I. Administrative Matters

A. Project Modifications

Obtaining approval from the UCSF Committee on Human Research has taken longer than anticipated for many projects. This means that some projects may fall behind schedule in recruiting the number of clients needed to conduct their evaluation. This is not a problem. Projects will not be penalized for not meeting their proposed timeline. It is still important to recruit the number of study subjects as proposed; otherwise studies would not achieve the power to answer the research question. If recruitment is behind schedule, agencies are asked to revise their project timeline and send it to both Wendy and Katherine with a one or two line explanation.
B. Progress Reports
Wendy Everett said that the Progress Report form was ready and would be mailed to everyone with a cover note. Reports will be due six months from the time your first payment was issued; the report due date for your project will be specified in the cover note. In the interest of minimizing unnecessary reporting, the Progress Report is easy to complete. If anyone has any questions or concerns about the Progress Report once they receive it, call Wendy at 922-3609.

C. Questionnaire Design Update
Bonnie Faigeles has seen questionnaires for almost every project. Bonnie said that she will review final drafts of questionnaires prior to their being fielded. Katherine Haynes Sanstad urged every to pass final questionnaires by Bonnie to avoid problems later on. Joshua from National Task Force on AIDS Prevention noted that it was quite helpful to have Bonnie review their drafts of the questionnaires. Dennis from Marin AIDS said that it is helpful to have a pretty clean questionnaire before you go to Bonnie and that it helps if you can have formatting done.

D. Committee on Human Research
Youth Advocates, Stop AIDS, and East Bay Community Recovery Center have received approval from the Committee on Human Research. Seven agencies have contingent approval and are in the process of responding to the Committee's concerns. National Task Force on AIDS Prevention has submitted their CHR application.

II. Project Updates

Marin AIDS Project
Barry Zack gave the background of Marin AIDS Project's work at San Quentin Prison in Marin County. They have worked in the prison for seven years with the help of a supportive warden. Two years ago, with funding from CAPS and NCG, they evaluated peer-led versus professional health educator-led HIV prevention interventions for incoming San Quentin inmates. As a result of that project, they currently offer only peer-led HIV prevention sessions. Their current project seeks to evaluate the effect of a pre-release booster session on HIV risk behaviors of parole violators within two weeks of release from prison. Peer-led sessions will be given to inmates upon entry and booster sessions and safe sex kits will be given, one-on-one to men just prior to release. These men will be followed after release via phone contact.

Dennis McCray reported on progress to date on questionnaire development. Marin AIDS has drafted their questionnaire, met with Olga Grinstead and Bonnie Faigeles, and revised it. It is currently being formatted. They are currently working out a plan for paying respondents. Marin AIDS is using a randomized design in which some inmates get the group session and the one-on-one pre-release booster session and some only get the group session. Dennis will be managing the follow up interviews. One issue they are working on is setting things up so that Dennis remains unaware of which inmates get the one-on-one booster session and which didn’t.

There have been a few changes in the prison system that will affect the project. A new warden has been appointed who is still awaiting confirmation. He is unwilling to endorse the program as yet and has not endorsed distribution of safe sex kits. Marin AIDS will have to wait and see what the effect of the new warden is on the program. They have met with the new warden and are working to keep the gates open.
New Conservatory Theatre

Lisa Heft gave an overview of New Conservatory Theatre, which offers theater training and productions at its Van Ness location and tours plays on social issues performed by young actors. As part of the touring project, it develops original plays on HIV/AIDS, presents them in schools, recreation centers, detentions centers, and offers guided discussions with the actor/peer educators following each production. They will be evaluating parent-child communication on HIV as a result of their production.

Lisa reported that they are experiencing delays due primarily to problems in selecting schools to participate. They were seeking schools in Napa, Sonoma, and Solano counties. Their goal was to select rural counties in which there were few other HIV prevention activities so that they would have a better chance of linking their performance to any changes in parent-child communication. Obstacles to school selection include the bureaucracy of the school system, summer break, and Kaiser Permanente’s play “Secrets” which is also about HIV, targets youth, and is in some of the Sonoma schools. As she has been trying to make arrangements with schools in Sonoma, Napa, and Solano counties, schools in Butte, Mendocino and Humbolt counties have begun to calmer for New Conservatory to perform there. Unfortunately these are not NCG counties so Lisa is now speaking with NCG to see what can be done.

New Conservatory Theatre has contingent approval from the UCSF CHR and is responding to its concerns. NCT have revised their consent process to get positive parental consent and will be translating their materials into Spanish to ensure that monolingual Spanish speaking parents are fully informed and able to participate.

Questionnaire development is under way. Lisa noted that, in an attempt to give kids an opportunity to express feelings that may come up as a result of answering the “yes/no” part of the questionnaire, she has left some open-ended questions inviting comments and concerns. Many people were worried that inviting students to give open-ended comments about their feelings may not be the best thing to do unless New Conservatory Theatre has the wherewithal to respond to disturbing information. It was asked what they would do, for example, if there were an instance of child abuse reported on the confidential survey. Would they have to report it and if they were obliged to report it, they would have to forewarn respondents of the obligation to report on the survey. Such a warning might dampen kid’s willingness to respond. It was recommended that Lisa offer a different means for respondents to give feedback: (1) have a separate page on which respondents could comment about issues that came up and pass out a referral sheet so that they could seek help and (2) ask for comments specifically about issues not addressed in the production and/or discussion that should be addressed in the future and be very clear that their input will help make the program better.

It was also agreed that there was enough confusion about regulations for reporting child abuse that it needed to be checked into. Wendy Everett will check with NCG’s lawyers. Susan Rubin will check with CHR and UCSF lawyers. Katherine Haynes Sanstad will check with the NIMH about NIH guidelines. Michelle McGee will send a copy of the California code. Materials on reporting guidelines will be circulated to all agencies.
III. Pretesting Questionnaires

CAPS investigator Diane Binson gave a session on pretesting questionnaires and protocols. She passed out a packet including: 1) a chart of stages of an interview survey 2) a chapter on pretesting surveys from Survey Questions by Converse and Presser, 3) two behavior coding charts, and 4) a paper on the pretesting study she and colleagues conducted for the never-fielded National Household Seroprevalence Survey. These materials are available for those who did not attend the meeting. Below is a summary of the material she presented.

Overview:
Pretesting can be used to test the questions to be asked of research participants, to test the overall questionnaire, and to pilot test the procedures for fielding a questionnaire. When testing individual questions, researchers are seeking to understand if the questions elicit the type of responses anticipated, whether respondents interpret questions as they were intended to be interpreted, and whether literacy is a problem. When testing the overall questionnaire they are evaluating the flow of the questionnaire from topic to topic, how the order of questions may influence the quality of responses, whether skip patterns are needed or existing patterns are confusing, and how long it takes to administer the questionnaire. When testing procedures, investigators are trying to identify any problems that may effect response rates, quality of responses, or data management and analysis. Procedures may include cover letters mailed to solicit participation in the study, informed consent information, telephone interviewing practices etc.

There are four types of pretesting: conventional pretesting, behavior coding, cognitive interviewing, and expert panels. Diane spoke briefly on each of them.

Conventional pretesting is simply administering your questionnaire using the procedures you intend to use when you actually implement the study. The respondents are people similar to those you seek to include in the study -- either a subset of your sample or people outside of but similar to your sample population. Once test respondents complete the survey, investigators review it for problems that may arise. Diane noted that this technique is best for interviewer-administered questionnaires because interviewers can assess comprehension problems, problems in flow of the questionnaire, and negative responses in questions. It is also possible for the study team to learn a lot from debriefing interviewers after the test. With self-administered questionnaires, problems must be deduced from the answers on the printed instrument.

Behavior Coding involves recording an interview and coding the behavior of the interviewer and respondent as they go through the questionnaire. The goal is to capture problems in the interaction. Diane handed out a sample code sheet showing this type of coding. The goal is to detect problem questions that are frequently misunderstood by respondents, rephrased by interviewers, or that may cause annoyance in the participants. It also helps to assess the flow of questions and the progression of topics.

In Cognitive Interviewing, researchers ask test participants to tell them what thoughts go through their heads as a result of the questions in the questionnaire or interview. Researchers use a technique called "think aloud" when conducting cognitive interviews. In essence they have the participant read the question or even complete a whole questionnaire and ask them, what they thought about each question and how they arrived at their answers. The goal is to gain insight into how respondents interpret questions; what their reactions are to the questions, the interview situation, or overall questionnaire; and how well they understood the questions. Cognitive interviewing can be done concurrently or retrospectively. When done concurrently the interviewer asks the respondent the question
(or has the respondent read the question) and then asks the respondent what s/he was thinking as s/he considered the answer to the question. In retrospective cognitive interviewing, interviewers ask respondents their thoughts after they answer all the questions. This is particularly useful in understanding how people derive their answers. One example given was in asking how many sexual partners one had in a six month period. Cognitive interviewing can help researchers know how respondents think about their answers and how they calculate sex partners and whether the question is yielding useful information or information that means the same thing to the interviewer as it does to the respondent.

**Expert Panels** are groups of people like target respondents, experts in the method of research one is using, or experts on the target population. Examples would be peer educators, drug users, or fellow program evaluators. These panels are convened to discuss the questionnaire one proposes to use. It is best to have them attempt to answer the questionnaire or at least to review it in advance. Then experts come together in a group and discuss it.

Diane then discussed the pretesting of the National Household Seroprevalence Survey which was designed to investigate sexual risk factors and HIV seroprevalence. They conducted both cognitive interviewing and expert panels. They learned the following things:

- Why people would participate in the survey (it had to do with the fact that Surgeon General Koop was in the advance materials about the study, and people liked Koop.)

- People tended to incorporate the parenthetical instructions thus answering a question that was unintended by investigators.

- The absence of skip patterns resulted in respondents having to repeatedly answer questions that did not apply to them. This made them angry especially when the super straight men were asked about homosexual activity repeatedly. It also resulted in people reinterpreting questions so they could answer. In one example, sex was defined as vaginal or anal sex with a penis. A woman who had sex with women redefined sex to reflect her experience and answered the questions accordingly.

- People did not admit literacy problems and answered the parts of questions that they could read, in essence, answering different questions from the ones they were asked.

There was also some discussion of how to deal with literacy problems. It was suggested that those giving a questionnaire read the questions out loud to a group of people who will be answering the questions. This is often done with children in class room settings and has been done by Marin AIDS in San Quentin Prison. It does not, however, help people who may have problems selecting among the answers. Another approach is to offer people the option of having an interviewer administer the questionnaire or of completing the questionnaire themselves. Obviously this approach is used when an interviewer is working with one respondent at a time.

Diane Binson said she would be available to review people’s questionnaires or to discuss pretesting with them. Her phone number is 597-9227.

**IV  Next Meeting: July 27, 1994 - at CAPS 12 noon to 2pm.**
JULY 27, 1994
AGENDA

12:00 - 12:10  Welcome and Introductions

12:10 - 12:30  Administrative Matters
  Questionnaire Design Update: Bonnie
  Committee on Human Research Update: Susan
  Child Abuse Reporting Requirement Update

12:30 - 1:00  Update from Agencies
  Coalition for Immigrant and Refugee Rights and Services
  East Bay Community Recovery Project

1:00 - 2:00  Programmatic Concerns
  Recruiting staff/ peer educators
  Training program staff
  Agency back-up and support (for YOU)
  Collaborating with other agencies
Memo To: Ross Gibson and Lisa Moore
cc: TIE Core Investigators
From: Katherine Haynes Sanstad
re: TIE Continuation Grant Section

This is definitely a first draft of this progress report. Information that will be included but that is not included here is: list of articles for which we sought press coverage and the actual coverage garnered and a table of the 1994 grantees.

Here are some questions I have.
• Does this give a cohesive picture or not? What would help?
• How could the significance section be improved?
• Is it too long?
• Should tables of funded CBO projects be in section or in appendix?
• I'm thinking about appending the CBO workshop syllabus, schedule of seminars for the CAPS/NCG collaboration, Ford Foundation Proposal, materials on the Northern California Grantmakers, Harder Kibbe scope of work. Are any of these important to include?

See you at 2:00 Wendesday.
Technology & Information Exchange (TIE) Core

Director: Katherine Haynes Sanstad, MBA
Co-Investigators: Thomas Hall, MD, DrPH; Ron Stall, PhD, MPH;
Kyung-Hee Choi, PhD, MPH; Maria Ekstrand, PhD; Cynthia Gómez, PhD;
Olga Grinstead, PhD, MPH; Fabio Sabogal, PhD

I. Specific Aims

The Technology and Information Exchange (TIE) Core of CAPS exists to conduct an experiment in technology transfer and information exchange among researchers, funders, and service providers, and to discover and employ the most effective vehicles to disseminate research findings to community-based organizations (CBOs) providing HIV services, policy makers, funders, and the public. With these goals in mind, the TIE Core pursues the following specific aims.

A. To develop a model program of technology transfer & information exchange between researchers and the service, policy, and funding sectors by

1. Instituting a community-based collaborative research program through which CAPS provides technical assistance and funding for collaborative research and evaluation projects conducted with CBOs;

2. Conducting a workshop to train CBOs to write research and evaluation protocols that can be implemented in their organizations;

B. To disseminate CAPS findings to scientists, service providers, policy makers, funders, and the public by

1. Investigating and using new mediums for disseminating research findings that have implications for HIV prevention service providers and their funders

2. Conveying CAPS knowledge about HIV prevention to policy makers, to service funders, and to research and public health officials for use in setting HIV research and public health policy

3. Working with the mass media to facilitate timely and accurate communication of CAPS research findings to the public

II. Accomplishments of Year 08 and Plans for Year 09

A. Developing a Model of Technology Transfer & Information Exchange

1. 
1. Instituting a community-based collaborative research program through which CAPS provides technical assistance and funding for collaborative research and evaluation projects conducted with CBOs

Accomplishment of Year 08
Projects supported through the Winter 1992 cycle of the TIE Core Community-Based Collaborative Research Program were completed last Fall. The TIE Core granted $32,500 in pilot study funds for research and evaluation projects to four CBOs and gave technical assistance in research methods and statistical analysis to five CBOs. Participants attended a three-day workshop on research and evaluation methods, were assigned a CAPS investigator as a primary consultant and had access to CAPS seminars, publications, peer review process, and statistical expertise.

The results of this first round of projects were encouraging. Marin AIDS Project has submitted an abstract to the 2nd International AIDS Impact Conference in Brighton, England, and the San Francisco AIDS Foundation presented a poster at the 9th International Conference on AIDS in Berlin, Germany, in June 1993. A manuscript is in preparation based on the Marin AIDS Project data set of over 2,000 incarcerated men. Marin AIDS Project and Bayview-Hunters' Point Foundation used data from the project to revise their programs. Data from Marin AIDS Project's study showed that their prison-based HIV prevention intervention increased intentions to use condoms and to practice safer sex and that peer educators were more effective and more economical than professional health educators at delivering the intervention. Marin AIDS Project now uses peer educators exclusively in its interventions. Bayview-Hunter's Point Foundation evaluated its outreach practices and, based on its findings, is developing techniques to improve outreach and referral. STOP AIDS used data generated by the project to prepare an RO1 proposal for a full-scale evaluation of the widely replicated, yet unevaluated, STOP AIDS intervention. San Francisco AIDS Foundation tested a scale for and identified "AIDS Fatalism" as a correlate to unsafe sex among epidemic-fatigued gay men. The concepts that emerged from the study have informed the "Overcoming the Forecasts of Doom" campaign now running on San Francisco mass transit, and gave rise to a new, one-time, two-hour, peer-led intervention for the newly HIV+. A table summarizing results of these research efforts is attached.

We learned several lessons from the first round of CBO research and evaluation projects. Those who receive technical assistance only are less likely than funded CBOs to complete projects. Assessing the agency's commitment to as well as individual staff members' determination to conduct a research or evaluation project and reviewing the agency's ability to weather staff changes is key to making successful grants. Risks must be taken to ensure that CBOs addressing minority populations and those without
experience in research and evaluation can participate in the program. Closer, more structured collaboration is required when working with agencies with little experience in research or evaluation. The CBO research methods workshop needs to be more specifically geared to evaluating prevention interventions. Creating cohesiveness among the grantees bolsters enthusiasm and facilitates information exchange among CBOs. Centralized oversight of programming and analysis and early participation by statisticians may improve the quality and usefulness of data collected. These lessons were acted upon in the design of the program begun this grant year.

Plans for Year 09: Olga Grinstead, PhD, MPH, will continue to work with Marin AIDS Project to complete and submit a manuscript based on its evaluation of the peer versus professional health educator led HIV prevention intervention for incarcerated men.

CAPS/Northern California Grantmakers AIDS Task Force HIV Prevention Initiative

Accomplishments of Year 08: This year, the CBO Collaborative Research Program took on a new form. The TIE Core negotiated with Northern California Grantmakers (NCG) AIDS Task Force, a consortium of philanthropic organizations, to devise a program that provides two years of program and evaluation funding for CBOs providing HIV prevention services. It is called the CAPS/NCG HIV Prevention Initiative. NCG provides up to $50,000 per year, per agency for prevention programs, up to $10,000 in evaluation funds per agency for five CBOs, and over $40,000 in supplemental funds to CAPS for additional scientists and statistical support. Combined with TIE Core funds of $40,000 per year, this program will provide over $.5 million dollars in direct funding for prevention programs and evaluation per year for two years. In-kind contributions of .65 FTE in scientists time and a portion of a statistician's time bring the total value of the program well over one million dollars over two years.

CBO response to the Prevention Initiative was high. Fifty-three letters of intent were received. Of those, 19 agencies were invited to complete a full application and, as part of the application process, to participate in a 4-day workshop, “Evaluating Behavior Change Efforts.” Seventeen CBOs began the workshop, one dropped out. Of the remaining 16 CBOs, 14 completed applications for funding and technical assistance. Ultimately, eleven CBOs were funded. These agencies are located in five Bay Area counties and target in- and out-of-school youth, gay men, incarcerated men, immigrant women, gay men of color, and recovering substance abusers. Thus the CAPS/NCG has not only expanded the number of CBOs with which CAPS maintains
relationships, it has also broaden the range of interventions used and the demographic profiles of populations effected by the programs we support.

Based on lessons of the first round of CBO projects, we have tried to provide a realistic, but highly structured program to support these grantees. Each agency receives 10% of a CAPS scientist’s time, consultation from personnel in the Ethics Core regarding protection of human subjects, guidance in questionnaire design and data analysis from the TIE and Science Core statisticians, and access to CAPS information, presentations and peer review sessions where, CBOs may have their work reviewed. In addition, there are monthly seminars covering topics such as questionnaire design, data analysis, and tracking hard-to-retain subjects. At each meeting, two projects give progress reports and several sessions are left open so that the agenda may be set to respond to the needs of program participants and to ensure that CAPS and NCG also learn from grantees. In addition, CBOs and CAPS investigators are expected to maintain ongoing contact in between monthly meetings. Written progress reports are required twice annually. The camaraderie built during the workshop and the monthly meetings has prompted CBOs to stay in touch with each other and to share their experience in implementing evaluations.

The Ford Foundation has granted NCG $75,000 to evaluate the CAPS/NCG/CBO collaboration. The Grantmakers will supply additional funding as needed. The firm of Harder Kibbe has been engaged to perform the evaluation, which will seek to answer many questions, including those noted below.

- Did the partnership enhance our understanding of HIV prevention effort?
- What worked or didn’t work in the relationship between the researchers and the CBOs?
- What worked or didn’t work in the relationship between NCG and CAPS?
- Was the collaboration able to accomplish dissemination of findings in such a manner that other CBOs had access to them? Were findings available and useful to funders and policy makers?
- Did funding practices change as a result of the collaboration?
- Did prevention programs change as a result of the collaboration?

A summary table of agencies and project titles is attached in appendix X.

Plans for Year 09:
- Field instruments for eleven program evaluations, initiate programming and data analysis
• Participate in interviews conducted by Harder Kibbe as part of the Ford Foundation-funded evaluation.
• Maintain an active schedule of monthly seminars that meet the needs of the funded CBOs.
• Develop a plan and seek funding for disseminating findings of the individual evaluations and of the overall Harder Kibbe evaluation.

AIDS Clinical Research Center (ACRC)

Accomplishments of Year 08:
CAPS and the UCSF AIDS Clinical Research Center (ACRC) continue to collaborate in the conduct of community liaison activities. Ellen Goldstein, the Community Liaison, is jointly funded by ACRC and CAPS to support ACRC's pilot study program by facilitating technical assistance and information sharing with community-based service providers.

Last year the Community Liaison created a Request for Technical Assistance/Sponsorship Application in an effort make it easier for CBOs to apply for ACRC research funds and to screen out applicants for whom CAPS was unable to provide technical assistance. This application allowed CBOs to request assistance from CAPS investigators in preparing research protocols and instruments, and offered resources for data analysis. A letter announcing this assistance was sent to 175 agencies. Of the three rounds of pilot funding using this Request for Technical Assistance/Sponsorship Application, three proposals were submitted to ACRC. All three applications were invited to resubmit after changes in the research design. This approach has made community agencies aware of the ACRC pilot study program and encouraged them to conduct pilot studies to enhance their HIV-related programs. One of the greatest obstacles was the fact that CAPS scientists and TIE Core resources are over taxed. Demand for assistance often outstrips supply.

Plans for Year 09:
• Continue to review requests for technical assistance and match grant applicants to CAPS scientists as resources allow.

HandsNet
Accomplishments of Year 09:
As a result of the Henry J. Kaiser Family Foundation funded project, "HIV Prevention: Looking Back, Looking Ahead," CAPS has been introduced to AIDSNet, an interactive computer bulletin board targeting service providers and policy makers. Kaiser Project staff are currently working to determine the appropriate scope of both AIDSNet and of the prevention forum of the bulletin board.

Plans for Year 08:
CAPS will pilot test an HIV Prevention section. Information on state-of-the-art HIV prevention interventions will be summarized and made available to community-based service providers, public health officials, and policy makers who subscribe to the service. If this pilot proves useful to prevention service providers and policy, the TIE Core will seek support to continue CAPS participation in AIDSNet.

2. Conducting a workshop to train CBOs in writing research and evaluation protocols that can be implemented in their organizations

The TIE Core has offered a research and evaluation proposal writing workshop to CBOs three times since the Fall of 1991. Last project year, the CBO workshop was conducted as part of the CAPS/NCG HIV Prevention Initiative. In fact it was mandatory for and only open to those invited to complete a full application for Prevention Initiative funding. The curriculum was revised to give emphasis to evaluation and behavior change and was entitled, "Evaluating Behavior Change Efforts" (the binder for the workshop is available upon request). In addition to the TIE Core scientists, Science Core senior statistician Don Chambers, PhD, and Ethics Core investigator Susan Rubin served as workshop instructors. Their work enriched the expertise of the TIE Core and they continue to consult with CBOs funded through the CAPS/NCG HIV Prevention Initiative. Process measures showed strong satisfaction with the curriculum. As noted above 15 agencies completed the workshop and 14 of them went on to submit funding applications based on their work in the workshop.

Plans for Year 09:
Word of the workshop got out to agencies funded by the Prevention Branch of the San Francisco Department of Public Health and the TIE Core was requested to provide that workshop to the SFDPH grantees. Staff time did not allow us to do so last year, however, we are negotiating with Prevention Branch staff to offer the workshop in the coming year. The curriculum will be reviewed and revised as needed. This year, we plan to take the workshop off-site since space at CAPS does not comfortably accommodate more than 30 participants.

3. Participating in large public meetings and small roundtable discussions in which CBO representatives, AIDS funders, public health officials, and scientists may discuss specific issues in HIV prevention (e.g. recruitment of hard to reach populations), share information, and articulate service priorities and research questions to be pursued

Accomplishments of Year 08:
The CAPS Community Liaison brought CBOs, funders, policy makers, and scientists together in several events over the last year. These events are listed below.
1. Roundtables, Forums, and Seminars

**Clinical Trials Forum:** Issues of Access and Adherence, a discussion on scientific needs, trail participant needs, and community access to clinical trials for HIV therapeutics and vaccines

**International AIDS Conference, Berlin Updates** University scientists spoke at a variety of community updates, including addressing youth issues at the San Francisco Department of Public Health Update; discussing prevention at the World Health Communication Update; addressing women’s needs at the W.O.R.L.D./ Women’s AIDS Network Update. A panel of Center for AIDS Prevention Studies (CAPS) scientists spoke about Behavioral Interventions at an update co-sponsored by ACRC/ CAPS/ and the DPH AIDS Office.

**AIDS Prevention and Cultural Sensitivity** Community representatives were invited to a seminar on the sometimes conflicting goals of AIDS prevention and cultural sensitivity. Dr. Ronald Bayer from Columbia University School of Public Health presented a paper and both community prevention providers and scientists engaged in a stimulating discussion.

**Plans for Year 09:**
The Community Liaison will: present community updates from international conferences including the 10th International Conference on AIDS and the AIDS Impact conference in Brighton; increase community invitations to CAPS Scientific Forums and seminars to facilitate the flow of information from community service providers to researchers; and present a poster session of ACRC-funded research and an update for the community service providers.

B. Disseminating CAPS Findings

1. Investigating and using new mediums for disseminating research findings that have prevention program implication to service providers and their funders

**Accomplishments of Year 08:**
While the efforts to slow the spread of HIV have inspired creative research, however, the results are most often exclusively reported in scientific journals and professional conferences, keeping the information primarily within the academic community. Service providers have their own methods of disseminating knowledge, often through community meetings, agency associations, and informal networking. Thus, research findings which could inform prevention education programs are frequently inaccessible to CBOs who design and implement the programs. The Community Liaison has developed an instrument to survey HIV service providers, specifically the program directors, regarding their consumption of behavioral, clinical, and basic research. The goal is to better use existing channels and identify new
channels of dissemination for scientific information. The intended outcome of the study is to facilitate the dissemination of research to people who are in a position to incorporate the research into programs. The CHR application is pending.

Plans for Year 09:
Peer review the dissemination instrument, pilot the survey, and field the survey upon receipt of approval from the UCSF Committee on Human Research.

3. Conveying CAPS knowledge about HIV prevention to policy makers, to service funders, and to research and public health officials for use in setting HIV research and public health policy

HIV Prevention Planning

Accomplishments of Year 08:
The Director of the TIE Core and several CAPS investigators Cynthia Gómez, Ron Stall, and Robert Hays serve on the City and County of San Francisco's Centers for Disease Control and Prevention-funded HIV Prevention Planning Council. CAPS is also represented on the State of California Prevention Planning Advisory Board. Maria Ekstrand was a featured speaker for the State of California HIV Prevention Planning Council. In this way, CAPS expertise is helping to inform decisions on HIV prevention program funding.

Plans for Year 09:
CAPS investigators Cynthia Gomez, Katherine Haynes Sanstad, Robert Hays, and Ron Stall will continue to serve on the state and local HIV prevention planning council and to facilitate use of CAPS data and expertise in the planning process.

Universitywide AIDS Research Program (UARP)

Accomplishments of Year 08:
The Community Liaison has been invited to participate in the UARP's meetings, bringing the voice of community concerns to the deliberations of UARP. In particular, the Community Liaison has been part of a task force working on UARP's current prevention plans. Both knowledge of community concerns and commitment to scientific rigor have been part of the contribution.

Plans for Year 09:
The Community Liaison will help organize and facilitate CAPS participation in the UARP Prevention Initiative Conference which will focus on piloted HIV prevention technologies.
4. Working with the mass media to facilitate timely and accurate communication of CAPS research findings to the public

The TIE Core sought media coverage for five articles based on the National AIDS Behavioral Surveys that appeared in a special issue of Family Planning Perspectives and for Dr. Dan Berrios’s Journal of the American Medical Association article, again based on the NABS data sets. These efforts resulted in ...

III. Significance

The activities of the Technology and Information Exchange Core are designed to help share information with HIV service providers, funders, and policy makers so that the research we do has an impact on how HIV prevention is conducted. We believe that the best way to affect the adoption of tested strategies for behavior change is to seek and maintain relationships with organizations that work with people at risk, to inform prevention program funding decisions, to provide data useful to setting prevention policy, and to improve dissemination to those agencies with whom we cannot maintain close relationships. These are the goals of the TIE Core.

In the past year, the TIE Core has made significant progress toward meeting these goals. First and foremost, the collaborative HIV Prevention Initiative with Northern California Grantmakers AIDS Task Force has brought us into contact with a new group of service providers, funders, and policy makers. Funding from the Ford Foundation will allow the Core learn whether or not its efforts change prevention practice, prevention funding, and prevention science and what factors appeared to contribute to success or failure of this multi-sector endeavor. Community liaison activities have brought CAPS scientists into contact with a broader range of prevention service providers and with other scientists throughout the University system and has pushed the University of California’s AIDS Research Program to put greater emphasis on HIV prevention.

The sum of these activities is to bring organized effort to bear on shaping prevention programs, funding and policy on a regional level. We hope and believe that, as evaluations of the services funded through the HIV Prevention Initiative and review of the Initiative itself are disseminated, we can bring knowledge from science and practice together to help improve prevention efforts on a national level.

IV. Human Subjects

All but one of the CBOs funded through the CAPS/Northern California Grantmakers HIV Prevention Initiative have submitted applications to the UCSF Committee on Human Research (CHR). Contingent approval has been
received by eight projects, conditional approval by one, review is still pending on one project, and one has yet to submit its application. CHR proposals have been closed for projects completed in 1993-94.
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<tr>
<th>CBO</th>
<th>Project</th>
<th>Key Finding</th>
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<tbody>
<tr>
<td>Bayview Hunter’s Foundation AIDS Services Unit</td>
<td>• Descriptive study of those reached by street outreach in Bayview neighborhood</td>
<td>• Women are underrepresented among those reached by street outreach</td>
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<tr>
<td>TA and $10,000</td>
<td>• Evaluation of a voucher system for AIDS service referrals</td>
<td>• Drug use patterns and referral needs differ by age and sexual orientation</td>
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<td>• Small monetary incentives are not adequate to prompt use of referrals</td>
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<td>Mandana House North</td>
<td>Study of correlates of high risk sexual behaviors among lesbian, bisexual, and heterosexual women in recovery from alcohol and drug abuse, and compulsive sexual behavior</td>
<td>Project terminated after completion of focus groups due to layoff of project director</td>
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<tr>
<td>TA only</td>
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<tr>
<td>Marin AIDS Project</td>
<td>Comparison of efficacy of peer-led and health educator led, single session, HIV prevention interventions for men incarcerated at San Quentin Prison</td>
<td>• Intervention increased intentions to test and to use condoms</td>
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<tr>
<td>TA and $10,000 in funding</td>
<td></td>
<td>• Peer-led groups saw greater increases in these intentions</td>
</tr>
<tr>
<td>San Francisco AIDS Foundation</td>
<td>Cross-sectional study of 713 gay and bisexual men in San Francisco to assess correlation of concepts of survival and community with safe sexual practices</td>
<td>Low confidence in one's ability to survive the HIV epidemic was correlated with unsafe sex</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Stop AIDS TA and $2,500</td>
<td>Evaluation of STOP AIDS one-session workshops on adoption and maintenance of safer sexual practices</td>
<td></td>
</tr>
</tbody>
</table>
Similar table to come for projects funded in 1994
REQUEST FOR PROPOSALS
for Evaluation of the ATF/CAPS
Prevention Initiative for 1993-1996

I. Overall Evaluation Objectives

The key questions we seek to answer through our program evaluation include but are not limited to:

1. Did this partnership enhance understanding of effective HIV prevention methods?
2. What worked and/or didn’t work in the relationship between the researchers and community-based agencies?
3. What factors enhanced or inhibited the ability of CBOs to participate in or carry out research projects?
4. Did this effort increase the capacity of participating CBOs to evaluate their own programs?
5. What worked and/or didn’t work in the partnership between the funders (ATF) and researchers (CAPS)?
6. Were findings from the evaluations performed integrated into the ongoing prevention programs of funded agencies?
7. Were the findings of prevention research projects disseminated in a manner that made them accessible to community-based providers? To prevention providers in areas beyond AIDS? To funders and policy makers?
8. Were the findings of the prevention research projects useful to those who received them through dissemination efforts?

We wish to understand both positive and negative outcomes of our effort and to learn how to strengthen relationships between HIV/AIDS service providers, funders, and researchers. We believe that the findings from this evaluation will be important to those who set policy, fund, implement and evaluate HIV/AIDS prevention efforts on local, state, and national levels.

II. Evaluation Methods

Please propose evaluation methods appropriate to address the questions noted in Section I. above. A wide range of qualitative and quantitative methods may be appropriate. However, each respondent must demonstrate that they possess the experience and resources needed to carry out the methods proposed. In addition,
research methods must be feasible given the funds available. (Please read the section below on Funds Available.)

Several sources of data are available for use in this project. They include:

-- Memorandum of Understanding between ATF and CAPS
-- Participant evaluations of the evaluation training workshop
-- Six month and annual reports from grantees (portions of this can be amended to include additional data)
-- Grantees themselves
-- Workshop participants (all 20 agencies invited to complete applications for funding)
-- CAPS investigators and administrators (6 scientists, 5 fellows, 5 administrators)
-- ATF members, consultant and staff (5-10 core active people on this project, 40 Task Force members/funders in all)

III. Timelines

A. Project Timeline
The application and applicant training process is already underway. The current calendar of activities is as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>May, 1993</td>
<td>RFP Issued</td>
</tr>
<tr>
<td>June</td>
<td>Community meeting for interested applicants held</td>
</tr>
<tr>
<td>July</td>
<td>MOU signed by ATF and CAPS</td>
</tr>
<tr>
<td>August</td>
<td>Invitations to submit proposal (and turndowns) sent</td>
</tr>
<tr>
<td>September</td>
<td>4 day training workshop held for proposal applicants</td>
</tr>
<tr>
<td>October 29</td>
<td>Full applicant proposals due</td>
</tr>
<tr>
<td>December 14</td>
<td>Recommendations for funding go to full Task Force for approval</td>
</tr>
<tr>
<td>December 20</td>
<td>Grantees notified of selection (or turndown)</td>
</tr>
<tr>
<td>Jan 1 - Feb 28, 1994</td>
<td>Projects begin</td>
</tr>
<tr>
<td>July 30</td>
<td>Six month progress reports due</td>
</tr>
<tr>
<td>October</td>
<td>Report or application for second-year funding due (to be determined)</td>
</tr>
<tr>
<td>December</td>
<td>Agreements for second-year funding finalized</td>
</tr>
<tr>
<td>January 1, 1995</td>
<td>Second year begins</td>
</tr>
<tr>
<td>February 28,</td>
<td>First year-end reports due</td>
</tr>
<tr>
<td>July 30,</td>
<td>18 month reports due</td>
</tr>
</tbody>
</table>
Jan 1-Feb 28, 1996  Projects completed
Feb 28  Final reports due
Mar 1  Dissemination begins

B. Evaluation Timeline
Your bid for this evaluation is due to the offices of the Northern California
Grantmakers on November 3, 1993. We expect to conduct interviews if needed and
to announce our selection by approximately December 1, 1993. We hope the
consultant will be able to start immediately after notification.

We realize that the evaluation consultant will begin work well after the start of this
project. Evaluation of earlier stages -- such as the evaluation training workshop --
need to be considered in your workplan.

The evaluation will continue past the completion of the two-year intervention projects,
through some period of dissemination activities. As these activities have yet to be
defined, timing is difficult to state. Our goal is to conduct and assess dissemination
activities for six to nine months. Therefore, the end date for this consultancy would be
between August and December, 1996.

IV. Budget
The Task Force has received a grant of $75,000 from the Ford Foundation for this
evaluation. We are asking that you provide us with a bid for the entire project that fits
the amount of that grant. We also ask that you include, as an attachment, a
description of what you would do additionally or differently if more funds were
available, and how much would be required to accomplish these additional tasks.

V. Your Proposal
Please be sure to address the following in your proposal:

1. Applicant Qualifications and Experience, including company experience and
   individual experience of key staff for this project
2. A listing and description of the roles of key staff involved in project
3. A description of your overall approach to this evaluation
4. A summary of the types of data collection methods to be used
5. A draft workplan and timeline for evaluation activities
6. A description of products to be produced including key elements of a final
report
7. Your proposed budget for the 2 1/2 year period
8. Attachments
   -- a sample report or publication from a previous evaluation of this type
   -- references for similar activities
   -- a supplemental workplan and budget if additional funds become available

Again, proposals are due at the offices of Northern California Grantmakers on Wednesday, November 3, 1993. We may conduct interviews during November and hope to announce our selection on approximately December 1, 1993. We hope that the selected consultant will be able to start immediately after selection and contracting.
TO: Ruth, Jan, Katherine
FR: Nancy Frank 516 - 530 - 2571
RE: Evaluator Consultant List
DATE: November 11

Here is the list of consultants we issued the evaluator RFP to with anything I know about why they didn’t submit a bid. I’ve summarized what I think the key contributors are at the end of the list.

