National Task Force on AIDS Prevention
of the National Association,
Black and White Men Together

MEMORANDUM

TO: All Task Force members, alternate members and consultants

FR: Reggie Williams and Steve Feeback, National Office staff

RE: Notes from April 8–9 Meeting and related documents

DA: May 9, 1989

Enclosed are your copies of Notes from the last Task Force meeting, a calendar of some events taking place during the next four months, and documentation forms.

Please look over the Notes and the calendar very carefully, especially because they contain information about future meetings and items you may need to plan for. The calendar, of course, is always in formation. Now that some activities, such as Hot, Horny & Healthy playshops, are being scheduled by local groups and chapters, we don't necessarily know about those dates. It would be helpful to share the information with us and to have those activities listed on the master calendar.

It would be *extremely* helpful if all Task Force members got in the habit of using one or both of the enclosed documentation forms. We are aware of how busy most of you are, and we are trying to avoid placing heavy demands on your time. But, actually the busier you are, the more likely that we would need to be informed about your meetings and presentations. We are hopeful that we can create a system which is not a burden to anyone, keeps each other informed, and collects the data we need for the production of official reports.

We have been receiving quite a bit of good press coverage of late. We plan to do another mailing in a few weeks, and to include some of our clippings, plus some coverage of related topics in the area of AIDS and people of color. In the meantime, feel free to call the office and to stay in touch. We enjoy hearing from you.

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Fourth Task Force meeting — San Francisco — April 8–9, '89

1. Reggie welcomed everyone — 32 members were in attendance. Half were new and attending for the first time, the other half were "old members." No corrections were offered to the notes of the previous meetings.

2. The PMC report was brief. Evaluations of performance for staff members are to take place during May, 1989. John Teamer, as chair of the Management Committee, said that the immediate PMC priorities would be: • expanding to five members; • approval of administrative policies and procedures; • division of the Task Force members into three teams; and • concerns related to under-staffing of the project. Next meeting: May 20–21. A system for producing written reports from the PMC will have to be developed.

3. The Orientation Process.

   A. Scope of Project — Reggie read from an elaborated version of our Mission Statement (attached is another copy for the Task Force — you may xerox it for chapter members and friends). This page represents the larger mission of the Task Force work, but so far, with only one grant, we are focused on the first bullet: primary AIDS prevention education to prevent HIV transmission. Within that category, Reggie referred to the chart of Working Groups, Activities, and Program Areas (another copy also enclosed). The scope of the project is actually contained in the six inter-connected goals and the sets of objectives and methods with each of those goals. Concrete workplans are to be formulated by the three teams (Research & Evaluation, Prevention, and Partnership-Building). The concept of the Task Force is of a working group and a network of AIDS educators. Each of the members is uniquely qualified, and the 32 men in the room for this particular meeting signified the individual determination as well as the collective talent that can be applied to the scope of this project.

   B. Overview of grant and finances — Steve gave a report about our CDC grant program — the minority grants office of the National AIDS Information and Education Program (NAIEP). The only other grantee organization to target gay and bisexual men, out of 33 in this program, is the Rio Bravo Association, primarily working with Mexicano gay and bisexual men in three border cities of the Southwestern U.S.

   The first year allocation from Congress for the overall program was $6.6 million, with an identical amount available for the second year. The CDC has decided that the second year allocation will cover only another nine months: May, 1989 through January, 1990. Within that time-span we will have an audit and probably some sort of formal investigation of our records and our accomplishments.

   We have recently decided to add additional staff. Bobby Smith started April 3rd, working part-time on our project and part-time on the local BWMT/Los Angeles grant from the U.S. Conference of Mayors. Phill Wilson will be increased to full-time on our project (going from 60 percent to 100 percent). We are also doing the job descriptions and announcements for two other

possible jobs: Program Assistant based in the National Office and Field Outreach Assistant based in the Midwest.

