

**Rethinking Current Strategies to Support Black Gay Communities in Responding
to the HIV Epidemic: A Concept Paper for Community Discussion**

New York State Black Gay Network

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I. The New York State Black Gay Network

New York is a national leader, not only in the impact of the HIV epidemic among Black Gay- and otherwise-self-identifying men who have sex with men (MSM), but also in the scope and scale of pioneering responses to it. In September of 1998, with the support of the New York State Department of Health AIDS Institute, Gay Men of African Descent (GMAD) and People of Color in Crisis (POCC) — New York State's leading community-based Black Gay organizations, with a combined 25-year history of involvement in HIV program activity and community advocacy — jointly convened a New York State Black Gay Network.

The statewide network aims to strengthen linkages among a number of entities that target HIV-related and other community health and development activities to Black Gay communities and social networks of Black MSM. Its foremost goal is to enhance the development of infrastructure, programs and policies that respond to HIV and other concerns of Black Gay men — by coordinating and improving communication, collaboration and exchange among existing efforts in this arena across the state of New York.

Network members include New York City's GMAD and Brooklyn's POCC (independent, indigenous Black Gay community organizations); the Men of Color Health Awareness (MOCHA) Project, a program of the Center for Independent Living serving Buffalo and Rochester, which is in the process of independent incorporation; voluntary groups like the Albany region's Sisters and Brothers in the Life; organizations like Brooklyn's Audre Lorde Project (a center for Lesbian, Gay, Bisexual, Two Spirit and Transgender people of color communities) and Unity Fellowship Church, a social justice ministry, which include Black Gay community development as a central part of their mission; non-"indigenous" organizations operating service programs — in New York City, Gay Men's Health Crisis (Soul Food), Harlem United Community AIDS Center and the Minority Task Force on AIDS, and in the Albany/Troy/Schneectady tri-city area, the Whitney Young Health Center (Gay Men of Color Alliance (GMOCA)) — that are led by and specifically target Black Gay men/MSM; and community development and advocacy efforts, like the Harlem Directors Group, that include Black Gay men in leadership roles. Together, Network member groups serve half of New York State's twelve largest cities. Several play leadership roles in community development, including longstanding commitments to fostering other community organizing projects. Network participants — both individuals and organizations — have histories of collaboration and support, several of them formal, including service coordination and planning, collaborative fundraising and program development, and joint policy advocacy. Mutual understanding and trust are facilitated by the fact that staff of some organizations have worked at other organizations in the network.

In a series of recent meetings, the Network devoted attention to the current national dialogue on allocation of Centers for Disease Control and Prevention (CDC) funds for technical assistance and capacity building services to strengthen HIV prevention activity in Black Gay communities. Participants discussed current proposals for siting and delivering such services, in the light of our own needs and experiences at community organizing, service provision and organizational development. We developed the following concept paper as a way to enter into and shape this dialogue so that it takes account of the needs and experiences of organizations doing work in Black Gay communities at the epicenter of the epidemic and, we believe, elsewhere in the U.S.

II. Rethinking the Technical Assistance/Capacity Building Paradigm

Using indigenous structures for intervention design and delivery is recognized as integral to the development of public health programs that are sustainable, flexible, responsive to community need, and which produce real change. Traditionally, HIV planners have used technical assistance/capacity building (TA) as a strategy to address the fact that social networks and indigenous organizations in communities most heavily impacted by HIV often lack the full complement of resources needed to independently develop and deliver such programs. These resources can be grouped into six categories: *a*) leadership & will; *b*) community access & local knowledge; *c*) behavioral & evaluation science expertise; *d*) operational systems & management capacity; *e*) political & policy influence; and *f*) funding

In the HIV/AIDS field, TA intervention has typically targeted *c*) and *d*), with some additional attention to strategies that build community ownership and foster organizing around HIV (*a*). *f*) has been used for several years with respect to communities of color as a whole, and recently received a significant boost from Congress and the White House. However, despite a key recommendation of a five-year-old needs assessment,¹ it has never received priority in addressing the specific needs of Gay men of color.

