NA/BWMT AIDS Prevention Task Force
Meeting Agenda

Saturday February 25th, 1989

1. Solicit additional agenda items
2. Discuss Task Force meeting notes
3. Changes/Updates to Project Summary
4. Project Management Committee Report
5. KAB Survey discussion
6. Task Force expansion
7. Task Assignments

~Lunch~

Discussion Topic: "What is this project really all about?"

Small group discussions

- Convention '89
- Mission Statment / Orientation
- PMC / Staff

Sunday February 26th, 1989

1. Compile list of topics
2. Prioritize and set time limits

2. Short-term Objectives

1. **The first of our goals is to sustain our project, the National Task Force on AIDS Prevention, as an active working group representative of our diverse membership, all our chapters, and the cities in which chapters operate.**

   - To integrate and motivate newly elected Task Force members.
   - To evolve a structural plan for the best utilization of all Task Force members — their energies and skills.
   - To promote communications and improve the flow of information between staff and Task Force members.
   - To document all the AIDS-related activities of individual Task Force members, of NABWMT chapters, and of chapter committees concerned with AIDS.

2. **The second of our goals involves conducting research to determine baseline knowledge, attitudes and behaviors of target population, the media that influence the target population, and the skills and motivators necessary for changing risky behaviors among the target population.**

   - To implement a research plan designed to answer the most pressing questions related to our target population.
   - To conduct another survey sampling for baseline KAB data in five cities in which we have heretofore not carried out any prevention education.
   - To develop targeted, specific questionnaires for segments of the target population in conjunction with other groups.
   - To design a needs assessment tool for use with our chapters.
   - To implement a full evaluation plan to be carried out in two parts — one by staff and Task Force members, the other by outside consultants.

3. **The third of our goals is to impact chapter members of NABWMT, and the communities in which chapters are located, with AIDS risk reduction education that is targeted, culturally sensitive, readily understandable and effective.**

   - To deliver factual information about AIDS and risk reduction to our target population.
   - To insure that the target population develops skills for negotiating and expressing individual sexuality with little or no risk of exposure to the virus.
   - To provide the target population with persuasive incentives and disincentives, factors which can act as real motivators toward changing risky behaviors.

4. **The fourth of our goals is to develop a set of principles for building partnerships at the local level on AIDS in minority communities and to implement a partnership-building plan specific to the needs of our individual chapters.**

   - To develop the ability of all chapters to participate in a coordinated partnership-building plan.

   - To expand the avenues by which our chapters become involved with local partnership-building:
     > with local and state health departments, as well as AIDS activities offices
     > with other grantees in the NAIEP grant program
     > with community based AIDS service providers and education groups
     > with health agencies serving minority communities
     > with AIDS organizations and gay organizations that work with the same target population.

5. **The fifth of our goals is to develop a prevention model serving to maintain risk-reducing changes in behavior — a model that includes reinforcing safer sex messages, curbing substance abuse, providing ongoing psychological support, and is carried out in the context of overall individual and group empowerment.**

   - To develop a variety of small group discussion formats which are relevant and practical for our chapters, based on a perceived need to deal with the following long-term objectives:
     > confronting barriers to behavioral change
     > dealing honestly with fears, while avoiding an overly high fear level
     > challenging denial, without moralistic judgements
     > building self-esteem
     > learning skills for coping with the HIV disease process, as well as death and dying.

   - To develop a variety of activities which nurture our group values and our cultures.

6. **The sixth of our goals is to develop the capacity of minority gay and bisexual men to take leadership in our communities and to step forward as volunteers for community health and the prevention of AIDS in our communities.**

   - To double the number of health trainers working with our program.

   - To double the number of safer sex risk reduction facilitators.

   - To double the number of members who participate as staff or volunteers for our project, or for other AIDS organizations working to combat AIDS in minority communities.

   - To improve the leadership and instructional skills of minority People with AIDS and other peer educators, who have influence in and are themselves part of a range of circles within our communities.

3. Methods of Operation

1. **The first of our goals is to sustain our project, the National Task Force on AIDS Prevention, as an active working group representative of our diverse membership, all our chapters, and the cities in which chapters operate.**

   - We will implement a sensitive orientation plan in order to incorporate and gain the full participation of 18 new Task Force members.

   - During the first budget period, we have constituted our Task Force and focused our collective energies by holding regular meetings involving all Task Force members. During the second budget period, we will sustain the involvement through less-frequent meetings of the full group and greater use of other mechanisms — regional meetings, work teams, and ethnic/racial caucuses.

   - We will continue to utilize our two newsletters for purposes of internal and external communication and information flow.

   - We will continue to develop the ability of Task Force members to carry out a uniform system of reporting when we participate in any activities which serve to build partnerships, to write up descriptive case studies of what happens when we hold a risk reduction workshop/facilitator training in their city, and to provide descriptive documentation of individual and chapter participation in AIDS-related services and/or education programs.

   - We will continue to develop the skills of our staff members and to utilize Task Force members as Community Health Outreach Workers (CHOWs).

   - We will continue to attend conferences related to AIDS and minority health.

2. **The second of our goals involves conducting research to determine baseline knowledge, attitudes and behaviors of the target population, the media that influence the target population, and the skills and motivators necessary for changing risky behaviors among the target population.**

   - We will constitute a Research & Evaluation Team as a working sub-group of the Task Force charged with fulfilling this set of objectives.

