

African American Advisory Committee (AAAC) Face-to-Face Meeting



Strategic Framework for Action III 2008

**October 19-22, 2008
Double Tree Hotel
Washington, DC**

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	3
APPENDIX 1 – 2008 Meeting Agenda.....	13
APPENDIX 2 – 2008 African American Advisory Committee Roster	16
APPENDIX 3 – AAAC Subcommittee Descriptions.....	21
APPENDIX 4A – AAAC Members’ Roles and Responsibilities.....	22
APPENDIX 4B – Youth Liaison Description and Curriculum of Activities.....	24
APPENDIX 5A – AAAC Advocacy Toolkit Pilot.....	27
APPENDIX 5B – AAAC Evaluation Form Results.....	30
APPENDIX 5C – AAAC Meeting Evaluation Comments.....	33

NASTAD African American Advisory Committee (AAAC) Meeting

October 20-22, 2008

Meeting Summary

Meeting Participants

Michelle Batchelor (CHI), Jacky Bickham (LA), Reggie Caldwell (CA), Don Calhoun (MI), Juanita Davis (MS), Kimberley Dobson (GA), Kathy Donner (AZ), Jennifer Flannagan (VA), Vincent Fuqua (SF), Ronald Henderson (FL), Steve Jackson (NE), Sigga Jagne (KY)^{# +}, Karen Johnson (WI), Sharon Jordan (AL), Terrence McGeorge (Youth Liaison – PA), Adrienne Myer (Youth Liaison - MS), Regina Peghee (KS), Denise Rondeau (NH)[#], Erika Washington-Philip (HOU), Clarissa Poole-Sims (CA), Fallon Swinnie (Youth Liaison – MS), Linda Thomas (OK), Medina Tipton (KY), Barry Walston (NY), Joni Watson (Lead Youth Liaison – NY), Janice Edmunds-Wells (IA), LaQueisa Wilson (TX), Jacqueline Coleman (NASTAD Consultant), Jermaine Ivy, Gary Jenkins, Joy Mbajah, Terrance Moore, Sophia Nur and Angela Seegars (NASTAD).

#Denotes AIDS Director

+Denotes advisory committee liaison to NASTAD's Executive Committee

Meeting Highlights

NASTAD convened a face-to-face meeting of the African American Advisory Committee (AAAC) on October 20-22, 2008 in Washington, DC. The AAAC meeting convened to carry-out the following objectives:

- Review and critically assess *Strategic Framework for Action I and II* (i.e., the committee's goals and activities through 2008), including work surrounding the release of the [November 2005 Call to Action, "A Turning Point: Confronting HIV/AIDS in African American Communities"](#);
- Clarify the roles and responsibilities of the AAAC and NASTAD to enhance efficiency, leadership and committee goals and efforts;
- Critically review membership structure and determine next steps to integrate viral hepatitis (and broader health issues/areas) into the work of the committee;
- Launch [Tools to Advance Community Change](#), a policy training designed to provide strategies to engage decision-makers and foster community mobilization;
- Launch the [African American Researchers Directory](#), a "living document" of scientists/researchers who perform work relevant to African Americans and HIV/AIDS;
- Launch a marketing plan designed to systematically disseminate AAAC tools and resources to health departments and external stakeholders; and
- Identify strategic priority areas for 2009-10 and develop a preliminary work plan.

BUSINESS MEETING

Mission Review

Terrance Moore led the group in a review and discussion of the AAAC's mission (as developed and adopted during the 2007 face-to-face meeting). The mission statement is as follows:

NASTAD's African American Advisory Committee maintains an integral leadership role in fighting the HIV/AIDS and viral hepatitis epidemics among Blacks in the United States. The committee is pledged to raising our collective voices and expertise with federal, state and local entities (including each of our respective jurisdictions). Moreover, the committee – through our innate understanding of our diaspora – is uniquely qualified to challenge status quo in responding to the impact of the disease in African American communities. Our priority is to eliminate new HIV and viral hepatitis infections and increase access to care and treatment in these communities nationwide.

There was a robust discussion regarding NASTAD's upcoming strategic planning process. Terrance mentioned that as part of NASTAD's 2009 strategic planning process, there will be an across-the-board assessment of all NASTAD work groups to determine efficacy and to ensure that members are receiving optimal skills-building and leadership development opportunities. Committee members urged NASTAD to continue to support and empower African American staff to build their skills and progress to higher levels of leadership within health departments. NASTAD staff is interested in hearing from the committee in preparation for larger organizational discussions surrounding strategic planning.

Questions surrounding committee representation and participation were discussed. Members expressed the need to keep the group size "manageable" and to continue to include the perspectives of representatives from other disease areas (e.g., minority health, viral hepatitis, STD). It was suggested that each subcommittee provide feedback (regarding AAAC efficacy) and identify recommendations about membership. The chairs will discuss the recommendations during their next quarterly call.

Gauging Our Progress and Determining Strategic Direction for the Future

NASTAD's African American Advisory Committee confirmed its commitment to the strategic priority areas determined during the 2006 face-to-face meeting; however, the committee determined that efforts targeting African American youth must be scaled-up. The goals and objectives from 2006 were discussed to assess success and determine focus for 2009-2010:

AFRICAN AMERICAN MEN WHO HAVE SEX WITH MEN (MSM)

2006 Recommendation:

Support NASTAD activities in response to the results of a health department survey focused on African American MSM, including targeted interviews with representatives from a subset of states to determine greater insight into state and community-level responses to the HIV crisis among African American MSM, as well as the facilitators and barriers to effective interventions. This is a follow-up to NASTAD's "Black MSM Issue Brief No. 1: Black Men Who Have Sex with Men (MSM)," released in February 2006.

2008 Assessment and Recommendation for Continued Work:

Summary of Efforts

Since 2006, NASTAD developed and implemented, with the advice and consent of the AAAC, a variety of activities and products targeting Black MSM (BMSM). These efforts include the release of [Black MSM Issue Brief No 1, *Black Men Who Have Sex with Men*](#), in response to 2005 Centers for Disease Control and Prevention (CDC) data highlighting the HIV epidemic's continued disproportionate impact on Black MSM in the U.S.

In 2006, NASTAD conducted a qualitative survey of state and directly funded local health departments to obtain jurisdiction-level epidemiological data on HIV prevalence and incidence among BMSM, assess the level of resources directed toward BMSM, and document prevention and related activities directed toward this population. The survey findings are detailed in [Issue Brief No. 2, *Survey of Health Department HIV Prevention Activities Directed Toward Black Men Who Have Sex With Men*](#), released in February 2007.

Findings in Issue Brief No. 2 served as a springboard for further efforts to determine policies and programs targeting BMSM. As a follow-up, NASTAD conducted detailed interviews with staff and community members from 14 jurisdictions across the U.S. These jurisdictions were selected based on their HIV/AIDS epidemiological profiles and their geographic location. Regions in the U.S. that have been overlooked in much of the HIV research focusing on BMSM were also specifically selected for inclusion in the interviews. The jurisdictions included: California (including the CDC directly-funded cities of Los Angeles and San Francisco), Florida, Illinois (including the CDC directly-funded city of Chicago), Maryland, Massachusetts, Michigan, North Carolina, New York (including the CDC directly-funded city of New York City), Texas, and the District of Columbia. The interviews provided additional detail of state-level and community-level responses to the HIV crisis among BMSM as well as facilitators and barriers to effective prevention efforts.

The findings from the qualitative study were released during a NASTAD technical assistance meeting entitled [Black Gay Men and HIV/AIDS: Confronting the Crisis and Planning for Action](#), held in Alexandria, Virginia on February 4-5, 2008. The unique ability of NASTAD and the AAAC to integrate research, policy and the provision of program in response to the HIV crisis targeting BMSM has firmly placed NASTAD and the AAAC at the helm of leadership on prevention activities targeting this population. Moreover, this vigorous response has received national recognition and the rich body of research stemming from these efforts is poised for publication in the American Journal of Public Health in 2009. **The AAAC determined the following recommendation for 2009-2010:**

Recommendation 2009-2010:

Support and continue NASTAD technical assistance activities in response to the results of a health department survey and targeted interviews focused on African American MSM, including facilitators and barriers to effective prevention interventions. Continued efforts should integrate the perspectives and unique needs of young BMSM in response to 2008 CDC incidence data underscoring the impact of HIV among Black gay youth ages 13-24.

