

# **HIV Prevention Efforts in California**

## **Perspectives on Outreach to Communities of Color**



**Project by  
Multicultural Training Resource Center**

**Funded by  
California State Office of AIDS**

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# **HIV Prevention Efforts in California:**

## **Perspectives on Outreach to Communities of Color**

### ***Introduction***

Since 1988, the Minority AIDS Resource Center (MARC), of the Multicultural Training Resource Center (MTRC), has contracted with the State Department of Health Services, Office of AIDS to provide Multicultural AIDS Prevention Services to Office of AIDS Contractors/Providers who service minority clientele populations. MARC services have been inclusive of, but not limited to:

- Training
- Technical Assistance
- Information Acquisition/Dissemination
- Materials Development/Adaptation
- Communities of Color Networking/Coalition Building

During FY 1990-1991, (MARC) contracted with the State Department of Health Services, Office of AIDS, to implement a Scope of Work which would identify specific OA programs/projects to receive MARC TA-related services. The overall goal for the MARC project is to serve as a catalyst to the State Office of AIDS and the OA Contractors in establishing a cooperative process that will enhance efforts to provide AIDS prevention and education services to People of Color populations throughout California. The desired outcome of the MARC Scope of Work for FY 90-91 is to facilitate a consensus process in defining the future of AIDS related services to People of Color Communities.

### ***Methodology***

In collaboration with the State Office of AIDS, MARC staff (See Appendix A for MARC Technical Assistance Staff) developed a plan for identifying and addressing the needs of OA contractors across four classifications:

- Urban Health Departments
- Rural Health Departments
- Urban Community Based Organizations
- Rural Community Based Organizations

Office of AIDS programs/projects were further selected for attention/intervention based upon their provision of services to minority and/or high risk populations.



To begin to address and identify which OA programs/projects would receive MARC technical assistance services, an analysis of the MARC technical assistance reports was made to provide a sampling of ethnic AIDS-related requests:

- 28% - of ethnic specific TA concerned African Americans
- 17% - of ethnic specific TA concerned Latinos
- 4% - of ethnic specific TA concerned Asian/Pacific Islanders
- 11% - of all TA regarding AIDS concerned women/perinatal issues
- 4% - of all TA regarding AIDS referred to youth
- 1% - of all TA referred to men
- 35%- of all TA requested video information (reference, referral and lending)

With the aforementioned factors in mind, an OA Contractors Needs Assessment was designed and analyzed to determine which programs/projects should receive MARC TA services (See Appendix B).

Of 150 CBO's and Health Centers, 25 agencies were identified to receive MARC TA services. A final selection process between MARC and OA staff confirmed 16 program/projects: 4 Urban CBOs, 4 Rural CBOs, 4 Urban Health Departments, and 4 Rural Health Departments (For Listing, see Appendix C).

A program-focused Technical Assistance Assessment was developed by MARC staff, with the assistance of Dr. John Peterson of MIRA (See Appendix D). Following MARC/OA letters of introduction sent, and logistical arrangements made, the 16 programs were sent the Technical Assistance Assessment and asked to respond and return the questionnaire by mail. The Questionnaire was utilized by MARC staff as the basis for interviews and dialogue during the initial Site Visits.

The purpose of the initial Site Visit was for programmatic assessment towards identifying programmatic needs. It was critical for MARC staff to articulate this to providers, as some expressed concern that they were being evaluated or inspected.

Results from the initial site visits enabled MARC staff to develop methods and strategies for meeting the needs of the agencies visited. Findings, methodologies and strategies are made available through this report, to be shared and expanded by:

*4 Community Forums* - these Forums will allow the Health Departments and the CBO's to meet separately to discuss the findings of this report, and provide a mechanism for further input to this report. (For Community Forums Schedule, See Appendix E). The Community Forums are designed to provide information regarding the MARC TA process, and to obtain further information from OA Contractors (See Appendix E, MARC Forum Feedback). From this process, MARC staff will expand this report. The Community Forums lay the foundation for the Consensus and Collaboration Workshop, scheduled June 13-14, 1991.

*Multicultural Interventions: Consensus and Collaboration Workshop* - this Workshop will provide a mechanism for reviewing the latest draft of this report, integrating cultural specific recommendations, information sharing, and coming to consensus regarding multicultural issues and cultural specific issues for the work of AIDS Education and Prevention.



*8 Member Advisory Committee* - From the Consensus and Collaboration Workshop, 8 participants will be chosen, representative of the four ethnic groups: Native American, African American, Asian/Pacific Islanders, Latino/Hispanic. The major task of this 8 member Advisory Board is to gather consensus of their constituents, and from this process define issues that the Office of AIDS needs to address in providing multi-ethnic focused AIDS Prevention/Education Services to multicultural clientele populations in the state of California.

The MARC Scope of Work for FY 1991-92 will further examine the specific technical assistance needs for the 16 targeted agencies, the coordination needs for MARC, as well as to coordinate the needs of the Office of AIDS and the 8 Member Advisory Committee and other needs identified from the People of Color Consensus Workshop.



## ***Findings***

The purpose of the initial Site Visit was for programmatic assessment towards identifying programmatic needs. Results from the initial site visits enabled MARC staff to develop methods and strategies for meeting the requested needs of the agencies visited. Follow-up technical assistance was provided by MARC staff through an additional visit with the program, and/or information dissemination, and/or telephone contacts. The Findings section of this report will address issues specific to minority and/ or high risk populations, across four classifications:

*Urban Health Departments*  
*Rural Health Departments*  
*Urban Community Based Organizations*  
*Rural Community Based Organizations*

## **Urban Health Departments**

The Urban Health Departments, identified for the MARC TA Process were:

Sacramento County Health Department \*  
Contra Costa County Health Department  
Pasadena Department of Public Health  
Berkeley Department of Health & Human Services

The predominant minority populations being targeted for services are African Americans and Latino/Hispanic clientele.

### **Problems/Barriers**

Problems and/or barriers which have been encountered in service provision efforts for these populations include:

Language Barriers  
Difficulty in gaining community access  
Ongoing staff transition/turnover  
Duplication of Services  
Difficulty in structuring effective Outreach Services  
Difficulty in establishing effective and ongoing Networks

### **Successes**

Success, identified for Urban Health Departments in addressing service provision efforts for the African American and Latino/Hispanic clientele populations includes:

Effective service provision is increased due to the utilization of Community Based Organizations (CBO's) in the delivery of culturally applicable services

Increased cooperative program efforts between Clinics, CBO's, and Community meetings enhance service delivery, and decreases likelihood of duplicated services

Increased collaborative efforts are increased when pre-established programs, such as WIC, are linked with Urban Health Department projects.

Language Barriers effectively overcome when programs such as English as Second Language (ESL) are linked to Urban Health Department projects.

### **Needs**

There are model components to many of the Urban Health Departments efforts. Getting the word out as to "What Works" is critical, especially towards increasing effective Outreach Strategies/Services, effective Networking and increasing collaborative efforts (therefore decreasing duplicative services) with communities of the clientele populations. In part, this need is being addressed through the MARC Scope of Work.

Accountability and Quality Control were discussed as being difficult to manage. A review of Accountability and Quality Control Assessments/Instruments should be made to determine their relevance/applicability to the agent who is doing the work (i.e. CBO).



In general, a mechanism needs to be put in place to ensure that Office of AIDS Urban Health Departments are kept current on HIV AIDS issues, Cultural Issues for their specific targeted populations, Multicultural Process Issues for Program Management/Expansion.

Educational materials need to be updated. Low Literacy Materials/Visuals need to be developed where need is identified. Materials in Spanish need to be developed/provided where needed.

*\* Information provided by Sacramento County Health Department is limited to telephone contacts from MARC Technical Assistance Staff.*

## Rural Health Departments

The Rural Health Departments which participated in the MARC TA Process were:

Santa Barbara County Health Department  
Butte County Public Health Department  
Tehama County Department of Health  
San Joaquin Local Health District

The predominant minority populations being targeted for services are African American, Latino/Hispanic, and Native American clientele.

### Problems/Barriers

Problems and/or barriers which have been encountered in service provision efforts for these populations include:

Difficulty reaching or low success rates in reaching the African American population

Materials and/or strategies utilized to reach/work with minority populations do not reflect cultural specificity and its relevance to those populations

Physical isolation increases difficulty for collaborative efforts and networking with other entities, CBO's, for instance

Small numbers of minorities makes Outreach Strategies more difficult to implement

Lack of information or ethnic/cultural representation amongst program staff decreases programmatic effectiveness and credibility

Materials Dissemination to targeted populations is mostly ineffective for populations who are 1st language Spanish-speaking, or have low literacy skills

Evaluation Instruments, utilized to determine program effectiveness are oftentimes inappropriate for the targeted populations, or sometimes outdated.

### Successes

Success, identified for Rural Health Departments in their service provision efforts for African American, Latino/Hispanic and Native American clientele includes:

The development a successful activity/game for clients, called AIDS Jeopardy.

Effective coordination of HIV Education Services, due to a one-staff Coordinator position, enabling a "Big Picture" approach to services rendered.

Enhanced comprehensive services due to connections with pre-established institutions (such as WIC), collaborative efforts with other agencies/community groups.



The identification or development of effective service delivery strategies, specific and relevant to the "structure" or "culture" of Rural Health Departments needs to be explored and expanded. Clearly, Rural Health Departments have problems and barriers servicing minority populations which are distinct from other client service entities. Physical isolation, in and of itself is a major factor for design considerations.

Where small numbers of minorities are identified as high risk populations, trainings, technical assistance, and materials dissemination from ethnic/cultural perspectives needs to be initiated and made part of the programmatic plan, if the overall goal/plan is to provide relevant and applicable services to minority clientele.

Updated educational materials, such as brochures and videos needs to be provided. Prior to the provision of these, technical assistance from cultural/ethnic representatives needs to take place to assess and determine "What works" for specific cultural populations.

How To's regarding Networking, Collaborative Service Provision, Coalition-Building, needs to be provided. Cross-Sharing (of successes and why they were successes) between Rural Health Departments would be an effective start.

## Urban Community Based Organizations

The Urban Community Based Organizations which participated in the MARC TA Process were:

Drug Consultants, Inc.  
Orange County Center for Health, Inc.  
Watts Health Foundation, Inc.  
Asian American Recovery Services

The predominant minority populations being targeted for services are African Americans and Latino/Hispanic and Asian American clientele.

### Problems/Barriers

Problems and/or barriers which have been encountered by Urban CBO Service Providers in their service provision efforts include:

Disproportionate funding for minority clientele services, which in translation looks like preferential services for one ethnic group over another;

Language Barriers (Latino/Hispanic and Asian clientele);

Service Delivery Transference - the attempt to take service delivery methods which were developed for one ethnic/cultural population, and adapt these methods for utilization with another ethnic/cultural population;

A lack of clarity regarding what "the next step" for enhancing service delivery is or should be;

Targeted minority population is "geographically scattered", thus little to no anchoring point is provided for "community focused" services;

Lack of low literacy and visual materials;

Establishing multicultural representation to networking efforts is difficult.

### Successes

Success, identified for Urban Community Based Organizations, in their service provision efforts for African American, Latino/Hispanic and Asian American clientele include:

Effective models for Peer to Peer Programs for youth;

Increased ability to provide comprehensive services to targeted client populations due to multilevel funding;

Designing and implementing services for African Americans from a Cultural-Specific frame of reference has increased effectiveness to the African American client population.

Increased "reach" for outreach services due to community connections, as well as linkages to pre-established programs;



Information dissemination as an effective strategy for reaching cultural populations who are more comfortable with "indirect" AIDS Prevention/Education messages.

### Needs

Programs which are expanding their Service Delivery reach beyond one specific ethnic group will need technical assistance in adapting their current strategies, or in developing new strategies to meet the needs of the new client population.

#### Low Literacy/Visual Materials Development

Strategies and skills for building Networks, Advisory Groups and Coalitions

Beyond Service Delivery expansion, internal Organizational Development (i.e. Program development, Board of Directors, Program Staff) will need to be focused on from a Multicultural process-oriented perspective (culture is valid; representation, then input is critical). Individual Agency reports reflect this need in requests for trainings and technical assistance regarding:

Organizational Development Strategies

Communication Techniques,

Ethnic Staff Representation to match the Clientele Population

Information for Recruiting People of Color to Networks

Service Delivery

Evaluation materials, etc.

