



# Fostering Leadership for Asians & Pacific Islanders through Research and Evaluation

Case Studies Report

July 2008



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# Introduction

This report is comprised of case studies conducted as part of Harder+Company's evaluation of API Wellness Center's FLARE project. FLARE stands for *Fostering Leadership for Asians & Pacific Islanders through Research & Evaluation* and is a Technical Assistance and Capacity Development (TA/CD) Program funded by the United States Department of Health & Human Services, Office of Minority Health. The project's vision is to increase access and utilization of HIV services among Asian & Pacific Islander communities by strengthening the capacity of A&PI-serving organizations in the Bay Area. Through community organizing, building leadership, data gathering and technical assistance, FLARE seeks to increase local agencies' capacity to provide culturally competent HIV services to A&PI populations. The project strives to ultimately increase A&PI communities' access to HIV prevention and care services.

The case studies presented in this report include all three counties participating in the FLARE project – Alameda, San Mateo and Santa Clara counties. They highlight different aspects of FLARE's accomplishments with respects to the project's desired outcomes

- + Increasing partnerships among community-based organizations and health departments to provide culturally competent HIV services for A&PI communities
- + Building the technical competence of organizations providing HIV-related services to A&PI populations
- + Increasing culturally appropriate materials regarding HIV and its impact on A&PI communities
- + Increasing A&PI leadership involvement in addressing HIV
- + Reducing stigma and increasing acceptance of HIV in A&PI communities
- + Increasing data and information to inform planning, policy, research and funding for HIV-related issues among A&PIs

(highlighted in the box below).

The case studies presented in this report are based on a limited number of interviews with key stakeholders in each county. They are not intended to be exhaustive but simply to identify key issues relevant to project goals.

It should be noted that while the majority of case studies reflect FLARE's achievements with respect to these outcomes, the case study describing project efforts in San Mateo County draws attention to some of the challenges encountered by project staff during implementation. The nature of these challenges faced offers important lessons learned for future efforts to build the capacity of counties to provide HIV-related services to A&PI populations.

# Alameda County's API-Family Pride: Growth with Community Support

API-Family Pride (API-FP) is part of an intricate network of Asian and Pacific Islander-focused organizations in the Bay Area. The nonprofit organization is based in Fremont, California, and it caters to A&PI families with lesbian, gay, bisexual and transgender (LGBT) members using a model of support created by A&PIs for A&PIs. The organization serves families from all over the United States, and when called on will also lend their support to families overseas. This grassroots nonprofit came to fruition after a gap in LGBT services for A&PIs was identified. Belinda Dronkers-Laureta and her husband John became involved with API-FP as a result of their connections with Parents, Families and Friends of Lesbians and Gays (PFLAG), A&PI Wellness Center, and other organizations in the San Francisco Bay Area. This seemingly small organization has managed to thrive due to the support that they have received from the tight-knit community of local A&PI organizations including the technical assistance and guidance that they received from the FLARE project.

## Becoming Part of a Network

After their son came out as gay in 1993, Belinda Dronkers-Laureta struggled with coming out to her family and friends as a parent of a gay child. Her own distress and fear of being part of the gay community are later what allowed her to connect with parents going through similar struggles. When the San Francisco Pride Parade happened to fall on Father's Day two years later, her husband John expressed his desire to march with his family in the parade. The Dronkers-Lauretas chose to march alongside the PFLAG contingency, although they had very little knowledge of the group's history and services. During the parade, Belinda and John were invited to take part in the yet to be formed Fremont chapter of PFLAG. Under the impression that she was attending a support group, Belinda was surprised to learn that in actuality it was a planning session for the new group. Although initially reluctant to take part, Belinda was promptly nominated for the Vice President position, and after the President failed to show for their first formal meeting, she was named President of Fremont's chapter.

At the same time that Belinda was becoming involved in PFLAG, there was increasing concern about A&PI participation in the organization overall. This was brought home at a 1995 Bay Area PFLAG conference where participants took note of the utter lack of A&PIs in attendance. With such a large number of A&PIs living in the Bay Area, the group found themselves wondering how to reach out to this community more effectively. Many felt that the PFLAG support model was not culturally appropriate for the A&PI community for it lacked relevant resources, cultural knowledge, and member diversity to appeal to this group. Following this realization, three A&PI organizations, including A&PI Wellness Center (then called the Living Well Project), came together to address the issue and to figure out a way to provide support for A&PI parents of LGBT children. One particular issue that emerged was that the word "gay" did not exist in Chinese dialects or in Tagalog. Belinda recalls hearing from frustrated LGBT children: "How can we come out to our parents when there is no name for the word 'gay' in our languages?"