AFRICAN AMERICAN WOMEN

2006 Recommendation:

Reinvigorate the focus on African American women. The AAAC and NASTAD staff will work aggressively to establish a cogent initiative targeting African American women, particularly focused on identifying barriers to prevention and access to care and treatment. In order to develop such an initiative, an understanding of the level of investment by various jurisdictions directed toward this population must be identified.

2008 Assessment and Recommendation for Continued Work:

Summary of Efforts

Since 2007, NASTAD has developed and implemented, with input from the AAAC, a variety of activities and products targeting African American women. In March 2007, NASTAD conducted its first regional forum to address HIV among African American women. The forum, entitled, *African American Women and HIV/AIDS: Confronting the Crisis and Planning for Action*, was held in Chicago with eight Midwestern jurisdictions. The jurisdictions included: Illinois (including the CDC directly-funded city of Chicago), Indiana, Iowa, Michigan, Minnesota, Missouri, and Wisconsin. The purpose of the regional forum was to (1) provide a platform for participants to share strategies and lessons-learned around the implementation of effective HIV/AIDS programs targeting African American women, (2) engage participants in dialogue about the socio-economic and psychosocial factors impacting African American women, and (3) support teams in the development and implementation of a one-year action plan to address HIV/AIDS among African American women in their jurisdictions.

Based on the success of the March 2007 regional forum, NASTAD replicated the meeting with eight Northeastern jurisdictions in March 2008. These jurisdictions included: Connecticut, Maryland, Massachusetts, New Jersey, New York (including CDC directly-funded New York City), and Pennsylvania (including the CDC directly-funded city of Philadelphia).

NASTAD used the information gathered from both the March 2007 and 2008 regional forum to inform [African American Women's Issue Brief No. 1: *The Landscape of HIV/AIDS among African American Women in the United States*](#). African American Women's Issue Brief No. 1 examines the impact of HIV/AIDS on African American women and provides an overview of key behavioral risk factors and psychosocial determinants that increases HIV vulnerability among this population in the U.S. Additionally, the issue brief highlights primary, secondary and tertiary barriers to care and treatment services targeting African American women.

NASTAD's next Regional Forum addressing African American Women will take place in March 2009 and bring together a subset of Southeastern jurisdictions. **The AAAC determined the following recommendation for 2009-2010:**

Recommendation 2009-2010:

Support and continue NASTAD technical assistance activities in response to the African American Regional Forum series. Continued efforts should integrate the perspectives and unique needs of young Black women in response to 2008 CDC incidence data underscoring the impact of HIV among young Black women ages 13-24.

AFRICAN AMERICAN YOUTH

There was discussion regarding the scale-up of work around African American youth. It was decided that the AAAC would integrate issues related to African American youth into all aspects of the committee's work (particularly work and activities occurring within subcommittees). The committee's youth liaisons will work with NASTAD staff and their designated subcommittees to determine activities focused on enhancing the discourse and activities surrounding African American youth. The 2009-2010 recommendations around African American MSM and women reflect a desire to focus greater attention on youth (ages 13-24) within these populations.

Joint African American and Latino Advisory Committee Meeting (Discussion)

There was a spirited discussion regarding the Joint Advisory Committee meeting which was held following the AAAC meeting on October 23, 2008. The group agreed that numerous changes have taken place within the national landscape of HIV/AIDS prevention, care and treatment, and policy that directly impact racial and ethnic minority communities as a whole. NASTAD staff expressed a desire to increase the synergy between the African American and Latino Advisory Committees given the changing landscape, particularly in the AIDS community and at the federal agency level. While there was consensus to move forward with identifying shared priority areas across committees, the AAAC wants to ensure that the integrity of the AAAC surrounding the focus on African American communities be maintained. It was suggested that the subset of AAAC members participating in the joint meeting identify shared priority areas, brainstorm on potential scopes of work and report back to the committee regarding next steps.

The following is a snapshot of thematic quotes:

- *[We need to] rally around one common theme and ensure that our message isn't watered down.*
- *[The AAAC] should think collectively and identify – out the gate – the potential pitfalls and dynamics as well. In my state, there is a recognition of the populations shifts-demographic shifts and a need to work together is occurring across the country.*

- *We are working within a system that locks us both out -- and understand that as DOH we have a commitment to both populations. This presents an opportunity to align ourselves.*
- *Latinos and Black leaders in Florida formed a partnership to advocate for funding collectively- working with legislatures.*
- *[The AAAC] should maintain the sanctity of both communities and maintain "shared" messages.*
- *This work [joint committee] would bring us to a new level and begin to address on a larger scale the role of systematic racism per the goal of Monograph.*
- *Let's move forward with a message of collaboration not compromise – we are equal partners in fighting HIV/AIDS in our communities. It's important to recognize that it's not always easy for us [Blacks] – there's quite a bit of historical baggage surrounding collaboration. Having said that, let's not let the baggage bog us down.*

SUBCOMMITTEE SESSIONS HIGHLIGHTS

Policy Education Subcommittee

The Policy Subcommittee formally launched [Tools to Advance Community Change](#), a policy training designed to provide strategies to engage decision-makers and foster community mobilization. The training is also designed to:

- Direct specific actions toward coalition building for the purpose of influencing decision-makers to change health policies, positions and/or programs;
- Build skills in policy education;
- Increase the use of available data to inform the policy education process; and
- Encourage effective policy education efforts.

1. **Research Subcommittee**

The Research Subcommittee unveiled a [African American Researchers' Directory](#), a "living document" of scientists/researchers who perform work relevant to African Americans and HIV/AIDS. The intention of this document is for it to be used by:

- State and local health departments, CBOs and other HIV service providers to access researchers related to specific African American populations; and
- Individuals looking for collaborative partners in research to define and develop effective, science-based interventions for African American populations

Strategic Prioritization and Partnership Building Subcommittee

The Strategic Prioritization and Partnership Building (SPPB) Subcommittee released its [SPPB Marketing Plan](#) designed to systematically disseminate AAAC tools and resources to health departments and external stakeholders. The plan is also designed to:

- Provide non-traditional partners with increased access to information and tools targeting HIV/AIDS in African American communities;
- Increase the recognition of the AAAC as a source of information and

- expertise related to HIV/AIDS in African American communities; and
- Help monitor the utilization of AAAC tools and resources and provide subcommittees with reports specific to utilization of their tools.

Cross Subcommittee Discussion (Dissemination Plan for Products) – Next Steps

During the SPPB presentation, roll-out strategies for AAAC and NASTAD products were discussed:

Research:

- Make final changes to the *Researchers' Directory* and add any feedback from NASTAD's staff (including final approval by Julie Scofield, Executive Director, NASTAD) and then post to NASTAD's website;
- Once tools are posted to website, disseminate through NASTAD News (in December/January) and Prevention Bulletin; partner with CDC and HRSA to have it posted (NPIN and TARGET Center, the Paula Jones Newsletter); post on school of public health websites (Jackson State, Emory, etc.), Office of Minority Health Resource Center website, NIH, and on state health department websites;
- Each AAAC member to disseminate in individual health departments and at CPG and other planning meetings; and
- Develop a template letter from state health departments or other entities who may be interested in working with researchers.

Policy:

- Special note concerning *Tools to Advance Community Change* – this should be held as a NASTAD specific TA tool, not for dissemination. If people are requesting it, it should be provided as TA from NASTAD and the specific health department. The Policy Subcommittee established a tentative schedule for the dissemination of the training:
 - *March 2009* – Women's Regional Forum - youth will participate
 - *June 2009* – Train Latino Advisory Committee members
 - *October 2009* - Train AAAC members
 - *August 2009* – Training at the National HIV Prevention Conference , Atlanta
 - *December 2009* - Train subset of youth (jurisdictions TBD)

Strategic Prioritization:

- Representatives from the subcommittee will work with NASTAD staff regarding tool dissemination and monitoring.