## **Rural Community Based Organizations**

The Rural Community Based Organizations which participated in the MARC TA Process were:

Northern California Coalition for Rural Health, Inc.  
Nipomo Community Medical Center, Inc.  
Alliance Medical Center  
San Benito Health Foundation

The predominant minority populations being targeted for services are Latino/Hispanic and Native American clientele.

### **Problems/Barriers**

Problems and/or barriers identified for Rural CBO's in their service provision efforts for Latino and Native American populations include:

Lack of community input to Service Delivery efforts

Lack of skills/strategies for reaching Youth and other "Hard to Reach" Populations

Language Barriers

Ethnic Barriers; lack of familiarity regarding client's cultural "frame of reference"

Physical Isolation

Hidden populations are problematic for Outreach-focused services

Lack of strategies re: Networking, Collaboration-building

### **Successes**

Success, identified for Rural Community Based Organizations in their service delivery efforts include:

Outreach Services which are effective when representation of staff to client is in place (cultural match);

Service Delivery which is enhanced by organizations who are linked to existing institutions (i.e. WIC, formal community gatherings, colleges, family planning programs);

Community Networking which is enhanced through staff members who live in the same community as where they are providing services;

Client Service Delivery which is enhanced if Outreach focuses on catching the clients where they take breaks and/or congregate;

Effective Services to monolingual clients, due to program design which is Verbal in orientation, and supporting materials which are visual rather than written.



### Needs

Model visually-oriented materials exist, targeting Latino/Hispanic low literacy populations. The sharing and possible replication of these should be further explored. Strategies/Skills Building is needed to enhance Networking, Coalition Building, and Collaboration Development.

Factors such as hidden populations, physical isolation, hard to reach populations needs to be examined closely towards assessing methodologies being designed, with these factors appropriately weighted.

Cultural "frame of reference" from organization/staff perspective needs to be examined in light of the cultural populations being targeted for services.

# CONCLUSIONS

Throughout the technical assistance process, MARC staff noted that commitment and concern was expressed and exhibited by all the participating programs. Service delivery which reflected relevance and appropriateness to the targeted populations was a high priority for many of the participating programs.

In identifying the needs across/specific to the four classifications:

*Urban Health Departments*  
*Urban Community Based Organizations*  
*Rural Health Departments*  
*Rural Community Based Organizations*

A Needs Assessment chart (Figure 2) has been developed to facilitate comprehension related to MARC technical assistance findings.

In addition, the following general conclusions were drawn:

Programs which served captive populations such as schools, correctional facilities and youth counseling centers had institutional advantages (i.e. not having to "round up" their audiences) over programs which served "non-captive" populations. However, institutional prohibitions regarding condom distribution, or perhaps cleaning/distributing clean needles turned out the "captive audience" advantage into a disadvantage.

When communities of color are addressed, staff representatives who are from those communities are trusted and accepted as having immediate credibility. Community and/or cultural "outsiders" are initially received with mistrust. This is sometimes a costly, time-consuming and difficult barrier to overcome.

Informational materials are oftentimes not readily available, especially when cultural relevance/applicability is needed. Examples are:

*Low literacy Materials*

*Dialect/language materials for Spanish speaking and various Asian populations.*

Many programs do not have budgets large enough to expand their materials acquisition/dissemination to meet their needs, especially where the cultural relevance/applicability issue is concerned.



FIGURE 2

**Needs Identified by MARC Through  
Onsite Technical Assistance Assessments**

|                                                                                                                                                                                                  | Urban<br>Health Depts. | Urban<br>CBOs | Rural<br>Health Depts. | Rural<br>CBOs |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------|------------------------|---------------|
| 1. Effective Networking, Coalition Building and advisory group strategies to share success models, develop collaborative approaches and reduce duplicate efforts.                                |                        |               |                        |               |
| 2. Availability of more appropriate materials for charts which take into account low literacy levels, need for up-to-date information, cultural differences, and language differences (Spanish). |                        |               |                        |               |
| 3. Skill development for staffs in dealing with sexuality, behavior change and use of peers from cultural perspectives.                                                                          |                        |               |                        |               |
| 4. Current information regarding AIDS, it's impact on minorities and STD for program planning.                                                                                                   |                        |               |                        |               |
| 5. Assistance in developing culturally appropriate program management approaches which foster effective multicultural assessments program service delivery.                                      |                        |               |                        |               |
| 6. Assistance in developing more effective outreach strategies to better serve specific cultural groups, hidden populations, and small isolated populations.                                     |                        |               |                        |               |
| 7. Strategies for impacting community social norms which sanction high risk behaviors.                                                                                                           |                        |               |                        |               |



HIV Updates, Behavior Change Models and Staff Development Trainings seems to be limited for contractors. Staying current on HIV issues, having access to what works and moving forward organizationally are ongoing needs for each and every OA contractor. This is particularly important for rural agencies which have fewer opportunities for informal provider networking than their urban counterparts.

In rural areas the challenge facing both CBOs and Health Departments are distinct to rural populations. It is often difficult to identify recognized or informal groupings of target populations, particularly in areas where People of Color are smaller percentages of the population.

Rural area CBOs and Health Departments often feel that models of service delivery provided to them are of "urban" design. Many providers feel that curricula developed for urban areas has little to no use with rural populations.

Urban Health Departments and CBOs have more resources in:

*numbers of clients*

*other CBOs*

*public and social groups*

*and other community contacts*

They also tend to have developed broad-based constituents, either in the development of Community Advisory Boards or incorporated program designs.

Health Departments, both rural and urban often receive AIDS related funding from several sources. In some instances this means that identical services are being provided to separate populations without access to cross project communication. Staff from both programs are separate and rarely able to collaborate or join their efforts. Thus, joint purchases of materials or sharing of materials and funding are not possible.



## RECOMMENDATIONS

As of December 31, 1990, 31,644 people have been diagnosed with AIDS in California. 20,764 have died. Heterosexual transmission is on the rise, Pediatric AIDS is on the rise, and during 1990, 30% of California's AIDS cases were minorities. The largest percentage change increase were among African Americans, at 16.4%. This compares to a 12% increase among Whites, a 9.5% increase among Latinos and a less than 1% increase in Asian/Pacific Islanders.

MTRC was privileged to get a rare view of statewide educational efforts to minority populations. Based on the expertise that was expanded as a part of our involvement, and our unwavering commitment to the work of AIDS for People of Color communities, we offer the following recommendations:

1. Organizations who request technical assistance and trainings to more effectively service their target populations are oftentimes not the agencies who are having the most problems. Numerous requests can oftentimes be correlated to greater comfort level with service delivery efforts. Resistance to receive/request training and technical assistance might be indicative of discomfort with the quality of service being provided. Barriers such as discomfort and resistance get in the way of collaborative effort and effective service delivery. Program assessments from an interactive perspective rather than a technical perspective should be an ongoing process from the Office of AIDS. The MARC Technical Assistance process reflected the advantages of utilizing interactive strategies to access information.
2. Barriers to Behavior Change Strategies are often reflected in conflicts with community attitudes or community cultural norms, i.e. *drug abuse is wrong, therefore no clean needle strategies*; various views regarding sexuality is in conflict with condom usage/distribution. When designing Behavior Change Models for cultures within communities, designs need to reflect the attitudes of the specific communities being targeted for services (cultural specific/community specific strategies).
3. Distinctions should be made between "high risk" population and "at risk" populations. Service delivery in design should be quite different for these distinct populations. Strategies sometimes reflect ethnic related perspective only.
4. Given the amount of funds a program might receive to provide AIDS-related services, assessments need to be made in terms of whether a program should provide direct services, or indirect services.



Start-up programs sometimes feel overwhelmed with the increased amount of work for the funds provided. Collaborative efforts and supportive services could be encouraged, with assistance provided from the Office of AIDS regarding effective accountability and quality control strategies.

5. Although many programs are provided with statistical information related to STD rates among youth, few programs build/design strategies utilizing this information as a basis for design. If programs have done this, they should be identified and if they have model programs in place, information-sharing should be considered.

6. Many model programs and activities exist. A mechanism for ongoing identification and sharing should be structured, to reduce "the reinventing of the wheel" phenomenon.

7. The Office of AIDS should encourage/mandate that training/technical assistance be a built-in plan to all new programs starting up and for all programs which are expanding their services to meet the needs of "new" cultural populations. Otherwise, staying abreast of the need decreases in likelihood.

8. Across the four classifications: Urban Health Departments, Rural Health Departments, Urban CBOs, Rural CBOs, distinct findings, successes, needs and recommendations were laid out. These findings should be closely reviewed to gain specific information regarding each entity.

9. Lastly, the Office of AIDS should continue to work closely and collaboratively with the MARC project of MTRC. As well, OA providers should be encouraged to work with the MARC project so that efforts such as those reflected in this report can be identified, shared and expanded to ensure quality People of Color AIDS-related services.



# **Appendix A**

## **MARC Technical Assistance Staff**

## **MARC TECHNICAL ASSISTANCE STAFF:**

**Project Director - Ellice Parker, *African American***

**Librarian/Information Specialist - Jim Jackson, *African American, Gay***

**Technical Assistant/Trainer - Ernest Andrews, *African American, Gay***

**Technical Assistant/Trainer - Flor Sanchez, *Puerto Rican, Gay***

**Technical Assistant/Trainer - Verne Balagot, *Asian American***

***Project Development and Direction was provided by:***

**Sala Udin, Byron Kunisawa, Dorthy Lebron of MTRC; and Michael Colbert, Office of AIDS Contract Consultant**



**Appendix B**

**Needs Assessment**  
**Criteria Scale**

Ethnic Population Code:  
 A - Asian/Pacific Islander  
 B - Black  
 C - Latino  
 D - Native American  
 E - White

MTRC  
 NEEDS ASSESSMENT CRITERIA SCALE

HIGHEST RISK:  
 Youth-Young Adults

| ORGANIZATION                                | ETHNIC POP. |     |      |     |     | WOMEN IN |         | IVDU/SEX<br>PARTNERS | ONLY<br>YOUTH | T/A FROM<br>MARC | FUNDING<br>STATUS                                              | PRIORITY |
|---------------------------------------------|-------------|-----|------|-----|-----|----------|---------|----------------------|---------------|------------------|----------------------------------------------------------------|----------|
|                                             | A           | B   | C    | D   | E   | CHILD    | BEARING |                      |               |                  |                                                                |          |
| Mother Lode Comm.<br>Health Centers, Inc.   | x           | x   |      | x   | x   | x        |         |                      | x             |                  | The<br>office<br>of AIDS<br>can not<br>prov.<br>this<br>infor. | R-NM5    |
| San Joaquin AIDS<br>Foundation              | 4%          | 7%  | 16%  | 1%  | 80% |          |         | 42.00%               | 1.00%         |                  | It is<br>classified<br>confident<br>info.                      | R NO 4   |
| Bette Hinton, M.D.                          | N/A         |     |      |     |     |          |         | x                    |               |                  |                                                                |          |
| Agric. Health Care<br>Workers, Inc.         |             |     | 100% |     |     |          |         | x                    |               |                  |                                                                |          |
| Planned Parenthood-San<br>Joaquin           | x           | x+  | x+   |     | x+  | x        |         | x                    | x             |                  |                                                                |          |
| Shasta County Dept. of<br>Health            | 2%          | 2%  | 5%   | 16% | 76% |          |         | 10.00%               | 33.00%        |                  |                                                                | R HJ 4   |
| Tehama County Dept. of<br>Health            | 1%          | 1%  | 11%  |     |     |          |         |                      |               |                  |                                                                | R HJ 4   |
| Yolo County Public<br>Health                | x           | x   | x+   | x   | x   | x        |         | x                    | x             |                  |                                                                |          |
| Plumas Co. School                           |             |     |      |     | x   | x        |         |                      | x             |                  |                                                                |          |
| Mendocino Co. Hlth.<br>Dept.                |             |     | x    | x   | x   |          | x       | x                    | x             |                  |                                                                |          |
| Sonoma Co. Public<br>Hlth. Dept.            | x           | x   | x    | x   | x   |          | x       | x                    | x             |                  |                                                                |          |
| San Joaquin Local<br>Hlth. Dist.            | 3%          | 26% | 48%  | 1%  | 22% |          |         | 26.00%               | 12.00%        |                  |                                                                | R HJ 3   |
| Humboldt-Del Norte Co.                      | 6%          | .5% | 3%   | .4% | 87% |          |         |                      |               |                  |                                                                |          |
| Placer Co. Dept. of<br>Hlth & Medical Serv. |             |     | x-   |     | x+  | x        | x       | x                    |               |                  |                                                                |          |
| County of Nevada                            |             |     | 3%   |     | 96% |          |         | x                    | x             |                  |                                                                |          |
| Sonoma Co. People for<br>Ecc. Opp.          | x           | x+  |      | x   |     | x        |         | x                    | x             |                  |                                                                | R NM 4   |



