

Alabama Community AIDS Fund

Final Report

A Summary of the 2008 Grant Activities

Collaborative Solutions, Inc.
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Part I. Introduction and Overview of Activities

The purpose of this report is to provide an overview of the Alabama Community AIDS Fund (ACAF) and its activities during the 2008 grant year. This section will provide some history about the ACAF and the technical assistance activities that ACAF grantees had access to during the course of the grant period. It will also describe evaluation activities that grantees participated in and the findings of those activities.

Alabama Community AIDS Fund Overview

In December 2007, the ACAF announced that it would be providing grant funding to eight community-based organizations throughout the state of Alabama to support programming aimed at HIV/AIDS prevention and education. The eight organizations that received this funding are as follows:

- AIDS Action Coalition (AAC), Huntsville
- AIDS Outreach of EAMC (AO of EAMC), Auburn
- Birmingham AIDS Outreach (BAO), Birmingham
- Covenant Community Church (CCC), Birmingham
- Health Services Center (HSC), Anniston
- Lovelady Center/Freedom Rain, Birmingham
- Selma AIR, Selma
- South Alabama CARES (SA CARES), Mobile

Each organization that received an ACAF grant proposed a unique program with specific goals and objectives. The intention of the grant was to support costs directly associated with the design, implementation, or evaluation of specific HIV/AIDS education, prevention intervention projects. Although each of the grantees provided unique programs, each project was intended to meet two broad goals:

1. Provide HIV/AIDS education to program participants.
2. Provide services aimed at preventing HIV/AIDS.

The first goal is aimed at knowledge transfer; that is, increasing the awareness of HIV/AIDS and providing education related to HIV/AIDS. The second goal is related to behavior change; that is, providing services that help participants to change their behaviors, ultimately preventing new cases of HIV/AIDS (e.g., teaching condom skills, providing safer-sex kits with instruction on their use).

Priority Service Areas and Populations

The ACAF grants were intended to support activities aimed at serving specific populations and geographic areas in Alabama that are at the greatest risk of HIV infection. More than 65% of the total number of HIV/AIDS cases in Alabama have been identified in seven of Alabama's 67 counties; these counties comprise the geographic priorities for ACAF funding. Table 1 indicates the counties that each project served. Note that three of the organizations served areas other than those targeted by ACAF. Due to their location within Birmingham, three of the organizations focused their efforts in Jefferson County. Three of the prioritized counties did not receive services through ACAF-funded projects.

Table 1. Priority Counties Served by ACAF-Funded Projects

Counties	AAC	AO of EAMC	BAO	CCC	HSC	Lovelady	Selma AIR	SA CARES
Baldwin								■
Houston								
Jefferson			■	■		■		
Madison	■							
Mobile								■
Montgomery								
Tuscaloosa								
Other		■			■		■	

In addition to prioritized geographic areas, ACAF identified priority populations for the grants. The first was women of color, who comprised the largest proportion of women being diagnosed with HIV/AIDS during 2006. The second is men who have sex with men (MSMs), including gay and bisexual men, who continue to be the highest-risk group in the state; 56% of new cases of HIV/AIDS in 2006 were MSMs. Because there has been an increase in the number of younger males (ages 13–24 years) testing positive for HIV, ACAF considers youth a priority population as well. Table 2 lists the priority populations served by each organization. Note that many of the organizations did focus on women of color and MSMs. Other populations of interest were also indicated, including persons who have been diagnosed with HIV and their partners.

Table 2. Priority Populations Served by ACAF-Funded Projects

Populations	AAC	AO of EAMC	BAO	CCC	HSC	Lovelady	Selma AIR	SA CARES
Women of color	■	■			■	■	■	
MSM			■	■	■			■
Youth	■		■					
Other					■	■		

Technical Assistance Activities

AIDS Alabama contracted with Collaborative Solutions, Inc. (CSI) to provide technical assistance to the ACAF grantees to ensure an effective execution and evaluation of the ACAF-funded projects. Specifically, CSI was tasked with assisting grantees to develop and evaluate their projects and create evaluation tools as well as providing ongoing technical assistance and followup. CSI was available to provide grantees technical assistance along a number of dimensions including conducting needs assessments; designing and implementing programs; setting and operationalizing goals and objectives; developing an evaluation plan including instrument development, sample selection, and data analysis; creating logic models to guide program design and evaluation; budgeting; and finalizing a project timeline.

Interaction between CSI and the grantees occurred primarily through a series of project assessments as well as several training opportunities and one-on-one conference calls. The following sections describe the trainings provided by CSI for project grantees as well as findings from the project assessments completed by grantees.

Trainings

CSI staff provided two trainings for ACAF grantees over the course of the grant period. These trainings were intended to provide the grantees with useful tools to develop their programs, design robust evaluations, analyze their data, and report their findings.

Program Design, Evaluation Design, and Logic Model Development

On July 23, 2008, CSI staff, the ACAF Coordinator, and ACAF grantees convened at the Southern AIDS Coalition’s annual conference in Birmingham, Alabama, to discuss program design, evaluation design, and logic model development. This meeting focused on the importance of goals and objectives in determining the program design and evaluating the program’s effectiveness. This training was intended to help grantees consider goals and objectives as driving both program design and evaluation design by developing a very simple logic model. The logic model provided grantees with a framework to lay out the goals and objectives, the activities aimed at meeting them, the outcomes expected from these activities, and ways to evaluate success or failure at meeting these outcomes. (See Figure 1.)

