

Capacity Matters:

Strengthening the HIV Prevention Workforce
to Implement High Impact Prevention

Capacity Building Branch

A YEAR IN REVIEW: 2012

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention





Branch Chief Welcome

Following the direction of the landmark release of President Obama's National HIV/AIDS Strategy in July 2010, the Capacity Building Branch (CBB) of the Division of HIV/AIDS Prevention began an ongoing process of pursuing a course of High Impact Prevention. CBB has engaged in many exciting activities to address the major goals of High Impact Prevention: increasing our focus on building the capacity of health departments, disseminating Prevention with Positives interventions and strategies, and increasing our distance learning opportunities.

CBB is pleased to present our inaugural A Year in Review: 2012 highlighting just a small number of our continuing efforts. It provides a glimpse into the ongoing work of our branch toward building the capacity of the nation's HIV prevention workforce.



As difficult as it was to choose among the many accomplishments in 2012, we chose to highlight the following:

- Developing several web-based training platforms for existing training courses in an effort to maximize training resources and better meet the needs of CDC grantees.
- Translating four of eight medication adherence interventions into e-learning training modules for HIV clinical providers and community partners serving persons living with HIV.
- Restructuring our branch to better align with the priorities of the Division of HIV/AIDS Prevention and National HIV/AIDS Strategy.
- Developing two new teams: Prevention in Clinical Care Team (PCCT) and Systems and Evaluation Team (SET). PCCT will work to increase the capacity of the healthcare and prevention workforce while the SET will develop and maintain monitoring and evaluation systems along with data collection and analyses to support monitoring of CBA service delivery nationwide.
- Serving 644 organizations in 50 states and territories from 674 requests for technical assistance and training.

Please read on to learn more about these and other successes. Our progress would not have been possible without the public health expertise and commitment of our professional and support staff. Further, to build the nation's HIV prevention workforce requires the strength of our ongoing collaborative efforts with our Capacity Building Assistance (CBA) providers, Prevention Training Centers, and other partners and stakeholders. We thank you for your commitment to HIV prevention.

Rashad Burgess, M.A.
Branch Chief

Mission Statement

To improve the performance of the HIV prevention workforce by increasing the knowledge, skills, technology and infrastructure necessary to implement and sustain science-based, culturally appropriate HIV prevention interventions and strategies.

Capacity Matters

Strengthening the HIV Prevention Workforce to Implement High Impact HIV Prevention



CBA Providers Institute 2012

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What Is Capacity Building Assistance?

CBA is the art and science of imparting knowledge, skills, and technology that strengthens individual abilities and organizational systems towards improving and sustaining effective and efficient HIV prevention. It is designed to assist in implementing and sustaining science-based and culturally proficient HIV prevention behavioral interventions and HIV prevention strategies. National delivery of capacity building assistance is diffused via information transfer, skills building, training, technical consultation, and technology transfer.

Major CBA services include:

- Development, packaging, and dissemination of best practices and tools.
- Training on intervention or strategy implementation, program collaboration, and service integration.
- Technical assistance on intervention or strategy implementation, program collaboration, and service integration.
- Facilitation of peer-to-peer mentoring and support.

Technical Assistance (TA):

The delivery of expert programmatic, scientific, or technical support to organizations and communities in the design, implementation, or evaluation of HIV prevention interventions and programs.

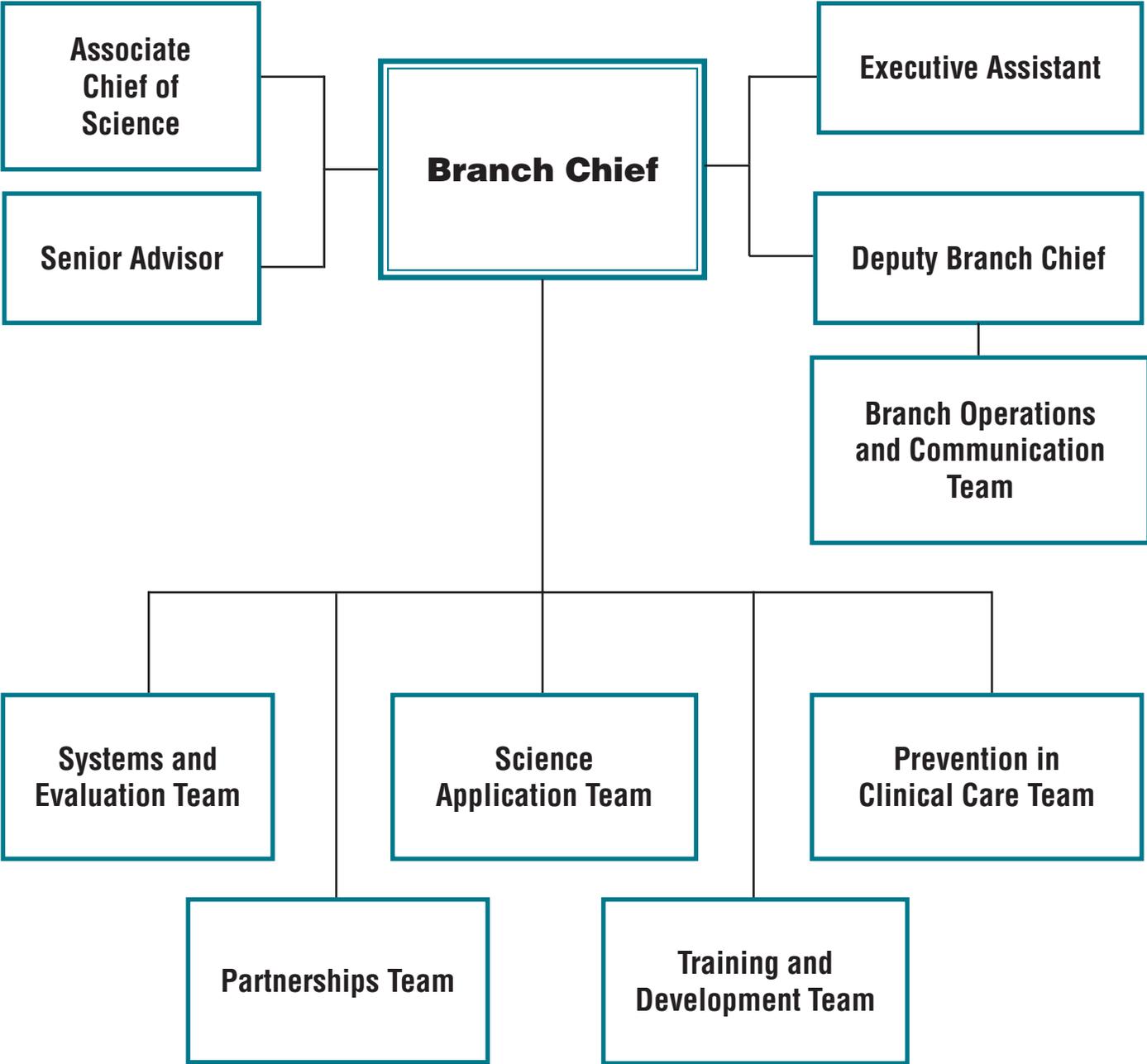
Training:

The development and delivery of curricula and coordination of training activities to increase the knowledge, skills and abilities of trainers, educators and service providers.

Information Dissemination:

The distribution and sharing of relevant and current HIV prevention information (reviewed by peer materials review committees prior to dissemination) through print materials, presentations, websites, and mass media.

Capacity Building Branch Organizational Chart



CBB Teams

The Capacity Building Branch (CBB) comprises 6 operational teams, each playing a critical role in the achievement of CBB goals and objectives for high impact HIV prevention in the United States and its territories.

Branch Operations and Communications

Mission: Develop and maintain the efficient and functional operations of the branch as a whole.