LEADERSHIP DEVELOPMENT

Former Michigan AIDS Director and founding member of NASTAD's African American Advisory Committee, Loretta Davis, presented a talk entitled "Tapping the Leader Within." Loretta spoke about the necessity of active African American participation in public health.

Utilizing Lewis Rowitz's book entitled *Public Health Leadership: Putting Principles into Practice*; the following is a snapshot of the discussion:

- Leadership is a commitment to social justice; a well-defined agenda.
- Leaders need to work within the current paradigm. This involves learning how to operate within the current structure of organizations and systems (e.g., one's health department, NASTAD and/or CDC).
- Leading change versus managing change: Leading is stepping out and directing how change is initiated; managing change involves steering or guiding change after "the ball is rolling;" there are both natural leaders as well as leaders who develop the necessary skill-sets. As leaders, you must be able to lead and manage change, shifting to the environment or effectively navigating this field.
- Leaders need mentors—conversely, once you have received good mentorship, you must mentor others. Leadership is a visionary endeavor—a leader must be able to sell that vision beyond culture, community, and language issues. Any vision will remain just that – unless one is able to work within the paradigm to expand the vision; particularly selling the vision to others unlike ourselves.

Per Rowitz's text, Loretta discussed the ten key elements of leadership:

1. Leaders must be knowledge-synthesizers—you can't only be an expert in your field, you must be knowledgeable about other areas that could possibly impact your issue. This is the burden of leadership. For instance, this could include having knowledge of housing, workforce development, family planning, legal, geriatric health, dynamics of gender and sexuality, faith communities, etc. This involves awareness of the systems that impact your field or industry. This also means the knowledge of self-awareness which impacts self-confidence.
2. Leaders need to be creative—need to be able to creatively synthesize information and make it important and relevant to potential partners. There are ways to develop creativity, primarily because we live in a social context, which means we can and should reach out to mentors that demonstrate that leadership style to which you're attracted.
3. Leaders must have a vision and be able to share the vision with others, and have a commitment to realizing that vision.
4. Leaders need to foster and facilitate collaboration—reaching out and investing in power sharing.
5. Leaders need to possess an entrepreneurial ability—someone having an energetic ability, exploring alternative funding sources (necessity is the mother of invention); tenacity and commitment to vision; there are risk takers; have the foresight to anticipate challenges and solutions; discipline, self-control in face of opposition; Loretta, "I use my temper not lose it."
6. Successful leaders are systems thinkers—a change agent requires mastering how things and systems relate, taking in the whole. This directs how and to whom we will disseminate or leverage product and agenda.
7. Leaders must set priorities—recognizing order of importance and distractions that could possibly take you away from your goal.
8. Leaders have the ability to form coalitions and build teams: different people bring different skill sets.

9. Leaders must know the latest management techniques: this simply means that you need to know skills that facilitate management (e.g., planning).
10. Leaders act as colleagues, friends and humanitarians in an organization—possessing the ability to empathize to the needs of others in the workplace and share the common goals; team members must feel as though they are relevant.

Characteristic of admired leaders:

Honesty, forward looking, flexible, unafraid, willing to stand alone, integrity, courage, cooperative, imaginative, caring, determined, mature, ambitious, loyal, self-controlled, independent, inspiring, competent, fair-minded, supportive of others, broad minded, straightforward and dependable.

NASTAD PROGRAM UPDATES

Government Relations (GR)

- GR is working with the AIDS community on a “100 day” document to give to the president-elect’s transition team. Document provides recommendations on how the new administration will address HIV/AIDS. The document requests that the new president signal great support for domestic HIV/AIDS and a funding increase for all programs in 2010.
- GR will prioritize educating new members of congress on HIV/AIDS programs, funding, etc.
- NASTAD is involved in AIDS community discussions around the creation of a National AIDS Strategy.
- NASTAD is involved in AIDS community discussions around the extension of the Ryan White Modernization Act – an extension would likely be for three years with few changes (any changes would be technical in nature). In 2006, significant changes were made and more time is needed to determine the impact.

Prevention

- NASTAD is poised to release an HIV Prevention Inventory in conjunction with Kaiser Family Foundation in December 2008.
- Program integration remains a priority.
- NASTAD is scaling-up MSM work around the internet. Work will involve updating guidelines to include other disease areas (e.g., viral hepatitis).
- NASTAD is hosting a meeting with HD staff (VH, STD, HIV, CBOs) and internet providers (Adam for Adam, Manhunt, etc.) to determine strategies to reach MSM via internet sites. The meeting will be held in spring 2009.
- NASTAD is working with CDC on the Expanded Testing Initiative grant (07768) – ETI currently funds 25 jurisdictions to expand testing for African American. NASTAD is developing “the state of expanded testing document” that will highlight successes.
- NASTAD will be developing a work plan for the new CDC cooperative agreement in 2009. NASTAD would like to hear about what areas to focus on/priority areas (e.g., support for homegrown interventions, providing TA around adapting and tailoring of EBI/DEBI).

Care and Treatment

- NASTAD is finalizing the ADAP Emergency Preparedness document.
- NASTAD secured a new cooperative agreement with HRSA which began in September 2009. The cooperative agreement will focus on collection of client data and quality measures within ADAP.
- Care and Treatment has begun work on the National ADAP Monitoring Report.
- Negotiations with pharmaceutical manufacturers continues through the ADAP Crisis Task Force.
- Beth mentioned a new HRSA SPNS (Special Projects of National Significance) grant that is focused on African American women.

Viral Hepatitis

- NASTAD hosts a monthly call with Adult Viral Hepatitis Program Coordinators.
- The hepatitis community is also working on a “100 days” document for the president-elect with specific viral hepatitis recommendations.
- NASTAD held its first viral hepatitis technical assistance meeting in September – the materials are on NASTAD’s website.

Member Services

NASTAD is undertaking several activities focused on supporting and further developing the leadership of the public health workforce in state and local HIV/AIDS and viral hepatitis programs. NASTAD has received funding from the Johnson and Johnson Foundation for activities within this initiative. One component of this supported the participation of two state health department representatives in the 2008 Johnson and Johnson Health Care Executive Program at UCLA’s Anderson School of Management.

The development of a stand-alone Leadership “Institute” Retreat to be held in 2009 (funding expected from J&J) will include the following components:

- Based on peer-based TA philosophy;
- Will include 12 participants and four peer faculty for a two day training on leadership;
- Further develops training sessions used for the New Member Institute;
- Use of the *Tools to Advance Community Change* and other resources from the AAAC/LAC as the curricula framework; and
- Will build upon/use information from the needs assessment.

NASTAD is also developing a fellowship program for those interested in going into public health. The program aims to target:

- Students and young professionals (to encourage them to consider state public health, HIV/AIDS/viral hepatitis as a career path); and
- Youth of color (particularly youth from HCBUs, Hispanic Colleges and Tribal Colleges).

The fellowship program development will include input from NASTAD members, work groups and committees. A tentative target date for initiation is 2010.

APPENDIX 1



NASTAD African American Advisory Committee (AAAC) Meeting

October 19-22, 2008

Location: Doubletree Hotel – Washington, DC

AGENDA

October 19, 2008

DAY 1 – SUNDAY

Pre Meeting Orientation (Youth Liaisons and new AAAC Members)

Breakfast served at 8:30 a.m (Terrace West)

9:00 – 10:00 Youth Liaison Orientation

10:00 – 12:00 New AAAC Member Orientation

- Overview of Committee Mission and NASTAD Strategic Map
- NASTAD 101 – Committee Structure and Governing

Full Committee Meeting

12:15 – 1:15 Networking Lunch (Director's Room)

- Welcome and Opening Remarks
- Introductions and Icebreaker
- Walk through of Meeting Agenda and Objectives

1:15 – 1:30 Break

1:30 – 3:00 NASTAD's African American Advisory Committee (AAAC) (Terrace Ballroom)

- The Mission-Review
- Goals and Objectives
- Gauging Our Progress

3:00 – 3:15 Break

3:15 – 4:15 Business Meeting

- Setting Priorities for 2008-2010
- Policy Sub Committee Report Out & Discussion
 - The Political and Social Climate-Post 2008 Election
 - Proactive Adjustment to the New Climate
 - Policy and Programmatic Direction
 - Joint Session with Latino Advisory Committee