Inputs	Outputs		Outcomes		
What we invest	Activities	Participation	Short-term	Medium-term	Long-term
	What we do	Who we reach	Next 30 days	September 30, 2008	December 30, 2008
	Program Design		Evaluation Design		

Figure 1. Logic Model

Following this training session, CSI staff conducted one-on-one conference calls with each of the grantees. These calls focused on program development and evaluation design, with an emphasis on development of project-level logic models. Several grantees participated in ongoing dialogue with CSI staff to refine the logic model and ensure that each of the outcomes was measurable, time-limited, and realistic.

There were several challenges or limitations related to the introduction of the logic model in the middle of the grant period. Typically, and ideally, logic models are most useful at the outset of program development and evaluation design to set measurable goals and objectives for the project. Because the logic model was introduced approximately half-way through the grant period, the grantees experienced confusion and frustration in developing the logic model.

Introduction to Evaluation: Focus on Impact

The second training that CSI provided took place via conference call with a Web-based function during the second week of September 2008. At this time the grantees were gearing up to collect and analyze their data and report their medium-term outcomes for the mid-course assessment, as described below. This training provided basic information about evaluation processes and the importance of measuring program impacts as well as process measures. The training also provided a forum for grantees to discuss questions related to their final logic models as well as using their data to evaluate their programs and solidifying their evaluation plans.

Project Assessments

In concert with the trainings described above, CSI developed and administered a set of three project assessments for grantees to report on the status of their projects over time. The first assessment occurred in June 2008, the second in September 2008, and the third in January 2009, which is the focus of Parts III and IV of this final report.

June 2008 Assessment

CSI's first interaction with the grantees occurred in late June 2008 when CSI requested that grantees complete a project update. This assessment gave grantees the opportunity to describe their project design and related successes and challenges, list their project goals and objectives, generally describe their evaluation plan, and indicate any technical assistance that they may need in carrying out the project or its evaluation.

At this assessment, the project design for most of the grantees was changed only minimally from that proposed in their grant applications. Changes were generally made due to insufficient funding or lessons learned during the initial phase of program implementation. For example, Covenant Community Church and Birmingham AIDS Outreach each received less funding than requested; therefore, they amended their projects consistent with the revised budget. Another example is South Alabama CARES, which proposed using an evidence-based program called M-powerment. This peer-led intervention model uses a group modality for communicating about safer sex practices; however, project staff noticed that they were having difficulty recruiting individuals for the group session and decided to use a more individualized approach than originally proposed.

Grantees reported a number of successes related to project implementation including positive working relationships and the ability to reach more project participants than originally anticipated. Challenges were most often related to funding issues including a delay in funding availability and its impact on the project timelines. Other challenges were related to staffing issues as well as the recruitment of participants.

The grantees' project objectives were often not written so that they were specific, measurable, attainable, realistic, and timely, making it difficult to determine whether goals and objectives were being met. In addition, many of the grantees' evaluation plans did not describe in detail the outcome and process measures to be evaluated, the plans for collecting data to evaluate the measures, and the process for incorporating findings from these evaluation activities. These areas were the focus of technical assistance throughout the remainder of the grant period.

Finally, grantees indicated the types of technical assistance that they may need to carry out their proposed projects. (See Table 3.) One-half of the grantees reported that they did not require any technical assistance while the remaining grantees reported needing assistance to develop an evaluation plan. Several grantees also requested assistance with setting and measuring goals and objectives as well as developing a project timeline.

Table 3. Grantee Technical Assistance Needs, June 2008

Technical Assistance Needs	AAC	AO of EAMC	BAO	CCC	HSC	Lovelady	Selma AIR	SA CARES
Needs assessment								
Program design								
Goals and objectives							■	■
Evaluation plan				■		■	■	■
Logic model								
Budget								
Project timeline								■
Other								

September 2008 Assessment

The September assessment provided grantees an opportunity to submit their final logic models and report on their accomplishments at the medium-term; to update the status of their projects and report any successes or challenges; and to indicate additional technical assistance needs. For the most part, grantees reported that they met all medium-term outcomes and did not report any significant challenges. In general, grantees reported that the logic model process was useful; however, they thought that it should have been introduced at the beginning of the process. Not only would the logic model have served as a planning tool but also a tool to guide their program evaluations.

Several grantees reported a continuing need for technical assistance related to the logic model as well as using existing data and analyzing the data that they collected through their evaluation efforts. (See Table 4.) CSI offered such technical assistance and addressed several of these issues during the *Introduction to Evaluation: Focus on Impact* training in November 2008.

Table 4. Grantee Technical Assistance Needs, September 2008

Technical Assistance Needs	AAC	AO of EAMC	BAO	CCC	HSC	Lovelady	Selma AIR	SA CARES
Refining logic model, evaluation plan	■	*				*	■	
Defining targets for outcomes		*				*		
Developing instruments		*				*		■
Using data		*				*	■	■
Analyzing data	■	*				*	■	
Interpreting findings	■	*				*	■	
Program issues		*				*		
Other		*				*		■

* No data submitted

Final Project Assessment

The final project assessment was aimed at determining if the grantees met the outcomes and targets indicated on their logic models. Grantees were asked to indicate whether the outcomes were met and to provide some narrative describing any contextual factors and successes or challenges related to the

project. In addition, this assessment collected data requested by the National AIDS Fund's online end-of-year reporting system. These findings are described in Part III of this report.

Part II. Project Descriptions

Each of the organizations selected for the ACAF proposed and carried out unique projects intended to provide HIV/AIDS education to program participants and services aimed at preventing HIV/AIDS. Brief descriptions of each of the proposed projects follow.

