



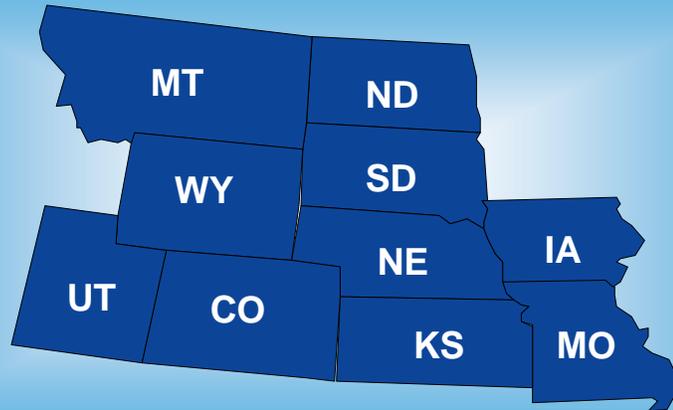
Proyecto IDEAS

The Newsletter

December 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.

CDC Midwest Region



A New Approach to Rural Prevention

This article is the first in a series focusing on Project IDEAS's work in rural communities

JSI offers its capacity building services to 10 states in the Midwest region. Most HIV services are focused in urban areas, and there are not many well-established organizations that cater to rural Latinos as the urban population. And although prevalence in rural areas is much lower than in urban areas, there is a perception of lower risk which can result in rural residents engaging in riskier behaviors. Because JSI's region of services is centered on rural states, we feel Project IDEAS would be most effective in offering technical assistance to those organizations reaching out to the rural Latino population in order to include them in our scope of services.

Rural areas make up around 20% of the United States. "Rural", as defined by the Census Bureau is all territory, population, or housing units with less than an overall density of 500 people per

square mile. In the Midwest region 28% of the population live in a rural area. Of this rural population, about 2.7% are Hispanic/Latino.

This section of the overall population is small, but it is one of the fastest growing population groups in the United States. According to a June 14th, 2004 press release from the US Census Bureau, "the population of Hispanics (who may be of any race) reached 39.9 million on July 1, 2003, accounting for about one-half of the 9.4 million residents added to the nation's population since Census 2000. Its growth rate of 13.0 percent over the 39-month period was almost four times that of the total population (3.3 percent)." And although the Hispanic/Latino population makes up 14% of the US population, but accounts for more than 20% of HIV/AIDS (see *RURAL*, page 5)

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Project IDEAS Staff

JSI Denver Office Dir.—Debra Olesen
Project Director—Mariana Iurcovich
Project Manager—Mari Plaza-Munet
Evaluator Advisor—Christine Duclos
Senior Evaluator—Rodolfo Vega
Project Associate—Crystal Keefer
Project Associate—Natalie Haddox

Project IDEAS Offers Free Open Conference Call Seminars

After many months of planning the Project IDEAS Open Conference Call Series is now underway!

In October the first teleseminar was held and included colleagues from all over the country. The call featured Miguel Velez, Stigma Coordinator for the National Minority AIDS Council. He spoke on the topic "Stigma and Machismo". During the call Miguel facilitated a discussion about what machismo is and how it is embedded in Latino culture. He also discussed the effect of machismo and stigma and the challenges they bring in HIV education, prevention, and treatment.

In November the second call featured Sarah Annecone speaking on "The Role of Volunteers in CBOs". During her presentation Ms. Annecone discussed her role as Volunteer Coordinator at Boulder County AIDS Project, where they manage an award winning volunteer program. Among other things she explained the recruitment process her program uses; the training schedule; supervision and volunteer accountability; how to enhance volunteers' skills; and how a CBO can develop a volunteer program of its own.

The idea of a regularly scheduled open conference call stemmed from need for more communication and networking between those working in the field of HIV prevention. It gives participants an opportunity to discuss topics and issues that they see in their everyday work, and to exchange ideas with colleagues.

Beginning in January the calls will occur on the second Tuesday of *every other* month at 12pm, noon, Mountain Standard Time. The January call will be held on January 9th.

