

Group Exercise

Please read *HIV Prevention among African-American Sex Workers and Drug Users in Oakland, California*, below. Write a program budget according to the application. Discuss the program details in your group and list your budget plan on a flipchart (40 minutes). Choose a group member to introduce your plan to everyone.

- Please differentiate administrative and program costs;
- Administrative costs : project how much of your program's resources that this program will take up, as a percentage, and consider if the administrative proportion makes sense;
- Program staff salaries : make a distinction between time invested in program management and administrative management. Break the salaries down in both categories.

Group A

After reading the application, please design a budget for **Street Level Outreach**. Pay attention to the things below:

1. The scale of street outreach activities :
 - Location :
 - Staffing :
 - Time :
 - Frequency :
 - Others :
2. Content of the street outreach :
3. Outputs of the outreach :
4. Administrative costs involved in the outreach :
5. Total budget : Please create specific budget items according to the activity content.

Group B

Design a budget for **Small Group Sessions and Health Screenings**. Pay attention to the points below when creating your budget:

1. Scale of Small Group Sessions and Health Screenings :
 - Location :
 - Staffing :
 - Time :
 - Frequency :
 - Others :
2. Content of Small Group Sessions and Health Screenings :
3. Outputs of Small Group Sessions and Health Screenings :
4. Administrative costs involved in the Small Group Sessions and Health Screenings :
5. Total budget: Please create specific budget items according to the activity content.

Reflection after the exercise:

1. What, in your opinion, was the biggest problem in the whole budgeting process?
2. How did you make a distinction between administrative and program costs?
3. How did you calculate your program staff's salaries?
4. How did you calculate the administrative costs for the program?

HIV PREVENTION AMONG AFRICAN-AMERICAN SEX WORKERS AND DRUG USERS IN OAKLAND, CALIFORNIA¹

Submitted by:

HIV PREVENTION COALITION

Submitted to:

**Office of Minority Health
OAKLAND CENTER FOR DISEASE CONTROL AND PREVENTION**

LOCATION:

Oakland, CA

PROJECT DIRECTOR:

G. L.

TARGET POPULATION:

African-American sex workers and drug users.

PROJECT DESCRIPTION:

Street level outreach and HIV and STD risk reduction education, access to treatment at local medical facilities.

PROPOSED YEAR 1 BUDGET:

Total \$150,000

¹ Adapted from *CPN Fundamentals of Grant Writing: Facilitator's Guide*, CBA Provider Network, September 2014, <https://www.cbaproviders.org/ResourceMaterials/21/Grant%20Writing-Facilitators%20Manual_FINAL.pdf> at 120-148.

1. BACKGROUND

African-Americans account for a disproportionately high number of new AIDS cases in Oakland, California. African-Americans account for 17.8% of the county's population but 48% of newly reported AIDS cases. Within the African-American community sub-populations exist that are at even higher risk, particularly injecting drug users and sex workers.

This project will bring together two service providers: the HIV Prevention Coalition (HPC) and Highland Hospital.

The **HIV Prevention Coalition** is a community-based organization with 12 years of experience in providing street-level outreach to hard-to-reach groups, including sex workers, and drug users. HAP's bylaws mandate that at least half of its board of directors be women of color.

As part of Oakland Medical Center, **Highland Hospital** has the primary responsibility for providing health care services to the medically needy population of Oakland. Highland Hospital is committed to providing comprehensive, high quality medical treatment, health promotion, and health maintenance through an integrated system of hospitals, clinics and health services staffed by individuals who are responsive to the diverse cultural needs of the community. The hospital's Adult Immunology Clinic provides early intervention and long-term medical care to HIV positive persons, regardless of ability to pay.

2. TARGET AREA

The target area is comprised of low-income neighborhoods in Oakland, California. The population of Oakland is 43.9% black, 32.5% white and 23.6% other races/ethnicities. 18.8% of Oakland's population lives below the federal poverty level. Poverty is particularly high in three areas of town: West Oakland, Fruitvale, and East Oakland. The city's drug trafficking and sex work are concentrated in these three neighborhoods.

3. HIV/AIDS IN TARGET AREA

In 1995, for the first time, the number of reported new AIDS cases in the entire United States included equal proportions of African-Americans and Caucasians. In the following year, African-Americans represented 41% of newly reported cases, Caucasians 38%. The

national shift, however, was preceded by Oakland as early as 1993 when African-Americans represented 48% of newly reported AIDS cases, although they accounted for only 17.8% of the city's population. By 1996, in Oakland, African-Americans accounted for 55% of newly reported AIDS cases (a total of 201 cases). For comparison purposes, in 1996 the national AIDS rate (cases per 100,000 people) was 27.0, while in Oakland the rate was 84.5. These figures imply that high risk behaviors remain comparatively prevalent in Oakland in general, and in the African-American community in particular.

<http://translate.google.com/?tr=f&hl=en>

4. TARGET POPULATION

As the analysis above suggests, African-Americans are at greater risk for HIV/AIDS and STDs. However, within the African-American community, sub-populations exist that are at even higher risk.