Task Force members make the goals and objectives of the program a reality at the local level — activities such as survey interviewing, documentation of partnership-building, or setting up Hot, Horny & Healthy playshops and many more. These activities may be done on a volunteer basis, as an in-kind contribution, or for pay as a Community Health Outreach Worker (CHOW). The latter two options require the keeping of timesheets with hours worked carefully recorded. In any case, all Task Force members are strongly encouraged to document all their activities which bear on our project work. Two documentation forms are enclosed. Please use either one or both. It's up to each Task Force member.

Discussion about the evolution of the Task Force and its composition clarified any questions that members had. The discussion concerning specifics of the target population and our outreach ranged far and wide. All that was clarified by the discussion was that our target of gay and bisexual men in people of color communities means different options for different Task Force members. While some of our program areas are specifically focused on self-identified gay Black men for whom unprotected sex is the principle risk factor, the partnership-building aspect of our program means working with a wide variety of groups to accomplish a range of common goals. We are always ready to share what we have learned from our program activities and ready to work seriously with all segments of the target population.

C. Structure — Michael Foo gave a summary of our organizational chart with the NABWMT Board of Directors at the top. It has been recognized that due to the infrequency of the Board's meetings (three times a year) real oversight and support functions reside with the Project Management Committee, who are appointed by the Board. Underneath them are the Project Director, with Field Outreach Assistants, survey/evaluation consultants, survey interviewers, Health Training Coordinators, other Trainers and Task Force members under him, and the Project Administrator, with Fiscal Specialists, Legal, Personnel, Computers and Communications under him. The structure of the Task Force and its three working teams was also reiterated.

4. Next was lunch, followed by a breakdown into small groups for discussion of program objectives and Task Force members' responsibilities. All five groups reported back., and major points were transcribed to large sheets in front of the room. The following notes are a faithful attempt to summarize the points:
   - Group #1 was reported by Leigh Erickson. They felt Task Force responsibilities encompass the individual activities of members and the desired activities with regard to AIDS education and partnership-building. There is a need for the group to provide support to its members, especially those who are AIDS workers and/or HIV-positive. Some members want to work on early intervention in an effort to make others aware of options in health-care. Members also want to work to enlarge the pool of people who are trained safer sex workshop facilitators and to see this effort contribute to on-going leadership development. Other workshop areas to explore in the context of our program are: assertiveness; death and dying/letting go; substance abuse prevention and recovery; volunteer development skills; overall self-esteem issues.

- Group #2 was reported by Steve Lew. The group reviewed program objectives and found the KAB survey and the risk-reduction areas to be pretty clear. Less clear, however, was the partnership-building and what direction to take, partly because the objectives seem so focused on BWMT and MACT chapters. The concepts mentioned for partnership-building were designed to make this program area relevant beyond chapters. Those concepts included skills-sharing between groups, mutual provision of technical assistance, and joint advocacy.
- Group #3 was reported by Les Everett. The group went through the goals and objectives one-by-one, with questions unresolved regarding a few of the objectives. A particular need expressed was for Task Force members' accountability. The reporting and documentation process has to be taken more seriously, perhaps with a tool such as a monthly checklist. The KAB survey was found to be in need of Task Force members acting as local coordinators throughout the country. The development of an overall prevention model is an area in which we need more focus. Chapters are in need of help with self-esteem issues. Some workshops have been planned for the national convention. It was felt that the leadership development objectives should add a point of emphasis on the coming-out process.
- Group #4 was reported by Al Cunningham. The group took a large view of our responsibilities. Our outreach efforts and our partnership-building work are on a city-by-city basis. Perhaps we need a spreadsheet broken down by region and city. This could display the needs and the activities relating to certain objectives and methods of operation which are carried out in those cities. It could also show our resources — staff and Task Force members — and how those are allocated. The need was again expressed that HIV-positive members and AIDS caregivers need particular kinds of support, respite and stress-reduction. The issue of accountability was brought up here also. Members expressed the desire to have information shared, to be informed about changes, and to hear about triumphs or successes.
- Group #5 was reported by Tony Horne. The goals and objectives were examined with a view toward understanding the responsibilities of Task Force members. Once again, the issue of accountability and the need for members to document their activities was raised. Their suggestion was monthly reports. The structural approach of breaking down into three teams was questioned because several members have multiple skills. The emphasis seemed to be on finding a niche, rather than contributing with all available skills. Concerns about avoiding the duplication of services were raised in connection with partnership-building. It's important to understand the roles of different groups and that their are multiple interventions needed in order to reach a target population. Task Force members are supposed to provide leadership, but at times are also in need of additional skills. In the development of an overall prevention model, it was acknowledged that we will need to go beyond the Hot, Horny & Healthy playshops and utilize the data gathered as a result of the KAB survey in order to formulate other workshop formats. The Task Force itself may be part of a model.