AIDS Action Coalition

The AIDS Action Coalition's project targeted women of color and youth in Madison County, Alabama, to attend the Woman 2 Woman Retreat. This event was designed to (a) enhance gender and ethnic pride among African American women and girls and (b) facilitate effective communication about peer pressure, sex, and healthy relationships between African American mothers and daughters. A total of 21 women and girls attended the weekend retreat at Lake Guntersville. The programming from the retreat was based on evidence-based interventions; retreat staff presented the SISTA and "Can We Talk?" programs to the adult women, while the teens attended "Making Proud Choices." In addition to participation in these interventions, the participants enjoyed early morning yoga, table and social etiquette, and professional hair and makeup instruction.

AIDS Outreach of EAMC

AIDS Outreach of EAMC provided a consistent, coordinated, and comprehensive prevention project, Real AIDS Prevention Project (RAPP), in East Central Alabama. The intention of the project was to reduce the spread of HIV/AIDS by focusing on target populations at the greatest risk of infection, specifically within five predominately rural counties. The goal of the project was to create a community-level HIV prevention intervention to help sexually active women and their male partners reduce their risk for HIV infection by increasing consistent condom use, changing community norms so that practicing safer sex is the acceptable norm, providing HIV testing to persons who have not tested positive for HIV but are at high risk, and involving as many people in the community as possible. Activities aimed at achieving the project's goals included (1) conducting a community assessment, including learning how to talk to women and their partners about their risk for HIV infection, and (2) getting the community involved in a combination of risk reduction activities directed toward women and their partners.

Birmingham AIDS Outreach

The HIV education outreach program developed and administered by Birmingham AIDS Outreach provided community outreach prevention and education of men who have sex with men with an emphasis on youth. The services were provided in local night clubs and at outreach events. Birmingham AIDS Outreach employed a part-time HIV educator to provide additional assistance to the current prevention programs. The HIV educator provided testing, education, and prevention education. This project allowed Birmingham AIDS Outreach to increase testing and prevention efforts in the community.

Covenant Community Church

The project administered by Covenant Community Church was designed to provide online outreach to high-risk men who have sex with men as well as those who have already tested positive for HIV. Project staff registered with several gay chat rooms and engaged the targeted population for recruitment to local interventions, linkage into medical care, and referral to available services.

Health Services Center

The SAFE/Clinics project administered by Health Services Center provided support for the purchase of sufficient safer sex supplies, teaching aids (e.g., male and female condoms, lubricants, condom demonstrators, flip charts, videos), and related items to stock the patient waiting rooms at each of the six clinic sites in Calhoun, Chambers, Tallapoosa, Talladega, DeKalb, and Etowah Counties. Using these supplies, prevention staff planned and conducted at least one quarterly SAFE/Clinics event at each clinic site. These events included risk reduction education either in group or individual sessions, condom demonstration and practice sessions, “Q & A” time for patients, and support or referrals for additional programs or services if indicated. HIV testing and counseling were offered to patients’ partners who were HIV-negative or status unknown.

Lovelady Center/Freedom Rain

The project administered at the Lovelady Center focused on adding HIV/AIDS awareness classes to its complement of services; these classes were mandatory for all residents. In addition, the project developed a resource and information packet so that women who reenter the community know about community resources.

Selma AIR

The project conducted by Selma AIR was intended to increase the linkage among and sustainability of HIV/AIDS education and prevention in the community. Priority was given to African American women because they make up the largest number of those newly diagnosed with HIV in the counties served. In addition, Selma AIR extended the education and prevention program into more communities.

South Alabama CARES

The FUSION Project was designed to deliver HIV prevention messages to gay and bisexual men using the M-powerment model, which is a peer-led project coordinated by an education specialist. The goal of the project is to create a community process by which young gay men communicate with each other about as well as encourage each other to practice safer sex.

Part III. Findings from National AIDS Fund Year-End Report

Grantees provided information about the persons they served, the sustainability of their projects, significant outcomes of their projects and challenges in their implementation, as well as stories of impact.

People Served

Seven of the grantees provided unduplicated counts of people served through their projects. Among these grantees, 6,361 participants had at least some contact with an ACAF project. As described in previous sections, grantees were encouraged to direct services at priority populations including women of color, men who have sex with men, and youth.

Of the unduplicated number of participants, the majority (66.1%) identified as male, followed by almost 30% of participants identifying as female. (See Figure 2.)

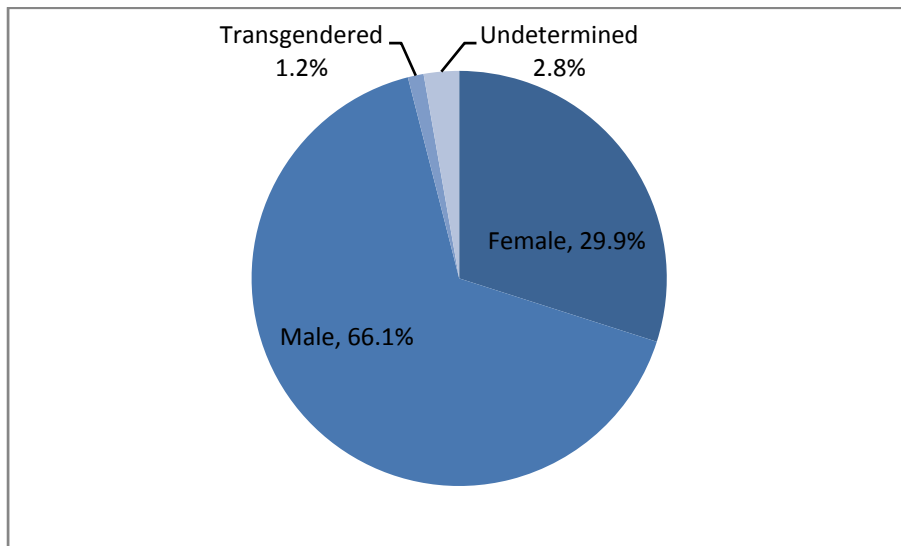


Figure 2. Gender

Both men—specifically those who have sex with men or report being bisexual—and women were identified as priority populations for this funding. More than 80% of the participants identified as bisexual (16.3%) or homosexual, lesbian, or gay (62.9%). (See Figure 3.)

