2002

HIV/AIDS education and prevention outreach program for women

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Keywords: Creating an outreach program, women, HIV/AIDS, Monterey County, education and prevention

Abstract: Creating an Outreach Program designed specifically for women and geared towards their needs as it relates to HIV/AIDS, supported by the Monterey County AIDS Project, a non-profit agency dedicated to preventing the spread of HIV/AIDS.
Executive Summary of Capstone Project

Monterey County AIDS Project (MCAP) was established to help and fulfill the needs of individuals throughout Monterey County that are infected and affected by HIV/AIDS. The particular high-risk population that I am working with is women, which include homeless, injection drug users, drug users, sew workers, lesbian, and bi-sexual women.

MCAP has designed several programs throughout the years that target specific high-risk populations. Some of the programs include, African-American outreach program, injection drug users, youth, Latino men who have sex with men, men who have sex with men, and the raza campesina program working with farmworkers. Although many programs have been created to serve different populations, the needs of women were not being met. Women’s needs included the following: access to basic necessities such as tampons, sanitary napkins, and hygiene supplies.

Many of the women currently utilizing the agencies services are reluctant to disclose personal information in order to receive help from program coordinators. For years, there has not been a consistent women’s program coordinator for MCAP. The constant transition of coordinator after coordinator has not allowed the women participants to develop a trusting relationship with the coordinator and the agency. This has been a major draw back for the coordinator helping to provide comprehensive services to the women in Monterey County. Many times women of Monterey County have the need to enter into a residential drug and alcohol recovery program or need help working through issues of abuse, domestic violence, mental illness, and many other issues.
Although, these needs are no different from men in Monterey County there is an added dynamic that men do not face in society. Historically, women have been oppressed, stigmatized, and stereotyped in certain roles, with particular characteristics. For years, education and prevention programs regarding HIV/AIDS have focused on gay men. Therefore, there has not been much focus on women and the culture they live in. In order to meet the needs of women, a basic understanding of the role a woman has in society, culture, and the ways in which they have been oppressed must be achieved.

As a result of the needs of many women, I am creating an outreach program to meet each woman’s needs as it relates to her life. The particular outreach program that I am creating will target, be tailored, and meet the needs of high-risk women in Monterey County. Specific goals that the program will accomplish are to increase an individual’s knowledge about HIV/AIDS, develop skills and enhance self-esteem to support risk reduction behavior, enhance the county’s capacity to ensure the accomplishments of the preceding HIV prevention goals, provide outreach services to high-risk populations in Monterey County, and provide high-risk individuals with access to HIV testing.

**Problem**

MCAP is a community-based, non-profit, volunteer supported organization whose goals are to improve the quality of life of people infected with HIV and their family members and friends of Monterey County, and to prevent the spread of HIV disease through advocacy and community education. In 1985, MCAP has provided supportive services, information and referrals to nearly 1,000 HIV positive individuals, their families and friends. Services include benefits counseling, case management, psychotherapy, and one-on-one counseling provided at no charge by licensed volunteers, a food pantry, emergency financial assistance, referrals, support groups, workshops, companionship,
and advocacy. MCAP counselors process local applications for subsidies from AIDS Drug Assistance Program (ADAP) to help clients receive the proper medications for their HIV-positive status.

Prevention – MCAP offers extensive field outreach, as well as classroom style presentations to individuals and groups. Volunteers and staff provide prevention oriented contacts each month providing information, individual risk assessment, pre and post test counseling, prevention supplies, and support for safer behavior. Our organization also provides annual community events spreading awareness to the public about HIV issues. MCAP has a vertical administrative structure and a horizontal site based structure with education and prevention outreach workers, working as an independent team. I have been working as an outreach program coordinator since June 13, 2001.