   - We will continue to utilize focus groups of men drawn from our target population. We will carry out each step of the focus group process: targeted recruitment, development of discussion guides, audio-taping of procedings, and compilation of reports.

   - We will develop a new survey instrument which measures behavioral intent and personal attributes of self-efficacy. This instrument will be uilized in conjunction with risk reduction workshops in order to demonstate any immediate impact and, after time has elapsed, to demonstate the retention of commitment to behavioral change.

   - We will work with other groups in order to provide assistance as they develop questionnaires aimed at segments of the target population. We are thinking specifically of the Lavendar Light Lesbian and Gay Gospel Choir and the series of concerts they are planning for New York City (funded by the U.S. Conference of Mayors). The venue for each concert signifies a different targeted segment of the community. We will help provide questionnaires which fulfill the specific research objective connected with each concert.

- We will more effectively utilize searches of the literature to augment our understanding of topics under investigation and factors which impact our overall goals.

3. **The third of our goals is to impact chapter members of NABWMT, and the communities in which chapters are located, with AIDS risk reduction education that is targeted, culturally sensitive, readily understandable and effective.**

   - We will constitute a Prevention Team as a working sub-group of the Task Force charged with fulfilling this set of objectives. It will be made up of Health Trainers, risk reduction workshop facilitators, and Field Outreach Assistants. It will seek to involve volunteers from various chapters into a unified plan for carrying out this set of objectives. We will move in the direction of Prevention Teams operating on a regional, a state-wide and a local basis.

   - We will continue to utilize the Hot, Horny & Healthy risk reduction workshop and will make it available, with trained facilitators, in all parts of the country. And, we will continue to conduct a facilitator training program. This combination gives rise to locally-based projects which outreach to new individuals and groups from the community, find new hosts for house parties, identify new peer group educators, and make the goal of risk reduction a reality in communities across the country. The workshop and the facilitator training, in combination, are a three-day program.

   - We will develop a four-day prevention program and will return to many of the cities in which we have conducted workshops and trainings during the first budget period. The four-day format will be more comprehensive and even more experiential in its approach.

   - We will develop visual elements that are not erotic and thus not even questionable with regard to the non-advocacy of sexual acts between men. Visual elements such as videotaped role plays and presentation slides will be considered for inclusion.

   - We will continue to develop and will re-publish our manual containing "how-to" information on conducting safer sex risk reduction workshops and building facilitation skills.

4. **The fourth of our goals is to develop a set of principles for building partnerships at the local level on AIDS in minority communities and to implement a partnership-building plan specific to the needs of our individual chapters.**

   - We will constitute a Partnership-Building Team as a working sub-group of the Task Force charged with fulfilling this set of objectives.

   - We will continue to develop and will re-publish our manual containing "how-to" information, practical ideas, and experiences on the subject of networking at the local level for AIDS prevention. This manual is specifically geared toward the needs of our chapters. We have found that there is a need to go beyond the manual, however, and expand into the provision of skills-building experiential workshops facilitated by Task Force members for the benefit of our chapters, on a chapter-by-chapter basis.

   - We will continue to utilize our safer sex risk reduction workshops, our facilitator trainings, and our survey work in order to build ties with other AIDS education groups based in minority communities and with Black gay and lesbian organizations.

   - We will investigate avenues for networking with other lead agencies and sub-contractors in the NAIEP grant program. We will provide assistance in any off our chapter cities where collaboration with other grantees would be beneficial to AIDS prevention in minority communities..

- We will initiate contact with local health departments in the chapter cities in which this has not already taken place. We will attempt to coordinate our national program with local education and information efforts in the minority communities. We will work with anyone who is serious about AIDS prevention among minority gay and bisexual men.

5. **The fifth of our goals is to develop a prevention model serving to maintain risk-reducing changes in behavior — a model that includes reinforcing safer sex messages, curbing substance abuse, providing ongoing psychological support, and is carried out in the context of overall individual and group empowerment.**

   - We will encourage the creation of HIV+ support groups in more of our chapters in order to address secondary prevention and health maintenance among our minority members. We want to implement a program which addresses their particular needs, including treatment information, that we know can be helpful in slowing or, perhaps, halting progression in the HIV disease process. Their need is to remain positive in mental outlook, gain emotional support and continue pursuing useful activities in whatever span of time is left in life. We would attempt to forge a consensus that among the useful activities is participation in AIDS prevention. A few of our members who have experienced opportunistic infections or symptoms defined as ARC are among the most effective spokespeople for safer sex and AIDS prevention.

   - We will utilize the documentation of chapter activities done during the first budget period to inform the Task Force as we continue to develop small group discussion formats that address many of the painful emotional issues and barriers surrounding AIDS. Some members are having significant difficulties in coping with death and dying. For them to gain greater confidence in their knowledge of the disease process and their coping skills would be a very important parallel growth experience that would work together with the attainment of knowledge and skills related to safer sex activities. These two processes would reinforce each other and would represent a boost in overall personal efficacy.

   - Our membership is a reservoir of potential peer leaders, people whom theorists such as Everett Rogers would view as those whose behavior is imitated by others in the social system. We will utilize leadership development workshops, small group training sessions and individual counseling. These would be designed to enhance interpersonal communications skills and knowledge of group dynamics.

   - There is a need to strengthen the organizational base which can support this work. Our method would be to conduct a needs assessment of each chapter. This would evaluate the status and the needs regarding educational in-reach as well as outreach and regarding organizational characteristics. It would examine the relationship between the chapter as a whole and its sub-group dealing with AIDS prevention.