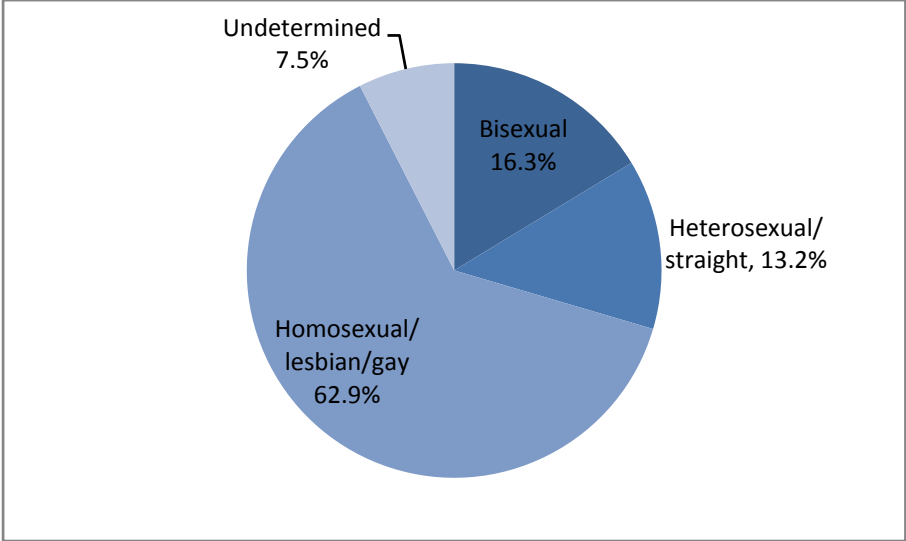


Figure 3. Sexual Orientation

Youth were also identified as a priority population for the ACAF. As Figure 4 indicates, less than 5% of participants were younger than 20 years old. However, the majority of participants were between the ages of 20 and 34 years of age (69.0%).

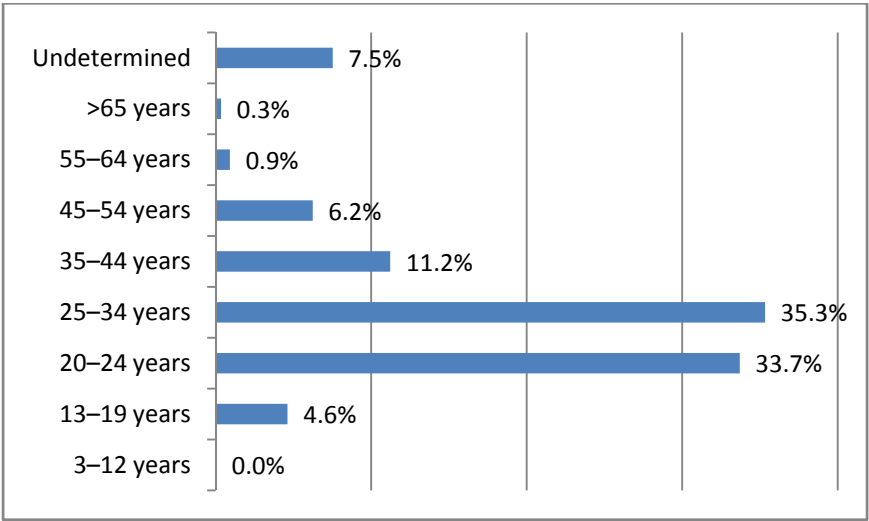


Figure 4. Age

In terms of race and ethnicity, the majority of the participants (65.9%) served identified as Caucasian or White, followed by African Americans (24.6%). (See Figure 5.)

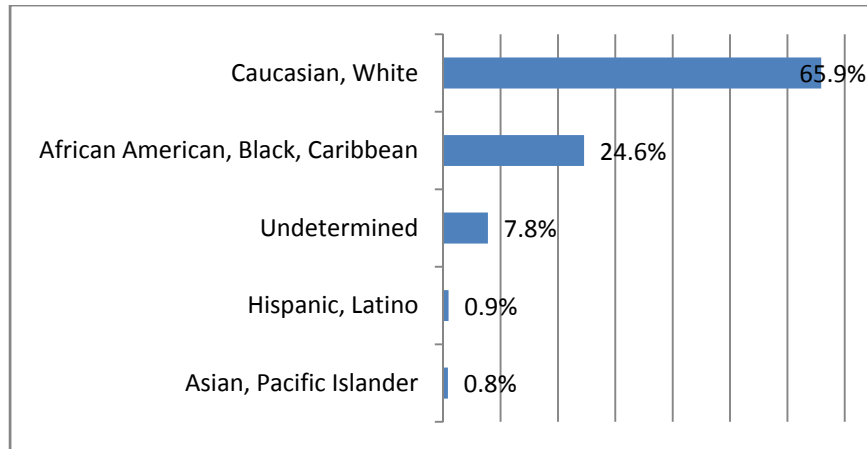


Figure 5. Race and Ethnicity

The HIV status for the majority of participants was unknown. Of those reporting their HIV status (n=748), approximately 60% identified as having tested positive for HIV, which is about 7% of all participants. (See Figure 6.)

