

Maryland's Community Preparation Inventory: Summary of the Findings



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September 2011

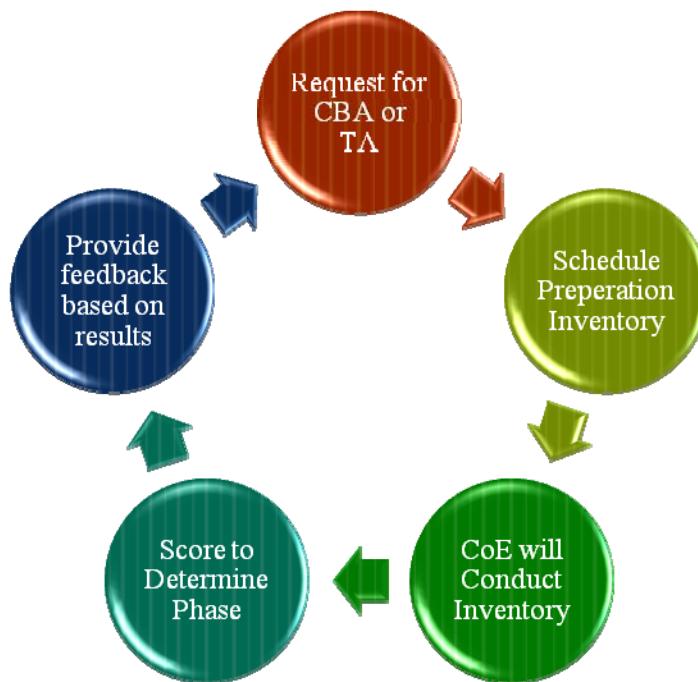
TABLE OF CONTENTS

<u>1.1 COMMUNITY PREPARATION INVENTORY</u>	<u>3</u>
METHODOLOGY	3
COMMUNITY EFFORTS AND COMMUNITY KNOWLEDGE OF EFFORTS	4
COMMUNITY LEADERS AND THEIR PERSPECTIVES	6
COMMUNITY CLIMATE AND KNOWLEDGE OF ISSUES	7
<u>2.2 RECOMMENDATIONS</u>	<u>8</u>
COALITION'S CURRENT PHASE OF CATCH IMPLEMENTATION	8
CULTURALLY INCLUSIVE RECRUITMENT GUIDANCE	8
TABLE I: COALITION MEMBERSHIP MATRIX	9
COALITION MISSION, VISION, AND BYLAWS	10
TABLE II: EXAMPLE OF COALITION BYLAWS WITH GUIDING QUESTIONS AND IDEAS	11
DEVELOPMENT OF A RESOURCE INVENTORY	15
TABLE III: AN EXAMPLE OF A RESOURCE INVENTORY SURVEY	15
<u>2.3 COMMUNITY MOBILIZATION OVERVIEW AND LOGIC MODEL</u>	<u>16</u>
CATCH GUIDING PRINCIPLES	16
COMMUNITY MOBILIZATION LOGIC MODEL	17

1.1 COMMUNITY PREPARATION INVENTORY

METHODOLOGY

The Center of Excellence for Transgender Health has adapted the “Community Readiness Model¹” in order to assess where newly forming coalitions and existing efforts are in terms of readiness for implementing CATCH. The assessment process is “The Community Preparation Inventory” (CPI), and is usually done via telephone interview or whatever method is most convenient for participants. During the interview process the Community Mobilization Specialist will guide the interviewee through a set of questions that will take from 20 to 45 minutes. The Community Mobilization Specialist can then identify which phase of CATCH the community is currently in. This is essential to the success of CATCH because it identifies strengths in communities and opportunities for growth. Communities and/or individuals can request capacity building assistance (CBA) and/or technical assistance (TA) during any phase of CATCH. The CoE wants to be able to offer each community the very best level of expertise according to the results of the assessment. Please see below to see how the process works.



¹ Plested, B.A., Edwards, R.W., & Jumper-Thurman, P. (2006, April). *Community Readiness: A handbook for successful change*. Fort Collins, CO: Tri-Ethnic Center for Prevention Research.

This process is designed to help CATCH support your community mobilization efforts in a way that we hope will save your community precious resources in the long run. This process will also help CATCH develop an individualized *tool kit* for your community's efforts.