5. Next agenda item was a presentation from John Bush about the KAB survey. At that point, interviewer trainings had been held in four cities and about 30 interviewers trained. This represents a shortage of trained people, so in early May three additional trainings were scheduled to take place — Washington, Atlanta, and Los Angeles. Staff and consultants are in the process of developing clearer

written instructions for the survey, as well as interview guidelines and policies. We are also working on a basic information piece to be left with everyone who is surveyed. This would provide answers to several questions contained within the knowledge section of the survey. This would insure that some basic accurate information is given to people for whom interest is aroused by the survey questions. Our contact information would be provided. John raised numerous difficulties related to geographic distribution and collection of surveys in cities where no trained interviewers are located.

6. The next item was Phill Wilson's detailed explanation of the Morin model on which our Hot, Horny & Healthy playshop is based: a) establishing personal risk; b) establishing that something can be done about the risk; c) dealing with personal efficacy and the individual steps to be taken; d) revealing that there is group support; and e) establishing that there can be personal satisfaction as a result. He also shared several of the lessons learned on his travels — the good news and the bad. The good news is that most of our chapters are doing something; they are active in the community on AIDS issues. Most chapters are also well respected in their localities. The bad news is that several chapters have only about 20–30 percent of their active, dues-paying membership from Black men. And the Black members are by-and-large not doing AIDS work; therefore it's being done by white members. In the first nine months of operation we went to 16 cities. Occasionally just playshops were conducted — Louisville, Cincinnati and Philadelphia, for example. Regional or local trainings did mean that all East Coast and Midwest chapters had the availability of training if members were willing to travel. The facilitator trainings were usually spread over the course of three days, with two different options being tested as far as scheduling was concerned. One format offered the playshop, followed by a day of training and then another playshop, while the second format offered the playshop, followed by two days of trainings. The latter option meant that a local playshop would have to be scheduled for a week later so that new facilitators could get the necessary exposure to real-life conditions and take the plunge in leading groups. Some discussion also took place concerning how to increase participation from gay men of color through better outreach and better definition of the playshop and facilitator training.

7. The Sunday morning meeting began with a discussion of partnership-building. Many members took the opportunity to raise examples of what seems to work and what doesn't seem to work. Beyond the good and bad examples, members also cited numerous potential opportunities and talked about the importance of this program area. A first draft of our manual — a collection of ideas and our partnership-building workshop outline — will be published soon, as will a revised edition of our AIDS resources listing.

8. Everyone was able to choose one of the three teams, whichever they most wanted to work on. Below are lists of who chose which team, along with the objectives and methods of operation that each team will be concerned with. Please note that the objectives and methods listed here are the final version — that is, the ones submitted to the CDC at the end of February in our application for continued funding. This supercedes the version that was distributed previously, even though there are only minor changes between the two versions. It should be noted also that these objectives and methods are not meant to be all-inclusive. If there are additional objectives or methods of operation that a particular team decides to take on, that is fine. Just write down those additional items; but remember, we are responsible for working on the ones listed below. In the case of

partnership-building, the objectives and methods are particularly limited and should be viewed as simply a starting point.