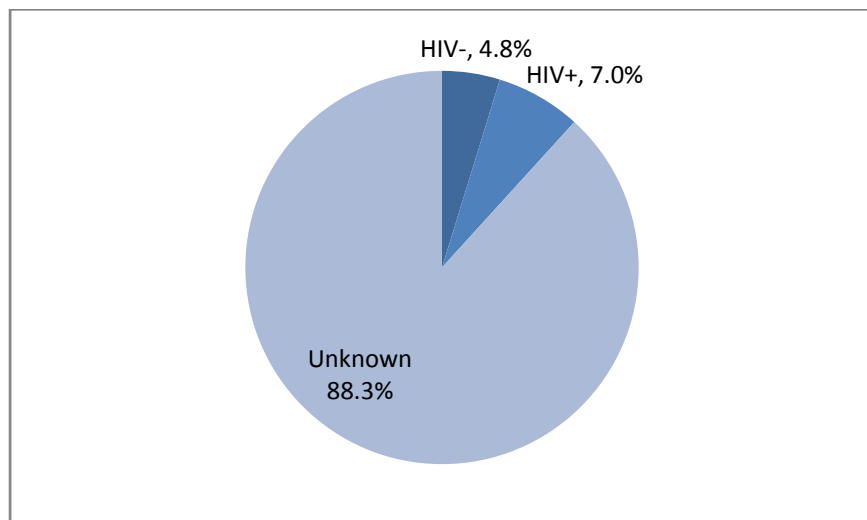


Figure 6. HIV Status

Sustainability

The grantees reported undertaking a number of activities or plans to address the issue of project sustainability. AIDS Outreach of EAMC, Selma AIR, and Covenant Community Church reported that they would work to identify additional sources of grant funding as well as local donations to support the continuation of their projects. South Alabama CARES has secured a diverse set of funding through various sources including foundations and local government to provide continued support for its project.

Selma AIR as well as Lovelady Center reported engaging community organizations in interventions, either through participation or provision of services. Lovelady Center reported that several Birmingham-area organizations provide HIV/AIDS testing, counseling, and education. Another grantee, AIDS Action

Coalition, reported that although it could not repeat its weekend retreat intervention without additional funding, it could provide short meetings or group sessions throughout the year to reinforce the messages from the intervention. AIDS Outreach of EAMC reported that peer educators who had already been recruited will continue to participate in volunteer outreach and programming. Covenant Community Church also plans to continue its project on a voluntary basis.

Significant Outcomes

Many of the grantees described significant outcomes of their projects related to increasing the spread of prevention messages and the frequency with which clients and other project participants access testing and prevention information:

- South Alabama CARES successfully established Project Helmut, which is a safe sex publicity campaign. Through this campaign, condoms and safer sex information are distributed on a monthly basis to 10 bars in the Mobile area.
- Birmingham AIDS Outreach also witnessed an increase in HIV testing in gay bars and night clubs as well as additional collaboration with a “straight” bar to provide testing and prevention services.
- Lovelady Center added HIV/AIDS classes to its ongoing program, increased residents’ awareness of community resources, and developed new collaborations within the community such as AIDS Alabama and Jefferson County Department of Health.
- Selma AIR reached African American women in poor rural areas and provided prevention and education services including HIV testing.
- Health Services Center met clinical patients on an individual basis as well as within groups to discuss safer sex and harm reduction issues and supply erotic and attractive safer sex supplies to clients. During the course of the project, prevention and clinical staff noticed attitudinal changes among clients who had previously been resistant to discussing condom use or negotiation skills.
- AIDS Outreach of EAMC has developed a presence within its community through networking between outreach workers and community members.
- Covenant Community Church recruited participants for local HIV prevention support groups and other interventions, linked them into medical care, and provided HIV testing and referrals for supportive services.

Participants of the retreat conducted by AIDS Action Coalition reported that the retreat was “life changing.” Specifically, feedback from participants included the following:

I have started speaking up when things aren't right in my life. I have a long way to go, but maybe W2W 2009 can help me get to 100%.

I can go through my day and feel like somebody because I don't let people run over me and when I say something I mean it and STICK TO IT and me and my boyfriend aren't together no more.

Challenges

Several of the grantees experienced similar challenges throughout the course of the project. These common challenges included recruitment, retention, and ongoing participation of project participants; transportation; staffing issues; and participants' apathy regarding HIV testing.

At least three of the grantees experienced difficulty in recruiting or retaining project participants. South Alabama CARES reported challenges related to participant recruitment for the small group portion of its project. AIDS Action Coalition reported that participants who had been recruited for the retreat did not attend; however, due to limited space the agency was cautious about enrolling participants beyond capacity. Health Services Center also reported that some clinic patients were simply unwilling to participate in the project activities.

Two agencies reported challenges related to transportation. Health Services Center includes multiple clinic sites, which requires both staff time and transportation funding to visit. The project administered by Selma AIR was intended to visit African American women living in rural communities; Selma AIR found that this type of travel was quite costly and funding was not sufficient to cover it.

Staffing issues were cited as challenges in two projects. Birmingham AIDS Outreach was faced with the challenge of hiring a staff person to work 5–10 hours a week, typically late Saturday evenings. The Lovelady Center also encountered challenges with high staff turnover and its impact on the development and continuity of the project.

Several of the grantees also reported as a challenge that project participants were hesitant to be tested for HIV. Birmingham AIDS Outreach reported that persons they met through outreach efforts were either apathetic or scared to learn of their HIV status. Lovelady Center also found it challenging to “convince residents that confidential HIV/AIDS testing is a positive step to take.”

AIDS Outreach of EAMC reported that the delayed disbursement of project funding had an impact on the timeline of the project and the agency's subsequent inability to meet project goals. In addition, some difficulty related to its partnership with Tuskegee University—including lack of communication—presented challenges.

