Chairmen's Health Board/Northern Plains Tribal Epidemiology Center's (GPTCHB/NPTEC) strategizes to address the need to provide culturally appropriate technical assistance, training, education, outreach, and resources to the Indian Health Service, Tribal and Urban health care workers in implementing HIV prevention in tribal communities in order to reduce health disparities for American Indian populations. This program expands and builds on past and current CBA for HIV/STD prevention by including HIV/STD prevention workers from other states and converting the group into a community and scientific advisory committee. Through this advisory network, a Social Marketing Plan will be implemented to enhance communication, integrate the use of technology and increase the use of social networking sites to "get the word out" about HIV/STD prevention.

CBA/HIV SERVICES

- Increase awareness among existing Aberdeen Area HIV/STD regional task forces and advisory boards to include as much representation as possible from the participating tribal groups.
- Promote culturally appropriate HIV/STD prevention, health education, resources and training to I/T/U in the great plains region.
- Provide culturally appropriate education to young mothers and pregnant women that informs them of the importance of prenatal care and the HIV transmission methods from mothers to unborn babies.
- Enhance communication methods that educates young people about HIV/STD's in Indian Country and how to prevent sexually transmitted diseases.
- Reinforce the need for HIV testing among all native populations, specifically for young people.

- Develop and disseminate social marketing materials to stakeholders and community groups to enhance information about existing HIV/STD prevention programs.
- Strengthen existing partnerships and collaboration with I/T/U contacts in the great plains region.
- Search for and develop new partnerships with other CBA provider organization outside our designated service areas.
- Monitor and evaluate outreach and educational activities to ensure quality assurance of the CBA Program goals and objectives.

HISTORY

Established in 1986, Aberdeen Area Tribal Chairmen's Health Board is a tribal 501(3)(c) nonprofit organization whose mission is to provide advocacy, training, and technical assistance on health issues to the 18 American Indian tribes in Iowa, Nebraska, North Dakota, and South Dakota. AATCHB is comprised of the tribal chairmen from each of the 18 sovereign nations. In 2003, AATCHB established Northern Plains Tribal Epidemiology Center to provide leadership, technical support and advocacy to Northern Plains tribal communities. In September 2010, AATCHB changed its name to the Great Plains Tribal Chairmen's Health Board. The GPTCHB currently administers two other major programs: The Northern Plains Health Start and the Northern Plains Tobacco Prevention Project. GPTCHB has a total of 58 employees, 35 onsite at the Rapid City office and 23 offsite on various reservations. GPTCHB has 24 years of combined experience administering federal grant programs funded through the Health Resources and Services Administration, the Indian Health Service, CDC, the National Institutes of Health, academic institutions, and other private and public health organizations.

ACCOMPLISHMENTS

- Two years of HIV/STD prevention capacity building experience with I/T/U programs in the Aberdeen area and neighboring states.
- Successful collaboration among CDC contractors placed at NPTEC, the National Native American AIDS Prevention Center, the Indian Health Service, academic institutions, and state departments of health and tribal communities on HIV/AIDS/STD prevention projects.
- Partnership with tribes and other organizations serving native communities for National Native American HIV/AIDS Awareness Day activities.
- Partnership with tribes for HIV testing and distribution of educational resources at the annual Black Hills Powwow and the Lakota Nation Invitational Tournament in Rapid City.
- Collaborated with the South Dakota "Gear Up" Program and the MB3 Foundation to host Dine PGA golfer Notah Begay III for a motivational speech broadcast by South Dakota Public Television.
- Established a network of I/T/Us, state and community HIV prevention providers and community health workers that focuses on collaboration and education.
- Developed culturally appropriate Public Service Announcements for HIV/STD Prevention among youth this is currently being reviewed by the Materials Review Committee.

CONTACT

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Left to right: Elizabeth Williams-Riley, Allen Kwabena Frimpong, Dena Quinones, Michael Everett, Velvet Lattimore, Adam Viera, Camille Abrahams Emeagwali, Narelle Ellendon, Katie Burk.

MISSION

Harm Reduction Coalition (HRC) is a national advocacy and capacity-building organization that promotes the health and dignity of individuals and communities impacted by drug use. HRC advances policies and programs that help people address the adverse effects of drug use, including overdose, HIV, hepatitis C, addiction, and incarceration. HRC recognizes the structures of social inequality impact the lives and options of affected communities differently, and work to uphold every individual's right to health and well-being, as well as in their competence to protect themselves, their loved ones, and their communities.

CBA PROJECT

HRC's CBA for Syringe Access Services (SAS) Mobilization is a part of the Harm Reduction Training & Capacity Building Institute ("The Institute"), a division of the Harm Reduction Coalition (HRC). The Institute is a national training and capacity-building initiative with a nonjudgmental, evidence-based approach to empowering individuals, organizations, and communities to effectively promote the health and dignity of individuals and communities impacted by drug use. The Institute accomplishes this by offering technical assistance, trainings, informational workshops, social marketing, and mentoring on topics related to harm reduction; including substance use, opiate overdose, HIV/AIDS, and hepatitis C.

HRC's CBA for SAS Mobilization provides training and technical assistance to community stakeholders – including injection drug users, syringe access programs, community-based organizations, health departments, and other communities affected by drug use and HIV – to increase injection drug users' access to and use of SAS and other HIV prevention interventions and strategies. HRC accomplishes this by assessing community readiness for SAS and building awareness, leadership, and alliances among community stakeholders.

GOALS

HRC's CBA for SAS Mobilization increases the ability of community stakeholders to:

1. Identify and understand the risk factors for HIV among injection drug users (IDUs).
2. Expand the reach of HIV prevention services for IDUs.
3. Increase opportunities for diagnosing and treating HIV.
4. Develop new and effective prevention interventions.
5. Mobilize broader community action.

CBA SERVICES

HRC's CBA for SAS Mobilization adapted the community mobilization model, MAPP, and developed a model called A PLACE (Awareness; Policy & Practice; Leadership; Alliances; Culture; Establishment/Expansion). A PLACE is a community assessment and strategic planning tool that assists community-based-organizations, health departments, and other SAS stakeholders to

- Identify assets, opportunities, and challenges in their community related to SAS.
- Prioritize where to focus their efforts in their current stage of SAS development or expansion.
- Conceptualize how to use community and program strengths to address the challenges of SAS development or expansion.

HRC then provides skills-building trainings, mentoring and coaching, and technical consultations to community stakeholders to build awareness, leadership and alliances, leading to injection drug users' access to and use of SAS and other HIV prevention interventions and strategies.

HRC provides capacity-building assistance (CBA) to a variety of stakeholder communities around the United States and its territories with the goal of facilitating collaboration between agencies/organizations to strengthen community access to and use of HIV prevention services by IDUs. The communities mobilized include cities and towns, national or regional affinity groups, professional groups, CBOs and their staff providing HIV/AIDS related services, substance abuse service providers, staff from local and state departments of health, medical communities, coalitions or networks focused around race/ethnicity/language and/or sexual identity, and other community stakeholders.

CBA for SAS Mobilization is providing ongoing, targeted CBA services to New Jersey, Colorado, and Nevada. CBA for SAS Mobilization is also working in collaboration with various partners to provide CBA in the southern region of the country.

COLLABORATING PARTNERS

North Carolina Harm Reduction Coalition, Latino Commission on AIDS, ACRIA, AIDS Project Los Angeles and local/state health departments across the country.

ACCOMPLISHMENTS

In the previous CBA cycle, the African American Capacity Building Initiative (AACBI) was the national Centers for Disease Control and Prevention (CDC)-funded capacity-building program at HRC. For five years, AACBI provided CBA to CDC-funded CBOs and health departments in the United States that targeted African-Americans.

In the past year, HRC CBA staff provided approximately 40 trainings/workshops and more than 20 technical consultations. HRC trained approximately 650 people in 23 states and the District of Columbia. HRC CBA for SAS Mobilization staff have conducted key informant interviews, community readiness assessments and focus groups in New Jersey, Florida, and Colorado.

HRC developed, piloted, and diffused a new training entitled "Syringe Access Programs & Law Enforcement: Building Alliances." This training is for providers who work with IDUs, their programs, and program clients. It is designed to build a set of competencies and skills that syringe access providers can use to improve their relationship and their client's relationship with law enforcement. HRC also developed, piloted and diffused a new training entitled, "Understanding Drug-Related Stigma." Service providers increase their understanding of drug

user internalized stigma and its effect on harmful behaviors. Providers develop new strategies for building more authentic and productive relationships with clients. Both trainings are essential to increase access to and use of syringe access programs.

At USCA, CBA staff presented “CDC Community Mobilization Models: Introducing SAS Community Mobilization Model A-PLACE.” At HPLS, HRC presented a poster entitled “Syringe Access Community Mobilization Model: A PLACE for Syringe Access Services.”

CONTACT

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Left to right: Bolivar Nieto, Carlos Maldonado, Kevin Williams, Bethsy Morales, Lina Cherfas, Zachary Amendt, Adashima Oyo, Miram Vega, Leandro Rodriguez, Erika Morillo, Natasha Quirch, Yanira Arias, Andrew Spieldernner, Christian Castro.

MISSION

The Latino Commission on AIDS is a national nonprofit organization dedicated to improving and expanding HIV/AIDS prevention, research, treatment, and other services to the Latino community through organizing, education, model program development, capacity building, and training.

CBA PROJECT

Comunidades Saludables Ahora (CSA) is a capacity-building program designed to strengthen Latinos' HIV prevention capacity nationally by increasing access to and use of HIV prevention services and testing and to strengthen capacity of Latino communities nationwide to identify, adapt, implement, and evaluate community mobilization models to aid in responding to the HIV/AIDS health crisis in their respective regions.

Target: Through health departments, community and faith-based organizations, and nontraditional partners (universities, media, community planning groups, etc.), the program targets Latino populations nationally at high-risk for HIV/AIDS: men who have sex with men (MSM), women, youths, and drug users.

CBA SERVICES

Component 1: The diffusion and implementation of the following community mobilization models:

- National Latino AIDS Awareness Day (NLAAD)
- Latinos in the Deep South (Mobilizing Emerging Hispanic/Latino Populations)
- Latino Religious Leadership

Component 2: Capacity-building assistance (CBA) on developing and implementing community-developed mobilization models.

Component 3: CBA on process and outcome monitoring of community mobilization models.

GOALS

- Increase access to and use of HIV prevention services among Latinos nationally through the implementation and dissemination of NLAAD.
- Increase the capacity of Latino communities nationwide to adopt, adapt, and implement NLAAD in their local communities.
- Increase the capacity of Latino communities nationwide to develop and implement their own community development mobilization models.

- Increase the capacity of Latino communities nationwide to conduct process and outcome monitoring and evaluation activities related to the implementation of community mobilization models.
- Increase the level of collaboration and coordination among Latino communities and providers serving Latino communities (for example, health departments, faith-based organizations, and researchers) on the organizational and systems level.

HISTORY

- Founded in 1990 to fight HIV/ AIDS in Latino communities nationwide
- Services in more than 40 states, Puerto Rico, and the Virgin Islands
- \$5.5 million annual budget
- Multi-disciplinary staff of 45
- Bicultural/bilingual capacity
- Long demonstrated history of building national, regional, and local coalitions
- Led by national AIDS advocate Dennis deLeon from 1993 to 2009
- Since 1995, Guillermo Chacon has spearheaded coalition building, community mobilization, and Spanish-language media outreach efforts. Mr. Chacon is president of the Commission.
- In the 20 years of the organization's existence, the Commission has expanded to include a broader range of health disparities and health promotion, including a wider lens to view our diverse multi-racial communities.

ACCOMPLISHMENTS

The Commission's public health model encompasses five core and complementary services to Latino communities at the local, regional, and national level:

- Hispanic Behavioral Research Center
- HIV prevention and health promotion
- CBA (CHANGE approach)
- HIV testing and linkages to care
- Advocacy and community mobilization

All services are offered in Spanish by a culturally diverse bilingual staff of health, education, and business professionals.

CONTACT

The Latino Commission on AIDS

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Left to right: James E.K. Hildreth, Jacqueline F. Hampton, J. Santé Williams, Ross Fleming, III.

CBA PROJECT

Project SAVED! (Strengthening Access via Education and Diligence) is a CDC HIV capacity building-funded initiative that began in October 2009 as one of the community outreach programs of the Center for AIDS Health Disparities Research at Meharry Medical College in Nashville, Tennessee. The purpose of Project SAVED! is to enlist faith leaders, health providers, students and administration from Historically Black Colleges and Universities (HBCUs) and other community members dedicated to reducing the disproportionate impact of HIV/AIDS among African Americans and provide them with the skills necessary to create opportunities and new community venues for at-risk African Americans to access HIV prevention education and testing services.

GOALS

The Goals of Project SAVED!

- To provide culturally appropriate training on community engagement models and strategies that equips and empowers faith leaders, health professionals HBCU students and administration to facilitate community partnerships for HIV prevention and testing services for at-risk African-Americans adults and adolescents residing in the southern United States.
- Through training, encourage and empower faith leaders, health professionals, and HBCUs to explore establishing their institutions and/or organizations as testing sites.
- Increase the number of African Americans in the South who are aware of their HIV status and if positive link them to care.

CBA SERVICES

Training seminars offered through Project SAVED! are free and focus on

- Increasing knowledge regarding HIV/AIDS and the biological and social determinants of disease.
- Presenting factual information to help discredit the stigma often associated with HIV/AIDS.
- Explaining the disproportionate impact and disparate nature of HIV among African Americans.
- Conducting HIV rapid tests.
- Identifying care services for HIV-positive persons.
- Applying community engagement and community mobilization models for HIV prevention.
- Assisting faith leaders, health providers, students and administration from HBCUs and other relevant community stakeholders in developing community-level work plans for HIV prevention.

TECHNICAL ASSISTANCE

Project SAVED! provides onsite, Web-based, or teleconference technical consultations and technical services for persons seeking assistance with integrating HIV testing during health fairs, developing interventions and work-plans or identifying HIV community resources.

TRAINING FACULTY

Project SAVED! uses experienced and highly credentialed scientists, medical doctors, epidemiologists, health educators, social scientists and clergy with expertise in the virology and treatment of HIV and AIDS, HIV/AIDS epidemiology, health disparities, HIV testing and counseling, community mobilization, socio-behavioral science, managed care, and theology to provide skills building workshops and training for community members.

TRAINING SITES

Project SAVED! is available to provide training in your community at churches, schools, community centers, conferences or other appropriate sites and venues. Training seminars are scheduled for a minimum of 4 hours and a maximum of 2.5 days according to training needs.

GEOGRAPHIC SERVICE AREA

Project SAVED! provides HIV capacity building for stakeholders residing in the following states: Alabama, Arkansas, Georgia, North Carolina, South Carolina, Kentucky, Louisiana, Mississippi, Florida, Texas, Oklahoma, Tennessee, and New Mexico.

COLLABORATING PARTNERS

The Centers for Disease Control and Prevention, HIV Capacity Building Branch
Metropolitan Interdenominational Church Technical Assistance Network (MICTAN)
The Balm in Gilead, Inc.
The Black AIDS Institute
PROCEED, Inc.

HISTORY

The Center for AIDS Health Disparities Research (CAHDR) at Meharry Medical College's School of Medicine is funded by the National Institutes of Health National Center for Research Resources. The principal charge given to the Center is to conduct research and other scholarly activities designed to identify, understand, and eliminate factors responsible for the profoundly disproportionate burden of AIDS and HIV infection among minority populations in the US.

CONTACT

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Left to right: Rev. Clifford A. Smith, Rev. Stephanie Thompson, Rev. Edwin C. Sanders, II, Rev. Walter Grant, Rev. Terry Terrell, Rev. Dr. Donald L. Smith

MISSION

The mission of Metropolitan Interdenominational Church First Response Center (MICFRC) is to create culturally relevant, safe, and compassionate environments where all persons have access to services that increase life's possibilities.

CBA PROJECT

The Metropolitan Interdenominational Church Technical Assistance Network (MICTAN) is a clergy-led national CBA provider. MICTAN delivers CBA to clergy and faith leaders through a five-strategy capacity-building initiative that increases access to and use of HIV prevention and testing services by African Americans.

Strategy 1: 1-day HIV/ AIDS Clergy Symposium. Clergy and faith leaders attend a 1-day symposium where they experience increased awareness of the impact of HIV/ AIDS within the African-American community nationally and locally; local health departments, CBOs, and ASOs as community resources in initiating prevention efforts; and the social forces affecting the spread of HIV, including health disparities, poverty, housing patterns, stigma, and the unequal rates of incarceration among African Americans. Participants receive a message of inspiration to become engaged in HIV prevention efforts from a nationally recognized preacher and pre-register for the monthly leadership development seminars.

Strategy 2: Monthly Leadership Development Seminars. In the months immediately following the 1-day symposium, participants engage in leadership development seminars in their local area addressing: Communication for Social Change: Modeling Ministry Around Proven Psychosocial Scientific Methodology; The Social Dynamics of HIV/ AIDS Among African-Americans: How Health Disparities, Stigma and Disproportionate Incarceration Rates Translate into Increased Risk of Transmission for African-Americans; Sexuality and Sexual Health—Confronting Contradictions, Cultivating Conversations to Heal Our Communities; First Century Theology, 21st Century Ministry—Contextual Bible Study for Contemporary Realities; and Radically Loving, Radically Inclusive—Core Values for 'Whosoever' Ministry. Seminar sessions are facilitated by experts from leading academic institutions across the nation and MICTAN staff. MICTAN uses the Communication for Social Change model to equip participants for collective action in mobilizing to develop, implement and sustain a plan to address HIV/ AIDS.

Strategy 3: Faith Academy Annual Continuing Education. After enrolling in the Leadership Development seminars, participants attend an annual 2 and a half day Faith Academy held

in collaboration with American Baptist College Garnett-Nabrit Lecture series in Nashville, Tennessee, for continuing education credit.

Graduation: Participants who complete the Leadership Development seminars attend one Faith Academy and initiate and sustain HIV/AIDS prevention education in their local area are eligible to receive a certificate of completion from the Kelly Miller Smith Institute on Black Church Studies of Vanderbilt University.

Strategy 4: Howard University School of Divinity (HUSD) Faith Forum. MICTAN, in collaboration with HUSD, provides CBA services to clergy, faith leaders, and HUSD students and alumni through an annual event on the campus of HUSD. Clergy and faith leaders from the metropolitan Washington, D.C., and surrounding areas attend a 1-day faith forum where they experience increased awareness of the impact of HIV/AIDS among African Americans in the local area; local health departments, CBOs, and ASOs as community resources in initiating prevention efforts; and the social forces affecting the spread of HIV, including health disparities, poverty, housing patterns, stigma, and the unequal rates of incarceration among African Americans. Participants receive a message of inspiration to become engaged in HIV prevention efforts from a nationally recognized preacher and pre-register for three follow-up leadership development seminars.