MCAP works with any individual in Monterey County. The purpose of MCAP being established was to work and provide services to individuals who are HIV positive and friends, family, partners, and loved ones affected by HIV. The client service component focuses on working one on one with clients and their loved ones as a support system. The second component to MCAP is the Education and Prevention (E & P) team, which include eight different outreach programs. Each of the outreach programs focuses on a specific high-risk target population in Monterey County. Within each program there are a set number of goals to be implemented and evaluated for a particular target population. The particular high-risk target population that I have created and implemented is for women in Monterey County. These women include, but are not limited to sex workers, injection drug users, drug users in general, lesbian, bi-sexual, questioning women, heterosexual, homeless, and women of all ages.
Although all the outreach programs encompass women to some extent, the time, energy, and focus has not been placed on their specific needs. Every woman that has come through the agency has a specific need that one or even two of the E & P programs could not fulfill. Some of the needs include education regarding self-esteem, STD’s, violence, abuse, and developing prevention tools to lower their risk of HIV transmission. Many of the issues the women wanted to discuss were in regards to HIV/AIDS. The women want one specific person to work directly with, instead of constantly being referred back and forth throughout the agency for some of their needs to be met.

**Background**

Since the beginning of the AIDS epidemic, women have been continuously neglected. “In 1982, a year after HIV/AIDS was identified, 67 cases of AIDS in women were reported. Sixteen years later 106,059 cases among women and adolescent girls nationwide, making women the fastest growing group of people with the disease” (Bowleg, Belgrave, Reisen, 2000). Wortley and Fleming (1997), illustrate the impact statistically. “Between 1991 and 1995, the number of women diagnosed with AIDS increased by 63%.” The focus of HIV/AIDS monies, transmission, prevention, and education has always focused on gay men and injection drug users. “The human immunodeficiency virus (HIV) has been studied primarily as a biological rather than a social or cultural phenomenon in the United States, and as a male virus in female bodies” (Goldstein, Manlowe, 1997). Much of the education and prevention efforts have women included in that particular program, but their needs were not fully encompassed within the program. There are a variety of issues that need to be considered and understood while working with women. Other program coordinators could not fulfill the specific
women have and continue to work with their target population. In Monterey County, as well as other counties a need for a particular program and coordinator was needed in order to address the needs of women in the community.

For example, MCAP has a variety of education and prevention programs such as Injection Drug Users, African American, Raza Campesina, Latino men who have sex with men, men who have sex with men, and youth. Each program has a specific focus and deals with women and their needs to some extent, but not to the extent needed. “First, most HIV-infected women come from impoverished communities that are underserved, ‘hard to reach’, historically underrepresented in clinical trials” (Mayer, Pizer, 2000). Women in the community were reaching out to MCAP to have their needs met. In order to do so, MCAP collaborated and developed the Women’s Outreach Program.

Through the Woman’s Outreach Program stemmed consistent outreach to high risk women in the community, HIV testing, and support groups. In an article written by Frankford he states, “The real challenge is empowering women to avoid exposure to infection, and supporting them to cope with AIDS (1995).” Presentations were given on topics that relate to self-esteem, HIV/AIDS information, STD’s, Hepatitis, and safer sex techniques.

Bowleg, Belgrave, and Reisen state, “In the context of HIV/AIDS, gender-related dynamics are relevant to whether women will take an active or passive role in sexual situations including, but not limited to, initiating discussions with a sexual partner about safer sex practices, deciding whether and when safer sex practices will occur, using strategies to negotiate or assert power to protect their own health, or refusing to engage in risky sexual practices (2000).”

Many women do not know how to bring up safer sex practices with their sex partner, let alone practice them. “In the end, wives unwilling to question their husband’s fidelity will
be as much at risk as women with a string of partners” (Sadgrove, 1993). Sadgrove emphasizes an important reason for women to have a program that can be sensitive to their culture, their own unique situation and help to provide information, education, and techniques.

Statistically women are one of the fastest growing groups who are being infected with HIV. “According to a United Nations Development Programme (UNDP) study on AIDS, seventy percent of 3,000 women a day who contract HIV and the 500 women who die daily from AIDS worldwide are 15-25 years old” (Smithien, 1995). The Women’s Health Organization was also collaborating to fight the epidemic and have similar statistics. It is estimated that 7-8 million women of childbearing age are being infected with HIV. (Frankford, 1995) The most recent perspective statistically for women and the behavior of transmission was provided by the Centers for Disease Control, “Overall, heterosexual transmission accounted for an estimated 62% of AIDS cases diagnosed among women between July 1999 and June 2000 (2000).” Statistics have proven that throughout the years there has been little focus on the education and especially the prevention efforts geared towards women. In every society women face discriminations in many arenas, HIV/AIDS is another arena women are being discriminated against (Lather, Smithies, 1997). Women are constantly struggling to get ahead in today’s society and the threat of HIV/AIDS is another challenge for them to face.