Ethnic Population Code:  
 A - Asian/Pacific Islander  
 B - Black  
 C - Latino  
 D - Native American  
 E - White

MTRC  
 NEEDS ASSESSMENT CRITERIA SCALE

HIGHEST RISK:  
 Youth-Young Adults

| ORGANIZATION                         | ETHNIC POP. |     |     |     |     | WOMEN IN<br>CHILDBEARING | GAY | IVDU/SEX<br>PARTNERS | ONLY<br>YOUTH | T/A FROM<br>MARC | FUNDING<br>STATUS | PRIORITY |
|--------------------------------------|-------------|-----|-----|-----|-----|--------------------------|-----|----------------------|---------------|------------------|-------------------|----------|
|                                      | A           | B   | C   | D   | E   |                          |     |                      |               |                  |                   |          |
| El Dorado Co. Hlth. Dept.            |             |     |     |     | X   | X                        | X   | X                    | X             |                  |                   |          |
| Butte Co. Hlth. Dept.                |             | 5%  | 30% | 3%  | 70% |                          |     | 20.00%               | 20.00%        |                  |                   | R HJ 5   |
| San Fran. AIDS Foundation            | X           | X   | X   | X   | X   | X                        | X   | X                    | X             |                  |                   |          |
| City and Co. of San Francisco        |             | X   | X   |     |     |                          |     | X                    | X             |                  |                   | U HJ 2   |
| Asian American Rec. Svcs., Inc.      | 95%         | <1% | <1% | <1% | 4%  |                          |     |                      |               | X                |                   | U MO 2   |
| CAL-PEP                              | X           | X   | X   | X   | X   |                          |     | X                    |               |                  |                   |          |
| Haight Ashbury Free Clinics Inc.     | N/A         |     |     |     |     |                          |     |                      |               |                  |                   |          |
| S.F. Medical Center Outpatient Prog. | N/A         |     |     |     |     |                          |     |                      |               |                  |                   |          |
| San Luis Obispo Co. D.P.H.           |             |     | 30% |     | 70% |                          |     | 25.00%               | 25.00%        |                  |                   |          |
| Nipomo Co. Medical Center Inc.       |             |     | X   |     |     | X                        |     | X                    | X             |                  |                   | R NM 2   |
| Planned Parenthood of Santa Cruz Co. |             |     | X   |     | X   | X                        |     | X                    | X             |                  |                   | U NM 3   |
| Salud Para la Gente, Inc.            | N/A         |     |     |     |     |                          |     |                      |               |                  |                   |          |
| Santa Cruz AIDS Project              |             | X   | X   |     | X   |                          | X   | X                    | X             |                  |                   |          |
| Ventura Co. Public Hlth              | X           | <X  | X   | X   | X   |                          | X   | X                    | X             |                  |                   |          |
| Clinicas del Camino Real, Inc.       |             | X   | X   |     | X   |                          | X   | X                    | X             |                  |                   |          |
| Santa Barbara Co. Hlth. Dept.        |             | X   | >X  |     |     |                          | X   | X                    | X             |                  |                   | R HJ 5   |

Ethnic Population Code:  
 A - Asian/Pacific Islander  
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 E - White

MTRC  
 NEEDS ASSESSMENT CRITERIA SCALE

HIGHEST RISK:  
 Youth-Young Adults

| ORGANIZATION                              | ETHNIC POP. |     |      |   |     | WOMEN IN<br>CHILD BEARING | GAY | IVDU/SEX<br>PARTNERS | ONLY<br>YOUTH | T/A FROM<br>MARC | FUNDING<br>STATUS | PRIORITY |
|-------------------------------------------|-------------|-----|------|---|-----|---------------------------|-----|----------------------|---------------|------------------|-------------------|----------|
|                                           | A           | B   | C    | D | E   |                           |     |                      |               |                  |                   |          |
| Santa Cruz Hlth.<br>Service Agency        |             | x   | >x   |   | >x  | x                         | x   | x                    | x             |                  |                   |          |
| Monterey Co.                              |             |     | 100% |   |     |                           | x   | x                    | x             |                  |                   |          |
| San Benito Hlth. Found.                   |             |     | x    |   |     | x                         |     | x                    |               |                  |                   | R Mo 2   |
| Marin AIDS Supp.<br>Network               |             | x   | x    |   | x   |                           | x   | x                    | x             |                  |                   |          |
| YWCA Oakland                              | 9%          | 40% | 25%  |   | 16% | x                         |     |                      | x             |                  |                   |          |
| Asian Hlth Services                       | 100%        |     |      |   |     |                           |     |                      | x             |                  |                   | U MO 1   |
| Children Hosp. of<br>Oakland              | N/A         |     |      |   |     |                           |     |                      |               |                  |                   |          |
| Berkeley Dept. of<br>Hlth. & Human Serv.  |             | x   | x    |   |     | x                         | x   | x                    |               | x                |                   | R HJ 1   |
| Bay Area Urban League,<br>Inc.            | x           | x   | x    |   |     |                           |     |                      | x             |                  |                   |          |
| Planned Parenthood of<br>Shasta Diablo    | x           | x   | x    | x | x   | x                         |     | x                    | x             |                  |                   |          |
| Hlth. Serv. Dept.                         | (x          | x   | x    | x | x   | x                         |     | x                    |               |                  |                   |          |
| Center for Human<br>Concern - Santa Clara | x           |     | x    |   | x   | x                         |     | x                    | x             |                  |                   |          |
| Santa Clara Co. Hlth.<br>Dept.            | x           | x   | x    | x | x   |                           | x   | x                    | x             |                  |                   |          |
| Planned Parenthood of<br>Santa Clara Co.  |             | x   | x    |   | x   | x                         |     |                      | x             |                  |                   |          |
| Marin Co. Dept. of<br>Hlth. & Human Serv. | x           | x   | x    |   | x   |                           |     |                      |               |                  |                   |          |
| San Mateo Co. Dept. of<br>Hlth. Serv.     | 3%          | 16% | 21%  |   | 60% |                           |     | 15%                  | 12%           |                  |                   |          |
| Solano Co. Hlth. Dept.                    | x           | x   |      |   | x   | x                         | x   | x                    | x             |                  |                   |          |



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 E - White

MTRC  
 NEEDS ASSESSMENT CRITERIA SCALE

HIGHEST RISK:  
 Youth-Young Adults

| ORGANIZATION                               | ETHNIC POP. |      |      |   |   | WOMEN IN<br>CHILD BEARING | GAY | IVDU/SEX<br>PARTNERS | ONLY<br>YOUTH | T/A FROM<br>MARC | FUNDING<br>STATUS | PRIORITY |
|--------------------------------------------|-------------|------|------|---|---|---------------------------|-----|----------------------|---------------|------------------|-------------------|----------|
|                                            | A           | B    | C    | D | E |                           |     |                      |               |                  |                   |          |
| Alameda Co. Hlth Care Agency               | x           | x    | x    | x | x | x                         | x   | x                    | x             |                  |                   |          |
| West Oakland Hlth. Center                  |             | 100% |      |   |   |                           | x   | x                    |               | x                |                   | U MO 3   |
| TRI-CITY Clinics, Inc.                     | x           | x    | x    | x | x | x                         | x   |                      | x             |                  |                   |          |
| Valley Community Hlth Center               |             | x    | x    |   | x |                           | x   | x                    | x             |                  |                   |          |
| Orange Co. Center for Hlth., Inc.          |             | x    | x    |   | x | x                         |     | x                    | x             | x                |                   | U NM 3   |
| El Progreso del Desierto, Inc.             |             |      | 100% |   |   |                           |     |                      |               |                  |                   |          |
| Riverside Co. Dept. of Public Hlth.        |             | x    | x    |   | x |                           | x   | x                    |               |                  |                   |          |
| City of Long Beach Public Hlth.            | x           | x    | x    |   | x |                           |     |                      |               |                  |                   |          |
| George R. Patterson, MD, MPH               | N/A         |      |      |   |   |                           |     |                      |               |                  |                   |          |
| GLCSC-Orange                               | x           | x    | x    | x | x |                           | x   |                      |               |                  |                   |          |
| Community Counseling & Consultation Center | N/A         |      |      |   |   |                           |     |                      |               |                  |                   |          |
| El Centro del Pueblo                       | x           | x    | x    | x | x | x                         | x   | x                    | x             |                  |                   |          |
| The Hillman Drug and Alcohol Center        |             | 90%  | 10%  |   |   | x                         |     | x                    |               |                  |                   |          |
| Hollywood Sunset Comm. Clinic              |             |      | 100% |   |   |                           | x   | x                    |               |                  |                   |          |
| T.H.E. Clinic for Women, Inc.              | x           | x    | x    | x | x | x                         | x   | x                    | x             |                  |                   |          |
| Advance Human Serv.,                       | N/A         |      |      |   |   |                           |     |                      |               |                  |                   |          |

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MTRC  
NEEDS ASSESSMENT CRITERIA SCALE

HIGHEST RISK:  
Youth-Young Adults

| ORGANIZATION                       | ETHNIC POP. |     |     |    |     | WOMEN IN<br>CHILD BEARING | GAY | IVDU/SEX<br>PARTNERS | ONLY<br>YOUTH | T/A FROM<br>MARC | FUNDING<br>STATUS | PRIORITY |
|------------------------------------|-------------|-----|-----|----|-----|---------------------------|-----|----------------------|---------------|------------------|-------------------|----------|
|                                    | A           | B   | C   | D  | E   |                           |     |                      |               |                  |                   |          |
| Inc.                               |             |     |     |    |     |                           |     |                      |               |                  |                   |          |
| Northeast Valley Hlth. Corp.       |             | x   | x   |    |     | x                         |     |                      | x             |                  |                   | U MO 1   |
| UCLA, Chicano Studies Res. Center  | N/A         |     |     |    |     |                           |     |                      |               |                  |                   |          |
| Watts Hlth Foundation              |             | x   | x   |    |     | x                         |     | x                    | x             |                  |                   | U MO 1   |
| South Bay Free Clinic              | x           | x   | x   | x  | x   |                           |     |                      | x             |                  |                   |          |
| Los Angeles Shanti Project         |             | x   | x   |    | x   |                           | x   |                      | x             |                  |                   |          |
| Tarzana Treatment Center, Inc.     |             | x   | x   |    | x   | x                         |     | x                    | x             |                  |                   |          |
| Minority AIDS Project              |             | x   | x   |    |     |                           | x   |                      | x             |                  |                   | U MO 4   |
| AIDS Project Los Angeles/ APLA     | x           | x   | x   | x  | x   |                           | x   |                      | x             |                  |                   |          |
| GLCSC- Los Angeles                 | x           | x   | x   | x  | x   |                           | x   |                      | x             |                  |                   |          |
| UCLA Family Planning Clinic        |             | x   | x   |    |     | x                         |     | x                    |               |                  |                   | WM 0 3   |
| Greater L.A. Council on Deafness   |             | x   | x   |    | x   | x                         | x   | x                    | x             |                  |                   |          |
| The Los Angeles Free Clinic        | x           | x   | x   |    | x   |                           |     |                      | x             |                  |                   |          |
| FAME                               |             | x   | x   |    | x   |                           | x   | x                    | x             |                  |                   | U MO 1   |
| El Proyecto del Barrio             |             | x   | x   |    | x   | x                         |     | x                    | x             |                  |                   | U MO 1   |
| East Los Angeles Health Task Force | x           | x   | x   | x  | x   |                           |     | x                    |               |                  |                   |          |
| East Valley Comm. Hlth Center      | 6%          | 11% | 58% | 1% | 23% | 70.00%                    |     |                      | 40.00%        |                  |                   |          |