**How can we come out to our parents when there is no word for "gay" in our languages?"**

**-Belinda Dronkers-Laureta**

## Taking a New Direction

The year 1998 was the start of several years of planning and activity for the new collaborative. Known as the A&PI PFLAG Project, the group produced supportive videos and booklets that were distributed to A&PI families to be watched and read in the privacy of the home. They featured Asian families and displayed subtitles in Chinese and English. After being passed through the network, the informational videos and booklets were successful in gaining visibility within the A&PI community.

By this time Belinda, still President of Fremont's PFLAG chapter, had become actively involved in the A&PI PFLAG Project. After A&PI Wellness received a grant to strategically plan their next step, the new A&PI PFLAG Project was faced with the decision of sticking with PFLAG and working under a mainstream model, or becoming the family component of A&PI Wellness Center. Through the planning process, it became apparent that the new collaborative did not want some of the restrictions associated with having a fiscal agent; they were ready to stand on their own. While the seeds of A&PI-Family Pride began to sprout back in 1995, it really was not until 2000 that the organization began to bloom as result of the collaborative planning process. The six founding board members included Belinda and John Dronkers-Laureta, and the two leaders of the San Francisco chapter of PFLAG.

## Capacity-Building Assistance from FLARE

Although the Dronkers-Lauretas had much personal experience and history working with A&PI families, they lacked the kind of managerial experience necessary for running a start-up nonprofit. In addition, because they are the only staff of API-FP and they serve as volunteers, the two have little time to focus their efforts on developing the organizational infrastructure that they desire. Through their connections at A&PI Wellness, they learned of the FLARE project and its goal to foster leadership and capacity amongst A&PI-serving organizations. Last April Belinda attended a two-day training workshop sponsored by FLARE that focused on capacity-building with regards to fundraising, grant-writing and program planning. Following the workshop she was contacted by FLARE staff and given the opportunity to discuss in more detail API-FP's specific organizational management needs. Areas of particular challenge included building an infrastructure for the organization, creating a gender diversity curriculum, and executing the organization's annual family banquet. FLARE staff provided hands on assistance with both the curriculum project and the banquet, as described below.

API-FP had received a grant from the Horizons Foundation to conduct workshops and presentations for A&PI families and organizations on gender diversity in the A&PI family. Up until that point, Belinda had conducted the bulk of the workshops, but the aim of Basic Message was to create an actual curriculum so that the message could be passed on and presented by others as well. By meeting and emailing back and fourth, FLARE was able to gather enough information to lay out the script for the first draft of the presentation. Along the way they provided tips and pointers to the Dronkers-Lauretas. According to John, FLARE staff encouraged him to modify the presentation so that it was appropriate for his audience. Having come from a background in giving lectures to engineers and scientists, one bit of advice that John found particularly helpful was the idea of including an interactive piece to engage the audience. Interactive presentations were not commonly used with the audiences he was experienced in working with, but he soon found that it was a major spark for connection with API-FP's typical audience of families and nonprofit staff. John summed up his experience working with them on the Basic Message Project: "Without them we wouldn't have gotten where we are today. When we look back we see what we did wrong, but we wouldn't have known that if they didn't help us. They gave us a point of departure, they

gave us a theoretical background as to why it had to be interactive, and they gave us tips and pointers.”

Belinda spear-headed the annual family banquet, which was intended to honor A&PI families who have come to fully accept their LGBT children. She cited how it was an emotional event that is very powerful for participating families. FLARE provided technical assistance for the event by sending out eblast advertisements, updating and printing the souvenir booklets to include the 30 new families expected to attend, and by providing sponsorship for the event. For Belinda, the most help they received from FLARE came in the form of staffing. Since API-FP is comprised solely of the Dronkers-Lauretas and volunteers who come and go, FLARE was able to step in and provide professional staffing assistance. Belinda explained, “Let’s say we need a design for the eblast: for them it was so easy, where as it would have taken me the time to read an entire book [on how to do it]!”