I also have a few additional names of people or firms that have surfaced since the RFP went out.

Fax - 5747

To: [Handwritten]
Sandra Roberts
Katherine Haynes
Sand stab
### Consultant List - Ford Evaluator

1. Emile Gauvreau  
   Mountain Consulting  
   [redacted]

2. Joe Hafey, Executive Director  
   Western Consortium for Public Health  
   [redacted]  
   Left phone message saying they reviewed RFP and could not be building. No reason.

3. Rick Zawadski  
   RTZ Associates  
   [redacted]  
   No contact

4. Jacquelyn McCroskey  
   School of Social Work  
   USC  
   Montgomery Ross Fisher Building  
   Los Angeles, CA 90089-0411  
   [redacted]  
   No contact. Was big longshot.

5. Dennis Rose  
   Dennis Rose and Associates  
   [redacted]  
   Had no time to write bid but would be interested if we slowed things down.

6. Tom Foster  
   Center for Applied Local Research  
   [redacted]  
   No contact

7. Lynn Cannady, Senior Associate  
   EMT Associates  
   [redacted]  
   No contact but had warned me that it was probably too small for item.

8. Nelda McCall, President  
   Laguna Research Associates  
   [redacted]  
   Letter saying too busy to perform the evaluation on the schedule we outlined

9. Noel Day, President  
   [redacted]  
   No contact
10. Joan Meisel
   - Phone call + letter
   - Discouraged by low $ and is very busy for the next few months

11. Paul Harder
    Harder+Kibbe Consulting
    - Bid received

12. Arlene Fink, PhD
    Arlene Fink Associates
    - Received letter but I do not have it. I think it said she was too busy. Also a little out of their field. No contact.

13. Alan Stein
    - 

Issues:
- Short bid prep time
- Detailed workplan requested
- Very quick project start-up
- Relatively low $s
- Some of these folks are very grounded in quantifiable data
November 3, 1993

Nancy Frank, Consultant
Northern California Grantmakers AIDS Task Force
116 New Montgomery Street, Suite 742
San Francisco, CA 94105

Dear Nancy,

Enclosed is Harder+Kibbe’s proposal to evaluate the collaborative Prevention Initiative for the AIDS Task Force. Should you have any questions regarding our approach, workplan or qualifications, please contact me or Paul Harder, Managing Principal at 243-9940. Thank you for considering our evaluation proposal.

Sincerely Yours,

Alan Pardini
Senior Associate
Proposal to Evaluate the ATF/CAPS
1993-1996 Prevention Initiative

Submitted to:
Northern California Grantmakers
AIDS Task Force

Submitted by:
Harder + Kibbe Research
November 3, 1993
Proposal to Evaluate the ATF/CAPS
1993-1996 Prevention Initiative

Submitted by:
Harder + Kibbe Research

1. Understanding the Problem

The need for the ATF/CAPS Prevention Initiative is rooted in the historical gap between practice-related research and the delivery of services at the community level. Too often, practitioners' needs for information on the efficacy of particular interventions take considerable time making their way into academic research priorities. When salient and reliable research does become available, frequently there is another lag before interventions are altered to reflect the new state of the art. In the case of HIV/AIDS prevention, these types of impediments cost lives, many of which come from disenfranchised, underserved, isolated and high-risk populations.

The HIV/AIDS Prevention Initiative undertaken as a collaborative effort of the AIDS Task Force (ATF) and the Center for AIDS Prevention Studies (CAPS) is an ambitious and timely effort which, if successful, could make important contributions to the field of knowledge regarding HIV prevention in high risk populations. Moreover, the Initiative's approach, linking academic researchers with community-based providers, could lead to a more effective and expeditious translation of research findings into the practice of HIV/AIDS education and prevention. The Initiative also has the potential to increase the data and evaluation capacities of participating community-based organizations. These possible outcomes, and others, represent the potential short- and long-term impacts of the ATF/CAPS Prevention Initiative and form the basis for this proposal to evaluate this important collaborative endeavor.

The history of HIV/AIDS education and prevention reflects the incremental nature of our understanding of the virus and its transmission. Before the virus was identified, and in the face of a terrible and rapidly escalating epidemic, early education emphasized reducing the number of sex partners, but did not include messages about safer forms of sex; little was understood about injection drug use as a mode of transmission at that early time. When the virus was identified and modes of transmission better understood, HIV prevention messages changed to focus on specific risk behaviors. We now are on the edge of a third significant evolution in HIV prevention which incorporates psychosocial factors such as self-efficacy, empowerment, community identification and extended loss as factors affecting individual behaviors.

As the dimensions of the HIV epidemic came into clearer focus in the mid-1980's, public and private funders began supporting a wide array of education and prevention interventions directed to the general public and to specific communities at high risk of HIV
infection. In the decade since, the number and diversity of prevention efforts have increased dramatically along with public and private sector funding. Because of the urgency of the need for immediate HIV education and prevention; and because of the cost and time needed to understand the outcomes of prevention interventions, we find ourselves in 1993 with only limited knowledge (often borrowed from behavior data from other, related fields) about “what works and what doesn’t” in HIV prevention.

Early research in HIV prevention built on work in related fields such as smoking cessation, STD prevention and pregnancy prevention. The conceptual model emphasized the links among an individual’s knowledge, attitudes, and beliefs as they affect behaviors, in this case relative to HIV risktaking. While much is now understood about HIV knowledge levels and prevalent attitudes and beliefs about AIDS in some populations, little has been learned about the ultimate intended outcome of HIV prevention: changing personal behaviors to reduce the risk of infection.

The need to understand more about prevention outcomes is critical during periods such as these where resources for HIV/AIDS prevention are limited and insufficient. With legislation pending in Washington, D.C. to vastly increase prevention funding, understanding efficacy at the behavior level will be key to using these new resources wisely to reduce rates of HIV infection. In both situations, the ultimate markers of success are to be found in seroconversion and incidence data for target populations and communities. While the ATF/CAPS collaboration is not expected to resolve any of these issues absolutely, it will begin to test the efficacy of specific interventions targeted to high-risk populations as a first, important step towards a broadened understanding about the efficacy of specific HIV prevention strategies and interventions.

An important second dimension of this Initiative has to do with the widely varying abilities of community-based organizations providing HIV/AIDS services to document their impacts on the individuals and communities they serve. Because of the swiftness and severity of the epidemic in many communities, organizations grew rapidly to provide preventive or direct care services with only limited attention to data collection and evaluation.

In an increasingly competitive funding environment, it has become especially important for providers to be able to accurately document their efforts from process, output and outcome perspectives. This can be especially daunting for community-based HIV education/prevention providers because of restricted funding and the absence of a credible research base on HIV prevention efficacy. This ATF/CAPS Initiative has the potential to demonstrate whether linking academic researchers with community providers alters the providers' institutional capacities for data collection and program evaluation.
2. Evaluation Approach

In a pioneering effort such as this collaborative Prevention Initiative, participants and professionals in the field often hold high hopes for information and insights into critical questions of process and outcomes: Was the collaboration between community providers and academic researchers successful? What was learned about the impacts of targeted HIV prevention interventions? Was CBO evaluation capacity increased? Has a new strategy emerged for increasing the utility and timeliness of practice-oriented academic research? These are crucial questions which the ATF/CAPS Initiative will illuminate if the evaluation is simultaneously focused (on intended program goals and objectives) and inclusive (to identify any number of unanticipated results). Harder+Kibbe’s evaluation approach incorporates both elements in order to evaluate the Initiative as completely and accurately as possible.

As we have in our previous evaluation work for the NCG AIDS Task Force, we propose to organize our evaluation of the Initiative in a way which maximizes the information obtained for all participants. We have termed this approach "facilitative evaluation" which ensures that evaluation results are timely and salient as management and program tools for participants. Because the evaluation is occurring simultaneously with the Initiative itself, we hope to make the evaluation another information resource for Task Force staff and funders, CAPS researchers and participating grantees.

The evaluation will be primarily coincident with the Initiative and will be prospective in nature. In order to be comprehensive, however, we will ask key participants for their perspectives on the already-completed portions of the Initiative, including evaluations of the four-session workshop held for prospective grantees in September, 1993. This will ensure that the evaluation is quickly up to speed with the ambitious agenda of the Initiative.

Harder+Kibbe’s evaluation approach is organized around five levels of analysis, each corresponding with a type of Initiative participant or intended audience. Among the former:

- **Grantees: Community-Based Organizations.** The ATF-funded providers of HIV/AIDS education/prevention services.

- **Academic Researchers.** The investigators and staff of the Center for AIDS Prevention Studies (CAPS) and the institution itself.

- **Funders.** The AIDS Task Force (ATF) of Northern California Grantmakers (NCG) and participating funding organizations.
Two additional levels of analysis reflect two principal external target audiences for findings resulting from the ATF/CAPS Prevention Initiative:

- **The Field of HIV Services.** Service providers, researchers, and policymakers involved in HIV prevention.

- **The HIV Funding Community.** Current and prospective funders of HIV prevention programs in the public and private sectors.

These five levels of analysis will help to structure the data gathering and analysis tasks for the evaluation of the Prevention Initiative. This is important because a number of the key evaluation questions (see below) are concerned with the experiences of particular participant groups. The evaluation will be structured to provide information and analyses at each level of analysis and for the Initiative overall. This helps to ensure that the results of the evaluation are pertinent and timely.

To further structure Harder+Kibbe’s approach to the evaluation of the Prevention Initiative, we have organized the key research questions according to process and short-term outcome parameters. (We have included output considerations in the process component.) The process questions largely relate to participants’ experiences in the Prevention Initiative while outcome questions look at the impacts of participation on individuals and organizations at each of the five levels of analysis.

At the overview level, the evaluation of the ATF/CAPS Prevention Initiative will provide information to assess the Initiative’s progress towards its goals and objectives. This is the core of the evaluation, assessing performance against initial expectations. But collaborations and innovative programs often provide unexpected surprises; results which were not expected or program innovations which were not originally part of the initiative’s program design. The evaluation must “cast a wide net” in its data collection to capture these externalities which may not surface in an evaluation focused solely on predetermined program goals and objectives. In the analysis of results, the evaluation will assess goal- and objective-specific performance as well other consequences of the Initiative. This will make the evaluation results salient for internal (participants) and external (the field) audiences.

For each of the five levels of analysis, specific evaluation questions can be developed to guide subsequent data collection and analysis activities. While one of the first steps in the evaluation will be to finalize these questions, Harder+Kibbe has developed a preliminary matrix of evaluation questions organized by level of analysis and process or outcome parameters (Exhibit 1).
Exhibit 1
Core Evaluation Questions to be Addressed in the Evaluation of the Prevention Initiative

<table>
<thead>
<tr>
<th>Level of Analysis</th>
<th>Process Questions</th>
<th>Outcome Questions</th>
</tr>
</thead>
</table>
| CBO's (Providers)      |  ■ Costs/Benefits/Satisfaction  
Re: Collaboration with researchers?  
■ Factors facilitating/constraining ability to collaborate?  |  ■ Change in internal evaluation capacity?  
■ Change in approach/content of HIV prevention programming?  
■ Change in policy, philosophy  
Re: collaboration? |
| CAPS Researchers       |  ■ Costs/Benefits/Satisfaction  
Re: collaboration with CBO's? Funders?  
■ Factors facilitating/constraining ability to collaborate?  
■ Academic implications of community-based research? |  ■ Changes in research priorities?  
■ Changes in approaches to practice-oriented research?  
■ Changes in institutional priorities for community-based research? |
| NCC/ATF Funders        |  ■ Satisfaction with collaboration?  
■ Satisfaction with investment in prevention initiative?  
■ Opportunity costs? |  ■ Changes in ATF, Funder priorities/strategies Re: HIV prevention?  
■ Changes in ATF, Funder levels of support for HIV prevention? |
| Field of HIV Prevention |  ■ Describe dissemination process.  
■ Perception of relevance of prevention initiative to field? |  ■ Changes in understanding about HIV prevention?  
■ Changes in content/approach to HIV prevention practice (long-term)? |
| Field of HIV/AIDS Funders |  ■ Describe dissemination process.  
■ Perceptions of relevance of prevention initiative to field? |  ■ Changes in perception of HIV prevention?  
■ Changes in funding amounts/strategies for HIV prevention (long-term)? |

The questions in Exhibit 1 will be addressed by at least five interrelated data collection methods. The primary method will be structured, in-person key informant interviews with provider participants, researchers and ATF funders. These will be organized to respond to the process questions identified above throughout the course of the Initiative evaluation. Two series of interviews will be conducted annually, one at the outset of the evaluation and at the end and beginning of the subsequent fiscal years. This ensures that information which can be used for the management of the Initiative is available at strategic points throughout the evaluation.
When the initiative has moved into dissemination, the evaluation will conduct structured interviews with individuals in the HIV prevention and funding fields to assess the usefulness of materials or other information received from the Initiative as a means of assessing the Initiative’s value to these two key external audiences.

In addition, if feasible, a brief questionnaire will be included with written materials resulting from the Initiative to assess recipients’ satisfaction and perceptions of the usefulness and overall "value added" to the HIV prevention and funding fields.

In addition to the interviews, the evaluation will construct and administer a quarterly written survey assessing CBO and CAPS participants’ satisfaction with the collaboration. Likert-type scales will be constructed to permit a quantitative assessment of participant satisfaction over time.

At three strategic points in the initiative, focus groups will be conducted separately with the CBO participants and CAPS researchers to understand the dynamics of the collaborative process and to identify unexpected outcomes. Additionally, one focus group each year will be conducted with those ATF funders who are closely associated with the Prevention Initiative to obtain their perspectives on the process and outcomes of the Initiative. Near the conclusion of the initiative, individual focus groups will be conducted with the Boards of Directors of the participating CBO’s to assess any organizational changes (administrative, policy levels) which may have taken place or are anticipated as a result of that agency’s participation in the Initiative. A comparable focus group will be conducted with the leadership of CAPS to identify organizational impacts associated with participation in the Initiative.

In order to accurately document the Initiative, an early task will be the development of simple instruments to record outputs such as materials produced, formal trainings and meetings held, and other products which, in sum, represent a key dimension of the Initiative.

In the event that any individual or organization elects to terminate their association with the Initiative, the evaluation team will conduct a thorough and candid exit interview to determine the reasons for the departure and to obtain feedback on their involvement to date.

This mix of data collection methods will provide a balanced understanding of the process of the initiative as well as its potential to contribute meaningfully to the fields of HIV prevention and AIDS philanthropy. Because of the frequency with which data will be obtained from these varied sources and methods, timely and relevant information will be available to participants throughout the Initiative, ensuring that the evaluation maximizes its facilitative potential.
Analysis of Evaluation Data

The majority of the data collected for the evaluation of the Prevention Initiative will be qualitative in nature, supported by quantitative methods (participant surveys, users' surveys, output counts) where appropriate. The analysis of the evaluation data will occur continuously throughout the evaluation period, incorporating numerical and perceptual information. The analysis will be framed by two sets of considerations. First, the evaluation will assess the Prevention Initiative's progress towards its established goals and objectives. The second level of analysis will compare evaluation findings to the series of key research questions identified above and finalized during the evaluation's first month. By examining the evaluation data in these ways, Harder + Kibbe hopes to maximize its usefulness.

Evaluation Reports

In order to ensure that formal mechanisms exist to transfer evaluation findings to the Initiative’s participants, Harder + Kibbe will prepare mid-year (interim) evaluation reports as well as end-of-year reports describing and assessing the performance of the initiative and the progress of the collaborative venture among providers, researchers and funders. If desired by the participants, the year-end evaluation reports will include recommendations for their consideration. At the conclusion of the evaluation contract, Harder + Kibbe will prepare a summative evaluation report, assessing the Initiative's cumulative experiences and outcomes.

3. Evaluation Workplan and Timeline

In order to implement the evaluation approach described above, Harder + Kibbe proposes an evaluation workplan consisting of 11 interrelated tasks.

Task 1: Assemble evaluation committee to oversee work and products of the evaluation. To facilitate the linkage between the evaluation and the Prevention Initiative, Harder + Kibbe suggests the creation of a group to monitor and advise the evaluation. Such a group might consist of two providers, two CAPS researchers, a representative of the funders and a representative from Communication Technologies.

Completion: Month 1; meetings every 2 months
Task 2: **Review/revise evaluation design; Review Prevention Initiative goal(s), objectives for evaulability.** Work with the evaluation committee to review Harder + Kibbe’s evaluation design and workplan and make revisions, as necessary. This meeting also affords the opportunity to review the Initiative’s goals and objectives for clarity and evaluability.

Completion: Month 1

Task 3: **Assemble historical evaluation information and background materials on Prevention Initiative.** With the assistance of the AIDS Task Force consultant, assemble all relevant evaluation and background information concerning the Prevention Initiative and its work to date.

Completion: Month 1

Task 4: **Develop instruments to track specific outputs of the Prevention Initiative.** Because the Prevention Initiative has the potential to advance the practice of philanthropy and prevention in HIV/AIDS, dissemination is appropriately a significant emphasis. The evaluation staff will develop brief and simple forms to track materials disseminated; to obtain recipients’ perceptions of usefulness; to assess reactions to external workshops and presentations; and to track other outputs of the Initiative.

Completion: Month 2

Task 5: **Conduct baseline key informant interviews with selected participants in the Prevention Initiative; also interviews with experts in HIV prevention and HIV/AIDS philanthropy.** This first set of key informant interviews has two purposes. First, to establish a qualitative "baseline" against which subsequent process and outcome information on the collaboration can be compared. Several interviews will also be conducted with leaders in HIV prevention programming and in AIDS philanthropy to document the "state of the art" in order to determine the magnitude of any impacts resulting from the Prevention Initiative.

Completion: Month 3
Task 6: Conduct 3 focus groups with providers, academicians, funders to
determine expectations of the collaboration and perceptions of progress
to date. These interactive sessions will explore the perceptions of the
three key sets of collaborators to explore the benefits, costs and
consequences of the collaborative experience.

Completion: Months 4, 10, 16, 22

Task 7: Conduct update interviews with key informants. At six month
intervals, evaluation staff will conduct 10 to 15 follow-up key
informant interviews in order to assess the initiative’s progress and
incremental contributions to the fields of HIV prevention and
HIV/AIDS philanthropy.

Completion: Months 9, 15, 23

Task 8: Develop survey of Initiative participants; administer quarterly. To add
a degree of quantitation to the evaluation’s periodic assessments of
participants’ reactions to the Initiative, the evaluation staff will develop
a brief written participant survey to measure perceptions of progress,
satisfaction consistently over time.

Completion: Month 2; administer months 4, 7, 10, 13, 17, 20, 23

Task 9: Develop brief questionnaire to accompany disseminated materials, when
feasible. If the disseminated products of the initiative can be
accompanied by a brief user questionnaire, the evaluation will be able
to provide some sense of the utility of individual materials,
presentations or workshops for the HIV prevention and philanthropy
fields. The evaluation team will develop appropriate forms and work
with Initiative participants to make use of them whenever feasible.

Completion: Month 3 and ongoing
Task 10: Prepare mid-year (interim) and annual evaluation reports. At four points during the first two years of the evaluation, Harder + Kibbe will prepare written evaluation reports for the AIDS Task Force and its collaborators on the Prevention Initiative. The reports will summarize findings for the previous six month period and cumulatively to date. The reports will be organized to assess the Initiative’s performance towards its goals and objectives and to answer key evaluation questions, both process and outcome, at five levels of analysis.

Completion: Months 6, 12, 18, 24

Task 11: Prepare summative evaluation report. At the conclusion of the evaluation, which now is expected to coincide with the conclusion of the Prevention Initiative, the evaluators will prepare a summative evaluation document which provides a comprehensive assessment of the Initiative from its inception to date. This document also will explore the array of "lessons learned" from the collaborative venture in order to inform other, similar efforts as well as the fields of HIV/AIDS prevention and philanthropy.

Completion: Month 30

4. Staffing the Evaluation

Because of the Prevention Initiative’s unique approach to provider-researcher-funder collaboration and its potential to influence the fields of HIV/AIDS prevention and philanthropy, Harder + Kibbe will staff this evaluation with its most experienced evaluators. **Paul Harder, Principal** of Harder + Kibbe, will direct the evaluation of the Prevention Initiative. Day-to-day management of the evaluation and key the data collection and analysis tasks will be the responsibility of **Alan Pardini, Senior Associate** at Harder + Kibbe. Paul and Alan together have over thirty years of applied research and evaluation experience, much of it focused on HIV/AIDS matters. Assessing collaborative funding and program ventures in HIV/AIDS and other fields of human service has been a major focus of Paul’s and Alan’s work together over the past six years. Curriculum Vitae attached.

The key evaluators will be assisted by **Karen Weiss, Research Associate** at Harder + Kibbe who brings to this project a range of direct service work in HIV/AIDS as well as a strong background in human service evaluation and research.
5. Corporate Qualifications

Harder + Kibbe brings to this evaluation of the Prevention Initiative a strong background in HIV/AIDS program evaluation; demonstrated experience evaluating collaborative, community-based service interventions; and direct experience in linking program-related research with practice in HIV/AIDS. These recent experiences, coupled with our previous evaluation work for the AIDS Task Force, offer the ATF/CAPS collaboration a unique evaluation partner, capable of taking maximum advantage of the learning opportunity created by the evaluation of the Prevention Initiative.

Each of Harder+Kibbe’s senior investigators for this evaluation have been closely involved in research and evaluation in HIV/AIDS since 1985 when Paul Harder directed and Alan Pardini managed a statewide needs assessment for persons with AIDS for the State Office of AIDS. This was the first organized, statewide effort designed to understand formal and informal needs created by a new and rapidly-growing epidemic.

Following the successful completion of the statewide needs assessment, the Office of AIDS in 1987 contracted with Harder+Kibbe to evaluate the state’s HIV/AIDS prevention program which was relatively new and likely to expand significantly in coming years. The evaluation was exhaustive, producing information which identified the most and least promising HIV/AIDS prevention practices for specific at risk target populations.

In 1990-91, Harder + Kibbe conducted an extensive study of the HIV/AIDS knowledge, attitudes, beliefs and behavioral intent in at-risk "street" youth for the state Office on AIDS. A total of 450 in-person, 90-minute structured interviews were conducted in urban settings throughout the state with male and female prostitutes, drug users, runaways and throwaway youth. The results were profoundly disturbing and clearly reflected the challenges faced by HIV educators in affecting behavior changes, particularly among disenfranchised populations.

Since 1988, Harder + Kibbe has served as the national evaluation contractor for the National Community AIDS Partnership (NCAP), the nation’s largest source of private philanthropy in HIV/AIDS prevention and care. This work has not only included limited assessments of over 1200 prevention, care, technical assistance and public policy grants in 22 communities, but in 31 NCAP sites, Harder+Kibbe has evaluated the collaborative processes which serve as the bases for local HIV/AIDS planning and funding initiatives. This evaluation work has been truly facilitative. The findings from the national and local evaluations have been incorporated into program policies and practices each year since the evaluation began. This model of facilitative evaluation is the basis for the approach Harder+Kibbe has taken with this proposal to evaluate the Prevention Initiative.
For the past two years, Harder+Kibbe has been the evaluation consultant to 24 Special Projects of National Significance (SPNS) supported by the Health Resources and Services Administration (HRSA) to identify, document and disseminate innovative HIV/AIDS service and advocacy practice models. In that capacity, Harder+Kibbe has worked with a wide range of community-based service providers and advocates to integrate data collection and analysis activities into their SPNS-funded interventions. Like the Prevention Initiative, the SPNS projects are seeking to understand the capacity of community providers to generate information of practical value to HIV/AIDS practitioners. Harder+Kibbe’s experiences with the SPNS projects has provided us with a detailed understanding of the potential and limitations of linking service provision with credible evaluation in community-based organizations. This knowledge will be of value in assessing the impacts of the Prevention Initiative.

Harder+Kibbe recently completed a three-year evaluation of the $3.5 million AIDS Initiative of the Sierra Health Foundation. This evaluation was a comprehensive one, looking closely at the outcomes of individual care and prevention grants. Harder+Kibbe worked closely with funders, providers and researchers evaluating one of the largest of the Initiative’s projects, the creation of the collaborative Center for AIDS Research, Education and Services (CARES) in Sacramento. CARES is a single point-of-entry primary care and education provider built on several levels of collaboration. Harder+Kibbe’s evaluation and subsequent strategic planning assistance provided us with a "nuts and bolts" understanding of the collaborative process, particularly as it relates to providing and funding HIV/AIDS prevention and care services.

For the past two years, Harder+Kibbe has been under contract with the Minnesota AIDS Funding Consortium, a collaborative HIV/AIDS funding program, to conduct evaluations of their community-based grantmaking and of the community collaborative which guides the program.

In addition to our extensive research and evaluation experience in HIV/AIDS, Harder+Kibbe has evaluated or facilitated numerous collaborative processes in other human service fields. For the past four years, Harder+Kibbe has been the evaluation contractor for the Bay Area Independent Elders Program (BAIEP), a collaborative funding initiative of the H.J. Kaiser, San Francisco, Koret and Marin Community Foundations. Fifteen community coalitions form the basis of BAIEP and Harder+Kibbe has worked closely with these community collaboratives to better understand the dynamics of their work and their impacts on services, systems of care and public policy for frail older adults.

Harder+Kibbe is particularly proud of our work facilitating the recent creation of the Community Health Partnership of Santa Clara County, a consortium of thirteen community and county primary care clinics serving low income individuals and families. Harder+Kibbe worked closely over a period of two years to conduct the baseline research and then to facilitate the collaborative process which resulted in the creation of a dynamic
new entity to provide services to, and to advocate for, the health care needs of underserved populations.

For the San Mateo County Board of Supervisors, Harder+Kibbe facilitated a process to redesign the county’s In-Home Supportive Services (IHSS) program. The process was highly political and involved a diverse array of 25 individuals with distinct, and often contradictory, priorities and perspectives. The nine-month collaborative process produced a model program of in-home support for disabled individuals, frail elders, persons with HIV/AIDS and persons with mental illnesses which has been used in over 20 other California counties to reassess their IHSS programs.

This sample of relevant corporate experience demonstrates the breadth of technical and process knowledge that Harder+Kibbe hopes to bring to the Prevention Initiative as a partner in learning through the evaluation process.

6. If Additional Evaluation Funds Were Available

Harder+Kibbe believes that our proposed evaluation approach and workplan will provide answers to key process and (short-term) outcome questions at distinct levels of analysis and for the Prevention Initiative as a whole. The approach and methods have been designed to correspond to the current level of resources available for the evaluation and to encompass all aspects of the Initiative. Should additional resources become available to the evaluation, Harder+Kibbe would recommend two types of investment. The first would be a modest expansion of the existing evaluation approach by increasing by 25 to 33 percent the number of key informant interviews and focus groups top be conducted over the two and one-half evaluation period. This would deepen the level of investigation and learning from the current evaluation approach.

Our second recommendation would be to expand the evaluation period in order to address questions of impact over a longer timeframe. If the Prevention Initiative succeeds, its impacts on participating providers, researchers and funders, as well as its impacts on the fields of HIV prevention and funding, will likely manifest themselves for some time. Lengthening the evaluation period with a focus on organizational and practice-related outcomes would add another, longer-term dimension to the learning obtained through the Initiative’s evaluation.

We look forward to the opportunity to discuss this and any expanded evaluation approach with each of the involved parties to ensure its relevance and to maximize its facilitative potential.
7. Proposed Evaluation Budget

The total costs for the evaluation of the Prevention Initiative as proposed in the above sections are $74,750 for the 30-month period. As detailed below, staffing costs (inclusive) are $70,550. Other direct expenses total $4,200.

Budget Detail: Staffing

Paul Harder, Project Director  
220 Hours $19,800

Alan Pardini, Senior Associate  
445 Hours $35,600

Karen Weiss, Research Associate  
310 Hours $12,400

Clerical/Research Assistant  
110 Hours $2,750

Sub-total: Staffing $70,550

Budget detail: Other Direct Expenses

Telephone (local/long dist.)  
$40/month $1,200

Postage/Delivery  
$20/month $600

Local Travel/Parking  
$40/month $1,200

Printing/Photocopy/Fax  
$40/month $1,200

Sub-total: Other Direct Expenses $4,200

Total Evaluation Budget $74,750
PAUL HARDER
PRINCIPAL

CAREER SUMMARY

Over fifteen years experience in research and consulting for a broad range of human service agencies. Focus has been on strengthening services through improved decision-making and policy. Assignments have included program evaluation, survey research, feasibility and cost-benefit analysis, needs assessments, policy analysis and planning studies. Experienced teacher and trainer. Special areas of expertise are services for children and youth, the elderly, persons with HIV infection, persons with disabilities and other vulnerable populations. Have directed projects for federal, state and local governments; private non-profit organizations; foundations and corporations.

EMPLOYMENT HISTORY

Managing Principal, Harder+Kibbe Research and Consulting, San Francisco. (1987-present)

Director, Center for Human Services, The URSA Institute, San Francisco. (1983-1987)

Senior Project Manager, The Urban Institute, Washington, D.C. (1979-1983)


Research Scientist, Illinois Department of Mental Health, Chicago. (1972-1974)

EDUCATION

B.A. University of Chicago. Major: social psychology. 1971 (National Merit Scholar)

M.A. University of Chicago. School of Social Service Administration. Concentration: planning and evaluation. 1977

M.B.A. University of Chicago. Graduate School of Business. Concentration: public and nonprofit management. 1977 (Dean's List)
REPRESENTATIVE PROJECT EXPERIENCE

Program Evaluation

National Community AIDS Partnership. Evaluating national program of grant-making in AIDS prevention and treatment. Working in 21 regions around the country, assessing the impact of grants in communities through the use of survey and interview methods. Also examining the role of private philanthropy in creating local AIDS policy initiatives and collaborations with federal funding sources. As part of this study, assessing the role of community-based organizations in public policy formation.

Bay Area Independent Elders Program. Evaluating an innovative regional grant-making program intended to bring isolated elders into the community planning process and integrate formal and informal services. Also examining the collaboration of four foundations (San Francisco, Marin Community, Koret and Kaiser Family) in planning and administering the program.

U.S. Health Resources and Services Administration, Office of AIDS Activities, Special Projects of National Significance. Working with HRSA to evaluate 26 projects funded under the demonstration component of the Ryan White CARE Act. Involves assisting grantees with the development of evaluation designs, providing technical advice and creating cross-grant evaluation frameworks for HRSA.

Threshold for Youth, Novato. Conducted an evaluation of the effectiveness of day treatment for chemically dependent adolescents. Study involved parent and youth surveys, analysis of secondary and participant observation.

Sierra Health Foundation. Worked with this Sacramento-based foundation to assess its $3 million AIDS initiative in a 26-county region of Northern California. Of particular importance in this study was the documentation of the impact of grants on IV drug users and minority populations. Also examined the relationship between private planning bodies and Ryan White CARE Act Consortia. Methods included epidemiological analysis, surveys and interviews.

California Department of Justice, In-Home Child Care Registry. Evaluated the impact of a five-county demonstration of a program to provide parents with information about the background of in-home child care providers. Conducted surveys of providers, parents and child care agencies. Also examining the issue of state-level administration of the program.

California Office of Criminal Justice Planning. Evaluated state-funded programs for sexually exploited children (homeless and runaway adolescent prostitutes) in San Francisco, Los Angeles and San Diego. Documented program development, service delivery and organizational issues to produce a manual which will allow program replication in other sites. Also assessed the provision of mental health services to this population.

California Department of Health Services, Office of AIDS. Assessed the effectiveness of
state’s first AIDS education program. Conducted pre/post testing of education program participants and analyzed contractor’s educational activities. Identified unserved populations at-risk and recommended new educational interventions for AIDS education and prevention.

United States Office of Adolescent Pregnancy Programs. Directed a project to assist 60 federally-funded agencies develop evaluation plans and data systems for comprehensive services to adolescent mothers. Trained grantees on evaluation and data management practices. Advised federal agency on cross-cutting evaluation design.

California Department of Health Services, Office of AIDS. Directed project to evaluate the effects of various approaches to case management in AIDS services throughout California. Worked with the case management providers throughout California, documenting and assessing case management practices under the state’s Pilot Care projects.

Marin Abused Women’s Services, San Rafael. Conducted an evaluation of all program activities for a domestic violence prevention and treatment program, including residential programs, the men’s program and prevention programs for youth. Concentrating on the development of data collection instruments and analysis protocols.

Needs Assessment

California Department of Health Services, Office of AIDS. Assessed the supply of and demand for supportive services (home health, homemaker, hospice, counseling, etc.) by persons with AIDS/ARC statewide. Made recommendations for new and more effective approaches to service delivery.

Santa Clara County Task Force on the Homeless. Advised countywide task force comprised of county government, private agencies and corporations on methodological issues in conducting needs assessment of homeless individuals and families in Santa Clara County. Included instrument development, survey design, data analysis and development of recommendations.

Council on Aging of Santa Clara County. Conducting a county-wide assessment of the needs of older adults in the county. Using a population survey, focus groups and key informant interviews, defining the needs of seniors and developing recommendations for improved services.

Canal Community Alliance, San Rafael. Directed a needs assessment survey for a community agency in an ethnically diverse neighborhood in Marin County. Designed and implemented household survey, analyzed results and produced report.

County of Marin. Served as consultant and expert witness for County Counsel on community needs assessment methods in trial over the disposition of the estate of Beryl.
United Way of Santa Clara County. Conducting a county-wide assessment of human service needs, assisting with the establishment of a community problem-solving process. Related to this will be a review of United Way allocations in the context of community need.

**Market Research and Feasibility Analysis**

**Santa Clara Valley Medical Center.** Assessed the feasibility of a comprehensive geriatrics program for county hospital. Developed demand estimates, organizational and staffing requirements and fiscal needs.

**Stanford University Medical Center.** Analyzed demographic and competitive trends affecting the demand for health care by the elderly. Assessed senior service use patterns. Made programmatic and marketing recommendations to hospital management.

**San Francisco AIDS Foundation.** Examined the market and financial feasibility of a range of professional services and products for AIDS care and education. Made recommendations about the creation of a consulting practice to serve a national market.

**Association of Bay Area Governments.** Assessed the feasibility of creating a Regional Center for Homelessness Policy and Programs. Conducted market research in nine counties to determine need for technical assistance and training among public and private agencies serving the homeless. Developed program design based on findings.

**The Shanti Project, San Francisco.** With funding from the Robert Wood Johnson Foundation, assessed the feasibility of creating a national training program for Shanti. Conducted nationwide study of AIDS service systems and the potential for Shanti to assist with the creation of practical and emotional support programs for people with HIV infection using volunteers.
Management Analysis

California Department of Mental Health, Division of Community Programs. Conducted a management study of a statewide program for brain-impaired adults and their caregivers. Focus was on organizational, management, staffing and information systems for regional service provision.

Sacramento AIDS Foundation. Conducted an organizational development project to assess strengths and weaknesses, assist with Board development and review staffing patterns. Made recommendations for improving governance, policy-making and operations.

San Francisco Bay Area Food Banks. Conducted a management study for the four independent Bay Area food banks to identify ways in which agencies can collaborate to increase regional effectiveness and efficiency.

Policy Research

California Department of Health Services, Office of AIDS. Conducted three-year statewide study of AIDS-related knowledge, attitudes, beliefs and behaviors (KABB) of out-of-school youth. Using field research methods, surveying homeless youth, youth in the social welfare and criminal justice systems and other young people at risk of HIV infection. Will lead to development of more effective prevention strategies for high-risk youth.

Northern California Grantmakers. Task Force on Homelessness. Conducted a study of homelessness among ethnic youth in San Francisco and Oakland. Using ethnographic methods, investigating the perceptions and realities of youth homelessness in the African American, Latino and Asian communities in two cities. Research will lead to recommendations for community organizing and focused grantmaking in this area.

San Jose Office on Aging. Assessed the experience of four community health clinics in providing outpatient services to seniors in San Jose under a Medicare Waiver. Examined reimbursement and claims experience, and surveyed patients to develop demographic and health services use patterns. Made recommendations about alternative senior health delivery system.