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NTRC  
 NEEDS ASSESSMENT CRITERIA SCALE

HIGHEST RISK:  
 Youth-Young Adults

| ORGANIZATION                                                | ETHNIC POP. |     |      |      |      | WOMEN IN<br>CHILD BEARING | GAY | IVDU/SEX<br>PARTNERS | ONLY<br>YOUTH | T/A FROM<br>MARC | FUNDING<br>STATUS | PRIORITY |
|-------------------------------------------------------------|-------------|-----|------|------|------|---------------------------|-----|----------------------|---------------|------------------|-------------------|----------|
|                                                             | A           | B   | C    | D    | E    |                           |     |                      |               |                  |                   |          |
| Drug Consultants, Inc.                                      |             | x   | x    |      | x    | x                         |     |                      | x             |                  |                   | U NM 4   |
| Pasadena City D.P.H.                                        |             | x   | x    |      |      | x                         |     | x                    | x             |                  |                   | U HJ 5   |
| San Diego Youth and<br>Comm. Serv.                          |             | x   | x    |      | x    |                           |     |                      | x             |                  |                   |          |
| North Co. Health<br>Services                                |             |     | x    | x    | x    |                           |     |                      |               | x                |                   |          |
| San Diego American<br>Indian Hlth. Center                   |             |     |      | 100% |      | x                         |     |                      | x             |                  |                   |          |
| San Diego State<br>University, F.D.N.<br>Student Hlth Serv. | x           | x   | x    |      |      |                           |     |                      | x             |                  |                   |          |
| Linda Vista Hlth. Care<br>Center                            | x           |     | x    |      | x    | x                         |     |                      |               |                  |                   |          |
| Logan Heights Family<br>Hlth. Center                        |             | x   | x    |      |      |                           |     |                      | x             |                  |                   |          |
| San Diego AIDS Project                                      |             |     | 100% |      |      |                           |     |                      |               |                  |                   |          |
| San Diego County D.H.S.                                     |             | x   | x    |      |      | x                         |     | x                    | x             |                  |                   |          |
| San Diego Council Of<br>Comm. Clinics                       | x           | x   | x    | x    | x    |                           | x   | x                    | x             |                  |                   |          |
| Stanislaus Co. D.P.H.                                       |             |     | x    |      | x    |                           | x   | x                    |               |                  |                   | R HJ 4   |
| Urban League of San<br>Diego                                |             | x   | x    |      | x    |                           |     |                      | x             |                  |                   |          |
| Vista Comm. Clinic                                          | x           | x   | x    | x    | x    |                           |     |                      | x             |                  |                   | U NMO 4  |
| Central Valley Indian<br>Health                             |             |     |      | x    |      | x                         |     | x                    |               |                  |                   | R MO 2   |
| Pioneers Memorial<br>Hospital District                      |             | 3%  | 80%  | 2%   | 15%  | x                         | x   |                      | x             |                  |                   |          |
| Kern Co. Health Dept.                                       |             | 17% | 12%  | 5%   | 170% | 43%                       |     | 50%                  | 150.00%       |                  |                   | R HJ 4   |

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NTRC  
 NEEDS ASSESSMENT CRITERIA SCALE

HIGHEST RISK:  
 Youth-Young Adults

| ORGANIZATION                        | ETHNIC POP. |       |       |      |       | WOMEN IN      |     | IVDU/SEX<br>PARTNERS | ONLY<br>YOUTH | T/A FROM<br>MARC | FUNDING<br>STATUS | PRIORITY   |
|-------------------------------------|-------------|-------|-------|------|-------|---------------|-----|----------------------|---------------|------------------|-------------------|------------|
|                                     | A           | B     | C     | D    | E     | CHILD BEARING | GAY |                      |               |                  |                   |            |
| Kern Co. Economic Opp. Corp.        | x           | x     | x     | x    | x     |               | x   |                      | x             |                  |                   |            |
| Madera Co. D.P.H.                   | 4.1%        | 3.2%  | 31.8% | 1.4% | 56.1% |               |     |                      |               |                  |                   |            |
| Merced Co. Dept. of Hlth.           |             |       | 50%   |      | 50%   | x             | x   | x                    |               |                  |                   | R NM 4     |
| Merced Family Hlth Center           | 10%         |       | 76%   | 1%   | 9%    | 55.00%        |     | 10.00%               | 15.00%        |                  |                   | R NM 4     |
| North San Joaquin Valley Hlth. Dev. |             |       | x     |      | x     | x             |     | x                    |               |                  |                   |            |
| Hillman Health Center               | N/A         |       |       |      |       |               |     |                      |               |                  |                   |            |
| El Concilio de Madera               |             | 5%    | 90%   |      | 5%    | 25.00%        |     |                      | 5.00%         |                  |                   |            |
| Comm. Hlth. Center of Kern County   | .5%         | 12%   | 59%   | .05% | 28%   | 34.00%        |     | 28.00%               | 8.00%         |                  |                   |            |
| Kings Co. Hlth. Dept.               |             |       | x     |      | x     | x             | x   | x                    | x             |                  |                   |            |
| Hemophilia Council of CA.           | x           | x     | x     | x    | x     |               |     |                      |               |                  |                   |            |
| Fresno Co. Hlth. Dept.              | 3%          | 11%   | 27%   | 1%   | 56%   |               |     | 45.00%               | 10.00%        |                  |                   |            |
| American Red Cross-Kern             |             |       | 90%   |      |       |               |     |                      |               |                  |                   |            |
| California Nurses Assoc             | 12%         | 18.7% | 15.9% | 1%   | 52%   |               |     |                      |               |                  |                   |            |
| Gay United Serv., Inc C.V.A.T.      |             | x     | x     |      | x     |               | x   | x                    |               |                  |                   |            |
| American Red Cross - Sacramento     |             | x     | x     |      | x     |               |     |                      |               |                  | N MO              | Nat. CBO 3 |
| CA Rural Indian Hlth. Bldg.         |             |       | 100%  |      |       | x             |     |                      | x             |                  |                   | R MO 1     |
| Center for Hlth.                    | x           | x     |       |      | x     |               |     |                      |               |                  |                   |            |



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 NEEDS ASSESSMENT CRITERIA SCALE

HIGHEST RISK:  
 Youth-Young Adults

| ORGANIZATION                            | ETHNIC POP. |      |      |     |     | WOMEN IN<br>CHILD BEARING | IVDU/SEX<br>PARTNERS | ONLY<br>YOUTH | T/A FROM<br>MARC | FUNDING<br>STATUS | PRIORITY |
|-----------------------------------------|-------------|------|------|-----|-----|---------------------------|----------------------|---------------|------------------|-------------------|----------|
|                                         | A           | B    | C    | D   | E   |                           |                      |               |                  |                   |          |
| Training                                |             |      |      |     |     |                           |                      |               |                  |                   |          |
| Assn. of Regional Ctr.<br>Agency        | x           | x    | x    | x   | x   |                           | x                    | x             |                  |                   |          |
| CA AIDS Clearinghouse/<br>ETR           | N/A         |      |      |     |     |                           |                      |               |                  |                   |          |
| Alliance Medical Ctr.                   |             |      | 100% |     |     |                           | x                    | x             | x                |                   | R NO 2   |
| Rural Human Serv.                       |             | 5%   | 15%  | 20% |     | 21.00%                    | 20.00%               | 32.00%        |                  |                   |          |
| CA Office of Podiatric<br>Medicine      | N/A         |      |      |     |     |                           |                      |               |                  |                   |          |
| An Ark of Love                          |             | 100% |      |     |     |                           |                      |               |                  |                   | U NO 1   |
| La Familia Counseling<br>Serv.          | x           | x    | 80%  | x   | x   | x                         |                      | x             |                  |                   |          |
| Orange Co. Hlth. Care<br>Agency         |             |      | 100% |     |     |                           |                      |               |                  |                   |          |
| The CORE Program                        | 1%          | 15%  | 15%  |     | 69% |                           | x                    |               |                  |                   |          |
| Hlth Educ. & Training<br>Ctr., San Jose |             | 9%   | 90%  |     |     | 25.00%                    | 25.00%               |               |                  |                   |          |
| Youth Enviroment<br>Study, Inc.         | 3%          | 52%  | 19%  | .4% |     | 36.00%                    | 75.00%               | 6.00%         |                  |                   |          |
| Face to Face/ Sonoma<br>Co. AIDS        | .4%         | .6%  | 1%   |     | 98% | x                         |                      |               |                  |                   | R NM 4   |
| Lake Co. D.P.H.                         |             | 1%   | 5%   | A/D | 91% |                           |                      | x             |                  |                   |          |
| Stop AIDS Project, Inc.                 | N/A         |      |      | 3%  |     |                           |                      |               |                  |                   |          |
| Real Alternatives<br>Prog., Inc.        | 32%         | 12%  | 40%  | 3%  |     |                           |                      | 100.00%       |                  |                   | U NO 1   |
| E.O.C. Family Planning                  |             | x    | x    |     | x   | x                         | x                    | x             |                  |                   |          |
| Planned Parenthood,                     |             | 9%   | 70%  |     | x   | x                         |                      | x             |                  |                   | U NM 3   |

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NTRC  
 NEEDS ASSESSMENT CRITERIA SCALE

HIGHEST RISK:  
 Youth-Young Adults

| ORGANIZATION                                                                                        | ETHNIC POP. |     |      |     |     | WOMEN IN<br>CHILD BEARING | GAY | IVDU/SEX<br>PARTNERS | ONLY<br>YOUTH | T/A FROM<br>MARC | FUNDING<br>STATUS | PRIORITY        |
|-----------------------------------------------------------------------------------------------------|-------------|-----|------|-----|-----|---------------------------|-----|----------------------|---------------|------------------|-------------------|-----------------|
|                                                                                                     | A           | B   | C    | D   | E   |                           |     |                      |               |                  |                   |                 |
| Orange/ San Bernardino                                                                              |             |     |      |     |     |                           |     |                      |               |                  |                   |                 |
| PROTOTYPES/ WARN                                                                                    |             | 44% | 44%  |     |     |                           |     | x                    |               |                  |                   | U NM 3          |
| JWCH Institute, INC.                                                                                |             | x   | x    |     | x   | x                         |     | x                    |               |                  |                   |                 |
| All Saints AIDS<br>Service Center                                                                   | 2%          | 5%  | 29%  | 1%  | 63% |                           |     |                      |               |                  |                   |                 |
| Childrens' Hospital of<br>L.A.                                                                      |             | x   | x    |     | x   | x                         | x   | x                    | x             |                  |                   |                 |
| Crenshaw Consortium,<br>Inc.                                                                        |             | x   | x    |     |     | x                         |     |                      | x             |                  |                   |                 |
| San Ysidro Health<br>Center                                                                         |             | x   | x    |     |     |                           |     |                      |               |                  |                   | SU MO 2         |
| Calexico Hospital                                                                                   |             |     | 90%  |     |     |                           |     | x                    |               |                  |                   |                 |
| Napa County Dept. of<br>Public Hlth.                                                                | N/A         |     |      |     |     |                           |     |                      |               |                  |                   |                 |
| Orange County Hlth.<br>Care Agency (PH)                                                             |             |     | 100% |     |     |                           |     |                      |               |                  |                   |                 |
| California Dept. of<br>Education                                                                    | x           | x   | x    | x   | x   |                           |     |                      | 100.00%       |                  |                   |                 |
| Family Services of L.A.                                                                             | 2%          | 35% | 45%  |     | 18% | x                         |     | x                    |               |                  |                   |                 |
| Sacramento Co. Hlth.<br>Dept. 3701 Branch<br>Center Road,<br>Sacramento, CA 95827<br>(916) 366 2922 | x           | x   | x    | x   | x   |                           |     |                      | x             |                  |                   | U HJ Sub. Co. 3 |
| Contra Costa Co. Hlth.<br>Dept. 1111 Ward<br>Street, Martinez, CA<br>94553 (415) 646-1240           |             | x   | x    |     | x   | x                         | x   | x                    |               |                  |                   | U HJ Sub. Co. 5 |
| Northern CA Coalition<br>for Rural Hlth.                                                            | 1%          | 5%  | 50%  | 20- | 25% |                           |     |                      | x             |                  | N MO              | R H Clinic 5    |
|                                                                                                     |             |     | 30%  |     |     |                           |     |                      |               |                  |                   |                 |