A. Research and Evaluation Team — John Teamer, PMC member
John Bush, Convener
Roger Bakeman
Jay Davis
Ed Dillard
Leigh Erickson
Daryl Hood
Billy Jones
Dan Minns
John Peterson

Objectives for Research and Evaluation Team

- 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, thereby helping chapters develop AIDS prevention outreach in their communities.
- 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.

Methods of Operation for Research and Evaluation Team

- 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 proceedings, and compilation of reports.
- We will develop a new survey instrument which measures behavioral intent, personal efficacy and self-esteem. This instrument will be utilized in conjunction with risk reduction workshops in order to demonstrate any immediate impact and, after time has elapsed, to demonstrate 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 and computerized data banks to augment our understanding of topics under investigation and factors which impact our overall goals.

- 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.

B. Prevention Team — Irwin Rothenberg, PMC member
Phill Wilson, Convener
Al Cunningham
Les Everett
Tony Horne
David Housel
Ronnie McGee
Gavin Morrow-Hall
Eric Perez
Don Ransom
Don Reid
Randy Schulz
Bobby Smith
Duncan Teague
Mel Thomas

Objectives for Prevention Team

- 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 HIV.

- To provide the target population with persuasive incentives and disincentives — factors which can act as real motivators toward changing risky behaviors.

- To double the number of health trainers working with our program — individuals charged with the duties of educating and building skills among facilitators.

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

- 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.

Methods of Operation for Prevention Team

- 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 in a unified plan for carrying out this set of objectives. We will move in the direction of Prevention Teams that operate 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 then 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 such as videotaped role plays and presentation slides in order to enhance the experiential learning that takes place in our risk reduction program.

- 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.

- 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.

C. Partnership-Building Team — James Credle, PMC member
Mitchell Karp, Convener
Walt Baraboll
Bob Clark
Michael Foo
Steve Lew
Nelson Rivera
Edgardo Rodriguez
Kim Sharp
Tim Wilson
Lee Woo
Doug Yaranon

Objectives for Partnership-Building Team

- To develop the capacity 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.

Methods of Operation for Partnership-Building Team

- 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 minority 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 of 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.

9. We next dealt with the subject of future meetings. Task Force team meetings can take place at the close of the national convention in Tallahassee, Sunday, July 9. Other team meetings may be scheduled prior to the next Task Force meeting, which was slated for August 11 to 13, in Washington, DC. Our chapter there will probably provide community housing for Task Force members from out of town. That meeting will take place on the weekend before the national conference on AIDS in minority communities. There are other up-coming national events that Task Force members should be aware of. There always exists the possibility that we will piggy-back on these other events with some kind of Task Force meeting. Those events are the following:

NAMES Project Quilt Display, Washington	Oct. 6–8, 1989
NAN Skills-Building Conference, Washington	Nov. 2–5, 1989
Black Gay & Lesbian Leadership Conf, Atlanta	Feb. 16–19, 1990
VI International AIDS Conference, San Francisco	June 17–23, 1990
Gay Freedom Day or Lesbian/Gay Pride Day	June 24, 1990
NABWMT 10th Annual Convention, San Francisco	June 24–July 1, '90

10. An introduction to alcohol and substance abuse issues and how to handle them was offered by Billy Jones and Don Reid. Billy passed out an outline and suggested that the Task Force allot one day during its next meeting as a sensitivity session/training on substance abuse and its relationship with HIV infection/AIDS. Don suggested a concrete idea for working with gay male IV drug

users with regard to risk-reduction education. We agreed to have one day out of the next meeting devoted to these issues — that being Friday, August 11.

11. An overview of an approach to early intervention for gay men of color was offered by Bobby Smith, who worked to develop some plans along those lines while he was working with the Minority AIDS Project in Los Angeles. He has shared his materials with other staff members. Our early intervention concepts will be developed into a proposal or prospectus which will be distributed to Task Force members prior to the next meeting.

12. Some ideas about the overall prevention model were presented in written and oral form by Eric Perez. He will be exploring these ideas further as he proceeds in training with the AIDS Mastery and will elaborate more fully at future meetings.