Strategy 5: Ongoing CBA Services. Participants of the Leadership Development seminars receive ongoing capacity building services to support their efforts to develop and sustain HIV prevention education and testing referral services.

GOALS

To heighten HIV/AIDS awareness among African-American faith leaders and to provide them with skills and the use of the Communication for Social Change (CFSC) mobilization model as a tool for planning and implementing changes in their organizations and the broader African-American community.

CBA SERVICES

- Leadership development
- Skills building
- Technical assistance
- Information transfer

MICTAN recognizes African-American clergy as the primary shapers of messages that are shared in African-American communities and has built upon the groundwork laid under previous initiatives by responding to the unaddressed needs of and barriers to clergy and faith leaders engaging in community mobilization to impact HIV/AIDS. MICTAN delivers capacity-building assistance to decrease stigma, change norms within faith communities around conversations and practices related to HIV, and increase availability of HIV prevention services. Using a small group setting, participants are provided with a safe, confidential environment to engage in dialogue and explore topics of sexuality, homosexuality, personal or denominational beliefs related to these subjects, and to understand how their personal and theology beliefs or church doctrine impact the lives individuals at risk of, living with or affected by HIV.

COLLABORATING PARTNERS

- Black AIDS Institute, Los Angeles, California
- The Mayatech Corporation, Silver Spring, Maryland
- The Balm in Gilead, Inc., Richmond, Virginia
- National Black Leadership Commission on AIDS (NBLCA)

- The Meharry Medical College, National Institutes of Health Centers for AIDS Health Disparities Research, Nashville, Tennessee
- Distinguished faculty from educational institutions across the nation

HISTORY

Metropolitan Interdenominational Church was founded in 1981 as a radically loving, reconciling, and inclusive faith organization. When one of the 12 founding members died of AIDS-related complications in 1984, the small congregation began its search for understanding of how HIV was affecting the African-American community and affirmed its commitment to addressing these concerns. In 1985, the members started educating within the congregation which subsequently evolved into providing education services to other faith communities. Capacity building services to other faith organizations became more formalized with the establishment of the First Response Center (FRC) in 1993, which provides comprehensive HIV prevention and psychosocial services. FRC staff began providing capacity-building assistance to churches in the local area primarily in the form of information transfer and technical service. In 2004, FRC began providing HIV medical care with the opening of the First Response Clinic.

Beginning in 2000, funding from the CDC enabled the Metropolitan Interdenominational Church Technical Assistance Network (“MICTAN”) to provide CBA to faith leaders as well as leaders of educational, social/civic, and faith based organizations across the southeastern region of the U.S. With subsequent continuous CDC funding, MICTAN has taken its clergy-led initiative to a national level and has delivered nine years of culturally competent capacity-building assistance (CBA) to African American clergy, faith and lay leaders across the nation.

ACCOMPLISHMENTS

- From 2000 to 2003, MICTAN provided CBA to 133 organizations, including faith-based organizations, health departments, governmental agencies, and national AIDS service organizations, primarily in the Southeast.
- From 2004 to 2009, MICTAN focused on teaching participants how to use the evidence-based Communication for Social Change Model in a 2½- day institute and then provided follow-up CBA, particularly technical services, information transfer, and skills building training, to assist recipients in implementing the various aspects of the model. MICTAN provided 104 CBA sessions to churches, health departments, institutions, CBO/ASO/clinics, and other organizations in 86 venues reaching more than 3,000 attendees. MICTAN provided CBA services in 22 states representing all four of the CDC regions.
- MICTAN has produced three culturally relevant products: a World AIDS Sunday Toolkit, comprising sermons and activities that African-American clergy can use to commemorate World AIDS Day in Sunday services; a video for clergy addressing reasons clergy were reluctant to engage in HIV prevention and factors that led them to becoming involved; and a public service announcement (PSA) that showed clergy from various denominations and faith organizations from around the United States standing together and “lighting the way” in addressing HIV/AIDS within the African-American community. The PSA was disseminated to 450 clergy and other leaders around the country for distribution to their local media outlets and was designed to be used on other occasions.

CONTACT

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From left to right: Antwan Nicholson, Mark Colomb, Joseph Lindsey, Caroll Frazier, Dorlisa Hutton

MISSION

My Brothers Keeper, Inc. (MBK) is a 501(c)3 nonprofit organization designed to enhance the health and well-being of minorities through leadership in public and community health practices, collaborations, and partnerships.

CBA PROJECT

The Community REACH Project is an innovative capacity-building assistance (CBA) program designed with the overall goal of strengthening access to and use of prevention services through community mobilization. Specifically, the Community REACH Project will improve the capacity of CBA consumers to implement an effective community mobilization model in order to reach African-American men who have sex with other men (AAMSM) and African-American high-risk heterosexual (AAHRH) men and women.

GOALS

The goal of the Community REACH Project is to improve the capacity of communities to implement strategies that will increase access to and use of HIV prevention, risk reduction, and avoidance services.

CBA SERVICES

MBK'S Community REACH Project uses skills building and technical assistance to provide CBA services in the southern and western regions of the United States that are relevant to recruitment and retention strategies, reducing HIV stigma through social marketing, coalition development, and HIV testing; promotional strategies.

MBK's CBA implementation plan for delivering culturally and linguistically appropriate tailored CBA to community-based organizations (CBOs), faith-based organizations (FBOs), health departments (HDs), and other community stakeholders that provide HIV prevention services to high-risk and/or racial ethnic minority populations is based on the Community Guide's Model for Linking the Social Environment to Health. The model was developed by the Task Force on Community Preventive Services, which is a task force of prevention behavioral research scientists under the auspices of the Department of Health and Human Services and the Centers for Disease Control and Prevention. The fundamental premise of the Community Guide's Model is that access to societal resources such as standard of living, culture and history, social institutions, built environment, political structure, economic systems, and technology determines a community's health outcomes. MBK uses this structural model to link

HIV prevention efforts for CBOs, HDs, community planning groups, and other community stakeholders who serve high-risk and /or racial/ethnic minority populations to the multiracial, multicultural nature of our society and other social and economic factors/conditions, such as poverty, underemployment that prevents access to and use of HIV prevention, and risk reduction/avoidance services.

HISTORY

MBK traces its roots to 1998, when 33 African-Americans convinced the Congressional Black Caucus to ask Congress to fund HIV/AIDS to reduce the burden on the African-American community. During this meeting, Dr. Mark Colomb recognized this issue as a health disparity and envisioned an organization to address this need. Under the leadership of Dr. Colomb, MBK was established first as a nascent entity in 1999 dedicated to the prevention, care, and treatment of persons living with HIV/AIDS. Since then, the agency's mission and vision has been adopted into overall health disparities in African-Americans, including cancer, heart disease, hypertension, diabetes, stroke, and obesity. As it exists today, MBK is a seasoned organization pursuing the health and well-being of minorities through public health programming. MBK is a national organization with more than 500,000 constituents and members from across the United States.

ACCOMPLISHMENTS

- Serve as the lead organization of the Mississippi AIDS Advocacy Coalition (MAAC), a statewide coalition of government, industry, and community representatives dedicated to promoting advocacy, collaboration, and leadership to increase access to prevention, care, treatment, and service to individuals infected and affected by HIV/AIDS throughout the State of Mississippi.
- Assist additional CBOs in Mississippi and other states in advocating and promoting policies that focus on increasing funding for HIV prevention and care services.
- Trained the first set of HIV-positive persons in Mississippi as community advocates, empowered to influence public policy through legislative action.
- MBK has an extensive track record of reaching marginalized, at-risk, and underserved populations through indirect and direct service linkage programs. Since 1999, MBK has implemented an array of community-based health education and prevention services throughout the United States.

CONTACT

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Left to right: Raul Posas, Stephen Bailous, Vanessa Johnson, Juan Quiñonez, Steve Kilkelly, Stephen Havenner.

MISSION

The National Association of People with AIDS (NAPWA) mission is to advocate for the lives and dignity of all people living with HIV/AIDS (PLWH/A) and those affected by HIV/AIDS.

CBA PROJECT

NAPWA's CBA Program: Mobilized to Succeed! provides capacity-building assistance (CBA) to communities to enhance their ability to provide HIV prevention services to racial/ethnic population groups, primarily Latinos/Hispanics and African Americans/Black. Specifically, the purpose of Mobilized to Succeed! is to strengthen the ability of communities to increase access to and use of HIV prevention services, including HIV testing.

Communities have the option to choose from two successful community mobilization models: SABER and Positive African American Network (PAAN). SABER and PAAN are based on two dynamic community models to mobilize communities. SABER is centered on a community coalition lead by a team of representatives from the local health departments, the HIV/AIDS service provider community, and the PLWH/A community. PAAN begins by offering interested communities Common Threads, an innovative leadership development training program. The purpose of Common Threads is to build and support PLWH/A storytelling for the purposes of reducing AIDS-related stigma in the community. Both community mobilization models are designed to: 1) increase awareness of HIV/AIDS and its impact on communities; 2) increase access to HIV prevention programs, including HIV voluntary counseling and testing services (VCTS); and, 3) refer and link individuals to other health related and supportive services.

GOALS

The goals of Mobilized to Succeed!

1. Provide knowledge, skills, technology transfer and information sharing to enable local health departments, CBOs and PLWH/A to form collaborations to conduct effective HIV prevention programs in their communities.
2. Increase the awareness of HIV status among affected populations and the communities in which they live by providing information and data on the HIV epidemic in the local community.
3. Reduce the disproportionate rate of HIV infection among people of color by increasing access to HIV prevention services, including HIV voluntary counseling and testing.
4. Gain support for HIV/AIDS Awareness Days targeting vulnerable and highly impacted populations throughout the United States.

5. Work with individuals and organizations to develop and strengthen the leadership capabilities of PLWH/A so they can play an active role in reaching those individuals who have not yet tested or who have not entered care.

CBA SERVICES

- **Trainings:** NAPWA conducts a series of trainings to support both SABER and PAAN/ Common Threads. A national skills building institute and two regional trainings will take place to support its own community mobilization models or assist communities in implementing and enhancing their community mobilization models.
- **Technology transfer:** The SABER Community Mobilization Tool Kit is the first in a series of NAPWA community mobilization tool kits and supplemental materials that are designed to help communities promote and support local HIV voluntary counseling and testing services (VCTS), improve linkages to care and treatment services, and link to other related health services such as screening for sexually transmitted infections (STIs). This user-friendly, step-by-step tool kit is designed to help health departments, CBOs and PLWH/A become focused, organized and motivated to successfully meet the challenges of HIV/AIDS in Latino/Hispanic communities. NAPWA has also developed a comprehensive HIV Testing Tool Kit providing step-by-step instruction on how to start a HIV testing program and how to hold successful HIV VCTS events.
- **Technical services:** SABER webinars offers the opportunity for CBOs, ASOs and health departments to learn about SABER. The goal of the SABER webinar series is to provide information on how to identify, develop, and sustain leadership within Latino/Hispanic communities to improve use of HIV VCTS, to increase access to HIV prevention services, and to promote timely linkage to high-quality, continuous care and treatment. PAAN/ Common Threads Webinars provide an additional vehicle for assisting community providers in enhance their ability to host meaningful discussion about HIV and its impact in their communities with community members living with or at-risk for HIV/AIDS.
- **Information dissemination:** The Positive Voice Update is an e-newsletter that provides PLWH/A with information on the latest in prevention and treatment updates, policy issues, and how to participate in NAPWA's many activities. NAPWA also publishes and distributes annually a variety of educational materials on HIV/AIDS, primarily focusing on the importance of getting tested and knowing one's HIV status.
- **CBA service referrals:** NAPWA coordinates all requests for technical assistance by providing CBA directly or by making referrals to appropriate CBA providers.

COLLABORATING PARTNERS

- American Psychological Association
- Black AIDS Institute
- Center for HIV Law and Policy
- Congressional Black Caucus Foundation
- HIVHealth (formerly known as CAEAR Foundation)
- Harm Reduction Coalition
- Latino Commission on AIDS
- Minority Health Care Communications
- National Black Leadership Commission on AIDS
- National Minority AIDS Education and Training Center (at Howard University)
- National Women and AIDS Collective
- National Youth Advocacy Coalition
- Positive Women's Network
- POZ Match
- OraSure Technologies
- Social & Scientific Systems, Inc. (NIH Office of AIDS Research Latino Initiative)

HISTORY

Founded in 1983, NAPWA is the oldest national AIDS organization in the United States and the oldest national network of PLWH/A in the world. NAPWA is an essential and vital voice in advocating for increased HIV prevention and access to medical care and supportive services for PLWH/A. NAPWA was formed around the Denver Principles written and endorsed in 1983 by people living with AIDS. These principles promote access to humane and effective HIV prevention services, medical care, and supportive services, along with articulating the rights and responsibilities of PLWH/A.

The NAPWA board of trustees and staff reflects the diversity of PLWH/A in the United States. The majority of NAPWA's board of trustees and staff are individuals living with HIV/AIDS, and these individuals generally belong to the communities most severely affected by the AIDS epidemic. NAPWA's diversity helps it to create culturally competent and linguistically appropriate policies and programming for a variety of population groups impacted by HIV/AIDS.

ACCOMPLISHMENTS

- Held two successful annual AIDSWatch events, bringing nearly 500 diverse Americans living with and affected by HIV/AIDS to the nation's capital to educate members of Congress about the realities of living with HIV/AIDS and essential funding and legislative priorities.
- Revitalized National HIV Testing Day (June 27), which NAPWA founded in 1995, through new partnerships with the U.S. Conference of Mayors and new social marketing materials that reflect the lives of people from communities hit hardest by HIV/AIDS. Seventy-nine mayors throughout the U.S. and Puerto Rico participated in the fourth annual Mayors Campaign Against HIV. More than 22,000 complimentary oral HIV tests were distributed to HIV testing facilities nationwide.
- Created a new woman's initiative to address the dynamic needs of women living with HIV/AIDS. The initiative builds the skills and capacity of HIV-positive women and the organizations that serve them. Also organized a successful Congressional briefing and two skills-building institutes in partnership with the National Women AIDS Collective.
- Created a new HIV awareness day initiated for the men who have sex with men population. National Gay Men's HIV/AIDS Awareness Day is now observed annually on September 27th.
- Held two successful Positive Youth Institutes to address the unique issues faced by HIV positive youth.

CONTACT

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Top row, left to right: Tony Aaron Fuller, Vicki Peterson, Sandra Janis, Robert Foley. Bottom row, left to right: Hannabah Blue, Mathew Barkhausen, Jamie Folsom.

MISSION

The National Native American AIDS Prevention Center works to address the impact of HIV/AIDS on American Indians, Alaska Natives, and Native Hawaiians through culturally appropriate advocacy, research, education, and policy development in support of healthy Indigenous people.

CBA PROJECT

The National Native American AIDS Prevention Center (NNAAPC) is providing capacity-building assistance to increase access to and use of HIV prevention services in American Indian, Alaska Native, and Native Hawaiian communities in all 50 states and U.S. territories in two different prevention areas: through the use of innovative and locally tailored social marketing efforts and through the use of syringe service programs.

SOCIAL MARKETING

Social marketing is the application of marketing techniques and tools to achieve specific behavioral goals for a social good. As community members are exposed to specifically targeted messages, their attitudes and perceptions of HIV, HIV risk, and/or HIV services begin to change. NNAAPC's CBA Model uses a circular model of social marketing with four different component areas.

1. Community Assessment: All social marketing begins with gathering information from the community itself about local risk populations, context of risk, and determinants of health.
2. Design-Assessment data is used to design products (message, visuals, and media) to be used. For example, messages may promote HIV testing, impact HIV stigma, or alter perceptions of risk.

3. Dissemination: The diffusion of the message can be tight and targeted or broad based, depending on the media, priority population, and resources available.
4. Evaluation: All efforts are evaluated to measure their reach, effectiveness, and ultimately to see if they affect areas of need identified in the original assessment. Evaluation data is compared to community assessment data to see if initial identified needs were met.

NNAAPC is able to provide technical assistance to an organization or community at any stage during the process. A community should own any mobilization effort; therefore the community is involved in every step of the way to help ensure that culturally appropriate messages and dissemination methods are being developed

SYRINGE SERVICE PROGRAMS

Syringe service programs (SSPs) are based upon harm reduction principles to provide active injection drug users with new injection equipment, while providing linkages to testing, treatment and other wrap-around services in order to prevent the spread of HIV and viral hepatitis. However, there is still confusion over the role of harm reduction principles in HIV prevention, and many people who understand the value of such programs may not know how to go about implementing a program. NNAAPCs mobilization model is based upon the “Taking it to the System” model developed in Montana. This model works to educate stakeholders (law enforcement, community-based organizations, local decision-makers, community members) on the rationale behind a syringe service program, best practices for program operation, and coalition-building/collaboration. The goal is to create buy-in and lay the foundation for a sustainable and successful syringe service program.

CBA SERVICES

Individualized CBA

NNAAPC can provide one on one, agency/community-specific assistance in the form of coaching, individual consultation, skills-building, and technology transfer.

Training and Education

NNAAPC will be providing professional level regional trainings on topics such as the fundamentals of social marketing, use of new media in HIV prevention, foundations of harm reduction, and coalition building.

Online Resources

Online toolkits and resource pools are available and will be updated regularly on www.nnaapc.org.

National Native HIV/AIDS Awareness Day

NNAAPC will be working with the NNHAAD planning committee to develop and disseminate materials, plan NNHAAD activities and to support local events. NNAAPC can also provide CBA around NNHAAD planning.

COLLABORATING PARTNERS

NNAAPC has created a strong network of collaborating partners over the years that has allowed it to meet the needs of local communities, develop a pool of subject-matter experts, and garner feedback from community stakeholders. Below is a selection of some existing collaborations.

- Alaska Native Tribal Health Consortium
- Asian & Pacific Islander Wellness Center
- Commitment to Action for Seventh-Generation Awareness and Education: HIV/AIDS Prevention Project

- Great Plains Tribal Chairmen’s Health Board
- Inter Tribal Council of Arizona, Inc.
- Life Foundation
- Mountain Plains AIDS Education and Training Center
- National Council of Urban Indian Health
- National Indian Health Board
- National Network of STD/HIV Prevention Training Centers
- Sacred Spirits
- Salish Kootenai College
- The Healing Lodge

HISTORY

Founded in 1987 by American Indian and Alaska Native activists, social workers and public health professionals, the National Native American AIDS Prevention Center is the only national Native-specific organization solely dedicated to addressing HIV/AIDS issues that impact Native communities. NNAAPC seeks to address these issues through its work in the areas of public health, community advocacy and mobilization, training and technical assistance, and communications/media.