This team is responsible for oversight of human and fiscal resources; internal and external communications; development and implementation of programmatic and operational guidelines; and budget development, oversight, and management. The team coordinates the development of funding opportunity announcements and the CBB A Year in Review: 2012, working collaboratively with representatives from other teams within the branch and staff from other branches in the Division of HIV/AIDS Prevention.

Partnerships Team

Mission: Provide national leadership and oversight of funded capacity building assistance (CBA) providers and partners who work to build the capacity of grantees to implement HIV prevention programs.

Capacity building providers/partners are funded to help build the capacity of funded grantees (including state and local health departments and community-based organizations (CBOs) to implement HIV prevention programs. The team comprises program consultants (PCs) who are subject matter experts on provider capacity, cooperative agreements, and HIV services.

The PCs serve as primary liaisons to 29 currently funded CBA providers for ongoing programmatic guidance, technical assistance, and monitoring. They monitor CBA provider performance, program activities, and quality of CBA training and technical assistance provided for CBOs and health departments. Finally, PCs also provide consultation on CBA staff qualifications, competency, and provider performance in order to strengthen and sustain the capabilities of the national HIV prevention workforce.

Prevention in Clinical Care Team

Mission: Increase capacity of the healthcare and prevention workforce to provide HIV prevention associated with clinical care.

This team was created in 2012 to increase success at each step of the HIV continuum of care; increase capacity of CBOs, local and state health departments, and CDC to create, monitor, and implement HIV biomedical prevention strategies; and provide national leadership in coordinating collaborative efforts.

Science Application Team

Mission: Ensure the HIV prevention workforce has the knowledge, skills, and technology to effectively and efficiently conduct behavioral evidence-based HIV prevention interventions across the United States and its territories.

The team comprises 11 behavioral scientists who are subject matter experts on behavioral science application; needs assessments and customer profiling; intervention program package development and design; public health strategies and evidence-based interventions; diffusion strategies and implementation plans; process and outcome evaluation; adaptation and fidelity monitoring of interventions; cultural competency; and participant recruitment, retention, and networking.

Systems and Evaluation Team

Mission: Develop and maintain monitoring and evaluation systems, as well as data collection and analyses to support CBB's monitoring of CBA provider grantees and CBA service delivery nationwide.

Established in October 2012, this team administers CBB's CBA Request Information System and Training Events Calendar, monitors and evaluates CBA service delivery, and assesses health departments' and CBOs' customer satisfaction with CBA services. This information is used by CBB, DHAP, National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention, and Health and Human Services to inform programmatic and funding decision-making.

Training and Development Team

Mission: Develop, deliver, and coordinate capacity building activities related to training, health education and professional development.

This team provides CBA to trainers, educators, and other providers in health departments and community-based organizations across the U.S. with the goal of increasing their skills related to teaching and/or providing HIV prevention services. The team develops HIV prevention training curricula, provides training to trainers and HIV prevention providers on CDC-developed HIV prevention curricula, and provides technical assistance related to training and health education activities. Additionally, the team serves as subject matter experts on CDC's public health strategies and training design. Staff also manage projects and cooperative agreements related to developing training products.

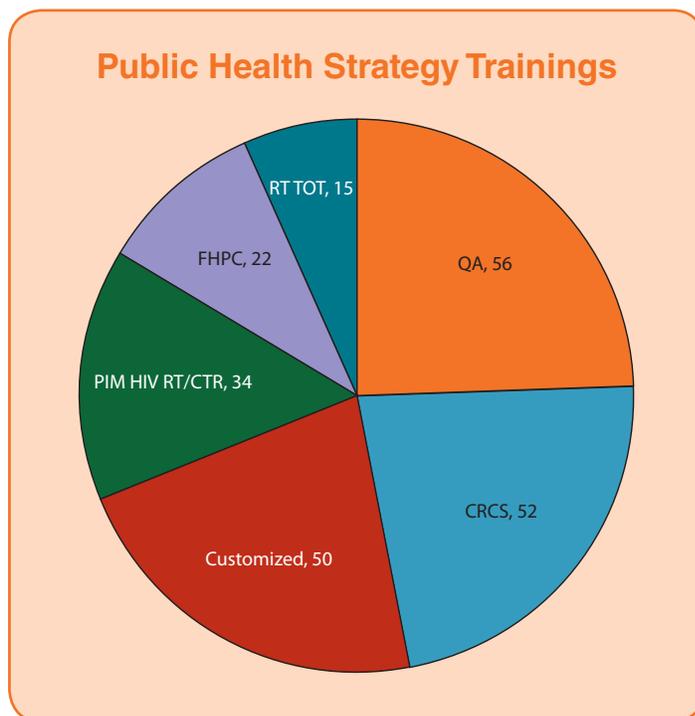
Training is...

Training is an essential component of any capacity building program. Here we highlight some of our key activities in 2012.

Public Health Strategies Training

CBB conducted 17 trainings designed to build the capacity of community-based organizations (CBOs) and health department grantees implementing CDC's public health strategies. Trainings included:

- *Assuring the Quality of HIV Prevention Counseling- Practical Approaches for Supervisors (QA)* (56 participants).
- *Comprehensive Risk Counseling Services for Program Managers (CRCS)* (52 participants).
- *Assuring the Quality of HIV Prevention Counseling: Practical Approaches for Supervisors; and Planning, Implementing and Monitoring a Counseling Testing Referral/Rapid Testing Program* in San Juan, Puerto Rico and Weno, Chuuk, a Federated State in Micronesia (Customized Training) (50 participants).
- *Planning, Implementing and Monitoring an HIV CTR/Rapid Testing Program (PIM HIV RT/CTR)* (34 participants).
- *Fundamentals of HIV Prevention Counseling: Train-the-Trainer (FHPC)* (22 participants).
- *Fundamentals of Waived Rapid HIV Testing and Prevention Counseling: Train-the-Trainer (RT TOT)* (15 participants).



Prevention Training Centers and Clinical Training Development

Eight Prevention Training Centers (PTCs) were funded under CDC funding opportunity announcement PS 11-1103 to offer clinical training to HIV/STD providers who work with those living with HIV and at risk for STD infection. Grantees regularly create trainings to increase community capacity to engage in prevention. One example is *Delivering a Positive HIV Test Result*, a 1-hour Continuing Medical Education (CME) interactive web-based training for clinical providers produced by the California PTC. Another is from the St. Louis PTC, which implemented a new 3-hour training course: *HIV update, Treatment as Prevention, Pros and Cons of Pre Exposure Prophylaxis (PrEP)*.

ASK, SCREEN, INTERVENE (ASI), A Clinical Providers Course

This course is designed for clinical providers who provide care for HIV-positive patients. Based on the 2003 recommendations for incorporating HIV prevention into the medical care of persons living with HIV, ASI training materials were updated and revised. Based on evaluations completed by participants, about 60% would, after taking the training, communicate with patients regarding screening, risk assessment, behavior change, and screening for STDs. In 2012, PTCs conducted 16 ASI (all modules) trainings and 2 ASI training of trainers.

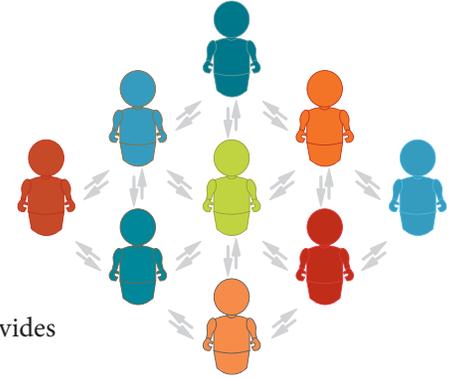
Fourth Generation HIV Testing, A Clinician Training

This training is a Minority AIDS Initiative funded Federal Training Centers Collaboration. The New England PTC has “alpha tested” an interactive online, two-part learning opportunity to educate clinicians on fourth generation HIV testing and testing algorithms that presents information on the tests and case scenarios.

