



Fostering Leadership for Asians & Pacific Islanders through Research and Evaluation

**Interim Evaluation
Report**

March 2008

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Introduction

This report summarizes interim findings from our evaluation of the Fostering Leadership for Asians and Pacific Islanders (A&PI) through Research and Evaluation (FLARE) project. The evaluation was designed to document the implementation of FLARE and to assess the project's effects in key outcome areas. Findings presented in this report are based on analysis of data gathered through multiple methods:

1. A web-based survey of individuals who participated in capacity-building assistance (CBA) (n=8);
2. Key informant interviews with individuals who participated in CBA (n=6);
3. A case study describing an HIV/AIDS awareness event for A&PIs sponsored by the Santa Clara County Collaborative; and
4. Periodic debrief sessions with FLARE staff regarding project implementation (n=6).

The majority of individuals who participated in key informant interviews were from Santa Clara County. Due to the timing of FLARE project implementation, it was too early to include interviews with key informants in Alameda and San Mateo counties, with the exception of one representative of Alameda County. As a result, findings from the key informant interviews primarily reflect Santa Clara County, as opposed to other counties.

Key interim findings presented in this report are organized by key outcome areas, followed by key informant recommendations for program improvement. The final section identifies lessons learned thus far.

Key Findings

FLARE works with service providers and stakeholders in A&PI communities to increase cultural and technical competence of HIV service provision; to increase leadership investment and acceptance of HIV; and to increase data and information to inform planning, policy and funding for HIV services. It employs coalition building, capacity assistance and information dissemination as strategies for achieving these outcomes. The following key findings are organized by key outcome areas and address all three project strategies. Ideas and recommendations for achieving project outcomes suggested by key informants are presented last.

Increase in Cultural and Technical Competence of Organizations Providing HIV Services to A&PIs

One of FLARE's main intended outcomes is to increase the cultural and technical competence of HIV service provision for A&PIs. Preliminary findings suggest that FLARE was more successful with regard to enhancing the technical competence of organizations. A majority (75 percent, n=6) of survey respondents reported gaining knowledge regarding how to increase the technical capacity of their organization to better serve the A&PI community. More than half (63 percent, n=5) agreed that the CBA increased their knowledge of how to better advocate for the needs of A&PIs in their community. In contrast, survey respondents appeared to be more divided in their opinions regarding the impact of CBA on the cultural competency of their organization. While half of survey respondents (50 percent, n=4) reported that CBA increased their knowledge of how to provide culturally competent HIV services "quite a bit" or "a lot", thirty-eight percent (n=4) responded "somewhat." In addition, there was one participant did not think that s/he increased knowledge in this area at all. This may be due in part to the type of CBA received by participants thus far. According to the survey data, most respondents received CBA regarding program planning and design. A smaller number of respondents received CBA pertaining to cultural competency such as information and training on HIV in A&PI communities, traditional A&PI health practices, and drug use among A&PIs in the club scene.

At the same time, findings from the key informant interviews shed light on some of the challenges associated with enhancing cultural competency. When asked whether FLARE had increased the cultural competency of HIV service provision to A&PIs in their county, most interview participants remarked that more needed to be done to achieve this goal. One person explained, "There needs to be more work in this area. Many organizations just don't see the relevance – that they can be part of addressing HIV/AIDS within the A&PI community in the county. We need assistance reaching out to these agencies for buy-in, such as other community centers and public agencies that don't see themselves included in the LGBT and HIV/AIDS service network." Another person felt that the CBA her organization received had good information on cultural competency, but she felt that it was too early to tell whether the training had real impact. Despite these findings, interview participants clearly view FLARE staff and A&PI Wellness Center as a resource for culturally competent resource provision. As one person explained, "When people are stumped, they call A&PI Wellness. That is well appreciated. For cultural assistance, it's good to have them as a resource." The same person later commented, "FLARE staff was very helpful in talking about the cultural nuances and going beyond language to look at cultural experiences. They need to offer more of that and exchange knowledge. "

Increased Partnerships among Community-Based Organizations and Health Departments

The FLARE project also sought to increase partnerships among community-based organizations (CBOs) and county health departments with the ultimate goal of enhancing service provision.

Preliminary findings suggest FLARE has had a significant impact in this area. Individuals from Santa Clara County who participated in interviews all agreed that FLARE brought providers together and increased partnerships across organizations. This led to several positive outcomes including enhanced referral networks, a new level of communication with the county health department, and less competition for scarce funding, as described below.