FLARE was able to provide to API-FP the assistance they needed to carry out their short-term goals. They actualized the Basic Message project by scripting the presentation for future trainers to utilize, and to this day they are continuing their work with John to improve and update the curriculum. FLARE also helped to create visibility and spread awareness of API-FP by sending eblasts and linking their name to the annual family banquet. Belinda commented: “[FLARE] has broadened our connection with A&PIs. We have become more visible; people have gotten to know us through FLARE.”

**[FLARE] has broadened our connection with A&PIs. We have become more visible; people have gotten to know us through FLARE.**

**-Belinda Dronkers-Laureta**

## Future Recommendations

API-FP expressed a desire to focus more on their long-term goals with FLARE. While they were thrilled with the help they received for the Basic Message Project and the annual family banquet, they were concerned about their own ability to maintain that success without support. Belinda hopes to continue to work with FLARE staff, specifically on the development of a five-year plan to help API-FP attain sustainability as an organization. With their lack of staff and their lack of expertise in nonprofit management, both John and Belinda worry what will happen to A&PI-Family Pride without the assistance of FLARE. John acknowledged that the demands of API-FP are expanding as they are now being called on to conduct presentations in other arenas. The Dronkers-Lauretas expect to continue expanding their work with A&PI community organizations and are hopeful that they can continue to find the support they need to grow as part of the Bay Area’s vibrant network of A&PI organizations.

# Improving Data on A&PIs and HIV: Success in Santa Clara County

Stereotyped by the model minority myth, Asians and Pacific Islanders (A&PI) are often lumped into one group as a homogeneous entity, ignoring important subgroup disparities and needs. The broad A&PI category, in fact, encompasses dozens of ethnicities representing not only different languages and cultures, but also variations in income, education, and level of acculturation. These differences can influence a host of health-related outcomes, including access to information and service delivery.

In Santa Clara County, California, where A&PIs of varying backgrounds make up over a quarter of the county residents and comprise the largest minority population, understanding the differences between subpopulations is a critically important need. To better understand the nuances among the multitudes of subgroups, the FLARE collaborative in Santa Clara County worked to disaggregate A&PI data to enhance the quality and availability of HIV data on the various cultural groups in the county.

## Getting Started: Recognizing that All A&PIs Are Not the Same

In May 2006, FLARE staff convened a collaborative comprised of key representatives from the A&PI, HIV/AIDS, and LGBT communities as well as the county health department. A primary goal of the collaborative is to increase recognition of the importance of HIV issues among A&PIs and to develop strategies to prevent new infections. Recognizing that the A&PI community had not been adequately outreached to by HIV providers, the FLARE project “was a great way to focus some targeted attention on this population,” expressed one collaborative member. One of the first undertakings of the group was to implement a community-based needs assessment among A&PIs with support and assistance from FLARE staff. Members of the collaborative chose to focus their data collection efforts on the county’s Vietnamese and Filipino communities. Findings from the needs assessment revealed that there is a great deal of misunderstanding and lack of knowledge about HIV among different A&PI populations. The report also showed that there were important differences in HIV prevention needs within and among distinct A&PI subgroups. “There are many different cultures in the broad A&PI term, and they are very different,” stated one collaborative member. Another added, “This is a heterogeneous population. They are not all the same and we can’t lump them all together.”

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all together.**

**– Collaborative member**

With a large and growing A&PI population in the county, health educators and community leaders had already identified the need to address different issues among these ethnic communities, but until now the county had not been able to adequately fill this gap. Efforts to better understand the A&PI community in Santa Clara County began with the targeted needs assessment, but the collaborative did not end its work there. One of the recommendations from the needs assessment was to improve access to information on HIV-related service needs of A&PI communities, namely through disaggregated A&PI data. The collaborative members took it upon themselves to address this data gap as one of their next

agenda items. The members seized the opportunity to get a breakdown of A&PI ethnic data, and focused their efforts on HIV testing data.

## Getting Everyone on Board

Embarking on the expanded data collection effort initially raised some questions about how feasible the project would be. The story would later unfold as a seamless and easy process that did not meet much resistance.

Initial efforts focused on building a structure within the Public Health Department and County HIV testing programs to collect the data, as these two entities are responsible for the HIV testing forms used locally. The earliest stages of this project started with research to identify questions that had already been used in prior studies to gather the finer details on

**The collaborative added questions of ethnicity, length of stay in the U.S., and country of origin to the existing HIV testing data collection forms.**

race and ethnicity. Collaborative members reviewed and fine-tuned the ethnicity categories, and after some minor tweaking, questions of ethnicity, length of stay in the U.S., and country of origin were added to the existing HIV testing data collection forms.