...Capacity Building

HIV Couples Counseling Course

In May 2012, CBB initiated collaboration with Emory University to adapt training materials for *Couples HIV Testing and Counseling* (CHTC) training. This approach to HIV testing has been used in Africa for more than 20 years. Following this approach, two or more persons who are in — or are planning to be in — a sexual relationship receive all elements of the HIV testing and counseling session together. This includes receiving test results together, which ensures mutual disclosure of HIV status and provides an opportunity for linking partners with follow-up services as appropriate.



In 2012, CBB staff conducted a thorough review of all CHTC training materials. Together with Emory University, training materials were updated and condensed. The new materials contain a 2.5 hour e-learning module to be completed prior to the in-person training. There were 46 participants in three CHTC trainings provided in 2012, including one pilot of the updated training materials. It is expected that CHTC training materials will be finalized after a second pilot with PTCs, capacity building assistance (CBA) partners, and health department staff from select high-prevalence jurisdictions. Initial trainings and technical assistance will be targeted to high-prevalence cities and states. The plan includes working closely with health care providers through “prevention with positives” programs to engage partners of people living with HIV (PLWH) to know their HIV status. A cross-branch workgroup will address marketing CHTC services, data collection, evaluation, policy, guidelines, and implementation in various settings.

Web-Based Clinician Training: The Prevention Benefit of Antiretroviral Treatment (ART)

CBB worked with the Dallas PTC at UT Southwestern Medical Center to develop a new web-based course for clinicians: *Prevention Benefit of HIV Antiretroviral Treatment*. This 1-hour course offers 1.25 credits of free continuing medical education units (CMEs) for clinicians. The course is designed for those who treat PLWH or who otherwise are concerned about HIV prevention. The course spotlights research that shows improved health outcomes and the prevention benefits of ART. The course can be found on the new website developed by UT Southwestern that supports HIV prevention initiatives among PLWH. Viewers can access the course directly at <http://hivpwp.org/prevention-benefit-art-hiv-infected-patients> or by visiting the Prevention with Positives website at <http://hivpwp.org>.

Training on Medication Adherence Interventions

In May 2011, eight evidence-based HIV medication interventions identified by the Prevention Research Synthesis Project at the Centers for Disease Control and Prevention (CDC) were systematically reviewed for inclusion in the Medication Adherence chapter of the Compendium of Evidence-Based HIV Behavioral Interventions. These adherence strategies showed efficacy in improving either medication adherence and/or viral load among ART-naïve and ART-experienced patients. DHAP supported CBB in selecting four of the eight medication adherence interventions for translation into e-learning training modules for HIV clinical providers and community partners serving PLWH. These modules include Project HEART (Helping Enhance Adherence to Antiretroviral Therapy), SMART (Sharing Medical Adherence Responsibilities Together) Couples, Partnership for Health-Medication Adherence, and Peer Support. A fifth strategy, Pager Messaging, was selected for updating to become a mobile application available for both iOS and Android cell phones. These interventions and strategies can be easily integrated into clinical settings and will complement the current standards of medical care for PLWH. CBB has been working with John Snow, Inc., to develop both the e-learning training modules and the mobile application. The medication adherence e-learning modules will be launched for clinical providers and community partners serving PLWH on the website: www.effectiveinterventions.org. Continuing education credits will also be available for physicians, nurses, health educators, social workers, and psychologists.

2012 Accomplishments:

- Developed storyboards, videos, and outlines for selected medication adherence interventions.
- Developed implementation resources and tools for use with each module.
- Developed drafts for three e-learning modules: (Project HEART, SMART Couples and Peer Support).
- Developed research design for the mobile application for iOS and Android phones.
- Developed promotional/educational materials for PLWH for each module.

TRAINING HIGHLIGHTS

d-up!: A Community-Level Intervention for African American Gay Men

d-up! has been successfully diffused throughout the country and in all major cities. Between 2008 and 2012, CBB supported 43 face-to-face trainings of facilitators who in turn teach the opinion leaders how to engage and influence the attitudes of their friends. Over 500 facilitators from around the country attended these trainings. In the interest of fiscal responsibility and increased diffusion of the intervention, CBB secured funding through the Minority AIDS Initiative to create, test, and market a self-paced and web-based distance learning version of the training. The task order was awarded to Banyan Communications, based in St. Louis and Atlanta. This work began in August 2012 and has progressed rapidly. A steering committee of members of the African American MSM community, experienced *d-up!* trainers and implementers, original creators of the program, and CBO representatives have been guiding the adaptation of the materials to an online format. Currently, the materials are being finalized, and a pilot version of the training is in development for testing in 2013.

How does *d-up!* fit within the priorities set forth for High Impact Prevention?

HIP Domain	<i>d-up!</i>
Effectiveness and cost	Moderate cost
Feasibility of full-scale implementation	Community-level intervention
Coverage in the target population	Large scale
Interaction and targeting	Significant opportunity for referrals for counseling and testing; linkage to case management services
Prioritization	Focused on black MSM in moderate to large communities; includes both persons with and without HIV

Locations of Agencies Trained to Implement *d-up!* (2008-2011)



d-up! is a community-level intervention that targets black gay men. It is designed to change social norms and perceptions regarding condom use. The intervention is guided by two theories that emphasize the power of influential members of a social group (i.e., opinion leaders) to change the attitudes (and consequently behaviors) of friends. The current and historical experiences and social contexts for black gay men in the U.S. are also emphasized. The *d-up!* mantra is “Brothers Keeping Brothers Safe,” referring to black gay men influencing one another to practice safer sex and reduce the transmission of HIV. When the social norm around condom use is shifted in a social network of black gay men, the behavior of every individual in the network is affected. The intervention is driven by the belief that brothers are the most effective and far-reaching agents of behavior change for themselves that exist in the world.



For more information on the *d-up!* intervention, visit www.effectiveinterventions.org.

TRAINING HIGHLIGHTS

Sister to Sister: Respect Yourself! Protect Yourself! Because You Are Worth It!!! (Sister to Sister)

Sister to Sister is a behavioral evidence-based intervention (EBI) designed for delivery in primary care settings by health care professionals.

Sister to Sister was developed and evaluated originally by Drs. Loretta and John Jemmott and Dr. Ann O’Leary of the University of Pennsylvania. In collaboration, CBB staff conducted extensive reviews and made recommendations for refinement of the *Sister to Sister* intervention package: Implementation Manual, Training of Facilitators (TOF) Manual, Provider’s Curriculum, and Technical Assistance Guide. CBB staff collaborated further to pilot the intervention; transfer the intervention to staff of five Prevention Training Centers (PTCs) for its national diffusion; and, develop a Training of Trainers (TOT) Manual.

To date, the PTCs have conducted 10 TOF courses with 89 participants representing 55 different agencies. Twenty-seven percent of the agencies represented community-based organizations with a clinical focus, 22% were health departments, and 47% represented other facilities with a medical or clinical focus.

A highlight for *Sister to Sister* in 2012 was its adoption by the HIV Prevention Team at CDC-Kenya to be adapted for diffusion in medical and health facilities throughout Kenya. A CBB staff member, who served in Kenya for four months as part of the International Experience Technical Assistance Program, worked with the HIV Prevention Team and the Kenyan *Sister to Sister* working group to initiate the review and adaptation process. Guidance was provided on all aspects of the initial adaptation process through onsite training, demonstration of the intervention for the working group and implementing partners, and recommendations for areas of adaptation and cultural relevancy for the Kenyan audience. Updated versions of the intervention package materials were provided along with feedback on implementation plans for Fall 2013.

For more information on the *Sister to Sister* intervention, visit www.effectiveinterventions.org.