For more information, or if you would like to suggest a topic or offer your expertise as a speaker for a future conference call please email at projectideas@jsi.com.

Project/Proyecto IDEAS is now on the web!

www.proyectoideas.jsi.com

New Faces in the Project/Proyecto IDEAS Team

Project IDEAS is happy to welcome our new staff to the team!



Crystal Keefer is our newest Project Associate for Project IDEAS. Ms. Keefer has a Bachelor of Science in Health Care Management from Metropolitan State College of Denver. Her work experience includes nine years in healthcare working with various clinics and hospitals and has been a member of the American College of Healthcare Executives since 2004. Ms. Keefer has certificates in Medical Assisting, Limited Scope, and is a Certified Nurse Aid. Ms. Keefer is a Native Coloradan and her interests include continuing her education, watching movies, gardening, playing with her pets (puppy, cat and hamster) and spending time with family.



Mari Plaza-Munet is our new Project Manager. She has a BA in Communications from the Universidad del Sagrado Corazon, Santurce, Puerto Rico and extensive professional education in the areas of HIV/AIDS prevention technologies, program development and evaluation; Latino Issues, multiculturalism and diversity; and mediation.

For the past 22 years, she has been working in the area of program design and management; training facilitation; conference design, curriculum writing, and evaluation facilitation and analysis. (see **FACES**, page 5)

Upcoming Conferences

United States Conference on AIDS
November 7-10
Palm Springs, CA

HIV Prevention Leadership Summit
May 20-23

Notes from the Front Line

Rodolfo Martinez

Project IDEAS Advisory Group Member



I became involved with HIV/AIDS in Mexico as a volunteer and have had 21 years of experience working with this pandemic. When I came to the USA in Colorado I had a friend who was infected with HIV and he got me involved in HIV issues. I started working as a Case Manager and a

few months later my friend died; I had the opportunity to work with him everyday. This opportunity gave me many options to continue working with HIV/AIDS issues, mostly with the Latino community. Because many of this community are monolingual Spanish-speaking, my goal is to provide education, information, and other services [in Spanish] to them.

After two years I changed jobs; it was in a different organization in a different position. With the Peer Health Advocacy position I have a big opportunity to work closer to each client and advocate for them, work with heterosexual people, gay, bisexual, pregnant women, and also with kids; it is an amazing opportunity. My interest with this community is because many people [have a need for Spanish material] and we have many information like brochures, flyers, magazines, but only in English. Also with this position, Peer Health Advocate, I created a support group for gay and bisexual Latino men living or affected with HIV. It is an education group—not social—and every session I provide education and information about HIV/AIDS and HIV meds. However, we talk about all different topics—spiritual issues, families, disclosed HIV status, information about how to have good relationships, etc. My experience in BCAP—it is amazing working in education for the general community about HIV/AIDS testing and counseling including prevention for positives, with experiences with different pharmaceutical companies to provide community forums in many ways.

This year we have a great opportunity with a pharmaceutical company to provide us community forums in Spanish to enrich the knowledge of the support group. The name of the group is Orgullo Latino de Denver (G.O.L.D), and the group's 5th anniversary is this year. The big thing with this

group it is we do not have any financial support from any organization; we are independent. All people are volunteers, and all the members work hard in the community where they do outreach. For example, in Latino gay bars they distribute safe sex kits and condoms. After 5 years of working in this position, Boulder County AIDS Project offered me job as an HIV tester and counseling/ HIV Prevention Coordinator to working with all communities to provide HIV education and testing pre- and post-counseling.



I am involved with Proyecto IDEAS because one of my best friends was working with JSI and he told me about this project and I thought it was very interesting that they want to be involved in working with the Latino community around different states. I bring knowledge and experience working with the Latino community and also proposing many ideas for working with this community, like making one of the future Project IDEAS newsletters in Spanish to provide information and education to monolingual (Spanish) people.

I would like to continue to evolve more in HIV treatment. The Latino community needs this information because I know many people still have many problems--but we can learn together about it.

—as told to Natalie Haddox

Q&A: Working with Rural Communities

An interview with Paula Palmateer, Red Ribbon Project

How did you get involved in working with Latinos and HIV?