4:15 – 5:00 Wrap-Up

- Recap of AAAC Mission and Priorities

- Planning Considerations for October 22
- Wrap of Day One

Meeting adjourned at 5:30 p.m. – Dinner on your own

October 20, 2008

DAY 2 – MONDAY

Breakfast served at 8:30 a.m. (Terrace Ballroom)

9:00 – 9:15	Welcome
9:15 – 10:30 Training	State and Federal Policy: Implementing the Policy and Advocacy Module (Part I)
10:30-10:45	Break
10:45-12:15 Training	State and Federal Policy: Implementing the Policy and Advocacy Module (Part II)
12:15-12:30	Break
12:30-1:45 Training	State and Federal Policy: Implementing the Policy and Advocacy Module (Part III) – Working Lunch
1:45 – 2:45 Training	State and Federal Policy: Implementing the Policy and Advocacy Module (Part IV)
2:45 – 3:00	Break
3:00 – 4:00	Feedback and next steps for dissemination
4:00 – 4:30	Wrap-up

Meeting adjourned at 4:30 pm

Advisory Committee Dinner 7:30 pm (meet in the lobby at 7:15 pm)

Location: Acadiana - 901 New York Avenue, NW

October 21, 2008

DAY 3 – TUESDAY

Breakfast served at 8:30 a.m. (Stateroom)

9:00 – 9:30	Debrief of Day 2
9:30 – 12:00	Subcommittee breakout sessions
12:00 – 1:00	Lunch

- 1:15 – 2:15** **Strategic Prioritization and Partnership Building Report (Working Lunch)**
- 2:30-4:30** **AAAC Strategic Framework for Action III**
- 4:30 – 5:15** **Tapping the Leader Within**
Loretta Davis, Director/Health Officer Wayne County Department of Public Health

Meeting adjourned at 5:15 pm
Check-in of March 2009 Southeastern Regional Forum on Black Women (Invited states includes: Alabama, Florida, Kentucky, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia)

Dinner on your own
Location: Doubletree Hotel

October 22, 2008

DAY 4 – WEDNESDAY

Breakfast served at 8:30 a.m. (Hall of States Room 383/385)

- 9:00 – 10:00** **Messaging for the joint committee meeting (*Closed Session*)**
- 10:00 – 11:00** **NASTAD Updates on Program Priorities & Integration**
- Prevention – Natalie Cramer & Dave Kern
 - Viral Hepatitis – Chris Taylor
 - Care & Treatment – Beth Crutsinger-Perry
 - Government Relations – Ann Lefert
- Leadership II (Programmatic) - Update on J&J Initiative***
- 11:00 – 12:00** **Priorities for AAAC and LAC for 2009 (*Open Session*)**
- Guided discussion of AAAC and NASTAD staff about committee priorities for 2008-2009
- 12:00-12:30** **Research subcommittee report-out (*Open Session*)**
- 12:30 – 1:30** **Working Lunch and Closing**

Meeting adjourned at 1:30 pm
Location: Hall of States, 444 North Capitol St. NW (NASTAD Building)

APPENDIX 2

NASTAD

National Alliance of State and Territorial AIDS Directors
 African American Advisory Committee – 2008 Membership Roster
 Updated: December 17, 2008

<p>Linda Atlas AIDS Drug Assistance Program Eligibility Specialist Minnesota Department of Human Services ADAP PO Box 64972 St. Paul, MN 55164-0972 Phone: 651-431-2408 Fax: 651-431-7414 Linda.Atlas@state.mn.us</p>	<p>Leisha McKinley- Beach HIV Prevention Supervisor Florida Department of Health 4052 Bald Cypress Way, Bin A09 Tallahassee, FL 32399 Phone: 850-245-4444 x2621 Fax: 850-487-1521 Leisha_mckinley-beach@doh.state.fl.us</p>
<p>Jacky Bickham Coordinator Supervisor Louisiana Office of Public Health- HIV/AIDS Program Office 1010 Common Street 11th Floor New Orleans, LA 70112 Phone: 504-568-5512 Fax: 504-568-7044 jbickham@dhh.la.gov</p>	<p>Reggie Caldwell Health Disparities Coordinator California Maternal, Child and Adolescent Health Division 1615 Capitol Avenue, MS 8306 P.O. Box 997420 Sacramento, CA 95899-7420 Phone: 916-650-0388 Reggie.Caldwell@cdph.ca.gov</p>
<p>Don Calhoun Data/Systems Project Manager Michigan Department of Community Health 3056 West Grand Blvd, Suite 3-150 Detroit, MI 48202 Phone: 313-456-4397 Fax: 313-456-4427 calhoun@dmh.michigan.gov</p>	<p>Juanita Davis Director STD/HIV Prevention and Education Branch Mississippi Department of Health 570 East Woodrow Wilson Boulevard Post Office Box 1700 Jackson, MS 39216-1700 Phone: 601-576-7723 Fax: 601-576-7909 Juanita.Davis@msdh.state.ms.us</p>
<p>Kimberley A. Dobson, PhD HIV Prevention Program Manager Georgia Department of Human Resources Division of Public Health Essential Preventive Clinical Services HIV Unit 2 Peachtree Street, Suite 12-225 Atlanta, Georgia 30303-3142 Phone: 404.463.0805 Fax: 404.657.3134 Email: kadobson@dhr.state.ga.us</p>	<p>Kathy Donner HIV Prevention Manager Arizona Department of Health Services Bureau of Epidemiology and Disease Control Office of HIV/AIDS 150 N.18th Ave, Suite 110 Phoenix, AZ 85007 Phone: 602-364-3602 Fax: 602-364-3268 DONNERK@azdhs.gov</p>

<p>Jennifer A. Flannagan HIV Prevention Community Planner Virginia Department of Health 109 Governor Street Richmond, VA 23218 Phone: 804-864-8015 Fax: 804-864-8053 Jennifer.flannagan@vdh.virginia.gov</p>	<p>Carmi Washington-Flood Chief, Office of Community Relations & Initiatives Department of Health and Mental Hygiene - AIDS Administration 500 North Calvert Street Baltimore, MD 21202 Phone: 410-767-5252 Fax: 410-333-6333 washingtonc@dhmh.state.md.us</p>
<p>Vincent Fuqua Health Educator/ African American Specialist AIDS Office San Francisco Department of Public Health 25 Van Ness Avenue #500 San Francisco, CA 94122 Phone: 415-554-9073 Fax: 415-431-7154 Vincent.Fuqua@sfdph.org</p>	<p>Gaynel Harris Ryan White II / ADAP State Coordinator Virgin Islands Department of Health STD/HIV/TB Program Old Municipal Hospital Complex, Bldg. F St. Thomas, USVI 00802-6722 Phone (Direct): 340-774-0127 Switchboard: 340-774-9000 ext. 4707 Fax: 340-777-1938 Gaynel.Harris@usvi-doh.org</p>
<p>Ronald Henderson Statewide Minority AIDS Coordinator Florida Department of Health Bureau of HIV/AIDS 4052 Bald Cypress Way Mail-bin A09 Tallahassee, FL 32399 Phone: 850-245-4433 Fax: 850-414-0038 ronald_henderson@doh.state.fl.us</p>	<p>Lewis Hicks HIV Prevention Programs/ People of Color Consultant South Carolina Department of Health and Environmental Control (DHEC) STD/HIV Division 1751 Calhoun Street Columbia, SC 29201 Phone: 803-898-0283 Fax: 803-898-0573 HICKSLC@dhec.sc.gov</p>
<p>Steve Jackson Ryan White Program Manager Nebraska Health & Human Services 301 Centennial Mall South 3rd Floor Lincoln, NE 68509 Phone: 402-471-2504 Fax: 402-742-8328 steve.jackson@dhhs.ne.gov</p>	<p>Sigga M. Jagne HIV/AIDS Program Branch Manager Department of Public Health/Epidemiology 275 East Main Street, MS: HS 2EC Frankfort, KY 40601 Phone: 502-564-6539 ext. 3552 Fax: 502-564-9565 Sigga.Jagne@ky.gov</p>

