



# Strengthening Interventions for HIV Prevention



## Fact Sheet Focus Area 2 National Center for HIV, STD, and TB Prevention Division of HIV/AIDS Prevention Capacity Building Branch

### Purpose

The purpose of Focus Area 2 is to improve the capacity of community based organizations (CBOs) and health departments (HDs) to adapt, tailor, implement, and evaluate effective HIV prevention interventions for individuals whose behavior places them at risk for acquiring or transmitting HIV.

### Focus Area 2 Providers

Fourteen organizations are funded for this focus area with an emphasis on the four major racial/ethnic populations in designated regions:

#### African Americans

1. ETR Associates (West)
2. National Black Alcoholism & Addictions Council (Mideast)
3. Harm Reduction Coalition (North)
4. Jackson State University, Mississippi Urban Research Center (South)
5. Saint Louis University (Midwest)

#### Latinos

6. Arizona-Mexico Border Health Foundation (South)
7. JSI Research and Training Institute (Midwest)
8. Latino Commission on AIDS (North)
9. AIDS Project Los Angeles (West)
10. PROCEED (Mideast)

#### Asian and Pacific Islander

11. Asian and Pacific Islander Wellness Center (National)

#### Native Americans/Alaska Natives

12. National Native American AIDS Prevention Center (National)

#### All Populations

13. Behavioral & Social Science Volunteers
14. Prevention Training Centers

### Target Audience

The primary consumers for Capacity Building Assistance (CBA) are the Centers for Disease Control and Prevention (CDC) directly funded CBOs and HDs.

### Primary Provider Activities

1. Provide ongoing CBA for CBOs in the adaptation, implementation, quality assurance and evaluation of

effective HIV prevention interventions.

2. Provide CBA to HDs on culturally appropriate HIV prevention interventions and strategies for racial/ethnic minority populations
3. Provide CBA on the diffusion of effective behavioral interventions, including training, cultural tailoring of curriculum, and promotion of “boxed” interventions from CDC.

### Examples of CBA

- Adaptation, implementation, and cultural tailoring of science-based interventions
- Quality assurance and evaluation of effective HIV prevention interventions
- Needs assessment, priority-setting and preparation for the delivery of interventions
- Development of effective health communication messages and community-based research methods
- Development of effective staff training and linkages to racial/ethnic minority researchers

### Access to Services

CDC funded CBOs and HDs interested in receiving assistance in intervention adaptation, tailoring, implementation, and evaluation can contact their CDC project officer. This request will be routed through the Capacity Building Assistance Request and Information system for assignment to the appropriate CBA provider. Other programs and community stakeholders can contact one of the above mentioned CBA providers directly to inquire about these services.

“Capacity is an outcome or condition to be achieved, whereas capacity building is a process by which capacities are enhanced.”

World Bank, United Nations