

Great HIV Prevention Campaigns Are Not Just Born

The Convergence of Research and Service in the Making of the “Families Change, Families Grow” Campaign

by Beth Freedman



When the latest HIV prevalence consensus report was released in San Francisco in 1997, statistics revealed increasing HIV rates among gay and bisexual men of color. Among gay men of color,

Latinos had the highest rates of HIV infection. In response to this, the STOP AIDS Project decided to heighten their HIV prevention efforts for Latino gay and bisexual men.

STOP AIDS convened a meeting for all of the agencies in San Francisco providing HIV prevention services

for Latino gay and bisexual men. “We wanted to bring all of the providers to the same table to increase communication between the agencies and to learn what types of HIV prevention activities each of the agencies were doing,” said Héctor Carillo, former STOP AIDS Project Deputy Director and current CAPS researcher. Another aim was to get a sense of which segments of the gay Latino community each agency was reaching. “What we discovered in that meeting was that we were all reaching a part of this diverse community. There was overlap, but each agency had access to a specific segment of the community,” Héctor said.

Acknowledging and integrating each community based organizations’ expertise strengthened the campaign. “Every organization was valued and every group was covered and it made folks feel less defensive,” said Robert Pérez, former Communications Director of STOP AIDS.

At that meeting, the agencies realized that

there was no unified media to reach the community as a whole, and decided to pursue a media campaign. The STOP AIDS Project had the experience in developing media campaigns and access to funds for the project, while the other agencies had access to each of the various segments of the gay Latino community. Representatives from all of the agencies involved formed a planning committee to create the media campaign.

The result is “Families Change, Families Grow/Las Familias Cambian, Las Familias Crecen”—a research-grounded media campaign created through this collaborative effort involving Mission Neighborhood Health Center, Proyecto ContraSIDA por Vida, El Ambiente and the STOP AIDS Project.

Using Research to Decide Themes

“The campaign was a result of a certain momentum of research and anecdotal evidence converging,” said Héctor. He’s referring to 1998, when Rafael Díaz’s book *Latino Gay Men and HIV: Culture, Sexuality and Risk Behavior* was published. The book provided a foundation for how to talk about the negative effects of Latino culture on the lives of gay and bisexual Latino men, and how this affected their HIV risk.

“Rafael’s work provided a wonderful body of research for us to understand how a media campaign can reach out to the Latino community, specifically Latino gay and bisexual men,” said James Nguyen, Communications Director for STOP AIDS. The planning committee based the general message for the campaign on Rafael’s findings of psycho-cultural factors that served as barriers to effective HIV prevention among Latino gay and bisexual men: machismo, family loyalty, internalized homophobia, sexual silence, poverty and racism (*see sidebar for details*). The research also identified poverty and racism as barriers, but

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Research and Service: Working Together to Prevent HIV

by Olga Grinstead, Director and Ellen Goldstein, Co-Director, TIE Core

When a researcher is getting ready to launch a new study, she is considering whether the research question she has in mind is fundable, what kind of research design can answer the research question, what ethical issues there are in working with the research participants and how to get participants into the study. One thing that she is probably not thinking about at that time is how the findings from her research will be used by HIV prevention programs in the community. The TIE Core is working to change that. We encourage and support researchers to consider, from the very beginning of their study, how their research findings will be used to improve community programs. We help them make their research questions relevant to the concerns of community service providers and plan community dissemination strategies that get the study findings to the people who can use them.

When a community-based service provider is getting ready to launch a new program, she is considering how her program responds to available funding, whether she has the staff, materials and space to run the program and whether the program meets clients' needs. Research is probably not a priority. We want to change that, too, by encouraging and supporting community service providers to use existing research in developing



Olga Grinstead

programs and to plan evaluation from the very beginning of their programs.

In order to create this vision, we need each other. Some of the most innovative and successful research at CAPS has occurred when researchers and community service providers have worked collaboratively to develop the research questions and study design. In these cases community agencies benefit by immediately applying study findings to their programs and by increasing

their capacity to conduct research and evaluation on their own. Researchers benefit by asking timely and directly applicable research questions that can make a difference in preventing new infections.

In addition to providing technical assistance for these partnerships, CAPS' TIE Core is working to educate funders and change funding policies so that they support collaborative research and encourage flexible, timely program evaluation.