13. The need for more workshops during Convention '89 was expressed by Tim Wilson. He successfully rallied numerous Task Force members who were planning to attend the NABWMT convention, and several prospective workshops and facilitators were outlined. Tim has sent out a separate mailing on this subject to all Task Force members. Please respond according to the schedule he has suggested.

Type of Meeting

Please fill in the top or the bottom part— whichever is most appropriate for the activity you are reporting.

☐ **Planning Meeting** For what activity

☐ **Partnership-Building** With what group (s)

☐ **Chapter Meeting** With what committee or group

Details

Type of Presentation

☐ **Hot, Horny & Healthy Playshop** What Target Audience

☐ **Training** What kind (HHH Facilitators, Survey, Other)

☐ **Speaking Engagement** For what group

☐ **Panel Discussion** Sponsored by who

Number of people in attendence _____

Describe the audience

When and where

Your name Your City Date

Meeting and Activity Reporting Form for the National Task Force on AIDS Prevention, a project of NA/BWMT

This form is to be used by chapter leaders or Task Force members whenever participating in a meeting with any individual or group related to AIDS or in any activity designed to provide AIDS education or services to the public.

1. Who were the other participants in the meeting or activity? Please list their names and organizational affiliations, along with any vital information such as address and phone number in order to be placed on our mailing list, if you feel that would be appropriate. Please note the participants who are Black or people of color.

2. What was the purpose of the meeting or activity? Was the purpose accomplished? What was the contribution you made as an individual or on behalf of your chapter and/or the National Task Force?

3. Was this meeting or activity part of an on-going campaign or a single event? Please let us know if you feel some follow-up action should be taken by chapter leadership, the Task Force or the staff of our project.

Name of Chapter

Name and Phone Number of Person Reporting

The National Task Force on AIDS Prevention, a project of the National Association, Black and White Men Together (NABWMT) is organized to provide education to its members, as well as gay and bisexual men of color in our communities.

The Task Force is committed to conducting risk reduction workshops and basic research, such as knowledge, attitude and behavior (KAB) studies.

We also seek to network and build partnerships with other groups similarly committed to HIV prevention and intervention programs within people of color communities.

We see AIDS education and our work falling into three distinct categories:

- Programs to prevent HIV transmission and to reduce the rates of new infection. This involves teaching our people the basics of how HIV is passed from person to person, as well as the practical skills necessary for individual protection.

- Programs aimed at early intervention in the disease process. This involves counselling our people about HIV antibody testing — what it means and what it doesn't mean. For those who are HIV-positive, we believe in finding appropriate ways of utilizing the healthcare system and making it more responsive to our needs. Together we can improve the quality of life for people with HIV infection, we can live longer and experience fewer opportunistic infections, and ultimately, we can save lives through early healthcare intervention.

- Programs aimed at preventing or reducing alcohol and substance abuse. This involves dealing directly with the most significant set of co-factors for death from AIDS. Far too many of our people have been inculturated with self-destructive behavior patterns that contribute to many additional health risks and death much more quickly than for non-users. Alcohol and substance abuse can also translate into a breakdown of commitment to safer sex, thus leading to transmission of HIV.

We have learned from experience that all AIDS education plans and probably all health education plans have to be culturally sensitive and appropriately targeted to our communities — even to specific segments within our communities.

Most of the advances in AIDS prevention and AIDS services have come from groups working at the grassroots level in our communities. Government has lagged far behind.

But, if we are ever to develop a coordinated strategy for confronting the challenges of the AIDS epidemic, we have to do some soul-searching. We believe it is time to put aside differences and work together. We need to realize that only community organizations networking with each other and with all levels of government can get the job done.

Our communities desperately need a coordinated plan of attack against AIDS. We as open, proud gay men of color are stepping forward to be involved and to work with others. We hope to work with all of you.