In addition to challenges related to their projects, several grantees also stated that the reporting requirements at the level of the ACAF were beyond the scope of the project. Specifically, grantees reported frustration that these requirements were introduced several months into the life of the projects. In addition, one grantee cited a delay in funding as a challenge.

Role of Funding in Meeting Outcomes

The grantees described a number of ways that funding through the ACAF helped them achieve outcomes. Specifically, this funding was used by grantees to hire staff, leverage other funding, buy materials, support transportation costs, and provide incentives to project participants.

Several of the agencies—specifically those who were conducting outreach within their communities—reported that this funding was important for hiring additional staff. Birmingham AIDS Outreach was able

to hire a staff person to conduct late-night outreach at gay bars while South Alabama CARES hired a part-time project coordinator who was instrumental in moving the project forward. AIDS Outreach of EAMC was able to hire a staff person to focus exclusively on the provision of outreach and education in Macon County.

South Alabama CARES also reported that this funding was important for leveraging other funding sources. Selma AIR reported that the funding allowed them to defray some of the costs associated with the transportation needed to outreach in rural communities.

Both Selma AIR and Health Services Center used some of the funding for participant incentives, which they believe increased program utilization. In addition, Health Services Center and Lovelady Center purchased materials necessary for their projects.

Stories of Impact

Several of the grantees shared compelling stories of impact from their projects. The following are excerpts from stories of impact shared by the grantees.

Selma AIR

A young lady comes to one of our sessions. We discussed down low brothers/partners and encouraged condom use as a preventive. By the way this was her first session...This particular young lady felt the empowerment in [the] room and leaves with a different attitude. She goes home and explains to her husband that she cannot have sex until he agrees to use a condom and get tested. He physically abused her for restraining from sexual activity. She later returned to [the agency] and asked [project staff] to speak to him because she couldn't go home. [Project staff] spoke with the husband and he agreed to be tested. As a result, before the results were returned they were using condoms.

Health Services Center

Although condom distribution is an ongoing services provided by Health Services Center it was mentioned several times by clinic patients participating in the SAFE/Clinic events: "I didn't know how to really use that female condom," "I never thought to look at an expiration date on my condoms," [and] "thank you for buying us condoms in a variety of sizes and styles, these are fun!"

AIDS Action Coalition

Late Saturday afternoon [of the retreat], the participants were treated to professional makeovers. After the makeover session, the United Stylists team made a very moving presentation that included passing out purple (for royalty) bags containing several symbolic items including a tiara. When we left the beauty session and headed to dinner, we realized that there was a wedding taking place below the dining room balcony. The girls stood on the balcony and watched the wedding, the likes of which many of them had never seen. This facilitated a discussion during dinner between the mothers and daughters about what it will take to achieve the dream of a beautiful white wedding with all the frills, and what things could derail the perfect wedding. One of the girls was so touched by the event and the beautiful bride that she ventured out onto the balcony as the party came up to take pictures and offered the bride her tiara. The new bride said "Now I really feel like a princess!" Our young participant swelled with pride when the bride insisted on keeping her tiara on for pictures.

One of the girls (who is biracial) had been told by her mother that her hair could not be straightened. She had very beautiful, long hair but always wore it in a bun. Her counselor had warned me that she had very low self esteem. During the makeover session, a hairstylist consulted with her about ways to style her unruly hair and set out to prove to her that she could straighten it with the proper styling products, a good blow dryer, and a flat-iron. When she saw herself revealed at the end of the session, she was moved to tears...and so was everyone else in the room! Her counselor reported to me a few months later that her acne had almost completely cleared with the use of the Clinique products that were "prescribed" and given gratis during the session, and that she had a totally "new attitude."

Part V. Logic Model

As part of the planning and evaluation technical assistance provided through the ACAF, grantees developed logic models. The following sections provide a summary of the findings from the logic models as well as the activities conducted by and accomplishments of each grantee.

Goal 1

The first goal of the ACAF was to provide education to program participants regarding HIV/AIDS. As the logic models for this goal indicate, grantees overwhelmingly met the outcomes related to this goal. (See Table 5.).

The activities conducted throughout the state of Alabama to provide education about HIV/AIDS were varied and included the following:

- Coordinating a weekend-long retreat for adolescent females and their mothers (AIDS Action Coalition);
- Conducting a community assessment (AIDS Outreach of EAMC);
- Hiring part-time staff to conduct outreach in gay bars (Birmingham AIDS Outreach);
- Conducting conversations about safer sex, consistent condom use, and risk reduction over the internet with at-risk men (Covenant Community Church);
- Demonstrating correct condom use (Health Services Center);
- Developing and conducting an HIV/AIDS awareness class (Lovelady Center);
- Distributing condoms and educational materials in concert with an educational intervention (Selma AIR); and
- Using a variety of intervention modalities—including peer outreach and small groups—to provide HIV information (South Alabama CARES).

Accomplishments related to these activities included AIDS Action Coalition’s successful organization of a retreat with 10 girls and their mothers; Birmingham AIDS Outreach hiring and training a part-time HIV education outreach specialist; Covenant Community Church providing online outreach to 100 participants; Health Services Center obtaining and distributing \$6,000 worth of harm reduction materials among its six clinic sites; Lovelady Center developing an HIV/AIDS class and obtaining training so that its staff nurse could perform HIV testing; and South Alabama CARES conducting outreach activities in local bars and conducting a number of small group meetings.

Goal 2

The second goal of the ACAF was to provide services aimed at preventing HIV/AIDS. Grantees also reported meeting their outcomes related to this goal. (See Table 6.)

