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Gisele Pemberton,
Director

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FROM THE DIRECTOR'S DESK

"Coming together is the beginning. Keeping together is progress. Working together is success." Henry Ford

The above quotation by prolific inventor and founder of the American Ford Company, Henry Ford, reflects the sentiment of this issue of NCTSTA News—Coming Together in our Fight Against HIV/AIDS.

Having just attended the HIV Prevention Leadership Summit (HPLS) in Detroit, MI from June 11-14, 2008, I could not think of a more timely theme that would serve to remind us all of why we need to commit to fighting this fight together. I have been to conferences such as this one for at least a decade now and the landscape of HIV/AIDS has evolved—for better and for worse. No longer is HIV a white gay man's disease, but rather, one that has disproportionately ravaged communities of color, especially African-American women, Latinos, gay men, and young men that have sex with men. No longer are groups like "ACT UP" disturbing opening plenaries and demanding adequate funding for HIV/AIDS, thus allowing for our work to be done. Now, we organize ourselves into groups based on race/ethnicity, HIV risk, or nationality to make our voices heard before government officials that support our efforts but aren't always informed about the needs of the communities we serve.

The landscape has changed, the way advocacy is done has changed, and there have been significant advances in HIV prevention, care and



treatment that we should all be proud of; however, also evident is the growing dissent among groups that have historically worked together with regards to the "pie"—that is, the funding allocated to address HIV/AIDS in communities of color. At one time we fought to increase the overall "pie" to ensure adequate care and treatment for all communities—we **came together in the beginning!** Now, the focus appears to be shifting toward how the existing pie is sliced and diced in this era of limited funding for public health programs.

I urge all of us to remember that **"keeping together is progress."** Even when advocating for our particular communities, be it Latinos, African Americans, gay men, Native communities, Asian youth, or all of the above, "WE" as a collective are not each others' enemy. Advocating for one's community does not mean begrudging or ignoring another's community.

Our vision must remain global—beyond our immediate needs and prejudices—and our efforts must be marked by the realization that the policies that affects one, impact all. I urge my Latino, African-American, Native American, Asian/Pacific Islander, and Caucasian brothers and sisters to rally with one another. For us to eradicate HIV/AIDS in our communities, it is evident that our **success** will be in **working together.**

Lets do it!

"Keeping together is progress."

COLLABORATIONS AND PARTNERSHIPS

BY BRENDA CRUZ, MANAGER OF TRAININGS & SPECIAL EVENTS



“Real collaboration takes time, is difficult to achieve, and cannot be created by funders.”

Collaboration is the process of joining forces with others to leverage collective resources and strength for a common purpose. Methods for collaborating exist in a wide range, and include meeting informally to exchange information to develop strategic alliances that go beyond the scope of any one organization. According to experts, such as Robert Harrington, who is an organizational consultant with over 30 years of vast experience in mergers and other forms of organizational restructuring, “real collaboration has the potential to reduce duplication, decrease competition, and enhance problem solving. In addition, “real collaboration takes time, is difficult to achieve, and cannot be created by funders.” Many nonprofit organizations recognize that complex issues facing communities cannot be solved by any one organization and have begun forming partnerships and collaborations to create a greater impact with shared resources.

In 2005 CDC funded 31 Capacity Building Assistance (CBA) providers to provide CBA services to HIV prevention planning groups, community-based organizations, health departments and other HIV prevention stakeholders. CBA Providers were assigned service areas as follows;

- Organizational and infrastructure development
- Strengthening effective HIV Prevention interventions
- Increasing access to and utilization of HIV prevention and risk-reduction services
- Increasing the capacity of community planning groups and health departments

While each of the CDC funded CBA providers deliver services as per their individual workplans and have their own area of expertise, assigned ethnic populations and geographic service regions, providers oftentimes come across community based organizations (CBOs) with a need that have a need that falls outside of their purview of service. This situation presents a possible collaboration opportunity for the CBA provider with another fellow provider. CBA providers also proactively seek opportunities for the CBA provider to collaborate with another fellow provider. The nature of the work propels CBA providers to proactively seek opportunities for service delivery and strive to share resources by forming structured collaborations.

Through this effort, collaboration seeks to enhance service delivery and provides the most significant impact.