   - Within most of our chapters there is an accepted climate for honoring group values and cultural traditions, particularly of Black Americans or African-Americans, but also of other ethnic and racial groups who make up our membership. We have placed special attention on supporting a recognition that there are shared values among Black gay and bisexual men, that there is a distinct social/cultural history, and that dual oppression gives rise to an idiom and a form of expression, used especially with each other. We will continue to create a fertile climate for this recognition in tandem with other groups, such as Lavendar Light Gospel Choir. We intend to focus on gaining an understanding of how these group values can best inform the content of our risk reduction workshops and our AIDS prevention messages as well as how these group values help shape the milieu in which messages about health maintenance, curbing substance abuse and promoting AIDS risk reduction are received by our target population.

- We still need to do some internal education among our chapters in order to improve understanding of the AIDS prevention principles and the programmatic unity of our work. We will do this by officially declaring certain AIDS prevention "themes," together with related concepts, to be held on a given day, week or month of the calendar and observed by all chapters.

6. The sixth of our goals is to develop the capacity of minority gay and bisexual men to take leadership in our communities and to step forward as volunteers for community health and the prevention of AIDS in our communities.

- We will employ a method called "each-one, teach-one" in order to double our health trainers. Each of our current trainers will identify and work one-on-one to develop the skills of another individual. The pool of risk reduction workshop facilitators, Task Force members, and active chapter volunteers is the pool of people from which new health trainers will be developed.

- In addition to training sessions for safer sex risk reduction facilitators, our health trainers will also conduct leadership development seminars to focus on interpersonal skills and practical attributes that are helpful for people involved in leading chapter AIDS prevention projects and/or peer group activities.

- We will design and implement a plan for volunteer development — considering the distinct concerns with volunteerism that are held by our target population.

4. Evaluation Plan

First, evaluation is not yet a sophisticated operation in any AIDS organization. We understand, so far, that evaluation has a relationship to collecting hard statistical data, such as that arising from our current KAB survey. Survey data and other aspects of evaluation are best incorporated into an overall plan by a working sub-group of the Task Force, the Research and Evaluation Team.

We believe that evaluation proceeds from a clear understanding of realistic program objectives. Our methods of operation indicate quite a few process objectives, most of which are highly specific. Here, we will introduce our evaluation plan by clarifying our **outcome objectives.** Our project will:

- Be an active force in at least 25 cities nationwide, with targeted, culturally-sensitive outreach and education to our target population.

- Evolve a structure which facilitates regional communication in at least three areas of the country and work group activities centered on at least three "teams."

- Operate with ~~40~~ not more than Task Force members, who
  - > communicate regularly with staff;
  - > detail the activities carried out in support of our objectives within a monthly report;
  - > attend meetings carried out under the auspices of the Task Force;
  - > seek the involvement of new facilitators, peer group leaders, volunteers;
  - > participate in program evaluation and leadership development;
  - > take part in one or more program area: . . . . active

- Analyze baseline KAB data to be collected March–May, 1989, and adopt a report which will indicate areas of potential exploration in future research. We will decide what additional measures are needed in order to establish a baseline for future years of our project. Survey work and data collectionwill be designed to yield clear, quantifiable information about our target population related to the following questions:
  - > what factors motivate behavioral change?
  - > what media have the most impact?
  - > what locations for risk reduction workshops allow for greatest impact?
  - > what are the rates of other STDs?
  - > are condoms readily available, is there knowledge of where to get them?
  - > do subjects possess skills for using condoms properly?

- Demonstrably increase factual knowledge about AIDS transmission routes and risk reduction techniques. This will be shown by testing and re-testing a sample of people who have participated in risk reduction workshops.

- Demonstrably change attitudes related to personal risk of HIV infection and the means of prevent it. This will be shown by testing and re-testing a sample of people who have participated in risk reduction workshops.

- Demonstrably reduce or eliminate risk behaviors while improving personal skills which can ensure continuing use of safer sex. Commitment to clear behavioral risk reduction will be incorporated more concretely into our workshops. We will be able to demonstrate behavioral change by surveying and later re-testing a sample of people who have participated in risk reduction workshops.

- Convene at least three focus groups drawn from our target population.

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- Gain the active participation of at least 20 of our chapters in local networking intended to reduce HIV transmission in minority communities.

- Gain the active participation of at least 20 chapters in AIDS prevention "themes," — chapters will hold small group discussions on psycho-social aspects of AIDS and risk reduction, as well as work with their membership to improve coping skills and to develop leadership skills.

- Nurture the development of at least 20 trainers — minority gay and bisexual men capable of training
  > spokespersons from among people with AIDS in minority communities;
  > facilitators of risk reduction workshops; and
  > additional peer group leaders.

- Increase the number of safer sex risk reduction workshop facilitators from 50 to 100 minority gay and bisexual men.

- Increase the number of our members who are active as paid staff members or as volunteers within community based AIDS projects that serve minority communities from 32 to at least 64.