The services provided by the grantees to prevent HIV/AIDS included the following:

- Coordinating a support group for participants who attended AIDS Action Coalition’s W2W retreat;
- Conducting outreach and small group sessions using a peer network approach (AIDS Outreach of EAMC);

- Providing community outreach, HIV testing, and education materials in night clubs and at community events (Birmingham AIDS Outreach);
- Encouraging individuals who have received an HIV test to return for their results and post-test counseling (Birmingham AIDS Outreach);
- Offering HIV testing to spouses, partners, and friends of regular clinic patients and offering additional harm reduction supplies at Health Services Center;
- Teaching the proper use of dental dams at Selma AIR; and
- Conducting a safer sex campaign at South Alabama CARES.

Through these activities the grantees were able to realize a number of accomplishments. Six retreat participants also participated in the support group provided by AIDS Action Coalition. AIDS Outreach of EAMC conducted 12 outreach sessions and educated 72 women of color. Birmingham AIDS Outreach experienced a 95.8% return rate among the 267 individuals who received HIV testing through the project. South Alabama CARES has collaborated with 10 bars to distribute condoms and educational information monthly.

**Table 5. Logic Models for Goal 1
Provide Education to Program Participants Regarding HIV/AIDS**

Grantee	Activities	Outcomes		Accomplishments
		Met	Not Met	
AIDS Action Coalition	Secure a venue, meal plan, and identify community partners for the W2W Retreat.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The participants overwhelmingly indicated that the venue was perfect for the event. The relationship with Upward Bound has flourished and we are collaborating on various projects.
	Contract with facilitators for group interventions and submit a retreat program and final budget to Development Director.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Successfully contracted with United Sylists, Upward Bound, UAB, Clinique Labs, Inc., and Synergy, Inc.
	Develop marketing materials.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50% of the participants were recruited through Upward Bound. None of the other original agencies responded.
	Enroll 10 African American mothers and 14–20 African American girls between the ages of 12–16 in the retreat program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	More than 24 participants were enrolled in the program.
	Coordinate the W2W Retreat for 24–30 participants.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10 women and 10 girls participated in the retreat; 2 mother/daughter teams were absent. The 30-day followup surveys were collected, but there was very little participation in the 60-day followup.
	Review the results of the evaluations and administer a followup evaluation to the participants in 30 days.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Initial and 30-day surveys were completed as expected. 60-day surveys were mailed but only 2 were returned.
AIDS Outreach of EAMC	Community assessment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Community assessment completed but the data analysis is not complete. Followup assessment has not been completed.
	Perform 3 focus groups.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 focus groups were completed and data analyzed.
	Create role model stories.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Began to gather information for role model stories; not completed.
	Recruit peer network coordinator.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Peer network volunteer recruited and trained.
	Recruit and train 6–8 peers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2 volunteers recruited.
	Form community network.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Community network was formed but not successful at meeting regularly or following through for awareness program.

**Table 5. Logic Models for Goal 1
Provide Education to Program Participants Regarding HIV/AIDS**

Grantee	Activities	Outcomes		Accomplishments
		Met	Not Met	
Birmingham AIDS Outreach	BAO will hire a part-time HIV education outreach specialist.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee hired.
	Staff will be trained in HIV prevention, education, and testing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employee trained.
Covenant Community Church	Register with gay chat lines; use protocol to interact with target population.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Great buy-in from targeted population.
	Conduct conversations about safer sex, consistent condom use, knowing your status, and risk reduction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Successful dialogues were conducted and referrals and linkages made. Participants were found who had never received care or had fallen out of care and they were actually linked into medical care at one of the 3 HIV clinics.
	Online internet outreach.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	This was successful and the communication between the target population still exists on a daily basis.
Health Services Center	Identify necessary harm reduction supplies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$6,000 worth of harm reduction supplies were distributed to all HSC clinic sites (6) through the 14-county service area.
	Conduct one SAFE/Clinic event at each of 6 HSC clinic sites, during final 2 quarters of 2008, for a total of 12 events.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proposed outcomes were met; data analysis not completed as this was not part of original proposal.
	Utilize Red Cross condom demonstration/model, administer pre- and post- quiz and condom efficacy survey to participants.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original goals related to supplies distribution and educational events achieved. Pre- and post-test and extensive followup was not possible; data from satisfaction surveys not prepared for reporting.

**Table 5. Logic Models for Goal 1
Provide Education to Program Participants Regarding HIV/AIDS**

Grantee	Activities	Outcomes		Accomplishments
		Met	Not Met	
Lovelady Center	Introduce HIV/AIDS prevention to Lovelady Center residents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	An HIV/AIDS class curriculum was developed, which is used in the ongoing program requirements for graduation.
	Add HIV/AIDS awareness class—Protecting Myself—to regular class program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	By offering the HIV/AIDS class, the Center is able to demystify the topic and raise awareness of the disease. This impacts both the residents and their children. Raising awareness before entering the community is the ideal way to approach the education process.
	Train the Lovelady Center nurse to do HIV/AIDS counseling.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nurse attended additional classes in HIV/AIDS for CEUs. She used this information to enhance counseling services to HIV+ residents.
	Develop pre- and post- assessment instruments.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The formal class assessment tools are still in development.
	Develop community-based resource guide for transitioning women.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Residents are supplied with community based resource information for after care services upon program graduation.
Selma AIR	Present HIV/AIDS Education 101 in a series of models: Education, Prevention.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Information not available
	Mobilize the community.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Conduct testing and pre- and post-test counseling.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Distribute brochures and handouts.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Distribute latex and female condoms.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
South Alabama CARES	Peer outreach to encourage condom usage and HIV testing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The outreach in the bars has been extremely successful with several bars hosting events specific to FUSION outreach.
	Small group meetings to provide HIV information.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The groups were held at the Metropolitan Community Church, and topics included a seminar on Safer Sex, the viewing of <i>The Bible Tells Me So</i> , and participation in the annual World AIDS Day Event.

