



**Making TA and Training Work for You:**  
*Meeting the Needs of the Grantees and the Project Officers*  
**December 8, 2009**

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**AIDS Alliance for Children,  
Youth, and Families**

**Part D- Consumer Leadership Corps Training**

**Carole Treston, Executive Director**

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# Introduction

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AIDS Alliance was established in 1994 to be the support organization for Part D projects and the national collective voice of the women, children, youth, and families served by Part D Programs.

AIDS Alliance vision is a world without AIDS.

*Mission: AIDS Alliance advances the partnership between consumers and providers – we are the voice of women, children, youth, and families living with and affected by HIV and AIDS.*



# Why did your organization respond to this TA content area

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Part D is designed to provide comprehensive, family-centered, culturally competent coordinated systems of care that reach women, infants, children, youth, and families affected by HIV/AIDS



## Why did your organization respond to this TA content area

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Despite remarkable advances in research ,treatment, and care, the AIDS epidemic in the United States continues to ravage communities that struggle disproportionately with poverty, discrimination, substance abuse, high rates of incarceration, and, often, alienation from the systems of care and support designed to address these very problems.



# Supporting the Research

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<sup>1</sup>Logistic, cultural, educational, and other barriers can impede the delivery of high-quality care to underserved patients. Patient navigation services (peers) represent one innovation for addressing perceived barriers to care encountered by disadvantaged patients.

<sup>2</sup>A series of community-level trials undertaken in the United States over the past 10 years established the effectiveness of an HIV prevention intervention that systematically identifies, recruits, trains, and engages the popular opinion leaders (POLs) of a population to serve as behavior change endorsers.

<sup>1</sup>Daniel Dohan, D, Schrag, D. 2005. **Using Navigators to Improve Care of Underserved Patients** *Current Practices and Approaches* , Institute for Health Policy Studies and Department of Anthropology, History, and Social Medicine, University of California–San Francisco, San Francisco, California.

<sup>2</sup>Kelly, J (2004) "Popular Opinion Leaders and HIV Peer Education: Resolving Discrepant Findings, and Implications for the Implementation of Effective Community Programmes." *AIDS Care* 16(2): 139-150






# Six Core Elements of the Consumer Leadership Corps Training Program

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- ❖ Peer Role Models -*HIV-positive women as program leaders and trainers.*
- ❖ Self-Development, Leadership Development, and Empowerment - *by a strengths-based approach and a belief that all women and youth living with HIV have within them the ability to grow as a person, become stronger for oneself, empower oneself, and develop leadership in service to others.*
- ❖ The Investment of Time, Over Time -*For many positive women and youth, no one has ever invested in them and in their personal development and leadership development. To commit to the program, they have to know that the program is committing to them.*

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- ❖ **Defined Tasks to Accomplish**-well-defined, concrete tasks for participants. **Participants must know what they have to do and be able to measure their progress.**
  - ❖ **Practice Opportunities and Collective** - Learning-opportunities between training sessions for participants to put into **practice** what they are learning, including opportunities to **make mistakes**, and they must have time and opportunities to come back together to **share these experiences** and learn from one another.
  - ❖ **Mentoring and Support** -continuous mentoring and support throughout the course of the program, with an equal focus on **technical support and personal/emotional support**. There must be many points of contact, through a variety of venues and over time.



# Principles, Theory

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- AIDS Alliance believes – and our training program is founded on this belief – that there are strengths and resources present in all people that can be supported and built upon.
- We believe that when community organizations, care providers, people living with HIV, and family members are all working together, it increases the quality of life for people living with HIV.



# How is TA provided

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- Through the delivery of a **client-centered** curriculum developed, evaluated and continually refined by AIDS Alliance.
- The **train the trainer** curriculum is designed to build the capacity of HIV-positive women to help themselves and others. The core curriculum is in English, but has been effectively used with bilingual participants who speak English
- The program Training is comprised of two 4-day sessions, one web-based teleconference and monthly individual and group follow-up activities.
- Consumer leadership corps participants are recruited each year from communities across the country that have been disproportionately affected by HIV/AIDS.