Most often intervention has taken the form of funding intermediary groups to deliver capacity-building, training and staff/volunteer development initiatives to indigenous groups; or direct provision of such services by public health agencies. Several such TA initiatives have been available to Black Gay groups in New York for a number of years:

- A San Francisco-based “national minority organization” with a specialty in Black Gay men, the National Task Force on AIDS Prevention (NTFAP), offered TA and training services to groups nationally, including those in New York; NTFAP worked with local area advocates to stage its most recent conference in neighboring New Jersey.
 - Two New York State groups, HealthWatch & ADAPT, are similarly funded by the CDC as “regional minority organizations”; one has reached out to Black Gay groups and taken a leadership interest in statewide prevention program strategy development for Black MSM.
 - Privately-, Ryan-White- and Health Department-funded third-party management TA and staff training and support have been available to New York City’s HIV service organizations through such groups as Community Resource Exchange, Gay Men’s Health Crisis, the New York AIDS Coalition, the Support Center of New York, and the City’s own Fiscal Infrastructure and HIV Training Institutes; in addition, program specialty TA in such areas as mental health licensure and housing program development is available from other contractors.
 - Government provision of technical assistance also occurs through program staff at the State and City Departments of Health, including a dedicated City unit, the Men of Color AIDS Outreach program.
 - A more recent CDC initiative, the HIV Prevention Alliance, aims to do cross-training of Black groups involved in HIV prevention activity, including Black Gay groups and programs.
- Though recent initiatives include evaluation components, after years of relatively abundant availability of such government and third-party services, little has been documented about their impact or success.

On the contrary, what have made the most visible impact on development of infrastructure and HIV service capacity within New York’s Black Gay communities are:

- **indigenous, community-determined organizing efforts and the political skill of their leadership;** and
- **government recognition of their potential by direct provision or leveraging of funding.**

¹ The document’s primary recommendation has two parts: 1) “Federal...resources for prevention which target gay and bisexual men of color need to be substantially increased. These funds should be provided specifically to programs developed by and for gay and bisexual men of color.” 2) “In cities where there is no established infrastructure for gay men of color, seed money and technical assistance in grants writing and program development should be provided to organizations of gay men of color to enable them to start primary HIV prevention programs.” (*Assessing the HIV-Prevention Needs of Gay and Bisexual Men of Color*. 1993: United States Conference of Mayors/United States Conference of Local Health Officers.) Little attention has been paid to the former.

Government funding of such projects as the Audre Lorde Project, Gay Men of African Descent, MOCHA, and People of Color in Crisis has had a more lasting contribution to their capacity and effectiveness than management consultation or third-party TA.

The N/RMO (national and regional minority organizations) program's approach to capacity development, especially as applied to Gay men of color, assumes little technical knowledge about how to intervene in response to HIV and lower levels of interest and capacity for organizing in these communities than currently exist. Consequently, it has focused on identification, mobilization and training of grassroots efforts. A critical rethinking of this paradigm is needed to respond to two key shifts in the environment in the decade since this CDC program began.

Firstly, while Black Gay/MSM community responses to HIV, even in the late 1980s, were somewhat limited and underdeveloped, in recent years there has been a flowering of organizational and programmatic responses to the epidemic in Black Gay communities across the nation. Indeed, the epidemic has catalyzed Black Gay organizing around a range of community concerns much broader than HIV itself. Four Black Gay organizations exist in New York State, serving four of the state's six largest cities. In New York and elsewhere, Black Gay community leaders have been at the forefront of policy and program development dialogue, both as a result of and preceding the introduction of prevention and Ryan White Titles I and II community planning processes. What they lack is neither vision, will, nor understanding of how to intervene effectively in the epidemic, but the financial resources to refine and carry out these ideas and the power to place their needs and vision into the mainstream of HIV public health policy. Far from the conventional model of needing TA on community mobilization and intervention development, New York's Black Gay organizations are routinely sought out by other, generally larger, providers seeking training and technical assistance in their own efforts to develop services for this population. Gay Men of African Descent and the Audre Lorde Project are seen by smaller indigenous groups as resources for their development. New York State's Department of Health has encouraged them to broaden this role. With State AIDS Institute support, MOCHA recently expanded its Rochester programs to serve Buffalo communities. People of Color in Crisis has begun to lend its infrastructure to grassroots organizing efforts in Caribbean Gay communities.