NNAAPC’s areas of expertise include

- Working with Native American communities to create culturally appropriate HIV prevention and/or care programming
- Working with non-Native entities to ensure inclusivity and cultural competence
- Training design, development, and delivery
- Program/intervention design and evaluation.
- Communicating with diverse populations
- Using technology to advance HIV prevention messages
- Understanding the unique needs of the LGBTQ and Two-Spirit communities.
- Harm Reduction

ACCOMPLISHMENTS

NNAAPC has accomplished much over its more than two decades, including the following.

- NNAAPC has fulfilled 72 distinct CBA requests with Native or Native-serving organizations in the last four years.
- NNAAPC currently has a training catalog of 10 standardized curricula on various aspects of prevention, program planning and organizational development
- Adapted a DEBI intervention for Native communities
- Created video PSA encouraging Native women to get an HIV test
- Created video PSA, posters, and supplemental materials for national anti homophobia campaign in American Indian, Alaska Native, and Native Hawaiian communities

CONTACT

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**CBA for Health Departments:
Strengthening organizational infrastructure, interventions,
strategies, community planning, monitoring and evaluation
for HIV prevention**



Top row, left to right: Miguel Bujanda, Vallerie Wagner, Monica Nuño, Oscar Marquez, Miguel Chion. Bottom row, left to right: Andi Zaverl, Claudia Rodriguez, Sarah Brock Chávez, Jordan Blaza, Jin Ahn.

MISSION

AIDS Project Los Angeles (APLA) is dedicated to improving the lives of people affected by HIV disease, reducing the incidence of HIV infection, and advocating for fair and effective HIV-related public policy.

CBA PROJECT

Shared Action is a capacity-building assistance (CBA) program of APLA in collaboration with the Center for HIV Identification Prevention and Treatment Services (CHIPTS) of University California Los Angeles, funded by the Centers for Disease Control and Prevention (CDC). APLA has provided high quality research and capacity building services in partnership with community-based organizations, governmental agencies, and universities since 1994. The members of CHIPTS have extensive experience conducting community based research and providing CBA services to Health Departments. Shared Action works to enhance the programmatic capacity of community-based organizations funded directly or indirectly by the CDC to implement Diffusion of Effective Behavioral Interventions (DEBI) or provide other HIV prevention services under the Advancing HIV Prevention Initiative in the United States.

CBA SERVICES

Shared Action provides capacity building services through three delivery methods:

Individual-Level Direct CBA Services (ICBA)

ICBA is the more intense and effective service component provided by Shared Action. Through ICBA, Shared Action staff work one-on-one with an agency on needs specifically related to the implementation of their programs and target population. Some of the services include

- Adapting DEBI for Latino Populations, especially Latino MSM
- Community and program needs assessments
- Culturally responsive and linguistically appropriate strategies
- Program marketing and material development
- Recruitment and retention
- Program collaboration and service integration
- Public health strategies

Skills Building Trainings

Trainings are designed to address the commonly shared technical core competencies needed to implement programs. Some of the trainings Shared Action currently implements are

- Formative research (community and program needs assessment)
 - Formative research overview
 - Focus groups
 - Survey development
- Recruitment/retention
 - Using social networks for recruitment
 - Recruitment/retention (also available in Spanish)
- Program evaluation
 - Basic program evaluation
 - Excel
 - Group facilitation
 - Motivational interviewing

Information and Technology Transfer (ITT)

ITT provides capacity building through information transfer using various printed and Web-based materials and offers increased access to subject-matter experts. ITT makes information available to those with specific informational needs or limited access to information. ITT is available from:

The Resource Center

- Target population-specific broadsheets, technical bulletins, and fact sheets

Webinars/Teleconference

- Online trainings, presentation video/audio files, presentation audio files, and presentation handouts

PARTNERS

APLA SA has teamed with the Center for HIV Identification Prevention and Treatment Services (CHIPTS) from the University of California Los Angeles to create Shared Action and Shared ActionHD. This partnership bridges APLA's CBA experience with CHIPTS's research expertise to form one of the strongest strategies towards advancing CBOs' and health departments' capacities to support, implement, and/or evaluate the implementation of DEBIs.

ACCOMPLISHMENTS/HIGHLIGHTS

- In 2009, more than 9,100 people accessed APLA's direct services and education programs.
- APLA reaches close to 600,000 people through its publications and Web sites, while countless others benefit from its education programs, social marketing campaigns, and community forums.
- Through its policy work, APLA helps shape legislation to provide access to lifesaving HIV/AIDS drugs and care for people who rely on government programs for support.
- Through its peer support program, APLA provides training to CBOs who enhance their clients' quality of life with peer-led assistance services.
- APLA's Community-Based Research unit, one of few programs of its kind operating within an AIDS service organization, conducts research designed to improve HIV/AIDS programs and services. The unit has provided assistance and trainings to more than 40 CBOs serving primarily people of color affected by HIV/AIDS.

- APLA's history and experience providing CBA services spans more than a decade. The agency has offered capacity-building assistance to smaller CBOs and community groups since 1994 through a range of services, including: individual capacity-building assistance, skills building trainings, and information technology transfer. More than 1,500 participants have attended our 79 different trainings. More than 1,600 participants have attended more than 40 webinars. More than 100 individual capacity-building services have been provided.
- In partnership with CHIPTS, APLA co-led efforts to provide a range of technical assistance and organizational consulting to health departments and their grantees countywide.
- Under Capacity Building Funding PA 04019, APLA received funding from the CDC to provide CBA services to CBOs and Health Departments under Focus Area 2 - Western Region with an emphasis on Latino MSM. Throughout the five-year program, APLA provided CBA services focusing in three domain areas: program planning and development, evaluation and needs assessment, and technology transfer. APLA provides a range of CBA services including information dissemination/transfer, technology consultation through the delivery of Individual CBA (ICBA) services, technology transfer, and training.
- Under Capacity Building Funding PS 09906, APLA received funding from CDC to provide CBA services to CBOs and Health Departments nationally.

CONTACT

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Top row, left to right: Stacy Vogan, Miriam Garfinkel, Tim Vincent, Tia-Nicole Leak, Dana McCurdy, Cindey Levin, Katie Kramer, AJ King. Bottom row, left to right: Greg Mehlhaff, Jen Shockey, Sameena Azhar, Barry Zack, Mateo Rutherford, Alice Gandelman, Gustavo Campos. Not pictured: Cristine Diaz.

MISSION

The mission of the California Prevention Training Center (CA PTC) is to strengthen the capacity of health professionals and organizations to reduce the spread of HIV/STDs. This is achieved by developing, implementing, and evaluating innovative trainings and technical assistance nationally and internationally that facilitates collaboration between researchers, practitioners, and funders. The areas of expertise include partner services, behavioral interventions, and STD diagnoses, treatment, and management.

CBA PROJECT

The CA PTC CBA Program builds the capacity of community-based organizations (CBOs) and health departments throughout the United States to implement HIV prevention evidence-based interventions (EBIs) and public health strategies (PHSs) and to monitor and evaluate their HIV prevention programs.

GOALS

Consumers receiving capacity-building assistance (CBA) services for EBIs or PHSs will increase their knowledge, skills, and/or self-efficacy related to the selection, adaptation, implementation, and/or evaluation of EBIs/ PHSs.

Consumers receiving monitoring and evaluation-related CBA services will increase their knowledge, skills, and/or self-efficacy in monitoring and evaluation.

CBA SERVICES

Provide information, training, and/or technical assistance related to

- Selecting EBIs/PHSs, and effective combination approaches
- Adapting EBIs/PHSs
- Evaluating EBIs/PHSs and combination approaches

Provide training and/or technical assistance related to implementing EBIs/PHSs; for example

- Group facilitation
- Integrating EBIs into public health strategies

- Working more effectively with HIV-positive clients, African-American and Latino MSM clients, transgender clients, etc.

Provide information, training, and/or technical assistance related to monitoring and evaluating HIV prevention programs. For example

- Using qualitative and quantitative data
- Creating and using logic models
- Creating measurable indicators and objectives

HISTORY

For nearly 20 years, the CA PTC has been part of the National Network of STD/HIV Prevention Training Centers (NNPTC), and has provided clinical, behavioral, and partner services training and technical assistance (TA) services for health providers throughout the country.

ACCOMPLISHMENTS

CA PTC is the only fully integrated center within the national network and has long recognized the importance of, and been committed to, providing integrated prevention training and TA to its health department and community partners at the local, state, and national levels.

The CA PTC has a fully operational online learning management system. This allows delivery of a variety of online courses. The CA PTC is committed to meeting the ongoing needs of constituents and plans to continue development and implementation of distance learning courses.

CA PTC has more than 15 years of established leadership in formative research, needs assessment design and implementation, curriculum development, interactive training using participatory approaches and adult learning principles, provision of technical assistance and evaluation design and analysis. In addition, CA PTC has more than 9 years of experience delivering training on interventions from the Diffusion of Effective Behavioral Interventions (DEBI) project.

CONTACT

California STD/HIV Prevention Training Center
Capacity Building Assistance Program
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Back row, left to right: Peter McGrath, Tanya Love, Patricia Coury-Doniger, Karen Noren, Raquel Garcia, Laura Enders, Ann Schwarz, Luke Fitzwater, Marguerite Urban, Cynthia Thomas. Front row, left to right: Luis Torres, Julie Eichhorn, Tina Vinci, Charlie Lytle, Bobbi McCaffery, Ezekiel Goodwin. Not pictured: Maureen Scahill, Whitney Summers.

MISSION

The University of Rochester's Center for Health and Behavioral Training's (CHBT) mission is to bridge science and practice through training and capacity-building to advance STD/HIV prevention and community health.

CBA PROJECT

CHBT will deliver capacity-building assistance (CBA) services to state, jurisdictional, and local health departments for organizational infrastructure and program sustainability, evidence-based interventions (EBIs) and public health strategies, and monitoring and evaluation.

GOALS

- Increase health department infrastructure to allow for greater capacity in augmenting and sustaining HIV prevention activities through program collaboration and service integration.
- Facilitate health departments' role as primary trainers of evidence-based HIV prevention interventions and public health strategies within jurisdictions.
- Improve health departments' selection, adaptation, implementation, and evaluation of evidence-based behavioral interventions.
- Enhance health departments' selection and implementation of rapid HIV testing, partner services, and other public health strategies.
- Increase health departments' capacity to conduct process and outcome monitoring and evaluation activities of their funded HIV prevention programs.

CBA SERVICES

CHBT's CBA services include

- Information transfer
- Skills building
- Technical consultation
- Technical service provision
- Technology transfer

HISTORY

CHBT is in the Community Services Unit of the Infectious Disease Division in the Department of Medicine of the University of Rochester School of Medicine and Dentistry. Since 1988, CHBT has provided training and capacity-building services, as well as STD/HIV prevention and clinical services for the Monroe County Department of Public Health. CHBT provides training in evidence-based HIV prevention, STD/Hepatitis/tuberculosis clinical management, and prevention based on our direct program experience.

ACCOMPLISHMENTS

- Behavioral Intervention, STD/HIV Prevention Training Center, and a member of the National Network of PTCs
- Satellite training center of the Region II Clinical STD/HIV PTC, New York City Department of Health and Mental Hygiene
- HIV/AIDS Regional Training Center and statewide Center of Expertise in behavioral and social science and HIV prevention in criminal justice, and partner in Center of Expertise in program evaluation for the AIDS Institute, New York State Department of Health.
- Co-developer of Diffusion of Effective Behavioral Intervention: “Many Men Many Voices”

CONTACT

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Left to right: Frank R. Olivas, MA; Belinda Booker, BSN, MS; Ashley Prunty, BA; Jie Pu, Ph.D., M.Ed.; Robin Higashi, Ph.D.; Maribel Najjar, BS; Ricky Wascher-Tavares, BS. Not shown: Albert A. Moreno, MS.

MISSION

National Community Health Partners (NCHP), formerly Arizona–Mexico Border Health Foundation, recently changed its name to reflect the expansion and scope of its services. Based in Tucson, Arizona, NCHP was founded in 1984 to address the health needs of border populations. Since then NCHP has developed a strong national presence providing education and services to minority and underserved populations in 44 states and two U.S. territories.

NCHP has housed more than 70 public health programs and services that promote the health and well-being of individuals and communities across the United States. It is the goal of the organization to improve health outcomes through innovative services and compelling educational programs.

NCHP’s mission is to educate and assist in the identification and correction of social and economic issues associated with the threat and outbreak of communicable disease and social dysfunction.

CBA PROJECT

National Community Health Partners is funded by CDC to provide capacity-building assistance to community-based organizations (CBOs) and health departments (HDs) throughout United States and eight territories. NCHP improves consumers’ HIV prevention services by strengthening capacity related to organizational infrastructure and program sustainability, as well as to planning, adaptation, implementation and evaluation of evidence based interventions and public health strategies. To assist in these areas, NCHP works closely with consumers to identify core competency areas that require attention. NCHP then develops a comprehensive strategic CBA action plan, in collaboration with the consumer, to identify how CBA activity will be implemented to address these areas. Highly qualified NCHP program staff maintains continuous contact with the consumer to provide ongoing support and to ensure that additional needs are addressed.

NCHP staff has extensive experience conducting HIV prevention with the following populations:

- At-risk, hard-to-reach Latinos, African Americans, Native Americans and Asian/Pacific Islanders
- Men who have sex with men (MSM) of all races/ethnicities
- Injection drug users (IDU) and non-injection drug users
- At-risk youth
- High-risk heterosexual (HRH) men and women
- Transgender individuals of all races/ethnicities

NCHP incorporates business approaches to achieve optimal success in the delivery of capacity building services. For example, NCHP uses the business incubator approach (programs designed to accelerate the successful development of entrepreneurial companies through an array of business support resources and services), providing intensive and cost-effective one-on-one CBA services to CBOs and HDs until each has attained its desired level of capacity. The strategies utilized to obtain enhanced capacity are then shared through BHF's peer-to-peer model.

NCHP also works with a limited number of CBOs and HDs to adapt evidence-based interventions. Information is disseminated about these adaptations nationally to further assist those that would like to use these interventions but are unsure of the adaptation process.

GOALS

The goals of NCHP's CBA Project are: to improve the capacity of CBOs and HDs to strengthen and sustain organizational infrastructures that support the delivery of effective HIV prevention services and interventions for high-risk racial/ethnic populations and to improve the capacity of CBOs and HDs to implement, improve, and evaluate HIV prevention interventions for high-risk racial/ethnic populations of unknown serostatus, including pregnant women, people of color who are living with HIV/AIDS, and their partners.

CBA SERVICES

NCHP provides technical assistance as well as training in core competency areas to address the needs of CBA consumers in the following two areas:

1. Organizational Infrastructure and Program Sustainability (OIPS)

- | | |
|--|---------------------------|
| • Board development | • Program marketing |
| • Fiscal management and accounting | • Public relations |
| • Grant writing | • Strategic planning |
| • Leadership development | • Human resources |
| • Quality management | • Faith-based leadership |
| • Personnel policies and procedures | • Program development |
| • Program collaboration and service integration (PCSI) | • Logic model development |

2. Evidence-Based Interventions & Public Health Strategies (EBI and PHS)HIV 101

- | | |
|---|---|
| • Community Needs Assessment | • Cultural Competency: Working with Intravenous Drug Users (IDUs) |
| • Adapting Evidence-Based Interventions | • Cultural Competency: Working with a "Silent" Population |
| • Recruitment and Retention | • Cultural Competency: Working with the Transgender Population |
| • Project Evaluation | • Fundamentals of HIV Prevention Counseling |
| • Group Facilitation | |
| • Overcoming Communication Barriers | |
| • Motivational Interviewing | |
| • Cultural Competency 101 | |

ACCOMPLISHMENTS

- NCHP has successfully administered over 72 different projects since its inception in 1984.
- During the 2004 - 2009 funding cycle, NCHP provided a total of 562 trainings in 44 states and 2 U.S. territories.
- In collaboration with the CDC, NCHP adapted the Safety Counts evidence based intervention to address the needs of migrant Latino farmworkers, and developed a national training of facilitator's curriculum to teach other providers how to implement the adaptation.
- NCHP collaborated with the CDC to translate the Safety Counts Program Manual into Spanish.
- NCHP is in the process of adapting the VOICES/VOCES evidence based intervention to address the needs of migrant farmworkers as well as African American and Latino MSM.
- NCHP participated on Education Development Center's advisory board for the development of the new VOICES/VOCES videos for Latinos, "Se Trata De Ti" ("It's About You").

CONTACT

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Web site: www.nchponline.org



Back row, left to right: Albert Hannans, Robin Kelley, Jamie Gonzalez, Tamara Combs Middle row, left to right: Kim Johnson, Kelvin Mulembe Front row, left to right: Willene Hare, Melanie Graham, Alaysia Phillips, Joan Llanes.

MISSION

To develop leadership within communities of color to address the challenges of HIV/AIDS.

CBA PROJECT

The National Minority AIDS Council's (NMAC) capacity-building assistance (CBA) program design reflects numerous lessons learned as a result of working with CDC on past cooperative agreements. The NMAC CBA program design reflects the evolution of management effectiveness. The model is rooted in methodology for large-scale, proactive, culturally appropriate, and individualized CBA provision.

NMAC builds the capacity of health departments in the areas of organizational infrastructure and program sustainability, community planning, and monitoring and evaluation.

GOAL

NMAC works to ensure that organizations with complex needs receive timely coordinated assistance that strongly fosters their ability to function effectively and achieve and maintain organizational and program sustainability, by employing a client-centered, flexible, and nonjudgmental approach.

CBA SERVICES

- Organizational assessment
- Strategic planning
- Fiscal management
- Resource development
- Personnel management
- Program marketing
- Leadership development
- Grant writing/proposal development
- Social marketing
- Monitoring and evaluation
- CBA for community planning

HISTORY

Since 1987, NMAC has advanced its mission through a variety of public policy education programs; national conferences; treatment and research programs and training, and a Web site: www.nmac.org. NMAC represents a coalition of 3,000 faith-based organizations (FBOs), CBOs, and AIDS service organizations (ASOs) delivering HIV/AIDS services in communities of color nationwide. NMAC's advocacy efforts are funded through private funders and donors only.

In 1989, NMAC partnered with CDC to help build the capacity of small F/CBOs delivering HIV/AIDS services in communities of color. This changed the mission of the agency from raising awareness of the impact of HIV/AIDS among minorities to building leadership within communities to address the challenges of HIV/AIDS.