The CPI is comprised of 37 questions designed to inform participants as to the current community climate and which phase or phases of CATCH the community is in. Six individuals from Maryland were interviewed by the Community Mobilization Specialist or asked to fill out the assessment online through Survey Monkey. The respondents were key stake holders, trans-community members, and allies interested in coalition building. Three out of those interviewed were trans-identified and included the Maryland Department of Health and Mental Hygiene Infectious Disease and Environmental Health Administration Center for HIV Prevention (DHMH), a staff person from AIDS Action Baltimore, a representative of Equality Maryland, a grassroots organization Trans-United, the Interfaith Fairness Coalition of Maryland, and a member of a local HIV Community Planning Group task force named The Transgender Response Team.

COMMUNITY EFFORTS AND COMMUNITY KNOWLEDGE OF EFFORTS

Participants were asked how much of a concern trans-specific HIV prevention and health care services are in their community. The responses were gauged through a Likert scale with 1 being “*not at all a concern*” and 10 being “*a very great concern*.” The average response identified by the survey was “9”. A nine means that the community is greatly concerned about access to trans-specific and inclusive HIV prevention and health care services. Their efforts to address these concerns are apparent. Currently there are efforts being made to increase access to HIV prevention, health care, and other services for transgender community members. Among those identified were:

- Trans-United is a project that is made up of volunteers concerned about helping African-American trans women stay HIV negative. Sandy Rawls is the founder that is providing African American trans-woman with targeted outreach focused on HIV prevention and housing issues. Her efforts remain steadfast although funding is unavailable to support this extremely important effort.
- Johns Hopkins University School of Medicine is providing health care services for local trans community. Their services provide a full scope of primary medical care for transgender people in Baltimore.
- Since 2007 the Transgender Response Team (TRT) has been an active task force of the Maryland Department of Health that has developed and provided recommendations to the Greater Baltimore HIV Health Services Planning Council. They have also:

- Developed and utilized the first statewide, trans specific, HIV service specific resource guide.
- Advocated successfully for the first trans youth HIV prevention program in Maryland.
- Has become an ongoing collaborative between government and community stakeholders.
- Successfully advocated for trans inclusive needle exchange services provided by the Baltimore City Health Department.
- Served as an influential group that encouraged the DHMH to submit a letter of support for the transgender anti-discrimination bill in the 2010 session of the Maryland General Assembly.
- Has been the planning body for the Transgender Day of Remembrance since 2008.
- Have advocated for the use of the two step data collection recommendations and have created an educational tool for HIV counselors to help increase their awareness and utilization of the recommendations.
- Provided support to newly emerging community leaders in building new community based organizations.
- T-Time is a funded and ongoing service that provides a series of focus groups towards the development of a new trans specific intervention.
- Federally Qualified Health Centers in Maryland prescribe and provide medical monitoring of hormones.
- HIV prevention information and outreach are being provided at silicon pumping parties.
- A current strategic plan exists that is inclusive of trans people in all HIV prevention and care efforts.
- The DHMH has a policy in place that includes trans people as a special at risk community.

Although these services exist the community is largely unaware unless they are somehow connected to their local health departments through targeted outreach. There is a marked need for

more community based services throughout the state of Baltimore since most of the services are only available in Baltimore. One participant stated that,

[The health departments] don't listen to the consumers or try to reach them where they are".

COMMUNITY LEADERS AND THEIR PERSPECTIVES

Baltimore is very fortunate to have an abundance of trans-people and allies as community leaders. The identified community leaders represent a broad spectrum of diversity, but are mostly made up of trans identified individuals.

Community leaders are involved through commissions on treatment and prevention for HIV in the Baltimore city HIV Comprehensive Planning Committee, and through the TRT. Community leaders are willing to support additional efforts if those efforts have the potential to bring about changes that need to take place, for example: reducing HIV risk, community mobilization, and preventing homelessness. Although helpful, please keep in mind that the assessment was conducted with six individuals therefore the number of

community leaders identified by the CPI provides limited representation of the overall community perspective. During the process of evaluating the current community climate it was apparent that trans women of color feel isolated and unheard even though there are some programs available. Given the local HIV prevalence in Baltimore, it is important to note that few services target the highest risk population, transwomen of color.