Sister to Sister is a brief, 20- to 30-minute, one-on-one, skill-based HIV/sexually transmitted disease (STD) risk-reduction behavioral intervention. It is designed for sexually active African American women, 18 to 45 years old, who have male partners and are attending primary health care clinics (e.g., family planning, STD, women’s health/reproductive care, etc.).

The highly structured, single session intervention is implemented during the course of a routine medical visit and delivered in a primary health care setting by trained health care providers, specifically nurses, health educators, social workers, or other professional clinic staff, using a scripted teaching guide. *Sister to Sister* is an effective tool for addressing the needs of both at-risk clinic patients and providers in primary care clinics who need to educate women about HIV and STDs within a short time span.

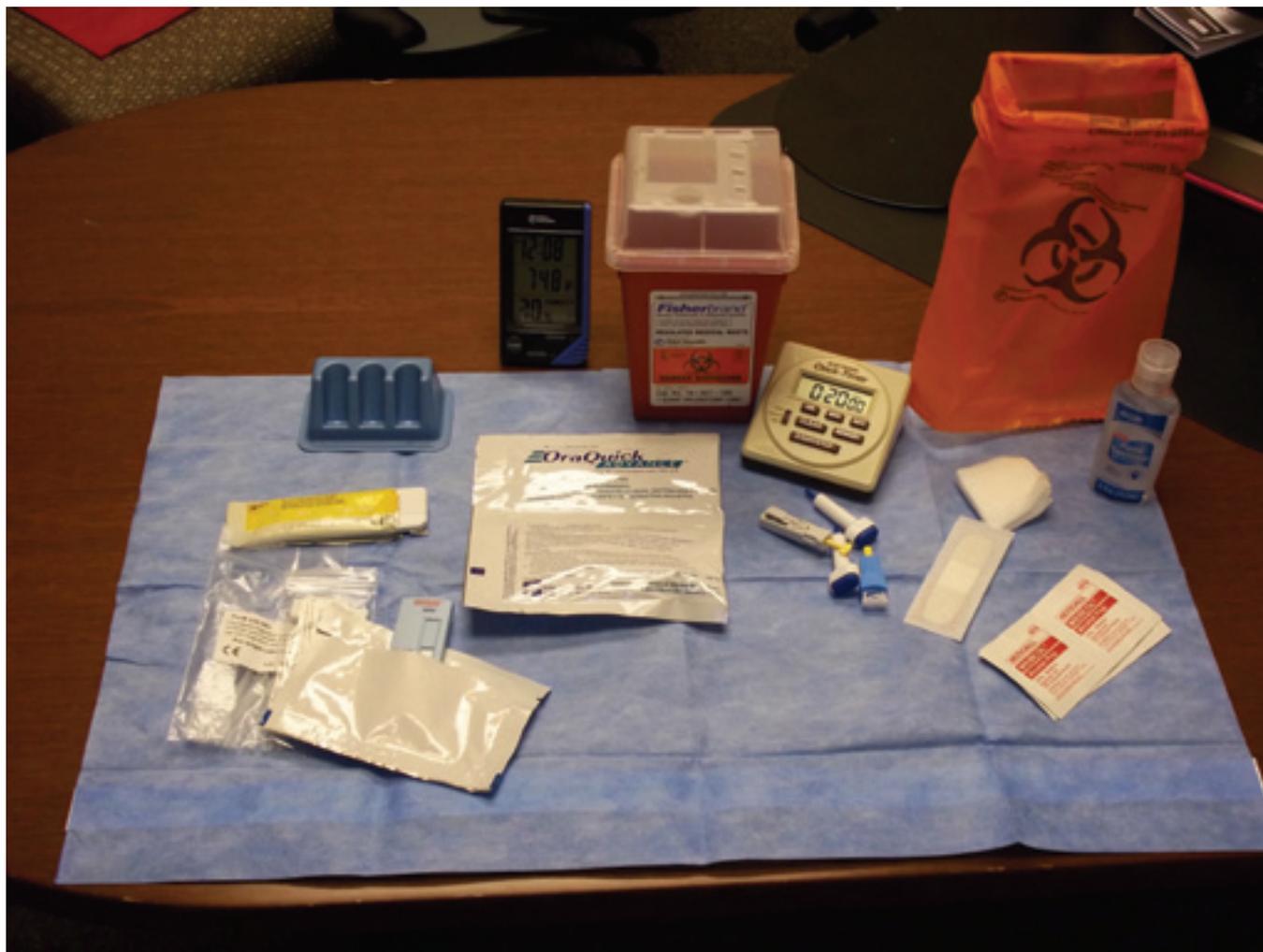
Sister to Sister provides intensive, culturally sensitive health information to educate women in a clinical setting; help women understand the various behaviors that put them at risk for HIV and other STDs; enhance women’s knowledge, beliefs, motivation, confidence, and skills to help them make behavioral changes that will reduce their risk for HIV and STDs; and empower women in their beliefs and self-efficacy that they, as women, can be actively involved in the fight against HIV. The theoretical framework of *Sister to Sister* is based on Social Cognitive Theory.

The *Sister to Sister* Training of Facilitators (TOF) course is an intensive one-day, 8-hour training for up to 10 participants, and is designed to teach trainees how to effectively deliver the structured curriculum in a clinical setting and how to motivate and increase the knowledge, skills, and behaviors of at-risk women for prevention of HIV and STDs. TOF courses for the *Sister to Sister* intervention are conducted by trained staff from the five PTCs. The PTCs coordinate with DANYA International to offer TOFs to health care professional staff from local health departments and various clinic-based CBOs and facilities.

TRAINING HIGHLIGHTS

Fundamentals of Waived Rapid HIV Testing

The first CDC public health strategies course to be converted to a web-based platform was *Fundamentals of Waived Rapid HIV Testing*. CBB contracted with SRA International, Inc., to develop this web-based training. After receiving guidance from community partners and subject matter experts in HIV counseling and testing programs from around the U.S., CBB created this asynchronous web-based training curriculum to teach experienced and inexperienced HIV testing staff how to conduct rapid HIV testing. This curriculum teaches users how to follow the appropriate manufacturers' instructions, safely and accurately collect a specimen (oral or finger stick), perform a waived rapid HIV test, integrate HIV prevention counseling into the testing process, and follow safe work practices and quality assurance guidelines. While this course is not designed to teach the counseling skills needed to appropriately counsel people seeking HIV testing, the course does include examples of counseling statements that HIV testing staff can use when giving HIV test results. This course is available for anyone to access on www.effectiveinterventions.org.



TRAINING HIGHLIGHTS

Off the Mainland-San Juan, Puerto Rico and Weno, Chuuk, Micronesia

In an effort to build capacity among our HIV prevention partners, CBB trainers traveled to San Juan, Puerto Rico, and Weno, Chuuk, Federated States of Micronesia, to train HIV program managers and supervisors on *Assuring the Quality of HIV Prevention Counseling: Practical Approaches for Supervisors* and *Planning, Implementing and Monitoring a Counseling, Testing, Referral/Rapid Testing Program*. Fifty program managers were successfully trained, gaining knowledge and skills in subjects designed to improve their ability to manage counseling and testing programs.