PROCEED’s National Center for Training, Support and Technical Assistance has fortunately been involved in countless successful collaborative projects with fellow CBA providers, Departments of Health and community based organizations alike. Through these experiences PROCEED has determined that there are several factors that are key when developing collaborative project.

- Identified Leadership
- Accountability
- Clear Purpose
- Identified Risk Factors
- Partner Compatibility
- Expected Outcomes
- Competence

Each of the above mentioned factors must be addressed, in detail, in order for the collaborative project to be completed successfully.

For more on this article, Click [here](#)

The Importance of Collaboration in the Field of HIV/AIDS,

By Corynna Hines,
Capacity building Coordinator

Faith-based and community-based organizations (F/CBOs) play a vital role in the provision of HIV/AIDS services amid their respective communities. Many of these localized agencies demonstrate their capacity to operate under an immense scarcity of manpower and financial resources. At the federal level, multiple funding streams designated for HIV care often lack coordination and efficiency. This subsequently impacts access to prevention and treatment services among high risk populations and/or growing numbers of individuals living with HIV (Kates, 2004). The complexity of treatment for HIV/AIDS necessitates access to a

comprehensive continuum of care and providers with specialized expertise (Kates, 2004). As such, conjoined efforts between agencies can help to reduce the difficulty presented by financing systems, low personnel retention rates, linguistic and cultural barriers, etc. through resource mobilization.

In order to successfully accomplish this, agencies must steer their focus towards collaboration and linkages, as it provides opportunity for sharing and merging resources. Most, if not all, federal and state funding sources are underscoring the need to build inter-

organizational relationships to close service gaps, improve internal systems, eliminate service duplication, and promote the proper use of funds. Collaboration offers an informal or formal structure for mutual engagement in order to achieve desired outcomes. Moreover, organizational linkages provide a strategy for executing a collaborative relationship because separate entities can serve their target groups by linking one or more of their service components to that of another agency's.

For more on this article, Click [here](#)

Introducing

Ms. Corynna R. Hines, M.P.H., C.H.E.S.

Capacity Building Coordinator



**Corynna R. Hines,
Capacity Building Coordinator**

During March 2008, Corynna Hines joined the dynamic team at PROCEED Inc.'s National Center for Training, Support, and Technical Assistance (NCTSTA) located in Elizabeth, New Jersey to enthusiastically assume the position of Capacity Building Coordinator. Her primary responsibility pertains to the operation of the GROWTHCOM Program, a program generously funded through the DHHS' Office of Minority Health (OMH). The GROWTHCOM acronym stands for Grass Roots Organizations Working Towards Healthy Communities and Organizational Management.

GROWTHCOM seeks to empower organizations to optimize their internal systems and effectively use available resources to provide timely, responsive, and quality ser-

vices to minority populations at high risk for, or living with HIV/AIDS. To accomplish this, Hines coordinates the provision of capacity building assistance amongst geographically bound faith-based and community-based organizations (F/CBOs) in New Jersey that result in the initiation, expansion, and enhancement of HIV/AIDS prevention services throughout Atlantic, Camden, Cumberland, Essex, Hudson, Passaic, and Union Counties.

Hines serves as a conduit of resources, information, and support to grass roots organizations.

For more on Ms. Hines, click [here](#)



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Stronger Communities”**



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Introducing

Mrs. Sarahjane Rath, M.P.H., C.H.E.S.

Capacity Building Coordinator



**Sarahjane Rath,
Capacity Building Coordinator**

Sarahjane is the Capacity Building Coordinator for Focus Area 2 with the National Center for Training and Support and Technical Assistance at PROCEED, Inc., a private non-profit community based organization established in Elizabeth, New Jersey. She coordinates capacity building assistance (CBA) to help improve organization's Human Immunodeficiency Virus (HIV) prevention services and also serve as an intervention trainer. The science-based HIV prevention programmatic training offer through LA PUERTA are endorsed and funded through the Centers for Disease Control and Prevention. Moreover, LA Puerta provides training and technical assistance services for Latino and

Latino-serving organizations in the Mid-East Region.

Sarahjane has been working in the public health for the near a decade. She has a Masters in Public Health, with a concentration in urban and environmental health issues. She has an undergraduate degree in Community Health Education. Sarahjane is passionate about the field of prevention and enjoys imparting her knowledge and skills to others through her training roles at NCTSTA.

For more on Mrs. Rath, click [here](#)