Second, we believe that evaluation requires a clear understanding of the process to be used. Since, we are in the development phase of our project, the best means of monitoring and evaluating it are the following:

1. We need descriptive **documentation of all chapter activities** related to AIDS.

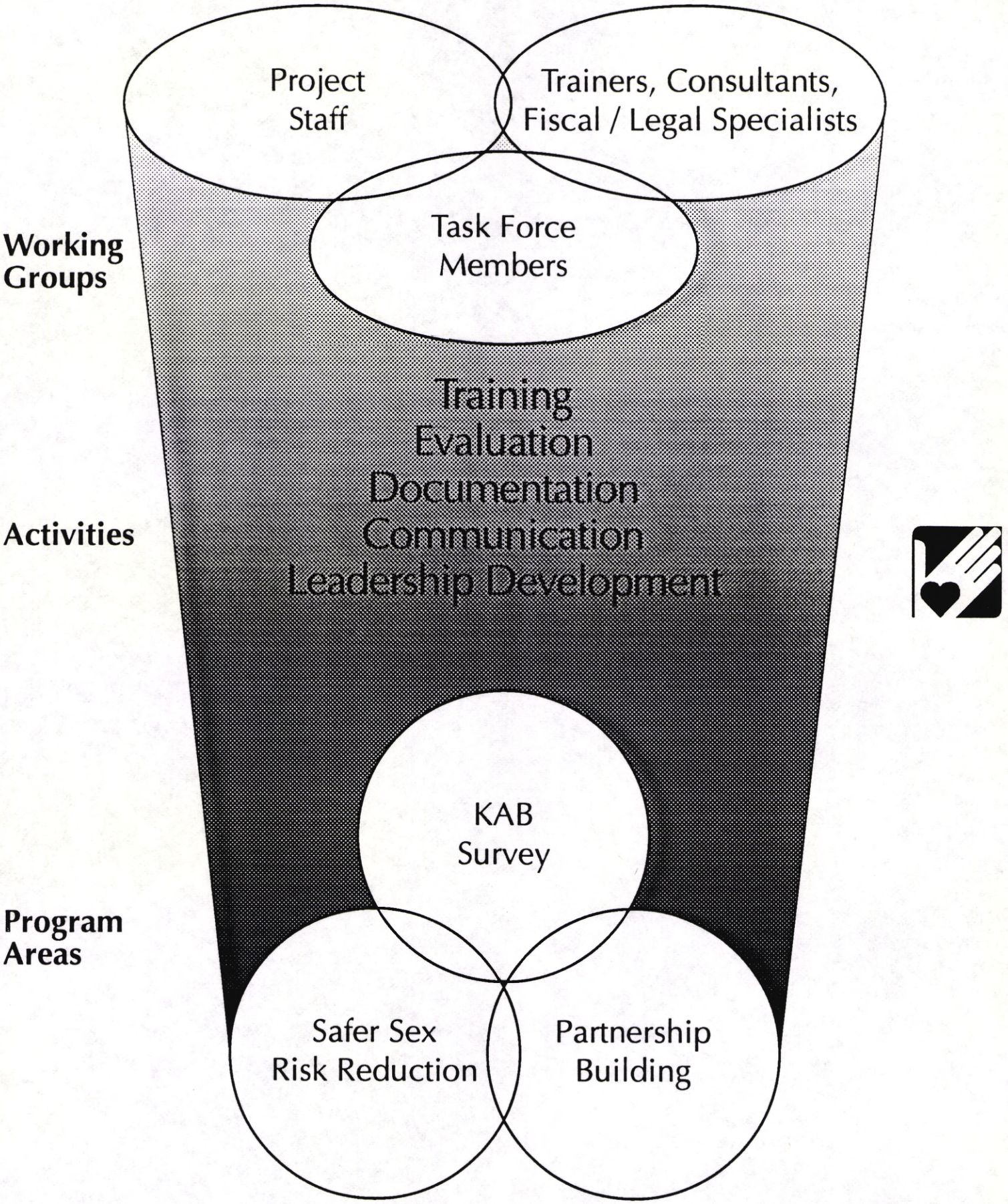
2. We need to solicit **expert testimony**—health officials and directors of community based AIDS organizations, especially those reaching Black people—on the anticipated impact of our program in their particular locale.

3. We need to write up descriptive, informal **case studies** of what happens when the Hot, Horny & Healthy workshop and facilitator training is conducted in your chapter.

4. We need to implement a **uniform system of reporting** when we participate in meetings, workshops, seminars, conferences any of which serve to build bridges or partnerships with any other groups.

