



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

MAY 31 2011

Mr. Ernest Hopkins, Chair
Mr. Kali Lindsey, Vice-Chair
National Black Gay Men's Advocacy Coalition (NBGMAC)
3636 Georgia Ave NW
Washington, DC 20010

Dear Mr. Hopkins and Mr. Lindsey:

I appreciate our discussion at the Black Men who have Sex with Men (MSM) HIV prevention teleconference earlier this year. I especially thank you for voicing your concerns about the Centers for Disease Control and Prevention's (CDC) HIV prevention efforts targeted to Black MSM, and appreciate you taking the time to follow-up regarding specific questions that you raised during our discussion. As you know, CDC is aware that HIV continues to disproportionately affect African Americans, particularly Black MSM. Below is our response to your questions.

Has CDC undertaken a critical analysis of black gay organizations? What is the current capacity? Why are they failing or succeeding? What is our strategic approach to developing and sustaining these organizations over time?

In 2009, CDC conducted an analysis of the delivery of HIV prevention services to Black MSM, which assessed the number of funded organizations targeting this risk group, their organizational capacity, as well as key barriers and facilitators to effective service delivery. CDC identified 81 directly funded community-based organizations (CBOs) which specifically provided services to Black MSM. Of these 81 agencies, six identified their mission as serving Black MSM. Results from this analysis demonstrated significant variation in organizational capacity. Examples of some barriers to effective service delivery included difficulties navigating funding streams and programs, and challenges surrounding board capacity and governance. Examples of facilitators of effective service delivery included evidence of successful fund raising efforts, recruitment of talented staff, involvement in coalition building, and access to key federal and community resources (i.e., CDC technical assistance, grant writing services, etc.)

Through Program Announcement PS09-906, "Capacity Building Assistance to Improve the Delivery and Effectiveness of Human Immunodeficiency Virus (HIV) Prevention Services for High-risk and/or Racial/Ethnic Minority Populations", CDC funds 31 capacity building assistance (CBA) providers to enhance the capacity of agencies providing HIV prevention services across the United States and its territories. Of those 31 agencies, nine received 1-year supplemental funding for an 8-month period (August 1, 2010 – April 30, 2011) to enhance the capacity of CBOs working specifically

with Black MSM. Similar to the findings from the aforementioned CDC analysis, CBA providers noted key challenges to effective service delivery encountered by CBO agencies, including factors such as hiring qualified staff, identifying and competing for funding opportunities, and partnering with community stakeholders to develop coalitions.

What specific TA can be provided to black gay organizations to ensure that they remain viable and compete effectively in successive funding rounds?

Technical assistance in the following topic areas is available from CDC to assist organizations serving Black MSM to successfully compete for and maintain funding:

- Writing grants;
- Guiding strategic planning;
- Building collaborative partnerships;
- Selecting appropriate evidence-based interventions and adapting them for use in affected communities;
- Training on logic modeling to demonstrate linkage of proposed activities to HIV prevention within BMSM social construct;
- Developing organizations and leadership;
- Identifying diverse funding streams;
- Conducting professional staff development;
- Bridging science and application;
- Collecting, managing, and utilizing data for program improvement and reporting to stakeholders;
- Mobilizing communities;
- Training on program evaluation; and
- Reducing stigma and developing cultural competency for staff and community stakeholders.

What TA can be provided to encourage more black gay organizations in regions where they are under-represented or absent?

Through CDC's technical assistance activities described above, and guidance in facilitating relationships with state and local health departments, CDC expects organizations serving Black MSM will become more viable in regions where HIV prevention programs for Black MSM are currently unavailable or under-represented.

To further assist in encouraging the development and sustainment of organizations serving Black MSM, in September 2010, CDC's Division of HIV/AIDS Prevention (DHAP) established the position of Associate Director of Health Equity (ADHE) to coordinate and monitor the Division's activities related to reducing inequities among populations and risk groups most disproportionately affected by HIV/AIDS, including Black MSM. The ADHE is planning to hire a coordinator to implement and monitor strategies for reducing the impact of HIV infection on MSM of all races and ethnicities.

How are CBOs evaluated (process and outcomes)? What indicators may be used to assess the effectiveness of organizations in meeting the needs of Black MSM?

Directly-funded CBOs report client level process data to CDC that describe the demographic and risk characteristics of their clients; the interventions delivered; and specific information about the organizations, such as type of sites conducting HIV testing (e.g., clinical, non-clinical); target populations; agency type (e.g., faith or minority-based); and geographic location. CDC also works with three to five directly-funded CBOs per selected intervention to conduct outcome monitoring. These data are provided directly to organizations and are frequently used to enhance service delivery.

CDC monitors the following program effectiveness indicators for CBOs, including measures of risk reduction for HIV transmission and acquisition; the proportion of HIV-infected Black MSM adherent to HIV medications; and the proportion of Black MSM testing positive who are linked to medical care, partner services, and other HIV prevention and treatment services.

How can community members be involved in the evaluation of black gay organizations? How can community member's input be more systematically included in the evaluation of the performance of black gay organizations?

CDC frequently solicits feedback from community members about the successes and challenges of HIV prevention efforts through community meetings and listening sessions held at major HIV/AIDS conferences. Program evaluation also involves regular review and monitoring of program data by affected communities. CDC provides data publicly for community members to use in evaluating the impact of program efforts on local epidemics. Community members are also invited to participate in Special Emphasis Panels convened to evaluate applications submitted for federal funding.

What is DHAP's strategy for CBA succession planning? There is concern about a CBA for BMSM ending in March. Would it be possible to have some supplemental funding (for 8 months) to specifically provide support to black and Latino MSM organizations?

CDC received a supplement from the Department of Health and Human Services' (HHS) Minority AIDS Initiative (MAI) to expand CBA efforts for organizations that serve Black and

Latino MSM. The focus of this work was to enhance the organizational infrastructure of Black and Latino organizations, increase the number of Diffusion of Effective Behavioral Intervention (DEBI) trainings available for MSM interventions, and mobilize communities to increase HIV testing and prevention services for Black and Latino MSM. This CBA supplement ended March 31, 2011. Unfortunately, no additional funding is currently available. However, the trainings developed for organizational infrastructure and program sustainability through this supplement will be integrated into ongoing CBA work conducted by CDC; and DEBI trainings for MSM interventions will continue. Additionally, organizations that serve Black MSM and those that are by their mission a Black MSM organization may secure CBA services through CDC's current CBA system. For additional information about accessing available CBA services, please go to: <http://www.cdc.gov/hiv/topics/cba/>.

Page 4, Mr. Hopkins and Mr. Lindsey

Thank you for contacting me, and I look forward to your continued support and commitment to HIV/AIDS prevention.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kevin Fenton", with a large, stylized flourish at the end.

Kevin Fenton, M.D., Ph.D., F.F.P.H.
Director
National Center for HIV/AIDS, Viral Hepatitis, STD, and
TB Prevention