Injecting Drug Users (IDUs): Since the beginning of the epidemic, the percentage of newly reported AIDS cases attributable to injecting drug use has increased steadily in Oakland. In 1985, IDUs accounted for 1% of cases; in 1990, 10%; and in 1996, 21%. Furthermore, fully 74% of all persons who contracted AIDS in Oakland from injecting drug use were African-American.

Sex Workers: Prostitution is a fact of life in high-poverty areas in Oakland. In 1992, 388 arrests were made for prostitution; 58% of those arrested were African-American. While this does not imply that 58% of sex workers in Alameda County are African-American, it does suggest that the majority of sex workers who solicit on the street are African-American, because the street is the target of police surveillance. Street-based sex workers are typically at higher risk for HIV infection than other sex workers.

Attitudes of Target Population toward Social Institutions

Because they are involved in illegal activities, sex workers and drug users are understandably suspicious of criminal justice institutions. This distrust extends to other institutions, including county hospitals and county social service agencies. Sex workers tell HPC outreach workers that they feel judged by staff in such organizations.

5. SUMMARY DESCRIPTION OF THE PROBLEM

- Oakland's African-American community faces HIV/AIDS rates dramatically higher than national averages, implying the persistence of high-risk behaviors;
- Elevated STD rates are a cause of concern in themselves, and in combination with the prevalence of HIV, can prove deadly;
- Within the African-American population, the highest risk group is injection drug users. The percentage of new AIDS cases attributable to injecting drugs continues to grow dramatically;
- The target population distrusts social and medical institutions and therefore is disconnected from adequate health care.

6. CAPACITY AND EXPERIENCE OF APPLICANT

The HIV Prevention Coalition (HPC) is a minority community-based organization whose mission is to stop the devastating spread of HIV among Oakland's communities of color. HPC was founded in 1985 as an outgrowth of a sex workers' rights organization. HPC provides street outreach to high-risk populations with a staff that is predominantly African-American. In addition, HPC actively recruits outreach staff from targeted communities and populations.

Evidence of Access to Target Population

In the past year, HPC provided services to 16,663 persons at high risk of contracting HIV because of drug use or participation in sex work. This figure includes: 1,200 persons who were tested for HIV through a mobile clinic; 1,050 persons who attended HIV support groups; 2,471 street-level outreach contacts with sex workers, drug users, and sexual partners of the above. Sixty percent of those receiving services were women and 40% were men; 80% were African-American, 10% Latino, and 10% other races/ethnicities.

Fiscal Capacity

HPC's most recent audited annual budget was \$747,622. Since its inception the organization has administered over 5 grants, consistently meeting program objectives, reporting requirements and audit standards. Major federal grants include: (1) HIV Prevention and Education: a \$258,000/year project funded by the Centers for Disease Control (Dates: 9/93-9/97); and (2) Outreach and Support Groups for HIV Positive

Persons: \$56,000/year in Ryan White funds for outreach to hard-to-reach, HIV positive populations (4/94-6/97).

7. MISSION

To reduce HIV and STD incidence among high-risk populations of African-Americans in Oakland.

8. GOALS

- To increase knowledge among IDUs and sex workers about their health status;
- To ensure timely access to appropriate medical care for sex workers and IDUs in Oakland;
- To increase knowledge about HIV and HIV-prevention techniques among IDUs and sex workers in Oakland;
- To increase the use of safer sex techniques and safer needle practices among IDUs, sex workers and their partners in Oakland.

Objectives for Year One

(Objectives for subsequent years are described in the Evaluation section.)

- To provide HIV and STD testing to 500 IDUs and sex workers;
- For persons who test positive for HIV, to enroll 50% at the Adult Immunology Clinic;
- For persons who test positive for an STD, to ensure medical treatment for 75%;
- To convey basic information about harm reduction techniques to 800 members of the target population;
- To have 300 members of target population commit to using latex barriers (condom, dental dam) with their clients and/or partners the next time they have sex;
- To have 200 IDUs commit to cleaning their drug outfits the next time they inject.

9. PROGRAM PLAN

A. Street Level Outreach

Street outreach will occur in neighborhoods where sex workers conduct their business. This includes the neighborhoods of West Oakland, Fruitvale, and East Oakland. At times, police crack-downs on drugs and prostitution cause shifts in locations and times at which sex work and drug trade occur. Staff will track such shifts and shift outreach accordingly.

Outreach workers will be individuals familiar with the targeted neighborhoods and with street level sex work and drug culture. The project will work hard to recruit outreach workers from the target community. Currently, 50% of HPC's outreach staff are former sex workers or IDUs. Outreach workers will use several strategies. If they know people in the neighborhood who are gatekeepers, they will use these key contacts to make further contacts. They will work through the existing network of acquaintances. If they are not acquainted with potential clients, outreach workers will research a neighborhood looking for behaviors that suggest a person fits the Project's client profile.