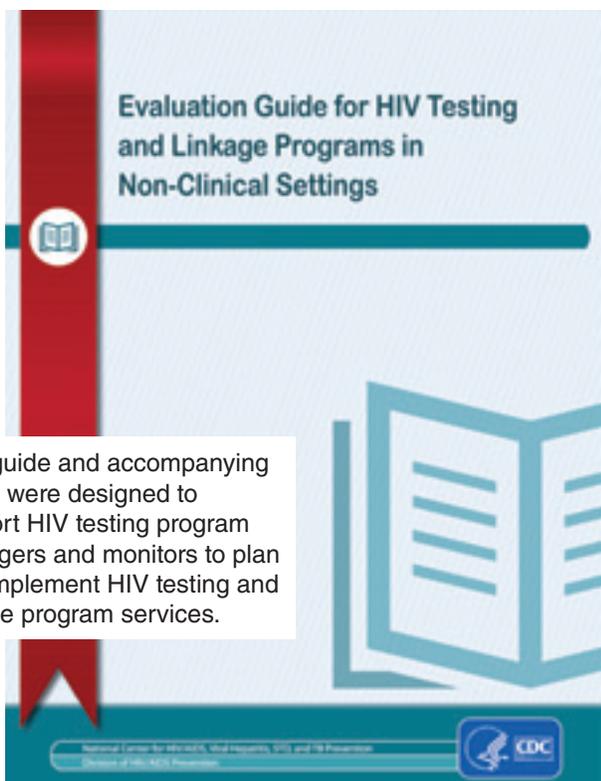
Technical Assistance is...

Program Guidance

In 2012, CBB coordinated the development of two program guides in collaboration with ICF Macro, Inc., and the National Alliance of State and Territorial Directors: *Planning and Implementing HIV Testing and Linkage Programs in Non-Clinical Settings: A Guide for Program Managers* and *Evaluation Guide for HIV Testing and Linkage Programs in Non-Clinical Settings*.

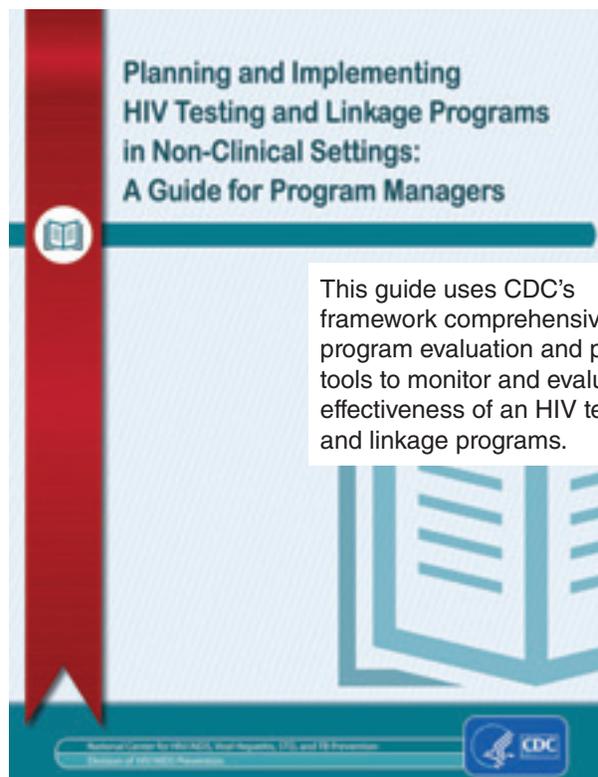
Both guides help build the capacity of grantees that implement HIV testing in non-clinical settings to support the needs of program managers to plan, implement, and monitor HIV testing programs.

An advisory group of 18 representatives from health departments and community-based organizations (CBOs) from across the country identified best practices in program planning, implementation, and evaluation. From these discussions the advisory group identified best practices on topics such as conducting agency and community assessments, identifying appropriate testing venues, selecting appropriate HIV test technology, and implementing strategies to link HIV-positive clients to medical care. These program guides are available for download under the Public Health Strategies tab on www.effectiveinterventions.org.



This guide and accompanying toolkit were designed to support HIV testing program managers and monitors to plan and implement HIV testing and linkage program services.

Note: While these two resources are intended to help program managers implement HIV testing and linkage programs, they are not affiliated with forthcoming CDC guidance on HIV testing in non-clinical settings and do not represent CDC guidelines or recommendations.

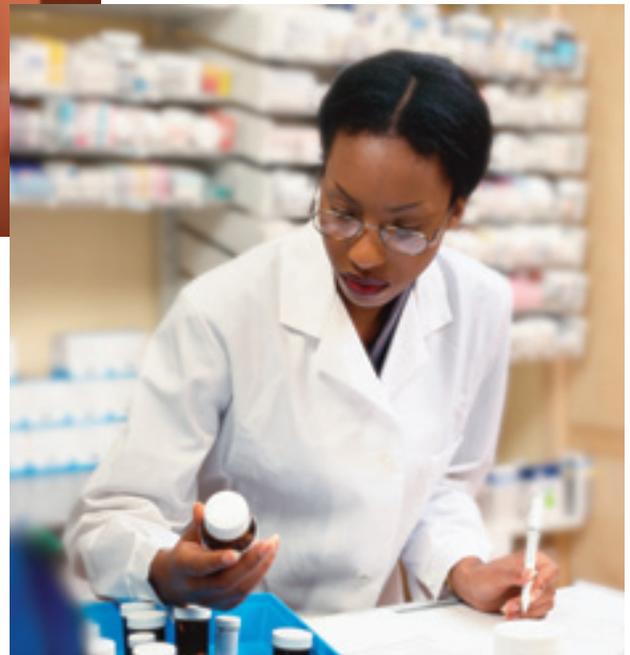


This guide uses CDC's framework comprehensive program evaluation and provides tools to monitor and evaluate the effectiveness of an HIV testing and linkage programs.

...Capacity Building

“HIV Testing and Linkage to Care: Pharmacies and Retail Clinics” Course

CBB collaborated with the Epidemiology Branch by providing tools and technical assistance (TA) to ASHLIN Management Group, in development and implementation of the *HIV Testing and Linkage to Care in Pharmacies and Retail Clinics* course. This initiative will increase pharmacies' and retail clinics' capacity to conduct HIV testing. In addition, more HIV testing will be conducted in our communities to increase HIV status awareness. CBB is currently providing tools and technical assistance to ASHLIN in order to adapt this curriculum into a web-based training to be disseminated in 2013. This strategy will allow pharmacies and retail clinics around the nation to take advantage of this training.



CBO Assessment and Strategic Plan Development

CBB reviewed and provided feedback for the Strategic Plan for Enhanced CBO Capacity (a.k.a. “CBA Plan”) for each CBO directly funded under **PS11-1113: HIV Prevention Projects for Young Men of Color Who Have Sex with Men**. To develop the CBA plan, each CBO is required to collaborate with an assigned capacity building assistance (CBA) provider funded under **PS09-906: Capacity Building Assistance (CBA) to Improve the Delivery and Effectiveness of Human Immunodeficiency Virus (HIV) Prevention Services for High-Risk and/or Racial/Ethnic Minority Populations**. CBOs’ services and organizational infrastructure must be tailored to respond to the epidemic and changing needs. Therefore, assessing current strengths, areas for improvement, and barriers among CBOs is critical to enhancing CBOs’ capacity for HIV prevention programs.

Reporting Guidance

CBB developed new guidance and streamlined grantee reporting requirements to reduce administrative burden for internal partners and grantees funded under **PS09-906 Capacity Building Assistance (CBA) to Improve the Delivery and Effectiveness of Human Immunodeficiency Virus (HIV) Prevention Services for High-Risk and/or Racial/Ethnic Minority Populations**. Semi-annual rather than trimester progress reports are now required.

Data to Care (D2C): Using HIV Surveillance Data for Linkage and Re-engagement to Care

Including representation from state and local health departments, CBB formed a division-wide workgroup: Surveillance Data to Program Action. The mission of the group is to review and compile important guidance for health departments using HIV surveillance data to ensure linkage of newly diagnosed persons to medical care and re-engagement of those lost to care. A new web page will be added to www.effectiveinterventions.org where information, program examples, and other resources may be found to guide health departments in the development of a program to use HIV surveillance data for linkage to care efforts.