Participants felt that the county collaborative convened by FLARE improved relationships among providers and increased communication across agencies, which in turn widened the HIV referral network and expanded access to services for A&PIs. As one person explained, “FLARE has been very effective in bringing together stakeholders with regards to services, referrals, and the HIV health field in general. Now, it’s easier to collaborate and make referrals. It’s easier to identify the needs of clients because we know where to send them.” Another agreed, stating that, “Each agency’s flyers are located at the other agencies involved in the collaborative. Referrals are personal – they walk clients through the referral and have a specific contact.”

Several individuals felt that one of FLARE’s biggest accomplishments was in creating a dialogue between community-based organizations and the county health department. As one person explained, “The last couple of years were tough on the public health department in terms of establishing relationships and communication with the collaborative because of budget issues. The FLARE project came into the county at a really tough time. Despite the hurdles, they still helped open some channels of communication between the health department and community organizations and they helped facilitate dialogue.” This laid the groundwork for later efforts around disaggregation of data.

Finally, there was one participant who felt that the county collaborative broke down some of the competition among agencies over funding as they became better aware of each other’s strengths and weaknesses. He explained, “When funding was more of a battle instead of a shared resource, we tended to become alienated from each other. FLARE has brought us together. If one agency is a better fit for certain funding, we don’t fight. We are more aware of each other’s strengths and weaknesses, and thus we can bow out of a funding opportunity knowing that the agency that fits the criteria of the funding best will apply.”

Increased A&PI Leadership Involvement in Addressing HIV

Through the county collaborative, FLARE also sought to build leadership by A&PIs in addressing HIV. Santa Clara County key informants felt strongly that leadership has increased among collaborative members. Several felt the 2007 A&PI HIV/AIDS Awareness Day Event provided a good example of how collaborative members exercised leadership by taking on roles in planning the event, conducting outreach, recruiting volunteers, and inviting keynote speakers. The representative from Alameda County who was interviewed also cited providers’ involvement in putting together an evening awareness program regarding the effect of HIV on A&PI communities as evidence of the project’s effect on local leadership. Two key informants also talked about the collaborative’s current effort to disaggregate A&PI data in the county as an example of how the FLARE project has increased advocacy efforts on policy issues that affect A&PIs. One person felt more needed to be done to involve the broader A&PI community in leadership efforts. As one participant explained, “We’re learning to be more engaging in our outreach activities and attempts to increase leadership. There’s more we need to do.”

Increased Acceptance of HIV in A&PI Communities

The needs assessments that were conducted as part of FLARE highlighted stigma, discrimination and fear associated with HIV in A&PI communities in all three counties. One of the key goals of FLARE was to increase acceptance of HIV in these communities. Preliminary evaluation findings

suggest that while it is difficult to tell how much FLARE has contributed to *increased acceptance* of HIV within the A&PI community, it has helped to *increase the visibility and recognition* of HIV as an important health issue in A&PI communities. Key informant interviews identified a number of ways that FLARE had achieved this, including:

- Providing support for organizations to come together and plan large-scale community events such as HIV/AIDS Awareness Days;
- Conducting the needs assessment in Santa Clara County which brought attention to HIV/AIDS as an issue to those who participated; and
- Providing access to outreach materials and information related to the Banyan Tree Project, a national campaign to stop HIV/AIDS-related stigma in A&PI communities.

There was one individual who felt that FLARE had helped increased awareness among local provider communities, but noted this had not yet spilled over into the general public.

Increased Data and Information to Inform Planning, Policy and Research

FLARE also sought to increase data and information on the HIV-related needs of A&PI communities in order to inform planning, policy and research. Key informant interview participants agreed that the local needs assessments were an important success in this regard. They also reported that findings from the needs assessment have become very valuable in HIV/AIDS planning for the county. In Santa Clara County, the needs assessment spurred collaborative members to work with the health department to disaggregate data on HIV among A&PIs. Beyond the needs assessment, there was one key informant who remarked that the FLARE project was successful in bringing awareness about the disproportionate impact of HIV/AIDS on the A&PI community to government agencies and legislators.

Increased Access to and Utilization of HIV-Related Services among A&PI Communities

The outcomes discussed above are important goals for FLARE not in and of themselves but ultimately because of their power to increase access to and utilization of HIV-related services by A&PIs. This is clearly a long-term goal. Nevertheless, FLARE appears to have made a difference for at least some providers. Three survey respondents reported that the CBA they received did improve access to and utilization of HIV-related services. One respondent attributed this impact to his/her agency's improvements in current programs and increased efforts in monitoring and evaluating programs as a result of participation in CBA activities. Another participant stated, "We are getting a good number of A&PIs at our HIV testing site" as a result of new marketing efforts to this community that his organization had implemented. In addition, while most key informants did not address this issue, one person did comment that the agency he represents gained more trust in the A&PI community which has resulted in an increase in A&PI clients utilizing its services.