NMAC accomplishes this mission through a variety of public policy education programs, national conferences, treatment and research programs and training, and electronic and printed resource materials.

ACCOMPLISHMENTS

- NMAC has been fighting HIV/AIDS for more than 22 years. Along the way, it has repeatedly proven its sustainability and innovation in the face of new challenges. NMAC's relationships with its constituents and partners have matured over decades.
- NMAC is the sole national organization founded specifically to unite African-American, Latino, Asian Pacific Islander, and Native American leaders in the fight against HIV/AIDS.
- NMAC's board, staff, and constituents represent the communities with the heaviest and most disproportionate burdens of HIV incidence in the United States.
- NMAC has been working with CDC since 1989 to deliver CBA.
- NMAC provides education, training, technical assistance, and other capacity-building services to thousands of constituents.
- NMAC also advocates for federal policies to improve access to HIV prevention, treatment, and care, and host the nation's largest annual community-based AIDS meeting, the United States Conference on AIDS.
- NMAC is committed to innovation. NMAC, in collaboration with the National Institutes of Health Office of AIDS Research, sponsors the Equal Access Computer Initiative and has given more than 1,200 computers to CBA and people living with AIDS coalitions in efforts to address the technology divide.
- NMAC has fostered many of the first meaningful working relationships between federal, state, and local health agencies and HIV prevention CBOs in minority communities.

CONTACT

National Minority AIDS Council
Division of Technical Assistance, Training, and Treatment
1931 13th Street, NW
Washington, DC 20009
Phone: (202) 483-6622
Web site: www.nmac.org

**Resource Center for CBA Providers:
Strengthening the quality and delivery of CBA services for
HIV prevention**



Left to right: George Gates, Mark Uttecht, Cherri Gardner, Colin Bill. Insets, top to bottom: Kris Freiwald, Lanett Beard, Pam Drake.

MISSION

The mission at ETR Associates is to maximize the physical, social, and emotional health of all individuals, families, and communities by advancing the work of health, education, and social service providers through high quality research, publications, information resources, training, and programs.

CBA PROJECT

ETR is specifically funded to provide technical assistance in the development of an online repository of capacity-building information for CBA providers and key CDC staff.

GOALS

ETR develops, offers, and manages CBA resources for CBA providers and CDC Capacity Building Branch (CBB) staff. CRC includes MyCBA.org, and provides curricula and training materials development, Spanish-language adaptations, training coordination and facilitation, and CBA networks support.

CBA SERVICES

An online CBA Resource Center (CRC) exists to improve provision of CBA services for HIV prevention by improving communication and collaboration among funded CBAs and other training partners. ETR also edits materials and modalities based upon feedback from a stakeholder advisory committee, particularly in cultural competency and relevance/usefulness. The CRC is comprised of an extensive, interactive online repository and information sharing in person, online, and by telephone. Information in the CRC is available in both English and Spanish, as appropriate. ETR works closely with CDC, CBAs, and training partners to ensure the CRC has the most updated materials available and interventions are delivered with fidelity and consistency.

HISTORY

Since 1981, ETR has been devoted to building the capacity of CBOs, to help promote healthy sexual practices that prevent the spread of HIV/ AIDS. ETR's multidisciplinary staff have worked with organizations in every state and territory in the United States to enhance their prevention efforts so they can provide the best HIV prevention programs for the most vulnerable and at-risk populations.

ACCOMPLISHMENTS

ETR Associates is a center for exemplary publications development and dissemination, pioneering approaches to training and CBA, state of the art information, clearinghouse services, and high quality research and evaluation.

ETR's Tabono CBA project is known for its CBA, training and development of multiple EBIs for African American and Latino MSM, youth and women, including the following:

- Updated and packaged Focus on Youth with ImPACT
- Produced ImPACT video
- Developed RAPP TOT
- Updated and packaged RAPP TOP training materials
- Spanish translation of RAPP TOT and TOP training materials
- Developed training materials to support EBIs, including group facilitation, BDI logic models, and evaluation.
- Collaborated with other CBOs and another CBA provider to facilitate webinar for agencies that serve men who have sex with men and women (MSMW).
- Delivered face to face CBA in multiple areas including facilitation skills, and culturally sensitive strategies for working with transgender populations, and non-identifying MSM.
- Trained hundreds of CBO and health department staff in Focus on Youth with ImPACT, d-Up!, POL, RAPP and SISTA.
- Able to train on additional EBIs including Mpowerment, 3MV, Cuidate´ and Street Smart

CONTACT

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**Resource Center for CBA Consumers:
Strengthening Consumer Access to and Utilization of CBA
Services for HIV Prevention**



Top row, left to right: Denise Ruppel, Michelle Scavnicky, Emily McCloskey, Carl Schmid, Michael Ruppel, Ted Howard. Bottom row, left to right: James Sykes. Not pictured: Terrence Calhoun.

MISSION

The AIDS Institute has a mission to promote action for social change through public policy research, advocacy and education.

CBA PROJECT

Strengthening consumer access to and use of CBA services for HIV Prevention.

GOALS

To improve the effectiveness of HIV prevention services by creating and sustaining an engaged network of CBA consumers that expresses consumer's needs and concerns to CBA providers and funders, educates consumers about CBA and how to access it, and reduces the stigma related to seeking CBA.

CBA SERVICES

1. Conduct capacity-building assistance (CBA) needs assessment
2. Launch and maintenance of www.cbanetwork.org network members
3. Publish CBA consumer E-newsletters
4. Provide CBA consumer webinar trainings and informational sessions
5. Promotion of the CBA Network
6. Facilitate the HIV Prevention Leadership Summit (HPLS) along with CDC
7. Facilitate a CDC track at the United States Conference on AIDS

COLLABORATING PARTNERS

The National Minority AIDS Council (NMAC), CDC National Prevention Information Network (NPIN), the National Association of People with AIDS (NAPWA), the National Alliance of State and Territorial AIDS Directors (NASTAD), the Academy for Educational Development (AED).

TARGET POPULATION

Capacity-building assistance (CBA) consumers, including directly and indirectly funded faith and community-based organizations throughout the United States and its territories.

ORGANIZATIONAL HISTORY

The AIDS Institute (TAI) began as a grass roots community advocacy effort in Florida in the mid-1980s. In 1992, this advocacy network became incorporated as Florida AIDS Action, a statewide nonprofit organization. Since then, TAI has expanded its mission to become a leading national public policy research, advocacy, and education organization with offices in Tampa, Florida, and Washington, D.C.

A key component of TAI's activities has been providing technical assistance and capacity building to health departments, community and national organizations, and regional networks. TAI has used a variety of methods to provide capacity-building assistance, technical support, and information dissemination to its constituents that now include more than 25,000 individuals and organizations. Methods used have included webinars, conference calls, Web site creation and maintenance, e-mail distribution lists, and meeting planning and logistics for face-to-face meetings and conferences.

ORGANIZATIONAL ACCOMPLISHMENTS/HIGHLIGHTS

The AIDS Institute has a long history of providing CBA services to its constituents:

- **Network Development:** TAI works with public and nonprofit entities to strengthen their HIV/AIDS and other referral networks. In addition, TAI offers ongoing training and technical assistance to ensure maintenance and growth of new and emerging community networks, as well as established networks.
- **Advocacy Training:** TAI works with individuals and organizations to raise awareness, remove barriers, and increase capacity for prevention, care and treatment of individuals affected and infected by HIV/AIDS. TAI defines "advocacy" as the active support of an idea or cause, especially if the act of pleading or arguing for something is related to HIV/AIDS and Hepatitis. Therefore, TAI works diligently to provide advocacy training through the Center for Advocacy Training.
- **Media Relations and Communications:** TAI works with organizations to provide ongoing communications through public, media and donor relations, ensuring that all of the agency's communities are kept abreast of ongoing agency efforts, and the latest news related to HIV/AIDS.

CONTACT

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National Network of STD/HIV Prevention Training Centers

The STD/HIV Prevention Training Centers (PTCs) are funded under “Funding Opportunity Announcement PS11-1103: Sexually Transmitted Diseases/Human Immunodeficiency Virus Prevention Training Centers.” This announcement concerns a 3-year cooperative agreement that provides funding to create the National Network of STD/HIV Prevention Training Centers (NNPTC). The NNPTC is a group of regional centers, each created as a partnership between an academic institution and a state or local public health department. The NNPTC is funded by DHAP and DSTDP and dedicated to improving and enhancing the knowledge and skills of health professionals and prevention specialists who serve populations that are disproportionately at risk for, or are affected by, STDs and HIV and their associated complications.

The NNPTC comprises 16 regional centers and one national center. Of the regional centers, eight provide STD clinical and laboratory and HIV prevention in care training and technical assistance, five provide training in HIV behavioral interventions, and three provide training in STD/HIV partner services and program support. The national center – the National Resource and Coordinating Center (NRCC) – maintains the NNPTC website (www.nnptc.org) with up-to-date information on PTC course offerings (www.nnptc.org/core_training), schedules (www.nnptc.org/calendar), and training resources (www.nnptc.org/online_training) and provides coordination and support for the NNPTC and nationally focused training activities, initiatives, and projects. The geographic locations of the PTCs ensure the provision of adequate training in all areas of the United States. Each state or territory is served by at least one clinical and laboratory PTC, one behavioral and social interventions PTC, and one partner services and program support PTC. The PTCs are also funded to collaborate with other PTCs on national training activities.

Each PTC is staffed by health professionals with demonstrated expertise in STD/HIV prevention training. The PTCs develop, deliver, and evaluate training courses, materials, and other activities on the diagnosis, treatment, and prevention of STDs and HIV in order to meet the training needs of health professionals in the public and private sectors throughout the United States.

The origins of the NNPTC can be traced to 1979, when the Venereal Disease Control Division of CDC began the “STD Prevention/Training Clinics” as a joint project with state and local health departments and medical schools. Initially seven STD Prevention/Training Clinics were funded to improve the STD clinical skills of VD clinic personnel and clinicians in private practice. By 1990, all 10 regions of the Department of Health and Human Services provided clinical training through STD/HIV Prevention Training Centers. In 1995 the program was expanded to provide training in behavioral and social interventions to modify behaviors known to increase the risk of STD/HIV transmission, as well as partner services and program support training based on the STD Program Operations Guidelines and the Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection. In 2004, the program was expanded to provide public and private clinicians with training and technical assistance in HIV prevention in care. In 2011 the program was expanded to create the NRCC.

The NNPTC has made significant contributions to CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention by developing and disseminating training courses and educational events that support and adhere to CDC STD/HIV guidelines, programs, and initiatives. During the most recent funding cycle (April 2006–March 2011), the PTCs providing clinical and laboratory trainings delivered almost 3,000 trainings to 161,000 participants, the PTCs providing behavioral and social interventions trainings delivered over 1,000 trainings

to 28,000 participants, and the PTCs providing partner services and program support training delivered over 400 trainings to 5,600 participants.

The NNPTC is also part of a Department of Health and Human Services interagency initiative, started in 2002, to increase collaboration among federally funded training centers with overlapping or related missions. The federal programs in the initiative, known as the Federal Training Center Collaboration are the Health Resources and Services Administration, HIV/AIDS Bureau, Division of Training and Technical Assistance; CDC's Divisions of STD Prevention, HIV/AIDS Prevention, Viral Hepatitis, TB Elimination, and Reproductive Health; the Office of Population Affairs, Office of Family Planning; and the Substance Abuse and Mental Health Services Administration. The participating training center grantees are the AIDS Education and Training Centers; the STD/HIV PTCs; the Regional Training Centers for Family Planning; the Addiction Technology Transfer Centers; the Viral Hepatitis Networking, Education Training program; and the TB Regional Training and Medical Consultation Centers.

A profile of each PTC in the NNPTC is included in this section. The PTCs are grouped according to the training and services offered:

STD Clinical and Laboratory and HIV Prevention in Care (Part I)

Behavioral Interventions (Part II)

STD/HIV Partner Services and Program Support (Part III)

National Resource and Coordinating Center (Part IV)

STD Clinical and Laboratory and HIV Prevention in Care PTCs (Part 1)



Top row, left to right: Jonathan Drewery, Edward Hook III, Richard Meriwether, Richard Williams. Bottom row, left to right: Laura Bachmann, Hanne Harbison.

MISSION

The mission of the AL/NC PTC is to provide qualified individuals with the knowledge, skills and judgment needed to provide high quality, evidence-based, patient care in a variety of medical settings. The AL/NC PTC is dedicated to increasing the knowledge and skills of health professionals in the areas of sexual and reproductive health through a wide spectrum of state-of-the-art educational opportunities, including experiential learning with an emphasis on prevention.

COVERAGE AREA

Alabama, Arkansas, Florida, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, and South Carolina.

TRAININGS

Three and 5-day center based trainings in STD/HIV diagnosis, treatment and prevention; STD clinician update courses for practicing clinicians; STD clinical preceptorships; and STD laboratory skills course.

OTHER ACTIVITIES

The AL/NC PTC works actively with local health care providers in the nine regional states to identify and develop locally appropriate trainings to unique state needs. Examples of trainings designed to provide evidence-based locally appropriate solutions include the following: STD workshops; Ask, Screen, Intervene; and annual Training of Trainers to build local STD/HIV capacity.

HISTORY

The AL/NC PTC is a regional collaboration between a group of nationally respected experts in STD training and research. The center is comprised of faculty and staff from the University of Alabama at Birmingham (UAB), the University of North Carolina (UNC), the Jefferson County Department of Health (JCDH) and the North Carolina Department of Health (NCDOH). Using faculty from each collaborating institution the AL/NC PTC proposes to provide regional STD/HIV prevention training for the Southern Region of the United States at two state of the art STD Clinics strategically located between university and health department facilities. In addition, faculty and staff will travel to other locations for further educational activities within the region to improve STD/HIV care. The AL/NC PTC partners with other training centers such as the Southeast AIDS Training and Education Center (SEATEC); the Delta Region AETC; the Mississippi PTC (Behavioral and Social Intervention Training); the National Training Center for Integrating Hepatitis STD and HIV Prevention Services; state and local health departments in the nine states of their coverage area; Region IV and VI Infertility Prevention Programs; and local community health organizations. The training center has been active since 2006.

ACCOMPLISHMENTS/HIGHLIGHTS

Some of the accomplishments/highlights of the past 5 years include

1. Developed model STD training centers at Jefferson and Guilford counties to provide state-of-the-art training to providers in the region.
2. Recruited a large and highly experienced STD/HIV faculty (20+) with careers in STD/HIV research, training, and prevention from the University of Alabama at Birmingham, University of North Carolina, and Wake Forest University.
3. Initiated a program collaboration and service integration model with the Alabama Education and Training Center and the National Training Center for Integrating Hepatitis HIV/STD Prevention Services.
4. Increased linkages with STD/HIV professionals in nine regional states through the annual Training of Trainers event.

CONTACT

AL/NC STD/HIV Prevention Training Center

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Birmingham, AL 35294-0007

Phone: (205) 975-9380

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Top row, left to right: Linda Creegan, Chris Hall, Ina Park, Sharon Adler. Bottom row, left to right: Alice Gandelman, Greg Mehlhaff, Stacy Vogan, Dana McCurdy. Not pictured: Maxine Haytin.

MISSION

The mission of the CA PTC is to strengthen the capacity of health professionals and organizations to reduce the spread of HIV/STDs. The CA PTC achieves this by developing, implementing, and evaluating innovative trainings and technical assistance nationally and internationally that facilitate collaboration between researchers, practitioners, and funders. The CA PTC's areas of expertise include partner services, behavioral interventions, and STD diagnoses, treatment and management.

COVERAGE AREA

Clinical courses are provided primarily for health professionals in Arizona, California, Hawaii, Nevada, and the following Pacific islands: American Samoa, the Federated States of Micronesia, Guam, the Northern Mariana Islands, the Republic of the Marshall Islands, and the Republic of Palau.

TRAININGS

- Clinical courses on all aspects of STD clinical and lab services and HIV prevention in care include didactic presentations, small group discussions, interactive exercises, case studies, hands-on clinic practice, and a variety of visual media to enrich the applied learning experience.
- Core course offerings include Ask, Screen, Intervene (ASI): Incorporating HIV Prevention into the Medical Care of Persons Living with HIV; Clinical Precepting; Male and Female Exam Skills; Fundamentals of STD (STD Intensive); Examination and Interpretation of Vaginal Wet Mount Specimens; STD Updates; and STD Overview for Clinicians.
- The CA PTC provides continuing education units (CEUs) for the variety of health professionals who attend clinical trainings including Continuing Nursing Education (CNE) and Continuing Medical Education (CME).

OTHER ACTIVITIES

- Over the past 20 years, the CA PTC has developed and maintained successful collaborations with numerous external partners including federal training centers, managed care and health maintenance organizations (HMOs), universities, local and state health departments, clinics, correctional and military programs, and other professional organizations.
- The CA PTC Clinical Training Program has and continues to be involved in research activities, contributing expertise and support to multiple entities, and is an acknowledged national leader in all aspects of STD screening, diagnosis and treatment.
- Training partners: CA PTC has developed and maintained successful partnerships with their FTCC partners from the AETCs, RTCs, VHETs, RTMCCs, and ATTCs.

HISTORY

The CA PTC is a project of the University of California, San Francisco, Bixby Center for Global Reproductive Health, Department of Obstetrics, Gynecology and Reproductive Sciences. The CA PTC has been providing high quality STD Clinical training since 1989.

The CA PTC is part of the NNPTC and has provided STD/HIV Clinical, Behavioral Intervention and Partner Services training and technical assistance (TA) services for health care providers throughout the country.

ACCOMPLISHMENTS/HIGHLIGHTS

The CA PTC is the only fully integrated center within the NNPTC and has long recognized the importance of and being committed to, providing training and TA to its health department and community partners at the local, state and national levels.

The CA PTC has invested in and has a fully operational online learning management system. This allows the CA PTC to electronically manage face-to-face and online courses, including course registration and evaluation databases, and it facilitates automated reporting functions to the CDC. The CA PTC is committed to meeting the on-going needs of their constituents and plan to continue development and implementation of distance learning courses.

The CA PTC has more than 15 years of formative research experience, needs assessment design and implementation, curriculum development, interactive training using participatory approaches and adult learning principles, provision of technical assistance and evaluation design and analysis.

CONTACT

California STD/HIV Prevention Training Center
Clinical Training Program
300 Frank H. Ogawa Plaza, Suite 520
Oakland, CA 94612
Phone: (510) 625-6000
Web site: www.stdhivtraining.org



Back row, left to right: Michael McLeod, Aaron Shipman, Terry Stewart, Katie Langland, Scott Pegues, John Fitch. Front row, left to right: Alex Landis, Rosemary Thomas, Teri Anderson, Helen Burnside, Terry Lee. Not pictured: Mark Thrun, Kees Rietmeijer, Sheana Bull, Sharon Devine.