Researchers thinking from the very beginning about how to make their work accessible and useful to service providers. Service providers thinking from the very beginning about how to use existing research and to evaluate their programs. This is our vision. We believe these exchanges create better research and better prevention programs. Collaboration between researchers and community service providers is challenging, but when we are rewarded with preventing new infections, it is worth it.

FIRST PERSON

Overcoming the Odds: Conducting Research in a CBO

by Drew Feraios

As the deputy director of a grassroots CBO, I began a collaboration with CAPS researchers less due to the need for evaluation expertise, and more as part of our ongoing struggle to fund our programs. During the summer of 1996, I was working at AIDS Project East Bay (APEB), an agency that provides HIV prevention and services programs in one of the more underserved communities found in the Bay Area. We were still reeling from the election of the Republican majority and the subsequent passage of Welfare Reform. So when we received an RFP from Northern California Grantmakers (NCG) for a evaluation project that would pair our agency with a CAPS scientist, we naturally applied for it to help ensure the agency's survival.

We had just lost funding for our prevention program targeting substance users, so this new RFP provided us with the means to retain an exceptional employee and a needed program. What the program was mattered far less than the fact that a new source of funding might be in the offing.

The first culture clash between our agency and CAPS came when we tried to describe the program and how we wanted to evaluate it. After several meetings in which we tried to finalize a research question and a methodology, we came to the consensus that our program was something we pieced together as best we could from as many funding sources we could find to do something

See **Conducting Research** on page 8

RESEARCH TIPS

What Is Formative Research and How Can It Help Our Agency?

Formative research looks at the community in which an agency is situated, and helps agencies understand the interests, attributes and needs of different populations and persons in their community. Formative research should be an integral part of developing programs or adapting programs, and should be used while the program is on-going to help refine and improve program activities. Formative research can help

- define and understand populations at greatest risk for HIV
- create programs that are specific to the needs of those populations
- ensure programs are acceptable and feasible to clients before launching
- improve the relationship between clients and agencies.

A lot of “informal” formative research takes place every day in most agencies. But there are good reasons to go beyond and formalize these kinds of day-to-day research. Program staff often know what their clients’ needs are and what kinds of programs will attract and help clients. They may know this through experience, intuition, common sense or observation. Formative research can add to this by

- **Testing.** Often, intuition turns out to be wrong. In many cases, what seems to be a common sense response turns out to not make a lot of sense when it is further examined and tested.
- **Counting.** Agencies may have a general idea of what’s happening in their community, but it is important to get some numbers to understand the full extent. For example, staff may know of one young gay man of color who has recently disappeared from the scene after seroconverting and has not accessed any treatment or case management resources. By conducting a survey or interviews, an agency can find out if this a problem common to all young gay men, only young gay men of color, or certain individuals. If it is a large problem, agencies may want to

develop a new program to address this problem among young gay men of color. If it is a few individuals, targeted outreach may be a better and more cost-effective solution.

- **Writing it down.** Even though agencies have resources and have collected information, it is important to document it by getting it down on paper. Lessons learned can be shared with other agencies, not just in local counties or states, but across the country. Funding agencies need to be shown that formative research was used to shape programs. And policy makers can be more convinced by a survey of eighth graders than by staff’s assurances that kids are using alcohol at younger ages.

NOTE: Formative research is not about being judgmental, or rating the competence of an agency or the performance of staff. It is not about proving that what an agency does is “right” or that programs “work.” Formative research gives service providers a means to reflect and learn about their programs and their clients.

Because formative research has a different scope than traditional outcome research, even results that show that something doesn’t make sense or isn’t feasible can provide valuable feedback for an agency or program.

Negative results are also sources of information, and often one of the best learning tools for an agency. The beauty of formative research is that it can be conducted BEFORE implementation, as a means to avoid failure or overblown expectations once programs are in place. It also can be conducting DURING implementation, to correct and fine tune programs that are underway to make sure they continue to be as effective as possible.

Formative research is not so much about finding out whether or not a program works, it’s about finding out how a program can work best to serve the needs of the community.

These tips are excerpted from “Good Questions, Better Answers: A Formative Research Handbook for California HIV Prevention Programs.” The manual was developed by CAPS and is available on-line at <http://goodquestions.ucsf.edu>, or by calling the California AIDS Clearinghouse at (888) 611-4CAC in California, (323) 845-4180, outside of California.