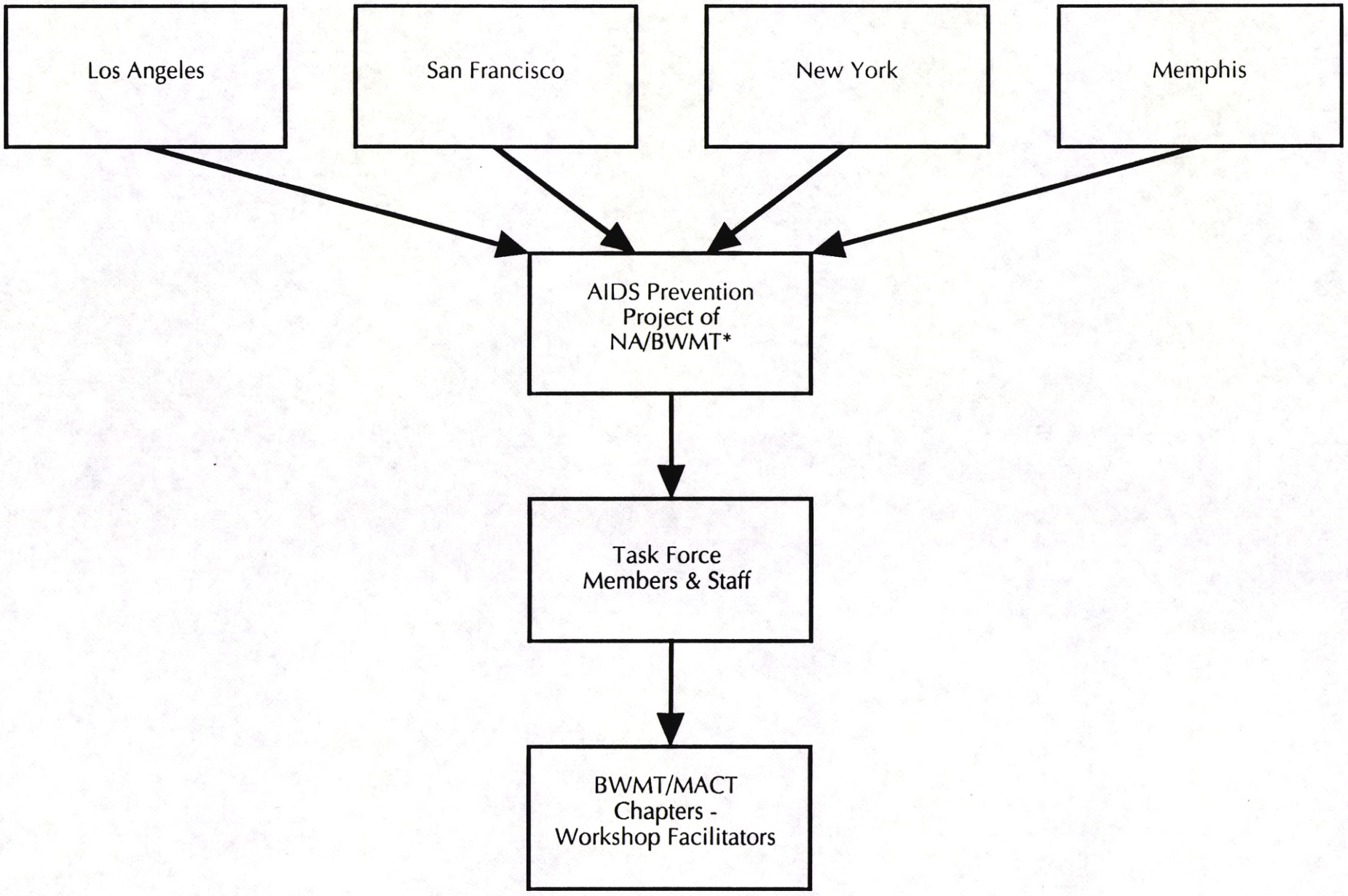
5. We need to understand the limited advances we've made to date by describing the state of AIDS information and education available to our chapter members before the start-up of this project August 10, 1988, then note any objective or quantifiable changes that have taken place since then up to the present. (This is called, **before and after description**.)

Third, we see the need for a clear understanding of who is responsible for program evaluation. The simple answer to that question is all staff and Task Force members, but we have recognized a need to operate with greater focus on evaluation. The mechanism we have developed is a Research and Evalution Team. Having this group of people will not absolve every Task Force member from some responsibilities in the area of evalution, but will serve to coordinate all the necessary pieces and form them into a coordinated plan.