MISSION

The mission of the Denver PTC Clinical Training Program is to deliver innovative, state-of-the-art training to healthcare providers to enhance their services and to improve the health of populations at risk for STD/HIV.

COVERAGE AREA

The Denver PTC Clinical Training Program serves Colorado, Montana, New Mexico, North Dakota, South Dakota, Texas, Utah, and Wyoming.

TRAININGS

Steps from the Denver Metro Health Clinic (DHMC), the largest STD Clinic in the Rocky Mountain Region, the Denver PTC offers a variety of experiential, lecture-based and online clinical courses to meet the STD/HIV training needs of providers.

- The Denver PTC's flagship course, the highly-rated 3-Day STD Intensive, provides clinicians with an opportunity for hands-on training while working with experienced preceptors.
- STD overviews, updates, and webinars are held around the region, each covering current issues in the testing, diagnosis, treatment, management, and prevention of STDs and HIV.
- A 1-day STD clinical rotation is available at clinics in Denver or Salt Lake City for participants that have previously attended an Update or Overview.
- Wet Prep workshops are offered to build wet mount microscopy skills.
- The ASI: Incorporating HIV Prevention into the Medical Care of Persons Living with HIV course, a time-effective, provider-based intervention focusing on HIV prevention in care, is offered in a variety of formats to accommodate the needs of the audience.

OTHER ACTIVITIES

- The Denver PTC provides technical assistance, capacity building and clinical consultation for healthcare providers in its service area.
- The Denver PTC collaborates with regional training partners – including state and local health departments, AETCs, RTCs, and Behavioral Intervention and Partner Services PTCs, among others – when planning and holding trainings.
- Training needs assessment and evaluation are provided through a partnership with the University of Colorado, Denver Department of Health and Behavioral Sciences.

HISTORY

The Denver PTC was among the first centers funded in 1979 by CDC to enhance the capacity of the STD clinical workforce in the United States. In 1995, the Denver PTC was one of four new regional training programs established for behavioral and social interventions aimed at the prevention of HIV. In 2011, the Denver PTC became the National Resource and Coordinating Center for the NNPTC.

ACCOMPLISHMENTS/HIGHLIGHTS

- The Denver PTC is the only training center to have a model STD clinic, nationally recognized HIV care and family planning clinics, HIV linkage to care programs, on-site partner services and both a clinical and a behavioral and social intervention PTC program all in one place.
- The Denver PTC is accredited as a stand-alone provider of both CME credits for physicians and CNE credits for nurses.
- The Denver PTC's multidisciplinary faculty has more than 300 combined years of STD/HIV training experience and many faculty members hold a dual appointment at local universities in their area.
- The Denver PTC has collaborated with Indian Health Services (IHS) and the National Native American AIDS Prevention Coalition (NNAAPC) to bring STD/HIV training across the region to providers that serve Native Americans.
- The Denver PTC recently developed and published a peer-reviewed scientific manuscript describing 6-month outcomes of its 3-Day STD Intensive Clinical Course: "Can Experiential-Didactic Training Improve Clinical STD Practices?" (Sexually Transmitted Diseases; January 2011).

CONTACT

Denver STD/HIV Prevention Training Center
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Denver, CO 80204
Phone: (303) 602-3616
Web site: www.DenverPTC.org



Left to right: Anne M. Rompalo, M. Terry Hogan, and Jeanne M. Hoover

MISSION

The STD/HIV PTC at Johns Hopkins is a participating member of the NNPTC, a CDC funded group of regional centers. The PTC represents a partnership with the health departments serving Delaware, Georgia, Maryland, Pennsylvania, Tennessee, Virginia, West Virginia; the cities of Baltimore, Washington, D.C., and Philadelphia; and the Johns Hopkins University School of Medicine. The mission, in accord with the NNPTC mission, is to increase knowledge and skills of healthcare professionals and community-based providers in the area of sexual and reproductive health. In partnership with the NNPTC, this Center continues to promote excellence in STD and HIV prevention and clinical services with a spectrum of state of the art educational opportunities including experiential learning.

COVERAGE AREA

Delaware, District of Columbia, Georgia, Maryland, Pennsylvania, Tennessee, Virginia, and West Virginia.

TRAININGS

Training programs that include many modalities are offered, i.e., face-to-face, telecom, satellite, webinar, or online. Courses include didactic presentations, case studies, discussions, group interactions, role-plays and hands-on experiences. Major courses include: STD Intensive Course (3- or 5-day course); Part-time Intensive; ASI : Incorporating HIV Prevention into the Medical Care of Persons Living with HIV; Basic STIs; Dark field Microscopy and Bright field Microscopy.

OTHER ACTIVITIES

Technical assistance to reproductive health care providers and program administrators is available upon request. Technical assistance and training is presently being offered to the State of Maryland, Department of Health and Mental Hygiene, Infectious Disease and Environmental Health Administration, Center for STI Prevention; and the West Virginia Department of Health and Human Resources, Division of STD, HIV and Hepatitis. Collaborations with the Federal Training Center Collaborative of the Atlantic Region (FTCCAR) are ongoing. The collaborative encompasses TRAINING 3 (regional family planning training center), the Pennsylvania Mid-Atlantic AETC, New Jersey Medical School Global TB Institute, National Viral Hepatitis Technical Assistance Center, and ATTC.

ACCOMPLISHMENTS/HIGHLIGHTS

2000 – Collaborated with Johns Hopkins, the British Association for Social Health and HIV (BASHH), the American STD Association (ASTDA), American Social Health Association (ASHA) and others to present “STIs at the Millennium” in Baltimore, Maryland.

2000–2011 – Conducted an STI class at the JHU Bloomberg SPH on site and on the Internet.

2004–2009 – Partnered with sister PTCs, the PTC was involved in the development of the national ASI: Incorporating HIV Prevention into the Medical Care of Persons Living with HIV curriculum and coordinated the ASI: Incorporating HIV Prevention into the Medical Care of Persons Living with HIV curriculum update for the last funding cycle.

2004–2009 – Secured continuing education (CE) approval for the national ASI: Incorporating HIV Prevention into the Medical Care of Persons Living with HIV classes, and continues to secure CE for quadrant-wide classes and webinars and numerous regional and local programs through the CE Accreditation and Learner Support Team at the CDC Office of Workforce & Career Development, Division of Training Services.

2009–2010 – Partnered with Quadrant PTCs to offer two webinars highlighting diagnostic tests, “Which Tests are Best.”

2010 – Partnered with the FTCCAR to present a series of webinars, “Managing Complex Cases – You are not Alone,” a series focusing on program collaboration and service integration and, through case study, illustrating skills and methods to work with vulnerable populations over the life course.

2011 – Collaborated with the Family Planning (FP) Council and Arcadia University to present STI classes online, one targeting FP clinicians and one targeting FP clinical staff, entitled “Sexually Transmitted Infections: Diagnosis, Treatment and Prevention.”

CONTACT

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Staff: Eunmee Chun, Gowri Nagendra, April Canete.

MISSION

The Region II PTC's mission is to reduce STDs and HIV morbidity and improve reproductive health by addressing the educational needs of clinical providers throughout New York City, New York State, New Jersey, Puerto Rico, the U.S. Virgin Islands, Michigan, Ohio, and Indiana. Target audiences include physicians, nurses, nurse practitioners and physician assistants who provide clinical care. Located at the NYC DOHMH, the PTC is funded by CDC and is administered by Public Health Solutions.

COVERAGE AREA

New York, New Jersey, Puerto Rico, the U.S. Virgin Islands, Michigan, Ohio, and Indiana.

TRAININGS

The PTC offers provider education in different formats, including live STD intensive courses, lab courses, day and evening conferences, experiential training, Web-based trainings, print resources and grand rounds presentations. Major courses include ASI, training for HIV clinical providers; STD Intensive and STD Adolescent Intensive 2- and 3-day courses and 1-day clinical practicum training.

OTHER ACTIVITIES

The Region II PTC works with a number of key collaborators including the Center for Health & Behavioral Training, Callen-Lorde Community Health Center, the Puerto Rico Department of Health, the US Virgin Islands Department of Health, the New Jersey Department of Health, the New York State Department of Health, the Eastern Geographical Quadrant PTC Network, the NNPTC, the AETCs, the RTC, the Global TB Training Center, the National Hepatitis Training Center, the ATTC, and numerous divisions at the NYC DOHMH. The Region II PTC actively works with these organizations on collaborative projects, including needs assessments and the provision of training, both online and live.

HISTORY

The PTC has served as the Region II Clinical, Laboratory and HIV Prevention in Care STD/HIV PTC since April 2000 and has offered provider education in different formats, including intensive courses, lab courses, day and evening conferences, experiential training, Web-based trainings, print resources and grand rounds presentations. The PTC works collaboratively with the Joseph L. Mailman School of Public Health at Columbia University. Partnership with Columbia University brings expertise and research from the Joseph L. Mailman School of Public Health, the Harlem Health Promotion Center (HHPC), Project STAY (Services to Assist Youth) and Columbia University Medical Center. Region II PTC faculty come from university, hospital and private practice settings.

ACCOMPLISHMENTS/HIGHLIGHTS

The Region II PTC offers a unique combination of experience both in the region and the nation, and strong collaborations and academic resources. Select highlights of PTC activities include a 2009 Northeast FTCC needs assessment, collaborative conferences with federally funded training partners and health departments, a DVD for adolescent health providers on how to discuss sexual health with patients and collaborations with the NNPTC in developing educational resources and trainings.

CONTACT

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MISSION

The Seattle PTC provides training to health care providers in Alaska, Idaho, Oregon, and Washington on the prevention, diagnosis, management, and treatment of STDs and HIV prevention. Some of the goals of the PTC include reducing STDs and HIV morbidity, improving reproductive health, increasing the knowledge and skills of health professionals in the areas of sexual and reproductive health, and addressing the educational needs of clinical providers.

COVERAGE AREA

Alaska, Idaho, Oregon, and Washington.

TRAININGS

Education and training programs are specifically designed for physicians, nurses, physician assistants, nurse practitioners, laboratorians, health educators, and other health care professionals. Clinical and laboratory training programs include in-person lectures and didactic courses, hands-on clinical and laboratory experience, clinical consultation on all aspects of managing patient care and Internet-based training, and educational resources. The Seattle PTC's course offerings include: STD Update with Optional Clinical Practicum, Essential STD Exam Skills, Microscopic Examination of Vaginal Fluids, ASI: Incorporating HIV Prevention into the Medical Care of Persons Living with HIV, and Venipuncture Techniques.

OTHER ACTIVITIES

As part of the NNPTC, the Seattle PTC also maintains the Online STD Case Series (www.stdcases.org). The series includes case presentations of common STD-related syndromes with a guided, interactive process to evaluate each case, arrive at a diagnosis and provide recommended treatment.

The Seattle PTC hosts the Practitioner's Handbook for the Management of STD (www.stdhandbook.org), which is designed to assist practitioners in primary health care, family medicine, emergency medicine and other specialties in the optimal management of STD.

Hepatitis Web Study (www.hepwebstudy.org) features interactive case studies covering a broad array of topics related to prevention, management and treatment of viral hepatitis.

As expert trainers, researchers, and care providers, Seattle PTC faculty are available for individual clinical consultation for healthcare providers by telephone or e-mail.

HISTORY

In operation at the University of Washington since 1979, the Seattle PTC leads the way in providing world class STD/HIV training to health care providers in the Pacific Northwest. As a member of the NNPTC, the Seattle PTC is affiliated with national and international programs involved in STD and HIV prevention, care and research. The Seattle PTC is associated with the Public Health-Seattle & King County (PHSKC) STD Clinic at Harborview Medical Center. The Seattle PTC's teaching faculty are members of the University of Washington School of Medicine and personnel of PHSKC; many are leaders in HIV and STD related research. A program of the UW Center for AIDS and STD, the Seattle PTC also partners with health departments in Alaska, Idaho, Oregon, and Washington to provide training and resources in each state.

ACCOMPLISHMENTS/HIGHLIGHTS

Select highlights of PTC activities include participation in the NW Regional FTCC, collaborative conferences with federally funded training partners and health departments, an online training video entitled "The Examination of Vaginal Wet Preps," and collaborations with the NNPTC in developing educational resources and trainings.

CONTACT

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Left to right: Richard Buller, Enbal Shacham, Bradley Stoner, Deloris Rother, Kim Gray, Shirley Williams. Not pictured: Rachel Presti, Nur Onen, Matthew Kreuter.

MISSION

The St. Louis PTC is dedicated to increasing knowledge and skills of healthcare professionals and community-based providers in the area of sexual and reproductive health. The St. Louis PTC is a member of the NNPTC, which promotes excellence in STD and HIV prevention and clinical services with a spectrum of state of the art educational opportunities including experiential learning.

COVERAGE AREA

Illinois, Iowa, Kansas, Minnesota, Missouri, Nebraska, and Wisconsin.

TRAININGS

The St. Louis PTC provides state-of-the-art STD/HIV prevention training using a variety of training modalities in order to meet individual participant learning style needs, to reach providers in remote areas of their coverage area, and to accommodate clinicians who prefer on-line educational training. For the past 15 years, the PTC has used distance learning to extend their training reach. We have been very successful in using interactive video-conferencing, and now with continuing advances in technology, we are able to provide courses on-line through Blackboard technology, video-streaming and webinar methods. The St. Louis PTC also offers traditional didactic courses on their home campus at Washington University School of Medicine, as well as at other sites across their coverage area.

Some of the Seattle PTC's core training courses include:

- **STD Intensive:** This is a 36-hour course designed for healthcare providers who are new to STD care. The course has 18 hours of didactic lecture, 2 hours of case studies, and 16 hours of hands-on practicum training at a model STD clinical care delivery site.
- **STD Laboratory Methods:** This 16-hour course is designed for providers who work in settings where microcopy is available. The course has 8 hours of lecture and 8 hours of hands-on practical laboratory experience.
- **STD Update:** This 16-hour course is designed to give providers with some prior STD experience a state-of-the-art update in STD epidemiology, clinical presentation, diagnosis, treatment, and prevention. The course has 8 hours of lecture and 8 hours of hands-on practicum training at a model STD clinical care delivery site.

- **Advanced STD Intensive Course:** This course consists of 8 hours of lecture and 8 hours of optional practicum training at a model STD clinical care delivery site. The course is designed to provide cutting-edge STD clinical updates and skills enhancement for clinicians who provide STD care in their current practice setting.
- **ASI: Incorporating HIV Prevention into the Medical Care of Persons Living with HIV** This 4-hour modular course targeting HIV care providers is designed to promote the use of the clinical encounter for the prevention of HIV transmission.

OTHER ACTIVITIES

The St. Louis PTC collaborates with a variety of public and private organizations to extend the scope and reach of their training mission. These organizations include the HRSA-funded Midwest AIDS Education and Training Center (MATEC), the OPA-funded Region VII RTC, and state and local health departments throughout Region VII and surrounding states (Illinois, Iowa, Kansas, Minnesota, Missouri, Nebraska, and Wisconsin). The St. Louis PTC also offers educational consultation and technical assistance for healthcare providers, state and local health departments, and healthcare organizations throughout their coverage area. The St. Louis PTC conducts needs assessments, training evaluation, and other activities to continuously improve the effectiveness and impact of their training efforts.

HISTORY

The St. Louis PTC was established in 1995 to provide STD clinical training and HIV prevention in care training to clinicians in HHS Region VII (Iowa, Kansas, Missouri, Nebraska). The PTC was initially established as and continues as a partnership between Washington University School of Medicine and St. Louis County Department of Health. Using the St. Louis County STD Clinic as a model clinic for experiential training, the St. Louis PTC has established itself as a leader in the field of STD prevention. With high rates of STD morbidity in their area, the St. Louis PTC offers trainees the opportunity to gain important clinical skills through hands-on experiential training at model STD clinics in St. Louis and throughout neighboring Region VII states: over the last 10 years, the St. Louis PTC has have developed clinical training sites in Nebraska, Iowa, and Kansas so that students taking courses via distance learning will not have to travel out of their home state to participate in practicum training.

The St. Louis PTC was the first training site to offer courses by distance learning using both video-conferencing and satellite broadcasts. Today, the technology has changed, but they continue to use IT to provide distance learning opportunities throughout their coverage area.

ACCOMPLISHMENTS/HIGHLIGHTS

The St. Louis PTC established itself early on as a leader in the field of distance education for STD/HIV Prevention Training. They have collaborated with the University of Missouri, DL Technology Center and other regional universities and health departments to access their IT departments to develop and maintain two-way audio/two-way video training systems.

The St. Louis PTC has an outstanding record of accomplishment of students participating in practicum training. In addition to clinical training sites at STD clinics in St. Louis city and county, they have developed collaborative clinical training relationships with STD clinics in Kansas City, KS, Des Moines, IA, Omaha, NE, as well as Jefferson County, MO. The St. Louis PTC also collaborates with the MATEC to provide HIV clinical training for students at the Infectious Disease Clinic at Washington University.

Through a joint program with the Kansas Department of Health and Environment's Infertility Prevention Project (IPP), the St. Louis PTC helps to ensure that clinicians working in the Kansas Family Planning clinics receive adequate training in STD/HIV care and prevention.

The St. Louis PTC is accredited by the Missouri State Medical Association to provide continuing medical education for physicians. The St. Louis PTC has been awarded an “Exemplary Status” designation by the MSMA.

The St. Louis PTC offers the CDC course “STD 101 in a Box” to area health departments, CBOs, and ASOs upon request.

CONTACT

Deloris (Dodie) Rother, MPH

Program Director

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Left to right: Laura Smock, Lisa Carey, Katherine Hsu, Janine Dyer.

MISSION

To provide high-quality, state-of-the-art training to New England and national clinician audiences to reduce STD and HIV morbidity and to improve reproductive health.

COVERAGE AREA

Massachusetts, Rhode Island, Connecticut, Maine, New Hampshire, and Vermont are the states in the Ratelle PTC coverage area. The Ratelle PTC also partners with CDC and the NNPTC to develop and deliver national level trainings, curricula, and resources.

STD/HIV CLINICAL TRAININGS

The Ratelle PTC offers a variety of training opportunities for New England clinicians including the following: one-to-one clinical consultation, face to face trainings including experiential learning, distance learning opportunities, and enduring materials. Major courses include: Three Day STD Intensive courses, Four Day STD Intensive course for Infectious Disease fellows, Brightfield Microscopy workshops, ASI: Incorporating HIV Prevention into the Medical Care of Persons Living with HIV curriculum in full day and modular formats, and Grand Rounds/presentations using Turning Technologies Audience Response System.