<p>Karen Johnson Public Health Educator Wisconsin Division of Public Health 1 West Wilson Street, Room 318 Madison, WI 53703 Phone: 608-266-1808 Fax: 608-266-1288 karen.johnson@wisconsin.gov</p>	<p>Sharon Jordan Director Planning and Development Prevention Planning Branch Alabama Department of Public Health P.O. Box 303017-Suite 1400 Montgomery, AL 36130 Phone: 334-206-2623 Fax: 334-206-2092 sjordan@adph.state.al.us</p>
<p>Janice P. Kopelman Director Bureau of Communicable Diseases PA Department of Health Health and Welfare Building P.O. Box 90, Room 1023 Harrisburg, PA 17108 Phone: 717-783-0479 Fax: 717-705-5513 jkopelman@state.pa.us</p>	<p>Veda Latin Program Manager, HIV/STD/TB Program Oregon Department of Human Services 800 NE Oregon, Suite 1105 Portland, OR 97232 Phone : 971-673-0153 Fax : 971-673-0178 Veda.latin@state.or.us</p>
<p>Regina Peghee HIV Counseling, Testing, and Linkage Director Kansas Department of Health and Environment 1000 SW Jackson, Suite 210 Topeka, KS 66612 Phone: 785-296-6545 Fax: 785-296-4197 rpeghee@kdhe.state.ks.us</p>	<p>Ereka Washington Philip Public Health Investigator Specialist DHHS-Houston 8000 N. Stadium Drive-5th Floor Houston, TX 77054 Phone: 713-794-2934 Fax: 713-798-0830 ereka.philip@cityofhouston.net</p>
<p>Denise Rondeau Section Administrator NH STD/HIV Section 29 Hazen Drive Concord, NH 03301 Phone: 603-271-0290 Fax: 603-271-4934 drondeau@dhhs.state.nh.us</p>	<p>RJ Shannon Minority AIDS Liaison Arizona Department of Health Services Office of HIV/AIDS 150 North 18th Avenue, Ste 110 Phoenix, AZ 85007 Phone: 602-364-3603 Fax: 602-364-3268 shannon@azdhs.gov</p>
<p>Clarissa Poole- Sims CARE Section Chief</p>	<p>Medina Tipton Surveillance Coordinator</p>

<p>California Department of Public Health- State Office of AIDS 1616 Capitol Ave MS 7700 Sacramento, CA 95814 Phone: 916-449-5950 Fax: 916-319-9624 Clarissa.poole-sims@cdph.ca.gov</p>	<p>Cabinet for Health and Family Services Department for Public Health HIV/AIDS Branch 275 East Main Street, HS2E-C Frankfort, KY 40621 Phone: 502-564-0536 Fax: 502-564-9865 Medina.tipton@ky.gov</p>
<p>Linda Thomas, M.Ed. Director Office of Minority Health Oklahoma State Department of Health 1000 NE 10th, Room 211.2 Oklahoma City, OK 73112 (405) 271-1337 lindat@health.ok.gov.</p>	<p>Barry D. Walston Director of Community Coordination & Planning Section NYSDOH AIDS Institute Empire State Plaza Corning Tower Rm. 327 Albany, NY 12206 Phone : 518-473-8484 Fax : 518-474-1199 Bdw07@health.state.ny.us</p>
<p>LaQueisa Wilson Training Specialist IV Texas Department of State Health Services P.O. Box 149347 Austin, TX 78714 Phone: 512-533-3138 Fax: 512-371-4675 LaQueisa.Wilson@dshs.state.tx.us</p>	<p>Janice Edmunds-Wells Consultant Iowa Department of Public Health Office of Multicultural Health Lucas State Office Building, 321 East 12th Street, 4th Floor Des Moines, IA 50319 Phone: 515-281-4904 Fax: 515-242-6384 jwells@idph.state.ia.us</p>

Youth Liaisons

<p>Adrienne Myers Undergraduate Assistant/Full Time Student Mississippi Urban Research Center Jackson State University 1006 Meloan Dr. Jackson, MS 39209 Phone: (601) 500-6518 Adriannemyers06@yahoo.com</p>	<p>Fallon Swinnie Full Time Student/ Data Entry Clerk Jackson State University, Dept. of Health, Physical Education, and Recreation (Rec. Admin)/ Office of Communicable Diseases- MS State Dept. of Health 1810 Camellia Lane Jackson, MS 39204 Phone: (601) 988-2539 swinnief@bellsouth.net</p>
<p>Terrence McGeorge</p>	<p>Joni Watson—Lead Liaison</p>

<p>Youth Representative Young Adult Roundtables 5600 Pennsylvania Avenue Apt 303 Pittsburgh, PA 15206 Phone: (412) 452-2582 mcgeorget@yahoo.com</p>	<p>Program Assistant Teens Helping Each Other 450 Clarkson Ave, Box 1240 Brooklyn, NY 11203 Phone: (718) 270-3992 Fax: (718) 270-1924 jonitwatson@yahoo.com</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

NASTAD Staff

<p>Terrance Moore Senior Manager, Racial & Ethnic Health Disparities Phone: 202-434-8000 tmoore@NASTAD.org</p> <p>Michelle Batchelor Senior Manager, Racial & Ethnic Health Disparities Phone: 202-434-7128 mbatchelor@nastad.org</p> <p>Joy Mbajah Program Manager, Prevention Phone: 202-434-7133 jmbajah@NASTAD.org</p> <p>Gary Jenkins Senior Program Associate, Racial & Ethnic Health Disparities Phone: 202-434-8073 gjenkins@NASTAD.org</p> <p>Jermaine Ivy Meetings and Travel Manager Phone: 202-434-8004 jivy@NASTAD.org</p>	<p>Angela Seegars Program Manager, Care & Treatment Phone: 202-434-8094 aseegars@NASTAD.org</p> <p>Sophia Nur Intern, Racial & Ethnic Health Disparities Phone: 202-434-8074 snur@NASTAD.org</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

APPENDIX 3

NASTAD African American Advisory Committee (AAAC)

Subcommittee Descriptions

Research Initiatives Subcommittee:

This subcommittee will convene to generate activities in support of the “research initiatives” section of the Call to Action. Possible activities include facilitating dialogue with CDC, NIH and other relevant agencies in order to enhance HIV/AIDS focused behavioral and biomedical research targeting African Americans.

Policy Education Subcommittee:

This subcommittee will convene to generate activities in support of the “policy education” section of the Call to Action. Possible activities include developing federal African American-focused HIV/AIDS legislation and policy strategies, participating in Hill visits, and facilitating ongoing communication with Hill staff and the Congressional Black Caucus regarding the Call to Action and the HIV/AIDS epidemic among African Americans.

Strategic Prioritization and Partnership Building Subcommittee:

This subcommittee will convene to generate activities in support of the “strategic prioritization and resource allocation,” “strategic collaboration,” and “coalition and partnership building sections of the Call to Action. Possible activities (based upon the action steps listed) include conducting meetings and/or conference calls with CDC or other DHHS agencies to develop funding strategies to support/enhance HIV prevention and care in African American communities. Additionally, this subcommittee would strategically partner with specific African American civic, civil rights or service organizations to establish or enhance the organization’s HIV/AIDS focused initiative(s).

APPENDIX 4A



African American Advisory Committee Roles and Responsibilities

Mission

NASTAD's African American Advisory Committee maintains an integral leadership role in fighting the HIV/AIDS and viral hepatitis epidemics among Blacks in the United States. The committee is pledged to raising our collective voices and expertise with federal, state and local entities (including each of our respective jurisdictions). Moreover, the committee – through our innate understanding of our diaspora – is uniquely qualified to challenge status quo in responding to the impact of the disease in African American communities. Our priority is to eliminate new HIV and viral hepatitis infections and increase access to care and treatment in these communities nationwide.