# Target audience

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The target population for the proposed AIDS Alliance T&TA cooperative agreement with HAB is the Part D community, which includes two constituent levels:

- ❖ Consumer Leadership Corps Training participants (Corp Trainees)
- ❖ Workshop participants (individuals who have not yet been engaged or retained in HIV primary care)



# Project Goals

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**Goal 1:** To increase the ability of Part D **consumers** to participate in their own care, to care for their infected and affected family members, and/or to reach others in their community and engage them in care, AND

**Goal 2:** To increase the ability of Part D **grantees** to reach women, infants, children, and families living with, affected by, or at risk for HIV and AIDS, and to engage them and keep them in care.



# What we hope to achieve in future

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- Increase number of effective trained female consumer community leaders across Part D and other Parts of the Ryan White Programs
- Corps Trainers to train annually approximately 2,000 – 3,000 local consumers.
- Increase of persons living with HIV/AIDS accessing and engaging in primary care services.
- Increase Part D providers capacity to form partnerships with consumers and to reach and engage Part D women, children, youth, and families.



# Year 1 project outcomes

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- 26 HIV + women selected as trainees  
(rigorous application process)
- Trainees from 17 states and the District of Columbia
- 140+ workshops conducted
- 1500 consumers reached in local communities through workshops

Please note some evaluation data from trainees has not yet been submitted and analyzed by AIDS Alliance



# Challenges/Opportunities

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In year one some participants:

- had less experience in community level leadership
  - ❖ Additional time was built into program to identify skills need and step to increase local leadership opportunities
  
- had less group or workshop facilitation experience than those from previous cohorts.
  - ❖ Staff conducted optional evening sessions each evening for trainees to obtain additional resources and time to practice facilitation skills
  
- came from smaller communities and encountered some barriers in identifying community sites to conduct local training activities.
  - ❖ When possible staff either connected trainees with former trainees or staff conducted outreach with the communities to local COB's and providers to attempt access for the trainee
  
- Decrease in number of onsite trainings days
  - ❖ Program implemented new web technology to training (webinar)



# Accomplishments in Year 1

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- Leadership and skills growth among Corps Trainees
- Personal leadership and empowerment
- Collaborative program evaluation conducted by Walter R. McDonald & Associates, Inc. (WRMA)



# Summary of the WMRA Evaluation

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- **Positive response:** The CLCTP trainings were viewed as positive, useful, and worthwhile by nearly all participating individuals.
- **Skills/knowledge attained and utilized:** Knowledge and skills were acquired and participants were successful in applying these skills to organize and conduct HIV workshops in their communities, successfully overcoming barriers along the way.
- **Confidence in the program and their abilities:** Despite minor problems, participants expressed confidence in the AIDS Alliance staff and in themselves.
- **Greater self care and quality of life:** Program participants strongly expressed this to W.R.M.A evaluators

Summary available for review



# Accomplishments in Year 1

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Despite the challenges experienced in year 1, many of the women grew professionally and personally from the experience. In addition to conducting local workshops the women:

- Learned to speak clearly and organize themselves,
- Improved their self-esteem by finishing the program,
- Connected with other women with whom they could relate, and
- Began to deal with emotional scarring and insecurities.
- Learned how to navigate Part D programs and the challenges that arise with confidence
- Learned to improve their training skills by receiving constructive criticism and examining evaluation data.

# Ms. Carol

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- Wife of 30 years
- Mother
- Sister
- Silent

**Silent NO More**





## Ms. Carol

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So, I introduced myself, then simply said, "HELLO," this is the face of senior citizen with the AIDS virus. I didn't age into the virus, I got infected at 61 years old and I'm not just speaking as a senior citizen but as a WOMAN. We do exist. That was all that I simply said. After the meeting was over, I waited to talk with Jeffrey Crowley so that I could thank him. He said this to me, "I remember you because you made me laugh." *It was then, I realized that my **VOICE** was heard.* I did it for all of you wonderful women that I got the opportunity to train with through AIDS ALLIANCE and get my power back



# Thank you

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