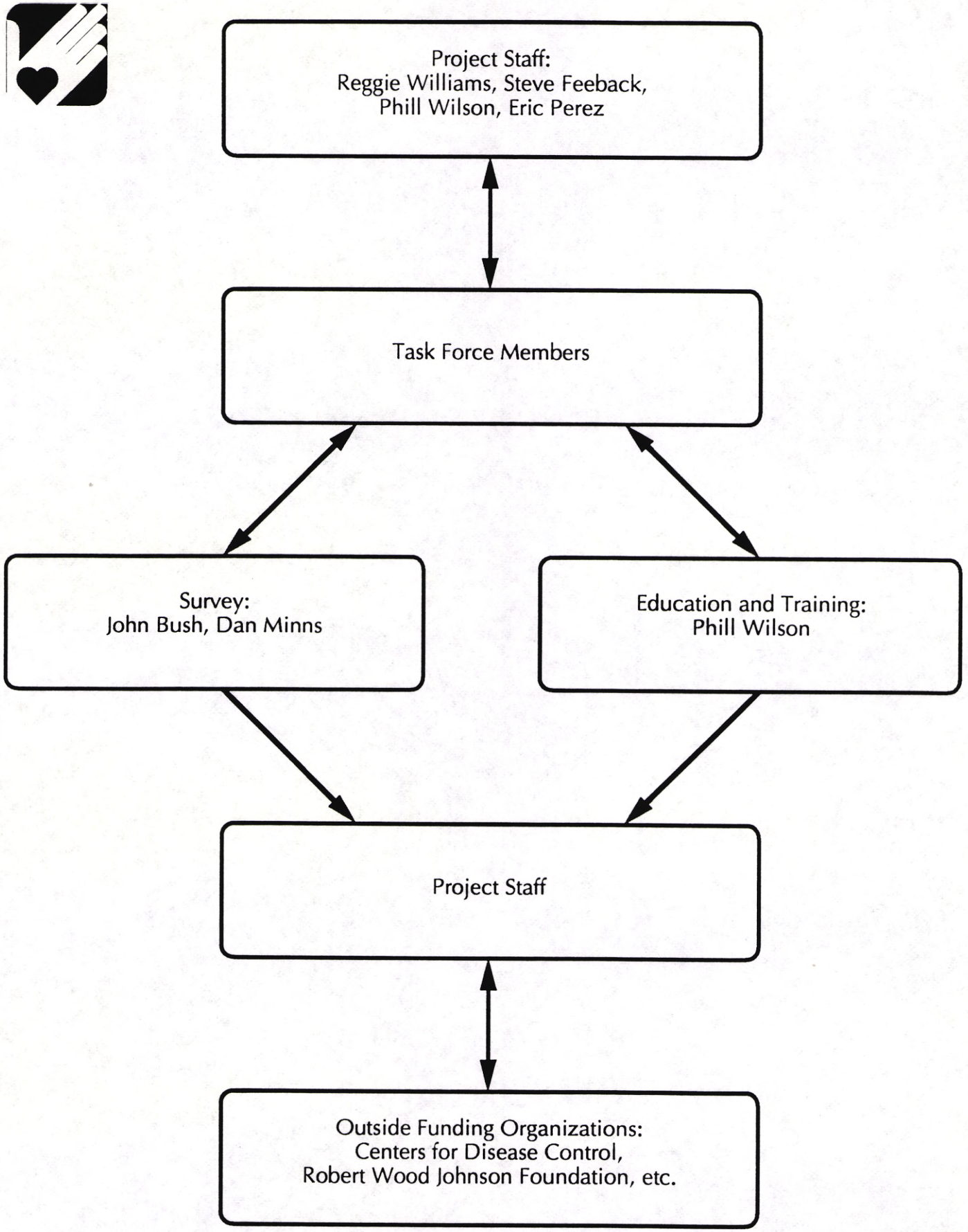


Working Groups, Activities & Program Areas

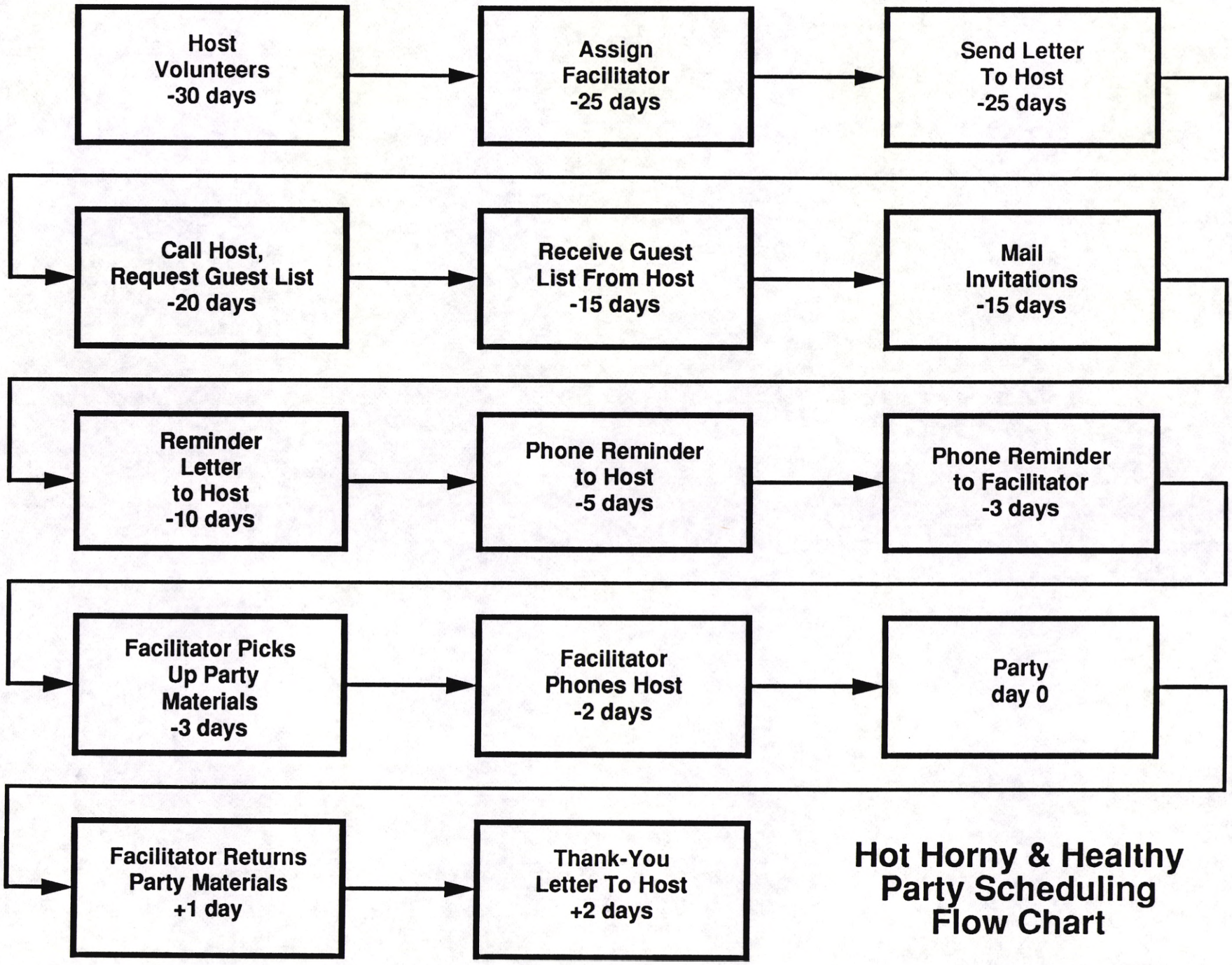
In the NA/BWMT AIDS Prevention Project



Progression of the NA/BWMT AIDS Prevention Project



Information and Documentation Flow in the NA/BWMT AIDS Prevention Project



Hot Horny & Healthy Party Scheduling Flow Chart

Third Task Force meeting — Atlanta — February 25–26, '89

1. No corrections were offered to the notes of the previous meetings, and the format in which Task Force meeting notes are being presented was approved.