A second development, in the TA environment, is also noteworthy. Models for developing community capacity for service provision are shifting from uni-directional and time-specific capacity-building technical assistance projects to more dynamic notions of "collaboration" and "strategic alliances" that assemble the various resources needed for effective service delivery. Management service organizations; strategic partnerships and mergers among groups with different strengths and resources; and a valorizing of the resources that smaller players bring to such networks are proliferating and taking on increasing importance within both the organizational development field and government-funded HIV technical assistance initiatives. Gay men of color HIV projects are no stranger to this trend, e.g. the merger of San Francisco's Living Well Project and the Asian AIDS Project; or the coalition of New York City's grassroots Gay/Lesbian people of color groups that used HIV funding to form a new community center, the Audre Lorde Project. And the CDC's own promulgation of its HIV prevention community planning paradigm is a formal recognition that HIV prevention resources are spread over more than one single organizational structure.

These developments, along with consistent consumer preferences for control over the purchase, design and timing of TA, call for a fresh assessment of the siting and impact of TA/capacity-building dollars. Consistent with this, the strongest recommendation of a 1996 assessment of TA outcomes by New York City's Ryan White Planning Council is to shift the TA delivery system "from a funder driven 'supply' model to a recipient driven 'demand' model that increases availability, accessibility, sustainability, commitment and shared resources." (*Assessing Outcomes of Technical Assistance Received by Ryan White Title I Recipients*. Prepared for the New York City HIV Health & Human Services Planning Council. December 1996: Partnership for Community Health.)

III. Developmental Needs of Black Gay Organizations in New York State

To identify elements of a community-relevant model for CDC-funded TA to Black Gay communities, management and program staff at five of the Network’s member organizations conducted a self-assessment of organizational and community technical assistance and capacity-building needs. Following is a summary of common barriers to effective service provision agreed on, grouped into four key areas, with corresponding solutions:

BARRIER/NEED	PROPOSED SOLUTION
<p>1. A wealth of innovative program ideas exists within Black Gay organizations, but resources are lacking to test or implement them.</p> <p>New populations in need and gaps in services have already been identified at the community level (e.g. AfroCaribbean men in New York City; substance using men with HIV in Rochester), but existing community-based programs lack funds to hire new staff with expertise in those population or service areas.</p>	<p>Additional resources need to be infused into existing Black Gay community structures to enable them to respond more swiftly to emerging community needs and to partner with the grassroots community networks they already work with in developing and delivering needed services. These include increasing staff diversity and expertise, and creation of new program structures through new hires, including hiring from within communities in need.</p> <p>Resources are also needed to allow groups to effectively assess and implement promising program ideas. This includes not only access to behavioral and evaluation science expertise, but the ability to mount promising intervention designs in order to test them.</p>
<p>2. The overwhelming direction of the flow of demand for TA and training in developing and providing services for Black Gay men/MSM is <i>to</i> (not from) network organizations. Network groups field requests from academic centers, Black organizations, White Gay groups and mainstream health and human service providers for partnership, training, resource information, referrals, and other forms of technical assistance and consultation — responses to which strain the capacity of organizations’ staff and volunteers.</p> <p>There is, additionally, constant pressure on existing Black Gay organizations to lend their communications infrastructure, staff and financial resources, tax status, and space to newer organizing efforts responding to community needs.</p>	<p>Additional staffing is needed to strengthen the capacity of existing Black Gay groups (which are currently perceived as key resources for the HIV service community) to respond effectively to training, information and technical assistance requests, many of which come from mainstream or non-indigenous providers. A core part of the mission of existing Black Gay organizations staffed and funded through HIV program dollars is to serve as resources for and contribute to the development of other community organizing efforts. This makes them an existing, logical site for Black Gay community capacity building efforts, once available resources to do so are strengthened.</p>