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MTRC  
 NEEDS ASSESSMENT CRITERIA SCALE

HIGHEST RISK:  
 Youth-Young Adults

| ORGANIZATION                                                                                 | ETHNIC POP. |     |     |   |   | WOMEN IN     |     | IVDU/SEX | ONLY  | T/A FROM | FUNDING | PRIORITY |
|----------------------------------------------------------------------------------------------|-------------|-----|-----|---|---|--------------|-----|----------|-------|----------|---------|----------|
|                                                                                              | A           | B   | C   | D | E | CHILDBEARING | GAY | PARTNERS | YOUTH | MARC     | STATUS  |          |
| 2850-A West Center<br>Street, Anderson, CA<br>96007<br>(916) 365-2559                        |             |     |     |   |   |              |     |          |       |          |         |          |
| Northeast Valley Hlth.<br>Corp. 12756 Van Nuys<br>Blvd., Pacoima, CA<br>91331 (818) 896-0531 |             | 48% | 53% |   |   | x            |     |          | x     |          |         | U NO 1   |

## **Appendix C**

### **Participating Agencies Listing**



# **PARTICIPATING AGENCIES**

## **URBAN HEALTH DEPTS.**

**Berkeley  
Pasadena  
Contra Costa  
Sacramento**

## **URBAN C.B.O.s**

**Drug Consultants Inc.  
Orange Co. Center for Health Inc.  
Watts Health Foundation  
Asian American Recovery Srvcs.**

## **RURAL HEALTH DEPTS.**

**Tehama  
San Joaquin  
Butte  
Santa Barbara**

## **RURAL C.B.O.s**

**Nipomo Medical Center  
No. Ca. Coalition for Rural Health  
Alliance Medical Center  
San Benito Health Foundation**

## **Appendix D**

### **Technical Assistance Assessment**



# MULTICULTURAL TRAINING RESOURCE CENTER

## Needs Assessment Questionnaire for AIDS Service Providers

### SECTION I - DEMOGRAPHICS

1. Respondent:

☐ CEO ☐ Department Head ☐ Line Staff ☐ Board Member

2. Location of Organization:

☐ Urban ☐ Suburban ☐ Rural

3. Type of Organization:

☐ Health Department  
☐ Minority Community-Based Organization (CBO)  
☐ Non-Minority Community-Based Organization (CBO)

4. California Location:

☐ Northern ☐ Central ☐ Southern

5. Composition of Staff (Number of each category)

A. Ethnicity:

☐ African-American ☐ Asian-American ☐ European-American  
☐ Latino ☐ Native American ☐ Other (Specify) \_\_\_\_\_

B. Gender:

☐ Males ☐ Females

C. Sexual Orientation:

☐ Heterosexual ☐ Bisexual ☐ Homosexual (Gay)

## 6. Composition of Management Staff (Number in each category)

## A. Ethnicity:

☐ African-American ☐ Asian-American ☐ European-American  
☐ Latino ☐ Native American ☐ Other (Specify)

B. Gender: ☐ Males ☐ Females

C. Sexual Orientation: ☐ Heterosexual ☐ Bisexual  
☐ Homosexual (Gay)

## 7. Composition of Board of Directors/Advisory Board (Number for each category)

## A. Ethnicity:

☐ Afro-American ☐ Asian-American ☐ European-American  
☐ Latino ☐ Native-American  
☐ Other(specify)\_\_\_\_\_

## B. Gender:

☐ Males ☐ Females

## C. Sexual Orientation:

☐ Heterosexual ☐ Bisexual ☐ Homosexual (Gay)

## 8. Clients receiving AIDS Services (Number)

## A. Ethnicity

☐ African-American ☐ Asian-American ☐ European-American  
☐ Latino ☐ Native American  
☐ Other(Specify)\_\_\_\_\_



## 8. Clients receiving AIDS services (continued)

## B. Gender: (Number)

[     ] Males    [     ] Females

## C. Sexual Orientation:

[     ] Heterosexual    [     ] Bisexual    [     ] Homosexual (Gay)

## 9. Budget allocation:

A. Total amount of AIDS budget    \$ \_\_\_\_\_

B. Percentage of total budget    \$ \_\_\_\_\_

10. Length of AIDS services: \_\_\_\_\_ Years

## SECTION II - PROGRAM COMPONENTS

## 1. Populations provided AIDS services (Check all that apply)

- [     ] Youth    [     ] IVDU's    [     ] IVDU partners
- [     ] Men having sex with men
- [     ] Women of child-bearing age
- [     ] Migrant workers
- [     ] General population

## 2. Check the 3 most effective ways you have provided AIDS education services:

- [     ] TV
- [     ] TV (ethnic channels)
- [     ] Radio
- [     ] Radio (ethnic stations)
- [     ] Videos
- [     ] Videos (ethnic specific)
- [     ] Educational talks
- [     ] Educational talks (culture specific)
- [     ] Pamphlets
- [     ] Pamphlets (culture specific)
- [     ] Other (please specify) \_\_\_\_\_

### SECTION III - ESTIMATIONS OF PROGRAM BARRIERS AND NEEDS

1. Check any of the following barriers to your in providing AIDS education services:

- ☐ Cultural relevancy
  - ☐ Unfamiliar location
  - ☐ Inconvenient scheduling/lack of time
  - ☐ Discomfort publicly discussing sexual issues
  - ☐ Lack of knowledge of sexually diverse populations
  - ☐ Transient population
  - ☐ Lack of funds
  - ☐ Insufficient community support
  - ☐ Lack of knowledge of multicultural diversity
  - ☐ Other (Please specify) \_\_\_\_\_
- 
- 

### SECTION IV - COMMENTS

Please make any comments about the interview itself or about any of the topics covered in the interview in the space provided below.



**Appendix E**

**Individual Agency Reports**

# **Berkeley Department Of Health and Human Services**

**Address: 2180 Milvia Street, Berkeley, CA. 94704**

**Project Coordinator : Mr. Shyaam M. Shabaka**

**Date of MARC Visit: 1/23/91**

## ***Background***

The Berkeley HIV Education and Prevention Project is a cooperative effort between the City of Berkeley Health and Human Services Department and a Consortium of local community based health programs. This program provides HIV testing, education and information for minorities at risk for HIV, and to the Berkeley community in general. Targeted populations are:

*African Americans*  
*Euro-Whites*  
*Asian Americans*  
*Latinos*  
*Native American Indians*

The HIV education staff consists currently of a full time coordinator and 7 other African Americans: 2 males and 5 females. The program targets the following populations:

*Men Who Have Sex with Men* - This is a cooperative effort with local STD clinics and the local bath house. In addition, house parties are effective outreach programs for this group. Assisting in this effort are Men of All Colors, a CBO. The Outreach efforts also include bars and special events.

*Women*

*Sex workers*

*Injection Drug Users and their Sexual Partners*

*Young Adults and Their Parents* - Access to the targeted populations take place at the following sites: The street, Corretion Facilities, Family Planning Clinics, Private homes, and Substance Abuse Centers.

## ***Overview of Findings***

The MARC staff attended a HIV Education Workshop which was a collaborative effort with the local bathhouse, bar owner and a multicultural organization called: Men Of All Colors. The MARC staff actively participated in the workshop. Findings specific to the workshop were:

1. They are to be commended for their collaborative efforts.
2. The content of the workshop was clear, and the tone, non-threatening.
3. The workshop model was effective in providing information about HIV risk and transmission and could be replicated in other projects.



4. The staff's focus on HIV was more general than it could have been. More emphasis could have been put on the specific behavior of gay men, which was the target audience in this case.
5. The task of motivating and sustaining sexual behavior change among this group could be incorporated into the model.
6. Safe sex packets and other materials used were very effective.

### ***Findings Specific to Site Visit:***

The program has a very effective peer approach to HIV education and prevention.

The Project Director has a commitment to his non-traditional staff on and off the job. This may add to the retention of the staff on this project.

The collaborative approach to community HIV education can and should be explored further. The consideration of a model which will sustain promoted behavior change should also be explored.

This program does not utilize a Community Advisory Board, however they are connected to the communities they serve through:

Family retreats  
Focus groups  
Community Retreats

### ***MARC Staff Recommendations and Conclusions***

Training and TA should be scheduled regarding:

Needle Exchange, using a demonstrated curriculum for reaching IDU's and their Sexual partners (Cal - Pep).

Sexuality and People of Color Communities, Using STD models with HIV education, training in a health promotion model which emphasizes sustained behavior change.

## **Pasadena City Department of Public Health**

**Address: 100 North Garfield Ave, Room 140, Pasadena, CA 91109**  
**AIDS Education program Director: Ms Kimberly Green**

***Date of MARC Site Visit:***

### **Background**

The Pasadena HIV Education and Prevention Project is targeted to the following groups:

*Black Men and Latino Men - in a general population outreach*  
*Intravenous Drug Users (in and out of treatment)*  
*Prostitutes and their client*  
*Women of Childbearing Age*

This project is based on working networks. At this point, the project is either working or establishing a working relationship with:

*Other Health Department Programs and Community groups:*

*ESL Groups*  
*Continuation schools*  
*Pregnant and Parenting Teen Programs*  
*Drug Recovery Centers*  
*Churches*  
*Pasadena Police Department*  
*Others*

The project is directing its efforts to the disadvantaged minority community and is trying to create networking groups within the community groups.

### ***Overview of Findings***

The Pasadena Health Department HIV Education and Prevention Project has been through tough times with staff turnover. The Project Director has been working at it for three months at the time of the site visit. At the time, the project was composed of:

*Project Director*  
*Outreach Worker*

The numbers in the scope of work have had to change to accommodate the targeted groups to the resources and the time frame. Many of the people in the targeted populations are being reached through general groups in the already existing programs to community groups. These programs and/or community groups were identified as:



*Youth groups in churches  
Drug Recovery Centers  
ESL Programs  
Out-of-School Youth*

The project has developed a working affiliation with the P.P.D. to outreach prostitutes and their clients. Some areas of special resistance for the program are:

*ESL classes - not all teachers are open to provide HIV education.*

*Latino community  
Disenfranchised IVDUs out of treatment- hard to find, hard to reach; community groups are not willing to allot enough time for HIV education presentations.*

The TA team tried to make arrangements to observe a presentation in an ESL class, but it was not possible at the time.

The following are some recommendations that we feel may be of benefit to the project:

*Development of a community advisory group  
Network with agencies doing same or similar work  
Work closely with bar owners  
Hire people with experience with the target groups or who have had hands-on knowledge*

### ***MARC Staff Conclusions***

Future work by the MARC TA team might include

*Re-visit the Pasadena HIV Education Project.  
Providing support and TA on an ongoing basis.*

The MARC TA team could provide a workshop on:

*Sexuality: Cultural barriers/rural vs. urban  
Multicultural management and cultural sensitivity  
Reaching sex workers, curriculum (Cal Pep)*

## **Contra Costa Health Department**

**Address: 1111 Ward Street, Martinez, CA 94553**

**Project Director: Ms. Rusty Keilch**

**Date of MARC Site Visit:**

### ***Background***

This project is located in one of Northern California's most diverse areas. The general population is also diverse in it's ethnic and socio-economic base.

The Health Department uses community based agencies such as

*Catholic Charities*

*Contra Costa AIDS Task Froce*

*Familias Unidas*

*The AIDS Labor Education and Prevention Project*

*Planned Parenthood*

In addition, AIDS education and prevention activities are conducted at Metta Vihara and the Martin Luther King Jr. Health Centers. The Contra Costa Health Department is also a clearinghouse for general public education materials. The organization targets the following population at risk for HIV:

*Men Who Have Sex With Men*

*Self-Identified Men Who Have Sex With Men*

*Adolescent Men Having Sex with Men*

*Drug User, Non-identified Men Who Have Sex With Men*

*Incarcerated Men*

*Intravenous Drug Users and their partners*

*Women of Childbearing Age*

### ***Overview of Findings***

The MARC TA team visited the Health Department in Contra Costa County and met with the program coordinator.

