



# Proyecto IDEAS

## The Newsletter

June 2006

**Proyecto/Project IDEAS is a program led by JSI Research and Training Institute (JSI) and funded by the Centers for Disease Control and Prevention (CDC).**

**Its goal is to improve the capacity of community-based organizations and health departments to implement, improve, and evaluate HIV prevention interventions for Latino/Hispanic populations living in Colorado, Iowa, Kansas, North Dakota, South Dakota, Missouri, Montana, Nebraska, Utah, and Wyoming by providing ongoing capacity building assistance.**

### Project IDEAS Staff

**JSI Denver Office Director**  
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### **Community Planning Perspective**

Arman Lorz

The Hispanic population represents only 10% of the total population in Utah. The Utah Department of Health (UDOH) reports that of all new HIV infections in Utah, 16% report to be Hispanic. Taking into consideration this minority is a small community and it is being greatly affected by HIV, the UDOH approved a grant for HIV prevention for Hispanic Men having Sex with other Men (MSM).

The Community Planning Committee (CPC) in Utah  
(see CPG, page 5)

### **The Flight of the Swan**

Antonio Ramirez

My name is Antonio Ramirez. I have a bachelor's degree in Human Relations from Mexico and a teaching degree with a specialization in social sciences from the States. I now live in Wichita, Kansas. Never in my life did I think about living in the USA. In Mexico I worked for almost 20 years in a government company that fired me when it became private. It is hard for people older than 35 to find a job, since they argue that

(see SWAN, page 4)

### **JSI/ Project IDEAS Staff**



*JSI Staff (clockwise, top left): Natalie Haddox, Rodolfo Vega, Christine Duclos, Laura Figueroa, Mary McCrimmon, Mariana Iurcovich*

June 2006



## *Upcoming Events*

**September 21-25: Hollywood, Florida: Project IDEAS will have an exhibit at the United States Conference on AIDS**

**Project IDEAS will also be conducting a training for VOICES/VOCES in the summer. Please contact Laura Figueroa at [lfigueroa@jsi.com](mailto:lfigueroa@jsi.com) for more information**

### **JSI/ Project IDEAS Staff to Become National Trainers**

The JSI staff have been given the opportunity by CDC to be the national trainers for VOICES/VOCES, SISTA, and RAPP, three interventions that are implemented as part of the CDC DEBI lineup.

VOICES stands for "Video Opportunities for Innovative Condom Education and Safer Sex." It was developed in response to recurrent STDs in clinic clients, and is a single session video-based intervention done while the patient is still in the clinic. Its goal is to increase the client's motivation and intentions to use condoms consistently and improves clients' negotiation skills regarding condom use and safer sex practices.

SISTA stands for "Sisters Informing Sisters on Topics About AIDS". It is a peer-led social skill training for young women. Its goals are to increase safer sex behaviors including condom use and to strengthen mediators of safer sex so women can have positive attitudes towards condoms and greater communications and control over sexual situations.

RAPP stands for "Real AIDS Prevention Program" and is a community-based community-level intervention rooted in peer support networks. Its goals are to increase consistent condom use by reproductive age women and their partners, to change community norms so that practicing safe sex is the normal thing to do, and to involve as much of the community as possible.

JSI staff are very excited to focus on these interventions and to share them with others.

### **First Capacity Building Summit Held**

On March 13, Project IDEAS staff coordinated and implemented the first Colorado HIV Prevention Capacity Building Summit in collaboration with the Colorado Department of Health and Environment and the Denver STD/HIV Prevention Training Center. It was held at the Magnolia Ballroom in Denver, Colorado. The main goals of this event included bringing community-based organizations (CBOs) together to provide them with the opportunity of learning the most recent CDC information pertaining to the EBIs. All CBOs that work with Latinos and AIDS were invited to attend.

Project IDEAS staff explained the different kinds of technical assistance available for CBOs currently implementing or planning to adapt an EBI to the Latino population. Presenters also addressed the protocols for CBOs to properly request CBA, and provided their representatives with other CBA referrals depending on their organizational and programmatic needs. The Project IDEAS staff attempted to raise CBOs' awareness of the need to serve Latinos by presenting the epidemiological data of the Latino population living with HIV/AIDS in Colorado in relation to other minority groups. Presenters also facilitated a discussion around the various EBI trainings that are available free of charge throughout the year, as well as reviewing the registration protocols.

Last, and more importantly, the summit served as a platform to identify and discuss the CBOs' current capacity building assistance needs. The attendees were given a needs assessment form to fill out in order to get a perspective of the kinds of assistance they may want or need. All in all, everyone enjoyed the camaraderie and chance to gather and talk about their work and the opportunities presented to them through Project IDEAS.