AAAC Roles and Responsibilities

- Serve as a national representative of NASTAD, positively promoting the purpose and activities of the African American Advisory Committee (AAAC) and the essential role of health departments in combating the HIV/AIDS epidemic;
- Seek to advance the recommendations of the *Monograph* and the *Call to Action* both locally and nationally ;
- Participate consistently on all AAAC and Subcommittee calls. Should the member be unavailable for a call, it is his/her responsibility to communicate this to the NASTAD staff lead via email or phone prior to the call;
- Actively and meaningfully contribute to AAAC and Subcommittee related projects and activities. Should the member not be able to complete his/her assigned responsibilities they should communicate this to the subcommittee co-chairs or NASTAD staff well in advance to ensure that projects are completed in a timely fashion;
- Share relevant information discussed on AAAC and Subcommittee calls with AIDS Director and/or other senior leadership within their health department within two weeks of the call ;
- Respond to NASTAD communications and requests in a timely fashion;
- Mentor and engage Subcommittee youth liaison;
- Communicate challenges to Subcommittee co-chairs and/or NASTAD staff lead in a timely fashion;
- Hold AAAC peers and Subcommittee members accountable for carrying out their roles and responsibilities.

Co-Chair Roles and Responsibilities

- Provide vision, leadership, and direction for all subcommittee activities;
- Coordinate monthly co-chair calls and utilize these calls as a mechanism to set the agenda for future calls, as well as track Subcommittee progress, needs, and opportunities;
- Provide full facilitation of all subcommittee calls
- Communicate Subcommittee needs and progress to NASTAD staff lead;
- Provide mentorship and guidance to the co-chairs elect for a one year period;
- Hold Subcommittee members accountable for carrying out their roles and responsibilities.

NASTAD Roles and Responsibilities

- Provide technical assistance to enhance the professional development and leadership skills of all AAAC members;
- Advocate for the consistent participation of AAAC members in all relevant activities as needed;
- Identify staff properly equipped to help lead both the AAAC and Subcommittees;
- Communicate relevant information to the AAAC and Subcommittees in a concise, consistent, and timely fashion;
- Respond to AAAC communications and requests in a timely fashion;
- Provide travel support for active AAAC members to attend face-to-face meeting.

Participation at Face to Face Meetings

- Provide travel support for AAAC member participation at annual AAAC and Subcommittee meetings is contingent upon active participation on AAAC calls and subcommittee calls and activities;
- Provide travel support for one person from each jurisdiction. Should a jurisdiction wish to send more than one person to attend an AAAC meeting, they are responsible for all travel related expenses for the additional participant(s);
- AAAC members are expected to participate fully in all face to face meeting activities.

APPENDIX 4B

African American Advisory Committee Youth Liaison Position Descriptions and Curriculum of Activities

Purpose

The purpose of including Youth Liaisons (YL) in the African American Advisory Committee (AAAC) is twofold. First, serving as a YL provides youth leaders the opportunity to tap into a wide-range of mentors, network with colleagues, learn new skill sets, and constructively contribute a youth voice and perspective to national HIV/AIDS policy and program development focused on African American communities. Secondly, inclusion of YLs into the ongoing activities of the AAAC will increase the committee's ability to effectively infuse an authentic youth perspective into all population specific and subcommittee activities.

Objectives

- Offers the opportunity for young people to contribute their ideas and perspectives that could help shape the development, implementation, and evaluation of national and state programs and policies impacting the sexual health and well-being of persons between the ages of 13 and 24
- Increases the ability of health department representatives serving on NASTAD's African American Advisory Committee to infuse unique youth perspectives and insight into their efforts to address the HIV epidemic among African American youth
- Provides YLs a grounded understanding of national and state HIV policies and programs, as well as, the importance of advocacy and research in addressing the HIV epidemic in African American communities

Youth Liaison Role and Responsibilities

Communication

- Participate in AAAC subcommittee quarterly conference calls—prepare meeting documents, provide input into discussion topics, and record participants' comments
- Participate in YL monthly conference calls—provide direction for discussion content, complete assigned tasks and professional development activities†, and prepare materials for conference calls
- Establish a Facebook group as a communication and networking resource for call planning and posting relevant news and information regarding sexual health issues involving young people

Legislative Advocacy Workshop

- Research and track proposed legislation pertaining to adolescent sexual health at the state and/or national level
- Write a letter(s) in support or against proposed legislation and/or raise awareness concerning the HIV epidemic among young people to state or local representatives, local newspaper, or youth-focused magazines

†Professional development activities include: resume writing, interviewing skills, relationships in the workplace, school/job applications, public speaking, organization skills, and networking.

Selection of Youth Liaisons

After the inaugural year, the Youth Liaisons will be selected through a nomination process from the full African American Advisory Committee membership. During the beginning of the selection process, members will be asked submit nominations to NASTAD staff of youth, preferably ages 18-

22, with whom they have worked closely, who have potential to contribute to the larger committee and who have potential to gain from the experience of serving as an YL.

Length of Service

Four YLs will serve on the AAAC for two year terms, one of whom will serve as Lead Liaison. A Lead Liaison is someone who has previously served as a YL and was invited to assume an advising role as a result of his/her notable commitment and contribution. The YL's term of service will coincide with the AAAC's face-to-face meeting of the AAAC, typically convened in the Fall. Each YL will serve on a subcommittee for one year period. At the end of each year, the YL's will rotate onto a different subcommittee, thereby providing each YL the opportunity to serve on two subcommittees over their two-year terms.

Role on African American Advisory Committee (AAAC)

The YLs will participate as full members of the advisory committee. They will be encouraged to contribute freely to both dialogue and decision-making. Should the AAAC need to reach consensus through an informal voting process, the YL vote will be weighted equally with that of an AAAC representative.

Role on AAAC Subcommittees

Fully participating in subcommittee activities will allow the YLs the most interaction with other AAAC members and an excellent opportunity for learning. The specific work YLs perform while serving on a subcommittee will be determined by the annual goals and objectives set-fourth by each respective committee. Each subcommittee will assign a mentor to directly assist YLs in adapting to their committee roles and responsibilities. All subcommittees will ensure that work assigned to YLs will be meaningful, educational and constructive. More specifically, the subcommittee will strive to identify a specific project/activity that will be under the leadership of the YL. The YL, in turn, will ensure that his/her work is a high quality professional product that will prove useful to the subcommittee.

The subcommittees listed below reflect the five sections within the NASTAD's *Call to Action—Confronting HIV/AIDS in African American Communities*:

- **Research Initiatives Subcommittee:**
This subcommittee will convene to generate activities in support of the “research initiatives” section of the Call to Action. Possible activities include facilitating dialogue with CDC, NIH and other relevant agencies in order to enhance HIV/AIDS focused behavioral and biomedical research targeting African Americans.
- **Policy Education Subcommittee:**
This subcommittee will convene to generate activities in support of the “policy education” section of the Call to Action. Possible activities include developing federal African American-focused HIV/AIDS legislation and policy strategies, participating in Hill visits, and facilitating ongoing communication with Hill staff and the Congressional Black Caucus regarding the Call to Action and the HIV/AIDS epidemic among African Americans.
- **Strategic Prioritization and Partnership Building Subcommittee:**
This subcommittee will convene to generate activities in support of the “strategic prioritization and resource allocation,” “strategic collaboration,” and “coalition and partnership building sections of the Call to Action. Possible activities include conducting meetings and/or conference calls with CDC or other DHHS agencies to develop funding strategies to support/enhance HIV prevention and care in African American communities. Additionally, this subcommittee would strategically partner with specific African American

civic, civil rights or service organizations to establish or enhance the organization's HIV/AIDS focused initiative(s).

Mentor: *Vincent Fuqua*

APPENDIX 5A

National Alliance of State & Territorial AIDS Directors African American Advisory Committee Advocacy Training-Pilot

Directions: Please complete and return this form to the training facilitator.

Training Title: AAAC Advocacy Toolkit Pilot

Date:

Please answer the following questions by marking the scale according to your perceptions of the training.