One of the areas that we focused on was the diversity of the ethnicity and culture of the county. There was an acknowledgement that this diversity has created some barriers for the Health Department. To overcome some of the barriers, the Health Department sub-contracts to a variety of ethnic specific agencies located throughout Contra Costa County.

This approach has proved to be effective. However, it is not without it's problems, such as accountability and control of the quality of services.



The TA team was impressed with the materials provided for general education as well as for the targeted groups, such as women of child bearing age, safe sex kits, etc.

The prevention staff coordinator expressed a need for training in the following areas for her staff:

*Behavior Change*

*Training information on outreaching to the church community*

*Training on who is affected by the AIDS virus in California, refresher and psychological issues*

*Information on AIDS education curriculum, i.e., youth and sexuality. Sexual diversity training. People of Color impact and concerns*

### ***MARC Site Visit Conclusions and Recommendations***

The MARC TA team during this year will be able to offer the following in the area of training

*Sexuality Training*

*Changing Behavior*

Continuing efforts should focus on TA networking with the various community groups to achieve the desired outcome. In this case, that is to increase the efforts in low income People of Color in Contra Costa areas, i.e., Pittsburgh, Richmond, Concord and other cities in the county. A TA plan could begin the process during this year.

Other considerations by the TA staff include

*Peer Education Programs*

*Working with the Church Communities*

*Developing Church Related Materials*

## **Sacramento County Health Department**

***Address: 3701 Branch Center Road, Sacramento, CA 95827***

***Project Coordinator: Ms Bernice Walton***

There were a series of miscommunications with this project. Ultimately, the MARC team made the site visit, but staff were not available for interview. We are currently working on following through with the Sacramento visit.



## **Drug Consultants, Inc**

**Address: 4219 West Olive Street, Suite 103, Burbank, CA 91505**

**Project Director: Dr. Carl Rowe**

**Date of MARC Site Visit : 1/9/91**

### ***Background***

The Drug Consultant HIV education and prevention program is a joint effort with the California Youth Authority. The program targets:

*Incarcerated Youth*

*Parolees*

*CYA staff, both service and custody*

The HIV program works with three youth facilities in Southern California: the Fred C. Nellis School in Whittier, Southern Reception Center and Clinic in Norwalk; and six Parole Offices in the Los Angeles area. The last are co-educational facilities, the former are for young men only.

This program appears to have a very effective education/prevention program that targets youth and others who come in contact with them. The ethnic breakdown is 33% Latino, 42% African American, 23% white and 3% Asian American/Pacific Islanders and Others. The educational level of most of the targeted population is from 4th to 6th grade. Most are from a low socio-economic level. Drug related offenses are the cause of at least 86% of the incarcerations.

The staff consists of four HIV education/prevention staff, one African American, one white American and one Latino.

This project uses a general HIV/education approach designed for youth. It mainly involves direct HIV education and a peer education program for young parolees. The youth are trained and placed in several CBO's conducting HIV education to the community. This appears to be a very effective method.

The agency has been doing HIV education for three years.

### ***Overview of Findings***

Prior to meeting with the staff, the MARC TA staff met with the Peer Education Training Component, comprised of the coordinator and the parolees selected to be peer educators. We found the training to be good, and the information clear and precise. We particularly feel that the "current events segment" gives participants an opportunity to use and increase their research and reading skills. It also provides the resources to enhance the message that they deliver to their target population.

The current concept of training and placement of trainees in this program could be enhanced by:

*Utilizing peers as program advisors*

*Establishing parole condom distribution points and using parolees to distribute condoms*

*A formal mechanism for input from participants*

The MARC staff found the concept and implementation of this program to be a model that could and should be shared with other projects.

The MARC staff will work with this organization to address the following issues:  
AID in assessing resources for obtaining condoms for distribution,

*Training: Sexuality and Communities of Color*

*Training : Development of A Youth Advisory Group*

*Materials Development: Low Literacy Visuals only*

We would also like to recommend that there be put into a place some sort of continuation/follow up system for participants. Currently youth are lost after discharge from parole .



## **Orange County Center For Health, Inc.**

**Address: 503 North Anaheim Boulevard, Anaheim, CA.92895**

**Project Coordinator: Ms. Cecilia Esparaza**

**Date of MARC Site Visit: 12/28/91**

### ***Background***

This is a primary health care facility in Anaheim serving low income people, primarily Latino migrant workers. The center provides comprehensive health services. It receives money from a variety of sources and has 250 volunteers integrated into it's delivery system.

Funding was as issue for project staff as they felt the portion of the program targeting African Americans was disproportionately funded in relationship to the funding for the program targeting Latinos.

The program for African Americans was taken over by OCCH at the request of the state, and re-modeled to conform to an existing model which was working with Latinos. Staff now questions the applicability of this model to this community. The Health Educator working with African Americans is beginning to make outreach efforts to institutions within the African American Communities which might be responsive to and receptive of HIV education, such as churches and universities.

African Americans in Orange county are settled in random distribution patterns that makes reaching them in groups difficult.

### ***Overview of Findings***

One program success is the work with the Hispanic Alcoholism Center in coordination with their women's program. This also represents a coalition effort which has great potential for reaching women who are at risk for HIV either through their own or a partner's drug use.

OC Center for Health also has an AIDS Advisory Board made up of 12 volunteers who meet on a quarterly basis. They feel this group has been instrumental in helping the program establish legitimacy within the ethnic communities. OCCH also has a reciprocal relationship with the county AIDS program staff. There is an OCCH staff member on every subcommittee of the OC AIDS Network which is coordinated by the County Educational Materials Review Board.

This agency has a variety of AIDS programs targeted to a variety of risk populations, and is funded through a variety of sources. This allows them to be extremely comprehensive in their approach. They have a CDC grant which provides for secondary AIDS education and funds outreach with sex industry workers. This is the second year of a three year funding cycle which allows OCCH to subcontract with the other agencies.



They provide AIDS education and outreach services to:

*Juveniles*

*Gay Identified Latinos*

*They have a teen peer education program*

OCCH also has received funding from AIDS Services Foundation which allows them to do crisis intervention and HIV related case management. Through the Health Resources Administration OCCH has a grant which funds a staff psychologist/volunteer coordinator.

OCCH has also developed a beautiful series of Black and White posters informing of the risk of AIDS.

### ***MARC Site Visit Conclusions and Recommendations***

The Orange County Center for Health provides comprehensive HIV educational services to all clients who are at risk. Clients may be at the center for HIV related services such as antibody testing and counseling, or they may be there for an unrelated concern. The approach taken by the Center is to integrate HIV education and prevention services under the full spectrum of services offered by the clinic. This holistic approach reinforces the seriousness of the HIV threat to all clients while undercutting the "unique" character of HIV disease. The staff appeared highly qualified and comfortable in their respective roles.

This state funded project targeting African American and Latinos appears to be a success. The project staff reported two areas where they would like assistance:

*Identifying Models* for outreach to geographically spread populations

*Materials Development:* Low literacy evaluation instruments.

The Marc staff was extremely impressed with this program. They are located in the heart of the Latino community and appear to be a tremendous resource and asset.



## **Watts Health Foundation Inc.**

**Address: 10300 South Compton Avenue, Los Angeles, CA. 90002**

**Project Coordinator: Ms. Cleante Stain**

**Date Of MARC Site Visit: 1/7/91**

### ***Background***

The MARC site visit began with the team meeting at the Watts Health Clinic with the Education/Prevention Coordinator. During the meeting the following was discussed:

*Basic overview of the successes of and the barriers to the programs operation*  
*Ability of the program to reach targeted African American and Latino populations*

*Ability of the program to teach sustained behavioral change*

The Program staff feels overwhelmed by the enormity of the task in relation to numbers of program staff. They have one full time Coordinator and 2 education/prevention workers.

They feel despite their smallness in numbers they have been successful in reaching :

*Women (multicultural groups through the WIC sites)*

*Intravenous Drug Users*

*The program is also connected to other community service providers trying to reach a broader spectrum of people.*

### ***Overview of Findings***

The staff presented an educational presentation on HIV and HIV risk reduction to a group of WIC mothers. Staff could benefit by an update on the HIV/STD connection. Presentation was informative and well received. Staff could also benefit by an inservice on researching the current trends in AIDS services and epidemiology.

### ***MARC Staff Conclusions and Recommendations***

*Training: AIDS and STDs*

*Training: Sexuality and Communities of Color*

*Materials Development: Videos for youth*

*Materials Development : Curriculum for reaching sex industry workers*



## **Asian AIDS Recovery Services**

**Address: 300 4th Street, San Francisco, CA 94107**

**Project Director: Ms Dorothy Wong**

**Date of MARC Site Visit: 1/23/91**

### ***Background***

The goal of the AAP is to reduce the spread of HIV among Asian/Pacific Islanders. To reach this goal the project has adopted a culturally and linguistically appropriate approach to the community they serve. The Asian AIDS Project directs its outreach efforts to:

*Gay/Bisexual Asian Men*  
*Substance Abusers/Intravenous Drug Users*  
*Heterosexuals at risk*

The AAP's main method of outreach is through information dissemination. This dissemination is done through presentations and educational materials. They also provide direct outreach, approaching people on a one to one basis.

### ***Overview of Findings***

On the site visit to the office, the MARC team encountered a very relaxed and pleasant atmosphere. The director of the project received the MARC team with exceptional hospitality. The project director gave a historical view on the project's origin. The Asian community was very instrumental in bringing the project about. The relationship with the community is one that has come about with time and trust.

At this point of program operation, the entire staff, including the Executive Director is fairly new. The director has been on board about only three months at this time. She mentioned that one of the most difficult aspects of project operation, is finding staff who are linguistically matched with the populations at risk. This is due to the large number of languages and dialects among Asian people. Add to that the sensitivity about homosexuality, and barriers to outreach are clear.

In many cases, collaborative efforts with other community agencies are possible, but staff is limited for such pursuits.

In the future, the Asian AIDS Project is trying to incorporate a Youth Peer Education Project. This project might be the best idea yet to outreach youth, especially young drug abusers.



The director expressed a need for training in the following areas.

*Staff development*

*Communicating sexual information*

*Working with Bar Owners*

*Supporting your staff*

### ***MARC Site Visit Staff Conclusions/Recommendations***

The Asian AIDS project seems to have a real grasp on what the Asian Community needs. It is also a great vehicle to get to the Asian community because of staff understanding of language and culture.

The MARC staff recommends:

*Training:* Outreaching to Different Populations (i.e. Chinese)

*Training:* Strategies to Outreach Men Who Have Sex With Men

# **Tehama County Department of Health**

**Address: 1860 Walnut Street, Red Bluff CA. 96080**

**Project Coordinator: Ms. Cathy A. Mills**

**Health Education Assistant: Claudia de la Yorre**

**Date of MARC Site Visit: 1/17/91**

## ***Background***

The Tehama County Health Department is currently providing comprehensive AIDS education and prevention services. These services are being provided through the AIDS Coalition of Tehama (ACT). This coalition effort began in 1988. The Health Department specifically targets the following populations:

*Heterosexuals*  
*Inmates/Wards*  
*Intravenous Drug Users and their partners*  
*Men Who Have Sex With Men*  
*People of Color individuals*  
*Women of Child-bearing age*

The most effective way for this project to provide education has been through the use of videos, (ethnic specific), educational talks (culture and/or language specific) and pamphlets (culture and/or language specific).

## ***Overview of Findings***

The TA team visited the Health Department and engaged the staff in one on one interviews. The Coordinator of the program is of Native American Indian descent, but identifies with the white culture, predominately. She supervises the only other AIDS education and prevention member, a Latina.

The staff stated that Tehama County has unique needs due to fear, prejudice and misinformation. The staff also stated that there is a high incident of drug use in the community, and that most of the inmates involved in the program's outreach are incarcerated because of drug/alcohol related crimes.

The staff has had some miscommunication with the staff in an organization in Anderson which is also providing HIV education to the community. The issue in question concerns the appropriateness of having a female outreach worker presenting HIV education to primarily male migrant workers. This problem goes to what may be the heart of a cultural discrepancy about what is appropriate for gender roles in Latino and Native American cultures



Other segments of the targeted population are reached through other care components of the Health Department. i.e.,

*Pregnancy testing and counseling*

*STD treatment*

*WIC clinic*

*HIV antibody testing clinic*

The staff stated that the inmate population they are serving are reached primarily in the jail, and juvenile hall. However the staff feels that continued work with the probation officers may increase their AIDS prevention efforts to the inmate population.