2. The Project Summary covering Task Force activities during the first budget period, July, 1988 to April, 1989 had been distributed in advance. Corrections, changes and comments were solicited. Two areas were discussed:
   - Knowledge, Attitudes, Behaviors (KAB) Survey — the pre-testing and the review processes. Some members questioned whether we had done legitimate pre-testing. It was explained that each of the survey interviewer trainings had revealed a different set of issues with the survey. The trainees were asked to examine each survey question, and the process of conducting practice interviews always raised potential difficulties in administering the survey. The general opinion was that this overall process had been thorough and had weighed numerous issues. Two more trainings were scheduled to take place during March, with additional input and changes likely to occur. Task Force members gave approval to the process of the survey's development and expressed confidence that the end product would obtain the information we seek. The formal review procedure mandated by federal law is cumbersome and not really explicit in its directives. We will have the survey reviewed by the panel of people set up by the San Francisco Health Department.
   - Substance Abuse — the lack of program implementation in this area. We do not know how many of our members have chemical dependency problems. We do not address treatment and recovery issues with our members and provide support. We have not been educating people about the effect of alcohol and drugs on the body and the immune system. In looking at self-efficacy and behavior change, we need to focus on the inter-relationship of sexual habits and substance use/abuse habits.

3. The PMC report covered the meeting which took place December 27–29 in Washington, DC. The job duties of staff members and the responsibilities of the Management Committee members were more clearly delineated. Among the areas of responsibility for the PMC were further elaboration of the administrative policies, creation of staff evaluation forms, and the approval of staffing levels. During this particular meeting a great deal of time was spent going over the workplan of the first nine months. This will not normally be a primary responsibility of the PMC, but was deemed necessary in the early stages of our project to be certain that within every work area, activities were being accomplished according to appropriate timelines. Discussion took place about the expansion process for the Task Force and the results we were trying to achieve. The consensus was that the highest priority would be getting the participation of as many chapters as possible. A strong desire for two more active members of the PMC was expressed. This will alleviate some of the pressure felt by the three current PMC members. It was agreed that two new members would be added by no later than April, with an emphasis on people with management and financial background. The attached Summary of PMC decisions to date was approved.

4. A brief report about our grant program and our status with the CDC was offered. Out of the 33 total grantees finally selected in our program, the National AIDS Information and Education Program (NAIEP), only two are targeting gay and bisexual males — the other grantee being the Rio Bravo Association, working on a

regional project out of El Paso Texas. The total allocation of money for the second year is the same as for the first nine months — $6.6 million. All the grantees would like to get more money, but the allocation has not increased. Our application for the second budget period is due February 28th. Any funds that remain unspent or uncommitted from our first budget period will have to be returned to CDC coffers and will be applied to the approved second-year budget.

5. Next on the agenda were two issues related to current aspects of our workplan:
   - (KAB) Survey again We will be conducting a minimum of 900 interviews. Approximately half will be members and half will be non-members. The logistics and the timetable for actually doing the interviewing were discussed in broad terms. (John Bush will lead a more specific and detailed discussion at the next Task Force meeting, after submitting a written proposal.) The survey training is absolutely required for all people conducting interviews. The issue of providing financial incentives to some non-members who agree to be surveyed was also discussed. Our policy is to allow small financial incentives to be provided "out-of-pocket" by interviewers and then request reimbursement from the Task Force. While this is not encouraged, it is understood to sometimes be necessary in attempting to reach some "hard-to-reach people." Chapter-based committees participating in the survey process may make decisions on this issue locally.
   - Task Force expansion. Concern was raised about our ability to handle as large of membership as 40 without incurring financial problems. Response from those most familiar with our budget was that we could, but that fewer national meetings would be on the schedule for the second year. More would be accomplished through work team meetings, trainers' meetings, regional meetings and, perhaps, ethnic/racial caucuses. Also, an enlarged staff would facilitate improved coordination of activities, and that function now served by national meetings would not be as crucial. Large meetings would become even more focused on the development of our workplan. A suggestion for cost-cutting is the possible use of technological innovations such as tele-conferencing. It was recognized that the Task Force is a group of volunteers, as distinct from the paid staff members who are more focused full-time on our goals, objectives and workplan. Task Force members are understanding their overall role, but question whether their specific responsibilities have been spelled out. After further discussion of budget considerations and logistics, the consensus was that we would attempt to increase our numbers to 40 with goals of 10 new members from the Heartland (central) regions of the country and 6 new members who are people of color but not Blacks/African Americans. It is hoped that all those added to the Task Force will see it as an avenue for participating in specific work areas and will eagerly volunteer for tasks.