When asked how much of a concern access to trans-inclusive health care and HIV prevention services is to leadership, the data showed that these issues are "*a very great concern*". Local trans community leaders and their allies are advocating for more inclusive and competent services because of their own negative experiences.



COMMUNITY CLIMATE AND KNOWLEDGE OF ISSUES

The community climate is a reflection of community morale. One of the assessment questions is: “Are there ever any circumstances in which members of your community might think that these issues [HIV prevention and health care] *should* be tolerated?” The responses provided are sobering. Some community leaders/members have given up and it is estimated that 80% of the community has given up, especially people of color.

“There are a lot of prejudices going on within the trans community. There are people that don't want dollars being exclusive to high risk populations because they feel that they'll be left out.”

The general consensus of the community climate is that there are very few organizations available throughout the state of Maryland. One respondent said that there are some organizations, but very little organizing. Although there is great concern about these issues, there seems to be a lack of direction, and community members feel like they can't give support efforts since past experiences have not created any tangible results. This has created an atmosphere in which the community is having to look to each other for support and is in survival mode.

It is encouraging to note that there is some epidemiological data being collected through the infectious disease and environmental health administration. The DHMH has adopted the two step data collection recommendation put forth by the Center of Excellence for Transgender Health. This could prove to be a good starting point for crucial data that will help inform future community mobilization efforts.

2.2 RECOMENDATIONS

COALITION'S CURRENT PHASE OF CATCH IMPLEMENTATION

The phases of CATCH are intended to be fluid. Coalitions can focus on several different phases throughout the process of community mobilization. The *Maryland Transgender Coalition* is currently engaged in *phase I* and *phase II*. Phase I is the foundation of community mobilization as it is the formalization of the coalition as an entity driven by community identified bylaws. During Phase I the coalition is actively recruiting and promoting the newly forming coalition.

Phase II of the coalition building process is the phase in which a community-driven needs assessment survey is created and disseminated. The *Maryland Transgender Coalition* is actively engaged in the creation of the resource inventory which is the beginnings of a thorough community-driven needs assessment.

In response to the Community Preparation Inventory we recommend the following:

- 1. Culturally Diverse Recruitment;**
- 2. Creation of Coalition Mission, Vision, and Bylaws**
- 3. Development of a Resource Inventory.**

(1) CULTURALLY INCLUSSIVE RECRUITMENT GUIDANCE

In order to ensure that a broad cross section of community representation is part of the coalition, the creation of a coalition member matrix may be helpful. The following (Table I) is a template which can be adapted and used to identify the coalition's current membership diversity. Once this matrix is filled out, the coalition can clearly define the gaps in representation of the community it hopes to reach and include.

Table I: Coalition Membership Matrix								
Name	Gender Assigned at Birth	Current Gender Identity	Race/Ethnicity	Age	Region	Employment Status	Type of Employment	Why is the person interested in the coalition? (ie: HIV, health care, social services.)

(2) COALITION MISSION, VISION, AND BYLAWS

Mission Statement Creation

We recommend a structured coalition since the phases of CATCH are somewhat complex in nature. In order to be able to get the amount of work done that's ahead, structure is critical. There are several steps to the creation of bylaws. First, it's important to agree upon a mission statement. Vision Statements and Mission Statements are the inspiring words chosen by successful leaders to clearly and concisely convey the direction of the coalition. By crafting a clear mission statement, you can powerfully communicate your intentions and motivate coalition members to realize an attractive and inspiring common vision of the future. A mission statement defines the coalition's purpose and primary objectives. Its prime function is internal – to define the key measure or measures of the coalition's success – and its prime audience is the coalition and key stakeholders.

Steps for Creating a Mission Statement

1. To create your mission statement, first identify your coalition is trying to accomplish, and who you're trying to accomplish this for. This is the idea or approach that will make your coalition stand out as a viable group.
2. Next identify the key measures of your success. Make sure you choose the most important measures (and not too many of them!)
3. Combine your winning idea and success measures into a tangible and measurable goal.
4. Refine the words until you have a concise and precise statement of your mission, which expresses the coalition's ideas, measures and desired result.