### ***Overview of Findings***

The prevention team revealed that the county's African American population is small and that they have not had much success with this population. They currently have no specific literature or materials directed to the African American community.

A large number of the population served are transient and would require more staff to provide one on one interventions. Additionally, the staff would like to develop in-house the capacity to produce low literacy pre and post tests and other materials. The staff also expressed desire for training around multicultural issues in the workplace.

The AIDS education project would like to increase their collaboration and networking efforts with the Northern Coalition For Rural Health, Inc.

They would also like to increase their efforts to effectively reach Tehama's African American population.

### ***MARC Staff Conclusions/Recommendations***

The MARC staff found that the Tehama prevention team could use assistance in the following areas:

*Training:* Networking and Collaboration Efforts

*Training :* Multicultural Issues in the Workplace

*Materials Development:* Low Literacy Materials

*Materials:* Cal Pep Curriculum on Outreach to Sex Workers

They also could benefit from a brainstorming session on outreach tools to the African American community.

The MARC staff wishes to compliment this staff for obvious dedication to difficult work in a difficult region.

## **San Joaquin Local Health District**

**Address:** 1860 Walnut Street, Stockton CA. 95102

**Project Coordinator:** Ms Alice Gandleman, M.P.H.

**Date of MARC Site Visit:** 1/7/91

### ***Background***

This AIDS education and prevention project has designed activities to educate and promote behavior change among high risk groups in San Joaquin county. The targeted high risk groups include:

*Intravenous Drug Users*  
*Heterosexuals at risk*  
*Incarcerated adults and youth*

The program also targets multicultural populations such as:

*African Americans*  
*Latinos*  
*Native American Indians*  
*Asian/Pacific Islanders*

### ***Overview of Findings***

Generally, this program reaches:

*the correctional facilities in the area*  
*men*  
*women*  
*youth*  
*intravenous drug users not in treatment*  
*sexually active Latino men and women.*

Videos uses: "AIDS: Changing The Rules", "A Bad Way To Die", "Needle Talk", "What Ramone Did" (Spanish and English), "Black People Get AIDS Too".

Two outreach workers are employed half time, and make 3 to 4 street outreach presentations a week. They conduct a peer education group within the California Youth Authority facility. This is a multiracial group which includes all ethnicities. They also work in conjunction with other agencies such as Planned Parenthood, to reach the marginal populations such as transient migrant workers and the sheltered homeless.

This is the fourth year of program operation. They feel they are past the "initial" establishment phase. The Health Department also runs an AIDS information telephone line.



There is another branch of the county health service which provides HIV education and prevention services through another funding source. There is no connection between the two projects although they are housed within the same facility. This additional HIV service reaches many WIC families (mostly women) and is primarily Latino in ethnic composition.

### ***MARC Site Visit Conclusions and Recommendations***

This project works with a Community Advisory Board with an HIV subcommittee. Project Director coordinates meetings and events and is in the process of putting together a speakers bureau.

The staff need updated information on HIV, they need access to newer videos, need materials which link the alcohol/HIV connection.

*Training:* Reaching African American Communities

*Training:* Medical Update on HIV

*Materials :* Low literacy materials (including pre and post knowledge assessments,  
Generic Flip Chart showing Transmission and High Risk Behavior

# **Butte County Public Health Department**

**Address: 695 Orleander Avenue Chico, CA. 95926**

**Project Coordinator: Ms Anna Marie Diaz**

**Date of MARC Site Visit: 1/18/91**

## ***Background***

This project's HIV program provides educational and prevention activities for high risk groups and the general population. This agency provides training for:

*Social Service Providers  
Health Care Workers  
Emergency Medical Workers  
Criminal Justice Employees*

Other targeted populations consist of: adolescents, college students, incarcerated individuals (mainly youth), IVDU's and their partners, and women of childbearing age.

The staff coordinator revealed that they do not have large numbers to report among their minority populations. However, in the targeted groups of college youth, incarcerated youth and IVDU treatment facilities, they see most of their minorities.

In addition to the groups mentioned above, the agency targets "Men Who Have Sex With Men". This is a cooperative effort with other organized Gay organizations made possible through an informally organized Gay network. Migrant workers are also a targeted group.

The education/prevention staff consists of one Latina, the project coordinator, 3 educators, 3 Euro-whites, 1 male and 3 females.

## ***Overview of Findings***

The MARC team visited with the AIDS Coordinator and one educator during our site visit. After receiving an overview of the organization and targeted populations, the H.D. staff began to discuss barriers they encountered while trying to reach targeted populations, especially People of Color. The staff stated that the percentage of minorities they actually do reach is minimal. The staff expressed concern about the following areas:

*Training on health promotional models which support sustained behavior change  
Low literacy materials and visual aids  
Evaluation instruments  
Reaching difficult populations  
Training on strategies to incorporate HIV education into STD models, and to link alcohol/substance abuse with HIV risk  
Establishing a functional network with Chico State University to provide evaluation of educational intervention designed to bring about behavioral change for targeted high risk populations.*



### ***MARC Staff Conclusions/Recommendations***

The Marc staff reviewed the notes from this visit and really felt that this agency could benefit from some cultural awareness training. The educational interventions currently in use are not reflective of cultural awareness.

The MARC TA strategy for addressing the needs of this organization are as follows:

*Training:* Sexuality and People of Color

*Training:* How to create functional networks and collaborations

The MARC staff would like to note the very creative approach to the programs presented to the Gay community. Use of such materials as "AIDS Jeopardy" are approaches other models could get benefit from.

## **Santa Barbara County Health Department**

**Address: 300 San Antonio Road, Santa Barbara, CA. 93110**

**Director of AIDS Services: Ms. Valwyn Hooper, MA.**

**Date of MARC Site Visit: 1/17/91**

### ***Background***

The goal of the AIDS Service Education Project for the Santa Barbara Health Department is to stop the transmission of HIV to uninfected individuals.

The success of this project requires the cooperation of Santa Barbara County's public media and advocacy groups for minority populations.

AIDS Services for 4 State and 1 Federal contract consists of 5.3 FTE. Five members are HIV test counselors, 26 counseling and testing hours each week.

The Health Department provides HIV testing, epidemiological surveillance, and HIV presentations. They are currently involved in a seroprevalence study with all clients who receive treatment for STD's. They subcontract with the Gay and Lesbian Center here to reach gays, bisexuals and men who have sex with men; and with Isla Vista Health Project to reach IVDU's and partners.

There is a high percentage of Latinos among the population of the county. They also work with: The homeless population through one to one work at the homeless shelters. ESL classes, Migrant Education classes, County Honor farms and Alternative schools.

### ***Overview of Findings***

This project has difficulty reaching the African American population. They have no African Americans on staff providing HIV education and previous outreach efforts to this community have been unsuccessful. Although there is an African American Community Center, there are less than 2% African Americans within the Santa Barbara area (South County). A higher number of African Americans (4%) are found in the north county area near Lompoc. North county concentration and work with the African American churches and community leaders has not proved successful.

There is a Community Task Force that acts as an advisory group to this project. There are no African American members on it, although they have been invited to attend and have done so occasionally.

A major thrust of project efforts includes ESL classes at City College. Latinos account for 35-48% of the county's population and socio-economically cut across all class lines.

This project has a library of over 100 films and videos.



This project lacks good clear, low literacy materials for Spanish and English audiences. They are currently relying on the California AIDS Clearinghouse, ETR, National Clearinghouse and some purchased materials for their information. Their client population needs practical information on safe sex practices and general HIV transmission.

This project has one person in charge of all HIV education efforts. This allows that individual to see "The Big Picture" re: Education efforts and service provision. This is the first Health Department in the state to be organized in this way.

Currently, this project has one full time bilingual/bicultural Health Educator and one part-time Health Educator. Reaching all target populations for this one worker presents a challenging task. There are two county HIV hot lines; one English, one Spanish. There is a night line for HIV information which is run by the Gay and Lesbian Center.

### ***MARC Staff Conclusions/Recommendations***

*Training:* Culturally specific sexuality training would be appropriate for a staff addressing mainly Latinos and Gays.

There is a large immigration movement of Latinos, primarily from Mexico. There is an increasing number of these men who are engaging in bi-sexual behavior. Many of these men may be involved in sex with other men for survival.

## **Nipomo Community Medical Center, Inc.**

**Address: 150 Tejas Place, PO Box 430, Nipomo, CA 93444**

**Project Director: Ms Isabel P. Ruiz**

**Date of MARC Site Visit: 1/18/91**

### ***Background***

The MARC Staff met with the AIDS Community Education and Prevention Project staff. This project, operated by the Nipomo Community Medical Center, is designed to create multiple strategies that will influence high risk behavior and lower risk to HIV infection. The project will reach approximately:

*300 adolescent populations  
600 Latino farm workers  
250 drug users and  
150 women of childbearing age*

Targeted Populations will be reached through working in close association with local agencies, such as:

*The Center for Employment and Training  
ESL classes  
Migrant Farmworkers/Parent groups  
Aspira Foster Agency  
The Wellness Pregnancy Program  
Santa Barbara Juvenile Hall  
San Luis Obispo Alcohol Services Center  
Drug and Alcohol Rehabilitation programs, and others*

The HIV Education and Prevention Program staff consists of 3 Latinos and 2 European Americans.

The county is at least 50% Latino, 2% African American. The project works with Santa Maria Valley area and County Division of Drug and Alcohol Offenders, providing group presentations.

Targeted groups are Heterosexual Latino, Youth, IVDU's, Women of Childbearing Age.

This project works primarily in male/female teams to reach a mostly monolingual Hispanic audience. The project staff utilizes the videos, "Mi Hermano" and "Ojos Que Novien", which are chosen due to their cultural relevance and appropriateness to Latino families.

The project has a Multicultural Advisory Task Force which meets quarterly. Community Networking is a large part of this program's success. The workers have personal relationships with other agency staff and with the Multicultural Advisory Task Force.



The AIDS Community Education and Prevention Project attribute partial success to staff working in the same community as where they work. In rural areas, the establishment of trust is crucial to the project's success. The project also does work with school district's Continuation Program, Minor Parent Program and Programs for Runaway Youth.

### ***Overview of Findings***

The MARC Technical Assistance staff identified the following areas in which the Nipomo Medical Center seems to have difficulty:

**Scheduling-** How to adapt program/presentations to 30 minute, 60 minute, 90 minute time lengths

There are a number of "turf issues" regarding schools and churches. For instance, condom distribution is not "routine"; the community is Christian, traditionally Catholic and anti-condom in perspective.

### ***MARC Staff Conclusions/Recommendations***

After we reviewed the information, we found that further technical assistance to the Nipomo Community Medical Center could be provided in the following areas:

**Training:** Cross-Cultural Issues Regarding Black and Asian Community Mores.

**Training:** How to Reach Hard to Reach Populations

**Materials Development :** For Low Literacy Populations

**Strategies Development :** For Reaching Youth Populations

## **Northern California Coalition for Rural Health, Inc.**

**Address: 2850-A West Center St, Anderson CA 96007**

**Project Coordinator: Ms Francesca Boring**

**Date of MARC Site Visit: 1/17/91**

### ***Background***

The MARC Staff met with the Coalition's Director and discussed Education and Prevention strategies. The Director expressed strong support for People of Color providing Outreach Services to People of Color.

Success reached by the Outreach Programs is primarily due to the selection of staff to implement Outreach Services, as role models. Targeted Populations are reached through a number of institutions, already in place:

*WIC*

*Union Meetings*

*Youth Clubs*

*Family Social and Political Groups*

*Community Forums and Festivities*

A network of Task Forces serve as Advisory Group to the Coalition. The targeted groups are as follows:

*Women of WIC* - of which 80% are of color

*Minority Community Members* - reached through festivities, family and neighborhood gatherings (for education or celebration purposes).

*High Risk Adolescents* - of which one-eighth are of color, reached through direct intervention of college settings.

*High Risk Individuals* - reached through direct strategies - at test sites or information sessions.

This Coalition lacks funds to hire and to expand, but with their limited resources the work is being addressed.