Off the Mainland-Brazil

Technical assistance to conduct a formative evaluation of the Brazilian and American collaboration to adapt and implement three behavioral interventions for gay, bisexual, and other MSM.

Supported by the Global AIDS Program, CBB provided technical assistance to Brazil to enhance quality implementation of behavioral health programs for HIV prevention. Brazil has a concentrated epidemic, with HIV prevalence estimated at 0.8% among males and 12.6% among MSM. Part of the Brazilian response to address the prevention needs of this population included efforts to transfer and evaluate behavioral prevention technologies from contexts outside Brazil. Three behavioral interventions with previous demonstrations of efficacy in the United States were selected for a pilot program in Rio de Janeiro, Porto Alegre, and Fortaleza.

Each of the three nongovernmental organizations participating in the pilot developed the capacity necessary for basic implementation of the intervention it sought to deliver. Quality of implementation, measured as the degree to which an intervention was implemented with fidelity to its original model, improved over time and with the provision of technical assistance. After capacity was established, implementers reported a high degree of satisfaction with the interventions and sought to continue their use after the project period ended. The Ministry of Health, with assistance from CDC, is considering opportunities and mechanisms to support the work of the partner agencies in a post-pilot phase.



Partnership and Collaboration is...

Empower Young Men Initiative

The overarching goal of this initiative is designing and disseminating tools that will foster an ongoing dialogue among grantees to improve services for young MSM. This project sprang from a qualitative analysis of PS06-608 Annual Progress Reports. The reports identified that some CBOs were challenged by recruitment and retention of young MSM. Using Google Hangout, six HIV prevention experts were convened to present their ideas for meeting the diverse needs of young men and recruiting them into behavioral HIV prevention intervention programs. Two of the six experts selected were CBB-funded capacity building assistance providers (AIDS Project Los Angeles and The Regents of the University of California) and they provided technical assistance through Google Hangout. A Twitter chat was held with Dr. Fenton, former director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, on December 3, 2012. The potential reach was 4,293,932 followers. Next steps include a stronger partnership between CBB and National Prevention Information Network (NPIN) through Twitter labs and Facebook Notes for promotion of the project. Partnerships Team staff participated in this ongoing initiative by providing feedback to CBB, Prevention Program Branch, Prevention Research Branch, NPIN, and Health Communication Science Office workgroup charged with using information from the initiative for CBA activities.

d-up! Training Video

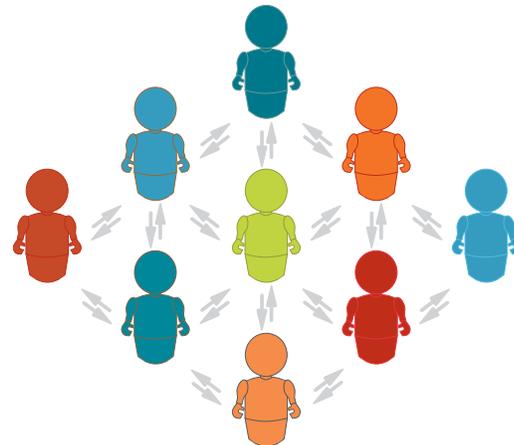
The men pictured below participated in the creation of a d-up! training video available at www.effectiveinterventions.org. A similar effort is described on pg. 6 of this report, where this HIV prevention intervention, targeted to African American MSM, has been widely disseminated across the U.S. since 2008.



...Capacity Building

Legacy REACH Project (Re-envisioning Education, Awareness, and Capacity Building around HIV Clinical Research)

The PT staff collaborated on the planning of a CDC and Legacy Project REACH 2-day consultation held in May 2012. The consultation was held with minority-based CBOs and ASOs (women, black and Latino MSM) focused on HIV prevention in disproportionately affected populations. PT staff were involved in planning the agenda and recruiting subject matter expert speakers and CBA providers to discuss capacity building challenges and identify ways to incorporate cutting-edge biomedical approaches in HIV prevention portfolios.



Continuing Education (CE)

In 2012, CBB initiated collaboration with the Educational Design and Accreditation Branch to explore accreditation requirements for the prevention in clinical care training where appropriate. CDC will accredit clinical care materials for physicians, nurses, pharmacists, physician assistants, and Certified Health Education Specialists (CHES) at no cost. Early in 2012, CBB acquired CE for the Ask Screen Intervene (ASI) curriculum updates provided by the Prevention Training Centers. The ASI course is designed for clinical providers who provide care for HIV-positive patients. One free continuing medical education (CME) and continuing nurse education (CNE) are available for the *Prevention Benefit of HIV Antiretroviral Treatment* (ART) course provided by the Prevention Training Center at University of Texas Southwestern Medical Center. Physicians receive 1.25 units of free CME.

In the future, CBB will develop strategies for the provision of CMEs, CNEs, continuing education units (CEUs), and CHES to ensure the clinical interventions/trainings go to the accreditation process when appropriate. CBB will provide guidance to grantees during the developmental phases of training/information dissemination and ensure its grantees understand the requirements, timelines, and processes to obtain CE accreditation for new or revised products.

CBA Providers Networks

CBA Providers Networks are used as an alternate platform for CBA providers and different subject matter experts to disseminate technical assistance, best practices, and innovative ideas during monthly webinar network calls. There are three networks: CBA for Community Based Organizations, CBA for Communities, and CBA for Health Departments. Network calls are conducted monthly and scheduled for 1.5 hours and also feature peer-to-peer professional training webinars. The purposes of the networks are to:

- Avoid duplication of CBA services
- Create common products for use across network(s)
- Create opportunities for CBA collaborations
- Share best practices/lessons learned
- Provide a mechanism for CDC to communicate updates, new expectations/guidelines, etc. to CBA providers
- Provide a mechanism for CBA providers to inform CDC and peers about trends in the field, challenges, and opportunities.

2012 CBA Provider Institute

CBB facilitated the 2012 CBA Providers Institute in Atlanta on September 13-14, 2012. Two hundred national partners, eight collaborating centers, offices, and programs were provided with information and guidance on alignment of CBA activities with the National HIV AIDS Strategy (NHAS) and DHAP's Strategic Plan. The Institute was a 2-day forum to engage our CBA partners in supporting the implementation of High Impact Prevention (HIP) and to continue aligning CBA services to reflect and support these priorities. CDC engaged with CBA partners to discuss their experiences with HIV/AIDS prevention best practices, challenges, and key issues related to HIP and NHAS, as well as those of CBA consumers.



Community Engagement Sessions

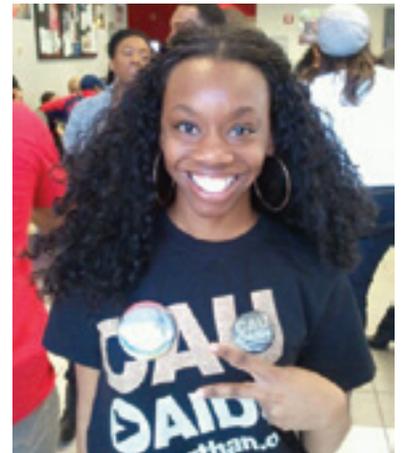
CBB coordinated four Community Engagement Sessions during 2012. These forums were provided to engage stakeholders such as health departments, community-based organizations, and clinical providers in a dialogue about current and emergent needs of our capacity building assistance consumers. The sessions offered opportunities for CBB to talk with current and potential CBA consumers about their successes and challenges in implementing high-impact HIV prevention programs (i.e., interventions and strategies) in their specific organizations. They also provided opportunities for CBB to talk with current and potential CBA consumers about their preferences for training and technical assistance to address their identified CBA needs. We also shared the status of alignment of the CBA program with the implementation of HIP objectives, cascading imperatives outlined in the NHAS, and future programmatic directions.