Vision Statement Creation

Second, a vision statement can be extracted from the mission statement. Vision Statements also define the coalition's purpose, but this time they do so in terms of the coalition's values rather than bottom line measures (values are guiding beliefs about how things should be done.) The vision statement communicates both the purpose and values of the coalition. For coalition members, it gives direction about how they are expected to behave and inspires them to give their best. When shared with key stakeholders, it shapes their understanding and appreciation of the coalition's purpose.

Steps for Creating a Vision Statement

1. First identify your coalition's mission. Then uncover the real, human value in that mission.
2. Next, identify what you and other stakeholders will value most about how your coalition will achieve this mission. Distil these into the values that your coalition has or should have.
3. Combine your mission and values, and polish the words until you have a vision statement inspiring enough to energize and motivate people inside and outside your coalition.

Creating Bylaws

A recommended structure and an example of bylaws are included as Table II. This example is one possibility provided for coalitions, but it's ideal to develop bylaws specific to your coalition's mission and vision. There is some helpful information available for the creation of bylaws from the OHIO Environmental Council which can be found at:

<http://www.theoec.org/PDFs/fact%20sheets/guide%20to%20writing%20bylaws%20121906.pdf>

Table II: Example of Coalition Bylaws with Guiding Questions and Ideas

Bylaws

Describe the purpose of the bylaws in this section.

Composition

For example: Nomination: Any coalition member may nominate a new member. Applicants may also self-nominate.

Demographics

What will the coalition do in order to ensure cultural diversity reflected in its members?

Proxy

Perhaps you'll have members that can vote by proxy, or for someone that isn't present.

Selection Process

Will new members need to apply to be a part of the coalition?

Will they need to provide a letter of intent?

Who will review the applications and ensure that potential members are committed to the vision and mission of the coalition?

How long will the membership terms last?

How will accepted member be informed of their acceptance or not into the coalition?

Governance

Executive Committees

Will the executive committee be made up of the Chair and two Co-chairs?

What will the executive committee's tasks be?

Selection Process

How will the chair and/or co-chair be nominated or appointed?

Executive Committee Description

This section should include detailed descriptions of the tasks that the Executive Committee will be responsible for. As an example:

The executive chair's duties and responsibilities include, but are not limited to:

- Serve as official coalition spokesperson, representing the coalition to the general public and other interested parties as necessary.
- Facilitate coalition meetings to ensure issues are adequately discussed and resolved as appropriate.
- Facilitate coalition executive committee meetings.
- Organize, motivate, and empower coalition members in support of all coalition projects, business, and events.
- Notify/Remind coalition members of member's responsibilities as needed.
- In consultation with the vice chairs, delegate such responsibilities and duties as appropriate to the executive committee.
- Assisting and supporting vice chairs as needed.
- Orient new coalition members as needed.
- Assist in facilitating successful changeover of newly elected executive chair.

The vice chair's duties and responsibilities include, but are not limited to:

- Assist in representing the coalition to the general public and other interested parties as necessary.
- Work with executive chair in coordinating coalition business and meetings.
- Assisting and supporting the executive chair as needed.

- Coordinate and take the lead in recruitment of new coalition members.
- Create and coordinate member working groups as needed.
- Organize, motivate, and empower coalition members in support of all coalition projects, business, and events
- Assist the executive chair in setting and preparing coalition meeting agendas.
- Work with executive chair and in coordinating coalition business and meetings.
- In case of absence of executive chair, facilitate coalition executive meetings.
- In case of absence of executive chair, facilitate coalition meetings to ensure issues are adequately discussed and resolved as appropriate.
- Assist in facilitating successful changeover of newly elected vice chairs.

Rules of engagement

Here are some examples: Coalition members will respect each other's time.

The board will maintain a commitment to respect the diversity of transgender/gender variant communities.

Bylaws interpretation

This will provide an opportunity or leeway to be able to adapt or interpret the bylaws as needed.

Membership Responsibilities

This section will outline the responsibilities of coalition members. It's best to keep this section generalized or broad.

Expectations

Here are some examples for expectations: Members have four primary expectations; communication, attendance, active & engaged participation and time commitment. Coalition work will add up to roughly 2-3 hours/week of your time.