U.S. Office of Human Development Services. Managed a nationwide analysis of adult protective services. Identified best practices, developed performance standards for providers and implemented demonstration of new approaches in three sites around the country.
South Carolina Health and Human Services Finance Commission. Developed comprehensive quality assurance system for all Title XX-funded human services in state. Developed service standards, monitoring techniques and technical assistance strategies for service providers funded by Finance Commission.

Urban Institute, Washington, D.C. As San Francisco Associate for a nationwide study of the nonprofit sector, conducted surveys and analyzed the effects of public policy decisions on spending for Bay Area nonprofit organizations. Co-authored two monographs on the Bay Area nonprofit sector.

U.S. Office of Human Development Services. Created a new framework for assessing and enhancing the quality of human services. Based on a review of exemplary practices in the social services and mental disability fields nationwide, developed new model for human service quality assurance. Co-authored several monographs and conducted numerous workshops in this area.

TEACHING EXPERIENCE

University of San Francisco. College of Professional Studies. Teach a master’s level course in advanced research and evaluation for nonprofit management students. Serve as research advisor to students completing master’s theses.

American University, Center for Management and Technology (Washington, D.C.). Lectured on organizational theory.

CIVIC ACTIVITIES

Past President, Board of Directors, The Support Center/CTD. San Francisco.

President, Board of Directors, Children’s Television Resource and Education Center, Oakland.

Member, Program Advisory Council, Institute for Nonprofit Organization Management, The University of San Francisco.

Member, Board of Directors, California Research Center, Los Angeles.
SELECTED PUBLICATIONS AND PROJECT REPORTS


Harder, W.P., J. Gornick and M. Burt, "Adult Day Care: Substitute or Supplement?" *The Milbank Quarterly,* 64(3), 1986.


ALAN PARDINI  
SENIOR ASSOCIATE

CAREER SUMMARY

Over fifteen years experience in program evaluation, management assistance, applied research, analysis and training in health care and human services. Principal focus is on underserved populations such as persons with HIV/AIDS and older adults, including the frail elderly. Have managed or directed assignments which include: program evaluations, community needs assessments, strategic planning, community surveys, feasibility analyses, organizational development consultations and training/technical assistance. Clients include federal, state and local governments; community-based service agencies; charitable foundations and funding collaboratives.

EMPLOYMENT HISTORY

Senior Associate, Harder+Kibbe Research and Consulting, San Francisco. (1987-present)

Senior Associate, The URSA Group, San Francisco. (1985-1987)

Senior Research Associate, The Institute for Health and Aging, University of California, San Francisco. (1981-1985)


EDUCATION

B.S. University of California, Berkeley. 
Public Health, 1976

M.S. Harvard University. 
Health Policy and Management, 1978

REPRESENTATIVE PROJECT EXPERIENCE

Program Evaluation

National Community AIDS Partnership. Evaluating national program of grantmaking in AIDS prevention and treatment. Working in 21 communities around the country, assessing the impact of grants using survey and interview methods. Also examining the role of collaborative private philanthropy in creating local AIDS initiatives.
The Sierra Health Foundation, Sacramento. Assessed the impact of the Foundation’s AIDS grantmaking program in 26 Northern California counties. The evaluation addressed program outcomes for grantees, their communities and the Sierra Health Foundation. Provided guidance to Foundation staff and the Board on future directions for effective AIDS grantmaking.

California Department of Health Services, Office of AIDS. Evaluation of case management strategies and practices among AIDS service agencies in California; development of a case management manual for statewide use.

Bay Area Independent Elders Program (a collaborative project of the H.J. Kaiser Family, Koret and San Francisco Foundations). Evaluating the process and results of a regional grantmaking program designed to develop innovative programs to identify and serve frail elders using nontraditional sources of community assistance. Methods include: secondary data; interviews; focus groups, surveys.

Evaluation of the San Francisco Adult Day Health Network. Assessed the performance of the ADHC network and the impact of its work on individual ADHC programs, funders and aging services planners.

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Managed an evaluation of "Healthy Older People", a nationwide public education program on health promotion for older adults. Assessed media exposure of broadcast and print materials; determined effects on local and state program activities; and provided technical assistance to local media coalitions and the national campaign contractor.

Needs Assessment/Planning

California Department of Health Services, Office of AIDS. Assessed the need and availability of supportive services for people with HIV/AIDS across California. Recommended strategies for state and community-level funding and service delivery approaches.

San Mateo County Board of Supervisors. Facilitated a nine-month community planning/consensus process to redesign the County’s in-home supportive services (IHSS) program which provides practical support to children and adults at-risk of institutionalization. Strategic plan adopted unanimously by County Board of Supervisors.
Municipal Health Services Program, City of San Jose, CA. Conducted a population survey of older adults to determine current patterns of health care use; market-tested primary care delivery systems; made recommendations to the City of San Jose regarding health services for their senior population.

Community Health Partnership of Santa Clara County. Facilitated a collaborative primary health care planning process resulting in the creation of a county-wide consortium of community and county clinics.

United Way of Santa Clara County. County-wide assessment of human service needs leading to a series of collaborative community problem-solving efforts focused on selected, high-priority human services issues. Review and recommendations concerning planning and allocations processes.

Council on Aging of Santa Clara County, San Jose. Conducted two comprehensive assessments of current and future service needs and an inventory of existing service resources. Implemented a telephone survey of 600 older adults; 20 focus groups on specific aging issues; 50 interviews with policymakers, service providers and community leaders. Developed alternatives for community-based intervention in areas of significant need.

Senior Coordinating Council of Palo Alto. Studied the need for health care, supportive services and social/recreational programs for older adults using a community survey approach.

Fenway Community Health Center, Boston. Designed and conducted a survey of the clinic population to determine unmet service and education needs, client and provider satisfaction.

Market Research and Feasibility Analysis

Shanti Project, San Francisco. National market analysis for emotional practical support training and consultation in AIDS services.

San Francisco AIDS Foundation. Assessed the national financial and organizational feasibility of providing professional consultation services and related products in AIDS education and services.

Continuum, Inc. Conducted a feasibility study/market analysis of a proposed Adult Day Health Care program designed for persons with AIDS. Made recommendations to this community-based agency on service and facility planning, finances, staffing, organizational structure.
Center For AIDS Research, Education and Services (CARES), Sacramento. Assisted staff with the development of a proposal for regional HIV services planning. Funded by the Health Resources and Services Administration, DHHS.

Association of Bay Area Governments. Assessed the feasibility of creating a Regional Center for Homelessness Policy and Programs. Conducted market research in nine counties to determine need for technical assistance and training among public and private agencies serving the homeless. Developed program design based on market information.

Bay Area Housing Support Collaborative, San Francisco. Conducted an assessment of the financial and technical assistance needs of low income housing developers and operators for a consortium of regional funders. Conducted a survey of developers and made recommendations for future funding directions to encourage increased development of low income housing.

Policy Research and Program Development

Executive Leadership Council on AIDS, San Francisco. Developed resource materials to assist top level corporate managers in developing AIDS education programs in the workplace.

AIDS Legal Referral Panel, San Francisco. Worked with this volunteer-based legal services provider to assist in planning for the future legal needs of persons with HIV infection. Analyzed epidemiological data and caseload projections. Interviewed AIDS service providers and community advocates with special emphases on: communities of color, drug users and women and children. Worked closely with the sponsoring agencies in organizational planning.

Sacramento AIDS Foundation. Worked with administrative staff and the Board to assess staffing patterns and the AIDS-related stress of caregiving among staff and volunteers. Conducted focus groups, interviews and a survey of staff and volunteers. Made recommendations concerning organization and staffing of the Foundation.

U.S. Department of Health and Human Services, Administration on Aging. Conducted a series of research tasks designed to assist federal policymakers on issues of medication management, nutrition, exercise and injury prevention. Provided guidance on incentives for local program development.

U.S. Department of Health And Human Services, Health Care Financing Administration. Studied the effects of state policies in the Medicaid, SSI and Title XX Social Services programs on program management, expenditures and utilization.
California Department on Aging. Conducted training and provided technical assistance to health care and aging services providers, community groups in health promotion for older adults. Focus was on assessing needs, identifying resources, working with media and program evaluation.
Behavioral Component

- Strategies
- Principles
- Determinants
- Behavior
Agenda
TIE Core Meeting 8/11/93

• CBO Workshop
  - Behavior Change Module
  - Invitees
  - Dates: September 9th, 15th, 23rd, 29th

• Statistical Analysis and Data Entry
  - Staffing
  - Needs

• Workload

• ACRC Applications/Recommendations for TA
People Invited to Participate in the Workshop

Non-Youth Oriented Organizations
Gay Asian Pacific Alliance (Gay/Bisexual)
STOP AIDS (Gay)
East Bay Community Recovery Project (Substance Abusers)
National Taskforce (Gay/Bi)
Planned Parenthood of Alameda/San Francisco (Women)
Agricultural Workers Health Centers (Migrant Farmworkers)
Coalition of Immigrant & Refugee Rights (Immigrants)
City College of San Francisco (young adults)
Marin AIDS Project (incarcerated men)

Youth
Asian Health Services (pending satisfactory revision of project description)
East Palo Alto Youth Development Center (pending final conversation with program person)
Face to Face
La Clinic de La Raza
Mid-Peninsula YWCA
New Conservatory Theatre
People with AIDS-San Francisco
Tri-City Health Center
Youth Advocates
Pre-Day 1

1) Please review the full schedule (Annex B) and familiarize yourself with the entire program. We will review the details of your assignments for Days 2, 3 and 4 at the end of Days 1, 2 and 3.

2) Please review the program descriptions of other participating CBOs and review the material on Theories of Behavior Change (Annex X). Determine what level your programs intervene upon, individual or group, and see which of the theories of behavior change is consistent with the underlying rationale you use in your HIV prevention program. Please prepare to discuss how you might change your program to incorporate one of these theories.

All participants, Session I (9 - 10:30 AM -- all times are approximate)

- Welcome, introductions

- What is CAPS; why is CAPS offering these workshops; benefits for CBOs/CAPS
  - opportunity to answer important program-related questions
  - improved chances of getting funding for program-related research and evaluation (including from CAPS)
  - closer linkages between program managers and researchers

-Brief Presentation on Theories of Behavior Change
  - Models of Individual Health Behavior
    Health Belief Model
    Theory of Reasoned Action
  - Models of Interpersonal Health Behavior
    Social Learning Theory
    Social Support
  - Group Intervention Models of Health Behavior Change
    Diffusion of Health Promotion Innovations
    Social Marketing

Break (10:30 - 10:45 AM) (Be sure to review the publications on the display table)
Small groups (10:45 - 12:15 PM)
Workshop participants divide into three groups*, representing up to 5 different CBOs. Group members will discuss their programs and determine whether they are trying to effect change on the individual, interpersonal or group level.

Lunch (12:30 - 1:30PM)
(Workshop facilitators will meet briefly during the lunch period to identify any themes that need clarification, highlighting, etc.)

All participants, Session II (1:30 - 2:45 PM)
- Illustrations of how behavior change theories have been integrated into HIV prevention programs in community-based service settings.
- Summaries of the major themes and problems that arose in the three groups during the morning’s discussion of research or evaluation questions; selected questions of particular interest or which present special problems may then be discussed if appropriate

Break (2:45 - 3:00 PM)

Small groups (3:00 - 4:15 PM)
-Discussion and clarification of the presentations; consideration of which theories of behavior change, if integrated into your programs, would best serve your program’s HIV prevention goals.

All participants, Session III (Hall) (4:15 - 4:45)
-Wrap-up session; clarification of any key points of interest to the full group

- Review of readings and assignments for next time

- Brief presentations are made which anticipate topics to be discussed further on Day 2:
  - Articulating an evaluation question
  - Project criteria -- “FINER” (Feasible, Interesting, Novel, Ethical, Relevant)

-Session evaluation forms completed and handed in

- Adjourn (by about 4:45 PM)

*Section facilitators will be: Group A: Olga Grinstead and Maria Ekstrand; Group B: Tom Hall and Fabio Sabogal; Group C: Ron Stall and Cynthia Gómez.
Day 2 -- ASKING THE RIGHT QUESTION

(Wednesday, September 15)
(Registration starts at 8 AM; opening session starts at 9 AM)

Pre-Day 2:

1) **Please prepare and bring:** 10 copies of a brief (one page maximum) statement for each participant CBO that indicates: (a) the research or evaluation “question(s)” that the CBO would like to answer, and (b) the significance of this question(s) for the organization. If your CBO is not sure what question it would like to address, several research questions can be described, using no more than one page for each one. The multiple copies of the question(s) will be used in the small group discussions. See Annex D for some ideas that can help you start thinking about this assignment.

All participants, Session I (9 - 10:30 AM -- all times are approximate)

- Welcome, introductions

- What is CAPS; why is CAPS offering these workshops; benefits for CBOs/CAPS
  
  - opportunity to answer important program-related questions
  - improved chances of getting funding for program-related research and evaluation (including from CAPS)
  - closer linkages between program managers and researchers

- Brief presentations on:
  
  - Overview of Workshop objectives, methods and products
  - Project criteria -- "FINER" (Feasible, Interesting, Novel, Ethical, Relevant)

- Elements of a good proposal: Research (or evaluation) Question (RQ); significance of RQ; review of literature; survey methods and instruments; data management & statistical analysis; budget. See Workbook Annex E for guidelines on preparing a proposal; Annex F for several examples of proposals; and Annex M for a schedule for (optional) library demonstrations, and instructions on using the UCSF library. A special session at the UCSF library (across from the UC Medical Center on Parnassus) can be arranged for those who wish to use the library.

  - Video on the Foundation Center’s resources; see also Annex H

Break (10:30 - 10:45 AM) (Be sure to review the publications on the display table)

Small groups (10:45 - 12:15 PM)
Workshop participants divide into three groups*, representing up to 5 different CBOs. The research or evaluation questions under consideration by the CBO participants in each small group are discussed, reviewed and revised, as appropriate. During this group review it is anticipated that both the questions and the justification for asking them will be refined.

Lunch (12:30 - 1:30PM) (Workshop facilitators will meet briefly during the lunch period to identify any themes that need clarification, highlighting, etc.)
All participants, Session II (1:30 - 2:45 PM)
-Summaries of the major themes and problems that arose in the three groups during the morning’s discussion of research or evaluation questions; selected questions of particular interest or which present special problems may then be discussed if appropriate

-Brief presentations are made which anticipate topics to be discussed further on Day 3:
  -Study designs -- alternative designs and their respective merits and limitations; Evaluation, cross-sectional / descriptive designs will be emphasized

  -Sample populations -- who to study and who to exclude from the study; criteria for inclusion and exclusion

  -Variables to study -- which variables will best predict the outcomes of interest; which outcomes are of greatest significance to the program; which variables are likely to confuse interpretation of the results?

Break (2:45 - 3:00 PM)

Small groups (3:00 - 4:15 PM)
-Discussion and clarification of the presentations; initial consideration of possible study designs for the RQs discussed in the morning

All participants, Session III (Hall) (4:15 - 4:45)
-Wrap-up session; clarification of any key points of interest to the full group

-Review of readings and assignments for next time

-Session evaluation forms completed and handed in

-Adjourn (by about 4:45 PM)

*Section facilitators will be: Group A: Olga Grinstead and Maria Ekstrand; Group B: Tom Hall and Fabio Sabogal; Group C: Ron Stall and Cynthia Gómez.
Day 3 -- SELECTING AN APPROPRIATE DESIGN
(Thursday, September 23, 8:30 AM)

Pre-Day 3 homework:

1) **Please review:** Annexes E, F, G, those parts of Annex O (Glossary) that have to do with key terms such as bias, hypotheses, population, sample, scales, study design, validity, and variable, and Annex N.

2) **Please prepare and bring:** 10 copies of a preliminary draft of as much of your CBO’s proposal as possible, including a content outline of the kinds of information you would like to collect in your questionnaire(s) and/or data collection form(s). CBO proposals will, of course, vary in length, detail, and content, depending on various factors. By the start of the second workshop day we do not expect a completed full proposal. We do, however, want you to have an outline of the entire proposal, to have drafted text wherever possible, and whenever this is not possible, to provide summary “one-liner” statements that suggest the kind of content you would like to include under each of your outline headings. Your draft text / outline should be no more than five pages and preferably less. This exercise will help make the Day 3 topics real and relevant. The additional copies will be shared with others in your small group.

All participants, Session I (8:30 - 10:00 AM)
-Objectives for Day 3

-Brief re-cap of material covered on Day 2

-Brief presentations on: (some Day 2 topics will be discussed in more detail today)

-Who to study? What population should be studied, how can they be identified, how can a sample best be drawn, how many persons should be sampled, and how can the sample size be minimized? Note: sample size determination will be covered very briefly; actual work on sample size calculations will be done with the help of CAPS consultants and perhaps occasionally, in the small groups discussions)

-Instrument design, selection and pre-testing (See Workbook Annex K for a partial and illustrative list of survey instruments available at CAPS for possible use or adaptation)

-Study variables that can confuse and confound the interpretation of your results, and measures to reduce this “confounding”

Break (10:15 - 10:30 AM)

All Participants (10:30 - noon)
-Discussion and clarifications of the topics presented in Session I

-Program evaluation -- Types and uses of research designs for assessing programs

Lunch (12:00-1:00 PM)

Small groups (1:00 - 3:30 PM)
-Discussion and clarification of the topics presented in Session I (continued)

-Discussion of participant project designs & instruments (continued)
Break  (3:30 - 3:45 PM)

All participants, Session III (Hall)  (3:45 - 4:30 PM)
-Brief comments on the small group discussions during day (about 15-20 mins.) (This report-back is optional and will be done only if it seems useful to the full group)

-Selected and/or problematic designs are discussed and clarified

-Identification, discussion and selection of Day 4 afternoon mini-workshop sessions (Hall)

(Participants will be asked what topics, if any, they would like to consider in more detail, during the afternoon of Day 4. An alternative to several concurrent mini-workshop discussions could be small group peer reviews of the first draft project proposals. A decision will be made at this time how the Day 4 afternoon session can best be used.)

-Session evaluation forms completed and handed in

-Adjourn (by about 4:30 PM)
Day 4 -- FINE TUNING AND SUBMITTING THE PROPOSAL

(Wednesday, September 29, 9:00 AM)

Pre-Day 4 homework:

1) Please review: Annexes H, J, K, P, and Q.

2) Please prepare and bring: 10 copies of a complete (or almost complete) draft of your proposal. As for Day 3, if you are unable to complete a first draft on some sections, bring those sections in outline. Your completed core proposal should probably not exceed five pages. Your final proposal may include additional materials that for the most part would be included in the appendices, eg, budget, references, resumes, draft questionnaire(s) and/or data collection form(s).

All participants, Session I (Hall) (9:00- 10:15 AM)

-Objectives for Day 4

-Brief re-cap of material covered on Day 3: Data analysis and presentation

-Brief presentations (anticipating Day 3) on practical issues in field research:
  -Ethical issues and IRB (Institutional Review Board) approvals
  -Budgeting and administrative aspects
  -Data analysis and presentation

-Brief presentation on applying for NCG/CAPS funding

Break (10:15 - 10:30 AM)

Small Groups (10:30 - 12:30)
-Review draft participants’ proposals

Lunch (12:30 - 1:30 PM)

Small Groups (1:30 - 3:15 PM)

-Small groups review and discuss homework from Day 3. Those who would like a “mock” review in which groups respond to proposals with questions or critiques potential funders might have should let their leaders know by Monday, October 4th.

Break (3:15- 3:30PM) Refreshments will be served in the large conference room.

Closing Comments (3:30-3:45 PM)

-Wrap-up session; major themes, cautions and questions

-Session evaluation forms completed and handed in

-Adjourn (by about 4:00 PM)
Ability to Envision a Future
Predicts Safe Sex Among Gay Men

Chuck Frutchey*
Wayne Blankenship*
Ron Stall**
Jeff Henne***

*San Francisco AIDS Foundation
San Francisco, CA, USA
**Center for AIDS Prevention Studies, University of California, San Francisco
San Francisco, CA, USA
***Communication Technologies
San Francisco, CA, USA
BACKGROUND

San Francisco is one of the oldest and most prominent epicenters of the AIDS epidemic in North America. Men in San Francisco’s gay community deal continuously with deaths among friends and loved ones.

Rates of HIV seropositivity among gay men 30 years of age and older are approximately 50%, making it virtually certain that any social networks of gay men will include HIV+ members.

Ongoing analyses of longitudinal cohort data reveal increasing deaths within the social networks of gay men due to the AIDS epidemic over time. Even by November of 1988 (using data from the AIDS Behavioral Research Project) 80% of the men in the sample reported at least one such death among their friends (“someone that you would speak to at least once a week”) diagnosed with AIDS. The median number of deaths among friends by 1988 was 2. Even greater numbers of acquaintances were reported diagnosed with AIDS, with a median number of AIDS diagnoses among acquaintances of 5. Men with AIDS utilized friends as primary sources of care, making both HIV+ and HIV- gay men well aware of the medical consequences of an AIDS diagnosis.

As of July 31, 1992, some 10,769 gay men had been diagnosed with AIDS in San Francisco. The San Francisco Department of Public Health estimated that there were approximately 55,000 resident gay men in San Francisco in 1990. This number is roughly equivalent to 1 out of every 5 gay men in San Francisco having been diagnosed with AIDS. This proportion is expected to rise over time.
MAIN HYPOTHESIS

Lack of confidence in one’s ability to survive the AIDS epidemic is related to current sexual risk for HIV infection.

METHODS

A convenience sample (N=713) of self-identified gay/bisexual male residents of San Francisco was taken during the San Francisco Lesbian and Gay Freedom Day Parade Celebration in June, 1992.

MEASURES OF SEXUAL RISK

Sexual Risk was defined by determining whether respondents engaged in unprotected anal intercourse during the previous three months:

Safe with everyone -- no unprotected anal intercourse at all

Unsafe with primary partner only -- at least one occasion of unprotected anal intercourse only with a primary partner

Unsafe with primary and/or secondary partner -- at least one occasion of unprotected anal intercourse with a non-primary partner, respondent may also have had unprotected anal intercourse with a primary partner.
DIMENSIONS MEASURING PERCEIVED ABILITY TO SURVIVE THE EPIDEMIC

These dimensions were scaled as follows:

**Lack of a Future** (alpha = .52)
- It is difficult for me to imagine my future.
- I have specific goals for my future
- My actions can change the course of the AIDS epidemic.

**AIDS Will be Cured** (alpha = .44)
- I believe that many people who are now HIV+ will see a cure.
- There will never be a cure for AIDS.

**AIDS Fatalism** (alpha = .52)
- There is no reason to be safe, since you can’t change your destiny.
- My actions can change the course of the AIDS epidemic.
- I have specific goals for my future
- The AIDS epidemic will destroy the gay community.
- I feel that certain aspects of my life are “on hold” until the AIDS epidemic is over.

We also included scales of other standard independent variables:

**Perceived safe sex norms** (alpha = .60)

**Self Efficacy** (alpha = .66)

**Condom Commitment** (alpha = .86)

**Social Network Norms** (alpha = .72)
FINDINGS: FREQUENCY DISTRIBUTIONS

Sexual Risk

safe with everyone 79.7% (557)
unsafe with primary partner 11.0 (77)
unsafe with primary and/or secondary partner 9.3 (65)

100% (713)

Demographics:

- 80% Caucasian, with approximately 5% of the sample identifying as African American, Latino, and Asian each.
- 61% of the sample were college graduates -- only 1% of the sample had less than a high school education.
- 48% of the men were in a primary relationship.

Age Distribution:

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30</td>
<td>25.2%</td>
</tr>
<tr>
<td>30-35</td>
<td>24.3</td>
</tr>
<tr>
<td>36-45</td>
<td>35.0</td>
</tr>
<tr>
<td>46+</td>
<td>15.4</td>
</tr>
</tbody>
</table>

Indication of Perceived Inability to Survive the AIDS epidemic:

- Lack of a Future 13.4%
- AIDS Will be Cured: 17.8%
- AIDS Fatalism 42.7%
### FINDINGS: CORRELATION WITH SEXUAL RISK

Mean Values Listed for Each 6 Point Scale

<table>
<thead>
<tr>
<th></th>
<th>Safe with Everyone</th>
<th>Unsafe Primary Partner</th>
<th>Unsafe with Primary and/or Secondary</th>
<th>P Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of a Future</td>
<td>2.2</td>
<td>1.9</td>
<td>2.7</td>
<td>A</td>
</tr>
<tr>
<td>AIDS will be Cured</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIDS Fatalism</td>
<td>2.4</td>
<td>2.0</td>
<td>2.7</td>
<td>A</td>
</tr>
<tr>
<td>Safe Sex Norms</td>
<td>3.0</td>
<td></td>
<td>3.4</td>
<td>B</td>
</tr>
<tr>
<td>Self Efficacy</td>
<td>5.0</td>
<td>4.7</td>
<td>4.0</td>
<td>B, C</td>
</tr>
<tr>
<td>Sex Impulse Control</td>
<td>2.5</td>
<td>3.0</td>
<td>3.4</td>
<td>D</td>
</tr>
<tr>
<td>Condom Commitment</td>
<td>5.7</td>
<td>4.2</td>
<td>4.5</td>
<td>D</td>
</tr>
<tr>
<td>Social Network Norms</td>
<td>4.9</td>
<td>4.4</td>
<td>4.6</td>
<td>D</td>
</tr>
</tbody>
</table>

A = all columns statistically different from each other, t test p < .01  
B = columns 1 and 3 statistically different from each other, t test p < .05  
C = columns 2 and 3 statistically different from each other, t test p < .05  
D = all columns statistically different from each other, t test p < .05

**NOTE:** COMPARISONS ALSO REPLICATED WITH NON-PARAMETRIC TESTS.
QUALITATIVE ANALYSIS

Qualitative methods were used to supplement this quantitative analysis. These included the analysis of written comments supplied by the participants as well as a series of 13 separate focus groups of gay male residents of San Francisco. Quotes from these sources include the following.

When asked to write their perceptions of living during the HIV epidemic in San Francisco, some individuals described a time of "amazing courage" in the face of adversity. Others described their experience with words like:

"stultifying" "gauzy" "living hell" "a hellish experience"
"the worst thing I can imagine" "a holocaust" "a bad dream"
"the longest nightmare" "loss, loss, loss, loss"

Other comments correspond to the three dimensions we tested.

LACK OF A FUTURE:

"My boyfriend is willing to have unsafe sex with me because ... he doesn't want to live to be fifty."

"I'm still giving and caring and doing and taking them places, but emotionally I'm seeing a change ... I resent more and more ... I have feelings of futility. It's like why am I investing all this energy? They're going to die."
QUALITATIVE ANALYSIS (con’t.)

"My life will not be vastly different [once the threat of HIV was no longer there]. Most of my friends are already dead."

AIDS WILL BE CURED

"It's significantly harder [now to deal with sick friends]. I've known people who've gone through the HIV spectrum going from as healthy as I am right now to their death bed. And now it's all of a sudden . . . I fit on the calendar. And I don't want to deal with being on the calendar. I guess I do what I'm obligated to do. And I'm talking about one person in particular, where all I need to do is collect his mail and take it to the hospice. It's a very simple thing to do. And I have to sit outside and erase all those lines off my face before I'll go inside and give him his mail, because I don't want him reading me. You know, it used to be very simple. It used to be, God, I was high on the mountain, and doing good things for good people. And now it's not always some other person that I'm looking at anymore . . . so there's a lot of mirror stuff happening."

"My losses have been too great to imagine [the threat of HIV being gone]."

"My imagination isn't that good, but I'm an apocalyptic junkie, so it's interesting having no future."
QUALITATIVE ANALYSIS (cont.)

"I can't imagine this time for myself... We need more messages of future."

AIDS FATALISM

"I know that there are young people who feel that there is still total glamour in 'Live fast, die young.' And especially when you're close to the street, especially when you haven't got shit, especially when it's, like, fuck all this because it's all fucked anyway."

"I always have safe sex, but I've assumed since I turned 20 that I would be dead by the time I'm 35 one way or another. That something would happen."

"I think there's a numbness at times that sets in. You're so inundated. You're hearing everything constantly. See friends get sick. I find I get very angry that this has happened to people so young."

"There's an undercurrent of unhappiness in the city, because a lot of people have it or have friends who have died of it... and you get tired of that."
CONCLUSIONS

- Lacking confidence in one's ability to survive the AIDS epidemic is related to having recently had unsafe sexual behavior for HIV transmission.

- Many factors may be at work to decrease gay men's sense of survival in the face of the AIDS epidemic:
  - large number of deaths among friends
  - personal health problems
  - negative news reports on the course of the epidemic
  - failed efficacy of the latest "miracle" drug
  - expressions of homophobia from politicians
  - rejection by family or friends

- "Surviving the epidemic" for gay/bisexual men is more than just physical survival, or freedom from disease. There is also a question for many gay/bisexual men of whether they will survive psychologically intact, or whether the stress and impact of the epidemic on their lives will leave irreparable scars. This is equally a concern for positive and negative men.

- The utility that gay men ascribe to having sex safe sex must also be linked with the sense that there is a hopeful future, not just a future without HIV disease.
AGENDA
Technology & Information Exchange
Project Update Meeting
7/28/93

I. Welcome/Purpose

II. Project Updates
   • Bayview
   • STOP AIDS
   • Marin AIDS
   • San Francisco AIDS Foundation
   • Mandana House North

III. Needs
   • Data analysis
   • Report preparation
   • Publication
   • Presentation
To: Randy Shero, ARTT
Cynthia Gomez and Katherine Haynes Sanstad
and Maria Eckstrand

From: Nancy Frank
AIDS Task Force
510) 530-2571
TO: AIDS Task Force Prevention LOI Reviewers  
FR: Nancy Frank  
RE: Next Week's Review Meetings  
DATE: Friday, July 23

There has been some confusions about which review meeting is in the morning and which is in the afternoon on Friday, July 30. Here is a summary:

9:00 am at NCG  
LOI Team B -- OTHER LOIs (non-youth)  
Jan Eldred, Randy Shields, Fred Silverman, Cynthia Gomez, Katherine Haynes  
Sanstad, Nancy Frank

2:00 pm at NCG  
LOI Team A -- YOUTH LOIs  
Ruth Tebbets, Pat Nagle, Molly White, Maria Eckstrand, Katherine Haynes  
Sanstad, Nancy Frank

I'm sorry if there's been any confusion
"Well, this is a reassuring note, Mr. Bonwell. No dolphins were killed in the preparation of this résumé."

B6 - we aren't gonna have résumés in Montana...

all candidates will submit their last 5 papers

and evidence of activity in at least 3 outdoor activities. We'll check from there. Also we

each get so many blackballs as we want?
TIE MEETING NOTICE

TO: Maria Ekstrand
   Ellen Goldstein
   Cynthia Gomez
   Michael Helquist
   Ron Stall

FROM: Katherine Haynes Sanstad

WHEN: 7/6/93, 1pm-3pm

WHERE: Pan Am Suite Conference Room

WHAT: Funding Proposal to The Ford Foundation for Evaluating the CAPS NCG Collaboration

As I mentioned, NCG is seeking funds from the Ford Foundation to evaluate the collaborative funding project we are about to embark upon. Enclosed you will see an initial letter from Nancy Frank to the Ford Foundation that describes the project for which they are seeking funding. You will also find a letter from Christina Cuevas, the Ford Foundation Program Officer, in which she specifies exactly what she needs from CAPS and NCG in order to fund an overall evaluation of our collaboration.

Please come to the meeting having reviewed these documents and having thought about the questions below.

• What is the national significance of the project?
  - How could what we do influence/serve AIDS service providers across the nation
  - How could it influence/serve policy makers

• What would relevant evaluation outcome measures be?

• What study designs would be appropriate for evaluating this endeavor?

• How long would such an evaluation take?

• What individual or organization could conduct a competent, unbiased evaluation of the project?

Thanks. See you there.

July 2, 1993
NORTHERN CALIFORNIA GRANTMAKERS
AIDS TASK FORCE
REQUEST FOR FUNDS -- EVALUATION

I. Summary
The AIDS Task Force (ATF) and the Center for AIDS Prevention Studies (CAPS) of the University of California, San Francisco, have embarked on an exciting new collaborative endeavor this year. The goal of that program is to fund promising HIV prevention programs and to evaluate the effectiveness of those programs in reaching individuals at highest risk, and in achieving real behavioral change among those individuals. In addition to funding and evaluating programs, the Task Force/CAPS collaborative will disseminate the findings of those evaluations to community-based providers, funders and policy makers. The immediate intent is to advance the field of knowledge about HIV prevention and to use that knowledge to affect both programs and funding.

The significance of this new program goes beyond the immediate knowledge that will be gained about HIV prevention. The intent of this project is to create a productive environment in which non-profit, community-based agencies can work in collaboration with skilled evaluators in a manner that works for both parties and benefits the community at-large.

Historically, academically trained researchers have not been utilized at the community level to inform the practice of the individual agency or the community at large. Conversely, the opportunity for community-based agencies to provide important insight into such areas as HIV prevention has been overlooked. The AIDS Task Force views this proposed evaluation of the overall collaboration as an opportunity to better understand and to reduce the barriers between these important sectors.

Additionally the collaboration between the AIDS Task Force and CAPS provides an important laboratory for better understanding of how funders and researchers can work together to advance the field of knowledge and improve funding in many areas.

The purpose of this request for funds is to evaluate this two year collaborative effort with emphasis on understanding the following: Did
this partnership enhance our understanding of HIV prevention? What worked or didn’t work in the relationship between the researchers and community-based agencies (CBOs)? What worked or didn’t work in the relationship between the AIDS Task Force and CAPS? Positive and negative lessons learned as well as how to strengthen these relationships and interventions will be important outcomes of the evaluation. It is important to note that this request is for evaluation of the overall collaboration only. Evaluation of individual prevention interventions is being funded by the ATF and CAPS.

II. Need for the Program and Need for the Proposed Evaluation

A. The Program

HIV/AIDS prevention efforts have been funded since the early stages of the epidemic. However, funders and policy-makers seem little more secure in knowing what methods work and where to put funds than they did in the early days. While providers in the community have developed an intuitive sense of what works, little concrete data to support that intuition is available. Recently, public funds for prevention have been cut or, at best, held at steady state as the epidemic grows. Those who advocate for increased funds have been told that the prevention efforts appear to not be working and that without a better sense of how to target funding effectively, more funding would be a waste.

Through evaluation of prevention efforts to high risk populations, the Task Force seeks to reduce that ambiguity in order to both increase the effectiveness of providers at the community level and to support funding improvements.

B. The Proposed Evaluation

The possible gains from this collaborative effort go beyond increased knowledge of prevention. As in the case of CAPS, researchers are able to gain funds for evaluation but cannot support the projects they seek to evaluate. We expect to demonstrate the increased effectiveness of both evaluators and philanthropists when working more closely together in instances such as these. We find a reluctance among both evaluators and community based agencies to work together for reasons of control and style. We expect to determine ways in which evaluators and community-based agencies can work together collaboratively to benefit all parties. We find that what little research on HIV prevention is available is not used because it is buried in academic journals and dense articles. We will be developing and testing a new model for dissemination of evaluation findings that we hope will lead to better use of those findings.

But we need to know if we have been successful at achieving those objectives. The findings of an overall evaluation of the collaboration, showing what didn’t work as well as what worked, has great potential to assist grantmakers, evaluators and communities in other geographic regions and other subject areas as well as in Northern California for HIV prevention.

III. The Collaboration

The AIDS Task Force represents a consortium of over 40 private and community foundation and corporate grantmakers who have learned about HIV/AIDS together and have pooled their
funds to achieve more effective grant making in nine Bay Area counties of Northern California. The AIDS Task Force has been making grants since 1989 and has awarded approximately $3.2 million in four funding cycles. Grants have been made in the areas of prevention, care, public policy and technical assistance. The AIDS Task Force is a senior partner of the National Community AIDS Partnership.

The University of California, San Francisco, Center for AIDS Prevention Studies was established in 1986 to conduct epidemiological and behavioral studies of the prevalence and determinants of HIV risk behaviors, and to investigate interventions to prevent HIV infection and its consequences. CAPS is funded by the National Institute of Mental Health as one part of its AIDS Research Centers Program.

IV. CAPS/ATF Partnership Program Description

Grants
In brief, the ATF/CAPS prevention/evaluation program will fund 6-10 non-profit agencies to carry out promising HIV prevention projects over an 24 month period. While the Task Force hopes to support these projects for the full 24 month period, no commitments for funding beyond the initial year will be made until funds are raised.