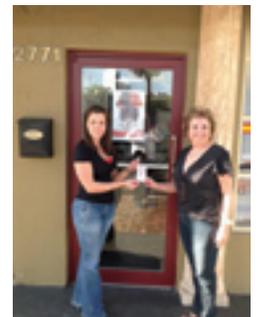
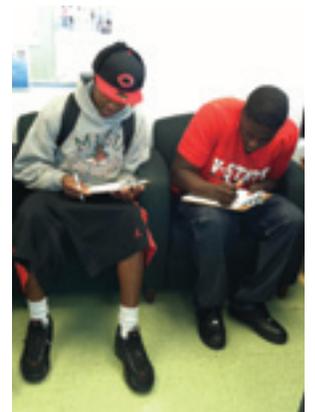
The four sessions were conducted in Chicago, IL - October 30, 2012, Washington, DC - November 8, 2012, Los Angeles, CA - November 13, 2012 and Atlanta, GA - November 15, 2012. Additionally, two 1.5 hour webinars were held on November 27, 2012 (community focused) and December 6, 2012 (clinicians focused) for national audiences to inform the community on the continued alignment of CDC's HIV CBA program with the HIP approach to prevention and care strategies, and the cascading imperatives outlined in NHAS.

National HIV Awareness Days

Program Consultants (PCs) collaborated with other CBB teams, CBA providers, and community partners to plan and execute the national HIV awareness days, specifically, National Black HIV/AIDS Awareness Day February 7; National Native HIV/AIDS Awareness Day March 20; National Asian and Pacific Islander HIV/AIDS Awareness Day May 19; National HIV Testing Day June 27; National HIV/AIDS and Aging Awareness Day September 18; and National Latino AIDS Awareness Day (NLAAD) October 15. One example of an awareness day activity for program year 2012 was NLAAD 2012, uniting the Latino community under the theme of *Hispanos Unidos para Derrotar al SIDA* (United to Defeat AIDS). NLAAD solidified support from 240 partners who organized 113 events in 81 cities across the United States and Territories.







Monitoring & Evaluation is...

Monitoring and Evaluation: Assessment of whether a program is operating in conformity to its design, reaching its specific target population, and achieving anticipated effects.

CBB strives to build national capacity for implementing and achieving effective HIV prevention. Essential to the success of the capacity building assistance (CBA) program, CBB monitors and evaluates through analysis and reporting of data from the CBA Request Information System (CRIS) and the Training Events Calendar (TEC), and more recently, through the CBA Evaluation Project.

CBA Request Information System (CRIS)

CRIS is an interactive, web-based application composed of four main parts:

- 1) a central point of access for community-based organizations (CBOs) and health departments to request technical assistance and training;
- 2) administration of announcement of all HIV prevention capacity building trainings on one central, online Training Events Calendar;
- 3) the CBA Reports Management System (CRMS) which allows grantees to easily upload and track their semi-annual reports; and
- 4) the CBO assessments and strategic plans documentation and tracking system.

The benefits of CRIS include:

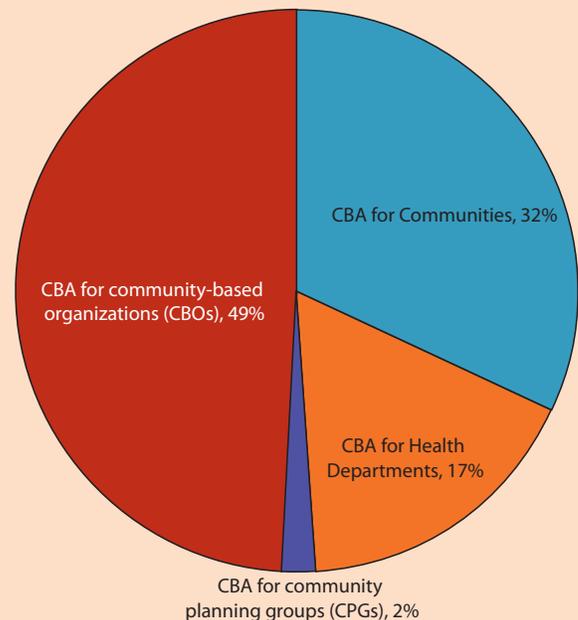
- Increased access and use of CBA services,
- Greater transparency in the tracking and documentation of the CBA service delivery process,
- Increased input of CBA service recipients,
- Increased monitoring and evaluation of CBA service delivery in specific jurisdictions and nationally.

During 2012, 674 requests for technical assistance and training were submitted, tracked, and documented in CRIS. This allowed CBB and its CBA provider grantees to serve 644 different organizations in 50 states and territories.

Nearly half of the CBA services were provided to CBOs, a third for community mobilization, and the rest to health departments and community planning groups.

Also very exciting in 2012, CRIS has become a central point of access to CBA services for the Division of HIV/AIDS Prevention (DHAP). The addition of CBA providers from the Division's Office of the Director and the Epidemiology Branch, including the National Alliance of State and Territorial AIDS Directors, the Urban Coalition for HIV/AIDS Prevention Services, Health HIV, and the Fetal and Infant Mortality Review organizations, has resulted in health departments' enhanced, online access to a more expansive portfolio of capacity building services for HIV prevention.

Technical Assistance and Training Requests by Category



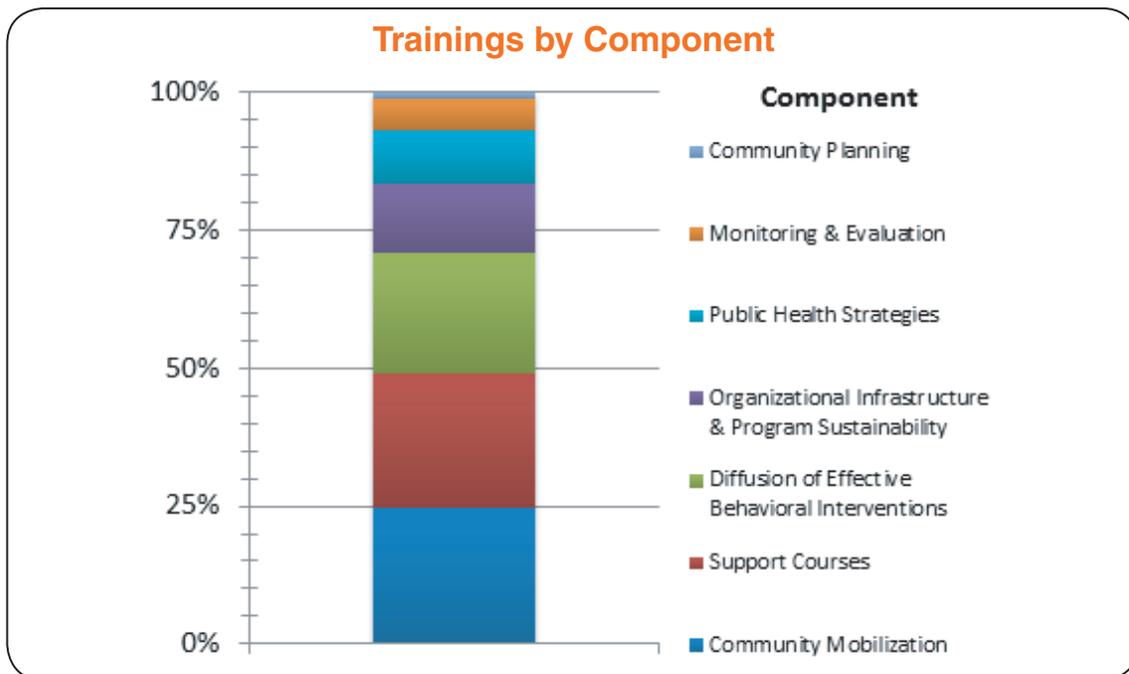
...Capacity Building

Training Events Calendar (TEC)

TEC is an interactive, web-based access point for information on trainings, workshops, institutes, and town hall meetings that support the HIV prevention workforce in the delivery of HIV prevention services.