There are two answers to that question. I grew up on a small vegetable farm in southern Wisconsin [in the 1940s] and we had migrant workers who worked our fields in the summer, and went back to Texas in the winter months to do the same. I was the only girl in my family, the oldest of 5, so the Mexican kids were playmates for me. I was always interested in their food, their culture, and their lives. Then when I

was 45 years old I went to work in Harlem, NYC in the summer months, living in a private homeless shelter, working as a volunteer, living with the homeless who were "working on their lives". Many were HIV-positive.

I learned much about the virus, and about the issues around minorities and the poor. Most people were Black and Hispanic. I continued to work with the Community until 1995, traveling back and forth from Vail to Harlem. I lost many friends to AIDS over the years. In 1996, my involvement in Harlem ended and a new non-profit started in our area—Red Ribbon Project. The mission of the Red Ribbon Project is to provide awareness, prevention, education and support around HIV and AIDS throughout Eagle County. Latinos comprise a large percentage of our population, both legal and illegal, and our work in the schools would therefore be directed to the Latino population. Responding to all the needs in Eagle County around HIV education and prevention meant responding to the Hispanic community. I have a special place in my heart for those who are marginalized.

Can you tell us your experiences working with rural populations?

I have many wonderful experiences, especially working with our Latino Health Educators. I attended the first night of several days of training that was created by Mari Plaza-Munet who recruited Latinos in the community to work with ESL students in the classroom. Each introduced him/herself, and I was deeply moved by their stories—how they got to Eagle County from a half dozen Latino countries, their struggles and their desire to give back to the Latino Youth. HIV prevention in rural populations is

especially difficult because HIV is not a HUGE problem as it is perceived in larger communities; also, being a rural area, people are very concerned about exposure. And funding is always more of an issue in rural areas, where there is not as much awareness of the potential for the epidemic to seriously affect the community.

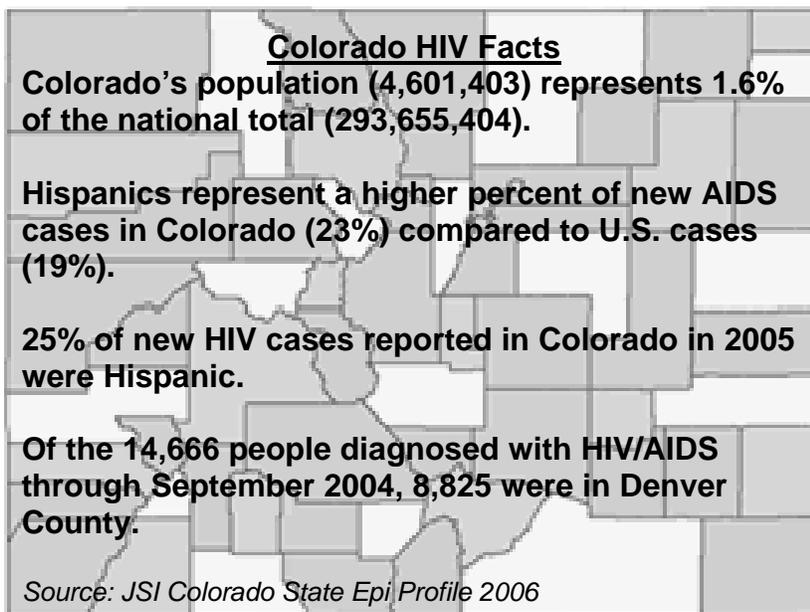
What is unique about working with rural populations?

For Red Ribbon Project, being the only HIV/AIDS organization in Eagle County, we do not have other AIDS organizations with which to collaborate or just to share ideas and "war stories"; we work with other youth organizations, however, and have found support there for our programs.

What were the challenges or barriers in reaching out to these populations?

The biggest barrier to working with the Latino population is language. We have two health educators who are Latino, which is very positive; however, we could use additional assistance in ways to more effectively reach out to this population, both to the youth and to the adults.