National Task Force on AIDS Prevention of the National Association, Black & White Men Together
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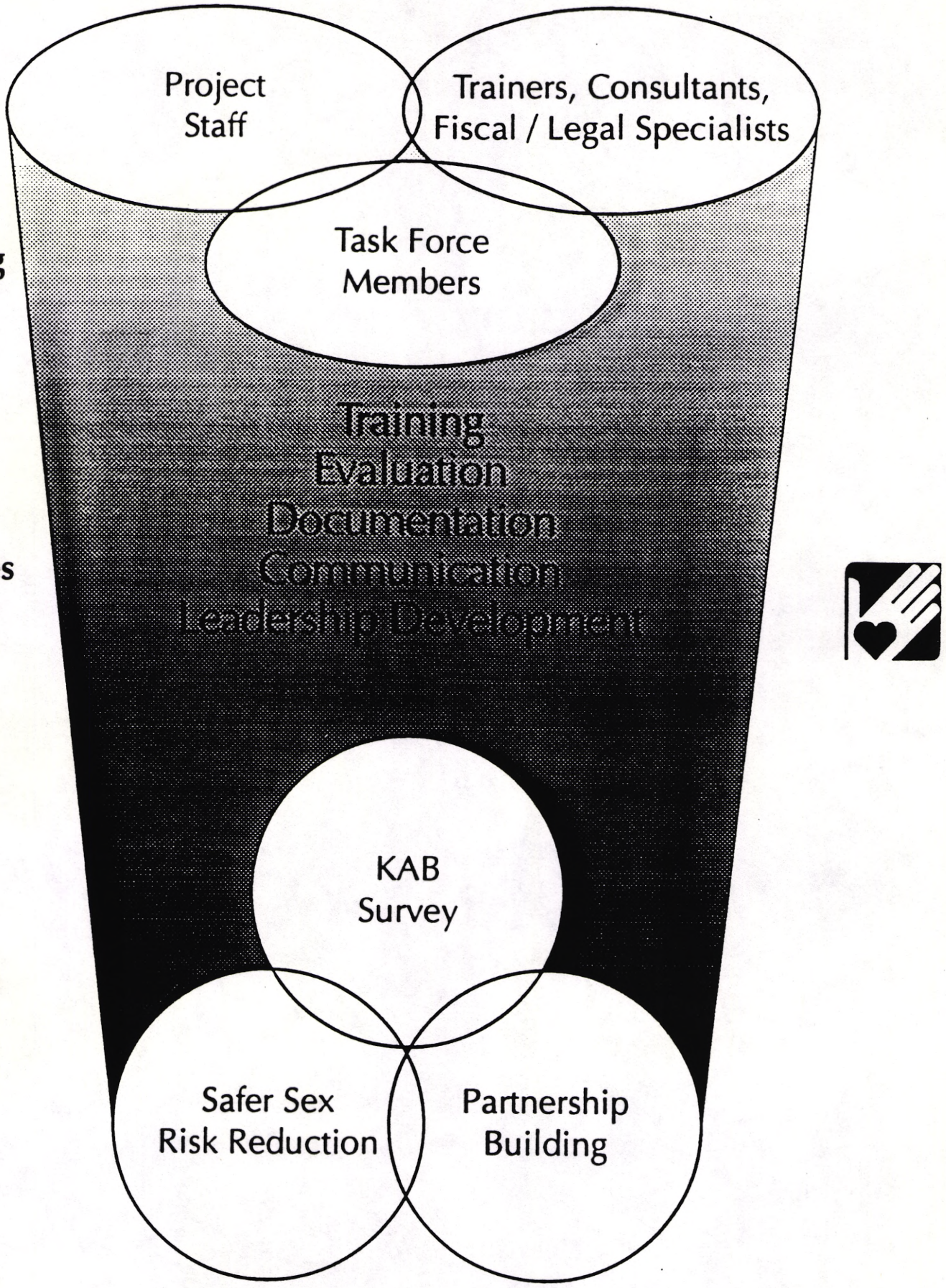

Working Groups, Activities & Program Areas

In the NA/BWMT AIDS Prevention Project