To get buy-in from the health department, the collaborative maintained open lines of communication with key staff and department managers throughout the project and provided periodic updates to keep stakeholders informed. Collaborative members acknowledge that the data project would not have been possible without the support of the health department. A crucial influence in enabling these efforts was the fact

that a health department epidemiologist was a member of the FLARE collaborative. By having a champion internal to County government, the collaborative had a key person to spearhead the effort and keep the project alive.

As an added benefit, while the collaborative was seeking to implement this expanded ethnicity category, the state data systems were also undergoing a modification at the same time that the County was migrating to name-based HIV reporting. Because of the matched timing, the health department encountered no barriers to having the expanded ethnicity data items added to the state-level system.

With the department-level infrastructure in place, the collaborative also needed to bring HIV test counselors on board, as they are responsible for asking the demographic questions and collecting the data from clients. Though convincing the HIV test counselors to join in this effort could have been another potential barrier, this group had already identified the A&PI data gap as an issue. In fact, when test counselors were asked what their needs were, they recognized that they were serving more and more A&PI clientele who presented with questions and issues that were different not only from other minority populations but also different from each other. As a result, the collaborative smoothly moved forward with training the HIV test counselors from each of the five testing centers across the county on how to obtain the expanded ethnicity data. The data collection project was set up for success, with the health department agreeable, data systems ready to go, and test counselors on board. Implementation began with a one month pilot test among the test counselors. This expanded data collection has continued since the initial pilot, and the collaborative expects the data to be available by the end of 2008, after each of the five test centers' data is entered.

## Expected Impacts of Expanded Ethnicity Data

Asked about the implications of gathering a finer level of ethnic detail on A&PI populations, collaborative members quickly turned to funding. One member remarked on the impact on the distribution and targeting of funds, stating, “Since resources are getting increasingly more limited, it is important to focus where there is the greatest need... [The data] could definitely impact how programs are developed and how funds are used.” Given the number of minority initiatives at the federal, state, and local levels, collaborative members also believe that disaggregated A&PI data will help to garner more funding for affected A&PI subgroups.

This expanded data collection is expected to ultimately result in better, more culturally appropriate service provision to different subgroups of A&PIs in the county. Data will help to inform the gaps and issues specific to various A&PI populations, which in turn will impact the development of targeted intervention efforts. In the words of one member, “It will serve them better along the whole spectrum from HIV prevention to care.” At the policy level, having disaggregated ethnic data on A&PIs will help make the case that the needs of individual subgroups need to be addressed separately.

## Recommendations and Next Steps

In order to successfully implement the data collection project, collaborative members agree that an easy data system must be in place, ideally a modification to the system that is already being used. Creating an entirely new data collection mechanism would hamper the process. One collaborative member stated, “Unless we can relatively easily build it in to our current registration process, I wouldn’t be for it – and I want the data. We have too many data systems.” A key factor in Santa Clara County’s success was that adding the data did not require a lot of resources. According to one member, “It was doable because it did not involve developing a separate survey instrument. We utilized something already available and added on a few questions.” Another recommendation offered by the collaborative is to engage the community in the discussion so that they understand why it is being done. Key people to involve include testing providers and representatives of community-based organizations, in addition to non-provider voices from the community that can help make the group more aware of the challenges and concerns about collecting the data.

Currently, expanded A&PI ethnicity data is being collected for HIV testing data, and the next steps are to address HIV/AIDS surveillance data. Moreover, the collaborative aims to collect disaggregated ethnicity data not only on A&PIs, but also for different Latino cultures and African refugees or immigrants and African Americans. Collaborative members recognize that just as there is no single “A&PI culture,” Latinos and Blacks also represent vast and diverse cultural groups. As one member of the collaborative concluded, “The aggregated data tells you nothing. If we are going to be effective we need to know what makes up that population and not just have this aggregated data. If we want to target the communities in greatest need, we need to know who the communities are.”