Another large obstacle is how to overcome the legal status issue of our Latino families; many of our (see RED RIBBON, page 5)



(RED RIBBON cont'd from page 4)

students are monolingual and while legal themselves, their parents may not be; this puts the students and their families "on edge" at all times

How did you overcome these challenges?

We had the advantage, early on, to have Mari Plaza-Munet developing the program which is now carried out by the two adult health educators that she trained; her understanding of the Latino community—its cultural uniqueness, its challenges—have helped to make our outreach to the youth very well received, and we believe, very effective.

Anything else you would like to share?

In addition to our work in the schools with monolingual students (ESL classes), we also reach out to the Latino community for our free testing; we have found a greater percentage of Latinos coming for testing than is represented in the community at large; a larger percentage of females are tested in our program than the national stats; we feel that Latino women are taking responsibility for their lives and those of their families by wanting to be tested. Although the total numbers are small, (our county does not have a large permanent population), the percentage of those responding to this program is reassuring. ⌘

(FACES cont'd from page 5)

Serving in the past ten years as an independent consultant and now as a JSI consultant staff she has worked with many key national and statewide organizations in many different roles but especially as an advisor, capacity builder and technical assistant consultant.

Ms. Plaza-Munet has received seven service awards for her role as a leader in areas related to effective program design, Latino issues and health and community leadership roles. She has been invited to present on national and regional conferences about issues related to Latino services, HIV prevention and cultural awareness since 1997. She is the author of several papers presented on conferences; and documents and manuals used of programs across the nation. Ms. Plaza-Munet is professionally competent in English and Spanish speaking, writing and reading. Personally she enjoys traveling, art making, and ethnic dancing. She practices meditation and yoga disciplines.

We are and are looking forward to the valuable contributions these two talented women will make! ⌘

(RURAL cont'd from page 1)

cases.

The Latino population is a unique, colorful and varied community that is impossible to cater to with one blanket prevention strategy. The terms "Latino" and "Hispanic" include a wide range of nationalities, each with their own language dialects and cultural paradigms. The Midwest region is a relatively new area of migration for Latinos, and culturally competent services have not yet caught up to the influx of this group as needed. Less education, health insurance, adequately paying jobs leave many Latinos without the ability to take control of their health and well-being. Furthermore, the illegal status of many Latino immigrants hinders them from pursuing proper health care.

Religion is a large influence in Latino culture. When developing health education and prevention strategies for Latinos, one must take into account religion-based stigmas and practices. Deeply held beliefs or fear of getting a negative reputation in her community can keep a teenage girl at risk for an STD from seeking medical attention or using contraception.

A significant proportion of rural Latinos are migrant workers. It is difficult to get a grasp on the actual prevalence of HIV in this population group because many are illegal aliens and travel during the year for work. Therefore, the actual prevalence of HIV may be much higher than what has been documented. Many workers have family in Mexico and go back and forth across the border during the year. This poses health risks, in that some people who contract HIV may be transmitting it across the border to their spouses and vice versa. Sex workers also often travel with groups of migrant workers, and will arrive in a location days ahead of a group in anticipation.

The vision of Project IDEAS in all of this is to help community based organizations be able to effectively incorporate HIV prevention interventions to target rural Latino populations. We will continue to outreach to CBOs through coordinating "summits" in each state. This will increase awareness of our CBA services as well as establish links between CBOs who may be struggling to work with rural Latinos. We also will be conducting training on cultural diversity to enhance organizations' ability to connect with their rural Latino clients. Lastly, we are excited to pioneer a protocol we are developing to lead the delivery of HIV/AIDS preventions interventions and capacity building assistance in rural regions using Colorado as the pilot state. We will continue in future newsletters to feature articles around these topics, so keep reading for discussions and updates on our work in this area! ⌘

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Identification of organizational needs
Development of a tailored CBA plan
Execution of the plan
Assessing the intervention
Sustaining the intervention

If you would like more information about the DEBI project visit www.effectiveinterventions.org.
For more information regarding Proyecto/Project IDEAS or feedback regarding this newsletter
contact proyectoideas@jsi.com.