Health educators feel there is a strong needs to understand women, the culture which they exist in as well as their beliefs, and values. “…To reduce their risk of HIV infections are cultural norms that define appropriate behavior and regulate gender roles” (Roth, Fuller, 1998). The technology and distribution of information and awareness has
improved tremendously, but there continues to be a constant need. “The change in contraceptive technology in the 1960s helped to shift the focus of responsibility for contraceptive decision making to women. The same focus on females being pursued with AIDS prevention, although women cannot control condom use (Worth, 1989).” Currently MCAP offers a variety of services for women in Monterey County to utilize and lower their risk of HIV transmission.

Some of the services and programs being offered at MCAP include support groups, consistent outreach, which enables outreach workers to receive feedback on unmet needs by the women, presentations at various agencies that focus on women, food and hygiene kits being provided, and a support system for women to rely on.

The model that the program coordinators utilize to attack the problem stems from Harm Reduction. Harm Reduction is about letting go, listening, and guiding the client towards any positive change defined by them. MCAP and the staff truly believe that Harm Reduction is the best way to combat the problem. “Perhaps the most critical feature of many behavior changes that might prevent the sexual transmission of HIV is that they require the cooperation of another person, namely, the woman’s sex partner (O’Leary, Jemmott, 1995). The women’s outreach program provides women with different skills to utilize in order to begin to have a conversation with their sex partner about safer sex options.

**Project Description**

I will be creating, implementing, evaluating an outreach program for the Monterey County AIDS Project. The outreach program will meet the needs defined by the female clients of MCAP, as well as the needs of the women in the community to whom MCAP
reaches out. The women’s program will collaborate with Monterey County agencies to provide better services for women. The outreach program will reach out to women in Monterey County and provide education and prevention skills as it relates to harm reduction and HIV/AIDS.

The outreach program will consist of four main goals:

a. Increase the individuals knowledge about HIV/AIDS, develop skills and enhance self esteem to support risk reduction behavior
b. Enhance the county’s capacity to ensure accomplishments of the preceding HIV prevention goals
c. Provide outreach services to high-risk populations in Monterey County
d. Provide high-risk individuals with access to HIV testing.

Within each of these goals there are specific objectives defined and specific activities to meet the goals. As well as a time line for each activity and evaluation tool for the activity. As the women’s outreach program coordinator, I will implement the services needed by the women, and evaluate with the help of my supervisor and participants the services provided and whether or not the goals of the program have been met. My supervisor, executive director, state office of AIDS will evaluate certain activities, and the participants will evaluate the county and the other activities.

**Major Learning Outcomes (MLOs) and the Vision Statement**

The three MLO’s that I will address throughout my capstone are Leadership, Collaboration, and Professional Communication. Collaboration will be demonstrated through the networks I create between the women’s program and other agencies throughout Monterey County. Some of the programs include Genesis Residential Center, Door to Hope, Beacon House, Planned Parenthood, Monterey County Health Department, and John XXIII. The purpose of developing connections with these
agencies as well as others is to provide a better service delivery system for the clients. Throughout the year, I will work with agencies that work with women to help provide comprehensive services and reduce the risk of HIV/AIDS transmission.

Another MLO I will work on is Leadership. I will work to fulfill this MLO by taking the initiative to try new programs and projects for the women’s outreach program. In order to be successful with the women’s outreach program, I need to motivate others by promoting a shared vision and get them to volunteer for the agency. As the coordinator, I am also an advocate for my clients and will have the ability to ask the hard questions that they cannot ask. With the help of the volunteers and my leadership skills, the women’s outreach program will be successful.

The last MLO, Professional Communication, will be shown throughout my capstone. Working at MCAP as the women’s outreach coordinator, I will have many roles and levels of professionalism to display. For example, during outreach I maintain my professionalism, but at the same time, I meet clients at their level. Another role I will take on is the liaison between clients, MCAP, and other agencies. I will use my listening skills to help provide services to clients and my oral and written skills to translate that information to the appropriate providers.