		Strongly Agree	Somewhat Agree	Neither	Somewhat Disagree	Strongly Disagree
1	The training provided a valuable opportunity to gain new perspectives and skills related to HIV/AIDS advocacy.	20	1			
2	The training was organized effectively.	18	3			
3	The information provided was useful.	19	3			
4	The handouts and materials were helpful.	16	2	3		
5	The training topics and modules were appropriately organized and worked to build the strengths of participants.	20		1		
6	The objectives of the training were clear.	19	2			
7	Attending this training was a good use of my time.	20	1			
8	The length of the training was appropriate to meet the training objectives and content.	17	4			
9	This training allowed for participation and interaction.	18	3			
10	The training facilitator was engaging.	21				
11	The training facilitator maintained a command of the subject matter.	20	1			
12	The objectives of the training were accomplished.	20	1			
13	All my questions were answered.	16	4	1		
14	I gained more knowledge from participating in this training.	18	3			
15	I training provides me with the skills necessary to engage policymakers.	16	4	1		

AAAC Advocacy Training-Pilot Comments

1. What was the most helpful part of the Advocacy Toolkit training?

- a. Great tool – very helpful as an overall tool.
- b. I enjoyed the group activities!
- c. The working groups – which allowed for real world policy issues/problems to be worked on per the steps of the toolkit and hence emerge with a plan composed of specific steps to engage the policy environment.
- d. The manner of the presentation and its components.
- e. The explanation of advocacy is lobbying and education.
- f. I learned how to effectively create a plan & deliver the message.
- g. Actual group participation in working through the process & hearing the report from other groups & how they handle their problems.
- h. The groups work with working through each of the steps. Also, the variety of trainers helped break the monotony.
- i. Interactive activities.
- j. The shared experience & teamwork.
- k. Exercises. Easy to follow.
- l. The explaining & illustrating the difference between lobbying & advocacy.
- m. I loved the portion on building coalitions & creating clear, concise goals & objectives before forming of the coalition.
- n. The six steps. It was clear & concise.
- o. Identifying the 6 steps then walking thru each step with exercises to practice.
- p. Taking it step by step & breaking into groups.
- q. The steps to create advocacy.

2. What was the least helpful part of the Advocacy Toolkit training?

- a. All was extremely helpful. There was no “fluff.”
- b. None noted.
- c. Nothing.
- d. None noted!!!
- e. It was all very helpful & useful.
- f. Knowing how to create documents.

3. How can the Advocacy Toolkit training be improved?

- a. I think someone already mentioned retention & recruitment & opposition to advocacy efforts.
- b. Involving the youth!
- c. It's already a work of art!!
- d. None noted.
- e. Utilization of "real-life" problems.
- f. Just continue to build and learn from all the experiences of sharing it all.
- g. Clear directions for the exercises. Also, show how to break it down into segments so it can be done over time at the organization.
- h. This was discussed during the past assessment right after the training.
- i. Packaged as a curriculum & disseminated to all NASTAD partners – improvements come thru use.
- j. I don't think we need to improve on the document.

4. Any other comments about the Advocacy Training toolkit:

- a. Great work!!!
- b. I really enjoyed the presentation. I look forward to working with the committee as we get the youth on board.
- c. Need close coalition with the SPPB to ensure wide-spread distribution within relevant local jurisdictions and organizations.
- d. The committee did an outstanding job!
- e. Wonderful workable toolkit.
- f. The group did a wonderful job! Great resource!
- g. Overall an excellent product.
- h. Great Job!
- i. It's a helpful toolkit that can be used at any level of advocacy training. It's so simple to even train peer educators.
- j. Take it on the road.

APPENDIX 5B

Evaluation Form Results African American Advisory Committee Meeting October 19 – 22, 2008 Washington, DC

	4. Very Satisfied	3. Satisfied	2. Unsatisfied	1. Very Unsatisfied	N/A
Youth Liaison Orientation					
Level of satisfaction with the session content	5	0	0	2	18
Level of satisfaction with the presenters	5	0	0	2	18
Level of satisfaction with background materials/info	5	1	0	2	17
New AAAC Member Institute					
Level of satisfaction with the session content	5	3	0	2	15
Level of satisfaction with the presenters	6	2	0	2	15
Level of satisfaction with background materials/info	6	2	0	2	15
Networking Lunch					
Level of satisfaction with the session content	10	12	0	2	1
Level of satisfaction with the presenters	12	9	0	2	2
Level of satisfaction with background materials/information	10	10	1	2	2
Business Meeting/Gauging Our Progress Goals and Objectives					
Level of satisfaction with the session content	10	12	0	1	1
Level of satisfaction with the presenters	12	9	0	1	2
Level of satisfaction with background materials/info	11	9	1	1	2
Debrief of Day 1					
Level of satisfaction with the session content	20	2	1	2	1
Level of satisfaction with the presenters	18	4	1	2	1
Policy Training (see also the training evaluation)					
Level of satisfaction with the session content	22	1	0	2	0
Level of satisfaction with the presenters	22	1	0	2	0
Level of satisfaction with background materials/info	22	1	0	2	0
Subcommittee Breakout Sessions					
Level of satisfaction with the session content	16	8	0	1	
Level of satisfaction with the presenters	17	6	0	1	
Level of satisfaction with background materials/info	16	7	0	1	
Strategic Prioritization Report					
	4. Very Satisfied	3. Satisfied	2. Unsatisfied	1. Very Unsatisfied	N/A

Level of satisfaction with the session content	19	5	0	1
Level of satisfaction with the presenters	19	5	0	1
Level of satisfaction with background materials/info	19	5	0	1

Tapping the Leader Within

Level of satisfaction with the session content	17	5		1	2
Level of satisfaction with the presenters	14	7	1	1	2
Level of satisfaction with background materials/info	15	6	1	1	2

4. Very Satisfied	3. Satisfied	2. Unsatisfied	1. Very Unsatisfied	N/A
17	5		1	2
14	7	1	1	2
15	6	1	1	2

Debrief of Day 3

Level of satisfaction with the session content				1	3
Level of satisfaction with the presenters				1	3

4. Very Satisfied	3. Satisfied	2. Unsatisfied	1. Very Unsatisfied	N/A
			1	3
			1	3
			1	

NASTAD Updates on Program Priorities

Level of satisfaction with the session content	1	1		1	1
Level of satisfaction with the presenters	1	1		1	1
Level of satisfaction with background materials/info	1	1		1	1

4. Very Satisfied	3. Satisfied	2. Unsatisfied	1. Very Unsatisfied	N/A
1	1		1	1
1	1		1	1
1	1		1	1

Research Subcommittee Report

Level of satisfaction with the session content	2			1	1
Level of satisfaction with the presenters	2			1	1
Level of satisfaction with background materials/info	2			1	1

4. Very Satisfied	3. Satisfied	2. Unsatisfied	1. Very Unsatisfied	N/A
2			1	1
2			1	1
2			1	1

2008-2010 Strategic Framework for Action III (Guided discussion)

Level of satisfaction with the session content				1	3
Level of satisfaction with the presenters				1	3
Level of satisfaction with background materials/info				1	3

4. Very Satisfied	3. Satisfied	2. Unsatisfied	1. Very Unsatisfied	N/A
			1	3
			1	3
			1	3

Wrap-Up, Final Thoughts, and Closing

Level of satisfaction with the session content		1		1	2
Level of satisfaction with the presenters		1		1	2
Level of satisfaction with background materials/info		1		1	2

4. Very Satisfied	3. Satisfied	2. Unsatisfied	1. Very Unsatisfied	N/A
	1		1	2
	1		1	2
	1		1	2

YES	NO	No Answer
-----	----	-----------

Will the information and materials provided to you at the African American Advisory Committee Meeting assist you with your program work in the future? 22 3

Did the meeting provide you with opportunities to interact with your peers who will assist you with your program in the future? 22 3

Was the meeting a good use of your professional development time? 22 3

Meeting Logistics:

Was NASTAD staff helpful and courteous regarding your travel needs? 22 3

Was the NASTAD staff responsive to your travel needs? 22 3

Did NASTAD's travel agency accommodate your travel schedule? 22 3

Was the hotel accommodation appropriate for your needs? 22 3

Was the hotel meeting space acceptable for the meeting? 21 4

Was the food at the hotel acceptable for the meeting? 21 4

APPENDIX 5C

Evaluation Comments

African American Advisory Committee Meeting
October 19 – 22, 2008
Washington, DC

- 1. Please provide us with any additional comments you have regarding the Youth Liaison Orientation:**
 - a. It was very uplifting. I really enjoyed and appreciated it greatly!
 - b. The youth liaison orientation was very informative; however I did expect to gain more knowledge about HIV itself & prevention methods.
 - c. As a youth liaison I think the orientation showed me how the process has to begin and all my questions were answered.
 - d. I felt we started off in a good & productive way embracing new members & integrating them into the program was apparent and valuable.
 - e. I sat in on this meeting as a new adult AAAC meeting. It was extremely helpful.