Working Groups

In order to get the tasks at hand accomplished and to evenly distribute the workload of the coalition, it's critical to have work groups that are tasked with specific projects. This section of the bylaws can describe the role of working groups.

Removal

It can be challenging at times to have a way to resolve potential disagreements or to have a structured process for letting people go if they aren't working toward the mission and mission of the coalition. The following is an example of the language that can be adapted for this purpose: Membership may be terminated for any of the following reasons; failure to meet the meeting attendance requirements; conduct in conflict with the purpose of the coalition; behavior divergent from the mission of the coalition. Removal of a board member is first recommended by the coalition, and then decided on by the executive committee through a majority vote.

Quorum

Quorum simply means that there are enough coalition members present to vote on action items or ideas. CATCH recommends that 51% of the total coalition will constitute a quorum.

Decision-Making

For example: Decision making shall be done by voting. Votes are passed with 51% support.

Bylaw Changes

It's critical to have a process in place to have an agreement upon how the bylaws can be changed.

(3) DEVELOPMENT OF A RESOURCE INVENTORY

Local coalitions are made up of consumers, stakeholders, and providers of services. The vast knowledge of coalition members will be a good place to start building a list of resources. Table III provides guidance that you can base your resource inventory on. This resource inventory could easily be made available through an internet based survey tool like Survey Monkey. The Community Mobilization Specialist is available for the creation of the online version of the survey. You'll find a very in depth example of a resource inventory that was conducted by the CoE online at: <http://transhealth.ucsf.edu/pdf/serving-trans-ca.pdf>

Please remember that the Community Mobilization Specialist is always here to support your community mobilization efforts.

Table III: An Example of a Resource Inventory Survey

Name of Trans-specific/Inclusive Program	
Name of Host Organization (if applicable)	
Primary Populations Served	
Primary Contact Person and Title	
E-Mail Address of Point Person	
Phone Number	
Address	
Website URL	
Bi/Multilingual Services	<input type="checkbox"/> Yes <input type="checkbox"/> No Languages: _____
Type of Trans-specific/Inclusive Services Provided	

2.3 COMMUNITY MOBILIZATION OVERVIEW AND LOGIC MODEL

The CATCH Model develops local coalitions by closely working with trans and gender-variant community members, their partners, allies and key stakeholders interested in community mobilization. The coalition promotes provider networking and community utilization of existing services. The coalitions lead data collection and analysis efforts, prioritize prevention needs, develop a comprehensive plan to strengthen transgender community access to and utilization of HIV prevention and health care services then decide how to evaluate these efforts.

CATCH GUIDING PRINCIPLES

1. *Transgender Community Participation*

The heart of CATCH is filled with participation from a wide range of community members, along with providers and other stakeholders.

2. *Community-driven Data*

Local, state and nationwide data will be gathered and used in order to establish transgender health priorities.

3. *Coalition-developed, Comprehensive Strategies to Increase Access to and Utilization of HIV Prevention Services, Including HIV and STD Testing*

With support from CATCH, community members will identify service gaps and barriers that contribute to high rates of HIV and low utilization of services in their communities, especially among the highest risk groups within the transgender community.