OTHER ACTIVITIES/SERVICES

In partnership with an evaluation team from John Snow International, Inc., needs assessment and evaluation activities are routinely conducted to inform local training activities. The Ratelle PTC collaborates with local, regional and national groups to develop joint trainings

and resource materials for clinician audiences. Local and regional efforts include partnerships with Fenway Community Health, other Federal Training Centers such as New England AETC, Region I RTC, the New England ATTC, and the Division of TB Control within the Massachusetts Department of Public Health, a partner with the Northeastern National Tuberculosis Center. Linkages with professional groups such as Nurse Practitioners Associates for Continuing Education (NPACE) and New England Regional Chapter for the Society for Adolescent Health and Medicine (NERC SAHM) allow the Ratelle PTC to reach key target audiences. National efforts include development and delivery of a teleconference series to US Army clinicians and updates to CDC and NNPTC curricula. Ratelle PTC faculty serve as invited “STD experts” at Grand Rounds, regional and national conferences, and other activities, including NNPTC Parts II and III trainings as needed.

HISTORY

The STD/HIV PTC of New England was established in 1995 by its founding Medical Director, Sylvie Ratelle, MD, MPH. After the passing of Dr. Ratelle in 2006, the center was renamed in her honor. The PTC has been a program of the Massachusetts Department of Public Health and partners with state and city health departments to deliver experiential training to New England clinicians. PTC faculty from New England academic institutions develop and deliver STD/HIV training and resources in the form of grand rounds, distance learning activities, hands on training activities, full and half day workshops, and educational materials. Academic partnerships include the following: Boston University, Brown University, Harvard University, University of Connecticut, University of Massachusetts, Yale University, and Dartmouth University.

ACCOMPLISHMENTS/HIGHLIGHTS

Recently, the Ratelle PTC successfully partnered with Contemporary Forums/Contraceptive Technology to deliver full-day STD updates to national audiences. The Ratelle PTC also recently released its Second Edition of “Managing STDs in the Correctional Setting: A Guide for Clinicians,” which was a national effort with the National Coalition of STD Directors (NCSD), Society of Correctional Physicians, and other PTCs. The Ratelle PTC offers most courses free of charge, with CE credits provided by the Massachusetts Department of Public Health in conjunction with the Massachusetts Medical Society.

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HIV Behavioral Interventions PTCs (Part II)



Back row, left to right: Cindy Levin, Tim Vincent, Jen Shockey, AJ King, Stacy Vogan, Linda DeSantis, Patrick Piper, Mateo Rutherford, Dana McCurdy, Gabriel Rendon. Front row, left to right: Greg Mehlhaff, Alice Gandelman, Sameena Azhar, Gustavo Campos.

MISSION

The mission of the CA PTC is to strengthen the capacity of health professionals and organizations to reduce the spread of HIV/STDs. The CA PTC achieves this by developing, implementing and evaluating innovative trainings and technical assistance nationally and internationally that facilitate collaboration between researchers, practitioners and funders. The CA PTC's areas of expertise include partner services, behavioral interventions and STD diagnoses, treatment and management.

COVERAGE AREA

The CA PTC Behavioral and Program Support training courses are open to audiences within HHS Regions IX and X, including Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Washington, and the following Pacific islands: American Samoa, the Federated States of Micronesia, Guam, the Northern Mariana Islands, the Republic of the Marshall Islands, and the Republic of Palau. The CA PTC strategizes and delivers courses nationally with their other Behavioral PTC partners.

TRAININGS

- The CA PTC Behavioral Training Program offers skills-based training and technical assistance on a variety of Diffusion of Evidence Based Interventions (DEBIs) and Public Health Strategies including CLEAR; Community PROMISE; Comprehensive Risk Counseling and Services (CRCS); Healthy Relationships; Many Men, Many Voices; Partnership for Health; Personalized Cognitive Counseling; RESPECT; Sister to Sister; and Project START.
- Courses that support the implementation of these and other EBIs. These courses include Assessment and Evaluation, Bridging Theory and Practice, Facilitation Skills for Group-level Interventions, and Positive Strengths: Building Provider Competencies in Prevention with People Living with HIV.

- The CA PTC's courses are interactive, dynamic and based on adult learning principles. They offer both instructor-led (non-virtual) and Web-based training.

The CA PTC provides CEUs for the variety of health professionals who attend behavioral trainings. These include CNE, BBS, CHES, and CAADAC.

OTHER ACTIVITIES

- The CA PTC offers expertise in many areas: prevention with people living with HIV, stigma, social determinants of health and health disparities, monitoring and evaluation, curriculum writing, and developing master trainers.
- They provide international training and technical assistance and have worked extensively in Africa.
- They deliver tailored trainings and presentations on issues pertinent to populations at risk such as MSM of color; transgender; prevention with people living with HIV; combination approaches to prevention.

HISTORY

For the past 15 years, the CA PTC has been part of the NNPTC and has provided STD/HIV clinical, behavioral intervention and partner services training and TA services for health care providers throughout the country.

ACCOMPLISHMENTS/HIGHLIGHTS

The CA PTC is the only fully integrated center within the NNPTC and has long recognized the importance of and being committed to, providing training and TA to its health department and community partners at the local, state, and national levels.

The CA PTC has invested in and has a fully operational online learning management system. This allows the CA PTC to electronically manage face-to-face and online courses, including course registration and evaluation databases, and it facilitates automated reporting functions to the CDC. The CA PTC is committed to meeting the ongoing needs of their constituents and plans to continue development and implementation of distance learning courses.

The CA PTC has more than 15 years of formative research experience, needs assessment design and implementation, curriculum development, interactive training using participatory approaches and adult learning principles, provision of technical assistance, and evaluation design and analysis. In addition, the CA PTC has more than 8 years of experience delivering trainings on interventions from the DEBI project.

CONTACT

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Back row, left to right: Cheryl Bedford, Louis Henry, Tracee Belzle. Front row, left to right: Daniel Casillas, Shirley Davis, Marilyn Pyeatt, Anne Freeman, Al Dawson. Not pictured: Curtis Jackson.

MISSION

The mission of the Dallas PTC Behavioral and Social Interventions Training Program is to deliver innovative, state-of-the-art training in STD/HIV evidence-based interventions and public health strategies related to Prevention with Positives and the skills that support their successful implementation.

COVERAGE AREA

Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, and Texas. The PTC also serves audiences nationally for courses related to the Prevention with Positives Initiative.

OTHER ACTIVITIES/SERVICES

- The Dallas PTC offers expertise in many areas: prevention with people living with HIV; behavioral determinants of health, monitoring and evaluation, curriculum writing and developing master trainers, and community assessment.
- The PTC provides international training and has worked in Africa and Mexico.
- The PTC delivers tailored trainings and presentations on issues pertinent to populations at risk such as MSM of color and prevention with people living with HIV.

HISTORY

The Dallas PTC has been providing high quality HIV/STD behavioral intervention training and technical assistance across the United States since 1996, in partnership with the University of Texas School of Public Health as part of the NNPTC. Dallas PTC has provided more than 10,000 hours of trainings, including those that support CDC's DEBI project and build providers' knowledge and skills in the areas of behavioral science, selecting and adapting evidence-based interventions, program evaluation, and community assessments.

ACCOMPLISHMENTS/HIGHLIGHTS)

- Developed the replication packages for Healthy Relationships, a group-level, behavioral intervention with men and women living with HIV (2002–1005), and for Nia, a group-level, behavioral intervention with African-American men who have sex with women (2006–2008).
- As one of four CDC-funded PTCs, the Dallas PTC developed curricula/training materials in English and Spanish and provided training on HIV prevention techniques, methods for adapting EBIs/PHS, behavioral theory, and EBIs/PHS, including PROMISE/PROMESA, VOICES/VOCES, Healthy Relationships, RESPECT, CRCS, and Project SAFE. Program support courses included, Community Assessment, Bridging Theory and Practice, Inter-relationships of HIV and other STDs, Prevention Messages with Persons Living with HIV/AIDS, Process Evaluation, and Outcome Evaluation. “Training of Trainers” (TOT) curricula was developed for program support courses as well as for Healthy Relationships and Partnership for Health. The Dallas PTC collaborated on periodic assessments of training needs with state health departments that allowed the PTC to develop strong relationships and create tailored training plans for the dissemination of EBIs/PHS (1995–2011).
- Conducted the original research demonstrating the efficacy of the Community PROMISE intervention with non-gay-identifying men who have sex with men and communities with high rates of STDs (1989–1995).
- Conducted the CDC National Behavioral Surveillance with more than 500 injecting drug users employing respondent-driven sampling (2005–2006).
- Developed three DVDs for Healthy Relationships: the original clips, new clips for African Americans, and new clips for various audiences (2006–present).
- Developed a closed-caption version of the Healthy Relationships original clips DVD (2009).

CONTACT

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Back row, left to right: Michael McLeod, Aaron Shipman, Terry Stewart, Katie Langland, Scott Pegues, John Fitch. Front row, left to right: Alex Landis, Rosemary Thomas, Teri Anderson, Helen Burnside, Terry Lee. Not pictured: Mark Thrun, Kees Rietmeijer, Sheana Bull, Sharon Devine.

MISSION

The mission of the Denver PTC Behavioral Intervention Training Program is to deliver innovative, state-of-the-art training in STD/HIV evidence-based interventions and the skills that support their successful implementation.

COVERAGE AREA

The Denver PTC Behavioral Training Program serves 18 health jurisdictions in the Central United States: Chicago, Colorado, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Montana, Nebraska, New Mexico, North Dakota, Ohio, South Dakota, Utah, Wisconsin, and Wyoming and also supports training throughout the country.

TRAININGS

The current catalogue includes more than 20 courses to support the development of a dynamic and evolving workforce of varied professions and interests. Many courses are available in both English and Spanish.

- Select interventions and public health strategies delivered in community settings which support the DEBIs, such as Healthy Relationships, 3MV, PROMISE, CLEAR and CRCS.
- Clinic-based behavioral interventions, such as Sister to Sister, Partnership for Health, RESPECT, and Personal Cognitive Counseling.
- Courses which support DEBI, such as Bridging Theory into Practice, Selecting Effective Behavioral Interventions, and Adapting Effective Behavioral Interventions.
- Courses which support the practice of health departments and community-based organizations, such as Comprehensive Introduction to Effective HIV/STD Behavioral Interventions, Positive Strengths, and Facilitation Skills for Group Level Interventions.

OTHER ACTIVITIES

- The Denver PTC regularly contributes staff to trainings outside of their service area, and works very closely with their NNPTC and CBA partners to operate a national training plan.
- Certified curriculum developers build new courses and update existing programs to current methodologies.

- The Denver PTC contributes to the DEBI project not only by conducting courses but also by assisting with the final steps of translating research into practice. The Denver PTC works with researchers to develop course materials, design training-of-trainers courses, and conduct field and pilot tests of new courses.
- The Denver PTC collaborates with regional training partners, including health departments, AETCs, RTCs, ATTCs, CBA providers, and the Clinical and Partner Services PTCs.
- Training evaluation is provided through a partnership with the University of Colorado Denver, Department of Health and Behavioral Sciences.
- Limited capacity-building assistance and consultative services are also available to the Denver PTC customers.
- Through separate funding, the Denver PTC operates an international training program which contributes to the Southern Africa Prevention Initiative and other PEPFAR programs, in partnership with the CDC.

HISTORY

The Denver PTC was among the first centers funded in 1979 by CDC to enhance the capacity of the STD clinical workforce in the United States. In 1995, the Denver PTC was one of 4 new regional training programs established for behavioral and social interventions aimed at the prevention of HIV. In 2011, the Denver PTC became the National Resource and Coordinating Center for the NNPTC. The Denver PTC is a program of Denver Public Health and the University of Colorado, in collaboration with the Colorado School of Public Health. Denver Public Health is a department of Denver Health & Hospital Authority, one of the region's largest integrated health systems.

ACCOMPLISHMENTS/HIGHLIGHTS

- The Denver PTC is the only training center to have a model STD clinic, nationally recognized HIV care and family planning clinics, HIV linkage to care programs, on-site partner services and both a clinical and a behavioral and social intervention PTC program all in one place.
- More than 15 years of established leadership in needs assessment design and implementation, curriculum development, interactive training using participatory approaches and adult learning principles, and evaluation design and analysis. In addition, the Denver PTC has more than 8 years of experience delivering training on interventions from the DEBI project.
- The Denver PTC maintains a special interest in supporting HIV prevention efforts in Native American communities by tailoring courses and supporting academic research to further build the capacities of providers working in these populations.
- Staff members are certified professional trainers and have particular expertise in developing and training interventions for persons living with HIV, in both clinical care and community based settings. The Denver PTC's multidisciplinary team of health educators, physicians, nurses, anthropologists, social workers, and other behavioral scientists contributes to both the behavioral and clinical PTC.

CONTACT

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Standing, left to right: T'Juan Rucker, Juanita Davis, Flynn Wallace, Jerrdean Franklin, Anthony Fox, William Pierce. Seated, left to right: Warren A. Jones, Patricia A. Frye, Marilyn Moering-Watkins. Not pictured: June Gipson.

MISSION

The mission of the Mississippi STD/HIV PTC (MSPTC) is to provide trainings to a diverse audience of health professionals in public, private, and community settings in order to help them develop the knowledge and skills necessary to successfully implement evidence-based interventions and public health strategies that will aid in the prevention of STDs and HIV in their targeted communities.

The MSPTC is a part of the Mississippi Institute of Geographic and Minority Health (MIGMH) at the University of Mississippi Medical Center (UMMC). MIGMH, led by Dr. Warren A. Jones, was established in September 2006 and focuses on some of the key indicators of health status, such as HIV, and targets mechanisms to increase knowledge surrounding these conditions along with developing and implementing various strategies to improve them. The Institute's goals are to improve awareness of healthcare issues among minority individuals specifically disadvantaged populations living in rural areas; to increase access to quality healthcare for rural disadvantaged populations; to increase the number of healthcare providers who provide services to underserved populations; to improve health outcomes for minority and rural disadvantaged populations; and to develop a model for improving minority health and eliminating health disparities that can be replicated across the United States.

COVERAGE AREA

Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, and Texas.

TRAININGS

The MSPTC offers a variety of trainings on evidence-based interventions and public health strategies that are designed to reduce the acquisition and transmission of STDs and HIV. In addition, the center offers courses that support the effective implementation of STD/HIV

prevention interventions and strategies. The MSPTC course offerings include: PCC, RESPECT, CLEAR, 3MV, Project START, and Sister to Sister.

HISTORY

The MSPTC was established effective April 1, 2011. However, its staff, through affiliations with other organizations, have been involved in HIV/STD prevention efforts since the early phases of the epidemic. Although in the early stages of development, the MSPTC benefits from the established relationships of the MIGMH at the UMMC, Mississippi's only academic health center. The MIGMH has established partnerships in the Delta Region states of Mississippi, Louisiana, and Alabama to eliminate health disparities and enhance the quality of healthcare for residents suffering from chronic conditions such as HIV. The MIGMH works collaboratively with the City of Refuge Christian Center (CORCC) to provide HIV and STD educational prevention, outreach and training to health centers in the Greater New Orleans area. Furthermore, the UMMC partners with Louisiana State University, through grant funding from the HRSA, to provide HIV education and training to health professionals through the Delta Region AETC in Mississippi, Louisiana, and Arkansas.

Equally as important as the established partnerships is the many years of HIV and STD leadership, networking and training experience of the MSPTC staff. This extensive leadership experience and network of established partnerships has allowed the MSPTC to provide training without delay.

ACCOMPLISHMENTS/HIGHLIGHTS

The MSPTC consists of individuals that not only provide trainings, but individuals that are implementing or have implemented many of the interventions and strategies that are listed in the CDC's 2009 Compendium of Evidence-Based HIV Prevention Interventions. This gives the training team insight into what others may face when they are trying to implement the interventions and strategies.

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Back row, left to right: Peter McGrath, Tanya Love, Patricia Coury-Doniger, Karen Noren, Raquel Garcia, Laura Enders, Ann Schwartz, Luke Fitzwater, Marguerite Urban, Cynthia Thomas. Front row, left to right: Luis Torres, Julie Eichhorn, Tina Vinci, Charlie Lytle, Bobbi McCaffery, Ezekiel Goodwin.

MISSION

Bridging science and practice through training and capacity building to advance STD/HIV prevention and community health.

COVERAGE AREA

Connecticut, Delaware, the District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, the U.S. Virgin Islands, Vermont, Virginia, and West Virginia.

TRAININGS

Core Courses for HIV/STD Prevention

- Adapting Effective Behavioral Interventions
 - Using Focus Groups for Adapting Effective Behavioral Interventions
 - Using Interviewing and Observations for Adapting Effective Behavioral Interventions
- Bridging Theory and Practice: Applying Behavioral Science to Prevention
- Community Assessment
- Selecting Effective Behavioral Interventions
- Using Evaluation for Program Improvement and Capacity Building

Diffusion of Effective Behavioral Interventions (DEBI) Project Courses, including

- Prevention with HIV Seropositive Persons/Populations
 - Healthy Relationships
 - Partnership for Health (PfH)
- STD/HIV/Viral Hepatitis Prevention
 - CLEAR
 - d-up: Defend Yourself!
 - PCC
 - 3MV
 - RESPECT
 - Project START

- PROMISE
- Sister to Sister
- VOICES/VOCES

Public Health Strategies

- Counseling, Testing and Referral (CTR)
- CRCS
- Stage-based CRCS

Other Sample PTC Courses

- Training of Trainers
- Dramatic Messages: Use of Educational Theatre for STD/HIV Prevention
- Group Facilitation Skills for STD/HIV Prevention Interventions
- Stage-based Behavioral Counseling (SBC) for STD/HIV Prevention
 - Prevention with Negatives
 - Prevention for Persons Living with HIV
 - SBC Courses for Clinical Providers (for Prevention and for Clinicians who work with HIV Seropositive Patients)
 - Overview for Program Managers

OTHER ACTIVITIES

- CHBT works with the UR as well as with Syracuse University to conduct clinical and behavioral research.
- The partnership with the Monroe County Department of Public Health includes provision of clinical care in STD/HIV Prevention in the main clinic, criminal/juvenile justice settings, school-based clinics, and mobile van projects with community partners.
- CHBT provides direct services to patients/clients seen in the STD/HIV Prevention Program of the Monroe County Department of Health.
 - These are integrated STD, HIV, and Viral Hepatitis services.
 - Program implementation including clinical services integration, quality assurance, and risk reduction.