Case study

Lisa was planning an educational workshop and monthly drop-in groups for the suburban street youth their Alameda County agency serves. “I wanted to challenge this traditional way of setting up a program for youth, and I thought we’d have a lukewarm response to the drop-

in groups. Surprisingly, we got no response at all. No one showed up, it just flopped.”

But the youth who attended the initial workshop were full of suggestions about what they wanted and needed in a prevention program. “We were able to then build a program from their ideas and their enthusiasm. It was great to have

their buy-in.” Lisa’s agency expanded their drop-in center and offered a free clothes box, toiletries, information about how to find a job or a place to live. And they made sure that youth could get information without having to talk to someone if they didn’t want to. “Everything that they suggested, within reason, we tried to provide for them.”

Studying the Transgender

by Pamela DeCarlo

Risk Behaviors of Transgenders in San Francisco

The Transgender Community Health Project (TCHP) is a quantitative study designed to assess HIV risk among Male-To-Female (MTF) and Female-To-Male (FTM) transgendered persons in San Francisco. This anonymous survey and HIV testing was conducted from July 1, 1997 to December 31, 1997 with 392 MTF and 123 FTM transgendered individuals. The following findings are excerpted from the Final Report.

MTF participants infected with HIV	n=
African Americans	63% 104
Latina	29% 106
Asian & PI	27% 49
White	22% 106
Native American	20% 24
All	35%

MTF individuals who reported risk behaviors

sex work	80%
unprotected receptive anal sex.....	85%
injection drug use	34%

MTF current risk behaviors (past 6 months)

sex work	48%
unprotected receptive anal sex.....	34%
injection drug use	18%

MTF Lifetime Non-Injection Drug Use

marijuana.....	90%
cocaine	66%
speed	57%
LSD	52%
poppers	50%
crack	48%
heroin	24%

See Risk Behaviors on page 5

When CAPS researcher Tooru Nemoto wanted to study HIV risk behaviors of transgenders of color, he certainly wasn't responding to a grant announcement made by Federal funders. In fact, it took him three years and three submissions before his grant was finally accepted by the National Institutes on Drug Abuse (NIDA).

"I think it was the first proposal on transgenders the National Institutes of Health has ever funded," said Tooru. "They even changed the title. Originally the grant was titled 'HIV risk behaviors among male-to-female (MTF) transgenders of color.' It was changed to 'HIV-related risk behavior among hard-to-reach high risk men.'"

"Of course," laughed Tooru, "we never use that name."

Tooru's approach to his studies grew organically from the community. In 1997 he was funded to evaluate the cultural appropriateness of interventions in San Francisco across several agencies and communities. A large number of the clients he interviewed were transgenders, so he applied for more funding to study Asian female sex workers and MTF transgendered sex workers.

He worked with several agencies that address transgenders to help formulate his grant with NIDA: Tenderloin AIDS Resource Center (TARC), New Village (formerly Black Coalition on AIDS), Projecto ContraSIDA por Vida and Asian and Pacific Islander Wellness Center. Since 1993, when he undertook the first evaluation of cultural appropriateness, Tooru's research has grown from and with input from the community.

"I think it's important to involve community people in research," said Tooru, "even for grant writing." Tooru met with staff from each of the four agencies while developing and refining the NIDA proposal. "We met so many times, people kept asking me what was happening. It was a real relief to finally get the funding."

Studying MTF Transgenders

"Tooru cares about the community, and it's reflected in the way he runs his work," said JoAnne Keatley, Project Coordinator for the NIDA study. JoAnne heard about the study and sought out Tooru. She had been involved with the Planning Council in Santa Clara County and was studying transgenders as part

of her MSW coursework at University of California at Berkeley.



Tooru Nemoto

The study seeks to investigate HIV risk behavior and protective factors of transgenders of color, particularly injection of hormones and injection drug use. The first phase was to conduct focus groups with MTF transgenders from the African-American, Latino and API communities. This phase has been completed and analysis is underway.

The second phase is to develop a questionnaire and complete 360 interviews with transgenders in each of the three ethnic groups. Based on the focus group results, Tooru and colleagues submitted a grant to the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop and test an HIV prevention intervention for transgenders of color. A collaborative effort with Walden House, the grant proposal seeks to implement Transgender specific substance abuse treatment at Walden House.

"Based on our focus groups we have found that a lot of transgenders need drug treatment, and unfortunately in the city there is no such transgender-focused drug treatment program," said Tooru.