The Comunidades Unidas Program is based on a community-centered model aimed at increasing awareness and knowledge of key health, so that individuals can access the resources they need for themselves and their families. My interest has always been in humanitarian work, specifically capacity building and health access, and as the Executive Director of Comunidades Unidas I work with underserved community members in need of services. The Comunidades Unidas model views individuals as the most important resource for impacting change within the community. Through a combination of community assessment, planning, training and utilization of peer educators, the Comunidades Unidas Program is able to make an impact on the behavior of hard-to-reach subpopulations within the Hispanic community.

The Comunidades Unidas Program develops and relies on the expertise and natural leadership of Hispanic men and women who are trained to implement a variety of interventions in Utah. Through door to door outreach, support groups, and community-wide events, the Comunidades Unidas Community Health Outreach Workers (CHOWs) educate members of the Hispanic community about HIV and STDs. Serving as role models and peer educators within their community, the CHOWs do much more than distribute information to their fellow community members. Through the combi-  
(see *COMMUNITY*, page 5)

Hispanics are one of the fastest growing ethnic groups in the State of Utah, and they contribute significantly to Utah's communities through commitment to work, family, diversity and cultural richness. However, Hispanics in Utah, as in the rest of the nation, still lack access to critical health and social service information that is culturally and linguistically appropriate. Many improvements have been made; nonetheless, consistent funding reductions make the road to equal access to services very long.

According to the 2000 Census, Hispanics accounted for 12.5% of the total US population and experienced a 61% increase since 1990. In Utah, the 2000 Census accounted Hispanics for 9% of the total population, showing an increase of over 100% since 1990. In relation to the effects of HIV/AIDS in Utah, Hispanics account for 12% of the 2,231 people living with AIDS, and 16% of the 815 people living with HIV.

The government must consider the on-going growth of our Hispanic population and provide prevention opportunities for those who are most in need.

The HIV/AIDS epidemic is a serious threat to the Hispanic community. Hispanics and other minority groups are already competing for survival and access to the fewer and fewer resources available to them. In 2001, HIV/AIDS was the third leading cause of death among Hispanic men aged 35 to 44 and the fourth leading cause of death among Hispanic women in the  
(see *HEALTH*, page 5)

Utah AIDS  
by the numbers:

<b>2,369,550</b>
Total population of Utah
<b>1,121</b>
Number of people living with AIDS (PLWA)
<b>228,130</b>
Hispanic population in Utah
<b>176</b>
Number of PLWA that are Hispanic
<b>10</b>
Percent of AIDS cases that are women
<b>8.4</b>
Hispanic AIDS case rate, percent per 100,000

Source: *statehealthfacts.org*

(SWAN, from page 1)

you have too much experience. Thanks to the person that is the best person in the world, I was invited to come to the United States that is now my home.

When I started the immigration paperwork here, I received the most impacting news in my life. I AM HIV POSITIVE, and according to my doctors' calculations I've been infected since 1984. When the HIV was detected it was starting to go to the terminal phase. Before I tested positive, my body was sending me strong warnings that something was happening in me. I

had constant headaches, lost my appetite frequently, became depressed, was always tired, my body ached, I slept more than I should have, lost weight, had high fevers, and I had a strong itch associated

*"Before I tested positive, my body was sending me strong warnings that something was happening in me."*

with the fungus I had. I got purple spots in my hands and feet, got back aches. I attributed all of this to the stress that I had, since I had lost my job and after 2 years of looking I could not find any. Given that I had to leave my past behind and start anew, I started working as a janitor, cleaning bathrooms and the factory that I still work in.

Even when I found out that I was positive, coupled with the huge language barrier, I have



never folded. I started to fight the virus that lived in my body, and today it is in an undetectable stage.

I am a professional clown, and go out on the streets offering my show, but I'm not a common clown because my

show is about AIDS and STD prevention. With my clown show I visit hospitals and different patients, both of AIDS and other illnesses. I work with the community offering them my show and theater performances that I write—all focused on prevention, since I am one of the only Latinos in the state I live

in with this illness. I'm more than willing to work with any agency, but I ask them to please compensate me with condoms, which I distribute for free when I give my performances.

This AIDS epidemic has grown, and because of my struggle for prevention as an infected person, I don't want anyone to go through this; it is not easy to live with this illness. I always say in my shows that hopefully everyone is free of their qualms, and that nobody

contracts it. But if there is someone that has gotten HIV, it is possible to live with it because there are a large number of people that work in the field. I have to give many



*Antonio as Yipicin the Clown*

thanks to all the people that work in favor of infected people like me and to all the people that work, like me, in HIV prevention. I once thought I worked alone, but I have found and bumped into great people. Thanks to them many doors have opened and I have gone from

*"Smiling has been my best therapy and medicine"*

being just an HIV positive Latino to a member of the C.P.G of Kansas. I did a course in Enlaces, and afterwards was invited to take the TOT, training for trainers After fighting for

many years alone as a Latino, I am now an advisory group member of Proyecto IDEAS.