Grants will range from $35,000 to $60,000 per year. This will include up to $10,000 per year to cover incremental evaluation costs to the agency. In addition to grant funds, applicant agencies will receive a minimum of 150 hours of evaluator time per year for two years to assist in the establishment of their evaluation design and practices, problem resolution, monitoring data collection, and data analysis. The agencies themselves will be responsible for the overall evaluation design and implementation. This minimum evaluator time will be provided in-kind by CAPS. Additional evaluator time may be available and may be subsidized by the ATF.

Applicant Training
In order to foster development of the strongest possible program and evaluation designs, applicants who are invited to submit full proposals will be required to attend a four day training and evaluation design workshop. CAPS will provide this training in-kind. The training will include: behavior change theory and evaluation design. Each participant will work on his/her evaluation design during the workshop and will receive one-to-one assistance and feedback on that design. The designs will then be incorporated into final proposals to the ATF.

Dissemination
During the granting period, the ATF and CAPS will be working together and with community-based agencies to design the most effective dissemination program possible. At the end of the research period, this dissemination will be carried out by the ATF/CAPS and participating CBOs. It is the intent of the ATF to raise funds for this dissemination process. Dissemination would occur in early 1996.

V. Timeline
Awards and Projects
An RFP has been distributed by the ATF and Letters of Intent are due on July 1. The CAPS evaluation workshop will be held in September and proposals will be due to the ATF on October 29. Awards will be announced in late December with project start-up possible as early as January, 1994. Projects will end approximately January 1996 and dissemination of findings will occur in the following six months.

Evaluation
The grantmaking cycle is already underway and the ATF is anxious to begin evaluating the program and collaborative relationships. Optimally, we would have an evaluator on-board by the September evaluation workshop who would continue through the dissemination phase scheduled for mid-1996.

VI. Examples of Evaluation Questions To Be Answered
As stated earlier, the AIDS/CAPS Collaborative Program will fund evaluation of the effectiveness of specific HIV interventions. Funds requested here are for evaluation of the effectiveness of the broader collaborative effort. Questions we seek to answer in this broader evaluation include:

The Collaboration between CAPS and CBOs
-- Do CBOs feel that they benefitted from the evaluation process? Would they do it again? Why or why not?
-- What were the most significant positive/negative aspects of this relationship and how could it be strengthened?
-- What were the key barriers to CBOs to participate in the evaluation and how might they be reduced?
-- Do evaluators and funders perceive that the process was worthwhile? Why or why not?
-- What is the quality of the data collected? Are the ultimate findings of the evaluation useful to advance the field of knowledge? Inform/affect the funding environment?
-- Did the process to disseminate findings of the evaluations result in use of those findings? By whom?

The Collaboration between ATF and CAPS
-- Did this process produce a stronger "product" than if the two groups had worked separately?
-- Was it a "cost effective" relationship?
-- What could be done to strengthen this relationship?
-- What lessons from this relationship might be applicable to funders and researchers in other geographic areas and other fields?

NOTE: This proposed project differs from that conducted by Harder+Kibbe Research on behalf of the National Community AIDS Partnership in that it allows in depth analysis of a specific program and set of relationships in a single region. Because of the 22 regions included in NCAP’s evaluation efforts, this detailed level of analysis is simply not possible.
VII. Evaluation Methods -- As Known
The AIDS Task Force realizes that there are different methods which can be employed to answer the questions listed above. While we are clear that we want to achieve a balance between objective data collection and participant interviews, we are still exploring what methods to use. To explore this, we plan to issue an RFP for the evaluation and allow experts in the field to propose the methods that they believe to be most effective. CAPS will be involved in the review and selection process as well.

Again, we are open to the range of methods that can be employed. We want as high a level of rigor as reasonably possible. We are open to suggestions and input on both methods and possible consultants at this point.

VIII. Costs as Known
The Task Force estimates the cost of this 2+ year evaluation to be between $50,000 and $100,000. Actual costs will be solicited as part of the bidding process. At present, it is anticipated that all funds would be used for the evaluation consultant.
July 1, 1993

Ms. Nancy Frank
Nancy Frank & Associates
1540 Holman Road
Oakland, CA 94610

By FAX: 510/530-4070

Dear Nancy,

I was glad to see you last weekend and hope you are now feeling better. Thanks for organizing the meeting with the NCG AIDS Task Force representatives. The meeting helped to clarify some of the questions which we had about the proposed project.

Our conversation suggested that this project will be based on prior experience and significant planning between CAPS and the NCG AIDS Task Force. Accordingly, it would be important for the revised proposal to include more information about how the project builds on these processes. Outlined below is a brief reprise of our conversation regarding the information needed to complete our review.

- Briefly describe the genesis and background of the project. It would be important to note CAPS' experience in similar efforts. Based on that experience, briefly describe the barriers to the proposed collaboration and how project principals propose to address these.

- Elaborate on the need for and potential use of the assessment results by others in the AIDS field, as well as in other topical areas. Describe preliminary ideas you have regarding a dissemination process that will enable others to benefit from the experience of the CAPS/NCG grantee collaboration.

- What criteria and selection process will the NCG AIDS Task Force use to select the project evaluator? Include preliminary ideas about likely candidates.

- Briefly describe how the NCG AIDS Task Force effort will be coordinated with the H+K evaluation of NCAP so as to avoid undue complications for the grantees selected for participation.
Ms. Nancy Frank
July 1, 1993
Page 2

- If possible, briefly discuss the type of prevention projects likely to be included in the collaboration. What criteria will be used for selection of grantees? How will researchers be matched with grantees?

- In our discussion, it appeared that significant resources are being directed toward the evaluation of the NCG projects from the AIDS Task Force and CAPS. Say a little about the leveraging of funds for this effort.

Lastly, to facilitate the review and recommendation process, please include the information listed on the next page as appendices. Please call if you have any questions about the foregoing. I look forward to hearing from you by July 15.

Sincerely,

[Signature]
Christina Cuevas
Program Officer

CC/ger
INFORMATION LIST

1) NCG's organizational budget for the current year.

2) AIDS Task Force budget. Include current and expected sources of support (list source and amount).

3) Project budget.

4) A brief narrative regarding NCG's policy regarding Board and staff diversity and similar information on the AIDS Task Force. Provide information on the composition of both in the following format:

Diversity Table and Interpretation

<table>
<thead>
<tr>
<th>Minority</th>
<th>Male</th>
<th>Non-Minority</th>
</tr>
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<tr>
<td>Male</td>
<td></td>
<td>Male</td>
</tr>
</tbody>
</table>

NCG Board of Directors

NCG Staff

AIDS Task Force

Staff

CAPS Staff

5) List of NCG Board members with affiliations.

6) List of AIDS Task Force with affiliations. (your resume included)

7) Resumes for the CAP's personnel directly involved in the project. (biographical sketches of the potential pool of researchers will do).
Preparing a Fundable Proposal for Evaluating Community-based HIV Services

Workshop Evaluation Summary
January 13, 1993

Responses to the evaluation form for day one are summarized below, without regard for egos. Overall, I think we struck the right tone, with the right mix of practical examples and science talk. I would say that this year's evaluations are better than last years. They are full of positive statements about the group leaders followed by exclamation points. Original copies of the evaluation forms for each group are available for your review. Please review and return the forms by January 27th. Thanks.

A. Presentations
1. Overall rating of the morning presentations from 1 (low) to 5 (high).
   4.6

2a. Elements of a good proposal 3.94
2b. Evaluation Research 4.00
2c. Types of Evaluation 4.17
2d. FİNER Criteria 4.05

3. Liked Best
   • Real world examples were appreciated
   • Many thought presentations clear and concise
   • Flexible and well organize
   • Good facilitation and bright participants

4. Ways to improve
   • Use visual aids
   • More "fundamental explanation of terms/concepts"
   • Better explanation of what is expected of participants
   • More on how service agencies perform outcome evaluation
   • More time on outcome evaluation

5. Amount of time in session
   More time 2
   Just Right 14
   Less Time 0
   Missing 2

Two comments related to this. The first was that the first session was too sketchy and recommended scrapping it or offering tips of what to put in a proposal. The second was that more time should be spent in the presentations if the substance warrants it and less time should be spent if there isn't sufficient content.

D. General Comments
• The individual attention in the small groups was favored by many
• Discussing the work of other agencies proved to be useful for many
• More morning time for small groups. People did get warn out and the discussion of some agency's evaluation questions was less extensive than others
• The afternoon small group session was long and intense.
• The workshop was very helpful but didn’t have time to solve problems and get specific answers
• A more clear overview of a research proposal would have helped day one be more relevant to one participant

Small Groups Ratings and Comments

I. Ekstrand and Stall

B2. Overall Rating Morning Small Group 4.25

B3. Best liked - Group leaders were knowledgeable, had time one-on-one, process of thinking through from question to design

B4. Ways to improve - no comments

C2. Overall Rating for Afternoon Small Group 4.25
Note: comments were the same for the pm as the am

C4. Ways to improve - “Use board more/continue using”

II. Gómez and Sanstad

B2. Overall Rating Morning Small Group 4.86

B3. Best liked - Discussions, sharing group work and ideas, opportunity to brainstorm with creative knowledgeable group of people

B4. Ways to improve - at times the group moved into methodology and wasn’t 100% clear whether the focus was supposed to be the basic research question

C2. Overall Rating for Afternoon Small Group 4.86
Note: comments were the same for the pm as the am

C4. Ways to improve - “It was great”

III. Hall Sabogal

B2. Overall Rating Morning Small Group 4.71

B3. Best liked - open exchange of ideas, discussion of each agency’s evaluation issues, asking questions in a non-threatening way,

B4. Ways to improve - more input from Sabogal; Hall dominated too much

C2. Overall Rating for Afternoon Small Group 4.71
Comment: “Both morning and afternoon sessions were very useful. Working on others’ research questions helped clarify my own interests.” Otherwise all comments were the same.

C4 Ways to improve - “Group leader Hall was excellent”
I have received only nine evaluation forms for day two of the workshop. So this summary should be looked upon with some skepticism.

### A. Morning Larger Group Session

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Q1. Overall rating</td>
<td>4.64</td>
</tr>
<tr>
<td>Q2a. Introduction</td>
<td>5.0</td>
</tr>
<tr>
<td>Q2b. Review of day 1</td>
<td>4.85</td>
</tr>
<tr>
<td>Q2c. Study designs</td>
<td>4.78</td>
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Q5. All respondents said the amount of time for the morning session was about right.

### B. Morning Small Group

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<tr>
<th>Question</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Qb2. Overall rating, Gomez/Sanstad (5 responses)</td>
<td>4.8</td>
</tr>
<tr>
<td>Stall/Eksrand (1 response)</td>
<td>5.0</td>
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<tr>
<td>Sabogal/Hall (2 responses)</td>
<td>5.0</td>
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### C. Afternoon Session

<table>
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<th>Question</th>
<th>Rating</th>
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<tr>
<td>Qc1. Overall rating</td>
<td>4.87 (8 answers)</td>
</tr>
<tr>
<td>Qc2a. Whom to study</td>
<td>4.62 (8 ans)</td>
</tr>
<tr>
<td>Qc2b. Using existing data</td>
<td>4.71 (7 ans)</td>
</tr>
<tr>
<td>Qc2c. Questionnaire design</td>
<td>4.75 (8 ans)</td>
</tr>
<tr>
<td>Qc2d. Closed &amp; open-ended questions qualitative/quantitative data</td>
<td>4.25 (8 ans)</td>
</tr>
<tr>
<td>Qc2e. Pretesting and focus groups</td>
<td>4.25 (8 ans)</td>
</tr>
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</table>

Q5. Amount of time in afternoon session
4 of 9 said more time should be spent, one said less time on focus groups, and the rest said it was about right.

### D. Afternoon Small Groups

<table>
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<tr>
<th>Question</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>Qd1. Overall rating of small groups</td>
<td>4.56</td>
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### E. General Comments

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>Qe1. General helpfulness</td>
<td>4.89</td>
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In general people liked the clarity, the handouts, and the references to what people were working on in the small groups.
Preparing a Fundable Proposal for Evaluating
Community-based HIV Services

Workshop Evaluation Summary
January 27, 1993

A. Morning Large Group Presentation
   1. Overall rating 4.38

   2a. Day two review 4.35
   2b. Data management 4.33
   2c. Putting proposal together 4.38
   2d. Ethical issues 4.50

B. Small Group Sessions
   B2. Sabogal/Hall 4.30
       Stall/Ekstrand 4.50
       Gómez/Sanstad 4.60

C. Afternoon Presentations
   Nancy Frank 4.47

D. General Comments
   1. Overall rating of the day 4.47

E. Ideas for Future Workshops
   1. Should we add another day to the workshop.
      The respondents were split on this. Eight said that it should be longer and
      six said no, it was long enough. Two did not respond.

Comments on what to do in the future have not been summarized here do to lack
of time. I will get them out to you in the next week. If you would like to look
them over let me know.
This letter was sent to San Francisco AIDS Foundation, STOP AIDS, Mandana North, Bayview Hunter's Point Foundation, Marin AIDS Project

February 17, 1993

Community Based Organization

Dear:

Please join us for a project update meeting on Wednesday, March 3rd, from 10-12 at the Center for AIDS Prevention Studies - Main Conference Room
Please RSVP to Susan Lausten at 597-9325

This is an informal discussion and problem solving session. Please be prepared to give a brief oral status report on your project. The report should include:
- progress to date
- revisions to your protocol
- problems and successes
- next steps

If you would like to use an overhead projector, please let Susan Lausten know.

I will also need a written copy of the status report from you. It should be no longer than two pages and include the above information from the oral presentation as well as:
- a timeline for project completion
- invoice itemizing funds spent to date by category (i.e. salary, materials, subject payments)

The timeline and invoice may be in addition to the two page maximum required for the status report.

I must have this report no later than Friday March 12th. If you fax the status report, I will need to receive a hard copy of it by Monday, March 15th. The invoice must be an original not a facsimile. If you have any questions, please call me at 597-9205.
I look forward to seeing you on March 3rd and to hearing about your projects.

Sincerely,

Katherine Haynes Sanstad, Project Director
Technology and Information Exchange

cc: Maria Ekstrand
Cynthia Gómez
Olga Grinstead
Tom Hall
Fabio Sabogal
Ron Stall
UNIVERSITY OF CALIFORNIA
UNIVERSITYWIDE AIDS RESEARCH PROGRAM
GUIDELINES FOR FUNDING OF PILOT PROJECT APPLICATIONS
FROM COMMUNITY-BASED ORGANIZATIONS

The following guidelines are in accordance with University of California and Universitywide AIDS Research Program (UARP) policies.

1. Whether awarded directly or through UARP funded units such as AIDS Clinical Research Centers, UARP funds may be awarded only to tax-exempt non-profit institutions/organizations located within the State of California. For institutions other than UC documentation required includes: evidence of institution's address and tax-exempt non-profit status (Federal form 501(c)3). Awards to institutions other than UC must be made by a contractual agreement between UC and the recipient institution.

2. Before funds can be released, all projects involving human subjects, animal subjects, or biohazards (in particular, use of HIV or samples from HIV-infected individuals or animals) must have current approvals in these areas from an NIH-approved committee or institutional review board (IRB). Documentation required: Human subjects approval must be submitted on HHS form #596 or its equivalent, signed by the IRB chair and must

June 12, 1992
include the address and phone number of the IRB and its multiple project assurance number, and the approval/expiration date. Approvals from an IRB employing single assurance numbers are not acceptable. Projects which are exempt from human subjects review must submit HHS form #596 or a letter of exemption from the IRB which cites the relevant paragraph under which the exemption has been granted. Animal subject approvals must be submitted in a letter signed by the animal research committee chair indicating the assurance number under which approval has been granted and approval/expiration date. Biohazards must be approved by an institutional biohazards committee whose membership has been approved by NIH. Approval letters/memos or approved applications must be signed by the biohazards committee chair and/or the biohazards officer. All approvals must be kept current during the life of the grant. Multiple year funding is contingent upon receipt of reports of satisfactory progress and evidence of current approvals.

3. All projects approved for funding must provide for collaboration with a UC faculty member.

4. Indirect costs may be paid to non-UC institutions and may not exceed 25% of the total of the personnel plus supplies and expenses budget categories.
The UCSF AIDS Clinical Research Center, supported by the State of California, coordinates and supports campuswide research in AIDS. This is accomplished through a network of clinics at the three teaching hospitals and through "core" resources such as the AIDS Clinical Trials Coordinating Unit at SFGH and the AIDS Specimen Bank at Moffitt Hospital. Project funds for pilot studies are available from the Center. Three cycles of applications will be funded this academic year. Deadlines for submission are: March 30, 1992, August 30, 1992 and November 30, 1992. Awards will be made approximately two months following submission. Information about the Center and application forms can be obtained from Mr. Layne Ethington, VA Medical Center, 4150 Clement St., building 2, room 180, telephone 750-6923.
UCSF AIDS CLINICAL RESEARCH CENTER (ACRC)

Guidelines for Grant Applications
Revised (3/20/92)

1. The UCSF AIDS Clinical Research Center makes grant awards periodically to provide funds for pilot clinical studies in the prevention and/or treatment of AIDS and AIDS-related conditions. These studies may cover a broad area: social and behavioral research in AIDS prevention; clinical study of progression to ARC or AIDS; and treatment of clinical illness caused by HIV. In addition preclinical or basic research proposals with potential application to AIDS treatment or prevention will be considered for start-up funding. Appropriate attention to the inclusion of women and minorities in study populations must be given.

2. Applications must conform to the ACRC “Format for AIDS Clinical Research Project Proposal.” These forms are available at the Administrative Office of the ACRC (VA Medical Center (141A), 4150 Clement Street, San Francisco, CA 94121). Applications are invited from the Health Sciences Schools at UCSF, UC Berkeley, and UC Davis.

3. Applicants must adhere to the following general guidelines for submissions:
   
a. All clinical studies require approval by the appropriate Committee on Human Subjects, but approval is not a prerequisite for submission. Once a project is approved, however, Committee approval must be provided to the Director before funds will be released.

b. Prior to submission ALL applicants must get DEPARTMENTAL CHAIR SIGNATURE as noted on the first page. Applications that fail to comply will be returned.

c. Budgets should not exceed $25,000. Start-up funds for pilot studies that can lead to more substantive extramural funding are encouraged. Only one-year awards will be made. Chances of award are greatly improved by modest budget requests in the $5,000 range. Salary cannot be requested for University faculty in FTE positions. Also, travel expenses and computer purchases are not allowed for purposes of this application.

d. The ACRC and Center for AIDS Research (CFAR) offer several core resources for design, conduct and analysis of clinical trials. These include facilities for pharmacokinetic studies, consultation on statistical aspects of trial design, collaborating clinical facilities, monoclonal antibody laboratory, and specimen banking. For further information regarding CFAR please contact Curt Denham at 476-4082, ex. 84251.

e. Students are eligible to apply for ACRC grants. Student grants must be submitted under the aegis of a senior faculty member who is working in the field. The extent of faculty supervision must be clearly stated. Where possible, student projects should be integrated into already established AIDS research programs. Students may learn of existing AIDS research by consulting the latest edition (3/90) of the UCSF Directory of AIDS Research, available in the Dean’s office (Student Affairs). Student grants will be considered competitively with all submissions. Awards will be of two types: 1) a monthly stipend for a short term (3-6 month) project; and 2) larger stipend for a student wishing to devote a year to the project.

f. All awardees are asked to submit brief progress reports to the Director at 6-month intervals. Funds are awarded with the expectation that the pilot studies will lead to extramural funding.

4. Applications are solicited three times each year. Each application will receive peer review by at least two individuals who are knowledgeable in the field. Grants and reviews are discussed by the Dean’s UCSF AIDS Advisory Committee. The Advisory Committee will make final awards. The following application schedule will apply:

<table>
<thead>
<tr>
<th>Applications Due in ACRC</th>
<th>Peer Review Period</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 30, 1992</td>
<td>April 1992</td>
<td>May 1992</td>
</tr>
<tr>
<td>August 30, 1992</td>
<td>September 1992</td>
<td>October 1992</td>
</tr>
</tbody>
</table>

5. Applications must be submitted by the close of business on the deadline date to:

John L. Ziegler, M.D.
VA Medical Center (141A)
4150 Clement Street
San Francisco, CA 94121

or

Campus Mail: VAMC (141A)
- ANNOUNCEMENT -

FUNDING AGENCY: UCSF AIDS Coordinating Council

SUBJECT: Macy's/UCSF Program for AIDS Research

SCOPE: This program, supported by a Macy's fundraising campaign, offers support for AIDS research comprised of studies designed to better the understanding of factors that influence the risk of transmission of HIV or other bloodborne pathogens in the healthcare setting (e.g., hospitals, dental offices, outpatient clinics) and develop strategies to reduce this risk.

AMOUNT A total of $62,000 is available; $15,000 limit per single funding request.

FORMAT Proposals will be reviewed by the Dean's AIDS Advisory Committee according to the format of the UCSF AIDS Clinical Research Center. Copies of the format can be obtained from Mr. Layne Ethington (750-6923), VA Medical Center, Building 2, Room 180.

ELIGIBILITY: Awards are available to UCSF faculty, fellows, and students. In order to be considered, applicants must submit completed application forms to:

Mr. Layne Ethington
UCSF AIDS Clinical Research Center
VA Medical Center (141A)
4150 Clement Street
San Francisco, CA 94121

Be sure to stipulate on the format that the proposal is to be considered for the Macy's/UCSF award.

AGENCY CONTACT: For information about the award, scope, and eligibility contact:

Ms. Dianne M. Leiker (476-8593)
UCSF AIDS Coordinating Council
745 Parnassus Avenue
Box 0970
San Francisco, CA 94143-0970

For information about the review process, contact Mr. Layne Ethington (750-6923).

DEADLINE DATE(S): Applications must be received by 30 March, 1992. The next deadline, depending on availability of funds, is 30 August, 1992. The following award schedule will apply:

<table>
<thead>
<tr>
<th>Proposals Due</th>
<th>Award</th>
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<tbody>
<tr>
<td>March 30, 1992</td>
<td>May 1992</td>
</tr>
<tr>
<td>August 30, 1992</td>
<td>October 1992</td>
</tr>
</tbody>
</table>
**If applying for Macy's/UCSF award please check**

**AIDS CLINICAL RESEARCH CENTER (ACRC)**

***Application Deadline: ___________***

Format for AIDS Clinical Research Project Proposal

**Note:** In order to be considered for funding, this application must be returned with **all** of the subheadings filled out in the order shown, providing the information indicated.

**PLEASE SUBMIT 5 COPIES TO THE ACRC.**

<table>
<thead>
<tr>
<th>Campus Mail</th>
<th>Regular Mail</th>
<th>Messenger Service</th>
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</thead>
<tbody>
<tr>
<td>VAMC (141A)</td>
<td>AIDS Clinical Research Center</td>
<td>VA Medical Center</td>
</tr>
<tr>
<td></td>
<td>VA Medical Center (141A)</td>
<td>Bldg. 2, Rm. 180</td>
</tr>
<tr>
<td></td>
<td>4150 Clement Street</td>
<td>4150 Clement St.</td>
</tr>
<tr>
<td></td>
<td>San Francisco, CA 94121</td>
<td>(415) 750-6923</td>
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</table>

Principal Investigator: ____________________________

Campus Address: __________________________________

Telephone Number: ________________________________

FAX Number: ____________________________________

Other Investigators: ______________________________

Total Funds Requested: _____________________________

**Department Chairman Signature:** ____________________________

**I. PROJECT SUMMARY**

Title: ___________________________________________

______________________________

Nature of Trial: Pilot _____ Phase I _____ Phase II _____ Phase III _____

Study Design: uncontrolled _____ random controls _____ blinded _____

Location of Patients: SFGH _____ Moffitt _____ VA _____ Community _____

Number and type of patients: AIDS (OI) _____ AIDS (KS) _____ ARC _____

Other ____________________________________________

Starting date: ________________________________

Approval by Committee on Human Research: Yes _____ No _____ Pending_____

(Please attach copy of Approval, if yes)

**II. PROJECT ABSTRACT** (Brief summary of trial including objective, design, duration of study, statistical analysis of data. Append protocol with informed consent, if available).
III. SPECIFIC OBJECTIVES (List)

IV. PROJECT SIGNIFICANCE (Brief statement of background data, justification, and anticipated result relative to prevention, morbidity, and mortality)
V. METHODS (Do not exceed 3 pages, single spaced)

- Overview of design, (1-2 sentences summarizing the classification [randomized controlled trial, time series, etc.], the subjects, the key variables)

- Study subjects (specify who will be studied and to whom the findings will be generalized)
  - inclusion and exclusion criteria that define the accessible population
  - design for sampling from the accessible population (consecutive, convenience, etc.)

- Variables (specify approaches to standardizing, blinding, validating, etc.)
  - intervention (include technical approach to randomization, if appropriate)
  - other predictor and confounding variables
  - outcome variables
0 Results to date/Pretest strategies

0 Statistical issues
  -- statistical hypotheses to be tested
  -- plans for analysis
  -- sample size estimates

0 Quality control and data management plans (specify systems for assuring completeness and accuracy of the data)
- Timetable and organization chart (indicate areas of responsibility and lines of authority)

- Ethical considerations (be brief)

- Resources, equipment and physical facilities

- Consultants and arrangements between institutions (if relevant)
VI. **BUDGET** (List expenses by year of project and justify below)

**Year 1**

Personnel


Fringe Benefits

Personnel Subtotal

Laboratory Costs


Clinic Costs

Supplies

Other

TOTAL


VII. **JUSTIFICATION OF BUDGET** (Be sure to specify how budget dovetails with existing or pending grants)

---

OTHER FUNDING RELATED TO THIS PROJECT:

<table>
<thead>
<tr>
<th>Principal Investigator</th>
<th>% Time</th>
<th>Title</th>
<th>Source</th>
<th>Amount</th>
<th>Dates</th>
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VIII. **BACKGROUND OF PRINCIPAL INVESTIGATOR(S)** (Attach CV)

IX. **APPENDICES** (Protocols, reprints, flowsheets, etc.)
MISSION NEIGHBORHOOD HEALTH CENTER

Tel: (415) 552-3870
Fax: (415) 431-3178

PATRICIA A. CAPLAN
Fund Developer

240 Shotwell Street • San Francisco, California 94110
September 15, 1992

Cynthia Gomez, PhD
Center for AIDS Prevention Studies
74 New Montgomery Street
Suite 600
San Francisco, CA

Dear Cynthia,

Please find enclosed two versions of proposals to fund our HIV prevention project, Proyecto Movil del SIDA. Neither of these proposals was funded. We would greatly appreciate any recommendations you might have on designing an evaluation plan and strengthening the proposal generally. One idea we have considered is to focus the project on youth and to seek funding from foundations which are interested in children and youth.

We have our largest annual grant proposal due October 1. Until then I will be very tied up, but after that date I hope we'll be able to meet. I hope it's okay that I mentioned CAPS in the proposal.

Thanks very much for your advice and counsel.

Sincerely,

Patty Caplan
Grant Developer
Dear Colleague,

The United States Conference of Mayors, in cooperation with the U.S. Centers for Disease Control, has released a Request for Proposals (RFP) for a new HIV/AIDS prevention initiative. The purpose of this initiative is to provide funding to local communities to: (1) conduct needs assessments to determine their HIV/AIDS prevention needs and capacities and (2) improve upon and expand HIV prevention programs for hard-to-access populations with HIV infection or at disproportionate risk of HIV disease.

Though this new initiative differs from our previous two grants programs, it does not represent a change in the mission of USCM's grants programs. That mission is to enable local communities to respond effectively to the HIV/AIDS epidemic through collaborative efforts between local health departments and community based organizations.

I encourage your participation in this grants program. By participating, you will be contributing to our nation's response to this continuing public health crisis.

If you need further information, please contact Ms. Lilla Brown at The Conference of Mayors, (202) 293-7330.

Sincerely,

J. Thomas Cochran
Executive Director
The United States Conference of Mayors

Request for Proposals
Collaborative HIV Prevention Grants

Track 1: Grants to communities to identify HIV/AIDS prevention needs
Track 2: Grants to communities to implement HIV/AIDS prevention projects

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DEADLINE: Complete proposals must be received by The United States Conference of Mayors by Monday, October 26, 1992, 5 p.m. EST. No extensions will be granted. No Faxes will be accepted as grant applications.
Section A

1. Introduction

The United States Conference of Mayors (USCM) and its affiliate, The United States Conference of Local Health Officers (USCLHO), in cooperation with the U.S. Centers for Disease Control, National Center for Prevention Services (CDC/NCPH), has issued this Request for Proposals (RFP) to support the strengthening of local capacity to carry out effective HIV/AIDS prevention programs. This RFP represents a new direction for the USCM/USCLHO HIV/AIDS grants program. Its goal is to provide an opportunity for local communities to 1) conduct needs assessments to determine their HIV/AIDS prevention needs and capacities and 2) to improve upon and expand HIV prevention programs for hard-to-access populations with HIV infection or at disproportionate risk of HIV disease.

The United States Conference of Mayors is the official non-partisan organization representing cities with populations of 30,000 or more. Its principal role is to provide for the development of effective national urban policy, to serve as a legislative action force in federal-city relationships, to ensure that federal policy meets urban needs, and to provide mayors with leadership and management tools of value to their cities.

Under this RFP, USCM shall award approximately $1,000,000 through two competitive tracks:

- **Track 1:** Grants to communities to identify prevention needs
- **Track 2:** Grants to communities to implement prevention projects.

Both tracks require collaboration between the local health agency and community based organizations in the planning and implementation of the funded program. All proposals will be judged by a panel of external expert reviewers solely on merit without regard to membership status of the city’s mayor in the Conference.

**DEADLINE:** Complete proposals must be received by The United States Conference of Mayors by Monday, October 26, 1992, 5 p.m. EST. No extensions will be granted. No Faxes will be accepted as grant applications.

**Purpose of Track 1: Needs Assessment Grants**

The epidemiology of HIV/AIDS continues to expand and treatment options increase, while at the same time, newly identified needs for prevention-related activities are outpacing available resources. The need for local strategies for meeting these newly identified areas of need, as well as for an infrastructure to address future planning and resource needs, can be addressed through collaborative community planning efforts. There are several significant outcomes from community needs assessment activities. First, the needs assessment can provide an inventory of current prevention activities, estimate the need for additional or modified prevention services, and suggest priorities for meeting these identified needs. Second, a mechanism for planning and responding to changes in the course of the epidemic will be established. Third, the process of conducting the assessment activity in itself is valuable, providing the opportunity for the development of a community-wide consensus and sense of direction to the local response to the epidemic.

Under this grants program, needs assessment activities will assess the HIV prevention needs of each of these four target populations: 1) homosexual and bisexual men (including those who identify as gay or bisexual and those who do not); 2) substance users, including injection drug users; 3) women in high-risk situations; and 4) youth in high-risk situations. The prevention programs to be assessed include: 1) street and community outreach programs; 2) risk-reduction programs; 3) community intervention programs; 4) HIV prevention case management; and 5) special racial/ethnic minority populations programs. (See Appendix A for a complete description of the needs assessment activity.) *The needs assessment activity must cover the entire jurisdiction of the local health department and it must assess the needs of each of the target populations referred to above.*

Track 1 will provide twelve-month, non-renewable awards which are expected to range from $85,000 to $135,000 for eligible applicants to conduct assessments to determine availability and need for specific HIV prevention
services. All agencies awarded funds to conduct a needs assessment (Track 1/Phase 1) will be provided the opportunity to apply to USCM for a second twelve-month grant (Track 1/Phase 2), expected to range from $85,000 to $105,000, to implement an HIV prevention activity which is identified as a high priority need or service gap during the needs assessment process. These awards will be competitive and will be made at the end of the first twelve-month grant cycle. (See page 5 for instructions for applying to the Track 1 grants program.)

**Purpose of Track 2: Prevention Implementation Grants**

Many communities have previously conducted a needs assessment and are in need of additional resources to implement prevention activities to address the needs identified in the previous needs assessment. These needs assessments have provided the necessary foundation for communities to prioritize, plan, and implement effective HIV/AIDS prevention activities. Funds are available under Track 2 to support local, collaborative efforts to address specific prevention activities identified as major gaps during the needs assessment effort. Priority for funding under this track will be for activities which address at least one prevention program need of the previously assessed target population(s). The applicant is not required to have participated in the needs assessment activity. However, the needs assessment must have assessed the needs for HIV/AIDS prevention activities which target **at least one of the four target populations** (i.e., 1) homosexual and bisexual men (including those who identify as gay or bisexual and those who do not); 2) substance users, including injection drug users, especially those who share needles/paraphernalia; 3) women in high-risk situations; and 4) youth in high-risk situations). If the needs of fewer than the four target populations were assessed, then the applicant must describe how and why the particular target population(s) was/were selected for the previous needs assessment activity. Eligible prevention programs include: 1) street and community outreach programs; 2) risk-reduction programs; 3) community intervention programs; 4) HIV prevention case management; and 5) special racial/ethnic minority populations programs. (See Appendix A for a complete description of the needs assessment activity.)

Track 2 will provide twelve-month, non-renewable awards which are expected to range from $85,000 to $105,000 to eligible applicants to implement a prevention program which has been identified as a major gap or need during a previously conducted community needs assessment. As part of the application process, applicants must describe and document the previous needs assessment activity. Grantees under this program will be eligible for a one-time, twelve-month award. (See page 9 for instructions for applying to the Track 2 grants program.)

Each of the tracks announced in this RFP has different programmatic requirements. USCM staff are available to answer questions and provide technical assistance to agencies interested in applying for funding. (See page 17.)

**II. Eligibility for both Track 1 and Track 2 Applicants**

Both Track 1 and Track 2 programs require collaboration between local health departments and community based, non-profit organizations in planning and implementing the proposed projects. Funding will be provided directly to: 1) local health departments which have entered into a formal collaborative agreement with a community based organization to plan and carry out the proposed project, 2) community based organizations which have entered into a formal collaborative agreement with their local health department to plan and carry out the proposed project, or 3) an existing agency/consortia which has formed a collaborative effort between the local health department and community based organizations. (See page 24 for Key Elements of Collaborative Agreements.)

**A. Eligible Applicants**

Eligible applicants include:

1. Local health departments which have executed an agreement with at least one community based organization in their jurisdiction to collaboratively conduct the proposed activities.

(A copy of the executed agreement(s) must be included in the application.)

**NOTE:** Local health departments which are direct recipients of CDC/NCPS HIV Prevention Cooperative Agreement
Program funds, as well as agencies located in their jurisdiction, are eligible to apply for Track 2 Program Implementation funds provided they meet Track 2 programmatic requirements but are ineligible to apply for Track 1 funding.

These directly funded local health departments are: Chicago, Houston, Los Angeles, New York, Philadelphia, San Francisco and Washington, DC.

2. Non-profit, non-governmental community based organizations which have executed an agreement with their local health department to collaboratively conduct the proposed activities.

(A copy of either the IRS or state certificate of non-profit status and the executed agreement(s) must be included with your application.); or

3. Other non-profit, incorporated entities which have executed an agreement(s) with the local health department and community based organizations to collaboratively conduct the proposed activities.

(A copy of either the IRS or state certificate of non-profit status and the executed agreement(s) must be included with your application.)

Eligible non-governmental applicants may include, but are not limited to, the following types of organizations: non-profit, non-governmental community based organizations; HIV/AIDS service organizations; community health centers/migrant health centers; drug treatment agencies; family planning and prenatal care clinics; HIV counseling and testing sites; and research treatment programs (community based clinical trials centers). Non-profit non-governmental agencies (including local coordinating councils or consortia) which coordinate the activities of community based organizations, as well as public agencies, within a community are eligible to apply. Community foundations which have a demonstrated role in facilitating the planning, development and delivery of community based services are also eligible to apply.

B. Ineligible Applicants

Ineligible applicants include:

- individuals;

- national organizations (local chapters of national organizations may apply if they meet the definition of a community based organization; a national organization may not serve as a fiscal agent for one or more of its affiliate chapters);

- applicants who have not executed collaborative agreements with the local health department and/or community based organizations prior to the submission of the proposal;

- applicants who are seeking funding to continue an already existing activity or to replace existing funding; or

- Local health departments which are direct recipients of CDC/NCPHS HIV Prevention Cooperative Agreement Program funds, as well as agencies located in their jurisdiction, are ineligible to apply for Track 1 funds, but are eligible to apply for Track 2 Program Implementation funds provided they meet Track 2 programmatic requirements.

These directly funded local health departments are: Chicago, Houston, Los Angeles, New York, Philadelphia, San Francisco and Washington, DC.