# Readiness for FLARE: Lessons Learned in San Mateo County

At first glance, San Mateo County appeared to be a good match for FLARE. The county is home to a substantial A&PI population – more than 182,000 Asians and Pacific Islanders (A&PIs) live in San Mateo and the county has the highest concentration of Pacific Islanders in the state. There was anecdotal evidence from A&PI Wellness Center staff in San Francisco that residents of San Mateo were coming to the city for HIV testing and other services. In fact, the northern part of the county – home to a large Filipino population living in Daly City and South San Francisco – is part of the San Francisco Eligible Metropolitan Area, meaning that it qualifies for special federal funding for people living with HIV. The southern part of the county is home to a strong Pacific Islander community that includes native Hawaiians, Tongans and Samoans and is not far from San Jose, the seat of Santa Clara County. According to one FLARE staff member, “People [in San Mateo] either go south or north to get services ... Driving an hour or more each way is a lot to access services. We were wondering, ‘What’s going on in these communities? What agencies are providing services and what agencies are providing culturally competent services to A&PIs?’”

By the time the team entered San Mateo County, staff members were optimistic about the ability of the FLARE model to make an impact. Their experience in Santa Clara County had demonstrated that FLARE’s combination of community organizing, building leadership, data gathering and technical assistance could be powerful in terms of deepening county capacity. At the same time, staff members were concerned about whether they had the time and capacity needed to work effectively in San Mateo. Team members began the bulk of their work in the county two years into FLARE’s three-year project period and they knew from experience that the model required a significant investment of time in order to work. As one staff member observed, “A lot of this work has so much to do with relationship-building and that’s very time and resource-intensive.”

## Early Barriers to Implementation

During initial meetings with county stakeholders, capacity concerns grew as FLARE staff members began to realize how differently the HIV service infrastructure is organized in San Mateo compared to other Bay Area counties. In San Mateo, the county health department is the primary provider of HIV-related services and few services are contracted out to nonprofits. Furthermore, there is a lack of community-based service providers with the capacity to take on HIV-related service provision. One FLARE staff member commented, “One of the first things [the health department] expressed to us at one of our earliest meetings in the county was that they provide all the testing, care and prevention services in the county because there aren’t community-based organizations to do that.”

While there are one or two mainstream organizations that provide HIV services in San Mateo County, do not serve many A&PI clients. Ironically, because these organizations serve few A&PI clients, they viewed this as *prima facie* evidence that there is not a significant need for HIV services among this population. As a result, these organizations lacked personal investment in the desired outcomes of the FLARE project. One FLARE staff member commented, “The way it was received was, ‘We really don’t know how we can help *you* with *your* project.’” In thinking through the differences between the engagement of community-based organizations in San Mateo, Santa Clara and Alameda counties in FLARE, staff noted an interesting pattern in terms of staffing. Community-based organizations in San Mateo

lacked A&PI staff compared with organizations in other counties. As a result, there was no person inside these organizations who could exercise leadership and become an internal champion for FLARE. As one person observed, “In San Mateo, there weren’t A&PI staff members who could say, ‘I know people who need these services but they’re not coming through the door.’”

In contrast to local nonprofits, the health department was actively interested in building its capacity to serve A&PI communities and had already laid groundwork in this area prior to interacting with FLARE. One FLARE member noted, “The health department had already identified the Pacific Islander community as a priority. They had done work to see geographically what the spread was like and what churches people attended.” FLARE staff attributed this interest in part to the ethnic composition of department staff members. One explained, “The health department had staff members and providers who were from the community that were able to help identify community needs.”

## Scaling Back

During this early assessment phase, FLARE staff members quickly realized that they needed to make a decision about how to move forward in the county. The federal Office of Minority Health (OMH), which funded the FLARE project, prohibits provision of capacity-building assessment to county health departments. At the same time, there was a lack of community-based organizations willing and able to step up the plate when it came to providing services to the A&PI community. In recognition of these barriers as well as project time constraints, FLARE staff made a decision to scale back the intervention. One staff member commented, “We realized there were no community-based organizations and because of the limitation of the grant, it didn’t make sense to convene a collaborative that was basically to help the health department.” Instead, staff chose to focus on gathering data that would help provide evidence of community need for increased capacity to serve the A&PI population. “We decided to move forward with the needs assessment because we felt that the data was really valuable. In and of itself, it speaks to a need for services and we felt it was really something we could leave in the county that could potentially lead to increased interest in this population,” one staff member commented.

