

FLARE

Fostering Leadership for Asians & Pacific Islanders through Research and Evaluation

Lessons Learned

Introduction

In 2005, Asian & Pacific Islander Wellness Center received funding from the U.S. Department of Health & Human Services, Office of Minority Health to implement a project of its own design called FLARE. FLARE stands for Fostering Leadership for Asians & Pacific Islanders through Research & Evaluation. The project's vision was to increase access and utilization of HIV services among Asian & Pacific Islander (A&PI) communities by strengthening the capacity of A&PI-serving organizations in three Bay Area counties – Alameda, San Mateo, and Santa Clara. Through community organizing, building leadership, data gathering and technical assistance, FLARE aimed to increase local agencies' capacity to provide culturally competent HIV services to A&PI populations, with the ultimate goal of increasing A&PI access to services.

A&PI Wellness Center contracted with Harder+Company Community Research, an independent research and consulting firm based in California, to conduct an evaluation of FLARE. This brief presents lessons learned from the evaluation based on quantitative and qualitative methods summarized in the shaded box below. This is the third and final evaluation brief and incorporates findings from the Interim Evaluation Report (March 2008) and the Case Studies Report (July 2008).

Evaluation Methods

- ☞ Key informant interviews with staff of organizations receiving one-on-one and/or group capacity-building assistance (CBA) ($n=6$)
- ☞ A web-based survey of organizations receiving CBA ($n=8$)
- ☞ Case studies reflecting FLARE's work in Alameda, San Mateo and Santa Clara Counties ($n=4$)
- ☞ Biannual debrief sessions with FLARE staff regarding implementation ($n=8$)

Lessons Learned

The following lessons learned reflect implementation of FLARE across the three counties and throughout project implementation.

☞ **Region-focused capacity building efforts require flexibility and creativity in order to respond effectively to the local context.** Unlike capacity-building efforts that aim to strengthen individual organizations, FLARE focused on increasing systemic capacity to serve A&PI communities at the county level. While the FLARE model was originally designed as a three-pronged approach that combined coalition building, organizational CBA and information dissemination strategies to achieve key intended outcomes, FLARE staff quickly learned that this model would have to be adapted and customized to each county in order to be responsive to local contexts. Key contextual factors included: (1) provider receptiveness to participating in collaborative efforts related to HIV; (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 modified and adapted their model, demonstrating a high degree of creativity in thinking about what would work best for each county.

☞ **Counties varied in terms of their readiness for FLARE.** Over the course of implementation, FLARE staff members noted that certain counties were more ready for an intervention like FLARE than others. One staff member observed, “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.” Integrating time for planning and assessment into the design of capacity-building efforts is crucial for understanding what strategies will be most effective in which regions.

☞ **Having A&PIs on staff of local organizations facilitated capacity-building efforts.** FLARE project staff noted that organizations with staff members from A&PI communities tended to be more receptive to capacity-building efforts. Staff members were able to bring forward their knowledge of access to services among A&PI communities and become internal champions for FLARE. This was true of both community-based organizations and public health departments. In contrast, lack of A&PI individuals on staff served as an impediment to participation in capacity-building. Without having an insider with local knowledge, some organizations did not see a need for improved services to A&PI communities.

☞ **Providing technical assistance to public health departments is a potentially promising strategy for increasing countywide capacity to serve A&PIs.** The federal Office of Minority Health currently prohibits provision of capacity-building assistance to county health departments. This limited the ability of FLARE staff to operate in San Mateo County where the primary provider of HIV-related services is the health department. FLARE staff members believe that one potential strategy for increasing San Mateo's capacity is to work with the health department so that they can better support the development of grassroots A&PI organizations. In order to build capacity in this county, more flexible funding is needed.

☞ **FLARE's CBA model helped strengthen grassroots organizations serving the A&PI community.** The experience of API-Family Pride demonstrates the potential value of CBA for emerging organizations providing services to A&PIs. While the organization had achieved success in attracting grant funds to support its volunteer-run programs, hands-on help in the form of technical assistance with curriculum development was needed in order to institutionalize the organization's programs and practices. This finding is important in light of the limited number of organizations that are focused explicitly on serving A&PIs.

☞ **The availability of data and research on the needs of A&PI communities can facilitate increased investment in services for A&PI communities.** The needs assessment component of FLARE proved useful for mobilizing attention to the needs of A&PI communities. FLARE staff members believe that data and research also helped build a case for increasing resources for A&PI communities. This was particularly true in Santa Clara County where the local health department prioritized the A&PI community in their Title I application to the federal government as a result of the FLARE needs assessment. This in turn led to the development of the expanded ethnicity data collection project, which will ultimately help identify needs specific

to Asian and Pacific Islander subpopulations and garner resources to address them.

☞ **Relationships are crucial to the success of capacity-building efforts.** FLARE staff noted that building relationships with key players in each county was integral to the success of the project's efforts. They also noted that while the process of relationship-building is slow, it speeds implementation and results in bigger successes in the end. This can be seen not only in the emergence of a strong county collaborative in Santa Clara, but also in the project's work with API-Family Pride, an organization with ties to A&PI Wellness Center. It can be difficult to find funders that acknowledge and support this work, but this work is well worth doing.

☞ **Although FLARE is over, there is a continued need for further capacity-building in all three counties.** FLARE achieved results in each of the three counties it worked in. In Santa Clara County, it fostered the development of a collaborative that is exercising leadership and playing an advocacy role with respect to the needs of A&PI communities. In Alameda County, it strengthened the capacity of a grassroots based organization to execute on its grant commitments and potentially attract new resources. In San Mateo County, it identified a potential mechanism for building county-level capacity by working with the local health department. All of these initiatives could benefit from further nourishment and support in order to ensure the sustainability of FLARE's accomplishments these past three years.

In conclusion, FLARE demonstrated success with respect to its intended outcomes. Implementation of this project also resulted in lessons learned relevant to future capacity-building initiatives. Locating funding support to build on the project's accomplishments in each county will ensure the long-term sustainability of FLARE's work in the Bay Area.

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