In the first phase, each of the six focus groups took place over two consecutive weeks, meeting once for three hours and again the next week for three hours. This approach worked well for the study, as by the second week participants knew each other well and were able to open up and talk about very personal and emotional issues. "I think that being involved in it myself, and sharing my own gender history has made [the focus groups] a safe environment for them," said JoAnne, who moderated the groups. "At the end, people were so grateful that they'd been given an opportunity to have a voice."

Some of the preliminary findings from their focus groups have been very interesting. Among participants, the HIV prevalence rate is extremely high, a fact that is confirmed by the San Francisco Department of Public Health survey of transgenders in San Francisco (see sidebar for more detail). Focus group participants talked about being exposed to HIV by their partners, not their commercial sex work clients.

The link between hormone injection and injection drug use



JoAnne Keatley

Community

(IDU) has not been talked about much. But there is a long history of IDU, and many participants are in recovery. However, in the API community there is not much history of IDU.

“We’ve heard a lot about discrimination issues, lack of access to sensitive service providers, lack of housing, lack of employment opportunities. Those are really the things we hear most about,” said JoAnne.

“A lot of MTF transgenders also engage in commercial sex work because they feel better being treated by men as women,” said Tooru. “It’s a confirmation of their chosen gender. And that comes up across cultures.” One participant who is a fully employed professional still has an ad in the paper and has regular clients. She talks about the fact that not only is the money good, but also she enjoys the sex and she enjoys the attention. In other words, she finds value in many aspects of her continued role as a commercial sex worker.

Working In and With the Community

The research study has involved giving back to the transgendered community. “There is a lot of history among the transgendered community of having been studied, researched, and nothing came out as a result. So there was some resentment. We’ve tried to be very sensitive to that history and to be responsive to the needs of the community,” said JoAnne.

They accomplish this in several ways. First, they have hired a consultant from each of the 4 service agencies they work with on the study. “I got a lot of information from them when I was writing the grant,” said Tooru, “and when I got the grant, some of the community agencies were being defunded.” These four consultants are paid by the research grant and to meet with the study staff once a month to get an update on the study and provide guidance.

Second, many study staff are transgendered. “I feel very strongly about hiring from within the community,” said JoAnne. “But we didn’t know that we would be able to find people who would be committed to the study and interested in what we were doing. We’re very fortunate to have hired the people we ended up hiring.”

Third, they take part in community events. Tooru recently judged an API beauty contest. JoAnne works at Castro Mission Health Center as part of her field placement for her MSW course

work where she has transgender clients. She also presented study findings at a transgender primary care training seminar at UCSF. All of the study staff make site visits and shadow outreach workers at service agencies. Some research assistants have also gone on site visits.

Fourth, the project team tries to be responsive to what they hear in the focus groups, taking action when possible even before the findings are analyzed and written into a report. For example, a participant in one of the last focus groups suggested having an event where all the participants could come together and they could disseminate some of the findings. The project team planned this event and held it at one of the transgender clubs. They presented their findings and combined it with an HIV education presentation and drag performance.

Another example is even more compelling. Tooru and JoAnne met with the San Francisco Sheriff’s Office after hearing over and over again in their focus groups that participants were being abused by police. Veronika Cauley, one of the project’s outreach workers who does a lot of work with jails, set up a meeting to present findings and inform the Sheriff’s Office of transgender issues and concerns.

“It was really interesting,” said JoAnne. “The Sheriff’s Office was very interested in having us come in and interview transgender residents of the jail. We said we currently didn’t have the protocol, but we talked about maybe submitting a supplement so we could do that.”

The study wanted to make sure their outreach workers would not risk getting arrested, and talked about alerting police to their study. “We didn’t talk about police harassment, because it was a real fast meeting,” said Tooru. However, when the study is written up, he plans to submit the report to the Police Chief to bring light to the problem.

“When I came on board, I was interested in working on the study if I felt that it was going to have some kind of impact,” said JoAnne. “I didn’t want it to just be filed in a book somewhere. It’s really important for me to make sure that this information gets back to the community and somehow changes things for the better. I have a personal commitment to that.”



Veronika Cauley

Risk Behaviors, continued from page 4

For FTM participants, HIV prevalence was low (<2%) and current risk behaviors were infrequent. However, a history of unsafe receptive anal sex was reported by 28% of FTM participants, and among those who reported a history of injection drug use (18% of the sample), 91% shared syringes.