6. The next agenda item was task assignments. Concentration was on four specific tasks:
   - Recruitment of survey training
   - Documentation of past AIDS-related activities for our four major cities (Memphis, New York, Los Angeles and San Francisco)
   - Documentation of past AIDS-related activities for other chapters/cities, this to be grouped by regions
   - Helping to insure proper coordination of logistics for Hot, Horny & Healthy playshops through the end of April — schedule called for these to be held in

Philadelphia, Cincinnati, Cleveland, Boston, Chicago, Milwaukee, Baltimore, Detroit and Dallas

NOTE (as of the end of March) from staff: From our perspective, it looks like only a handful of Task Force members actually contributed any work toward these specific task assignments since the February 25–26 meeting — a pretty dismal performance. A thank you to John Bush, Tim Wilson, Ed Dillard, Billy Jones and members of the PMC for their contributions. Also, thanks to Duncan Teague for all his work during the Atlanta weekend.

7. After lunch we held a discussion on the topic of "What is this project really about?" The following points were raised:

- We are about targeted AIDS education. There were numerous viewpoints expressed about the definition of our target population and the many segments within it. The obvious facts are 1) we are part of a program aimed at what CDC/government terminology refers to as "minorities" (a term many of us feel is a misnomer since in most urban areas where we have chapters, minority populations are the majority); 2) our focus within that is on gay and bisexual men; and 3) we are a project of NABWMT and thus are set up to serve all of our members. Beyond those three essential facts, there is ample room for debate about the programmatic areas and how each specifically impacts on Blacks, other people of color and whites. A consensus was reached which realizes that having five years for this project and six goals, we operate with a series of "spotlights" which get focused on several work areas at once and on various segments of our target population at various times. At present, our primary spotlight is on Black gay and bisexual men in most of our work areas. But we recognize that there are ripple affects and concrete benefits for other people. Plus, the experience and the results with that spotlight should help us when we turn on additional spotlights and broaden our scope. There are other ways of segmenting our target population, such as those with one risk factor (sexual transmission) and those with two (sexual and IV drugs) or those with homes and those without homes. These differentiations are then the basis for even more specifically targeted education.
- We are about primary and secondary education. This is public health terminology for working to prevent HIV transmission to non-infected people (primary education) and working to maintain health for those already infected with HIV (secondary). We have to be about both because they reinforce each other and we our target population needs both. In our first year, we were more focused on primary education.
- We are about leadership and empowerment. Our project is being recognized for the leadership role it is taking. Many people were of the opinion that the CDC simply would not form a relationship with a national gay organization for AIDS prevention work. We are helping pave the way for local groups to do similar work and receive direct federal government funding. We are concretely helping in a process of empowerment for gay men of color and organizations involving gay men of color. Doing health education directed to our own people is a very important part of that process. Also, two of our goals speak to the areas of leadership development and the fostering of a prevention model that incorporates several elements into an overall context of building and empowering our communities as well as individuals.
- We are about re-defining and re-affirming our sexuality. Safer sex risk-reduction is at the heart of our program and is being carried out with a sex-positive, non-judgmental approach. And, we affirm that even in the era of AIDS, it's still healthier to be out of the closet than in the closet. In fact,

closeted men have been shown to more easily slip back into unsafe sexual habits than upfront gay and bisexual men.

- We are primarily an AIDS education organization, and only an AIDS service organization in that we are able to provide emotional and practical support to our members and our friends. We are also able to provide referrals to other services and other agencies.
- We are about prevention *and* intervention. Both are active concepts and are thoroughly inter-related in AIDS work. This implies an overall strategy for dealing with people where they are presently at and moving them forward to better ways of dealing with their situations and their health. It means dealing with the socio-economic circumstances in which people are living, not simply telling them to use condoms.
- We are about confronting issues related to self-worth, such as the development of new patterns for dealing with rejection and for socializing in the era of AIDS. There are many issues related to self-worth which have an impact of our target population and their ability to change behaviors that don't work for them anymore. But we have only begun to scratch the surface and to explore these issues.
- We are about helping people overcome the denial and other barriers which impede behavioral change. The HIV disease process is also impacting our lives and, again, denial is one response — perhaps in the name of self-preservation. But we support consciousness-raising and honest discussion about death and dying, about the disease process, and about confronting emotional barriers to personal change.
- We are about dealing with substance abuse among our members and the target population in general. There are so many ways this problem is tied to everything else we are working on.
- We are about networking with other groups, building concrete partnerships, sharing resources and information, and assisting other groups to get appropriate funding for projects similar to ours. We are not about laying claim to any turf.
- We are about being realistic about what we can and cannot do. We are about accomplishing as much as we can while realizing the limits of our resources and people power.

8. Next we broke down into three small groups:
   - Convention '89
   - Mission Statement and Orientation of new Task Force members
   - PMC and Staff, in order to deal with specific policy and staffing issues

The Convention '89 group developed a very concrete plan for the Task Force program during the Tallahassee convention. After any presentations by speakers on AIDS issues from the local community or the state of Florida, we plan to have the national co-chairs, Teamer & Warner, do introductions of the project's staff, the PMC and all members of the Task Force who are at the Convention. That will be followed by four small group discussions through which all Convention participants will rotate. The four groups will be Risk Reduction, KAB Survey, Partnership-Building, and a general one about where we're going as a project. Tim Wilson will coordinate the logistics and act as time-keeper.

The group that worked on the Mission Statement and the orientation plan for new members came up with the results attached here.

The third group considered and approved new staff positions and salaries, pending budget allocation by the CDC.