Lessons Learned

This section summarizes lessons learned based on the findings presented in this report as well as data collected through six debrief sessions with FLARE staff dating back to June 2007.

- + **FLARE has had to be extremely flexible and creative in adapting its intervention model to the three counties.** The original FLARE model was premised on the idea of a three-pronged approach that combined coalition building, CBA and information dissemination strategies to achieve key intended outcomes. However, it became clear to FLARE staff early on that the model would have to be adapted and customized to each county. This was necessary in order to respond effectively to factors in the external environment which varied across counties. Important contextual factors in this regard included: (1) receptiveness and availability of providers to engage in collaborative efforts; (2) the degree to which service provision is centralized within a public agency versus decentralized across community-based organizations; and (3) receptiveness of local county health departments to support FLARE. Rather than sticking with a “cookie cutter” approach to working in each county, FLARE staff remained open to modifying and adapting their model, demonstrating a high degree of creativity in thinking about what would work best for each county.
- + **The coalition building effort in Santa Clara County has been very successful.** The FLARE project was very successful in building a coalition in Santa Clara County. From the beginning, service providers were willing and interested in engaging with others to improve access to HIV-related services for A&PIs. Members were actively involved in the county needs assessment process; came together to plan and execute an HIV awareness event for the A&PI community; and identified and acted on emerging opportunities for policy advocacy. The collaborative has achieved some substantial results in this last area, including improved relationships between the health department and local CBOs; prioritization of A&PIs in the county’s Ryan White application; and collaboration with the health department’s epidemiological unit to disaggregate data on HIV prevalence among A&PI and other ethnic sub-populations. This work has engendered a sense of ownership among collaborative members making it likely that the group will continue even after the FLARE project has ended.
- + **The coalition building strategy did not lend itself as well to Alameda and San Mateo counties.** Despite the achievements in Santa Clara County, there were impediments in the other counties that made this strategy less relevant. In Alameda County, providers were resistant to participate in collaborative meetings and early attempts by FLARE staff to convene service providers had poor results. Few providers attended meetings and those that did indicated that their participation in future efforts was dependent on whether there would be specific benefits for their individual organizations. This was due in part to the dearth of local resources as well as competing priorities on the part of individual organizations. FLARE staff thought carefully about how to adapt the FLARE model and decided to shift away from coalition building as a strategy and move toward developing one-on-one relationships with agencies through CBA, obtaining buy-in and support for FLARE goals from the local health department, and working with HIV and A&PI organizations to collaborate together on an HIV awareness event for A&PI communities. In San Mateo, the number of organizations who could come together as part of a collaborative is extremely limited and their priorities and resources vary tremendously, making

this approach less tenable. The strategy for this county is still developing at the time of this writing.

- + **The needs assessment studies have been successful in generating new information to inform local policy and planning.** As discussed previously in this report, interview participants agreed that the Santa Clara County needs assessment process brought attention to HIV/AIDS as an issue and was used to highlight the overall lack of data on HIV and A&PIs. This spurred collaborative members to advocate to the health department for better and more detailed data in this regard, an effort that is now yielding results. The needs assessments in Alameda and San Mateo counties have also generated new data of interest to local service providers and health departments that has never before been available.
- + **As with coalition building, the local county needs assessments evolved differently across the three counties.** The FLARE project originally sought to increase access to information about A&PIs in each county through creation of a project website as well as publication of three county-wide needs assessment reports. FLARE originally planned to work with collaborative members in each county to design and implement a local needs assessment. When it became apparent that convening collaboratives in Alameda and San Mateo counties would not be feasible, that meant that the approach to the needs assessment had to change as well. While FLARE staff did their best to solicit local input and involve community members in data collection, the needs assessments were primarily led and implemented by FLARE staff. It is too early to tell what kind of effects this approach will have in these two counties.
- + **The role of local health departments varied significantly by county.** In Santa Clara County, the local health department was initially difficult to engage in project-related efforts due to funding and capacity issues. FLARE staff and local community members eventually made headway in this area by successfully creating new dialogue with the health department. In Alameda County, the local health department was extremely supportive of FLARE efforts, even going so far as to sign a memorandum of understanding and to encourage participation among county-funded HIV providers. In San Mateo County, where the health department is the primary provider of HIV-related services to A&PI communities, the department was extremely open to the FLARE project. FLARE staff have been able to capitalize upon opportunities to involve local health departments across counties regardless of the different roles they play in each community.
- + **The capacity-building strategy has proven to be less relevant for San Mateo County.** FLARE's model of capacity-building assistance is oriented toward the nonprofit sector. However, in San Mateo County, the local health department is the main provider of HIV-related services to A&PIs. As a result, the CBA strategy has proven less relevant to this county. The implementation of the FLARE model in this county is still under development at the time of this writing and FLARE staff are actively working on modifying its approach to this county.
- + **FLARE is working with local partners in all three counties to hold May 19th events.** One strategy for increasing local awareness and acceptance of HIV in A&PI communities that has been common to all three counties is planning and implementing National A&PI HIV/AIDS Awareness events. While this was not an explicit aspect of FLARE's initial model, these events have proved relevant to all three counties regardless of the organization and capacity of local provider infrastructure. Feedback regarding the success of these events in disseminating information and raising awareness has been positive thus far.
- + **FLARE staff members have become directly involved in policy and advocacy efforts in each county.** Staff members of the FLARE project have taken on an active advocacy role in all three counties. In Santa Clara County, staff worked hard to engage participation from the local health department in county collaborative efforts. They also forged important relationships with local elected officials and their staff. In Alameda and San Mateo counties, FLARE staff have met