TEC is used to advertise both requested and proactive CBA trainings conducted by CBA providers and prevention training centers. CBOs and health departments can search for trainings by city/state, topic area, audience, and/or trainer organization.

In 2012, 777 training sessions were announced on TEC. These trainings were conducted in 47 states and territories, and offerings of a high number of web-based and distance learning trainings indicate an even wider geographic reach. The training covered a wide array of topics including organizational infrastructure and program sustainability, DEBI trainings and support courses, public health strategies, monitoring and evaluation, community mobilization, and HIV planning.



Data Analysis and Reporting

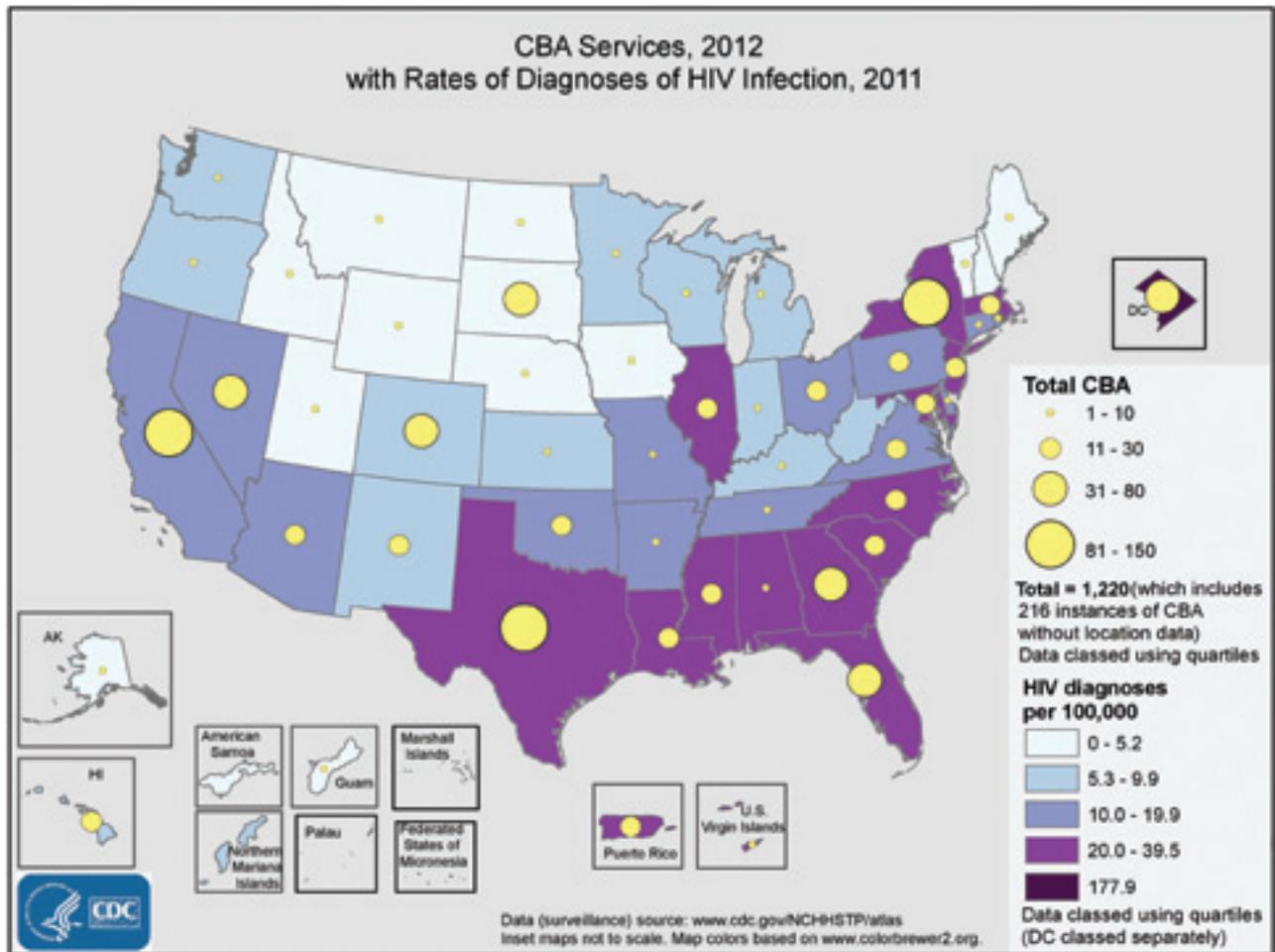
Analysis and reporting of data from the CRIS and TEC systems allow us to monitor and evaluate CBA services nationwide. One of the most important of these activities is timely response to data requests from various levels, including DHAP, CDC's Office of the Director, the Department of Health and Human Services, and Congress. During the course of the year, the following data requests were addressed, among others:

- Dr. Frieden's jurisdictional site visits to California, Hawaii, Missouri, Kansas, Nebraska, and Massachusetts;
- Various requests related to monitoring and describing CBA service delivery to Enhanced Comprehensive HIV Prevention Planning sites;
- Congressional request related to Affordable Care Act;
- CDC's DHAP Prevention Program Branch requests related to CBA services provided to health departments;

- Intra-CBB requests to help program consultants prepare for grantee site visits.

The analysis and reporting of CRIS and TEC data is also beneficial in that it allows us to support the branch in monitoring CBA provider grantees by reports on a regular basis to program consultants and management. In addition, it enables the identification and reporting of CBA needs of health departments and CBOs. This information is shared with CBA provider grantees and CDC staff to:

- Document successful CBA services and improve the CBA program;
- Identify the HIV prevention workforce's technical assistance and training needs; and
- Strategically plan CBA service delivery in specific jurisdictions and nationally.



CBA Evaluation Project

2012 marked the first full year of CBB’s CBA evaluation project. The main goal of this 5-year project is to monitor and evaluate customer satisfaction with CBA services that support high impact prevention targeting MSM and persons living with HIV. The findings will then be utilized to improve CBA services, increasing the capacity of CBOs and Health Departments to help achieve the HIV prevention goals set forth in the National HIV/AIDS Strategy and DHAP Strategic Plan.

With the help of a contractor, SciMetrika, LLC, the CBA Evaluation Project will help CBB in answer the following questions:

- How satisfied are CBB’s CBA customers with the CBA services that they receive?
- Do the customers of CBB who receive CBA services consider these services to benefit them as they develop the capacity to implement HIV evidence-based prevention practice?
- How can customer feedback be used to improve CBA services over time?

Interim analysis of qualitative training customer satisfaction data from this first year offers the more personal story behind the quantitative data typically used for monitoring. The branch will not only know how many and what types of training are being conducted throughout the country, but also have the added advantage of our customers’ impressions and feedback.

“The trainers had good energy; they were very knowledgeable and gave us enough time to practice role plays and stuff like that.”

“Very informative. Instructors were down to earth. What people didn’t understand, they broke down further so we could understand. They went step by step. The instructors critiqued our sketches starting with what we did right and then how we could improve. These were helpful tips. It was fun doing skits interacting with each other.”

“In the time that [the trainers] had from morning to end, they covered everything in a very professional and concise way.”

“The CBA Evaluation Project will be invaluable to helping CBB optimize the CBA program.”

Acknowledgements

Thanks to all who have made contributions, in one way or another, to the development of this inaugural report - A Year in Review: 2012. While we are unable to name everyone in this space, we give special thanks to the staff of CBB for the hard work that made the content of this report possible and to those that contributed summaries, editing support, images, and feedback throughout its development. We truly appreciate your support and contributions!

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We are truly proud of our accomplishments and hope you have enjoyed reading a few of our highlights for 2012. Thank you!!

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