Proposals which subcontract to organizations which are ineligible to apply to this grants program will not be considered for funding. However, eligible applicants can propose to contract with individuals to carry out the proposal’s approved activities.
III. Appropriate use of funds

USCM grant funds can be used to pay for salaries of project staff, meeting expenses, local travel, postage, supplies, rent, telephone, and minor renovation and capital equipment within program limitations (see page 15). USCM funds cannot be used to pay for medical services, laboratory services, psychiatric services, legal services, clinical care, or other medical or treatment-related services. USCM funds cannot be used to replace funding for an already existing program.

IV. Reimbursement and Reporting Requirements

Funded organizations will be reimbursed for their expenditures incurred on a monthly basis. The grantee will prepare monthly invoices and financial statements, monthly project updates and quarterly progress reports. Complete reimbursement will result upon the receipt and approval by the Conference of Mayors of the final report.

Section B

Track 1: Grants to Communities to Identify HIV/AIDS Prevention Needs

I. Goals and Priorities

The goal of this USCM grants program is to enable local communities to determine the availability and need for HIV prevention services through a collaborative, community needs assessment process which involves local health departments, representative community based organizations, other appropriate public and private agencies and persons with HIV disease or at disproportionate risk for HIV infection. Some areas of the country have already carried out needs assessments which focus solely or partly on HIV prevention activities under other funding mechanisms (e.g., CDC HIV Prevention Cooperative Agreement Program, The Ryan White CARE Act Title I Planning Councils, the National Community AIDS Partnership, HRSA HIV Services Planning Grants).

Priority for funding through this grants program is to enable communities which have not yet done so to carry out assessments of the HIV prevention needs of populations who are at risk for HIV infection within the local health department jurisdiction.

Under this RFP, Track 1 funding will be available to eligible applicants proposing to conduct a needs assessment. USCM anticipates awarding 4 to 5, twelve-month, non-renewable grants which are expected to range from $85,000 to $135,000. In order to assist in the development of successful models for conducting community needs assessments, USCM anticipates awarding funds to agencies which are representative of geographically diverse service areas (e.g., urban, suburban and rural), and of grantee type.

II. Program Requirements

The purpose of such an assessment will be to facilitate the identification, planning, prioritization and implementation of HIV/AIDS prevention activities which target these populations and to stimulate collaboration among the diverse communities working with and affected by HIV and AIDS.

Programs selected for funding under Track 1/Phase I will be required to conduct a community based assessment which identifies current services, barriers, gaps and needs for HIV/AIDS prevention activities which target each of these four target populations: 1) homosexual and bisexual men (including those who identify as gay or bisexual and those who do not); 2) substance users, including injection drug users, especially those who share needles/ paraphernalia; 3) women in high-risk situations; and 4) youth in high-risk situations. The needs assessment activity must cover the entire jurisdiction of the local health department and it must assess the needs of each of the target populations referred to above.
The continuum of HIV/AIDS prevention services range from educational efforts aimed at raising the community’s awareness of the HIV/AIDS epidemic and other educational interventions designed to change and maintain behaviors to prevent transmission of HIV, to the referral to specific services intended to prevent persons with HIV infection from experiencing HIV-related opportunistic infections and complications and postpone the onset of CDC-defined AIDS. Within this continuum, the needs assessment funded under this program must focus on the availability and need for: 1) street and community outreach programs; 2) risk-reduction programs; 3) community intervention programs; 4) HIV prevention case management; and 5) special racial/ethnic minority populations programs.

Applicants should review Appendix A for a description of the target populations and prevention programs which must be assessed, as well as for a description of the suggested methods for conducting the needs assessment and for developing the assessment outcome.

III. Application Instructions

A. Deadline: Complete proposals must be received (not postmarked) by USCM by Monday, October 26, 1992, 5:00 p.m. (EST). Four copies of your proposal (original and three copies) must be submitted. Incomplete proposals will not be accepted. Faxed copies will not be accepted. No extensions will be granted.

B. Abstract: Each applicant must submit to USCM a Project Abstract using the form provided in Appendix C of this RFP.

C. Application: Proposals submitted to USCM must follow the outline described below in Section IV.

IV. Proposal Outline

1. Completed Abstract Form (See B, above)
2. Table of Contents
3. Community Description (Not to exceed 5 typed, double-spaced pages)

This section should describe the history of the spread of and the community’s response to the HIV epidemic in the local health department jurisdiction, including specific localities and neighborhoods, and its impact on the target populations. The description should provide details on the role of the local and state health departments, community based organizations, hospitals and other health care providers and other communities and institutions which play a role in the delivery of HIV-related services. Information on the current level and sources of funding for HIV-related services in the community should also be provided, as well as available information on any previously conducted needs assessment activities. If a needs assessment has previously been done, then this section should provide a justification of why a new needs assessment needs to be conducted.

4. Agency Description/Capability Statement (Not to exceed 5 typed, double-spaced pages)

The applicant should describe the overall mission, programs and services of the applicant agency, history of involvement with health services and health planning, with a particular focus on HIV/AIDS, established links with communities and individuals at risk for HIV infection—particularly with the four needs assessment target populations—and links to other local, public and private organizations conducting HIV/AIDS activities.

The applicant should describe its organization’s capacity and experience in meeting the goals and objectives of the proposed program. Applicants must describe their agency’s process for receiving and expending grant funds (including estimated time frame), the governance and management of the proposed project (by-laws, letters of agreement, and/or other related policies and/or documents should be referenced and included in the proposal’s appendix).

If the applicant proposes to subcontract with other agencies/consultants, then it must specify the roles and responsibilities of each subcontracting agency/consultant, and procedures that will be used to monitor the progress of the subcontracts.
5. Proposed Program (Not to exceed 25 typed, double-spaced pages)

This section should describe the applicant's proposed program with specific information on the results the project expects to accomplish, and the major activities for achieving the proposed objectives. The program plan should present:

a) Project Goal(s) and Objectives

i) State overall goal(s) of the project. These should relate to the goals of the Track 1 grants program, page 5.

ii) Provide a list of specific, time-phased, measurable objectives to be achieved in addressing the goal(s) of the project, including target dates where appropriate. Program activities must relate to the project objectives.

b) Proposed Plan

(See Section B, Part II (page 5) for program requirements and Appendix A for a further description of the needs assessment scope and activities.)

i) Scope of the needs assessment: Describe the scope of the proposed needs assessment. The proposal should provide information on the target populations, the prevention services and the geographic scope.

ii) Methods to be used for gathering and analyzing information: Describe what methods will be used to collect and analyze information in the needs assessment and an explanation of the rationale underlying your choice of them. Identify existing sources and materials that will be used and what new data collection activities will be undertaken as part of the funded project. Describe how these efforts will be enhanced through the local health department and community based organization collaborative effort and the involvement of individuals and communities with HIV infection or at disproportionate risk for HIV disease.

Describe the process which will be used to conduct the needs assessment and a justification for each major activity. The proposal should clearly describe the collaborative relationships which will be established and maintained in the conduct of the needs assessment. Information on how the target population will be included in the process should also be described. Specific program milestones and activities should be described. Program activities must relate to the project objectives.

iii) Outcome of the needs assessment: Describe the anticipated outcomes of the needs assessment. Describe how the identified service needs will be prioritized. The applicant should describe how the anticipated outcome will benefit the health planning process of the local community as well as other health policy makers in the locality or state, as well as benefit the individuals and/or communities which were the focus of the needs assessment.

c) Month-by-Month Timeline

Each applicant must prepare a month-by-month timeline which describes activities required to accomplish the objectives of the project, including target dates (interim and final) and staff and agencies responsible for activities, where appropriate. This timeline will serve as a basis for monitoring progress and adjusting activities as necessary.

d) Staffing Plan

The applicant should describe each existing or proposed position by job title and provide a brief job description for that position (one paragraph each). If the identity of any individual who will fill a position is known, his/her name should be provided and his/her resume should be included with the supporting documentation. (See page 16.)
e) Relationship of Proposed Project with Existing Agency/Community Planning Activities

The applicant should describe how the proposed project will relate to existing agency and communities activities which focus on health service planning and, in particular, HIV/AIDS related prevention and health care services. This section must address how the proposed project will interact with and not duplicate on-going efforts.

f) Evaluation

The applicant is required to submit a plan describing how the project will be monitored and the information and data that will be collected to determine whether objectives have been met. The evaluation plan, like the timeline, will assist you in monitoring the progress of the project and adjusting activities as necessary.

6. Budget and Budget Justification (Not to exceed 6 typed, double-spaced pages)

Applicants should prepare a detailed project budget using the format described on page 14 as appropriate. A budget narrative section, providing supporting description and justification for each line item should follow the budget.

7. Supporting Documentation

All applicants, in order to be eligible for funding, must have executed an agreement with each agency collaborating with the proposed project, and each agreement must clearly describe the roles of the local health department, community based organization(s) and any other entities involved in carrying out the proposed activities. The proposal must include copies of these executed agreements.

(See page 16 for a list of required and optional supporting documentation.)

V. Review and Evaluation Criteria

Proposals submitted to this grants program in response to this RFP will be evaluated and ranked by representative individuals from local and state health departments, community based organizations, national HIV/AIDS organizations, national health organizations, federal agencies and others based on the following criteria:

1. Community Description (10 points)

Does the application provide sufficient information regarding the impact of HIV on the community? Does the applicant provide a sufficient description of the required target populations and the geographic area to be assessed? If applicable, does the applicant sufficiently explain why a new needs assessment should be conducted in the community?

2. Experience/Capability (15 points)

Does the applicant have the experience and capability necessary for carrying out the proposed project? Does the applicant have experience working with other agencies providing health and social services? Does the applicant have the experience and capability to collect and analyze data appropriate for the needs assessment activity? Does the applicant have the experience and capability for monitoring the performance and evaluating the results of the proposed project? Has the applicant adequately described the capabilities of agencies collaborating with the proposed project? Can the applicant execute sub-contractual agreements, receive and expend funds, and create new positions and hire staff in a timely manner? Can the applicant access, or work with agencies which can access the target population?

3. Collaboration/Coordination (25 points)

Does the proposed program include the active participation of representative members of the target population(s) in the planning and implementation of the proposed program? Does the applicant identify appropriate
organizations/agencies with which to collaborate? Does the applicant provide formal agreements of collaboration with public and private organizations/agencies whose assistance is needed in reaching the target community, and/or in facilitating the necessary resources and technical assistance to carry-out all phases of the assessment? Are the roles and responsibilities of each of the collaborating agencies clearly described in the proposal? Does the applicant clearly describe how the proposed project will complement and relate to and not duplicate other health planning or coalition building efforts?

4. Proposed Program (35 points)

Does the applicant clearly define the scope of the needs assessment, the process for conducting the needs assessment, the methods to be used for gathering and analyzing information and the outcome of the needs assessment? Are the proposed methodologies for gathering information 1) appropriate for the proposed scope of the needs assessment (e.g., target population and community); 2) adequate for gathering and analyzing sufficient and useful information; 3) inclusive of members of the target population and community based organizations? Is the outcome reflective of the level of effort of the assessment? Will the proposed outcome assist the community in planning effective prevention interventions and services? Are the proposed objectives specific, measurable, time-phased and related to the USCM grants program’s goals? Are the activities proposed in the proposal sufficient and appropriate for carrying out the proposed project? Is the proposed staffing level adequate and appropriate for the project? Are job descriptions clear and related to the duties required to carry out the project?

5. Evaluation Plan (15 points)

Does the applicant clearly describe how it will monitor the project and determine if project objectives have been met? Are sufficient resources committed to the conduct of the evaluation?

6. Budget and Budget Narrative (Not scored)

Does the applicant provide reasonable and appropriate justification for budget items? Is the requested budget consistent with the intent of the grants program and is it clearly linked to the goals, objectives and activities proposed for the budget period?

VI. Year Two Awards

All agencies awarded funds to conduct a needs assessment (Track 1/Phase 1) will be provided the opportunity to apply for a second twelve-month grant (Track 1/Phase 2), expected to range from $85,000 to $105,000, to implement an HIV prevention activity which is identified as a major HIV prevention need or service gap during the needs assessment process. Funds will be awarded on a competitive basis and Information regarding application for funds will be provided to eligible agencies during the third quarter of their needs assessment activity. Applications for funding will be reviewed by external reviewers, with significant consideration given to grantees experience in meeting the goals and objectives of the initially funded program.

Section C

Track 2: Grants to Implement HIV/AIDS Prevention Projects

1. Goals and Priorities

The goal of this USCM grants program is to enable local communities to increase their HIV/AIDS prevention capacities through the funding of collaborative projects. Under this RFP, funding will be available to eligible applicants proposing to implement an HIV/AIDS prevention program identified as a major need or a gap during a previously-conducted needs assessment activity. Priority for funding under this track will be for activities which address at least one prevention program need of the previously assessed target population(s). The
applicant is not required to have participated in the needs assessment activity; however, the needs assessment must have assessed the needs for HIV/AIDS prevention activities which target at least one of the four target populations (i.e., 1) homosexual and bisexual men (including those who identify as gay or bisexual and those who do not); 2) substance users, including injection drug users, especially those who share needles/ paraphernalia; 3) women in high-risk situations; and 4) youth in high-risk situations). If the needs of fewer than the four target populations were assessed, then the applicant must describe how and why the particular target population(s) was/were selected for the previous needs assessment activity. Eligible prevention programs include: 1) street and community outreach programs; 2) risk-reduction programs; 3) community intervention programs; 4) HIV prevention case management; and 5) special racial/ethnic minority populations programs. (See Appendix A for a complete description of the needs assessment activity.)

USCM anticipates awarding 3 to 4, twelve-month, non-renewable grants which are expected to range from $85,000 to $105,00 each. The emphasis of this grants program is to address identified needs and gaps in services through the support of collaborative, community based efforts to provide effective HIV prevention programs. (Grantees funded under Track 2 will not be eligible for a second year of funding under this track.)

II. Program Requirements

Programs selected for funding will be required to develop, provide and evaluate programmatic efforts to address specific, previously identified gaps in the continuum of prevention services. As stated above, priority will be given to projects to implement an eligible HIV/AIDS prevention program(s) which targets at least one of the four target populations within the local health department jurisdiction.

Applicants must be able to demonstrate that the proposed activity is collaborative in design, does not duplicate existing efforts, and involves the active participation of persons affected by HIV disease.

In order to be considered for funding, a previously conducted community needs assessment must be adequately documented. See Appendix A for guidelines on community HIV/AIDS needs assessments and application instructions (page 7) for the format for presentation. As part of the application review process, reviewers will assess whether the previous needs assessment activity—as described in the application and indicated in the needs assessment document—assessed the needs of the target population(s) in the community which are most at risk for HIV infection, was inclusive of the target population(s) and/or other appropriate and representative agencies, provides an understanding of the extent of the HIV epidemic within the target population, and adequately assessed the HIV prevention needs of the targeted community.

III. Application Instructions

A. Deadline: Complete proposals must be received (not postmarked) by USCM by Monday, October 26, 1992, 5:00 p.m. EST. Four stapled (not bound) copies of your proposal (original and three copies) must be submitted. Incomplete proposals will not be accepted. Faxed copies will not be accepted. No extensions will be granted.

B. Abstract: Each applicant must submit to USCM a Project Abstract by using the form provided on page 23 of this RFP.

C. Application: Proposals submitted to USCM must follow the outline described below in Section IV.

IV. Proposal Outline

1. Completed Abstract Form (See B, above)
2. Table of Contents
3. Description of Previous Needs Assessment Activity (Not to exceed 5 typed, double-spaced pages).

The application should begin by clearly describing the nature and extent of the previous needs assessment activity (e.g., Scope, Method and Outcome). The description should follow the format outlined for Track 1 applicants on
on page 7. An explanation should be provided on why and how the target population(s) was chosen and on why the need/gap was selected as a priority for funding by this grants program.

4. Agency Description/Capability Statement (Not to exceed 5 typed, double-spaced pages)

The applicant should describe the overall mission, programs and services of the applicant agency, history of involvement with health related issues and activities, with a particular focus on HIV/AIDS, established links with communities and individuals at risk for HIV infection—particularly with hard-to-reach populations who are at disproportionate risk for HIV disease—and links to other local, public and private organizations conducting HIV/AIDS activities.

The applicant should describe its organization's capacity to meet the goals and objectives of the proposed program, and the capability of and experience with establishing effective collaborative community-focused programs. Applicants must describe their agency's process for receiving and expending grant funds (including estimated time frame), the governance and management of the proposed project (by-laws, letters of agreement, and/or other related policies and or documents should be referenced and included in the appendix).

If the applicant proposed to subcontract with other agencies/consultants, then it must specify the roles and responsibilities of each subcontracting agency/consultant, and procedures that will be used to monitor the progress of the subcontracts.

5. Proposed Program (Not to exceed 25 typed, double-spaced pages)

This section should describe the applicant's proposed program with specific information on the results the project expects to accomplish, and the major activities for achieving the proposed objectives. The program plan should present:

a) Project Goal(s) and Objectives

   i) State overall goal(s) of the project. These should relate to the goals of the Track 2 grants program, page 9.

   ii) Provide a list of specific, time-phased, measurable objectives to be achieved in addressing the goal(s) of the project, including target dates where appropriate. Program objectives must relate to the project goals, stated above.

b) Proposed Plan

The proposal should clearly describe the activities to be undertaken during the project period, providing a justification for the methodology and activities proposed, as well as describing the expected outcome or benefits of the project.

c) Month-by-Month Timeline

Each applicant must prepare a month-by-month timeline which describes activities required to accomplish the objectives of the project, including target dates (interim and final) and staff and agencies responsible for activities, where appropriate. This timeline will serve as a basis for monitoring progress and adjusting activities as necessary.

d) Staffing Plan

The applicant should describe each existing or proposed position by job title and provide a brief job description for that position (one paragraph each). If the identity of any individual who will fill a position is known, his/her name should be provided and his/her resume should be included with the supporting documentation.

e) Relationship of Proposed Project with Existing Agency/Community Prevention Activities

Briefly describe how the proposed project will be integrated into the agency's ongoing HIV prevention activities
and services, and if applicable, to the community’s ongoing HIV prevention activities and services. If these services are funded through existing contracts and grants with other private and public agencies, describe how the proposed USC M-funded services will be an enhancement, and not duplication, of on-going services and how the USC M-funded services will be separately monitored and documented.

f) Evaluation

The applicant is required to submit a plan for how the project will be monitored and evaluated to determine whether project objectives have been met. The applicant should clearly show how it will measure progress toward attaining objectives and monitor activities during the project year. Appropriate process and outcome measures should be described. The plan should describe the information and data that will be collected. The evaluation plan, like the timeline, will assist you in monitoring the progress of the project and adjust activities as necessary.

While the RFP does not prescribe a specific level of funding for evaluation activities, the applicant shall insure that the resources proposed for the evaluation activities are sufficient to carry out the planned evaluation. The level of funding proposed for evaluation activities should be justified in the proposal.

6. Budget and Budget Justification (Not to exceed 6 typed, double-spaced pages)

Applicants should prepare a detailed project budget using the format described on page 14 as appropriate. A budget narrative section, providing supporting description and justification for each line item should follow the budget.

7. Supporting Documentation

All applicants, in order to be eligible for funding, must have executed an agreement with each agency collaborating with the proposed project, and each agreement must clearly describe the roles of the local health department, community based organization(s) and any other entities involved in carrying out the proposed activities. The proposal must include copies of these executed agreements.

The applicant must submit a copy of the previously conducted needs assessment with the application. Other materials which document and describe the needs assessment may also be included with the application.

(See page 16 for a list of required and optional supporting documentation.)

V. Review and Evaluation Criteria

Proposals submitted to this grants program in response to this RFP will be evaluated and ranked by representatives from local and state health departments, community based organizations, national HIV/AIDS organizations, national health organizations, federal agencies and others based on the following criteria:

1. Description of Needs Assessment Activity (15 points)

Does the application provide sufficient information regarding the needs assessment activity conducted by the community? Was it collaborative in design, provide an understanding of the extent of the HIV epidemic in the target population, and adequately assess the HIV prevention needs of at least one of the four target populations within the local health departments’ jurisdiction? Does the applicant sufficiently justify that if the needs of fewer than the four target populations were assessed then the target populations chosen represent the highest priority group in the community (e.g. as evidenced by seroprevalence studies, HIV/AIDS reported cases, etc.)? Does the applicant describe the process used for determining which previously identified need would be the subject of this grant request?

2. Experience/Capability (15 points)

Does the applicant have the experience and capability necessary for carrying out the proposed project? Does the applicant have experience working with other agencies providing health and social services? Does the applicant have the experience and capability for monitoring the performance and evaluating the results of the proposed
project? Has the applicant adequately described the capabilities of agencies collaborating with the proposed project? Can the applicant execute sub-contractual agreements, receive and expend funds, and create new positions and hire staff in a timely manner? Can the applicant access, or work with agencies which can access the target population?

3. **Collaboration/Coordination (20 points)**

Does the proposed program include the active participation of representative members of the target population(s) in the planning and implementation of the proposed program? Does the applicant identify appropriate organizations/agencies with whom to collaborate? Does the applicant provide formal agreements of collaboration with public and private organizations/agencies whose assistance is needed in reaching the target community, and/or in facilitating the necessary resources and technical assistance to carry-out all phases of the assessment? Are the roles and responsibilities of each of the collaborating agencies clearly described in the proposal? Does the applicant clearly describe how the proposed project will complement and relate to and not duplicate other health planning or coalition building efforts?

4. **Proposed Program (35 points)**

Are the proposed objectives specific, measurable, time-phased and related to the USCM grants program’s goals? Are the activities proposed in the timeline sufficient and appropriate for carrying out the proposed project? Is the proposed staffing level adequate and appropriate for the project? Does the proposed project seek to improve upon interventions for the target population? Is the intervention appropriate for the target population? Is the methodology of the intervention sufficiently described and justified? Are job descriptions clear and related to the duties required to carryout the project?

5. **Evaluation Plan (15 points)**

Does the applicant clearly describe how it will monitor the project and determine if project objectives have been met? Is the plan reasonable and appropriate for the goals of the project? Are sufficient resources committed to the conduct of the evaluation?

6. **Budget and Budget Narrative (Not scored)**

Does the applicant provide reasonable and appropriate justification for budget items? Is the requested budget consistent with the intent of the grants program and is clearly linked to the goals and objectives and activities proposed for the budget period?

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**Section D**

**Criteria which applies to both Track 1 and Track 2 grants**

The following sections apply to applications being submitted to both grant programs:

1. **CDC Content Guidelines and Establishment of a Local Review Panel**

In accordance with Appendix B, “CDC Guidance-Content of Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions, Interim Revisions, June 1992”, a Program Review Panel must be established for the purpose of reviewing all educational materials developed under your project plan. In some cities, a panel already exists to review other projects funded by the Centers for Disease Control. If so, USCM encourages projects to utilize existing review panels whenever feasible and appropriate. See Appendix B for the current requirements.
II. Responsibilities of The U.S. Conference of Mayors

The United States Conference of Mayors will make one-time, non-renewable contract awards based upon the recommendations for funding by the USCM HIV/AIDS Program Advisory Panel convened for this purpose.

The Conference of Mayors will take an active role in providing technical assistance to the grantees on relevant issues (e.g. survey design, evaluation, interventions) and in documenting the grantee experience by conducting site visits and maintaining frequent telephone contact. The Conference will coordinate technical assistance activities with the Centers for Disease Control, which may consist of grantee meetings, site visits, consultations with federal officials and consultants, or conference calls.

The Conference of Mayors will retain COPYRIGHT ownership for any and all original materials provided with USCM project funding, including, but not limited to brochures, resource directories, protocols or guidelines, posters or reports. Funded organizations may not reproduce any materials produced under the contract without prior approval from USCM. The Conference will maintain a file of all products produced by funded organizations for use by its HIV/AIDS Program and the Department of Health and Human Services as necessary. The technical accuracy and content of all materials produced under this award are the sole responsibility of the grantee.

At The Conference of Mayors' discretion, the following statement shall appear on materials developed with program funds: "This [brochure, directory, as appropriate] was prepared by [grantee organization] with assistance from The U.S. Conference of Mayors. Any opinions expressed herein do not necessarily reflect the policies of The U.S. Conference of Mayors." All documents (written, video, audio) produced under the contract must have prior approval from USCM before printing, production, distribution or use.

III. Budget and Budget Justification Format

The following format should be used when preparing your proposed budget:

A. Personnel Costs

- Name, title, annual and/or hourly salary, amount of time on program (i.e., percent of time and number of days); include staff proposed to be hired. If partial funding is requested for a position, then indicate the other sources of funding for this position, their amount, and responsibilities under these funding sources.
- Fringe benefits

B. Travel

- Estimated number of miles at 28 cents ($ .28) per mile
- Estimated per diem expenses
- Conferences, in-state, out-of-state

Applicants must include in their budget plans expenses for travel for one person to attend a two-day project meeting in Washington, D.C. to be held during the first month of the project period.

C. Meeting Expenses

Detail all costs (e.g. meeting room expenses, audio-visual equipment rental, speaker fees, food, refreshments, etc.). Alcohol may not be purchased with USCM grant funds.

D. Other Direct Costs

Detail each estimated cost, such as:

- Printing Materials
- Supplies
• Postage
• Photocopying/duplication
• Telephone
• Rent
• Computer hardware and software*
• Minor Renovation*
and Others

*See below for program limitations

E. Subcontracts

For subcontracts contained within the application budget, applicants should name the subcontractor, describe the services to be performed and provide a breakdown of and justification for the proposed costs of the subcontracts. Consultant fees should be considered as subcontracts. (All subcontracts will be restricted by USCM pending prior approval of the proposed subcontract and subcontractor's workplan.)

F. Indirect Costs

• Overhead/General and Administrative

If your organization has an established indirect cost rate, give the rate, the base or basis against which the rate is applied, and the costs included in the rate. Examples of indirect costs might include bookkeeping, office furniture, and administrative oversight. If your organization uses an indirect cost rate, then the items included should not be listed under “other direct costs.” Provide source for your indirect cost rate if one is used.

G. In-kind Contributions

Using a separate column, please detail any in-kind contribution that will be made to your project, including a description of the contribution and its dollar value. In-kind contributions may include donations of time by volunteers, materials, office space, staff time, and /or other services which contribute to the goal of your project without incurring project costs.

H. Other Resources

Provide information about other current sources of support for your organization and the projects within the agency they support, including the total agency budget. For restricted funds (e.g., grants or contracts) provide the name of the funding source, the duration of the contract or grant, the amount of funding, and the activities it supports.

Proposals which request partial funding from USCM for a larger project, will not be considered for funding unless all other aspects of the proposal have already secured funding that will not lapse during the USCM-funded project, and the activities and effort of the USCM-funded portion of the project can be evaluated and described independently of the remainder of the project.

Capital Costs are generally not an allowable expense

Capital costs such as the purchase of office equipment, typewriters, copying machines, video equipment, cameras, televisions, VCRs, etc. will not be funded and should not be requested. However, office equipment may be rented or leased for the duration of the project period.

NOTE: Funds may be used for the purchase of personal computer equipment and basic software (e.g., word processing, database management programs, statistical analysis packages) provided that this equipment is used specifically for program operations and/or evaluation activities.
Minor Renovation is an allowable expense

Expenditure for minor renovation of up to $5,000 is allowable, provided that the activity is directly related to the successful conduct of the proposed project. This item should be fully justified in your budget narrative and should also be addressed in the Proposed Program section of your proposal.

IV. Supporting Documentation

The following items must be included with each proposal. Proposals not containing the following will not be considered for funding:

1. A copy of certification that your community based organization is a nonprofit and non-governmental organization 501(c)(3) or nonprofit as determined by your state (public agencies are exempt from this requirement).

2. A statement which indicates your organization’s understanding that funding from USCM is on a one-time, non-renewable basis; that capital expenditures will not be funded and USCM will retain any copyright ownership for any and all materials produced under this contract. (Note: Phase Two funding which will be provided to some Track 1 grantees on a competitive basis is not considered a grant renewal for purposes of this statement.)

3. A statement which indicates your organization’s intent to comply with “Appendix B-Content of AIDS-Related Written Materials...” and a list of Program Review Panel members.

4. Letters and/or memorandum which document the agreements to collaborate in the implementation of this project. The specific roles and responsibilities of each collaborating organization must be described and be consistent with the proposed program statement. (See page 24 for Key Elements of Collaborative Agreements.);

5. Resumes of existing staff or proposed staff.

and

6. Track 2 applicants only: previous needs assessment document.

The following documentation may be included with your proposal:

- letters of support which are specific to your proposal and/or other materials to indicate your organization’s ability to perform the activities describe in this RFP, its commitment to HIV prevention efforts, and evidence of validity in the community;

- samples of organizational work relevant to the proposed project.
Proposal checklist

The following is a checklist of items required in completing the proposal. Incomplete proposals will be disqualified without further review. Four stapled copies of your proposal (original and three copies) must be submitted.

☑ Completed abstract form
☑ The following components of the proposal:
   ☑ Table of Contents
   ☑ Community Description (Track 1)/
     Description of Needs Assessment Activity (Track 2)
   ☑ Agency Description/Capability Statement
   ☑ Proposed Program
   ☑ Budget/Budget Justification

☑ copy of 501(c)(3) certification, if applicable
☑ statement of understanding that grant funds are non-renewable
☑ statement of agreement to comply with CDC program review requirements
☑ list of local Program Review Panel members
☑ supporting documentation (Track 2 grantees must submit copy of needs assessment document.)

Proposals will be disqualified if:

• the proposal is received by USCM later than 5:00 p.m. on Monday, October 26,1992.
  (Four copies of complete proposals must be submitted); or

• the proposal is incomplete.

Submit Proposals to:

   HIV/AIDS Program
   Cooperative Grants Program
   The United States Conference of Mayors
   1620 Eye Street, N.W.
   Washington, DC 20006

No faxes will be accepted as applications. No deadline extensions will be granted.

Technical assistance is available from USCM to assist you in preparing your application.

USCM staff is able to respond to your questions regarding this RFP, your eligibility and to provide some guidance as you prepare your application. For technical assistance, call 202/293-7330 and ask for Ms. Lillie Brown.

In addition, USCM HIV/AIDS Technical Assistance Reports (TAR) on the topics of proposal writing and HIV/AIDS prevention program evaluation may be requested by writing to:

   HIV/AIDS Program Publications
   The United States Conference of Mayors
   1620 Eye Street, N.W.
   Washington, DC 20006

All requests for publications must be made in writing. [FAX number: 202/293-2352] No phone orders can be filled.
Appendix A

Needs Assessment Guidelines

Described below is a suggested framework for information that may be included in a community needs assessment. This is intended to provide applicants to Track 1 with some guidance on how to plan and conduct a community needs assessment meeting the goals and priorities of this grants program. In addition, this guidance may be useful to applicants to Track 2 to assist them in providing a framework for describing their needs assessment activity in applying for Track 2 grant funds. (See page 10.)

Note to Track 1 applicants: Needs assessment activities relating to target populations and prevention services (scope) are a requirement of this grants program (Section A) while activities relating to the methods for collection and analyzing information and process for conducting the needs assessment (Sections B and C) are not prescribed by this grants program. All needs assessments should produce a document which prioritizes the identified needs (Section D.)

A. Scope of Needs Assessment

Who are the individuals/groups whose needs you will assess?

The needs assessment must assess each of these four populations:

1) Homosexual and bisexual men (including those who identify as gay or bisexual and those who do not);

2) Substance users including injection drug users, especially those who share needles/paraphernalia;

3) Women in high-risk situations (including partners of infected individuals and partners of individuals engaging in high-risk behaviors; and

4) Youth in high-risk situations (e.g., youth who are engaging or who are likely to engage in high-risk behavior including runaways, youth who have STDs, gay and bisexual youth, juvenile offenders, youth using drugs, youth who barter or sell sex).

Within each of these four population categories, sub-categories can be identified which further segment and characterize the populations. These may be defined by race/ethnicity, risk behavior, gender, age, legal status, place of residence, disability, educational level, etc.

The information you should seek to obtain about your target population can include, but is not limited to: knowledge, attitudes, beliefs and risk behaviors; community/group norms, including both behaviors and methods of information exchange; utilization of and perceived satisfaction with prevention and other health-related services; health/social indicators; demographic data.

What prevention services will you study?

The availability of and need for these prevention services should be assessed:

- Street and Community Outreach Programs which reach individuals at high risk “on the street” or in community settings and provide prevention messages, informational materials, and other services, and assist them in obtaining other HIV-prevention services such as: HIV-antibody counseling and testing; HIV risk-reduction counseling; STD prevention and treatment; substance abuse prevention and treatment; family planning services, tuberculin testing, and HIV medical intervention.

- Risk-Reduction Programs which provide counseling interventions (e.g., led by peers or professionals, to individuals, groups, families, or couples) to persons at high risk of infection that promote and reinforce
safer behavior. Risk reduction programs should include interpersonal skills training for clients in negotiating and sustaining appropriate behavior changes (e.g., negotiating safer sex, needle cleaning).

- **Community Intervention Programs** which are directed at the community, rather than the individual level, to influence community norms in support of those behaviors known to reduce the risk of HIV infection and transmission. The primary goals of these programs are to improve health status, promote healthy behaviors, and change factors that affect the health of community residents.

- **HIV Prevention Case Management** which is a one-to-one client service specifically designed to assist both uninfected and infected persons. HIV prevention case management services are directed to individuals who need highly individualized support to remain seronegative or need substantial psychosocial and other support to reduce the risk of HIV transmission to others. HIV prevention case management services may be needed by persons who are having, or are likely to have, difficulty initiating or sustaining safe behavior. HIV prevention case management services are not intended as substitutes for medical case management or extended social services. They should complement existing HIV-prevention services.

- **Special Racial/Ethnic Minority Populations Programs** which focus on providing prevention programs (street and community outreach, risk reduction, community intervention and prevention case management) to racial/ethnic minority populations.

Various aspects of service delivery can be addressed, including:

- **intervention** (adequacy, availability, accessibility, appropriateness for target population, efficacy, efficiency, cost effectiveness, state of the art)

- **personnel** (staffing levels, training, knowledge, effectiveness, cultural and language competence)

- **curricula and educational materials** (appropriateness, cultural and language competence, accuracy)

- **agency operational issues** (capacity of services, adequacy of equipment and other capital items, capacity of evaluation and service documentation, financial management and development, ability to reach target population)

- **inter-agency collaboration and networking**: (How do agencies which provide prevention services interact with one another? How do clients at one agency receive services at another agency?)

- **policies**: (What public policies exist which facilitate or impede the delivery of prevention services? What policies are needed to improve access to the target population, methods of communication, and delivery of services?)

**Where are these services/target populations located?**

Both the location of the target populations as well as the existing prevention services should be described and identified. Additionally, barriers to accessing these services (or barriers to accessing the target population by the service providers) should be identified and described. The entire local health department's jurisdiction must be the focus of the needs assessment activity.

**B. Methods for collecting and analyzing information**

The needs assessment should also describe how information will be identified, collected and analyzed. A variety of methodologies and designs should be used to assess the barriers, gaps and prevention needs within the defined target population/area.

Methods can include, but are not limited to: focus groups drawn from the target population, providers and...
community leaders; surveys of service providers, program users, or members of the target population not using services to determine service availability, capacity and estimate of needs; analysis of existing program operations and program evaluations; analysis of surveillance, HIV seroprevalence studies, and other social and health indicators; analysis of laws, policies and procedures; and/or staff surveys and skills assessment.

C. Process for conducting the needs assessment

The needs assessment should also focus on the activities and process that will be undertaken to involve members of the target population and service providers—both public and private agencies—in conducting the needs assessment. These may include the establishment of an advisory committee with broad representation from members of the target population; participation of members of the target population in surveys, interviews, focus groups; publicized community forums and meetings; use of community and political leaders in the process; establishing formal agreements among service providers to participate in the needs assessment which could, if appropriate, include sharing of client and program information and evaluation.