with representatives of the local health department to advocate for increased cultural competence of HIV-related services. This in some ways has subsumed leadership efforts that otherwise might have been driven by a county collaborative, had this strategy been appropriate. Although this work may seem counter-intuitive to the goal of increasing local capacity in this regard, these efforts have had positive effects. In Santa Clara County, collaborative members were able to leverage the foundation built by FLARE staff for their later advocacy efforts. In the other counties, it has become apparent that capacity to exercise leadership exists within public agencies as well as community-based organizations. For example, the San Mateo County health department has been receptive to improving its services for A&PIs. In Alameda County, the director of the local AIDS office actually became an advocate for the FLARE project to local CBOs.

Overall, findings presented in this report point to several early successes with respect to achieving FLARE's intended outcomes, including increasing the technical competence of local organizations; increasing data and information to inform planning, policy and research; and increasing partnerships across organizations. The project appears to have been less successful so far at increasing the cultural competency of local service provision and in increasing acceptance of HIV within A&PI communities. Nevertheless, these findings are still preliminary and data collection conducted thus far reflects primarily Santa Clara County. What we do know about Alameda and San Mateo counties is that contextual factors in the local service landscape have required FLARE staff to adapt the original project model and be creative in developing new and tailored approaches. The model in these counties seems to be shifting away from coalition building as a strategy and toward capacity building combined with a focus on community awareness events and policy advocacy. The challenge now is to maintain focus on FLARE's intended outcomes as the model is further adapted and refined.

Appendix

Satisfaction with Capacity Building Assistance

Participants in CBA provided by FLARE received customized technical assistance and training that was developed in response to findings from organizational assessments conducted by project staff. According to the survey data, the majority of survey respondents received CBA regarding program planning and design. A smaller number of respondents received information and training on HIV in A&PI communities, traditional A&PI health practices, and drug use among A&PIs in the club scene. Overall, respondents were highly satisfied with the CBA provided, including presenters' knowledge of the topic (100%), the quality of the presentation (100%), relevance of CBA to their work (100%), and organization of the material (88%).

Exhibit 1: Rate your satisfaction with the following aspects of the CBA. (n=8)

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
CBA provider's knowledge of the topic	0% (0)	0% (0)	0% (0)	38% (3)	63% (5)
Quality of presentation	0% (0)	0% (0)	0% (0)	50% (4)	50%(4)
Relevance to my work	0% (0)	0% (0)	0% (0)	63%(5)	38%(3)
Organization of the material	0% (0)	0% (0)	13% (1)	50% (4)	38%(3)

All of the respondents (100 percent, n=8) reported that they have applied the knowledge and/or skills obtained through the CBA they received to their work. Participants specified the following as examples of how they incorporated what they learned in their work:

- Applied the logic model to an existing or new program (n=2)
- Promoted awareness of A&PI cultures among [organization's] staff (n=1)
- Marketed HIV testing to the A&PI community (n=1)
- Coordinated a clinic transgender get-together (n=1)
- Used the Gantt chart template (n=1)

Survey participants were also asked to provide any suggestions for how the FLARE community-building assistance could be improved. The following are some of their recommendations:

- Offer more trainings at various locations to increase attendance (n=1)
- Allow more time for some trainings (n=1)
- Provide trainings that are specific to the needs of individual organizations (n=1)
- Shorten some of the trainings (n=1)
- Offer follow-up to organizations after the trainings (e.g., mid-term follow-ups) (n=1)
- Provide innovative trainings on recruitment and retention (n=1)