Based on our findings, we believe there is an urgent need for effective HIV prevention and harm reduction interventions for MTF transgendered individuals. Such interventions should make a special attempt to reach MTF African American individuals because this population had extremely high HIV prevalence. Currently, there are few HIV prevention interventions in San Francisco for FTM transgendered persons; such interventions will be most effective if they specifically target individuals who have sex with men and those who inject street drugs.

For more information contact:

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TCHP Project Director
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25 Van Ness, #500
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(415) 554-9496
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Or see http://hivinsite.ucsf.edu/topics/transgendered_people/2098.461e.html.

Prevention Campaigns, continued from cover

the group decided to focus on the selected four. “The issues of poverty and racism were too enormous to be effectively impacted through a media campaign,” said James.

“We believe here at the STOP AIDS Project that every time we do a media campaign it’s valuable to have research guide our work so that we’re not shooting blanks into the air. Using research has been our tradition,” added James.

“Basically, my involvement in this media campaign is that I put my research in a book. That is the message here. I was able to write something that was accessible to the community members as well as the providers,” said Rafael. “What I did in the book was, rather than telling new things, I was basically articulating what a lot of the activists and a lot of the men have been saying,” said Rafael, “and I put it in a very formal way and people loved that.”

In addition to using Rafael’s research findings, the planning committee gathered themes from conducting focus groups. In the groups, they organized questions around the four barriers selected. They also asked questions to determine where to place the products of the media campaign, such as which bus lines participants took. The research showed that women were overwhelmingly identified as a source of support: mothers, sisters, aunts, and cousins. As a result, two of the pieces in the campaign featured prominent female characters.

The planning committee took all the rich information and sat down with a design firm to develop a product. They decided the campaign

would consist of bus shelter images that touched upon the most prominent themes identified in the focus groups: the role of the mother in bringing together the family and the feeling of being rejected from families and being alone.

The Campaign

The products of this two year process were three different ads addressing the role of the mother, the role of the father and the issue of isolation. The campaign was centered around the themes “Families Change, Families Grow/*Las Familias Cambian, Las Familias Crecen*” and “You are Not Alone/*No Estás Solo*.” The bus shelter and bus ads ran in neighborhoods identified in the focus groups. One poster features a mother hugging her son’s boyfriend with the caption, “Mom got to know my boyfriend, now there’s a place for him too.”

The main objectives of the HIV prevention campaign were to increase and foster an open community-level discussion around the four psycho-cultural barriers to HIV prevention, both among Latino gay and bisexual men and also in the broader Latino community. “This campaign didn’t simply change the race or ethnicity of people in the ads or translate an existing message into Spanish,” said Robert. “We incorporated the different cultural understandings of sex and safety.”

“The response from the community has been incredible,” said James. “They’ve never seen anything locally where there is some positive, real images of Latino families AND gay relationships.”

For more information...

...about the campaign, contact James Nguyen, STOP AIDS Project, 415/575-0150, ext. 272 or e-mail JNguyen@stopaids.org

...about Rafael Díaz’s research and book, visit <http://HIVinSite.ucsf.edu/social/books/2098.3a5d.html>

Psycho-cultural factors in Latino communities that undermine safe sex practices

Machismo is an extreme and almost exclusive focus on penetrative sexual practices to the extent that sex without penetration is not considered sex. Perceptions of low sexual control, where a state of high sexual arousal (“*estar caliente*”; “being hot”) is used as a socially-accepted justification for unprotected sex. A perception of sexuality as a favored place to prove masculinity, where the possibility of losing penile erection is avoided at all costs.

Homophobia is a strong sense of personal shame about same-sex sexual desire, so much so that fear of rejection takes precedence over health concerns. Serious problems in self-identification as a member

of a group at risk, with consequent denial of personal vulnerability to HIV. Feelings of anxiety about same-sex sexual encounters, leading to an increased use of alcohol, drugs, and/or other intoxicants.

Family Cohesion. Men may have closeted lives with low levels of identification with and/or social support from a peer gay community. Minimal influence of normative changes in the gay community on sexual behavior because families are seen as the main social-referent group. A forced separation between sexuality and social/affective life or relationships that promotes anonymous, hidden encounters in public cruising places.

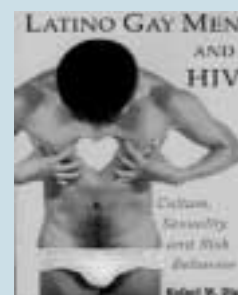
Sexual Silence. Problems in talking openly about sexuality, resulting in difficulties with sexual communication or safer

sex negotiation. Increased sexual discomfort with all matters pertinent to sexuality. The psychological dissociation of sexual thoughts and feelings, decreasing the likelihood of accurate self-observation.

