

organizational quality assurance and monitoring; program marketing and public relations; personnel policy development; and cross-cultural communications.

c. Create, coordinate, and utilize regional resource consultant pools that include subject matter experts to provide CBA. To achieve cost effectiveness, the preference is for brokering CBA requests to locally based and culturally competent consultants and experts. Regional resource consultant pools should be created in each region for which the awardee has responsibility.

d. Coordinate and support the developmental needs of the regional resource consultant pools by developing training materials, diffusing best program practices and interventions for HIV negative and positive persons, and conducting orientation and training for consultants to help them deliver effective and efficient services.

#### Focus Area 2: Strengthening Interventions for HIV Prevention

a. Provide ongoing CBA for CBOs in the adaptation, implementation, quality assurance, and evaluation of effective HIV prevention interventions for high-risk seronegatives and HIV-positive racial/ethnic minority individuals. Examples of prevention interventions are: health education and risk reduction and avoidance; outreach capacity and preparation for testing; testing; referrals; prevention and partner counseling; prevention case management; interventions to prevent perinatal transmission; and rapid testing in non-traditional settings such as jails, and high-risk community venues. CBA provided must be consistent with CDC's Advancing HIV Prevention Initiative, the Compendium of Effective Behavioral Interventions (including Replicating Effective Programs and the Diffusion of Effective Behavioral Interventions), and other CDC approved procedures and protocols. (For information on the Compendium of Effective Behavioral Interventions visit: <http://www.cdc.gov/hiv/pubs/hivcompendium/HIVcompendium.htm>. Provide CBA to HDs on culturally appropriate HIV prevention interventions and strategies for racial/ethnic minority populations. Assistance may include needs assessments and adapting or adopting interventions. This may take the form of health departments requesting assistance on behalf of their CBOs.

b. Provide CBA on the diffusion of effective behavioral interventions, including training, cultural adaptation of curricula, and promotion of "boxed" interventions from CDC.

c. Create, coordinate, and utilize regional resource consultant pools that include subject matter experts (including social and behavioral scientists) to provide CBA. To achieve cost effectiveness, the preference is for brokering CBA to locally based and culturally-competent consultants and experts.

d. Coordinate and support the developmental needs of the regional resource consultant pools by developing training materials, diffusing best program practices and interventions for HIV negative and positive persons, and conducting orientation and training for consultants to help them deliver effective and efficient services.

**Note:** Prevention interventions, while mainly addressing risk reduction and avoidance for HIV infection, should also include risk reduction and avoidance for co-infections with other sexually transmitted diseases, blood borne diseases (for Hepatitis C) and tuberculosis.

Capacity building assistance on HIV prevention methods (or strategies) can include abstinence, monogamy, *i.e.*, being faithful to a single sexual partner, or using condoms consistently and correctly. These approaches can avoid risk (abstinence) or effectively reduce risk for HIV (monogamy, consistent and correct condom use).

#### Focus Area 3: Strengthening Community Access and Utilization of HIV Prevention Services

a. Develop a strategy based on a model to improve access and utilization of HIV prevention services for a racial/ethnic minority population at risk for HIV infection or living with HIV. The strategy should be based on models for structural or population-based behavioral changes. Examples of what the strategy may address include, but are not limited to: (1) Coalition development for increased prevention and care service integration, national education and mobilization projects, increased institutional policies in support of HIV prevention, and community building among HIV-positive persons and other high-risk persons to expand HIV prevention and risk-reduction and avoidance services; (2) nationally designed and coordinated projects to be adapted locally that promote innovative community testing and service referral initiatives or that mobilize local communities in support of HIV prevention efforts; (3) or social marketing projects to reduce stigma or to increase the acceptability of HIV prevention services (including testing) and interventions (including risk reduction and avoidance for people

living with HIV/AIDS, and perinatal HIV prevention).

**Note:** Structural factors associated with HIV risk and prevention may be broadly defined to include physical, social, cultural, organizational, community, economic, legal or policy aspects of the environment that impede or facilitate persons' efforts to avoid HIV infection. Structural interventions address one or more of these factors.

b. Develop and implement a plan to provide CBA to CBOs and community stakeholders on your selected model and strategy. The plan should identify the CBA consumers, capacity building outcomes, activities, and skill sets to be imparted.

**Note:** Models for increasing access and utilization to HIV prevention services should also emphasize access to and utilization of other services related to sexually transmitted diseases, blood borne diseases (for Hepatitis C) and tuberculosis.

#### Focus Area 4: Strengthening Community Planning for HIV Prevention

a. Through participation in the CDC National Technical Assistance (TA) Providers' Network for HIV Prevention Community Planning, provide CBA to CPGs and health departments to assist them in implementing HIV prevention community planning and improving the parity, inclusion, and representation of racial/ethnic minority populations in the community planning process.

b. Provide CBA to CPGs, HDs, CBOs, and other community stakeholders to increase their knowledge of, and skill and involvement in, community planning. Examples include, but are not limited to, leadership development, understanding the HIV Prevention Community Planning Guidance and the planning process, use of data for decision-making, priority setting, public speaking and persuasion, parliamentary procedures and meeting processes, group and meeting facilitation, and understanding public health delivery systems.

c. Participate in ongoing planning and coordination meetings with the CDC National TA Providers' Network for HIV Prevention Community Planning.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities for this program are as follows:

a. Supporting all funded awardees by coordinating a national network of capacity building providers.

b. Providing consultation and technical assistance in designing, planning, developing, operating, and evaluating activities (such as progress