- 2. Please provide us with any additional comments you have regarding the New AAAC Member Institute:**
 - a. Loved the thumb drive approach because everything is kept in a central location.
 - b. If it was a little more formal it may yield to more info retention.
 - c. The youth liaison orientation was very informative; however I did expect to gain more knowledge about HIV itself & prevention methods.
 - d. Great ice breakers.
 - e. The institute AAAC 101 was an excellent presentation. It clearly expressed the mission & activities of the AAAC.

- 3. Please provide us with any additional comments you have regarding the meeting session on Sunday, October 19, 2008:**
 - a. I was very satisfied with the session but I was kind of unhappy with the food selection.
 - b. Not clear that it was a networking lunch. Sessions need more setup/context. Changed agenda without discussion.

- c. It would be helpful to have the evaluation available on the day of arrival. I am having a hard time remembering the details from the first day. I liked that new members were made to feel welcome.
- d. I felt very comfortable & appreciated. Thanks for the opportunity.
- e. Opportunity (wonderful) to set expectations for meeting.
- f. I am extremely excited about working with the AAAC.

4. Please provide us with any additional comments regarding the meeting sessions on Monday, October 20, 2008:

- a. Opening exercise re: expectations & questions about "improvements" – posting comments would have been helpful.
- b. Great day, however all the debriefing can be confusing on the objectives. Is it truly about yesterday or is it another "feel good moment"?
- c. The policy committee demonstrated that they had used their time for preparation wisely. Get presentation and information will be useful.
- d. Excellent tool/product. Strongly suggest NASTAD maintain "control" of the TA and training sessions to ensure the delivery of the material as a quality job.
- e. Excellent opportunity provided to gauge/improve previous day's activities – including challenges & strengths. Policy committee set a great tone – excellent interactive training.
- f. All sessions were effective, timely
- g. Props to policy!

5. Please provide us with any additional comments regarding the meeting sessions on Tuesday, October 21, 2008 (please include follow-up items and next steps):

- a. Loretta's "fireside chat" was very supportive & instructional. This focused the group on leadership cohesiveness & redirected individuals to personal responsibility.
- b. "The leader within" was a great concept, but it just seemed like fodder in an otherwise productive day.
- c. SPPB – Outstanding. Tapping the leader within – would have loved to have handouts or newsprints/PowerPoint to accompany the presentation.
- d. Food selection was better! Too many pasta selections.
- e. Tapping the leader within – was looking for a real life examples that she may have encountered in the Health Dept. To help us navigate through the process.

- f. Wish we had the time for a more open dialogue to discuss how senior staffs “maneuver” through the public health bureaucracy.
- g. Very informative.
- h. There was not enough time or room for sub-comm breakout sessions. I would have liked more time to talk about future priorities & activities other than our products.
- i. Loretta was wonderful. The time went by quickly and she had great information.
- j. Beginning with subcommittees & moving to strategic prioritization report was very in keeping with tapping the leadership within. Loretta was simply outstanding!
- k. N/A Perfect as is!
- l. Need for space was evident as two groups worked in shared common spaces. No conducive to effective outcomes.

6. Please provide us with any additional comments regarding the meeting session on Wednesday, October 22, 2008:

- a. The research committee’s presentation was nothing short of brilliant! I can easily identify 1000+ opportunities to utilize the info & encourage its use by minority CBO’s who otherwise would not be able to access this level of expertise.
- b. Research – excellent presentation and product.
- c. I enjoyed the meeting however I feel that a day should be encompassed within the meeting for relaxation and getting ready to leave. I do think having a meeting on the last day kind of rushed people. Some had to leave early in turn missing out & for others who don’t leave until later times are stuck dealing with luggage.
- d. Research subcommittee rocks! Need to do evaluation as we go because forgot some of the sessions.
- e. I enjoyed the entire event. More common, simple food would be appreciated.
- f. NASTAD staff needed more time to present & we needed more time for questions & answers.
- g. Research subcommittee report – excellent. Strategic framework – not enough time devoted. Luncheon speaker - timely, relevant, inspirational & credible.
- h. Some debrief components were confusing.
- i. N/A Excellent!

7. Please feel free to offer additional comments on the African American Advisory Committee meeting:

- a. This meeting went above & beyond my expectations. I feel charged & energized to return back to my jurisdiction & work harder. "Just Do It" Once again I was blessed to be in the presence of my strong AA colleagues. To NASTAD, continue with the hard work; you guys are very much appreciated.
- b. This meeting was very energizing, rewarding & uplifting. I have a renewed focus on the needs of my community locally & nationally.
- c. Each committee member offers a wealth of skill & ability. I can't wait for Sophia to complete her task of an AAAC directory. I am determined to follow-up more with individuals to coordinate & evaluate activities. Thanks NASTAD for bringing us together.
- d. Great overall. Allows us to plug in & get re-energized.
- e. I would like if there was a moment within the session to talk about prevention. I do think that for those who are involved in prevention didn't get the chance to discuss different prevention techniques among each other.
- f. Thanks for the Tuesday morning debrief. Started a "healing" right away for unsettled feelings.
- g. I initially expected to gain more knowledge about the spread of the disease.
- h. I appreciated the opportunity to work more intimately with not only our subcommittee members but as a whole. It's good to invite partners at the same time we needed this time & environment set for us.
- i. NASTAD staff – Excellent! Meeting facilitator – Excellent!
- j. As always the agenda was packed. I am not sure how we continue to allow for conversations to happen among peers (AAAC) It is apparent that we all have valuable things to say & the integration of our voice in the agenda is sometimes challenging.
- k. Well done. Perfect!
- l. The products that come out of the subcommittees are so fabulous. I am so proud of all of the groups.

8. Please provide any comments on the logistics and/or planning of NASTAD's African American Advisory Committee Meeting:

- a. I appreciate the accommodations of the hotel & all of Jermaine's efforts in getting us here. Both were great!
- b. Jermaine is the bomb!
- c. NASTAD's staff always courteous, responsive and accommodating.
- d. I wish I had of read the agenda correctly my flight doesn't leave until 8PM.
- e. Well organized.
- f. Great Job!

- g. Too much food. Scale down choices next year. Thanks Jermaine you are wonderful!
- h. Again, I am thankful to NASTAD for providing an opportunity for African American leaders to engage in discourse that will advance HIV prevention & quality care & treatment services in the AA community, hopefully reducing the disproportionate burden in the community.
- i. The hotel had renovations & there were a few nights I could not sleep due to the repairs in the early morning hours. There were also paint fumes which created a problem. The staff at the hotel was excellent.
- j. Dedicated time on the agenda for love talk – mentor talk – etc. Please allow time for Q & A.
- k. Table tents or name tags- prefer table tents for additional name associated with the face. Thank you.
- l. Excellent. Perfect as is!!

9. Please provide your suggestions for the next African American Advisory Committee meeting:

- a. Don't apologize for working people all day – that's why we came. Also, the marketing presentation was top-notch. Don – you are brilliant! The overall team support & dedication was reflected in the final product.
- b. Presentation on best practices for improving cultural sensitivity at DOH's.
- c. Have a training to incorporate Health/Minority Health concerns into the overall AAAC.
- d. More time & guidance dedicated to building a strategic framework.
- e. This meeting **ALWAYS** provides for re-energizing & uplifting my soul. There are not a lot of places I am able to get the support, work in a supportive manner & have an opportunity for positive groups. This group. This group provides that arena for me.
- f. My big suggestion would be to make evaluation available after every meeting. People need to respond to some of the questions while presentations & situations are still fresh in their mind.
- g. Each day please provide the group with an evaluation – to respond when fresh in our mind. Please email us all additional document & we can download on our thumb drive. Thanks for a beautiful meeting.
- h. Some place other than D.C.