D. Outcomes of the needs assessment

The needs assessment should have a specific, tangible outcome that addresses the barriers, gaps and needs for HIV prevention services for the target population. This usually includes the preparation of a document which provides information on the epidemiology of HIV/AIDS for the community and the target population, on the existing prevention service availability/capacity, on identified barriers to utilizing existing services and gaps in service availability for the target population, on the estimated needs and unmet needs for HIV prevention services for the target population, and recommendations/prioritizations for meeting the identified needs.
Appendix B

Requirements for Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control Assistance Programs, Interim Revisions, June 1992. [Published in the Federal Register, Vol. 57, No. 115, pp. 26742-26744]

1. Basic Principles

Controlling the spread of HIV infection and AIDS requires the promotion of individual behaviors that eliminate or reduce the risk of acquiring and spreading the virus. Messages must be provided to the public that emphasize the ways by which individuals can fully protect themselves from acquiring the virus. These methods include abstinence from the illegal use of IV drugs and from sexual intercourse except in a mutually monogamous relationship with an uninfected partner. For those individuals who do not or cannot cease risky behavior, methods of reducing their risk of acquiring or spreading the virus must also be communicated. Such messages can be controversial. These principles are intended to provide guidance for the development and use of educational materials, and to require the establishment of Program Review Panels to consider the appropriateness of messages designed to communicate with various groups.

a. Written materials (e.g., pamphlets, brochures, fliers), audiovisual materials (e.g., motion pictures and video tapes), and pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings) should use terms, descriptors, or displays necessary for the intended audience to understand dangerous behaviors and explain less risky practices concerning HIV transmission.

b. Written materials, audiovisual materials, and pictorials should be reviewed by Program Review Panels consistent with the provisions of section 2500(b), (c) and (d) of the Public Health Service Act, 42 U.S.C.300ee(b), (c) and (d), as follows:

"Sec. 2500. Use of Funds

(b) Contents of Programs. — All programs of education and information receiving funds under this title shall include information about the harmful effects of promiscuous sexual activity and intravenous substance abuse, and the benefits of abstaining from such activities.

(c) Limitation. — None of the funds appropriated to carry out this title may be used to provide education or information designed to promote or encourage, directly, homosexual or heterosexual sexual activity or intravenous substance abuse.

(d) Construction. — Subsection (c) may not be construed to restrict the ability of an education program that includes the information required in subsection (b) to provide accurate information about various means to reduce an individual’s risk of exposure to, or the transmission of, the etiologic agent for acquired immune deficiency syndrome, provided that any informational materials are not obscene."

c. Educational sessions should not include activities in which attendees participate in sexually suggestive physical contact or actual sexual practices.

d. Messages provided to young people in schools and in other settings should be guided by the principles contained in “Guidelines for Effective School Health Education to Prevent the Spread of AIDS” (MMWR 1988;37 [suppl. No. S-2]).

2. Program Review Panel

a. Each recipient will be required to establish or identify a Program Review Panel to review and approve all written materials, pictorials, audiovisuals, questionnaires or survey instruments, and proposed educational group session activities to be used under the project plan. This requirement applies regardless of whether the applicant plans to conduct the total program activities or plans to have part of them conducted through other
organization(s) and whether program activities involve creating unique materials or using/distributing modified or intact materials already developed by others. Whenever feasible, CDC funded community-based organizations are encouraged to use a Program Review Panel established by a health department or another CDC-funded organization rather than establish their own panel. The Surgeon General's Report on Acquired Immune Deficiency Syndrome (October 1986) and CDC-developed materials do not need to be reviewed by the panel unless such review is deemed appropriate by the recipient. Members of a Program Review Panel should 1) Understand how HIV is and is not transmitted; and 2) Understand the epidemiology and extent of the HIV/AIDS problem in the local population and the specific audiences for which materials are intended.

b. The Program Review Panel will be guided by the CDC Basic Principles (in the previous section) in conducting such reviews. The panel is authorized to review materials only and is not empowered either to evaluate the proposal as a whole or to replace any other internal review panel or procedure of the recipient organization or local governmental jurisdiction.

c. Applicants for CDC assistance will be required to include in their applications the following: 1) Identification of a panel of no less than five persons which represent a reasonable cross-section of the general population. Since Program Review Panels review materials for many intended audiences, no single intended audience shall predominate the composition of the Program Review Panel, except as provided in subsection (d) below. In addition: (a) Panels which review materials intended for a specific audience should draw upon the expertise of individuals who can represent cultural sensitivities and language of the intended audience either through representation on the panels or as consultants to the panels. (b) The composition of Program Review Panels, except for panels reviewing materials for school-based populations, must include an employee of a state or local health department with appropriate expertise in the area under consideration who is designated by the health department to represent the department on the panel. If such an employee is not available, an individual with appropriate expertise, designated by the health department to represent the agency in this matter, must serve as a member of the panel. (c) Panels which review materials for use with school-based populations should include representatives of groups such as teachers, school administrators, parents and students. (d) Panels reviewing materials intended for racial and ethnic minority populations must comply with the terms of (a), (b), and (c) above. However, membership of the Program Review Panel may be drawn predominantly from such racial and ethnic populations. 2) A letter or memorandum from the proposed project director, countersigned by a responsible business official, which includes: (a) Concurrence with this guidance and assurance that its provisions will be observed; (b) The identity of proposed members of the Program Review Panel, including their names, occupations, and any organizational affiliations that were considered in their selection for the panel.

d. CDC-funded organizations that undertake program plans in other than school-based populations which are national, regional (multistate), or statewide in scope, or that plan to distribute materials as described above to other organizations on a national, regional, or statewide basis, must establish a single Program Review Panel to fulfill this requirement. Such national/regional/state panels must include as a member an employee of a state or local health department, or an appropriate designated representative of such department, consistent with the provisions of Section 2.c.(1). Materials reviewed by such a single (national, regional, or state) Program Review Panel do not need to be reviewed locally unless such review is deemed appropriate by the local organization planning to use or distribute the materials. Such national/regional/state organization must adopt a national/regional/statewide standard when applying Basic Principles 1.a. and 1.b.

e. When a cooperative agreement/grant is awarded, the recipient will: (1) Convene the Program Review Panel and present for its assessment copies of written materials, pictorials, and audiovisuals proposed to be used; (2) Provide for assessment by the Program Review Panel text, scripts, or detailed descriptions for written materials, pictorials, or audiovisuals which are under development; (3) Prior to expenditure of funds related to the ultimate program use of these materials, assure that its project files contain a statement(s) signed by the Program Review Panel specifying the vote for approval or disapproval for each proposed item submitted to the panel; and (4) Provide CDC in regular progress reports signed statement(s) of the chairperson of the Program Review Panel specifying the vote for approval or disapproval for each proposed item that is subject to this guidance.
Proposal Abstract
USCM Collaborative HIV Prevention Grants Program
A completed abstract must be included with your proposal. See reverse side for instructions on completing this form.

A

- Applying to: [ ] Track 1 [ ] Track 2
- Total requested: $________

Agency
Address
City State Zip Phone
Contact Person/Title
Project Title:

B

Project abstract (typed, single-spaced, not to exceed this space)

C

Project Information (Refer to page 24 for instructions.)
1. Type of applicant agency

2. Number of collaborating agencies by type
   - Local Health Department
   - Community Based Organizations
   - Other: ____________________________
   - Other: ____________________________
   - Other: ____________________________

3. Number of subcontractors by type
   - Local Health Department
   - Community Based Organizations
   - Other: ____________________________
   - Other: ____________________________
   - Other: ____________________________
Proposal Abstract Instructions

Section A. Applicant
• Indicate the Track under which your application should be considered (Track 1 or Track 2) and the amount of funding being requested from USCM.

• Agency: Name of agency applying for funding. If this is a consortium or collaborative application, then list the name of the agency which will be receiving funds from USCM.

• Contact Person: The name of the person to whom correspondence or inquiries relating to the proposal should be addressed.

• Project Title: The title of your project being proposed in your application.

Section B. Project Abstract
In the space provided, briefly describe your agency (and other agencies which will receive funding from this grant, if applicable), the goals and objectives of the proposed project, the project’s activities and the proposed outcomes of the project.

Section C. Project Information
• Type of applicant agency: In this space indicate the type of agency the applicant is (e.g., local health department, AIDS service organization, community health center, etc.).

• Number of collaborating agencies by type: In this space indicate the number of agencies by type with which you have executed collaborative agreements to implement this project. For example, if you have executed four collaborative agreements with community-based organizations and one with a local college, then indicate "4" in the space preceding "Community Based Organizations" and a "1" preceding "Other:" and specify "college". (Note: Collaborating agencies include those who are subcontractors—and listed below—as well as those with which you do not propose a financial relationship.)

• Number of subcontractors by type: In this space indicate the number of subcontractors by type with which you proposed to provide grant funds through a subcontract. For example, if you proposed providing grant funds to the local health department and a community health center, then indicate "1" in the space preceding "Local Health Department" and a "1" preceding "other:" and specify "Community Health Center".

Key Elements of Collaborative Agreements

Collaborative agreements are formal statements of commitment between organizations to collaborate or cooperate on a program. The agreement delineates specific roles and responsibilities of all organizations involved. When writing a collaborative agreement, include the following:

• A clear goal stating what will be achieved through the collaborative effort. Example: To strengthen and improve the quality of services provided to substance abusers and their families.

• A set of objectives that state how the affiliating organizations will achieve the stated goal. Example: To conduct mutual training and education programs for staff, community, and target populations.

• A statement concerning the extent to which organizations will collaborate. Example: Under the terms of this affiliation the agencies agree to conduct monthly, joint staff trainings in effective outreach strategies and techniques.

• A statement designating responsibility for the coordination of the agreement. Example: Responsibility for and coordination of this affiliation rest with the respective executive directors of the affiliating organizations.

• A specific term for the existence of the affiliation or a set period of time after which the relationship will be reviewed. Example: This agreement will be reviewed every six months.
Meeting Notes of October 1, 1992
TIE (Technology Information Exchange) Core Project Update Meeting

Attendees:
- Cindy Gomez
- Susan Lausten
- Katherine Haynes Sanstad
- Tom Hall
- Fabio Sabogal
- Ron Stall

Barry Zack
Marin AIDS Project

Angela Davis
Bayview Hunter’s Point Foundation

Wayne Blankenship
San Francisco AIDS Foundation

Marguerite Judson
Mandana North (formerly Berkeley - Albany Community Recovery Center)

The TIE (Technology Information Exchange) Core Update meetings are to review those projects which have been awarded grants.

General announcements:
Universitywide AIDS Taskforce has approved a grant to the TIE Core to present another workshop.

1. Project: San Francisco AIDS Foundation
   A. Discussion
      Ron Stall said that the San Francisco AIDS Foundation sent out 500 follow up questionnaires to men participating in the July '92 community event and baseline survey. He thinks the TIE Core should have a full time person to do data analysis.

   B. Next Step
      Katherine informed Wayne Blankenship that San Francisco AIDS Foundation is to submit a letter of activity before their final check is sent to them. (A formal letter of request will be sent to SFAF).
2. Project: Marin AIDS Project - Barry Zack reported

A. Project Description

HIV-positive, San Quentin inmates will be trained as educators to conduct HIV prevention workshops with fellow inmates. The study will evaluate the differences in attitude, knowledge and intended behavior between inmates who participate in workshops and by peers and those who participate led by a professional health educator.

HIV-antibody testing will be offered on the premises after the survey. Pre- and post-test counseling will also be available.

Buses arrive at San Quentin everyday with new inmates from county jails. Groups are walked to the education location while awaiting to be assigned cell. At this time they are able to volunteer for the study.

• The training availability has helped to double the number of those being tested for HIV.
• There are 6000 inmates at San Quentin - 505 Black, 20% White, 20% Hispanic, 5% other.

B. Status

• 40 volunteered to be peer educators of these 12 finished the training
• Focus groups have been conducted with inmates. Participants reviewed a survey post test to be given after workshop which is in development. They asked that it be short, no more than two pages.

C. Next Steps

• Barry will work with Olga to code questionnaire.
• TIE Core staff will send their written comments on questionnaire to Barry.

3. Project: Bayview Hunters’ Point Foundation - Angela Davis reported

A. Project Description

The CAPS grant will fund Bayview to enhance the client logs maintained by street outreach workers. The goals are to determine:

a. Who they are serving
b. What high risk groups are not being reached
c. If they are using referrals

Outreach workers distribute referral coupons for services at the Dept. of Social Services, Lyon Martin Women’s Clinic, Haight Ashbury Clinic, San Francisco General Hospital.
There was concern about documenting use of referrals. Tom Hall suggested a stamp be used on referral coupons to enable outreach workers to track what referrals are used and the demographics.

B. Status
Ryan White Care donated an IBM which will give them the ability to collect and analyze client data.

C. Next Steps
Bayview is working to enhance data log with Fabio Sabogal’s help.

The next TIE Core Update meeting is scheduled for Dec. 2 from 3 to 5pm. Please RSVP to Susan Lausten 597-9325.

Note to all CBOs: let us know if we can set up a peer review for you on one of our Peer Review Fridays.

/sl October 23, 1992
November 16, 1992

Cynthia A. Gomez, PhD
Center for AIDS Prevention Studies
74 New Montgomery Street
Suite 600
San Francisco, CA 94105

Dear Cynthia:

I wanted to thank you again for meeting with Brenda and me on October 21.

It was a real treat to hear such a careful critique of our proposal. We were able to incorporate several of your suggestions into our HIV prevention project proposal to the U.S. Conference of Mayors. We don't expect to hear about the outcome of this proposal until January.

I'm enclosing some materials on our HIV evening clinic, Clinica Esperanza, to give you a sense of the services it encompasses and data collection activities.

Thanks again.

Sincerely,

Patty Caplan
Grant Developer
FACT SHEET

Mission Neighborhood Health Center’s HIV Services (Clinica Esperanza) began in 1989 as a response to the increased HIV infection rate in the Mission District and particularly in the Latino community. In 1992, fifty-two percent (52%) of clients in the HIV Clinic are Latinos.

MNHC runs an evening HIV Clinic which is able to follow clients from the moment in which they test HIV positive through the development of AIDS and later stages of HIV illness.

MNHC/HIV Clinic follows a comprehensive medical model which integrates psychosocial services, health education, primary care, treatment advocacy and clinical trials advocacy.

Psychosocial Services

The HIV Clinic has two (2) Social Workers who are able to assess the psychological, emotional and social impact that HIV has on an individual, and develop a treatment plan to address any identified needs.

Case management to assist clients in obtaining medical, financial, social and support services is offered to all clients.

Health Education

Health education is offered to all clients in order to educate clients about their illness and empower them to become equal partners in their medical treatment. Both individual and group health education is offered.

The Health Educator assesses clients’ risk behaviors and develops together with the client a treatment plan to address positive behavioral change.

Medical Services

Regular monitoring of laboratory values and symptoms is emphasized. As clinically indicated, anti-viral therapy and prophylaxis for opportunistic infections is prescribed.

A strong referral system is in place with San Francisco General Hospital for procedures or specialty clinics not available at Mission Neighborhood Health Center.
Clinical Trials Advocacy

The Clinical Trials Advocate educates clients about clinical trials and translates complicated protocols into a language that clients can understand. A system is in place with Davies Medical Center who will do a trials search for clients to determine which clinical trials clients are eligible for.

This service is of particular value to monolingual Spanish-speaking clients, and other medically underserved individuals who historically have limited access to clinical trials.

Treatment Advocacy

The Treatment Advocate works as a broker for clients who are not receiving needed services due to either personal barriers such as fear and misunderstanding and/or institutional barriers such as language and lack of cultural sensitivity.

The Treatment Advocate works with both registered clients and HIV positive individuals in the community who are not accessing treatments.

The bilingual/bicultural staff at Mission Neighborhood Health Center/HIV Clinic works as a multidisciplinary team to provide a comprehensive model of care for the HIV infected individual.
Clínica Esperanza
HIV Early Intervention Program

Mission Neighborhood Health Center operates an evening clinic to provide the following specialized confidential services for men and women with HIV:

- Health assessments, including
  - HIV testing (to find out if you have the virus)
  - medical monitoring by HIV/AIDS specialists,
  - nursing and laboratory services,
  - determination of eligibility for other medical services.

- Counseling to individuals, families, and couples;

- Psychosocial and medical services (primary care);

- Health education for people with HIV, including
  - how to protect your immune system and your health
  - medical treatments for HIV and HIV-related conditions

- Female specialists available to women for health education, counseling, and medical care;

- Advocacy for participation in clinical trials.

Services are available in English, Spanish, and Portuguese regardless of citizenship or residency status.

For more information, call 431-3212

Open from 6:00 pm to 9:30 pm Monday through Friday
240 Shotwell Street (corner of 16th Street)
La Clínica Esperanza

PROGRAMA DE INTERVENCIÓN TEMPRANA PARA VIH

Mission Neighborhood Health Center ofrece una clínica de noche con los siguientes servicios confidenciales para hombres y mujeres con VIH:

- Evaluación de salud, incluyendo
  - examen para VIH (para determinar si Ud. tiene el virus)
  - examen físico con especialistas en VIH/SIDA;
  - servicios de enfermería y laboratorio;
  - determinación de elegibilidad para otros servicios médicos;
- Educación de salud para personas con VIH, incluyendo
  - como proteger su sistema de inmunidad y su salud
  - tratamientos para el VIH
- Consejería individual y para familias y parejas;
- Servicios psicosociales y médicos (cuidados primarios)
- Consejería, educación de salud, y cuidados médicos para mujeres conducidos por mujeres profesionales
- Ayuda para participar en pruebas clínicas de tratamiento

Estos servicios son disponibles en inglés, español, y portugués, sin distinción de ciudadanía o residencia.

Para más información, llame al

431-3212

Abierta de 6 a 9:30 pm, lunes a viernes
240 Shotwell St. (esquina con la calle 16)
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<tr>
<th>DATE ORDERED</th>
<th>SERVICE PERFORMED</th>
<th>DATE OF RETURN</th>
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1. Stages of Illness (select one only):
   (1) Stage I (T-4 greater than 500, asymptomatic)
   (2) Stage II (T-4 between 499 and 200, asymptomatic)
   (3) Stage III (T-4 below 200, asymptomatic)
   (4) Stage IV (Symptomatic (interfering with normal daily activities), not AIDS)
   (5) Stage V (AIDS)
   (6) Stage VI (Terminal care)
   (0) Unknown

2. Karnofsky score (enter actual value from 0 to 100, or leave blank if unknown):

3. Laboratory Test performed at this visit? (1) Yes (2) No (0) Unknown
   (If yes, enter a value or answer yes or no for all that apply):
   T-4 (helper) cells
   Beta-2 microglobulin
   Other-1
   Other-2

   New positive test results (answer yes if this is a new conversion to positive since last visit):
   Positive STD test (1) Yes
   Positive pregnancy test (1) Yes

4. Taking HIV-Related Medications?: (1) Yes (2) No (0) Unknown
   If yes (select all that apply):
   (1) AZT
   (2) PCP Prophylactic (Aerosol Pentamidine or Trimethoprim/Sulfamethoxazole)
   (3) Other-1
   (4) Other-2

5. Due to HIV Illness, has client experienced any of the following since last visit (select all that apply):
   (1) Loss of regular source of health care
   (2) Loss of health insurance
   (3) Loss of employment
   (4) Began using public assistance
   (5) Obtained health insurance
   (6) Newly employed
   (7) Ceased using public assistance
   (8) Began using new source of health care
   (9) Client is now willing to use their health insurance for EIP services
   (10) Client is no longer willing to use their health insurance for EIP services
   (11) Client has experienced none of these
   (0) Unknown

County Code: Site Code: Client ID #: Visit Date: 2/2/91

Form Revision Date: 2/1/91
Early Intervention Program
Client Responsibilities

The evaluation process in the Early Intervention Program consists of five (5) interviews as follows:

a) Social Worker
b) Health Educator
c) Nursing/Laboratory
d) Doctor/Physician Assistant
e) Clinical Trials/Treatment Advocacy

1) Clients are required to keep all evaluation appointments with the social worker, health educator, nurse, doctor and clinical trials and treatment advocacy specialist.

2) When unable to come to a scheduled appointment, clients agree to notify the clinic receptionist a minimum of twenty-four (24) hours prior to the appointment. The telephone # is (415) 552-3870 ext 232, between 1:00 pm and 5:30 pm and (415) 552-1013 ext 260 after 6:00 pm, Mondays through Fridays.

3) The EIP receptionist should be notified in person, by phone or by letter of client’s change of address. If notifying us by letter, please address it to:

Mission Neighborhood Health Center
La Clinica Esperanza
240 Shotwell Street
San Francisco, CA 94110

4) Clients are requested to participate and complete the four (4) cycles of health education classes to learn how to manage their HIV+ condition. When unable to make such classes, clients agree to notify the receptionist by phone at least twenty-four (24) hours in advance.

I agree to comply with the above requirements.

_________________________  __________________________
Client Signature             EIP Social Worker

Date:__________________  Date:__________________
INFORMED CONSENT TO PARTICIPATE

What do I have to do?

I will be asked to provide information on medical history, drug use, sexual lifestyle, life history information, and will be asked to undergo a limited health assessment. I will have blood samples taken (about 4 tablespoons), other laboratory specimens taken, and a physical examination performed. I will be asked to return at specified intervals for repeat examinations.

What are the advantages of participating?

As a participant, I can expect certain benefits including:

- Physical examinations at specified intervals, the results of which will be sent on my request to my personal physician.
- Laboratory tests, where some of the results will be sent on my request to my personal physician.
- An opportunity to obtain answers to questions regarding my health.
- Receipt of health education and AIDS prevention information.

How will the program affect my medical care?

I understand that my regular doctor (or primary care doctor to whom I may be referred) will continue to be responsible for my care. Program doctors will communicate significant findings to me and my primary care physician if so desired. I understand that no treatment is being offered as part of this program, and that no treatment will be withheld because of participation in this program. I understand that there is currently no cure for AIDS.

How confidential are my records?

I understand that special care will be taken to protect my confidentiality.

- My records will be made available only to the APFC Program Staff and State Department of Health Services Staff.

Can I disenroll from this program?

I understand that I have the right to withdraw completely from the program at any time, that my participation is completely voluntary, and that my participation will remain strictly confidential. Whether I choose to take part or not will have no effect on my eligibility for any government programs or benefits which I may seek.
AUTHORIZATION FOR TREATMENT AND TESTING

I hereby authorize the physician in charge of the care of the client named herein or medical personnel under that person's authority to conduct any tests or laboratory procedures or administer any treatment deemed medically necessary or advisable.

CONSENT FOR TESTING BLOOD FOR H.I.V.

I have been informed that my blood will be strictly tested for the antibodies to the Human Immunodeficiency Virus (HIV), the causative agent of Acquired Immune Deficiency Syndrome (AIDS).

I understand the test results will be kept strictly confidential and will not be released to any other party, unless written permission is given by me.

By my signature below, I give consent for my blood to be drawn and tested for HIV antibodies.

______________________________  ________________
Client Signature                                Date

Chart #:____________________________________

Specimen #:____
(place lab sticker here)
1. Reason for disenrollment (select one only):
   (1) Lost to follow-up
   (2) Personal
   (3) Medical* (voluntary only)
   (4) Unknown

2. If personal disenrollment (select all that apply):
   (1) Afraid center might divulge personal information
   (2) Afraid of being recognized
   (3) Does not want program services
   (4) Hours not convenient
   (5) Location not convenient
   (6) Does not want to be placed on the waiting list
   (7) Moved away from the area, referred to another EIP
   (8) Moved away from the area; no referral made
   (9) Prefers to see private physician
   (10) Other
   (0) Unknown

3. If medical disenrollment* (select all that apply):
   (1) Acute infection
   (2) Asymptomatic HIV positive
   (3) PGL (Persistent generalized lymphadenopathy)
   (4) Constitutional disease
   (5) Neurological disease
   (6) AIDS defined opportunistic infection
   (7) Other secondary infection
   (8) Secondary neoplasm
   (9) Other
   (0) Unknown

4. Unmet needs (select all that apply):
   (1) Medical
   (2) Behavioral/education
   (3) Psychosocial/counseling
   (4) Other
   (5) None
   (0) Unknown

* If this client is receiving ANY EIP service, DO NOT COMPLETE THIS FORM. A client who is receiving any EIP services, but has been referred elsewhere for medical care is considered discontinued, not disenrolled. Complete this form only when a client has decided to stop receiving all EIP services, or the client has been lost to follow-up.
1. Date of Birth (if day is unknown, use '01'): __/__/__

2. Sex: (1) Male (2) Female

3. Ethnicity (select one only):
   (1) White (not Hispanic)  (4) Hispanic/Latino
   (2) Black (not Hispanic)  (5) Asian/Pacific Islander
   (3) Native American/Alaskan (6) Other
   (0) Unknown

4. Risk Category (select all that apply):
   (1) Men having sex with other men
   (2) Heterosexual (multiple partners)
   (3) Hemophiliac
   (4) Injection drug use (IDU)
   (5) Sex partner of any of the above
   (6) Other
   (0) Unknown

5. Date of First Positive HIV Test (if day is unknown, use '01'): __/__/__

6. Client Referred By (select one only - primary referral)
   (1) Alternative test site
   (2) Physician/clinic
   (3) Research/study
   (4) Needle-sharing partner
   (5) Other EIP
   (6) Other testing program
   (7) Word of mouth
   (8) Department of Public Health
   (9) Sex partner
   (10) Other
   (0) Unknown

7. Client's Regular Source of Health Care (select one only):
   (1) Private physician
   (2) County/community clinic
   (3) HMO (Kaiser, TakeCare, etc.)
   (4) Other
   (5) Hospital Emergency Room
   (6) None
   (0) Unknown

8. Client's Health Insurance Coverage (select one only):
   (1) Plan provided by employer (can be paid by either employee or employer)
   (2) Individual plan (paid by client)
   (3) Medi-Cal/MIA
   (4) Other
   (5) None
   (0) Unknown

9. Is client willing use his/her health insurance for EIP services?
   (1) Yes
   (2) No
   (3) Not applicable
   (0) Unknown

10. Public Assistance Services Received by Client (select all that apply):
    (1) General assistance
    (2) Unemployment
    (3) Disability
    (4) Food stamps
    (5) Social Security
    (6) Aid to Families with Dependent Children (AFDC)
    (7) Other
    (8) None
    (0) Unknown

11. Employment Status (select all that apply):
    (1) Employed full time
    (2) Employed part time
    (3) Unemployed due to illness
    (4) Unemployed due to other reasons
    (5) Seeking work
    (6) Volunteer
    (7) Other
    (0) Unknown

12. Client's Zip Code: ____________

County Code:______ Site Code:______ Client ID #:__________________________

Visit Date______/______/______

Form Revision Date: 2/1/91 [File: FORMS3]
La Clinica Esperanza
Client Registration Form

1) Name: __________________________ 2) DOB: ________________
3) Address: __________________________ 4) Phone #: ____________
5) Gender (please check one answer only):
    _____ Male     _____ Female     _____ Transgender
6) Sexual Orientation (please check one answer only):
    _____ Gay Male     _____ Lesbian     _____ Bisexual
    _____ Heterosexual     _____ Unsure
7) Marital Status: __________________
8) Ethnicity: ______________________ 9) Language(s): __________
10) Employer: _______________________ 11) Phone #: _____________
12) Employment Status: Full Time Part Time
13) Gross Monthly Income:
    _____ $600 or Below     _____ $901 - $1,200     _____ Above $2,400
    _____ $601 - $900     _____ $1,201 - $2,400
14) Number of Dependents and Relationship: _______________________
15) Amount of ANY Additional Income: __________
16) Source of Additional Income/Relationship: _______________________
17) Living Situation:
    _____ Alone     _____ Non-relatives/Shared Expenses     _____ Unknown
    _____ Dependent Children     _____ Non-relatives/No Shared Expenses
    _____ Spouse/Significant Other     _____ Homeless
    _____ Parent or Guardian     _____ Institutionalized
    _____ Other Relatives     _____ Incarcerated
18) Medical Insurance (check all that apply):

___ Private Insurance (incl. HMOs)  ___ Medi-Cal/Medicare
___ Kaiser  ___ Other Public Insurance  ___ Medi-Cal
___ Medicare  ___ Unknown

19) Primary Health Care Source (check all that apply):

___ Private Practice (incl. other HMOs)  ___ Kaiser
___ Community Health Center  ___ Hospital Outpatient Clinic
___ Emergency Room
___ VA, Military Hospital Outpatient Clinic or Indian Health Service
___ Other Primary Health Care Provider/Acupuncturist or Chiropractor
___ No Primary Health Care Provider
___ Unknown

20) HIV Status (check all that apply):

___ HIV Positive (not disabling)  ___ Disabling HIV/ARC
___ AIDS  ___ Relative, Friend or Partner of HIV Positive
___ Unknown

21) Other Condition(s) (check all that apply):

___ Injection Drug User (IDU)  ___ Other Substance Abuse
___ AIDS Dementia  ___ Mental Illness
___ Mental Illness & Substance Abuse
___ Chronic Mental Illness not related to HIV
___ None of the Above

22) Payment for Services (please check one):

___ Client Pays  ___ Client does not pay  ___ No Fee
# Early Intervention Program - Clínica Esperanza

## Confidential Client Information

Please complete the following:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Last</th>
<th>First/M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Street</td>
<td>Apt. #</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>94</td>
<td>Telephone:</td>
</tr>
</tbody>
</table>

---

### Change of Address As of

<table>
<thead>
<tr>
<th>Month/Day/Year</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Street</th>
<th>Apt. #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zip Code:</td>
<td>94</td>
<td>Telephone:</td>
</tr>
</tbody>
</table>

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### Change of Address As of

<table>
<thead>
<tr>
<th>Month/Day/Year</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Street</th>
<th>Apt. #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zip Code:</td>
<td>94</td>
<td>Telephone:</td>
</tr>
</tbody>
</table>

---

Who would you like us to contact in case of an emergency?

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship to you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Zip Code:</td>
</tr>
<tr>
<td>Telephone:</td>
<td>(home)</td>
</tr>
</tbody>
</table>
EIP/La Clinica Esperanza
Eligibility Screening Form

NAME: ___________________ AGE: _____ SEX: _____

REFERRAL SOURCE: __________________ PHONE: ___________

CURRENT PROBLEMS OR SYMPTOMS (DATE): ______________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

IDENTIFIED NEEDS: _____________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

REFERRAL(S): _________________________________________________

______________________________________________________________

______________________________________________________________

ELIGIBLE? YES NO IF "NO", WHY? ________________________________

______________________________________________________________

INTERVIEWED BY: ___________ DATE: _______ TIME SPENT: _______
STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES
OFFICE OF AIDS
AIDS PREVENTION AND FOLLOWUP CENTER PROGRAM
EARLY INTERVENTION PROGRAM

PSYCHOSOCIAL ASSESSMENT

Client Name: ___________________________ Date of Birth: __/__/____ Age: ___ Sex: M F
MM DD YY

Address: ________________________________ SS#: ______________________

Risk Category: Sex: _______ IV Drug Use: _______ Transfusion: _______

Ethnicity: Caucasian Black Hispanic Asian Native-American Other_______

Religion: Catholic Jewish Protestant None Other: _________________

Military History: Branch: ___________ Dates: ______________________

Discharge: _______________ Benefits: __________________________

Employer: ___________________________ City: ______________________

Finance Source: SSI_ SDI_ GA_ RR_ EMPL_ Friend_ Relative_

Transportation: Own-Vehicle_ Public_ Friend_ Relative_

Insurance: Medi-Cal_ Private_ None_ Military_ Name of Insurer __________

Physician: ___________________________ Phone: ______________________

Care Providers Dates Comments
Alcoholics Anonymous ________________________________________________
Narcotics Anonymous _________________________________________________
Practical Support ____________________________________________________
Drug Rehabilitation _________________________________________________
Counseling __________________________________________________________
Alternative Therapies ________________________________
Other Group Therapy ________________________________________________

For Official Use
Name__________________________ Date __/__/____ Evaluation #:______
Chart #:_________________________
I. Current Problems/Precipitating Events

II. Social History
   A. Family
   B. Partner
   C. Support System
   D. Residence/Living Arrangement
   E. Education
   F. Drug/Alcohol Use
   G. Sexuality
   H. Legal
   I. Religion/Spirituality

III. Description of Current Problem's Affect On:
   A. Work
   B. Personal Life
   C. Social Life
   D. Sexuality

Name_________________________ Date______/______/______ Evaluation #:________
Chart #:_______________________
IV. Mental Status Exam

A. Appearance and Behavior
B. Attitude
C. Orientation
D. Affect
E. Fund of Knowledge
F. Mood
G. Thought Process
H. Abstraction
I. Insight
J. Judgement
K. Suicide/Homicide
L. Sleep
M. Appetite
N. Energy
O. Drugs or Alcohol
P. Concentration
Risk Summary

Directions: Place an (X) in the most appropriate blank.

1. Mental Health (MH):
   - (1) No MH problems
   - (2) History of MH problems
   - (3) History of hospitalization, drug therapy, counseling
   - (4) Current MH crisis (include suicide ideation/gestures)

2. Sex:
   - (1) No sex currently
   - (2) Long term use of safe sex prior to AFFC/EIP
   - (3) Recent use of safe sex practice/knowledge
   - (4) Incomplete safe sex practice/knowledge
   - (5) Currently has unsafe sexual practices

3. Alcohol Use:
   - (1) Never used alcohol
   - (2) Past use/abuse, stopped on own
   - (3) Past use/abuse, used treatment or AA to stop
   - (4) Currently in treatment for alcohol abuse
   - (5) Currently using alcohol

4. Non-IV Drug Use:
   - (1) Never used drugs
   - (2) Used in the past, stopped on own
   - (3) Used in past, stopped using treatment or rehab
   - (4) Currently in treatment for alcohol abuse
   - (5) Currently using drugs

5. IV Drug Use:
   - (1) Never used IV drugs
   - (2) Used in the past, stopped on own
   - (3) Used in past, stopped using Detox/Maintenance
   - (4) Currently in treatment for drug abuse
   - (5) Currently using drugs

6. Referrals:
   - (1) No need for referral
   - (2) Uses community resources as needed
   - (3) Client accepted referral
   - (4) Need identified, client not ready to address
   - (5) Client needs follow-through skills
   - (6) Client declined referral

Name: ____________________________  Date: __/__/__  Evaluation #: ___________
Chart #: ___________________________
TRANSMISSION BEHAVIOR INVENTORY

INJECTION DRUG USE During the past six months or since your last major assessment, whichever is more recent:

(Note: If this is the client's first visit to the EIP, use this question instead:
During the six months before you knew that you were HIV+):

1. Have you used drugs in order to alter your mood? (If no or unknown, go to #9)
   (1) Yes (2) No (0) Unknown

2. Have you injected drugs under your skin or into your veins? (If no or unknown, go to #9)
   (1) Yes (2) No (0) Unknown

3. With how many people have you shared needles? (If none or unknown, go to #9)
   (1) None (2) 1-2 (3) 3-8 (4) 8+ (0) Unknown

4. How many were HIV negative or of unknown HIV status?
   (1) None (2) 1-2 (3) 3-8 (4) 8+ (0) Unknown

5. Did you loan your needles/syringes the last time you injected drugs?
   (1) Yes (2) No (0) Unknown

6. Did you clean your needles/syringes with bleach the last time you injected drugs?
   (1) Yes (2) No (0) Unknown

7. How frequently do you loan your needles/syringes?
   (1) Every time (2) Never (0) Unknown

8. How frequently do you clean your needles/syringes with bleach?
   (1) Every time (2) Never (0) Unknown

Please note: The computer will automatically calculate and display on its screen the INJECTION RISK RATING based on the information that has been provided in questions #1 - #8. Please record this injection risk rating in the client's chart on the "Record of Changes in Client Behavior" form.

SEXUAL BEHAVIOR During the past six months or since your last major assessment, whichever is more recent:

(Note: If this is the client's first visit to the EIP, use this question instead:
During the six months before you knew that you were HIV+):

9. Note: If the information in questions 10 - 13 is incomplete or unavailable, enter a zero at line (x) otherwise enter a one at line (x)

10. How many different sexual partners (includes any sexual activity) did you have:
     (If no sexual partners, skip the remaining questions)
     (0) Unknown

11. With how many of these sexual partners did you have anal or vaginal sex? (If 0, go to #12)
     How many of these anal/vaginal sexual partners were HIV- or you did not know their HIV status? (If 0, go to #12)

     How often did you use a condom with these HIV-unknown status (anal/vaginal) sexual partners:
     (1) Every time (2) Never (0) Unknown

12. If female client, enter "9" and skip to question #13
     For male clients only (If you had anal or vaginal sex with all of your partners, skip to question #13):

     How many times did you have insertive oral sex (you placed your penis in your partner's mouth)? (If 0, go to #13)

     How many of these insertive oral sexual partners were HIV- or you did not know their HIV status? (If 0, go to #13)

     How often did you use a condom with these HIV-unknown status (insertive oral) sexual partners:
     (1) Every time (2) Never (0) Unknown

13. How frequently do you have sex while taking alcohol/drugs?
     (1) Every time (2) Never (0) Unknown

Please note: The computer will automatically calculate and display on its screen the SEX RISK RATING based on the information that has been provided in questions #9 - #12. Please record this sex risk rating in the client's chart on the "Record of Changes in Client Behavior" form. Please note that this sex risk rating score is NOT comparable with the risk rating score obtained using forms with a revision date earlier than 10/31/90.