Poverty. Decreased sense of personal control over one’s life, leading to fatalistic notions regarding health and personal well-being. Increased unemployment, drug abuse and violence, undermining the consideration of HIV infection as a priority concern. Situations of financial dependence such as living with families, exploitative relations with older men, and/or prostitution where the personal power is seriously undermined.

Racism. Increased personal shame about being Latino, with serious negative

consequences on self-esteem and personal identity. Racist and classist values regarding personal looks, financial power, and educational achievement—highly prevalent in the mostly White and middle-class gay community—conspire against feelings of belonging and social recognition for gay men of color. Racist stereotypes about Latino men as being “passionate, dark and exotic,” creating pressure from non-Latino White gay men to practice risky sex.



Excerpted from: Diaz, Rafael M. *Latino Gay Men and HIV: Culture, Sexuality and Risk Behavior*. New York: Routledge Press; 1998.

How to Participate in CAPS Research

Please note that these studies are enrolling as of July 2000. Enrollment is time sensitive and may close at any time.

Bay Men

Bay Men is an innovative program that provides the opportunity for HIV positive men to meet other men living with HIV and discuss current issues regarding sex, dating, health and other issues that may impact their lives. For more information about Bay Men, or to enroll into the study, call 888/9-BAYMEN (922-9636).

Castro Evaluation Study

The Castro Evaluation Study is a study of gay and bisexual men who live in and around the Castro and SoMa neighborhoods of San Francisco or who socialize primarily in those neighborhoods. For more info, please call 415/597-8126.

Challenges in HIV/AIDS Treatment (CHAT)

CHAT is a study to find out whether one-on-one problem-solving sessions can help lower viral load by improving HIV medication adherence among HIV+ people who use alcohol or drugs. For info, call 415/597-9204.

Entre Nosotros

Entre Nosotros is a study of gay Latino men and transgenders in the SF Bay Area who use drugs and have had unprotected anal sex. For info, please contact Hector Carrillo, 415/597-4967 or Jorge Sanchez, 415/597-4991.

EXPLORE

EXPLORE is a nationwide study for HIV-negative gay, bisexual, and other men who have sex with men. For more info, please contact Kevin Filocamo at 415/597-9214. www.exploremen.com.

HIV Oral Transmission (HOT) Study

The HOT Study is investigating risk factors associated with the oral acquisition of HIV infection and if oral infection occurs. For more information, please call: Kimberly Page-Shafer at 415/597-4954, or 877/ORAL HIV (877/672-5448).

KS Virus Study

The KS Virus Study, an extension of the Men's Health Studies, seeks to learn more about the virus that causes Kaposi's sarcoma (KS), Human Herpesvirus 8 (HHV-8). For info, call the Survey Research Center at 510/642-7743.

Qualitative Evaluation Project

The Qualitative Evaluation Project is a study of gay and bisexual men who live or socialize in and around the Castro, SoMa, and Tenderloin neighborhoods of San Francisco. For more info, please call 415/597-9139.

Tenderloin Evaluation Study

The Tenderloin Evaluation Study is a study of African American men who have sex with men and who live in and around the Tenderloin neighborhood of San Francisco. For more info, please call 415/597-8126.

The UFO Project

The UFO project is a multi-disciplinary harm reduction project that measures the seroprevalence of hepatitis B, hepatitis C and HIV in injection drug users under the age of 30. Call 888/UC-YOUTH or 888/829-6884.

The Unity Project

The Unity Project is recruiting 300 men and women living with HIV/AIDS over the next year to participate in this quality of life study. For more info, call 415/597-4669.

Q&A

Interventions for Black Gay Men

by Beth Freedman

Got a question? We may have an answer for you. The Technology and Information (TIE) Core of CAPS provides limited technical assistance (TA) to service providers, Health Departments and other scientists outside of CAPS via telephone and e-mail (call 415/597-9396 or e-mail CAPSWeb@psg.ucsf.edu).

Q: I'm looking for HIV prevention interventions for Black Gay Men over 25. It should be applicable in an inner-city context and should be able to be administered using outreach workers.