**Our approach was community-based and able to unfold in a way that met the needs of the county.**

**– FLARE staff member**

### Lessons Learned

Despite its challenges, the San Mateo County experience provided staff with a number of lessons learned relevant to future capacity-building work. For one thing, this experience clearly demonstrates that every county is different and requires a tailored approach. One FLARE staff member commented “We weren’t expecting these counties to be so different that we wouldn’t be able to do the same thing in each county.” Another agreed, and added that one of FLARE’s strengths was its flexibility in implementation. She explained, “Our approach was very community-based and able to unfold in a way that met the needs of the county, rather than a cookie cutter approach.” Also, both infrastructure and people matter when it comes to figuring out how to work effectively within a particular county context. A FLARE staff member observed, “The structure of the public health department and community organizations in terms of who’s providing services and the presence of A&PI staff at those agencies really has a lot to do with success.” Another lesson learned is that focusing on community providers may not work in regions where the bulk of services are provided by the county. Given the county health department’s willingness and interest in FLARE, staff members believe that it could have

been a critical partner in expanding community capacity had that been possible under the terms of the OMH grant. As one person observed, “The strategy of only providing technical assistance to community-based organizations just doesn’t work for a place like San Mateo. We could have worked with the health department to help them get community-based organizations to a level where they could contract with them to provide services.”

Both FLARE staff members were asked what they would have done differently if they were starting the project all over again knowing what they know now. The idea of county readiness for FLARE emerged as a key theme. One staff member explained, “I think the FLARE model can be replicated but only in a very specific set of circumstances.” She later elaborated on the types of considerations that are important for assessing whether a county is ready for an intervention like FLARE. She commented, “Knowing the landscape, who the key players are, what the health department’s role is in terms of funding and provision of services, how receptive they are in terms of other people coming to help out, and whether they are prioritizing the A&PI community is important to know early on. Also, having gatekeepers and people from your target population work at the community-based organizations is really helpful.”

**The strategy of only providing technical assistance to community-based organizations just doesn’t work for a place like San Mateo.**

**– FLARE staff member**

## **Future Directions**

FLARE staff members remain hopeful about the possibility of developing San Mateo’s capacity to meet the HIV-related needs of A&PIs. One commented, “There is really exciting work that could happen, especially with the Pacific Islander community.” Another agreed and added, “We made some good contacts with the health department and the few agencies providing HIV services. With the needs assessment, we were able to identify some members of the Pacific Islander community we could potentially work with in moving forward with doing some community work in HIV. If we get re-funded, there is a lot of potential for something to come out.” Finally, an unanticipated outcome of this project is that A&PI Wellness Center has prioritized the needs of Pacific Islander communities. The needs assessment work conducted as part of FLARE will inform the organization’s future efforts to work on behalf of this population both in San Mateo and the broader Bay Area.

# Using May 19th Events to Reach A&PIs: A Change in Strategy in Santa Clara County

May 19<sup>th</sup> is the National Asian & Pacific Islander (A&PI) HIV/AIDS Awareness Day. Each year on this day, organizations around the country dedicated to providing HIV/AIDS services to A&PIs host events in their communities to raise awareness about the impact of HIV-related stigma. While the first National Awareness Day was held in 2005, the event had not been formally celebrated in Santa Clara County until the FLARE collaborative was formed. The group felt that it was important to recognize this day because there had never been a local event focused on encouraging testing within the A&PI community. The collaborative organized the county's first-ever May 19<sup>th</sup> event in 2007. While they felt that the event was a success, they decided to make some key changes in 2008 that resulted in some new successes.

## May 19, 2007 – HIV Matters

The county collaborative decided to hold the 2007 event in the civic center area of Santa Clara County. The event was attended by a small group of about 20-30 people who gathered to listen to speakers; peruse through informational materials and resources provided by HIV-related organizations; enjoy cultural performances; and share food in celebration of the 3<sup>rd</sup> Annual A&PI HIV/AIDS Awareness Day.

The speakers at the event focused on the theme of creating a healthy A&PI community by addressing the stigma and isolation associated with HIV/AIDS. One speaker talked about the Banyan Tree Project, a national campaign that aims to help people accept and support A&PIs living with and at risk for HIV. Another speaker commented on the need for more dialogue about HIV in the A&PI community. He stated, "We don't talk about HIV as much as we should." An HIV-positive speaker added, "I'm hopeful events like this will help to break down barriers and encourage people to get tested."