County Code: Site Code: Client ID #: Visit Date:

Form Revision Date: 2/5/91
File: TBI_2
MISSION NEIGHBORHOOD HEALTH CENTER

APFC Program

Educational Materials List. To be completed by Health Educator.
Please place an (x) to indicate materials provided to client.

MEDICAL

___ CURRENT TREATMENT OPTIONS
___ PROJECT INFORM
___ GETTING WELL AGAIN
___ COMMON BLOOD TESTS
___ BETA BULLETIN
___ CURRENT CLINICAL TRIAL
___ COUNTY COMMUNITY CONSORTIUM
___ INFORMATION/ABOUT YOUR HEALTH
___ OTHER/____________________

SPANISH Material

___ INFORMACION SOBRE SU SALUD

SUPPORT GROUPS

___ POSITIVES BEING POSITIVE
___ POSITIVE AWARENESS
___ GAY ASIAN/PACIFIC ALLIANCE
___ LATINO GAY MEN'S GROUP
___ 18TH STREET SERVICES
___ KAISER PERMANENTE SUPPORT GROUPS
___ GAY COUPLES (HIV+ & HIV-)
___ AIDS HEALTH PROJECT GROUPS
___ OTHER/____________________

___ GRUPO DE APOYO PARA MUJERES
___ GRUPO PARA HOMBRES GAY
___ GRUPO DE APOYO PARA LATINOS GAY (CURAS)
___ __________________________

NUTRITION

___ SOUND NUTRITION & THE IMMUNE ADULT SYSTEM
___ WELLNESS FOCUS EDUCATION MATERIALS...(HIV+)
___ VITAMINS OR VITAMIN-MINERAL PILLS
___ FOOD GROUP CHART/YOUR NUTRITION CHECK-UP
___ OTHER/____________________

___ LOS ALIMENTOS
___ GRUPOS DE ALIMENTOS
___ CONSEJOS PARA LA BUENA NUTRICION
___ __________________________

For Official Use

Name________________________ Date __/__/____ Evaluation No.____________________

Chart No.________________________
SAFE SEX INFORMATION

__ SAFE SEX GUIDELINES FOR PERSONS AT RISK FOR AIDS __
__ THE HOT 'N HEALTHY TIMES __
__ CONDOM USE A GUIDE TO NON-OXYNOL 9 AND CONDOMS __
__ HOW TO USE CONDOMS CORRECTLY __
__ A CONSUMER GUIDE TO CONDOMS __
__ RATING LATEX CONDOMS __
__ OTHER __

SUBSTANCE ABUSE

__ COCAINE/CRACK THE BIG LIE __
__ OTHER __

OTHER

__ TELLING OTHER ABOUT YOUR TEST RESULTS __
__ AIDS LEGAL REFERRAL PANEL __
__ IF YOU HAVE TESTED POSITIVE FOR HIV & HAVE NO MEDICAL INS. __
__ HIV ANTIBODY TESTING RESOURCES __

__ USANDO CONDONES __
__ PRACTICAS SEXUALES SANAS/PELIGROSAS __
__ PROYECTO LATINO __
__ PROYECTO MANO A MANO __
__ LINEA DE ASISTENCIA PARA IMIGRANTES __
__ SALUD MENTAL (IFR) __
__ GUIA PARA DEJAR DE FUMAR __

PROGRESS NOTES
**HIV Sign and Symptom History**

**Directions:** Please place an (X) in the appropriate box regarding the questions below.

In the **past four months** (or since your last clinic visit), have you had any of the following symptoms which lasted for **at least two weeks**?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Have seen a doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Persistent shortness of breath?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>A new or unusual kind of dry cough?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>A persistent sore mouth or throat?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Sores or white patches in the mouth or throat?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Difficulty swallowing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>An unusual bruise, bump, skin discoloration, or a new skin rash?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**FOR OFFICIAL USE ONLY**

Name: ___________________________  Date: ___/___/___

**EVALUATION #**

240 SHOTWELL STREET · SAN FRANCISCO, CALIFORNIA 94110 · TEL. (415) 552-3870
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Have seen a doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Persistent fatigue (feeling tired all the time?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>An unintentional weight loss of at least ten pounds?</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
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<tr>
<td>9</td>
<td>Loss of appetite?</td>
<td></td>
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<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
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</tr>
<tr>
<td>10</td>
<td>Diarrhea (loose or watery stools)?</td>
<td></td>
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<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
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<tr>
<td>11</td>
<td>Stomach pain?</td>
<td></td>
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<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
<td></td>
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<tr>
<td>12</td>
<td>Nausea or vomiting?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Persistent or recurring fever over 100 degrees?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
<td></td>
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<tr>
<td>14</td>
<td>Persistent or recurring chills (shaking)?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
<td></td>
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<tr>
<td>15</td>
<td>Tender or enlarged glands or lymph nodes (armpits, neck, or groin)?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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FOR OFFICIAL USE ONLY

Name: ___________________________  Date: ___/___/___

EVALUATION #
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Have seen a doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.</td>
<td>Sweating at night (soaking, drenched)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Persistent, frequent, or unusual kind of headaches?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Mood changes not explained by outside circumstances or events?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Inability to concentrate?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Do you often feel confused/disoriented?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Vision disturbances?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Do you wear glasses or contacts?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Other symptoms or problems? Specify: __________________</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>Began when? <em><strong>/</strong></em>/___ Do you have it now?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**FOR OFFICIAL USE ONLY**

Name: ___________________________

Date: ___/___/___

**EVALUATION #**
STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES
OFFICE OF AIDS
AIDS PREVENTION AND FOLLOWUP CENTER PROGRAM
EARLY INTERVENTION PROGRAM

Health Questionnaire

1. What is the general state of your health?
   _(1)_ Very good
   _(2)_ Good
   _(3)_ Fair
   _(4)_ Poor
   _(5)_ Very Poor

2. Are you presently under the care of a doctor?
   _(1)_ Yes   Reason:_____________________________________________________
   _(2)_ No

3. Would you like us to send the lab test reports to your doctor?
   _(1)_ Yes
   _(2)_ No
   _(3)_ I don't know

4. If yes to the above, please print:
   Your Doctor's Name: ____________________________________________
   Address:_______________________________________________________
   Phone #:_______________________________________________________

5. Do you or have you ever smoked cigarettes?
   _(1)_ Yes   (I currently smoke)   Packs a day?________
   _(2)_ Yes   (I used to smoke)    Packs a day?________
   _(3)_ No

______________________________________________________________
For Official Use
Name ____________________________ Date __/__/____ Evaluation #:_______
Chart #:__________________________
Directions: Please place an (X) in the appropriate box for each of the following conditions.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. A blood transfusion since 1977?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td></td>
<td>When and where: ____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Any Allergies:</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td></td>
<td>Allergic to penicillin/ampicillin?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td></td>
<td>Allergic to other medication?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td></td>
<td>List other allergies (hayfever, dust, etc.): __________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Tuberculosis?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td></td>
<td>Specify: ____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Other Lung Condition(s)?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>10. Asthma?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>11. Syphilis?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>12. Gonorrhea?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>13. Chlamydia?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>14. Nonspecific or non-gonococcal urethritis (a discharge from the penis not caused by gonorrhea)?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

For Official Use

Name_________________________ Date__/__/___ Evaluation #:________

Chart #:_______________________
15. Facial herpes, cold sores or fever blisters in the mouth or eyes? [ ] [ ] [ ]

16. Genital (penis or vagina) herpes? [ ] [ ] [ ]

17. Anal or rectal herpes? [ ] [ ] [ ]

18. Shingles (Herpes Zoster)? [ ] [ ] [ ]

19. Hepatitis?
   Type?
   ___ A
   ___ B
   ___ Non-A, Non-B
   ___ D

20. Other liver condition(s)? [ ] [ ] [ ]

21. Cancer?
   Specify:____________________

22. Diabetes or sugar in urine? [ ] [ ] [ ]

23. Any blood condition? [ ] [ ] [ ]

24. Mental Illness
   Specify:____________________

25. In the last 6 months, have you been to a psychiatrist, psychologist, mental health counselor or therapist? [ ] [ ] [ ]

26. Epilepsy, convulsions, seizures, or unconsciousness? [ ] [ ] [ ]

__________________________________________________________________________

Name__________________________ Date____/____/____ Evaluation #:____

Chart #:________________________
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Headaches or migraines?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Heart disease, including circulatory problems?</td>
<td></td>
<td></td>
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<tr>
<td>29. High blood pressure?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Low blood pressure?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Stomach or gastric/duodenal ulcer?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. A gallbladder condition?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. A kidney or bladder condition?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. Infectious mononucleosis?</td>
<td></td>
<td></td>
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<tr>
<td>35. Any skin condition(s)? Specify:</td>
<td></td>
<td></td>
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<tr>
<td>36. Hospitalized in the past five years?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When and Where?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For what reason?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>37. How many times have you been to a doctor in the past year?</td>
<td></td>
<td></td>
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<tr>
<td>Number:</td>
<td>1</td>
<td></td>
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</tr>
</tbody>
</table>

For Official Use

Name: _________________________ Date: __/__/__ Evaluation #:________
Chart #:____________________
38. Have you ever taken or are you now taking medication for HIV infection?

[ ] Yes  [ ] No  [ ] Know

If No, then skip to item #41.

39. Was this medicine prescribed by a doctor?

[ ] Yes  [ ] No  [ ] Know

If Yes, name of medicine, date started and stopped:

__________________________________________________________________________________________

40. Was this medicine a home remedy, underground medicine, or vitamin?

[ ] Yes  [ ] No  [ ] Know

If Yes, name of medicine, date started and stopped:

__________________________________________________________________________________________

41. Are you now taking medication not related to your HIV infection?

[ ] Yes  [ ] No  [ ] Know

If No, then skip to item #44.

42. Is this medicine prescribed by a doctor?

[ ] Yes  [ ] No  [ ] Know

If Yes, name of medicine, date started and stopped:

__________________________________________________________________________________________

43. Is this medicine a home remedy, underground medicine, or vitamin?

[ ] Yes  [ ] No  [ ] Know

If Yes, name of medicine, date started and stopped:

__________________________________________________________________________________________

For Official Use

Name_________________________ Date_______/_____/_______ Evaluation #:________

Chart #:____________________
44. What type of birth control do you use most often? (check only one)
   - (0) None
   - (1) Birth control pills
   - (2) Condoms/rubbers
   - (3) Foam/jelly
   - (4) Rhythm method
   - (5) Tubal ligation
   - (6) Vasectomy
   - (7) Abstinence
   - (8) Sponge
   - (9) Other

   - For Females Only:

45. Do you think you are currently pregnant?
   - (1) Yes
   - (2) No
   - (3) I don't know

46. When was your last menstrual period? ___/___/___
   MM DD YY

47. How many times have you been pregnant?
   Number=

48. How many live births have you had?
   Number=

49. What was the result of your last pregnancy?
   - (1) Delivered
   - (2) Miscarried
   - (3) Pregnancy terminated (abortion)
   - (4) Never been pregnant

__________________________________________________________________________________

Name______________________________  For Official Use  Date___/___/______  Evaluation #:_____
   Chart #:__________________________
50. Have you experienced excessive itching or discharge in genital area or vaginal opening?

_____ (1) Yes
_____ (2) No

51. Have you noticed any cuts, sores, bumps, redness or swelling in genital area?

_____ (1) Yes
_____ (2) No

52. Do you have a history of abnormal PAP tests?

_____ (1) Yes
_____ (2) No

* Date of your last PAP test:

53. To your knowledge, have you ever been diagnosed with pelvic inflammatory disease?

_____ (1) Yes
_____ (2) No
_____ (3) I don’t know

54. Have your periods been irregular?

_____ (1) Yes
_____ (2) No

* Date of your last menstrual period:

* Change in amount of flow?

_____ (1) Yes
_____ (2) No
_____ (3) I don’t know

______________________________________
For Official Use

Name __________________________ Date __/__/____ Evaluation #_____
Chart #: ____________________________
## MISSION NEIGHBORHOOD HEALTH CENTER

**State of California, Department of Health Services**

**Office of AIDS**

**AIDS Prevention and Followup Center Program**

**Early Intervention Program**

**Health Assessment/Physical Examination Form**

1) Height: ____

2) Weight: ____

3) BP: ____/

4) Pulse: ____

5) Resp: ____

6) Temp: ____

### General Appearance:

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Abnormal</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Head/Scalp</td>
<td>[]</td>
<td>[]</td>
<td></td>
</tr>
<tr>
<td>8. Skin</td>
<td>[]</td>
<td>[]</td>
<td></td>
</tr>
<tr>
<td>9. Eyes</td>
<td>[]</td>
<td>[]</td>
<td></td>
</tr>
<tr>
<td>10. Ears</td>
<td>[]</td>
<td>[]</td>
<td></td>
</tr>
<tr>
<td>11. Mouth</td>
<td>[]</td>
<td>[]</td>
<td></td>
</tr>
<tr>
<td>12. Lymph glands</td>
<td>[]</td>
<td>[]</td>
<td></td>
</tr>
<tr>
<td>13. Lungs</td>
<td>[]</td>
<td>[]</td>
<td></td>
</tr>
<tr>
<td>14. Heart</td>
<td>[]</td>
<td>[]</td>
<td></td>
</tr>
<tr>
<td>15. Abdomen</td>
<td>[]</td>
<td>[]</td>
<td></td>
</tr>
<tr>
<td>16. Genitalia</td>
<td>[]</td>
<td>[]</td>
<td></td>
</tr>
<tr>
<td>17. Anus/rectum</td>
<td>[]</td>
<td>[]</td>
<td></td>
</tr>
<tr>
<td>18. Extremities</td>
<td>[]</td>
<td>[]</td>
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</tr>
<tr>
<td>19. Neurological</td>
<td>[]</td>
<td>[]</td>
<td></td>
</tr>
</tbody>
</table>

### Assessment:

Plan:

Lab: __________________________

Medication: _______________________

Disposition:

20) Absolute T4 Cell Count [ ] 0-199 [ ] 200-299 [ ] 300-399 [ ] >400

21) [ ] I. Asymptomatic

22) [ ] No lab abnormality

[ ] II. Symptomatic

[ ] Lab abnormality

**HIV Infection Classification:**

**For Official Use**

Name: _______________________

Date: ____/____/_____

Evaluation #:_____

Chart #: ___________________
Symptoms:__________________________________________
________________________________________________
________________________________________________

Current Meds:_____________________________________
________________________________________________
________________________________________________

Comments/other:__________________________________
________________________________________________
________________________________________________

Physician Notes:__________________________________
________________________________________________
________________________________________________

Clinician Signature ___________________ Date __/__/____

Name_____________________________ For Official Use
Date __/__/____ Evaluation #:________
Chart #:__________________________
NORTH BAY LATINA CANCER PREVENTION AND EARLY INTERVENTION PROJECT

OUTLINE

Targets

1. Providers
2. Latinas 18+ years old

Target Areas

Marin, Napa, Sonoma and Solano counties

Funding Requirements

Approximately $250,000 - $275,000/year

Program Components

Overview:

1. Prevention Education
2. Outreach for Screening
3. Coordinate Case Management
4. Provider Education
5. Network Building
6. Evaluation

Specifics:

1. Prevention Education/Screening Outreach:

Where:

- Clinic based
- Churches
- Migrant Child Education (MCE)
- California Human Development Corporation (work w/farm workers)
- Taquerias/Cantinas

How:

- community based 'promotores de salud'
- Casa en Casa (health ed model from La Clinica)
- Por La Vida
- media, esp radio
- existing human service providers
2. Provider Education

- Issues to include:
  
  Screening protocols
  Cultural issues around screening
  Information on case management system and advocacy

- Methods:

  Grand rounds
  HMO and groups
  Audio/video tapes

3. Coordinated Case Management (*follows abnormal screening results)

- Increase existing staff time at clinics for advocacy
- Use strategies from Doula/HICAP programs, ie, social support, advocacy, ‘button-pushers, system-managers, financial/insurance counseling

  Consider:
  1-800 phone #
  Centralized vs. decentralized methods
  Bilingual staff

4. Network Building

- New medical delivery systems (ie managed care): how to integrate project into
- Resource development
- Practice protocols
- Institutionalization

5. Research

- First few months of project: focus groups to inform educational/prevention/outreach messages re: cancer; cancer prevention; health care services; insurance (ie, emergency Medi-Cal)
- Process: who are we reaching - to what extent - who aren't we reaching - why
TIE Core Meeting Notes Monday, December 13, 1993

CAPS TIE Core:
Katherine Haynes Sanstad
Olga Grinstead
Maria Ekstrand
Cynthia Gomez
Ron Stall
Tom Hall
Bonnie Faigeles
Fabio Sabogal
Susan Lausten

CAPS TIE Core Assistants:
Jay Paul
Anne Christopher
Paul Whitaker
Gary Harper
Michael DeMayo

I. Introductions

The meeting began with the introductions of the TIE Core technical assistants who will provide assistance to the TIE Core and this year’s community-based organizations (CBOs) awarded grants.

II. CBO Grant Awards Announced

The list of organizations that have been awarded grants by NCG/CAPS was distributed. It was asked that this be kept confidential until award letters have been mailed.

III. CAPS Technical Assistance

The assistants will select the organization that they will most appropriately be able to assist. The following issues were discussed with emphasis on establishing the needs of the CBOs, and the interaction process within the TIE Core and with the organizations:

establish what CBOs needs are
• solve methodology questions
• develop questionnaire
• provide programming and analysis
• plan to disseminate outcome material

meetings/seminars/review
The structure or frequency of meetings was not determined but the following suggestions were made:
• meetings with selected CBOs and the TIE Core meet once a month and selected CBOs present work
• TIE Core members only meet once a month as deemed necessary
• informal sharing among CBOs was encouraged
• make use of existing peer review system
• seminars that are scheduled in advance with preset topics can be changed to address the issues that the majority are working on. Those who have accomplished the task would be able to add to the work of others.
• Tom Hall availed himself as a troubleshooter for all if desired.
evaluation
• Northern California Grantmakers received $75,000 from the Ford Foundation to evaluate this project. Only one LOI was received from Harder & Kibbe. A few other organizations will be approached, e.g. R. Heasley.

IV. Next Steps

• Katherine will distribute a dossier of each CBO to help technical assistants decide which projects they would like to work on.

• It will be determined how the stipend is to be paid to the TIE Core assistants.

• The Now-Up-To-Date calendar has been installed on all of the TIE Core personnel’s computers. Susan will show how it is used, if she hasn’t already - call her. When everyone’s activity is entered on the calendar, we will be able to schedule TIE Core meetings in advance.
CONFIDENTIAL
for
Task Force Use Only
### 1993 AIDS Task Force
**REVIEWER RECOMMENDATIONS**
**PREVENTION AND EVALUATION GRANTS**

#### Recommended for Funding - December 1993

<table>
<thead>
<tr>
<th>LOI #</th>
<th>Page</th>
<th>Agency</th>
<th>Area</th>
<th>Target</th>
<th>Requested Program</th>
<th>Eval</th>
<th>Recommended Program + Eval</th>
</tr>
</thead>
<tbody>
<tr>
<td>5019</td>
<td>1</td>
<td>Coalition Ref/Refugee Rights</td>
<td>SF</td>
<td>Immigr. Latina Women</td>
<td>$50,000</td>
<td>$10,000</td>
<td>$57,000</td>
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<tr>
<td>5022</td>
<td>3</td>
<td>E Bay Commmty Recovery</td>
<td>Ala</td>
<td>Recovering S. Abusers</td>
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<td>$6,570</td>
<td>$51,500 +</td>
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<td>5026</td>
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<td>Face to Face</td>
<td>Son</td>
<td>Youth</td>
<td>$55,523</td>
<td>$3,970</td>
<td>$59,500 +</td>
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<td>5032</td>
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<td>La Clinica de La Raza</td>
<td>Ala</td>
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<td>$49,636</td>
<td>$8,670</td>
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<td>5033</td>
<td>9</td>
<td>Marin AIDS Project</td>
<td>Nine</td>
<td>Parolees</td>
<td>$51,000</td>
<td>$9,000</td>
<td>$59,000</td>
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**Recommendation:** $577,000

**Plus Contingency:** $20,000 *

**Minus CAPS Contribution:** $40,000 **

**Total ATF Cost Range:** $537,000 - $557,000 ***

#### Not Recommended for Funding at this time

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**Total Requested:** $666,445 $104,351 $770,796

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+ Evaluation budget needs work, additional funds may be added not to exceed $10,000 per agency

* Up to $20,000 may be added for evaluation budgets as adjusted at contracting stage

** $40,000 in evaluation costs to be paid directly to grantees by CAPS

*** Total recommended does not include estimated $50,000 to CAPS for researchers and data entry and analysis
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Northern California Grantmakers
AIDS Task Force

PREVENTION AND EVALUATION
Project Summaries
and
Recommendations

December, 1993
CRITERIA FOR REVIEW OF PROPOSED PREVENTION PROJECTS

Project:
* The project addresses high risk populations for whom effective behavior change strategies have not been clearly demonstrated
* Methods build upon existing knowledge about effective prevention methods
* The project has the potential to demonstrate new knowledge about preventing HIV/AIDS
* Goals and objectives are provided which can be achieved during the projected time period
* Activities demonstrate creativity, common sense and appropriateness in activities to meet key objectives
* The budget for both program and evaluation are reasonable and thorough
* The project is reasonably cost effective
* The project utilizes appropriate staffing and volunteers for the proposed target populations

Evaluation:
* The research question is feasible, interesting, relevant and ethical
* The evaluation methods are appropriate and feasible to answer the research question
* Methods for collection and analysis of findings are appropriate
* The target population can be tracked over time as needed to measure change
* Study participants are likely to participate
* Participant confidentiality is appropriately addressed

Applicant Organization:
* The applicant has the organizational capacity and commitment to successfully carry out the project and its evaluation and to use grant funds responsibly
* The applicant has experience with the target population of the proposed project or will gain assistance from an appropriate collaborating group
* The proposed project is compatible with the mission of the organization
* The agency has demonstrated accountability and ability to deliver on contract commitments
PREVENTION/EVAL

#5019  Coalition for Immigrant/Refugee Rights & Services  5019

RECOMMEND FOR FUNDING: YES  $57,000

Agency Budget:  $716,000
Project Budget:  $76,500
Requested Program:  $50,000  Requested Evaluation:  $10,000

Geographic Target:  San Francisco
Target Population:  Latina Immigrant Women
Other Funding:  Will seek $16,500 from other sources

Agency:  Promotes the rights of immigrants and refugees to full equal participation in a
diverse society in an increasingly interdependent world. CIRRS coordinates its work among
ninety member agencies.

Research Question:  Do Latina immigrants who participate in a grassroots, community-based
program designed to provide social support and address their primary needs reduce their risk
for HIV? (Ultimately, condom use)

Key Project Elements:  180 women will participate in two four-hour knowledge and skill-
building sessions and other activities including: general meetings, support groups, peer
counseling, social activities, economic development projects. Will be in contact with
organization an average of three times per month over a six to nine month period. Baseline
interview for information followed by follow-up surveys every three months. Activity logs also
maintained.

Contact:  Monica Hernandez  415) 243-8908

NCG Status:  Previously funded in years two and three for prevention and years three and
four for public policy. Performance and reporting fine.

REVIEWERS COMMENTS:

Strengths:
+Strong organization, track record
+Addresses empowerment issues and their relation to risk behaviors

Weaknesses:
- design of evaluation tools, Identification of variables needs some work
Financial Information (Consultant Analysis)  Budget fine, slightly heavy on overhead.
$1,000 software?

Interview and Recommendations:  No interview. Committee recommends funding
PREVENTION/EVAL

#5022 East Bay Community Recovery Project 5022

RECOMMEND FOR FUNDING: YES $51,500 (pending adjustment)

Agency Budget: $1.26 million
Project Budget: $50,000
Requested Program: $50,000 Requested Evaluation: $6,570

Geographic Target: Alameda
Target Population: Recovering Substance Abusers
Other Funding: None

Agency: Mission to provide continuum of services to address the full range of tasks faced by a person in recovery. This includes the highest quality medical and psychological services, activities to foster changes in the individual, family and community.

Research Question: Does improvisational theater in AIDS prevention reduce the risk of HIV infection through unsafe sexual practices?

Key Project Elements: Clients in 12 week improv group leading to presentations to other clients in treatment. Audience will receive second educational workshop afterward. Includes follow-up with participants and audience. 80-120 improv participants and at least 200 audience participants.

Contact: Ian Walker 510) 832-0245

NCG Status: Not previously funded.

REVIEWERS COMMENTS:

Strengths:
+ high risk, hard to reach population
+ creative approach

Weaknesses:
- level of organizational commitment unclear
- confusion about evaluation costs and (therefore) resources to conduct follow-up and post-testing
- not clear why will clients be motivated to participate?
- not why think intervention will work?

Financial Information (Consultant Analysis)
Needs eval budget. Typo - 5% on all overhead salaries. Includes substantial organizational overhead in request. Recommend $45,000 instead of $50,000 for program budget.
Interview and Recommendations: Strong interview. Agency is supportive of project. Key elements and relationships are already in place. Philosophical approach creative and clear. Replication potential strong. However, agency will need strong support to implement evaluation. Caps is prepared to provide this support. Lack of evaluation budget was discussed and revised budget has been submitted. Revised figures reflected in figures above. New evaluation budget needs review and approval. Note: Need copy of 501(c) 3 status as contracting issue.
PREVENTION/EVAL

#5026  Face to Face  5026

RECOMMEND FOR FUNDING:  YES  $59,500 (pending adjustment)

Agency Budget:  $1.24 million
Project Budget:  $61,743
Requested Program:  $55,523  Requested Evaluation:  $3,970

Geographic Target:  Roseland and Near West Side of Santa Rosa/Sonoma
Target Population:  Youth 14-20 and their parents
Other Funding:  $2250 from general fund

Agency:  Mission is to serve and assist people of Sonoma County living with HIV disease, and to provide ongoing leadership in responding to and understanding the epidemic.

Key Collaborators:  Drug Abuse Alternatives Center

Research Question:  Does educating parents in a neighborhood at the same time that their teens are receiving peer based education and prevention education from street outreach workers have a positive effect in changing teen behavior?  Is education of parents a significantly useful tool in the arsenal of AIDS education strategies directed at teens?

Key Project Elements:  Provide peer-led street outreach in two neighborhoods.  Provide two hour house meetings to parents in one of those neighborhoods.  Measure changes in risk behavior and communication between youth and their parents in the two populations.  300 teens to be educated (average six contacts each).  200 of these youth tracked over time.  80 parents educated.

Contact:  Andrea Learned  707-544-1581

NCG Status:  Previously funded for prevention and care.  Strong compliance.  Appears to be strong performance on funded projects.

REVIEWERS COMMENTS:

Strengths:
+Strong agency
+Strong track record in HIV

Weaknesses:
- not clear that they can recruit the teens or contact them multiple times
- not clear why parents will be motivated to participate
- not clear how will know if youth interviewed are the children of adults educated
Financial Information (Consultant Analysis)  Evaluation budget slim, program budget over allowable amount. Contracting issue to review this. Recommend limiting program budget to $50,000, raising evaluation budget to reflect true costs.

Interview and Recommendations: Agency has experience with both the youth and parents and demonstrated an understanding of how to recruit and retain them. Project appears well thought out and feasible. Needs work on sample size and how will measure expected outcomes. Agency interested and willing to work on these issues. Committee recommends funding at $50,000 for program. Evaluation budget to be reviewed and revised.
RECOMMEND FOR FUNDING: YES  $58,000

Agency Budget:  $9.45 million
Project Budget:  $70,306
Requested Program:  $49,636  Requested Evaluation:  $8,670

Geographic Target:  Fruitvale neighborhood of Oakland/Alameda
Target Population:  Latino youth and their parents
Other Funding:  $10,000 United Way, $2,000 Ala County Health Care Services

Agency:  Exists to improve the quality of life and health status of Alameda County’s medically indigent and ethnic communities. Includes three neighborhood health centers.

Research Question:  Are Latino teens who receive peer education in school about HIV prevention and whose parent(s) also receive peer education about HIV prevention and communication with their children more likely to delay initiation of sexual activity or increase their use of safe sex practices than Latino classmates whose parents do not receive peer ed?

Key Project Elements:  Peer education about HIV provided by trained teens to all students in 10 junior high classrooms. Parents of these youth invited to participate in adult education. Spanish speaking parents who volunteer will be randomly assigned to wait-list control and experimental group. All youth will be post-tested after six months and behaviors analyzed by whether their parents also participated or not. 360 students and 60 parents.

Contact:  Alexandra Jacobs Planner  510) 535-4015

NCG Status:  Funded for care in years one and two. Numbers served were low but reporting and dialogue about problems were fine.

REVIEWERS COMMENTS:

Strengths:  
+ strong agency
+ good access to target population

Weaknesses:  
- sample size and pre-post test methods need work

Financial Information (Consultant Analysis)  Budget fine. Includes 1.2 FTE health educators, 18% Project Director and 15% clerk. Non-Personnel expenses total $6,242.
Evaluation budget fine.

**Interview and Recommendations:** No interview. Committee recommends funding.
PREVENTION/EVAL

#5033     Marin AIDS Project     5033

RECOMMEND FOR FUNDING: YES $59,000

Agency Budget: $844,000
Project Budget: $68,433
Requested Program: $51,000 Requested Evaluation: $9,000

Geographic Target: Bay Area (and beyond)
Target Population: San Quentin Parolees
Other Funding: Anticipate funds from San Quentin and HJ Kaiser Family
Foundation

Agency: Primary provider of AIDS service in Marin. Provides direct client services and
educational outreach to the community.

Key Collaborators: San Quentin Prison

Research Question: Are there measurable differences in high risk sexual and drug behaviors
(that put them at risk for HIV) of San Quentin prisoners after release from custody as a result
of different types of pre-release HIV prevention education?

Key Project Elements: Pre-test and one hour education of most new inmates by HIV+
inmates, pre-release "booster" educational session and information/condom/supplies packet for
random sample of parole violators, two week post-release follow-up of parole violators with
analysis of behavioral information by whether booster session and package received or not.
15 Peer educators trained, 20,000 inmates receive initial education, 10,000 post-tested, 500 to
receive "booster" session.

Contact: Barry Zack, Education Director 415) 457-2487

NCG Status: Funded in years one and two for prevention and year four for care.
Performance and reporting seem fine.

REVIEWERS COMMENTS:

Strengths:
+ Strong agency
+ Good collaboration and access to target population
+ High risk target population
+ Prior history in evaluation

Weaknesses:
- Expect high drop out rate of parolees after discharge
Financial Information (Consultant Analysis)  $33,655 in salaries. Full time Project Coordinator, 15% time Barry Zack. 5% Admin. Assistant. Some rent and fiscal support included. Evaluation budget fine.

Interview and Recommendations: No interview. Committee recommends funding. Program budget reduced by $1,000 to maximum allowable.
#5034 Mid-Peninsula YWCA

RECOMMEND FOR FUNDING: YES $46,000 (pending adjustment)

Agency Budget: $958,000
Project Budget: $100,110
Requested Program: $40,700 Requested Evaluation: $5,590

Geographic Target: Santa Clara
Target Population: Youth
Other Funding: Confirmed: $7,000 United Way, $19,000 Silicon Valley Charity Ball. Anticipate: $12,000 Walk for AIDS, $2,000 Macy’s AIDS Passport, $11,420 contributions.

Agency: Human Service agency meeting the needs of women and girls on the Peninsula since 1951. Strives to achieve twin goals of empowerment of women and the elimination of racism.

Key Collaborators: San Jose Unified School District

Research Question: Are peer-led workshops as effective as adult-led workshops in the areas of: knowledge, health beliefs, self efficacy, intentions, social support, behavior?

Key Project Elements: Five day/five hour workshop provided to 5,500 students -- some by peer leaders, some by adult leaders. Control group to be educated after post-testing. Post-education follow-up survey to be conducted. 25 Peer educators trained, 12 adults trained to be peer educators.

Contact: Cecile Cummings, Director of AIDS Prevention Project 415-494-0972

NCG Status: Not previously funded

REVIEWERS COMMENTS:

Strengths:
+ school support

Weaknesses:
- need to review incentives to participate, revise evaluation budget if necessary

Financial Information (Consultant Analysis) Budget fine. Part-time workshop leader requested, part time volunteer coordinator, speakers, stipends for trainers. No incentives for follow-up mentioned.
Interview and Recommendations: No Interview. Committee recommends funding. Evaluation budget may need revision pending review of incentives.
Prevention/Evaluation

#5036 National Task Force for AIDS Prevention

Recommend for Funding: $48,000

Agency Budget: $1.47 million
Project Budget: $313,110
Requested Program: $38,973
Requested Evaluation: $9,812

Geographic Target: San Francisco
Target Population: Black gay/bisexual men and transgenders
Other Funding: Anticipate: $338,000 from SFDPH, $30,000 AIDS Walk, $2,000 other contributions

Agency: National minority organization dedicated to ending the HIV epidemic by advocating for and assisting in the development of HIV education and service programs by and for gay and bisexual men of color. The Brothers Network is a newer agency constituted as a Black-specific organization working to implement a continuum of services that speak to the experience of Black gay and bisexual and transgender persons.

Key Collaborators: Brothers Network

Research Question: Primarily: Does a racially- and culturally-specific community/individual empowerment intervention lead to a substantial reduction in risky sexual behaviors? Secondarily: Can a racially- and culturally-specific empowerment outreach plan increase the effectiveness of client referrals and new clients to the Brother’s Network for the intervention?

Key Project Elements: Intensive community outreach, provision of 13 week program of individually-tailored set of services offered from a range of available services at the Network, 13 weeks of follow-up, follow-up survey for behavioral change. Services include: One-one and small group prevention education, support groups, medical and substance abuse treatment advocacy. Community-level organizing, advocacy, newsletter also provided. Will serve 150 new clients at Network and will follow-up with 80% of those men for post-testing.

Contact: Reggie Williams 415-749-6700

NCG Status: Funded for prevention in year two, public policy in year four. Reporting and performance seem fine to-date.

Reviewers Comments:

Strengths:
+ strong access to target population
+ very high risk target population
+ creative and reasonable strategy
Weaknesses:
- implementation may be difficult. Will need work to stay focused.

Financial Information (Consultant Analysis) Budget high but reasonable. Includes 100% Outreach workers. Portions of all existing staff donated from other sources. Asking $5,500 for revisions to multi-media kiosk for outreach purposes. Evaluation includes 10% time of Steve Feeback for coordination, $4,000 for incentives.

Interview and Recommendations: No Interview. Committee recommends funding.
PREVENTION/EVAL

#5038 New Conservatory Theater

RECOMMEND FOR FUNDING: YES $43,000

Agency Budget: $433,000
Project Budget: $42,898
Requested Program: $39,954 Requested Evaluation: $2,944

Geographic Target: Napa, Solano, Sonoma
Target Population: Youth and their parents
Other Funding: None

Agency: Professional theater arts school, educational touring program, performing arts non-profit dedicated to social well-being of young people ages 4-19. Eight years experience reaching 4.5 million young people with productions about AIDS.

Research Question: When adults are involved in the same creative HIV/AIDS educational theater intervention as their young people, is intergenerational communication about AIDS enhanced?

Key Project Elements: Educational theater presentation to youth in four sites followed by discussion. Parents given preview of show and discussion the night before at two of those sites as well. Intergenerational communication measured between youth-only v. parent and youth intervention sites. Control site with no intervention also measured over time. Each site to reach 1000-1500 youth. 100 Parents at each of two sites.

Contact: Lisa Heft 510)548-8449


REVIEWERS COMMENTS:

Strengths:
+ strong agency with good track record
+ agency’s methods are already heavily replicated. Strong dissemination potential for findings

Weaknesses:
- research question leaves questions about link between intergenerational communication and risk behavior. Need to also demonstrate this link. Needs to also collect data about baseline or changes to behavior.
- not clear why parents will want to participate
Financial Information (Consultant Analysis)  Reasonable budget includes .5 Project Coordinator, portions of other staff and actors, $5,000 in non-personnel costs. Evaluation budget seems bare bones.