HISTORY

CHBT is part of Community Services Unit, Division of Infectious Diseases, Department of Medicine, University of Rochester, working collaboratively with the Department of Community and Preventive Medicine, the Center for Health and Behavior, Department of Psychiatry, Syracuse University; and in partnership with the Monroe County Department of Public Health.

CHBT has been the CDC's designated Part II PTC for the Eastern Geographic Quadrant for the past 16 years. In this capacity, CHBT has provided thousands of hours of training in behavioral interventions and program support courses, as well as developed, piloted, and diffused more than 20 program support courses. CHBT has provided courses in STD/HIV prevention program support since 1988 through a variety of other training programs at state, quadrant and national levels.

ACCOMPLISHMENTS/HIGHLIGHTS

- A CDC CBA for Health Departments since 2009
- Collaborative curriculum development on CDC's national courses
 - Bridging Theory and Practice
 - Selecting EBIs
 - Adapting EBIs
 - Program Evaluation

- Satellite training center of the Region II Clinical STD/HIV PTC, New York City Department of Health and Mental Hygiene
- NYS DOH HIV/AIDS Regional Training Center, and statewide Center of Expertise in
 - Behavioral & Social Science
 - HIV Prevention in Criminal Justice
 - Program Evaluation
- Co-developer of the DEBI Intervention: 3MV

CHBT has also worked with CDC in conducting program evaluation of the intervention, 3MV. This evaluation project was a partnership of CDC, a community-based organization (People of Color in Crisis), the University of Rochester, and Binghamton University. This project's publication was nominated for the 2010 CDC Shepherd Award.

CONTACT

Center for Health & Behavioral Training
853 West Main Street
Rochester, NY 14611
Phone: (585) 753-5382
Web site: www.chbt.org

STD/HIV Partner Services and Program Support PTCs (Part III)



Greg Mehlhaff, Alberto Perez, Veronica Espinoza, Stacy Vogan, Denise Tafoya, Dana McCurdy, Alice Gandelman, Wanda Jackson.

MISSION

The mission of the CA PTC is to strengthen the capacity of health professionals and organizations to reduce the spread of HIV/STDs. The CA PTC achieves this by developing, implementing, and evaluating innovative trainings and technical assistance nationally and internationally that facilitate collaboration between researchers, practitioners, and funders. The CA PTC's areas of expertise include partner services, behavioral interventions, and STD diagnoses, treatment and management.

COVERAGE AREA

The CA PTC's Partner Services and Program Support training courses are open to audiences within HHS Regions IX and X, including Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, and Washington, with the recent addition of New Mexico, Oklahoma, and Texas. In addition the following Pacific Islands are covered by their courses: American Samoa, the Federated States of Micronesia, Guam, the Northern Mariana Islands, the Republic of the Marshall Islands, and the Republic of Palau. The CA PTC strategize and deliver courses nationally with their other Partner Services PTC partners.

TRAININGS

- The CA PTC Partner Services and Program Support Training Program offers skills-based training for service providers who conduct STD/HIV patient interviews, field investigation/notification, and case management, to include Syphilis Visual Case Analysis (VCA). Courses offered to enhance provider skills include Introduction to Sexually Transmitted Disease Intervention (ISTDI), Fundamentals of STD Intervention (FSTDI), and PCRS.
- Program Support courses are also available to improve knowledge and skills in the areas of STD program management, social network strategies, field safety and awareness, and incorporating HIV prevention into the medical care of persons living with HIV.
- The CA PTC's courses are interactive, dynamic and based on adult learning principles. They offer both instructor-led (non-virtual) and Web-based training.
- The CA PTC provides CEUs for a variety of health professionals who attend partner services trainings. These include CNE, BBS, CHES, and CAADAC.

OTHER ACTIVITIES

- The Partner Services and Program Support PTC also supports national program initiatives for a variety of public health strategies such as CDC's 2008 Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection and NCSD's Guidelines for Internet-based Partner Services.
- The CA PTC is significantly contributing to the development of two innovative blended learning projects. These are the STD Program Management course and the Passport to Partner Services course, which is an integration of the ISTD and HIV PCRS curricula.
- Technical assistance is available on an ongoing basis to local and state STD/HIV health department programs to include: providing tailored training, assisting with the development of training needs assessments, offering tools/resources for evaluation of partner services staff, and extending guidance around program operations.

HISTORY

For the past 15 years, the CA PTC has been part of the NNPTC and has provided STD/HIV Clinical, Behavioral Intervention, and Partner Services training and TA services for health care providers throughout the country.

ACCOMPLISHMENTS/HIGHLIGHTS

The CA PTC is the only fully integrated center within the NNPTC and has long recognized the importance of and been committed to providing training and TA to its health department and community partners at the local, state, and national levels.

The CA PTC has invested in and has a fully operational online learning management system. This allows the PTC to electronically manage face-to-face and online courses, including course registration and evaluation databases, and it facilitates automated reporting functions to the CDC. The CA PTC is committed to meeting the on-going needs of their constituents and plans to continue development and implementation of distance learning courses.

The CA PTC has more than 15 years of formative research experience, needs assessment design and implementation, curriculum development, interactive training using participatory approaches and adult learning principles, provision of technical assistance and evaluation design and analysis. In addition, the CA PTC has been a leader in developing partner services courses on a national level.

CONTACT

California STD/HIV Prevention Training Center
Partner Services and Program Support Training Program
2525 Grand Ave., Annex
Long Beach, CA 90815
Phone: (562) 570-4085
Web site: www.stdhivtraining.org



Top row, left to right: Sue Przekwas, Solwazi Johnson. Bottom row, left to right: Emily Carson, Jennett Ray Bezdek, Regina Charter.

MISSION

To promote excellence in the provision of STD/HIV prevention services by strengthening the capacity of individuals, agencies and communities.

COVERAGE AREA

The MAPTC provides training and capacity building services to 21 states in the central region of the United States. States included in coverage area are: Arkansas, Colorado, Kansas, Kentucky, Illinois, Indiana, Iowa, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, North Dakota, Ohio, South Dakota, Tennessee, Utah, Wisconsin, and Wyoming.

TRAININGS

The primary target audience of courses facilitated by the MAPTC are staff persons who provide partner services, including disease intervention specialists (DIS) housed at state and local health departments as well as community-based organizations, supervisors, program managers, public health nurses, and medical providers.

The courses are ISTD, FSTD, Partner Services for Health Care Professionals (PSP), STD Program Management (on-line), Training/Operations to Promote Safety Around Field Encounters (TOPSAFE), Concepts of Cultural Competence, Identifying and Screening For Mental Health Issues, Men Having Sex With Men: HIV Prevention Issues For Service Providers, Using Social Networks: A Recruitment Strategy For Counseling Testing and Referral (SNS), and PCRS

OTHER ACTIVITIES

The MAPTC can also customize and tailor courses to address identified deficiencies in skill level(s) of staff providing the spectrum of partner services. Tailored courses have included VCA Investigation, DIS Update, Motivational Interviewing, and Relapse Interviewing.

The MAPTC has ongoing collaborative relationships with NASTAD, NCSD, Clinical and Laboratory PTCs, Behavioral Intervention PTCs, the FTTCs, STD and HIV Program Managers, Viral Hepatitis Programs, staff at managed care organizations and Infectious Disease clinics. Collaborative activities include conducting training needs assessments, evaluating course effectiveness, providing PS training, and curriculum design/revision.

HISTORY

The MAPTC is located within the STI/HIV Section of the Disease Control and Environmental Epidemiology Division at the Colorado Department of Public Health and Environment (CDPHE). Close partnerships exist with local health departments statewide and particularly in the Denver metro area. The MAPTC has been providing Partner Services training since 1994.

ACCOMPLISHMENTS/HIGHLIGHTS

The MAPTC has been a collaborative partner with CDC and the PTCs in California, New York and Texas on the following national projects:

- Revision of ISTD into a 9-day course
- National assessments to inform the development of the STD Program Management and Passport to Partner Services courses.
- Development and delivery of the classroom-based STD Program Management course. Recent conversion of the course to a Web-based format
- Ongoing development of the Passport to Partner Services course. The blended learning (online and classroom-based) curriculum integrates knowledge and skill of providing HIV and STD partner services

CONTACT

Mid-America STD/HIV Prevention Training Center
4300 Cherry Creek Drive South
Denver, CO 80246
Phone: (303) 692-2688
Fax: (303) 782-8904
Web site: www.maptc.org



Standing, left to right: Alison Muse, Rosalind Thomas, Robert Reed, Sue Anne Payette. Seated, left to right: Lisa Papa, Charlene Cutting. Not pictured: Paul Reyes, Lou Smith.

MISSION

The NYS PTC serves as a STD/HIV Partner Services and Program Support PTC and is a regional partner of the NNPTC. As part of the NNPTC, they are dedicated to increasing the knowledge and skills of health and human services providers in the areas of sexual and reproductive health with an emphasis on STD/HIV prevention.

COVERAGE AREA

Alabama, Connecticut, Delaware, the District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Puerto Rico, and the U.S. Virgin Islands (Health and Human Services Regions I, II, III, and IV). Additional training is provided nationally.

TRAININGS

Partner Services and Program Support Training is designed for staff members involved in STD/HIV testing, counseling, partner notification, and referral services, as well as for STD/HIV program managers. The NYS PTC trains federal, state, and local public health professionals, as well as staff from community-based organizations and other health care settings. Each offering is skill-centered, with an emphasis on prevention, and is taught by a professional trainer. The NYS PTC's course offerings include:

Partner Services

- ISTDI
- FSTDI
- PCRS
- SNS

Program Support

- STD Program Management Training
- Chlamydia Partner Management for Family Planning Providers
- Partner Services and Referral for Health Care Professionals
- TOPSAFE
- A Day on the Trail of STDs in Hypothetica County
- Social Marketing
- Lot System

NYS PTC is moving many of its courses to a blended learning format, combining eLearning and instructor-led training methodologies. This key collaboration with CDC and the other Partner Services and Program Support PTCs will result in a national training curriculum (Passport to Partner Services) with tailored tracks by job role.

OTHER ACTIVITIES

The Partner Services and Program Support PTCs collaborate on national program initiatives for a variety of public health strategies such as CDC's 2008 Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection, and NCSD's Guidelines for Internet-based Partner Services.

NYS PTC is an active member of the FTCC, and participates in national and regional FTCC collaborations in HHS Regions I, II, and III.

HISTORY

The NYS PTC has served as a designated Partner Services and Program Support PTC since 1995. It is housed in the Bureau of STD Prevention and Epidemiology, Division of Epidemiology and Evaluation, AIDS Institute, New York State Department of Health (NYSDOH). The School of Public Health, University at Albany, State University of New York, serves as the PTCs academic partner, providing additional scientific and training resources.

NYS PTC has highly experienced training, research and evaluation staff with demonstrated expertise in developing, training and evaluating partner services and program support courses.

ACCOMPLISHMENTS/HIGHLIGHTS

The NYS PTC has been a collaborative partner with CDC and the other Partner Services and Program Support PTCs (California, Mid-America, and Texas) on the following national projects:

- Development of a comprehensive assessment that examined the capacity of 65 CDC-funded jurisdictions and selected directly funded CBOs to implement PCRS and to provide practical recommendations and strategies to CDC for addressing jurisdictions' program needs and their ability to conduct PCRS. NYS PTC presented, "Key Findings of a Nationwide Capacity Assessment of HIV Partner Counseling and Referral Services" at the TRIP (Translating Research Into Practice) seminar for CDC's Division of HIV and AIDS Prevention.
- NYS PTC is currently the coordinating center for the development of the eLearning component of the Passport to Partner Services national curriculum. The Passport to Partner Services is an integrated blended learning (Web-based and classroom-based) national curriculum.
- Delivery of the first offerings of the classroom-based STD Program Management training, including serving as evaluation lead for that training. Recent conversion of the course to an eLearning format.

CONTACT

New York State STD/HIV Prevention Training Center
Partner Services and Program Support Training Program
Corning Tower, Room 1142
Albany, NY 12237
Phone: (518) 474-1692
Web site: www.nysptc.org

National Resource and Coordinating Center PTC (Part IV)



Back row, left to right: Michael McLeod, Aaron Shipman, Terry Stewart, Katie Langland, Scott Pegues, John Fitch. Front row, left to right: Alex Landis, Rosemary Thomas, Teri Anderson, Helen Burnside, Terry Lee. Not pictured: Mark Thrun, Kees Rietmeijer, Sheana Bull, Sharon Devine.

MISSION

The mission of the NNPTC is to advance the practice of STD prevention and clinical care, and HIV prevention through professional training and capacity building of clinical, community-based, and public health programs. The mission of the National Resource and Coordinating Center is to build internal and external capacity to support the NNPTC's mission. The National Resource and Coordinating Center, a program of the Denver PTC, strives to achieve the following goals:

- Coordinate NNPTC marketing activities to promote the NNPTC identity
- Facilitate collaboration and resource sharing among NNPTC members
- Develop and maintain an online resource clearing house
- Oversee the development and maintenance of the NNPTC Web site (www.nnptc.org)
- Assist with the coordination of CE credits for the NNPTC
- Collaborate with internal and external partners to respond to emerging issues in HIV prevention and STD prevention and clinical care

RESOURCES/TOOLS

- Online NNPTC resource clearing house with continuing education opportunities, clinical practice references, and teaching curricula and tools.
- Quarterly NNPTC newsletter with news from the all parts of the network
- NNPTC training calendar on the NNPTC Web site with course descriptions, training dates, and registration links for upcoming PTC trainings
- Webinars, webcasts, online case studies, and online courses focused on public health strategies, STD prevention and treatment, HIV prevention, and program support

ACTIVITIES

- Coordinate marketing activities for the NNPTC including: the NNPTC marketing booth at national conferences, NNPTC Web site, NNPTC newsletter, and other innovative marketing approaches to reach the NNPTCs target audiences.
- Maintain the NNPTC Web site with up-to-date information on course offerings, schedules, and resources.
- Facilitate collaboration, and sharing between NNPTC members to maximize the efficient use of public resources.
- Facilitate and coordinate the NNPTC committees and workgroups.
- Oversee the planning of the annual NNPTC meeting.
- Facilitate and coordinate nationally focused collaborative activities with FTCC partners and other training stakeholders promoting STD and HIV prevention.
- Assist in the coordination of CE accreditation for NNPTC training and collaborative events.

HISTORY

The National Resource and Coordinating Center is a newly funded part of the NNPTC and is a program of the Denver PTC. The Denver PTC, established in 1979, is a program of Denver Public Health, a department of Denver Health and Hospital Authority, and has provided innovative, state-of-the-art STD clinical training for more than 31 years. The Denver PTC has been funded since 1995 to provide Behavioral Intervention training to the U.S. Central Quadrant. Jointly the Clinical Training Program and the Behavioral Training Program comprise the Denver PTC which is co-located with the Denver Metro Health (STD) Clinic, the largest STD Clinic in the Rocky Mountain Region. The Denver PTC is uniquely positioned to have a model STD clinic, as well as a nationally recognized HIV care clinic, family planning clinic, HIV linkage to care program, on-site partner services for STD and HIV, and both a Clinical and Behavioral Training Center in one location.

ACCOMPLISHMENTS/HIGHLIGHTS:

The Denver PTC is proud to be the first grantee for the NRCC. The NRCC will work to continue NNPTC excellence in training and clinical management, evidence-based prevention interventions, and public health strategies.

CONTACT

Denver STD/HIV Prevention Training Center
605 Bannock St., mc 2600
Denver, CO 80304
Phone: (303) 602-3605
Web site: www.nnptc.org

AETCs	AIDS Education and Training Centers
ART	Antiretroviral Therapy
ASI	Ask Screen Intervene
ASTDI	Advanced STD Intervention
ATTCs	Addiction Technology Transfer Centers
CBA	Capacity-Building Assistance
CBB	Capacity Building Branch
CBOs	Community-Based Organizations
CDC	Centers for Disease Control and Prevention
CPG	Community Planning Group
CRCS	Comprehensive Risk Counseling and Services
CTR	Counseling, Testing and Referral
CRIS	CBA Request Information System
DEBI	Diffusion of Evidence-based Behavioral Interventions
DHAP	Division of HIV/AIDS Prevention
DIS	Disease Intervention Specialist
DSTDP	Division of STD Prevention
DT	Diffusion Team
EBI	Evidence-based Behavioral Intervention
ECHHPP	Enhanced Comprehensive HIV Prevention Planning Project
EDG	Employee Development Guide
FOA	Funding Opportunity Announcement
FTCC	Federal Training Center Collaboration
HDs	Health Departments
HHS	Department of Health and Human Services
HPTEU	Health Professions Training and Education Unit
HRSA	Health Resources and Services Administration
ICBA	Individual Capacity-Building Assistance
IDU	Injecting Drug User
IHS	Indian Health Services
IPN	Internet Partner Notification
IPS	Internet Partner Services
ISTDI	Introduction to STD Intervention
LOI	Letter of Intent
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Questioning
MSM	Men who have Sex with Men
MTCT	Mother to Child Transmission of HIV

NASTAD	National Association of State and Territorial AIDS Directors
NCSD	National Coalition of STD Directors
NERC SAHM	New England Regional Chapter for the Society for Adolescent Health and Medicine
NNAAPC	National Native American AIDS Prevention Coalition
NNPTC	The National Network of STD/HIV Prevention Training Centers
NPACE	Nurse Practitioners Associates for Continuing Education
NRCC	National Resource and Coordinating Center
NTC	National Training Center for Integrated Hepatitis HIV/STD Prevention Services
OPA	Office of Population Affairs
PCC	Personalized Cognitive Counseling
PCs	Program Consultants
PCRS	HIV Partner Counseling and Referral Services
PCSI	Program Collaboration and Service Integration
PEMS	Program Evaluation Monitoring System
PEP	Post Exposure Prophylaxis
PIR	Parity, Inclusion and Representation
PLWH	Persons Living with HIV
POs	Project Officers
PPB	Prevention Program Branch
PrEP	Pre-exposure Prophylaxis
PS	Partner Services
PTC	STD/HIV Prevention Training Center
QA	Quality Assurance
REP	Replicating Effective Programs
SEATEC	Southeast AIDS Training and Education Center
RTCs	Regional Training Centers for Family Planning
RTMCCs	TB Regional Training and Medical Consultation Centers
SAMHSA	Substance Abuse and Mental Health Services Administration
SBC)	Stage-based Behavioral Counseling
SNS	Using Social Networks: A Recruitment Strategy for Counseling, Testing and Referral
STDIS	STD Intervention for Supervisors
TA	Technical Assistance
TEC	Training Events Calendar
TOF	Training of Facilitators
TOT	Training of Trainers
VHNET	Viral Hepatitis Networking, Education Training

Accountability – Responsibility of program staff to provide evidence of conformity to program specifications and fiscal requirements

Adaptation – Modifying research-based interventions to meet community needs and priorities and resources available to an agency

Adoption – Act of agency choosing an intervention for implementation

Advanced STD Intervention (ASTDI) – A 4-day course addresses advanced STD intervention skills required of the DIS. Emphasis is on advanced case management/case analysis, including VCA and advanced syphilis interviewing techniques.