The initial goal of outreach is to build a relationship with the potential participant. Experience indicates that an excellent way to build a connection is to provide information perceived to be useful by the potential participant. Therefore, street level contacts will often include short and clear HIV prevention education messages, distribution of free condoms and bleach, and referrals to community resources for various needs the potential participant identifies. Outreach teams will each be issued a cellular phone and will use this to make referrals.

After an outreach contact, the worker will complete a log sheet entry. Data to be collected will include location and date, client age, sex, race/ethnic identification, number of condoms or bleach bottles distributed, client self-identified risk population, safer behavior commitment, and referrals provided. More subjective field notes are also recorded.

Effective outreach and relationship building involve repetition, and so the same outreach workers will generally canvass the same neighborhoods over a period of time, re-contacting individuals several times.

Safety Precautions during Outreach

Outreach will be provided by staff working in teams of two. Staff work in neighborhoods that are marginal and, at times, unsafe. Outreach is carried out during the daytime, evening and night. One outreach worker will engage and interact with a client while the other assesses safety factors. Some factors include:

- proximity to illegal activities;
- proximity to hostile individuals;
- street lighting; and
- volume of foot traffic.

Staff will be trained to quickly and quietly remove themselves from any setting they assess to be potentially dangerous. Staff will be issued photo identification cards indicating they are HPC employees, in the event they are mistaken by police for members of the target population. Staff will have the home phone and mobile numbers of the Outreach Supervisor and the Executive Director, so they can have quick access to supervision when needed. Outreach workers will all carry mobile phones so they can be contacted if the need arises.

B. The Outing: Small Group Sessions and Health Screenings

The primary objective of the street level outreach is to enroll people into small group risk-reduction education sessions over the course of the year and have them agree to HIV and STD screening. The small group sessions and health screenings will be held on the same day, after outreach has generated significant interest. These sessions with 6-12 participants will last about two hours and will take place in our activity center.

The goal of small group sessions is to increase participants' understanding of safer sex and drug use behaviors. In general, a session will be structured as follows: Introduction, pre-intervention quiz, discussion of safer sex/drug use practices, role-playing exercises, referrals, post-intervention quiz, review, questions, closure, and distribution of condoms/bleach.

Presentations on harm reduction and information on substance abuse and recovery will be provided by HPC staff. Information on STDs and treatment will be provided by a nurse practitioner from Highland Hospital. Any participants who wish to go into recovery can be enrolled on the spot into a residential recovery program, using Project funds allocated for this purpose. STD and HIV testing will be provided on-site.

Participants who test positive will be re-contacted and provided counseling and referral to treatment.

Mobile clinic staff (outreach workers and nurse) will return the following week to provide test results and counseling to clients. Those who test positive for HIV will be immediately referred to Highland Hospital. STDs will be treated by the nurse.

Client Incentives

Because participating in small group sessions means time away from making money or seeking drugs, HPC has found that incentives are crucial to gain participation by clients. Each client who is tested for HIV is given \$10, either in cash or in the form of a food voucher. Each client who returns for results is given another \$10. Refreshments are provided at small groups. In addition, a \$25 door prize (either cash or voucher) is given to one client at the end of the session. This ensures that clients remain for the entire session and complete the post-test.

10. EVALUATION

Personnel

The evaluation will be coordinated by the Project Director (G.L.) with technical assistance from Dr. B., a sociology professor at the University of California. Dr. B. evaluated the effectiveness of other HPC intervention projects. The evaluation will take into account both impact objectives and process objectives for supporting activities. Objectives support the goals described above in the Goals and Objectives section.

Impact Objectives

- To provide HIV and STD testing to 500 IDUs and sex workers;
- For persons who test positive for HIV, to enroll 50% at the Adult Immunology Clinic;
- For persons who test positive for an STD, to ensure medical treatment for 75%;
- To convey basic information about harm reduction techniques to 800 members of the target population;

- To have 300 members of target population commit to using latex barriers (condom, dental dam) with their clients and/or partners the next time they have sex;
- To have 200 IDUs commit to cleaning their drug outfits the next time they inject.

Potential for Long-Term Impact and Replicability

Street level outreach in Oakland has proven effective in reducing STD rates in the past. In 1989, Oakland accounted for 25% of all of California's congenital syphilis cases while accounting for less than 5% of the state's population. Because congenital syphilis suggests multiple cases of infectious syphilis among women in their child-bearing years and their partners, the Oakland CDC established a unique collaborative project with HPC to combat the epidemic. HPC provided street outreach to sex workers and IDUs. After six months, 380 high-risk women were screened. Approximately 20% had early syphilis and were treated. This suggests that a similar partnership emphasizing not only access to treatment, but also prevention can combat the HIV epidemic.

While HPC has an unusual history and connection to the target population in Oakland, community-based organizations with a commitment to staffing from within their communities and providing culturally sensitive outreach exist in other cities. We believe similar organizations in other cities can follow our model to conduct effective HIV prevention work.