Maybe some of you wonder what makes all of this extraordinary. For me it's more than extraordinary because since I don't work for any health agency, I felt like the ugly duckling that nobody wanted to look at. But after fighting alone against AIDS, now I have met people in different categories and of different nationalities.

And to the infected people like me I say, "We have fallen but aren't beat," and "to smile at life before life smiles at us." Smiling has been my best therapy and medicine.

*- translated by Mauricio Lask*

*(COMMUNITY, from page 3)*

nation of their personal insight, extensive training, and the trusting relationships they maintain with the community, the CHOWs are able to elicit and apply the wealth of pertinent community feedback, information, and observations that they have access to as they perform their work. In this way, the CHOWs shape the program by providing constant feedback to the Program Director regarding the Hispanic individuals and families.

I choose to donate my time and knowledge to Project IDEAS because this project allows for a diverse group of people to join forces in looking for community based solutions which in my opinion can make the most impact. Like everyone in this field I truly care about people and I believe that through united efforts we bring more than through individual ones.

My role in this project is to bring the ideas, thoughts and opinions of my community and everyone that actively participates with Comunidades Unidas. I strongly believe we must look for solutions in all areas that affect our community and that through grass roots outreach we can make a difference in the lives of our neighbors.

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*(HEALTH, from page 3)*

same age group. It is becoming more evident that individual responsibility to HIV/AIDS must include a proactive approach to influence legislation that truly acknowledges the impact of this epidemic in our community.

A few years ago, I was presented with an opportunity to work with incarcerated men in the county jail in Salt Lake City. I was asked to develop a series of classes in Spanish to teach men how to protect themselves from getting infected with HIV. I accepted the opportunity, not realizing that it was going to change the way I looked at life in general. After several months of research and training, the curriculum was ready and so was I. Slowly but surely, I acquired a passion for teaching the material and the opportunity to change the world one individual at a time.

That change started with me. I realized that individual responsibility and active community participation is crucial to bringing awareness to this epidemic. When I was invited to become a member of the Advisory Group for Proyecto IDEAS, I felt

that was such an opportunity. Thus far, I have gained the perspective that in order to improve the services provided to Hispanics anywhere we must help to improve the organizations that serve them. The Utah Department of Health and the team at JSI have worked very closely to do just that and we have been very successful. Many organizations have benefited from the technical assistance and trainings provided by JSI.

The road is long, however, and we have a lot of work to do. Individual responsibility must include community involvement. Now, I can safely say that the experiences of the last six years have changed my life's direction towards becoming a humanitarian. As Martin Luther King, Jr., said "Every man must decide whether he would walk in the light of creative altruism or the darkness of destructive selfishness. This is the judgment. Life's most persistent and urgent question is, what are you doing for others?"

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*(CPG, from page 1)*

has seven individuals specifically representing the Hispanic community. During the last meeting held on March 14, 2006 one of these representatives was elected to be the co-chair of the CPC. Two members of the CPC are also actively involved with the IDEAS Project to participate in the developing of the content based on their long-term experience and expertise in the field of HIV prevention as part of the Advisory Group.

The Hispanic population in Utah is being well represented in the HIV prevention system. Over the past years several local organizations representing the Hispanic community have been meeting to network efforts in order to support coordinated HIV prevention. Fuerza Latina was chosen as the name for this group. Fuerza Latina translates into "Latin Force." Members of this group are The Utah AIDS Foundation, American Red Cross, Comunidades Unidas, and the Utah Department of Health. Technical assistance has been provided by JSI, a CDC assistance contractor out of Colorado.

With these united efforts, Utah is working together to help reduce risk, increase education, and increase awareness about HIV and AIDS for the Hispanic community.

## Project/Proyecto IDEAS Advisory Group



*Clockwise, starting from upper left: Rodolfo Martinez, Mary McCrimmon, Daniel Garcia, Mariana Iurcovich, Sabrina Morales, Owen Quiñonez, Edwin Espinel, Angela Garcia, Natalie Haddox, Arman Lorz, Arturo Ponce, Laura Figueroa, Antonio Ramirez, Miguel Giner*

**I**dentification of organizational needs  
**D**evelopment of a tailored CBA plan  
**E**xecution of the plan  
**A**ssessing the intervention  
**S**ustaining the intervention

**If you would like more information about the DEBI project visit [www.effectiveinterventions.org](http://www.effectiveinterventions.org).  
For more information regarding Proyecto/Project IDEAS contact [proyectoideas@jsi.com](mailto:proyectoideas@jsi.com).  
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