Providers involved in planning the event also hoped that the HIV/AIDS awareness day would encourage testing as well as reduce stigma in the A&PI community. However, the event was held in the heart of city government, rather than a location frequented by the larger A&PI community. While there were some community members who attended the event, it primarily drew city officials, policymakers, and government workers. The event gained this constituency's attention about the need for support and resources to increase awareness about HIV/AIDS within the A&PI community. As one collaborative member commented, "It isn't always that government workers have an opportunity to have a lot of interaction with the services and they have a lot of influence. We brought the information to their doorstep." Another collaborative member was especially pleased that the Board of Supervisors, which was represented among the

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– May 19<sup>th</sup> event speaker**

audience members as well as guest speakers, recognized the event with a plaque, cementing May 19 as National A&PI HIV/AIDS Awareness Day in Santa Clara County. While members were pleased with these successes, they also felt that more could be done to engage A&PI community members directly at next year's event.

## May 19, 2008 – Together We Can Make a Difference

A key factor in the success of the 2008 A&PI HIV/AIDS Awareness Day event was the collaboration between HIV/AIDS providers, the county health department, and a local community college campus (De Anza College in Cupertino), clearly illustrating the event's theme, *Together We Can Make a Difference*. In planning the event, organizers focused on achieving the following immediate goals: reaching A&PI youth and increasing testing among A&PIs. Collaborative members decided to focus on the youth population after the needs assessment they conducted indicated that youth could help deliver HIV/AIDS awareness messages to their families, thereby helping to create a cultural norm of acceptance and open communication about HIV. As one collaborative member explained, "We chose to target youth because youth are the next generation to carry out the message about education, prevention and HIV/AIDS awareness."

De Anza College proved to be a very successful venue for reaching the event's target population. A provider involved in planning the event noted the college campus was extremely accessible for A&PI youth and another described it as a "captive audience." In addition, collaborative members found the partnership with one of the college departments, the Institute for Community in Civic Engagement (ICCE), was invaluable. ICCE was instrumental in conducting outreach on campus both among students and faculty and getting the word out about the event through the school newspaper. ICCE also provided volunteers on the day of the event. Additionally, organizers collaborated with on-campus A&PI student organizations whose members encouraged fellow students and friends to attend the HIV/AIDS awareness day event.

**I've been in the field five years and I don't remember anything significant compared to what we pulled off at the May 19th events.**

**– Collaborative member**

The result was that 150-200 people gathered at the campus quad where they were offered food and entertained by cultural performances in between speakers, some of whom were representatives from City Council. The audience also had an opportunity to see creative performances by students that reflected on the issue of HIV and the A&PI community. One of the performances was a reading of a poem about a Filipino woman who found out she was HIV-positive and was immediately ostracized by her community. The idea behind the call for creative, mixed-genre performances was to encourage people to speak out and express their own thoughts about HIV and stigma in the A&PI community, as opposed to hearing only from

nonprofit service providers and policymakers.

The partnership between HIV/AIDS providers and the local health department that was established through the ongoing work of the county collaborative was also vital to the success of the 2008 event. As a result of this partnership, the collaborative was able to engage the local health department to provide a mobile HIV testing van on site to help achieve the event's goal of encouraging testing. A total of about 20 people were tested for HIV. Some

stayed even after the event was over to get tested and others were given referrals to a local testing site. One provider exclaimed, “That was successful...having the HIV testing mobile van at the event was a really good idea.”

## Next Steps

Overall, collaborative members felt that the 2008 event was even more successful than 2007. They were able to reach a larger audience and to focus in on youth, which they had identified as a priority subgroup within the A&PI community for reducing stigma. It also achieved the goal of increasing HIV testing by having a mobile testing van at the site. Collaborative members are optimistic about building on their successes together for future endeavors. One member explained, “I’ve been in the field five years and I don’t remember anything significant compared to what we pulled off at the May 19<sup>th</sup> events. We have to keep doing this because it’s just going to get better.” After the event, the collaborative scored a big victory by obtaining funding to sustain the collaborative from a local foundation. Collaborative members agreed that having support for their collaborative was critical to the successes they were able to achieve. One commented, “FLARE’s support really helped make this happen. It kept us all in touch with each other and it kept us motivated. It was a good environment for us to brainstorm ideas and it kept us focused on our objectives.”