<p>3. Despite resource constraints and continued shortfalls between need and response, there is considerable local innovation and activity in service provision and community organizing in Black Gay communities in New York State and elsewhere. Differing models and strategies are being deployed; new needs and challenges are constantly being encountered; and new lessons continually learned about interventions, organizational management and community organizing. Communication and coordination among efforts, separated by geography and organizational form, is insufficient. Efforts — including failures — are too often duplicated and information not disseminated as quickly as it should be. Weaknesses in planning and policy development result in lost opportunities.</p>	<p>The creation and strengthening of the Network has been a primary response to this need. Coordinated planning and networking is the single most important capacity building priority for Network organizations. Exchange, collaboration, cross-training, and increased effectiveness at policy development among member groups with respect to program strategies, organizational competence and community accountability, will directly increase Black Gay community capacity. This work could include sharing of knowledge and human resources; development of joint solutions to common problems; collective purchasing of goods and specialty services; provision of mutual assistance; and evaluation of program interventions and management innovations over a range of settings. Formal support and partnership of funders and policy makers in this work is critical. The State Department of Health AIDS Institute has acknowledged its importance and entered into discussions around funding for startup activities. The coalition’s legitimacy, capacity and long-term success would be strengthened by further recognition and support.</p>
<p>4. Individual Network organizations face challenges.</p> <p>These relate to a) the ability to acquire specific technical and management expertise such as program evaluation, financial management and fund development; b) the constant need for staff training and development relevant to the organizations’ work and culture; and c) the need to <i>invent</i> community- and organization-appropriate products and management models, e.g., for board governance.</p>	<p>Although this area of need appears most closely aligned with traditional technical assistance strategies, many of these capacity development needs relate primarily to the availability of resources to individually or jointly purchase specific human expertise — e.g., hiring a senior-level management accountant (vs. having a consultant set up a bookkeeping system); hiring professional staff with behavioral and evaluation science training (vs. a short-term contract for program design or one evaluation); hiring a skilled fundraiser (vs. training overburdened management staff in fundraising techniques or having them spend time with an external consultant to develop a proposal). Remaining needs are for <i>customized</i> consultation, training and strategy development, tailored to particular organizational and community realities, by consultants sufficiently knowledgeable about those realities — services that are not generally available through third-party technical assistance. In general, organizations know which services they need and how to purchase them; but lack the resources to do so.</p>

IV. Conclusions & Recommendations

- CDC technical assistance responses must acknowledge changes in Black Gay communities, their structure and organizations since earlier years in the epidemic.
- Current capacity-building policies should avoid repeating program models that have not worked or whose impact is unclear.
- Black Gay community organizations have been transformed from recipients to providers of programmatic technical assistance.
- A key concern in Black Gay communities is to organize and coordinate existing initiatives, to enable them to learn from each other, share resources, develop and document best practices and shape public policy.
- Bringing specialized management and intervention development skills *in-house* in order to strengthen capacity is the primary technical need for a number of Black Gay organizations. A possible approach to this is the joint purchasing of technical and management services.
- An increasing focus in organizational development is the creation of integrated systems of service delivery which assemble in strategic collaboration organizations possessing different resources needed to achieve a goal. Enabling the *integration* of elements needed to develop and deliver effective interventions, in ways which empower and remain *accountable* to Black Gay communities, should be a core goal of CDC “TA” funding.
- The principal need of Black Gay community structures in some jurisdictions is no longer leadership development, but access to the financial resources and political power to refine, implement and test a wealth of existing, innovative program ideas.