**Table 6. Logic Models for Goal 2
Provide Services Aimed at Preventing HIV/AIDS**

Grantee	Activities	Outcomes		Accomplishments
		Met	Not Met	
AIDS Action Coalition	Coordinate support group and administer followup evaluation to 10–20 participants.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6 participants attended the support group and completed surveys. 4 additional surveys were received by mail.
	Review the results of the followup evaluations to measure success of the program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Great data were gathered from the 30-day followup. 90-day surveys were mailed out in hopes of reaching those who didn't complete 60-day surveys, but only 2 were returned.
AIDS Outreach of EAMC	Peer network performs outreach.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The 2 peers and the peer network coordinator completed a total of 12 outreach sessions.
	Peer network members provide small group sessions with a goal of educating at least 252 women.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The 2 peers and peer network coordinator educated 72 women of color. Small group sessions were downsized to once a week for a total of 7 sessions rather than 32.
Birmingham AIDS Outreach	The part-time HIV education outreach specialist will work 5–10 hours a week.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	The part-time HIV education outreach specialist will provide community outreach, HIV testing in the night clubs and community events, and prevention education materials.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HIV education outreach specialist worked the following clubs: The Phoenix, The Lakeview Yacht Club, Nana Funks, and Club Pulse. Community events included The Day of Equality, Mt. Zion Baptist Church Health Fair, Central Alabama Pride Fest, and other local events.
	Conduct HIV tests among target population and encourage individuals to return for test results. Individuals receiving HIV testing will return for results and post-test counseling.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	267 people were tested and 256 returned for their result and post-test counseling; total return rate was 95.8%.
	BAO will provide prevention education.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Prevention education provided to 3,730 participants.
Covenant Community Church	Online Internet outreach.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Still conducting this activity and monitoring the progress of the interaction through Community Outreach Workers. Made contact with an estimated 100 or more participants. Participants have attended several support groups and interventions and identified that they were recruited online.

**Table 6. Logic Models for Goal 2
Provide Services Aimed at Preventing HIV/AIDS**

Grantee	Activities	Outcomes		Accomplishments
		Met	Not Met	
Health Services Center	Offer HIV anti-body testing to spouses, partners, and friends of HSC clinic patients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Testing offered at all events; only 2 persons requested this service as it was already offered to them by HSC medical staff.
	Provide harm reduction supplies and prevention messages to participants.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Over \$6,000 in harm reduction supplies were ordered, inventoried, and distributed over the funding period to 6 HSC clinic site waiting rooms and at SAFE/Clinic educational events.
	Submit blood sample to ADPH for confirmation for any preliminary positive.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No positive antibody results were obtained, minimal acceptance of partner/spouse testing occurred.
	Link newly-identified HIV+ person to care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No referrals or linkages identified.
Lovelady Center	Introduce HIV/AIDS prevention to Lovelady Center residents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	An HIV/AIDS class curriculum was developed, which is used in the ongoing program requirements for graduation.
	Add HIV/AIDS awareness class—Protecting Myself—to regular class program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	By offering the HIV/AIDS class, the Center is able to demystify the topic and raise awareness of the disease. This impacts both the residents and their children. Raising awareness before entering the community is the ideal way to approach education.
	Train the Lovelady Center nurse to do HIV/AIDS counseling.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nurse attended additional classes in HIV/AIDS for CEUs. She used this information to enhance counseling services to HIV+ residents.
	Develop pre- and post- assessment instruments.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The formal class assessment tools are still in development.
	Develop community-based resource guide for transitioning women.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Residents are supplied with community based resource information for after care services upon program graduation.
Selma AIR	Teach African American women proper condom skills.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Information not available
	Teach African American women the proper use of dental dams.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
South Alabama CARES	Safer sex publicity campaign.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The local bars have been extremely receptive to the safer sex campaign (Project Helmet), and a total of 10 bars are scheduled for monthly distribution of condoms and information.

Part VI. Conclusions and Recommendations

This inaugural year of grant funding through the Alabama Community AIDS Fund successfully met a number of accomplishments:

- Engaging eight community-based organizations in providing education and services to project participants to prevent the spread of HIV/AIDS in Alabama;
- Reaching more than 6,000 individuals through programming throughout the state;
- Conducting a diverse set of activities; and
- Meeting ambitious program objectives.

CSI recommends additional assistance to grantees in refining their project goals and objectives, identifying data sources to measure their performance, developing plans to evaluate their projects, and implementing their evaluations. Specifically, attention should be directed toward working with grantees to increase their organizational capacity. Following a review of the *Spotlight:Alabama*¹ publication as well as the proposals developed for the 2009 funding year, the primary area in which organizational capacity may need to be enhanced is sustainability. The *Spotlight:Alabama* report makes the point that “programs need to be sustained year-to-year to make an impact.”

To increase organizational capacity for sustaining programs, CSI recommends additional training related to performance measurement and grant writing. Showing program impact to grantors is a good way to ensure program sustainability; if a program has been shown to work, grantors will be more likely to fund it. CSI recommends working with grantees on a one-to-one basis to discover the data that they are collecting, how they can use these data, other data they may need to collect, and how to analyze these data to show the performance of their projects. In addition, increasing the diversity and amount of funding for a project increases the likelihood of a project’s sustainability. CSI recommends training related to grantwriting, including sources of available funding, collaboration and partnership, and developing a successful grant proposal.

¹ Funders Concerned About AIDS. (2008). *Spotlight:Alabama: HIV/AIDS, AIDS Organizations, and Private Foundation Support in Alabama, 2000–2005*. New York, NY: Author.