Interview and Recommendations:  Good interview. Agency already has track record in involving parents. Has anecdotal evidence of link between intergenerational communication and risk behavior and seeks to demonstrate this. Is willing to work on design to include data on behavioral change. Committee recommends funding as requested.
Stop AIDS Project

RECOMMEND FOR FUNDING: $50,500 (pending adjustment)

Agency Budget: $584,021
Project Budget: $492,117
Requested Program: $57,170
Requested Evaluation: $500

Geographic Target: San Francisco
Target Population: Gay/bisexual men
Other Funding: Confirmed: Centers for Disease Control, California and SF Health Depts.

Agency: Mission to develop and operate a community-organizing project for self-identified gay and bisexual men in SF which seeks to reduce HIV transmission and reduce the adverse affects of the HIV epidemic on the community.

Research Question: 1) Is there a difference in the effects on risk behavior between STOP AIDS meetings for convenience-sampled gay and bisexual men and STOP AIDS meetings for pre-existing groups? 2) Can the STOP AIDS community intervention program for pre-existing social groups increase group peer support for safe sex and increase group mobilization in support of HIV prevention?

Key Project Elements: Outreach, small group intervention held for pre-existing groups such as Gay Men’s Chorus, gay football team and ACT UP, referrals for assistance on specific issues, one-month follow-up with individuals re: behaviors and needs, six month post-test. 420 meeting participants with 240 participating in pre- and post-testing. Findings compared to existing data from meetings with non-pre-existing groups.

Contact: Kevin Walsh 415) 621-7177 x223

NCG Status: Funded years 2,3,4 for prevention, year three for technical assistance. Performance and reporting fine.

REVIEWERS COMMENTS:

Strengths:
+ strong agency, track record
+ access to high risk population
+ well designed project

Weaknesses:
- evaluation budget needs work
- need to control for selection bias between men who belong to groups and men who don’t
- no apparent incentives for follow-up participation
Financial Information (Consultant Analysis)
Budget includes full time Community Organizer, portion of Referral Coordinator. $5,500 for rent, $4,590 volunteer support and staff development, $2,037 equipment rental and maintenance. Also: $4,943 for office supplies, postage, telephone. Slightly heavy on overhead. Requesting greater than allowable $50,000 for program. Evaluation budget of $500 seems to low, needs review.

Interview and Recommendations: No Interview. Committee recommends funding at $50,000 for program. Evaluation budget needs review and revision.
RECOMMEND FOR FUNDING: YES $45,000 (pending adjustment)

Agency Budget: $2.67 million
Project Budget: $40,240
Requested Program: $37,500
Requested Evaluation: $7,500

Geographic Target: Central/Southern Alameda
Target Population: Chronically truant, unsupervised, drop-out and homeless youth ages 13-18
Other Funding: Agency unrestricted funds and donations = $12,730

Agency: Non-profit community clinic with mission to promote community-wide education and preventive care and provide accessible health services to undeserved populations.

Research Question: Is a four part HIV prevention workshop series equally effective at achieving safer sex behavior changes among chronically truant, drop-out and homeless youth attending single gender groups and among those attending mixed gender groups?

Key Project Elements: One-one outreach and short educational contacts used to recruit 300 youth to eight hour group interventions in same-sex or mixed gender groups. Group interventions to include peer leaders.

Contact: Kate Clayton, H. Ed Mgr 510-790-3305

NCG Status: Funded in year four for prevention outreach. Performance and reporting appears fine.

REVIEWERS COMMENTS:

Strengths:
+ knowledge and experience with HIV
+ knowledge and experience with target population
+ capacity to carry out the project and evaluation

Weaknesses:
- research question of gender-based education less compelling than question of what methods are necessary to get youth -- especially males -- in for intervention
- ability to track population over time questionable. Follow-up methods not clear

Interview and Recommendations: Good interview with discussion of how this project relates to current activities in clinic. Health center has strong record in tracking and following up on females in this population because of existing family planning study. Willing to try new methods as well. Applicant was interested and willing to shift emphasis of effort toward a study of outreach and retention methods with single gender and mixed gender groups as one variable. Task Force/CAPS confident of potential for this project but needs work. Recommend for funding. Revised evaluation budget submitted after interview and is reflected in figures above. Needs review and approval.
#5051  Youth Advocates

RECOMMEND FOR FUNDING:  $59,000

Agency Budget:  $1.96 million
Project Budget:  $69,882
Requested Program:  $49,898  Requested Evaluation:  $9,800

Geographic Target:  San Francisco
Target Population:  High risk youth
Other Funding:  Confirmed:  SF Foundation at $8,784

Agency:  Mission is to serve at-risk adolescents and their families in SF and Marin. Since 1989 has had innovative peer counseling program conducting HIV prevention activities for high risk youth, street outreach and medical care.

Key Collaborators:  YWCA of SF, Mission Recreational and Cultural Center, Potrero Hill Neighborhood House

Research Question:  What is the effectiveness of a 10-session peer-led HIV prevention intervention for high risk adolescents in decreasing behaviors which put them at risk for HIV and increasing behaviors which reduce their risk?

Key Project Elements:  All participants receive initial 1-session intervention led by Teen Health Educators. Participants for longer intervention recruited from single session and assigned randomly to experimental and control groups. 10 sessions provided. Post-tests at end of intervention, at three months, and six months. 80 youth in each group in first year. Control group members receive the intervention later.

Contact:  Tim Broadbent  415) 668-2622

NCG Status:  Funded in Year 3 for prevention. Performance and reporting fine.

REVIEWERS COMMENTS:

Strengths:
+ strong agency with access to high risk target population
+ simple, straight forward design
+ previous evaluation experience

Weaknesses:
- concern about attrition and ability to track youth over time - five sessions may be better
- need to consider "diffusion" of impact from experimental to control group
Financial Information (Consultant Analysis)  Budget includes .25 FTE Project Director, .5 Peer Health Education Coordinator, .4 Senior Teen Health Educators and $5,000 in stipends for other health educators. Also: $3,600 in rent, misc. supplies, etc. Evaluation budget includes no additional salaries, $3,000 for control group incentives and $6,000 for experimental group incentives over six months. Also, printing and postage. High budget but pretty realistic.

Interview and Recommendations: No Interview. Committee recommends funding. $59,000.
PREVENTION/EVAL

#5011  Asian Health Services  5011

RECOMMEND FOR FUNDING:  NO

Agency Budget:  $3.5 million
Project Budget:  $56,090
Requested Program:  $48,750  Requested Evaluation:  $0

Geographic Target:  Alameda, West Contra Costa
Target Population:  Asian/Pacific Islander Youth - 13-18 years
Other Funding:  $3740 from donations

Agency:  Has served the Asian community in Alameda County since 1974 by providing medical, health education and patient advocacy services to the diverse Asian communities in the county.

Key Collaborators:  Filipinos for Affirmative Action

Research Question:  Is one-one peer education for A/PI youth more effective than group education?

Key Project Elements:  78 individuals receiving group intervention, 78 receiving one-one for six sessions. Six month follow-up.

Contact:  Rod Lew  510) 444-2437

NCG Status:  Funded in years 1 and 3 for prevention. Performance and reporting seem fine.

REVIEWERS COMMENTS:

Strengths:
+ strong agency with good track record/performance

Weaknesses:
- proposal generally not clear
- methods for recruitment and retention not indicated
- almost 12 month start-up period

Financial Information (Consultant Analysis)  Heavy budget includes small portions (.08 - .24%) of Health Ed Director, Youth Coordinator, Youth Community Health Worker, Bookkeeper. Includes $10,000 to FAA for participation, $3200 for rent, $8500 for youth incentives and stipends.

Interview and Recommendations:  No Interview. Committee recommends no funding.
RECOMMEND FOR FUNDING: NO

Agency Budget: $55,000 (Foundation)
Project Budget: $57,336
Requested Program: $47,341 Requested Evaluation: $9,995

Geographic Target: San Francisco
Target Population: City College Students
Other Funding: In-kind

Agency: Purpose of Foundation is to aid CCSF in various para-instructional activities not usually covered by public or other grant money. Mission of City College is to offer quality academic, vocational and life skills education for those to whom post-secondary education is most often denied.

Key Collaborators: Institute for Advance Study of Human Sexuality

Research Question: 1) What changes in KABB take place in 30 trainees during the intensive peer education HIV/STD training program? During peer education activities, what evidence is there that the trainees can apply the theories, KAB acquired in their direct interventions? 3) During semester-long follow-up, to what extent do peer educators continue to protect their personal sexual health and continue to provide HIV/STD prevention services?

Key Project Elements: Six month Health Sciences class with intense sexological approach, six month intensive support and follow-up, post-test six months later. Will train 30 peer educators for two academic semesters who will, in turn, provide 3,500 one-time encounters and 1,500 intensive interventions.

Contact: Robin Roth 415) 239-3274
NCG Status: Not previously funded

REVIEWERS COMMENTS:

Strengths:
+ interesting approach, focus on sexuality
+ captive student population improves chances of tracking

Weaknesses:
- year-long intervention unrealistic for replication
- attrition not addressed
- risk status of participants not demonstrated

Financial Information (Consultant Analysis)  $47,000 budget includes .8 instructors, .05 counselor, .2 Peer Coordinator, $15,000 in fees to Institute on Human Sexuality to provide workshops and consultation, $2,000 in overhead to CCSF. Evaluation includes .03 Evaluation Specialist, 18.5% Evaluation Manager.

Interview and Recommendations: No Interview. Committee recommends no funding. PREVENTION/EVAL
RECOMMEND FOR FUNDING:  NO

Agency Budget:  $640,000
Project Budget:  $ 91,345
Requested Program:  $ 50,000  Requested Evaluation:  $10,000

Geographic Target:  Contra Costa, San Francisco, Santa Clara
Target Population:  Gay/bi Asian/Pacific Islander men
Other Funding:  Existing CDC grants to agency

Agency:  Holds existing AIDS agencies accountable to gay/bisexual A/PI community, creates/implements effective HIV prevention programming targeting gay/bi A/PI men, ensures culturally competent/comprehensive continuum of services for all A/PIs with HIV/AIDS.

Key Collaborators:  Asian Pacific AIDS Intervention Team (Los Angeles)

Research Question:  1) Longitudinal study to track risk behaviors and HIV status of gay/bi Asian/PI men; 2) Will community organizing to increase HIV competence among community leaders in addition to the standard intervention increase rates of HIV prevention service utilization among members of gay/bi Vietnamese men’s community in Santa Clara County compared to similar members in Orange County receiving only the standard intervention?

Key Project Elements:  1) Longitudinal study to collect data only; 2) Peer outreach to Vietnamese gay/bi men in two communities, additional group intervention consisting of twenty four 2.5 hour meetings to train/impact Vietnamese gay/bi community leaders in one of those communities. Follow-up to assess community-wide changes in behavior including health seeking behavior between the two sites.

Contact:  Craig Yee, Program Associate  415) 575-3948

NCG Status:  Previously funded for public policy. Performance and reporting fine.

REVIEWERS COMMENTS:

Strengths:
+Strong experience with target population and HIV
+Creative design

Weaknesses:
- key research question not compelling
- not clear why community leaders will want to participate
- sample size too small, especially if there are any retention problems with leadership
- not clear how leaders will disseminate values/norms

Financial Information (Consultant Analysis)  Staffed for full 24 months although portions
contributed from other sources. Includes rent, util, etc. $200 round trip LA/SF for five trips. Eval includes research psychologist, evaluator.

**Interview and Recommendations:** Project is well thought out. Motivations to participate and methods for educating and tracking have been considered. However, Task Force/CAPS not satisfied that the target population available in the experimental and control communities are large enough to allow findings of any significance. Not convinced that findings will have relevance to other communities. While it does not fit Task Force guidelines this year, the group recognizes that the proposed longitudinal study is worthwhile and encourages support from another source.
Don't Get Buried In Grants' Tomb

- Lisa Heft

Many of you who have involved in grantwriting for evaluation of health programs know that often the scientific community feels the evaluations we design for our AIDS prevention programs aren't rigorous enough and are too subjective. Many of us in community based organizations (CBOs) don't think scientists are sensitive to the clients and the people in the trenches. Funders don't know who to fund, because very few CBOs have evaluated their AIDS programs to show the results of an intervention. And everybody needs money in order to fund the damn evals in the first place. How do we compete for funding? How do we show the science world that programs we know work really do work; and how do we share that information with other agencies?

To change this dynamic, the Center for AIDS Prevention Studies (CAPS) and Northern California Grantmakers (NCG) AIDS Task Force have joined together with CBOs to develop and fund evaluation studies on AIDS in a unique new partnership: the AIDS Prevention and Evaluation Initiative. CAPS' goal is to "foster relationships between CBOs and CAPS researchers so that each benefits from the other's expertise." It's a proactive effort to encourage evaluation under rigorous guidelines, bring evaluation design and behavioral research knowledge to CBOs, and encourage CBOs to contribute to the body of scientific literature about AIDS prevention. And if our studies work, other funders may be encouraged to fund other agencies in similar studies.

CAPS and NCG solicited Requests For Proposals (RFPs) from a wide range of local AIDS agencies. From the 52 letters of intent they received, they invited 18 agencies to submit full proposals for evaluating AIDS interventions. Those 18 were then invited to participate in an exciting, demanding four-day workshop, where they learned everything from statistical analysis to the top ten "don'ts" in grantwriting. Proposed projects included everything from educational improvisational theater groups to touch-screen video tools placed in local bars to immigrant teen peer education programs to telephone talk line for group interaction.

I came as a representative of the New Conservatory Theatre Center. With the help of the CAPS-NCG workshop and CAPS scientists and statisticians, the Center and I designed a study to evaluate whether young people will benefit from their parents receiving AIDS interventions. We propose to bring our AIDS educational production "The Inner Circle" to several high schools. Young people will see the production and join in post-production discussion. A select group of parents will also see the show and participate in a Town Hall Meeting about AIDS and their community. We feel this inter-generational AIDS intervention will stimulate communication about AIDS.

It's my first experience at grantwriting, and I must say the workshops were challenging. My brain was tired but I loved learning so much information, and I was excited at the possibility of actualizing this proposal. Can we measure a change in communication? Will our project be funded? Perhaps I will have the answer in the next issue.

Speakers Bureau Revived

cont'd from pg. 1

was to help us recognize the differences that can exist between a speaker and an audience. These sessions were followed by the inspiring and practical advice of Deborah McLean, a consultant for Decker Communications.

At the end of the day, we gathered to recognize one of our fellow trainees, Stan Gallagher. The training was dedicated to Stan, who has been tireless in his commitment to HIV education. Chuck Frady presented Stan with a plaque bearing a photo of him and one of his sons, Scott, who died of AIDS. Witnessing this event was Stan's wife Evelyn and Scott's twin brother Steven.

Sunday -- I wonder if the dawn of this morning brought as much anxiety to vampire as it did to the trainees. Why? This was the day to videotape our presentations. Upon our arrival, we were greeted by the behind-the-scenes vols who did much to make the weekend a success. Then it was the hour for the appetites of the lions to be whetted. Actually, it was not that dramatic. All went well. Once we saw that no one was going to laugh at us, we settled down to polishing our presentations. The finest realization was of the wide variety of talents and gifts each of us brings to the Speakers Bureau.

So, here we come, world -- twenty-four newly-trained vols ready and willing to represent the San Francisco AIDS Foundation and speak about HIV at health fairs, corporate functions and schools and colleges in the Bay Area.
Agenda
TIE Core Meeting
12/13/93
2:30 pm, CAPS Main Conference Room

I. Introductions
II. Grantees and Grant Announcement
III. CAPS Technical Assistance
IV. Potential Assignments
V. Questions/Suggestions
VI. Next Steps
   • Program Master Calendar
   • Stipends
   • Work flowchart
Grantees:

Coalition for Immigrant and Refugee Rights and Services
East Bay Community Recovery Center
Face to Face
La Clinica de la Raza
Marin AIDS
Mid Peninsula YWCA
National Task Force on AIDS Prevention
New Conservatory Theatre
Stop AIDS
Tri-City Health Center
Youth Advocates

CAPS Investigators

Anne Christopher
Michael De Mayo
Maria Ekstrand
Bonnie Faigeles
Cynthia Gomez
Olga Grinstead
Tom Hall
Gary Harper
Mystery Programmer Analyst
Jay Paul
Susan Rubin
Fabio Sabogal
Ron Stall
Paul Whitaker
Plans for 1994 CAPS/NCG Prevention Initiative

Note: The schedule will be based on when interventions are run, but this is just to provide some frame of reference on which to base discussion.

Please assume that ongoing dialogue will take place between TIE Core Faculty and their assigned CBOs so that projects are moving through the process at a good pace. This would include consultation on the research protocol, questionnaire design, analytic plan, analysis, and interim reports. (Susan Rubin has proposed that the Ethics Core would assist CBOs in doing the CHR applications!) Statistical consultations will also be available.

Please think about the following questions:
• What is missing? What should we be giving them that doesn’t appear on this list?

• How should review sessions be set up? TIE faculty and funded CBOs could be convened twice a month for review sessions so that each group could get a review at each phase of project development and implementation. We could also use the existing peer review system and simply schedule CBOs onto the agenda. That way we wouldn’t have to have all funded CBOs or all TIE faculty on hand and could benefit from input of CAPS scientists outside of the project. On the other hand, we wouldn’t create the safer environment of the workshop’s small groups and CBOs would not help each other along in the same way.
Coarse Sandpaper Draft of What We Might Do to Support CBOs

<table>
<thead>
<tr>
<th>Month</th>
<th>Activities</th>
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</thead>
<tbody>
<tr>
<td>January</td>
<td>• Awards made</td>
</tr>
<tr>
<td></td>
<td>• First Core meeting/welcome and CHN requirements discussed</td>
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<tr>
<td></td>
<td>• CHN applications completed &amp; filed</td>
</tr>
<tr>
<td>February</td>
<td>• Seminar: Questionnaire development</td>
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<tr>
<td></td>
<td>• Questionnaires in development, peer reviews scheduled for drafts</td>
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<tr>
<td>March</td>
<td>• Reviews of final drafts of questionnaires</td>
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<td></td>
<td>• CHN approval received</td>
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<tr>
<td></td>
<td>• Seminar: Pilot testing</td>
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<td>• Pilot test plan set</td>
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<tr>
<td>April</td>
<td>• Pilot testing questionnaires/revisions</td>
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<tr>
<td></td>
<td>• Statistical review of questionnaires (coding, check for analytic potential</td>
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<tr>
<td></td>
<td>etc)</td>
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<tr>
<td>May</td>
<td>• Seminar: Data quality control</td>
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<tr>
<td></td>
<td>• In the field</td>
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<tr>
<td>June</td>
<td>• In the field</td>
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<tr>
<td></td>
<td>• Programming and data entry</td>
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<tr>
<td>July</td>
<td>• Seminar: Basics of statistical analysis &amp; how to work with the statistician</td>
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<td></td>
<td>• Review of preliminary base-line data</td>
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<td></td>
<td>• Consultations on analytic plans</td>
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<tr>
<td>Month</td>
<td>Activities</td>
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<tr>
<td>August</td>
<td>• Data analysis</td>
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<td>• Follow-up data collected and entered</td>
</tr>
<tr>
<td>September</td>
<td>• Seminar: Interpreting data using preliminary runs of actual data</td>
</tr>
<tr>
<td>October</td>
<td>• Seminar: What's in an Interim Report</td>
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<tr>
<td></td>
<td>• Data analysis and report drafting</td>
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<tr>
<td></td>
<td>• Review of draft reports</td>
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<tr>
<td>November</td>
<td>• Interim reports due including plans for next year and ways of incorporating findings</td>
</tr>
<tr>
<td>December</td>
<td>• Questionnaire revisions etc.</td>
</tr>
<tr>
<td></td>
<td>• Year II work plans</td>
</tr>
</tbody>
</table>
January 3, 1994

Kate Clayton
Project Director
Tri-City Health Center
38355 Logan Drive
Fremont, CA 94536

Dear Ms. Clayton:

We are pleased to be working with you as part of the Northern California Grantmakers AIDS Task Force/Center for AIDS Prevention Studies HIV Prevention Initiative. We hope that the collaborative work we undertake will provide useful information not only for your organization, but also for those providing HIV prevention services and funding locally and nationally.

As you know, CAPS will provide technical assistance in developing, implementing, analyzing data, and reporting results from your program evaluation. This entails helping you as you:

- Revise your evaluation plan
- Complete applications to the UCSF Committee on Human Research
- Develop protections for research participants
- Compose, pilot test, and field questionnaires
- CAPS will also oversee data entry (unless otherwise arranged)

In addition to these services, several CAPS resources will be available to you as part of this project:

- A CAPS investigator to provide ongoing consultation and access to resources.
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We are always available should questions arise. Please direct question regarding your relationship with CAPS to me at 597-9205 before January 10th, or Ellen Goldstein at 597-9325 after January 10. Program questions or those related to NCG procedures should be directed to Northern California Grantmakers.

We would like to welcome you and formally begin the project. Please join us for the first of the monthly meetings Wednesday, January 19th, from 3:00-5:00pm, in the main conference room at CAPS, 74 New Montgomery Street, Ste. 600. We will discuss any questions you may have, procedures, and prepare you to complete the application to the Committee on Human Research. RSVP to Susan Lausten at 597-9325.

Again, we are looking forward to working with you. We hope that together, and with the assistance of outside evaluators, we can develop a model for interagency collaboration that is useful in furthering effective HIV prevention efforts.

Sincerely,

Katherine Haynes Sanstad, Director
Technology & Information Exchange Core

cc: Thomas J. Coates, Director, Center for AIDS Prevention Studies
Ruth Tebbetts, Chair, AIDS Task Force, Northern California Grantmakers
Vicki Bunnett, Business Manager, Center for AIDS Prevention Studies
Ellen Goldstein, Community Liaison, Center for AIDS Prevention Studies
CAPS Technology & Information Exchange Investigators
January 3, 1994

Barry Zack
Education Director
Marin AIDS Project
1660 Second Street
San Rafael, CA  94901-2487

Dear Mr. Zack:

We are pleased to be working with you as part of the Northern California Grantmakers AIDS Task Force/Center for AIDS Prevention Studies HIV Prevention Initiative. We hope that the collaborative work we undertake will provide useful information not only for your organization, but also for those providing HIV prevention services and funding locally and nationally.

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CAPS Technology & Information Exchange Investigators
January 3, 1994

Kevin Walsh
Contracts and Grants Manager
STOP AIDS Project
201 Sanchez Street
San Francisco, CA 94114

Dear Mr. Walsh:

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CAPS Technology & Information Exchange Investigators
January 3, 1994

Cecile Cummings
Director AIDS Prevention Project
Mid-Peninsula YWCA
4161 Alma Street
Palo Alto, CA 94306

Dear Ms. Cummings:

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    CAPS Technology & Information Exchange Investigators
January 3, 1994

Alexandra Jacobs
Planner
La Clínica de la Raza-Fruitvale Health Project, Inc.
1515 Fruitvale Avenue
Oakland, CA 94601

Dear Ms. Jacobs:

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[Signature]

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    Ruth Tebbetts, Chair, AIDS Task Force, Northern California Grantmakers
    Vicki Bunnett, Business Manager, Center for AIDS Prevention Studies
    Ellen Goldstein, Community Liaison, Center for AIDS Prevention Studies
    CAPS Technology & Information Exchange Investigators
January 3, 1994

Andrea Learned
Executive Director
Face To Face/Sonoma County AIDS Network
115 Talbot Avenue
Santa Rosa, CA 95404

Dear Ms. Learned:

We are pleased to be working with you as part of the Northern California Grantmakers AIDS Task Force/Center for AIDS Prevention Studies HIV Prevention Initiative. We hope that the collaborative work we undertake will provide useful information not only for your organization, but also for those providing HIV prevention services and funding locally and nationally.

As you know, CAPS will provide technical assistance in developing, implementing, analyzing data, and reporting results from your program evaluation. This entails helping you as you:

- Revise your evaluation plan
- Complete applications to the UCSF Committee on Human Research
- Develop protections for research participants
- Compose, pilot test, and field questionnaires
- CAPS will also oversee data entry (unless otherwise arranged)

In addition to these services, several CAPS resources will be available to you as part of this project:

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We would like to welcome you and formally begin the project. Please join us for the first of the monthly meetings Wednesday, January 19th, from 3:00-5:00pm, in the main conference room at CAPS, 74 New Montgomery Street, Ste. 600. We will discuss any questions you may have, procedures, and prepare you to complete the application to the Committee on Human Research. RSVP to Susan Lausten at 597-9325.

Again, we are looking forward to working with you. We hope that together, and with the assistance of outside evaluators, we can develop a model for interagency collaboration that is useful in furthering effective HIV prevention efforts.

Sincerely,

Katherine Haynes Sanstad, Director
Technology & Information Exchange Core

cc: Thomas J. Coates, Director, Center for AIDS Prevention Studies
    Ruth Tebbets, Chair, AIDS Task Force, Northern California Grantmakers
    Vicki Bunnett, Business Manager, Center for AIDS Prevention Studies
    Ellen Goldstein, Community Liaison, Center for AIDS Prevention Studies
    CAPS Technology & Information Exchange Investigators
January 3, 1994

Tim Broadbent
Director of Planning, Grants & Development
Youth Advocates, Inc.
3310 Geary Blvd.
San Francisco, CA  94118

Dear Mr. Broadbent:

We are pleased to inform you that the UCSF Center for AIDS Prevention Studies has approved a one-year award of $9,800.00 for evaluation of the impact of a ten-session prevention intervention for high-risk youth in San Francisco. We anticipate supporting the evaluation for a second year pending satisfactory completion of this first year and continued program funding. We hope that the collaborative work we undertake will provide useful information not only for your organization, but also for those providing HIV prevention services and funding locally and nationally.

Funds will be distributed to you as follows: Half of the award will be paid upon the receipt of approval of your evaluation plan from the UCSF Committee of Human Research. The balance will be paid upon receipt of a satisfactory six-month progress report. This is the same report required by Northern California Grantmakers.

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    Ruth Tebbetts, Chair, AIDS Task Force, Northern California Grantmakers
    Vicki Bunnell, Business Manager, Center for AIDS Prevention Studies
    Ellen Goldstein, Community Liaison, Center for AIDS Prevention Studies
    CAPS Technology & Information Exchange Investigators
January 3, 1994

Reggie Williams, Executive Director
National Task Force on AIDS Prevention
631 O’Farrell Street
San Francisco, CA 94109

Dear Mr. Williams:

We are pleased to inform you that the UCSF Center for AIDS Prevention Studies has approved a one-year award of $9,812.00 for evaluation of the impact of intensive community outreach and prevention intervention with Black gay, bisexual and transgender men in San Francisco. We anticipate supporting the evaluation for a second year pending satisfactory completion of this first year and continued program funding. We hope that the collaborative work we undertake will provide useful information not only for your organization, but also for those providing HIV prevention services and funding locally and nationally.

Funds will be distributed to you as follows: Half of the award will be paid upon the receipt of approval of your evaluation plan from the UCSF Committee of Human Research. The balance will be paid upon receipt of a satisfactory six-month progress report. This is the same report required by Northern California Grantmakers.

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Vicki Bunnell, Business Manager, Center for AIDS Prevention Studies
Ellen Goldstein, Community Liaison, Center for AIDS Prevention Studies
CAPS Technology & Information Exchange Investigators
January 3, 1994

Lisa Heft
Project Consultant
The New Conservatory Theatre Center
25 Van Ness, Lower Lobby
San Francisco, CA 94102

Dear Ms. Heft:

We are pleased to inform you that the UCSF Center for AIDS Prevention Studies has approved a one-year award of $2,944.00 for evaluation of the impact of educational theater to youth and their parents in four sites in Napa, Solano, and Sonoma Counties. We anticipate supporting the evaluation for a second year pending satisfactory completion of this first year and continued program funding. We hope that the collaborative work we undertake will provide useful information not only for your organization, but also for those providing HIV prevention services and funding locally and nationally.

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     Vicki Bunnett, Business Manager, Center for AIDS Prevention Studies
     Ellen Goldstein, Community Liaison, Center for AIDS Prevention Studies
     CAPS Technology & Information Exchange Investigators
January 3, 1994

Ian Walker
Health Educator
East Bay Community Recovery Project
1107 East 14th Street
Oakland, CA 94606

Dear Mr. Walker:

We are pleased to inform you that the UCSF Center for AIDS Prevention Studies has approved a one-year award of $6,570.00 for evaluation of the impact of improvisational theater as a method for HIV/Prevention among substance abusers in recovery in Alameda County. We anticipate supporting the evaluation for a second year pending satisfactory completion of this first year and continued program funding. We hope that the collaborative work we undertake will provide useful information not only for your organization, but also for those providing HIV prevention services and funding locally and nationally.

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Vicki Bunnell, Business Manager, Center for AIDS Prevention Studies
Ellen Goldstein, Community Liaison, Center for AIDS Prevention Studies
CAPS Technology & Information Exchange Investigators
January 3, 1994

Monica Hernandez
HIV Program Director
Coalition of Immigrant & Refugee Rights & Services (CIRRS)
995 Market Street, #1108
San Francisco, CA 94103

Dear Ms. Hernandez:

We are pleased to inform you that the UCSF Center for AIDS Prevention Studies has approved a one-year award of $10,000 for evaluation of the impact of Mujeres Unidas y Activas on HIV risk behaviors among Latina immigrant women. We anticipate supporting the evaluation for a second year pending satisfactory completion of this first year and continued program funding. We hope that the collaborative work we undertake will provide useful information not only for your organization, but also for those providing HIV prevention services and funding locally and nationally.

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Technology & Information Exchange Core

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    Ellen Goldstein, Community Liaison, Center for AIDS Prevention Studies
    CAPS Technology & Information Exchange Investigators
Northern California Grantmakers AIDS Task Force
UCSF Center for AIDS Prevention Studies
Prevention Initiative
Monthly Meetings

AGENDA

3:00 - 3:15  Meet and Mingle

3:15 - 3:45  Welcome and Introductions
             Each project (staff and project)
             Working pairs
             Hand out rosters

3:45 - 4:00  Schedules (meetings)
             Hand out proposed meeting dates/topics

4:00 - 4:20  Reporting Requirements
             Paperwork
             -MOUs
             -Financial reporting
             -Six month and final reports

4:20 - 4:45  Committee on Human Subjects Discussion
             Sign up for consultation time

4:45 - 5:00  Q & A
CBOs and TIE Core Addresses & Phone Numbers 1994

Coalition of Immigrant & Refugee Rights & Services (CIRRS)
995 Market Street, #1108, San Francisco, CA 94103
Phone: 415/243-8215 FAX: 415/243-8628
Emily Goldfarb, Executive Director
Monica Hernandez, HIV Program Director 415/243-8908

East Bay Community Recovery Project
1107 East 14th Street
Phone: 510/832-0245 FAX: N/A
Executive Director - Joan Ellen Zweben
Madelyn Stone, AIDS Project Director
Ian Walker, Health Educator

Face To Face/Sonoma County AIDS Network
115 Talbot Avenue, Santa Rosa, CA 95404
Phone: 707/433-3942 Fax: 707/544-1586
Andrea Learned, Executive Director
Pat Schaefer, Education Program Director

La Clinica de la Raza- Fruitvale Health Project, Inc.
1515 Fruitvale Avenue, Oakland, CA 94601
Phone: 510/535-4000 FAX: 510/535-4189
Executive Director: Jane C. Garcia MPH
Alexandra Jacobs, Planner
Oscar Beita MD MPH, Community Health Education Supervisor
Quynh Tran, contact person

Marin AIDS Project
1660 Second Street, San Rafael, CA 94901
Phone: 415/457-2487 FAX: 415/457-5687
Executive Director - Janet Gorewitz
Barry Zack, Education Director

Mid-Peninsula YWCA
4161 Alma Street, Palo Alto, CA 94306
Phone: 415/494-0993 FAX: 415/494-0972
Executive Director - Kay Philips,
Cecile Cummings, Director AIDS Prevention Project
Joann Wong, Director Fund/Image Development

National Task Force on AIDS Prevention
631 O’Farrell Street, San Francisco, CA 94109
Phone: 415/749-6700 FAX: 415/749-6706
Executive Director - Reggie Williams
Steve Feeback, Director of Multimedia Development
Tony Glover, Brothers Network Director
The New Conservatory Theatre Center  
25 Van Ness, Lower Lobby, San Francisco, CA 94102  
Phone: 415/861-4914  FAX: 415/861-6988  
Executive Director, Ed Decker  
Lisa Heft, Project Consultant  

STOP AIDS Project  
201 Sanchez Street, San Francisco, CA 94114  
Phone: 415/621-7177  FAX: 415/252-5352  
Executive Director, Fred Sonenberg  
Dan Wohlfeiler, MPH, Education Director  
Tom Lindsay, Outreach Coordinator  

Tri-City Health Center  
38355 Logan Drive, Fremont, CA 94536  
Phone: 510/790-3305  FAX: 510/794-9921  
Executive Director - Fern Kaukonen  
Kate Clayton, Project Director  
Alicia Perez, Prevention Specialist  

Youth Advocates, Inc.  
3310 Geary Blvd., SF 94118  
Phone: 415/668-2622  FAX: 415/668-0631  
Executive Director - Bruce Fisher  
Tim Broadbent, Director of Planning, Grants & Development  
Dale Frett, Peer Education Coordinator  
Michelle Magee, Associate Director for San Francisco Programs  

TIE Core team:  
74 New Montgomery, Suite 600  
San Francisco, CA 94105  FAX 597-9213  

Kyung-Hee Choi  597-9281  
Michael DeMayo  597-9390  
Maria Ekstrand  597-9160  
Bonnie Faigeles  597-9307  
Ellen Goldstein  597-9396  
Cynthia Gomez  597-9267  
Olga Grinstead  597-9168  
Tom Hall  597-9119  
Gary Harper  597-9208  
Katherine Haynes Sanstad  597-9205  
Susan Lausten  597-9325  
Jay Paul  597-9201  
Susan Rubin  597-9199  
Fabio Sabogal  597-9145  
Ron Stall  597-9155
CAPS/Northern California Grantmakers  
Preliminary Schedule 1994

Please note: This is a suggested schedule of activities. We understand that project schedules will vary. In order to provide information that will help each project progress, however, we will offer topical seminars once a month (Dates TBD) and ask two agencies to briefly report on their projects. You will note that no seminar is specified for some months. We want your input on what would be helpful so we have left some space for special topics.

<table>
<thead>
<tr>
<th>Date</th>
<th>Activities</th>
</tr>
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<tbody>
<tr>
<td>December</td>
<td>• Awards notices received</td>
</tr>
<tr>
<td>January 19th, 3-5 pm</td>
<td>• First Meeting/welcome and CHR requirements discussed</td>
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<tr>
<td></td>
<td>• CHR consultations set up</td>
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<tr>
<td>February</td>
<td>• Seminar: Questionnaire development</td>
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<td></td>
<td>• Project Report Backs</td>
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<td></td>
<td>• Questionnaires in development, peer reviews scheduled for drafts</td>
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<tr>
<td>February 28th</td>
<td>• CHR applications completed &amp; filed</td>
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<tr>
<td>March</td>
<td>• Reviews of final drafts of instruments</td>
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<td></td>
<td>• CHR approval received</td>
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<tr>
<td></td>
<td>• Seminar: Pilot testing, Project Report Backs</td>
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<td></td>
<td>• Pilot test plan set</td>
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<tr>
<td>April</td>
<td>• Pilot testing questionnaires/revisions</td>
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<td></td>
<td>• Statistical review of questionnaires (coding, check for analytic potential etc)</td>
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<tr>
<td></td>
<td>• Seminar: Topic TBD</td>
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<tr>
<td>May</td>
<td>• Seminar: Data quality control, Project Report Backs</td>
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<tr>
<td></td>
<td>• In the field</td>
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<tr>
<td>Month</td>
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</tbody>
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| June    | • In the field  
         | • Programming and data entry  
         | • Seminar: Special Topic TBD |
| July    | • Seminar: Basics of statistical analysis  
         | & how to work with the statistician  
         | Project Report Backs  
         | • Review of preliminary base-line data  
         | • Consultations on analytic plans |
| August  | • Seminar: Special Topic TBD  
         | • Data analysis  
         | • Follow-up data collected and entered |
| September | • Seminar: Interpreting data using  
           | preliminary runs of actual data |
| October | • Seminar: What’s in an Interim  
           | Report |
|         | • Data analysis and report drafting  
         | • Review of draft reports |
| November | • Seminar: Special Topic TBD  
           | • Interim reports due including plans  
           | for next year and ways of incorporating findings |
| December | • Seminar: Special Topic TBD  
           | • Questionnaire revisions etc.  
           | • Year II work plans |