A: A good place to start are the CAPS' HIV Prevention Fact Sheets including: What are African-American's HIV prevention needs? Revised, September, 1999 www.caps.ucsf.edu/FSindex.html or (800) 458-5231.

The CAPS web site also highlights the African American Men's Health Study at www.caps.ucsf.edu/projects/AAMHSindex.html

The San Francisco AIDS Foundation recently developed a program called Black Brother's Esteem, with the help of researchers at CAPS. Black Brothers Esteem is designed to empower men who not only struggle with issues related to HIV, but also racism, addiction, poverty, violence and marginal housing conditions. www.sfaf.org/bbe/

I also suggest checking out HIV InSite's key topic pages on African Americans at http://HIVInSite.ucsf.edu//topics/african_americans/.

There are two National Organizations that can also provide you with assistance:

- **Institute for Minority Health Research**, Rollins School of Public Health, Emory University, www.sph.emory.edu/bshe/imhr/index.html
- **National Minority AIDS Council (NMAC)**, (202) 483-6622, www.nmac.org

Finally, I've also listed some state and local organizations that are doing programs:

- **People of Color Against AIDS Network**, Seattle, WA, (206) 322-7061, www.pocaaan.org
- **Project Survival**, Detroit, MI, (313) 961-2027. HIV prevention and services for the African American community of Detroit.
- **Umoja Sasa Prevention Marketing Group (USPMG)**, Baltimore, MD, (800) 998-6652. Produces prevention marketing campaigns geared toward educating African American, Native American and Latino communities.
- **COLOURS Organization**, Philadelphia, PA, (215) 629-1852. Counseling, AIDS Education, and support groups for gay men of color.
- **AIDS Education and Services for Minorities (AESM)**, Atlanta, GA, (404) 753-2900, www.acesatlanta.aesm.org. AESM, managed by African Americans, offers AIDS education and support services focusing on African-American gay males who have HIV.

Conducting Research, continued from page 2

we knew had to be done: provide prevention services to substance users in Oakland. Once we found the language to explain how the program worked, CAPS scientists helped us develop an evaluation methodology in harmony with the grassroots nature of the program.

The second culture clash had to do with the fact that CAPS staff relied upon email, voicemail, and a computer network. We at APEB were severely limited by our lack of infrastructure. For example, when we received work on computer disks, our version of Word could not read documents from CAPS! We found that the best way to keep the channels of communication open was to meet once a week at 8:00 a.m.; these meetings continued long after funding for the project dried up.

That we succeeded at all in completing the evaluation is a testament to those of us that made up our team: Diane Binson and Bonnie Faigeles at CAPS; myself, Oliver Saunders, Marvin Williams, and Lynn

Mayberry from APEB. More than a year after the funding ended, we still meet and are close to developing manuscripts from rich qualitative data about the lives of substance users in Oakland.

For me, the result of our collaboration was two fold: 1) We finally had data about the magnitude of the social problems faced by our clients to share with funders and the public, and 2) I realized I could not continue working in services, and that research offered me a different path to address the same issues. At the final meeting of the collaboration, I presented the data from our project by painting a picture of the lives of those we had studied. The room was silent and engaged as I described sexual and physical abuse and violence, parental alcoholism, prostitution, bouts of homelessness, along with stories of hope from substance abusers that had forged new healthy lives for themselves. At the very end, a woman in the audience revealed herself to be one of the subjects in the study, and with tears in her eyes, she told me that our team had “told it like it is”. Nothing in all my years at APEB had so moved me. After the project was over, I was hired by the Center for Health

Improvement and Prevention Studies (CHIPS) to be the project director of a federally funded study. Once I got to see just how much of the work we do in grassroots nonprofits is simply to make up for our lack of resources, I decided I couldn't do it anymore.

Funders' efforts to discipline nonprofits through progressively smaller funding units and progressively more intense restrictions on administration prevent nonprofits from developing the infrastructure necessary to increase productivity, increases the burnout rate among nonprofit employees, and reduces an agency's ability to serve its clients with their myriad concerns. The CAPS collaboration and my work at UCSF provided me with the hope of illustrating these community concerns and offering ways to ameliorate them. And today we at CHIPS are preparing to hit the field with an innovative study looking at smoking, drinking, HIV, and drug risk behaviors among primary care patients in the Bay Area. After more than a year of working at UCSF, I continue to find hope that research may guide policy decisions that help bring about social change.

CENTER FOR AIDS PREVENTION STUDIES

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