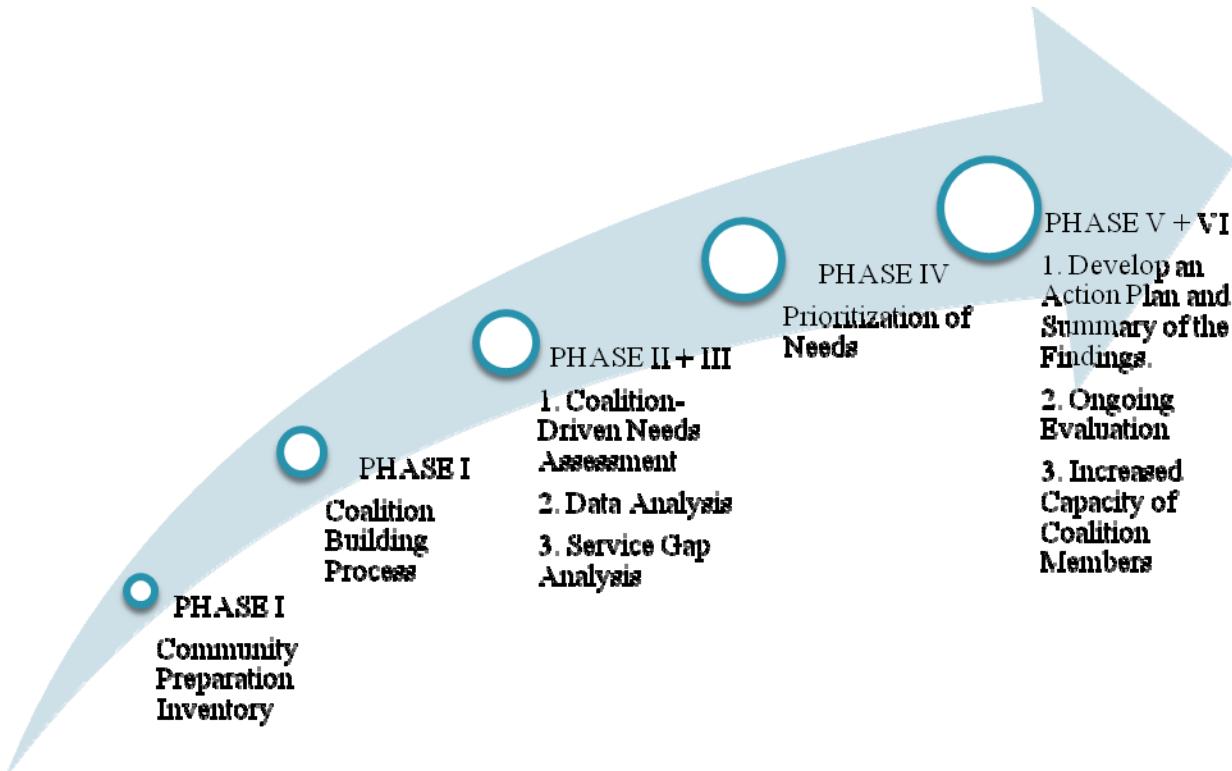
4. *Ongoing Evaluation and Feedback for Program Improvement*

Coalition feedback and continual incorporation of evaluation will improve and ensure active and diverse participation by community in the mobilization project.

5. *Increased Community Capacity for Health Promotion*

CATCH aims to increase the capacity of the community.

COMMUNITY MOBILIZATION LOGIC MODEL



The phases of CATCH are meant to be fluid and can be revisited at any time. This visual representation points out the likely process that a community would go through when utilizing the CATCH community mobilization model.

PHASE I:

Community Preparation Inventory

- Assess the community's level of readiness to begin the process of coalition building and community mobilization through the Community Preparation Inventory.
- This process is facilitated by the Community Mobilization Specialist.

Coalition Building

- Identify groups, individuals and local agencies with a shared drive to increase access to health care and HIV prevention services for transgender communities.
- Create linkages to existing groups (ie: CPG, advisory boards, county and government officials, commissions, trans social groups, community based organizations, etc.).

- Continue to recruit a broad and diverse cross section of community members interested in coalition building.
- Formalize the group through the creation of bylaws or coalition guiding principles.

PHASE II & III:

Coalition-Driven

- Create and disseminate a coalition-driven needs assessment with support from CATCH.
- Create and disseminate a coalition-driven needs assessment with support from CATCH and your local or state health department.
- Create a coalition-driven service gap analysis with support from CATCH and your local or state health department.

PHASE IV:

Identify the Priority of Community-Identified Needs

- Coalition members are guided through a process of prioritization by coalition leaders with support from CATCH.

PHASE V:

Create Strategies to Address the Community-Identified Priorities

- Agree on coalition-driven strategies to address prioritized needs.
- Create a summary of the overall findings including the entire process and the coalition's recommendations to the state or local health department.

PHASE VI:

Ongoing Coalition-Driven Evaluation

- Throughout the process of CATCH it's critical to evaluate the coalition building process and outcomes. The Community Mobilization Specialist is readily available to offer support for this process throughout the implementation of CATCH.
- The evaluation process and critical feedback will help coalition members to increase their capacity to advocate for health care and HIV prevention services for trans people.