### ***Recommendations***

The MARC Technical Assistance staff feels that a more collaborative effort could lead to Outreach Services to a larger number of people of color. This effort could involve the AIDS Education and Prevention Programs of Butte and Tehama Counties.



Training is suggested in the areas of:

*Sexuality: Cultural and Sexual Barriers to Effective HIV Education*

*Networking: Building up the Rural Network*

*Building Up a Peer Education Component to Enhance Outreach Efforts*

A Networking and Collaborative Workshop aimed at the following would be valuable:

*Building Coalitions that are Effective*

*Networking with People of Color*

*Strategies Design for Multicultural Populations*

*Community Input, an Ongoing Mechanism for Agency's Targeted Populations*

### ***MARC Staff Conclusions***

After we reviewed the information gathered at the site visit, we have come to understand the value of reaching communities with members of their own ethnic and cultural background. The insight provided to us by the Director showed us that there are more than just workers at this site, but people who are committed and feel for what they do.

The MARC Staff's continued technical assistance to the Northern California Coalition for Rural Health will focus on network building-strategies for creating networks inclusive of other agencies and provide other options to work with the targeted populations.

## **Alliance Medical Center**

**Address: 619 - 621 Center Street, Healdsburg, CA. 95488**

**Project Coordinator: Mr. Javier Guzman**

**Date of MARC Site Visit: 1/10/91**

### ***Background***

The Alliance Medical Center is a primary care facility serving mostly Latino clients who reside and are transient within Sonoma County. The mission of the clinic is to improve the quality of care for rural and farmworking residents of Sonoma County. The clinic does primary care which include HIV testing and counseling. The clinic also does WIC and family planning.

There have been 488 diagnosed cases of AIDS within the county. There have been 306 deaths. Sonoma county's population is 85% White, 8% Latino, 1.2% African American, 1.1% American Indians and 1.5% Asian/Pacific Islanders.

This agency works with a number of other community organizations including:

*Drug Alternative Center*  
*Peoples Economic Opportunity of Sonoma County*  
*Red Cross*

Points of entry include:

*Lunchtime at vineyards*  
*Plaza pick up place for itinerant workers*  
*Laundries*  
*Mexican festivals*

This is the only project to serve monolingual Latinos in the county. Groups of emphasis include farm workers, out of school youth, prison inmates, substance abusers and sex industry workers. Many of the clinic's clients are low income, lack health insurance and other access to medical care. There is a high number of undocumented workers in the county. Also literacy is low, materials are needed for those not able to read and/or speak English. Much of the education to this group is done verbally.

### ***Overview of Findings***

This project is overwhelmed by the high demand for services. The project is doing an excellent job. The Outreach Worker/Health Educator has developed outstanding visual aids for low literacy populations (monolingual). Having a bicultural/bilingual staff has eliminated barriers which otherwise could have jeopardized this program. The outreach worker uses all available means of



communication (including a weekly radio show.) The staff's ability to do effective outreach to the Latino community is also enhanced by the staff ethnically matching the target population in language and culture.

### ***MARC Staff Conclusions / Recommendations***

***Training Presentation:*** Strategies for reaching Men who have sex with men

***Training:*** Strategies for reaching sex workers

MARC staff will make another site visit to examine visual aids in detail, in an effort to duplicate the development of these materials to share with other projects.

# **San Benito Health Foundation**

**Address: 910 Monterey, Hollister, CA. 95023**

**Project Coordinator: Ms. Olivia Scott, Acting Director,  
Ms. Katherine Sims , Grantwriter**

***Date of MARC Visit:***

## ***Background***

The San Benito Health Foundation is a community health facility providing primary medical care to a large Latino transient and resident population. The MARC staff met with the OA funded HIV education and prevention project which targets the clients who use the clinic. Particular groups of emphasis include:

***Heterosexuals at Risk  
Injection Drug Users***

The scope of work for the project originally included outreach to Men Who Have Sex With Men, however project staff have found it impossible to identify these men in groups because of the degree to which this sexual practice is closeted within this community. The project dropped this target group in favor of being able to identify men who have sex with men individually as they present themselves to the clinic for a related or unrelated medical concern.\*

*\*This is an important factor to note here. This population is known to one another and fear of recriminations and exposure keep this population almost totally hidden, even to health care/outreach workers who themselves are Latino, and part of the recognized social structure.*

The HIV program staff consists of a fulltime coordinator and a half time outreach worker. San Benito Health Foundation serves the entire county of San Benito, an untraced county of approximately 1400 square miles. There are two major towns: Hollister and San Juan Bautista. These towns are located in the northern most part of the county and contain 50% of the population. The rest of the population lives in unincorporated areas. The California Department of Economic Development estimates that nearly half the population is of Spanish origin.

## ***Overview of Findings***

This is an example of a program which found during operation that its target groups were inappropriate. Accordingly they modified their scope of work to exclude the population groups in question. In addition to the aforementioned group, the project staff found human and public service workers being trained by the local Red Cross and other groups.

The sheer landmass of the area concerned here is overwhelming to staff involved. Working with the migrant workers seems quite successful with many of the camps in unincorporated areas. Outreach otherwise is not done, unless clients present themselves at the clinic. This is often done in connection with HIV testing to qualify for amnesty.



### ***MARC Staff Conclusions/Recommendations***

This project could benefit by aligning its education and prevention efforts with other organizations in the surrounding communities doing HIV prevention work. They are starting to make such moves and are working with the Red Cross to provide a community training, scheduled for May.

***Training Recommended:*** How to Reach Hard to Reach Populations

***Materials Development:*** For Low Literacy Populations

***Materials Development:*** Generic Visual Aides which could be adapted for use with a variety of audiences i.e., a pre-prepared flip chart explaining transmission of the virus and high risk behaviors.

# **Appendix F**

## **MARC Forum Feedback**



## **MARC Community Forums Summary of Feedback**

Four Community Forums were held to allow Health Departments and CBOs to meet separately to discuss the findings of the HIV Prevention Efforts in California Report.

The purpose of the forums was to:

Share the findings of the TA process from the respective agencies.

Enable CBO/Health departments to give input into the process of assessing methodologies, strategies and outcome, to providing AIDS education to People of Color populations.

To create a network for sharing successes and barriers to AIDS education and prevention.

The Community Forums were held in Los Angeles, Nipomo, Red Bluff and Berkeley.

**MARC Fourm Feedback  
Survey Results  
14 Respondents**

**I. Profile of Respondents:**

- 1 - Health Dept. - Urban
- 3 - Health Dept. - Rural
- 9 - Community Based Organization - People of Color
- 2 - Community Based Organization - Non-People of Color

**II. Respondent's program reaches the following populations:**

- 12 - Women
- 11 - Youth
- 13 - Intravenous Drug Users
- 11 - Intravenous Drug User Partners
- 7 - Migrant Workers
- 9 - Sex Workers

**III. Education/Prevention effort to People of Color (by %):**

- 2: 10 - 20%
- 0: 20 - 30%
- 1: 30 - 40%
- 1: 40 - 50%
- 9: 50% or more

**IV. Areas where efforts could be enhanced:**

- 3 - Teens
- 3 - Intravenous Drug Users
- 2 - Sex Workers
- 3 - Incarcerated Men/Women
- 4 - Latinos
- 3 - Other



**V. Barriers to overcome in order to become more effective:**

- 4 - Funding
- 2 - Language
- 2 - Literacy
- 8 - Behavior Models

**VI. Populations to which your efforts have had the least impact on:**

- 7 - Men who have sex with men
- 1 - Women
- 4 - Migrant Workers
- 2 - Youth
- 1 - Intravenous Drug Users
- 0 - Intravenous Drug User Partners
- 4 - Sex Workers
- 3 - Hetrosexuals

**VII. Has agency developed an advisory relationship with members of the population?**

- 1 - 0
- 2 - No
- 9 - Yes

**VIII. Do CBOs have a greater chance of reaching and motivating People of Color populations than the Health department?**

- 2 - No
- 11 - Yes
- 1 - 0

**CBOs and Health Departments that attended the four forums discussed the following:**

1. Those who attended expressed their satisfaction with the process.
2. It enabled OA contractors to explore issues surrounding their program's design and implementation to providing education/prevention efforts to People of Color populations.
3. The opportunity to examine barriers to providing effective HIV education to People of Color communities in an urban/rural setting.
4. many of the participating agencies requested that we continue the process of Community Forum in the future to provide an ongoing venue for assessment.

**Participating Health Dept./CBOs discussed the following items:**

1. Need increased funding from the OA to reach People of Color populations.
2. CBOs have a greater chance of reaching targeted populations in People of Color communities.
3. More research of the People of Color communities' attitudes and beliefs as it relates to HIV prevention.
4. Urban Health Departments and CBOs have coalitions or advisory networks established representing specific cultural ethnic and gender representation. Rural programs do not have such a network established.
5. More networking and collaboration is needed in to increase effective input of agencies providing AIDS education/prevention efforts in People of Color communities in a rural setting.
6. Lack of low literacy materials such as pre/post test was an area of need expressed by attending agencies.
7. Ways of identifying or measuring behavior change in targeted populations.

*The preceding is a review of the feedback forms submitted by forum participants.*



*The Community Forums were not well attended. We offer the following reasons for the lack of response:*

1. People did not understand the importance of the Community Forum.
2. People were not clear on what would happen with the information and feedback gathered at the forum.
3. Not willing to attend because contractors felt it was not mandatory.

# MARC Forum Feedback

The MARC Technical Assistance Team needs your input and feedback.

— Please fill out this form —

1. I am a member of an AIDS Education Presentation Team in:

- ☐ (A) Health Dept. (urban)
- ☐ (B) Health Dept. (rural)
- ☐ (C) Community Based Organization (People of Color operated)
- ☐ (D) Community Based Organization (Non People of Color operated)

2. Our program reaches the following populations:

- ☐ (A) Women
- ☐ (B) Youth
- ☐ (C) Intravenous Drug Users
- ☐ (D) Intravenous Drug User Partners
- ☐ (E) Migrant Workers
- ☐ (F) Sex Workers

3. What percentage of your education/prevention effort is to People of Color populations?

- ☐ (A) 10% - 20%
- ☐ (B) 20% - 30%
- ☐ (C) 30% - 40%
- ☐ (D) 40% - 50%
- ☐ (E) 50% or more

4. In what areas do you feel your efforts could be enhanced?  
(Please list population and explain why)

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**5. What barriers do you feel you must overcome in order to effectively provide education/prevention to People of Color populations?**

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**6. Which population do you feel your efforts have had the least impact on? (People of Color served by your agency)**

- ☐ (A) Men who have sex with men
- ☐ (B) Women
- ☐ (C) Migrant Workers
- ☐ (D) Youth
- ☐ (E) Intravenous Drug Users
- ☐ (F) Intravenous Drug User partners
- ☐ (G) Sex Workers
- ☐ (H) Heterosexuals

**7. Has your agency developed an advisory relationship with members of the population you serve? What has been the outcome of this relationship?**

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**8. Do you feel that CBOs have a greater chance of reaching and motivating behavior change among People of Color than the Health Department ?**

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**9. Additional comments**

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**REVISED DATES**  
**FOR**  
**COMMUNITY FORUMS:**

**AIDS EDUCATION TO PEOPLE OF COLOR**

**Berkeley - Urban Health Depts. April 10**

North Berkeley Senior Center 901 Hearst Ave., Berkeley, CA  
10:00 AM - 12:00 PM, 2:00 PM - 4:00 PM  
(415) 644-6355

**Red Bluff - Rural Health Depts. April 12**

Coyne Medical Center  
Sister Columba Dr., Red Bluff, CA  
10:00 AM - 12:00 PM, 2:00 PM - 4:00 PM  
(916) 527-6824

**Los Angeles - Minority CBO's April 16**

Watts Health Foundation  
4116 East Compton Ave., Compton, CA  
9:00 AM - 12:00 PM  
(213) 639-3068

**Nipomo - Non Minority CBO's April 17**

150 Tejas Place, Nipomo, CA  
9:00 AM - 12:00 PM  
(805) 929-3211

Forums will be held to discuss findings from  
assessment/technical assistance process done by MTRC.  
Contractors and community AIDS organizations welcome.

To register call:

MTRC 1-800-545-6662