Ask Screen Intervene (ASI) – a curriculum based on the 2003 consensus guidelines for Incorporating HIV Prevention into the Medical Care of Persons with HIV.

Capacity-Building Assistance (CBA) – Provision of free (not-for-fee) information, training, technical assistance (TA), or technology transfer to individuals, organizations, and communities to improve their capacity in the delivery and effectiveness of evidence-based-interventions and core public health strategies for HIV prevention, including abstinence, monogamy (i.e., being faithful to a single sexual partner), and/or using condoms consistently and correctly. CBA does not include the direct delivery of HIV prevention services.

CBA Consumers – Community-based organization (CBO), health department, and community planning group (CPG) staff and other community stakeholders serving high-risk and/or racial/ethnic minority populations for HIV prevention.

CBA Delivery Mechanisms – Methods for delivery of CBA services: information transfer; skills building; technical consultation, technical services; and technology transfer.

CBA Network – CDC-funded capacity-building assistance providers that work together as a coalition.

CBA Providers – National and regional nongovernmental organizations funded by CDC to deliver CBA services to CBA consumers.

Community – “Community” may include individuals, groups, organizations, and other entities that share geographic boundaries (i.e., national or regional); relational affinity (i.e., communities of faith, academic communities); professional association (i.e., African-American clinical psychologists or a coalition of business leaders); race/ethnicity/language (i.e., Asian and Pacific Islander, Native American, or Hispanic/Latino); and/or sexual identity (i.e., young Men who have Sex with Men)

Community Needs Assessment – Process of obtaining and analyzing findings through multiple methods of information and data collection to determine, through community participation, the type and extent of the unmet needs and resources in a particular population or community.

Community Planning – Process designed to increase meaningful community involvement in HIV prevention planning and improve the scientific basis of HIV prevention program decisions in communities.

Community Stakeholders – Individuals, groups, or organizations within a community that have an interest or stake in preventing HIV transmission and are potential or actual agents of change for HIV prevention.

Comprehensive Risk Counseling Services (CRCS) - A public health strategy designed to provide intensive, client-centered risk-reduction counseling to a person for whom risk reduction is difficult to achieve or maintain but who also are willing to work on these issues.

Consultant Pool - Subject-matter experts on capacity building content areas (paid or volunteer) who are capable and available to deliver culturally-appropriate, locally-based CBA on behalf of a CBA provider organization.

Cooperative Agreement - Award of financial assistance; distinguished from a grant in that it provides for substantial involvement between the federal agency and the recipient in carrying out the activity contemplated by the award.

Core Competencies - Knowledge and skills required for key individuals who are responsible for carrying out critical functions with an organization or community.

Core Elements - Components that are critical features in the intent and design of an intervention, thought to be responsible for its effectiveness, and must be maintained without alteration to ensure program effectiveness.

Counseling Testing and Referral - Public health strategy to provide confidential or anonymous, voluntary HIV counseling, testing, and referral for persons at increased risk for HIV infection.

Culturally Appropriate - HIV prevention service delivery that is consistent with individual dynamic patterns of learned behavior, values, expectations, beliefs, and environmental conditions.

Date of Completion - Date on which all work under an award is completed or the date on the award document, or any supplement or amendment thereto, on which awarding agency sponsorship ends.

Diffusion of Effective-Based Interventions (DEBIs) - National strategy supported by the Division of HIV/ AIDS Prevention (DHAP) to translate and diffuse HIV prevention science into HIV prevention practice. The project provides materials, training, and ongoing technical assistance on selected evidence-based HIV prevention interventions to members of the HIV prevention workforce. The goal is to improve behavioral interventions at the state and local levels, to reduce the spread of HIV, and to promote healthy behaviors. Diffusion Teams work with specific evidence-based behavioral interventions (EBIs) to ensure the diffusion process takes place efficiently and effectively.

Directly Funded Agency - Agency that receives funds directly from CDC for HIV prevention.

Disallowed Costs - Charges to an award that the awarding agency determines to be unallowable, in accordance with the applicable federal cost principles or other terms and conditions contained in the award.

Evaluation - Systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and make decisions about future programs.

Evaluation Plan - Detailed description of the evaluation activities (i.e., data collection, management and analysis); including who will be responsible for each aspect; protocols for data collection, management, and analysis; when such activities will take place; and specifics on how the information will be synthesized and disseminated. The evaluation plan should be included as part of the implementation plan.

Employee Development Guide (EDG) - Recommended source for DIS orientation material on STD transmission and control and is only available on CD-ROM. The EDG, designed as a self-study course to give new DIS staff a comprehensive background in STD intervention, is presented in a modular format and includes separate student and supervisor sections.

Federal Training Center Collaboration (FTCC) - Initiative of federal training centers with overlapping or related missions. The FTCC's goals are to increase training collaboration of overlapping focus areas of STD/HIV prevention and treatment, family planning/reproductive health, and substance use prevention and to maximize the use of training resources.

Formative Evaluation - Process of testing program plans, messages, materials, strategies, or modifications for weaknesses and strengths, and then improving them before they are put into effect. Also a process of gathering information prior to conducting an intervention to inform, to define and to understand the population at greatest risk for HIV. Can also be used to create or adapt programs to clients' specific needs, and to refine and ensure that the programs are acceptable and feasible during the planning and implementation processes.

Fundamentals of ISTD - A 5-day course designed for counselors, managers of staff who conduct partner services, public health nurses, or other prevention workers who need comprehensive partner service skills. Focusing on gonorrhea and Chlamydia, this class will cover interview periods, communication, assertiveness, problem solving, the STD interview format, field investigations, partner notification and referral, and a brief overview of case management. This course does not provide in-depth syphilis case management or visual case analysis.

Evidence-Based Interventions (EBIs) - HIV behavioral interventions determined to have sufficient evidence that the intervention reduced HIV risk, by either reducing HIV or STD incidence, eliminating or reducing sex- or drug-risk behaviors, or promoting safer behaviors; based on efficacy criteria developed by the CDC HIV Prevention Research Synthesis project.

Funding Opportunity Announcement - A publicly available document by which a federal agency makes known its intentions to award discretionary grants or cooperative agreements, usually as a result of competition for funds. Funding opportunity announcements may be known as program announcements, notices of funding availability, solicitations, or other names depending on the agency and type of program.

Goal - Broad statement of a desired, long-term program outcome. As such, goals express general program intentions and help guide the program's development. Each goal has a set of related, more specific objectives that, if met, will collectively facilitate program staff in reaching the stated goal.

Health Professions Training and Education Unit (HPTEU) - Unit within CDC's DSTDP that strategically develops and provides effective training programs and tools to build awareness, knowledge, skill, and competency in a wide range of audiences to prevent STD transmission.

HIV Partner Counseling and Referral Services (PCRS) - 3-day course that is a skills-based training designed for staff in both prevention and care programs working with people living with HIV. This course provides participants with the knowledge and skills to conduct partner counseling, elicitation, and field-oriented HIV partner notification. Participants also role-play situations likely to be encountered during an HIV field investigation. In addition, the course will provide a perspective on local PCRS considerations.

Internet Partner Services (IPS) - All-encompassing term that refers to all components of

partner services (PS) that can be provided through the Internet.

Internet-Based Partner Notification (IPN) – The specific activity of notifying partners of their possible exposure to an infection via the Internet.

Introduction to STD Intervention (ISTDI) - A 9-day course designed for full-time DIS. It emphasizes the development of skills and techniques for interviewing STD patients in order to identify sex partners for referral to medical evaluation. It also focuses on how to help patients manage current infection and prevent future ones. Participants practice communication, problem solving, and motivation skills in role-plays, and receive feedback from the instructor. The course includes an introduction to visual case analysis for syphilis, case management, and the Lot System.

Impacts – Long-range, cumulative effects of programs.

Incidence – Number of new cases of a particular problem or condition, expressed as a rate of occurrence that are identified or arise in a specific area during a specified period of time.

Indicator – Measure reflecting a problem or condition.

Intervention - Systematic mechanism, specific strategy, or group or set of activities, with a common objective designed to change the knowledge, attitudes, beliefs, or practices of individuals and populations in order to reduce their health risk.

Linkage to care – Referral into appropriate medical care for every referred patient/client with a new HIV-positive diagnosis and every HIV-positive patient/client who is currently out of care.

Logic model – Framework that guides an organization’s activities by visually describing the main elements of an intervention and illustrating the linkages between the components. Logic models include a problem statement, inputs, activities, outputs, immediate outcomes, intermediate outcomes, and impacts.

The National Network of STD/HIV Prevention Training Centers (NNPTC) – CDC-funded group of regional PTCs created in partnership with health departments and universities. The NNPTC addresses the STD/HIV prevention training needs of public and private sector health professionals throughout the US by developing, delivering, and evaluating training activities on the clinical management and prevention of STDs and the prevention of HIV. The NNPTC provides health professionals with a spectrum of state-of-the-art educational opportunities, including experiential learning with an emphasis on prevention.

National Resource and Coordinating Center (NRCC) - Maintains the NNPTC Web site with up-to-date information on PTC course offerings and schedules and training resources (NNPTC resource clearinghouse); coordinates marketing activities, the continuing education accreditation process, and planning of NNPTC annual meetings; and facilitates and coordinates NNPTC committees and workgroups and nationally-focused collaborative activities with FTCC partners and other training stakeholders.

Needs Assessment – Systematic appraisal of type, depth, and scope of unmet resources or problems of an agency or target population.

Objective – Specific, time phased, and measurable operational statements of desired accomplishments of the intervention program.

Outcome Evaluation – Application of rigorous methods to assess whether the prevention

program or CBA service has an effect on a predetermined set of goals. The use of rigorous methods allows one to rule out factors that might otherwise appear responsible for the changes seen; for example, outcome evaluation determines whether a particular intervention had a desired effect on the targeted population's behavior; whether the intervention provided made a difference in knowledge, skills, attitudes, beliefs, behaviors, or health outcomes.

Outcome Monitoring - Routine documentation and review of program-associated outcomes (e.g., knowledge, attitudes and behavior, or access to services) in order to determine the extent to which program goals and objectives are being met.

Output - Direct products or deliverables of the intervention, such as intervention sessions completed, people reached, and materials distributed.

Partner Services - Public health strategy to identify, contact, and provide HIV prevention services to the sex and needle sharing partners of persons living with HIV, formerly referred to Partner Counseling and Referral Services (PCRS).

Peer-to-Peer Interactions - Element included in many prevention strategies, such interactions are organized involving trained educators who have the same or similar demographic characteristics and experiences as the target consumer.

Principles of STD Supervision (Principles) - Four-day course designed to develop supervisory communication required to guide, facilitate, and develop DIS employees. Principles concentrates heavily on the involved supervisory skills (day-to-day performance review, observation, and feedback skills), and the development of associated communication and problem-solving skills. The Principles participant must be technically competent in the disease intervention process and all steps of case management.

Prior Approval - Written approval by an authorized awarding agency official evidencing prior consent.

Program Collaboration and Service Integration (PCSI) - Mechanism for ongoing and blending interrelated health issues, activities and prevention strategies to facilitate comprehensive delivery of services. Program Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organizational units to achieve common goals. Service Integration is a distinct method of service delivery that provides persons with seamless services from multiple programs without repeated registration procedures, waiting periods or other administrative barriers.

Planning - Process of converting goals into objectives; formulating specific interventions; and defining relevant target populations.

Process Evaluation - Assesses planned versus actual program performance over a period of time, for the purpose of program improvement and future planning. Process evaluations usually focus on a single program and use largely qualitative methods to describe program activities and perceptions, especially during the developmental stages and early implementation of the program. Methods include, but are not limited to, observation, interviews and/or focus groups (with program staff, clients, and other key informants), and program document reviews. Assessments may also include some quantitative approaches, such as surveys about client satisfaction and perceptions about needs and services.

Process Monitoring - The routine documentation and review of program activities, populations served, and resources used in order to improve the program.

Program Collaboration and Service Integration – Mechanism for organizing and blending interrelated health issues, separate activities, and services in order to maximize public health impact through new and established linkages between programs.

Program Performance Indicators – Program performance indicator (or measure) is a piece of information, fact, or statistic that provides insight into the performance of a program. Performance indicators provide evidence of progress toward specified outcomes and the capacity to carry-out activities to accomplish these objectives.

Project Period - Period established in the award document during which awarding agency sponsorship begins and ends.

Quality Assurance – Program for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met.

Ready-to-Use STD Curriculum for Clinical Educators - Based on the NNPTC Curriculum Modules, this is a downloadable set of slides and lecture notes, test questions, case studies, and references for the following STD topics: chlamydia, gonorrhea, herpes simplex (HSV), human papillomavirus (HPV), pelvic inflammatory disease (PID), syphilis, vaginitis, and STD examination of the female and male. This offering is available in PowerPoint and .PDF format and is customizable to fit the needs of faculty and students.

Recruitment – Bringing members of a target population into HIV prevention interventions, programs, and services.

Region – Defined geographic linking of states for the provision of services.

Replication Packages – Methodology to diffuse science-based HIV interventions among state and community level HIV programs serving specific populations(s) in specific geographic region(s).

Self-Study STD Modules for Clinicians - Seven Web-based STD education modules are in development as a continuing education offering, and are targeted primarily to advanced practice nurses and physician assistants. The modules include chlamydia, gonorrhea, herpes simplex virus (HSV), human papillomavirus (HPV), pelvic inflammatory disease (PID), syphilis, and vaginitis. Each module is an individual course offering. The modules are interactive and include study questions to aid in learning and retention of information. The learner may complete as many modules as he or she chooses. After completion of a module, learners will be directed to a CDC Web site to take an online examination in order to receive continuing education credits.

Skill Sets – Level, sophistication, and variety of skills required by key individuals responsible for carrying out critical functions within an organization or community.

Social Network – A map of relationships between individuals indicating the ways in which they are connected through various social familiarities ranging from casual acquaintance to close familial bonds.

Social Networking – Recruitment strategy in which a chain of referrals is based on high risk individuals using their personal influence to enlist peers they believe to be at high risk. Using social networks, it allows agencies to reach the highest risk persons, hard-to-reach communities, and individuals who are unaware of their status by building on existing relationships of trust and in turn creating positive responses to HIV testing messages.

Social Networks Strategy – Public health strategy that uses social networks to recruit individuals for HIV prevention services, (e.g., HIV CTR).

STD 101 in a Box - Ready-to-use downloadable Web offering geared to an audience with little or no STD prevention experience. Users are encouraged to modify the materials to prepare their own basic presentations on STD prevention. It includes PowerPoint presentations on the following topics: Common STDs, Effective Behavioral Interventions for STD Prevention, the Public Health STD Program (state, local and federal), and “Sex in the City,” an instructional video on the HIV/STD interrelationship. Anticipated users include community-based organizations, public health departments, schools of public health, and disease intervention specialists (DIS).

STD Intervention for Supervisors (STDIS) - Four-day course is designed to develop supervisory technical skills in the guidance, instruction, review, and evaluation of STD intervention activities. STDIS teaches how the First Line Supervisor can best review and evaluate STD intervention activities, identify methods and steps to improve the DIS case management efforts, provide overall technical direction, and develop STD intervention skills. Since the emphasis of this course is on how to review, evaluate, and facilitate STD intervention efforts, the participants must be technically competent in DIS activities and the disease intervention process.

Stigma - Complex series of negative attributes and/or severe social disapproval ascribed to an individual or group based on their unique characteristics, which distinguish them from others in society.

Subject-Matter Experts – Consultants, academicians, subcontractors, or consultants that provide knowledge, and develop skills and abilities related to a specific discipline

Suspension - Post-award action by an awarding agency that temporarily withdraws financial assistance offered under an award, pending corrective action by the recipient agency or pending a decision to terminate the award

Termination – Cancellation of awarding agency sponsorship, in whole or in part, under an agreement at any time prior to the end of the award period.

Training/Operations for Safety Around Field Encounters (TOPSAFE) - A 2-day interactive skill-building course is for public health professionals who are involved in fieldwork, such as full-time Disease Intervention Specialists or community outreach workers. Participants experience situations associated with basic safety principles, interpersonal communications, and problem solving. This course also is available in a self-study format.

Training of Facilitators - (Referenced as a “TOF”) – training provided to staff of agency that plans to implement an intervention for its community.

Training of Trainers - (referenced as a TOT) – courses targeted to experienced trainers that represent; (a) a CDC-funded capacity-building assistance (CBA) provider or other CDC-funded training partner, and/or (b) health departments so they can learn how to deliver the TOF training curriculum. Participants who successfully complete a TOT are able to conduct TOFs for prevention providers who will implement the intervention.

Unobligated Balance - Portion of funds authorized by an awarding agency that has not been designated for use by the recipient and is determined by deducting the cumulative obligations from the cumulative funds authorized.

Using Social Networks: A Recruitment Strategy for Counseling, Testing and Referral (SNS)-

A 2- to 3-day training that provides participants with a comprehensive understanding of how to use social networks as a recruitment strategy for Counseling, Testing and Referral (CTR) and to develop knowledge and skills needed to successfully implement SNS for CTR in HIV/STD prevention agencies. SNS allows agencies to reach highest-risk persons, hard-to-reach communities and HIV infected individuals who are unaware of their status by building on existing relationships of trust, in turn creating positive responses to HIV testing messages. At the end of the training, participants will be able to differentiate SNS from other activities, explain the four phases of the SNS, describe the benefits of SNS to reach people at high risk for infection, and develop a plan for implementation.

Visual Case Analysis (VCA E3) - Series of three e-learning courses presenting the fundamentals of VCA. The courses are facilitated in real time by CDC trainers using Microsoft Live Meeting®. VCA is an essential tool in syphilis case management for analyzing data from multiple sources. VCA allows the DIS to systematically document medical and epidemiologic facts related to early syphilis cases, analyze those facts, determine the most likely hypothesis of disease spread, identify where disease intervention could occur, and develop a plan for action. Information that is conflicting, unclear, or absent, but pertinent (for example, patient address(es), number of partners, descriptions of a partner, locating or exposure information) should be analyzed.

Very high risk for HIV infection – Having had within the past 6 months unprotected sex with a person who is living with HIV, unprotected sex in exchange for money or sex, unprotected sex with multiple (more than five) or anonymous partners, multiple or anonymous needle-sharing partners, or a diagnosis of a sexually transmitted disease



2011