Many of the communities I work with are diverse. Similar to the vision statement, “The campus will be distinctive in serving the diverse people of California, especially the working class and historically undereducated and low-income populations” (CSUMB Vision Statement, 1994). My outreach program focuses on women throughout Monterey County, especially lower income, working class, and homeless women that do not usually receive aid. Although the program extends throughout Monterey County, the
majority of women I work with are from oppressed communities. By providing them with information, support, and services, this will enable them to become self-advocates.

The capstone project began July 1, 2001, and will continue through June 30, 2002. Each goal, objective, activity, and evaluation process will have a more specific timeline ending June 2002. The capstone project will be presented May 2002 during the capstone festival in power point format.

**Conclusion**

The agency will have a structured well-defined outreach program that focuses specifically on women in the community and their needs. After I have left the agency, I will have developed a step-by-step plan of how to implement and evaluate an outreach program designed for women. The individual who might take on my position next will have a guide of suggestions on how to implement each goal activity and evaluation tool. The step-by-step will be an initial starting point for the new staff.

The project will benefit the women of Monterey County who are at high-risk for HIV transmission, because the program has been structured and defined based on their needs. The program will reach out to all women in the community of different backgrounds, cultures, race, and age. The program is structured with flexibility and fluidity that as the women change the program will change.
References


Monterey County AIDS Project
Education and Prevention
Scope of Work

Target Population: Women

Implementation, Evaluation Period: July 1, 2001 – June 30, 2002

Goal # 1: Increase Individual’s Knowledge About HIV/AIDS, Develop Skills and Enhance Self Esteem to Support Risk Reduction Behavior

<table>
<thead>
<tr>
<th>MEASURABLE OBJECTIVE(S)</th>
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<td>1.1</td>
<td>Through one-on-one contacts, a Minimum of 500 women at risk for HIV will be provided with information about HIV transmission, prevention, testing and other community resources. Individual risk assessments and more in-depth discussions will be conducted whenever possible</td>
<td>1.1.a. Women’s Program Coordinator will work with Volunteer Coordinator to recruit at least 8 volunteers for the Women’s Program. Emphasis will be placed on recruitment in communities of color.</td>
<td>Recruitment plan established by 9/30/01; implementation ongoing.</td>
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<td>1.1.b. Women’s Program Coordinator will work with Volunteer Coordinator and other Education Department staff to conduct training for volunteers working with women at risk for HIV transmission. Training will include HIV/AIDS information, prevention techniques, teaching communication and negotiation skills, principles of Harm reduction philosophy, individual risk assessment, women’s issues relating to HIV transmission, HIV/STD testing resources and referral information.</td>
<td>1.1.b. Women’s Program Coordinator to participate in not fewer than two volunteer training sessions by 6/30/02.</td>
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Target Population: Women

Implementation, Evaluation Period: July 1, 2001 – June 30, 2002

**Goal # 1: Increase Individual’s Knowledge About HIV/AIDS, Develop Skills and Enhance Self Esteem to Support Risk Reduction Behavior**

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| 1.1.c                   | Women’s Program Coordinator and volunteers will conduct at least one outreach session per week focusing on women at risk for HIV, including, but not limited to: sex workers, injection drug users, partners of injection drug users, incarcerated individuals, women in recovery programs, women in half-way houses or shelters. An outreach contact consists of an interaction meeting at least two of the following criteria:  
  a) conversation about HIV lasts 5 to 10 minutes;  
  b) participant discloses risk behavior or demonstrates ability to identify personal risk,  
  c) outreach worker makes referral to health care, drug treatment, HIV support services, syringe exchange program or other social services agency, | 1.1.c Tracking sheets will be maintained and reported for each training session, to include: number and type of participants, ethnicity, approximate age, and topics discussed during presentations. |
Monterey County AIDS Project
Education and Prevention
Scope of Work

Target Population:  Women

Implementation, Evaluation Period: July 1, 2001 – June 30, 2002

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<td>d) participant engages in in-depth conversation about personal life circumstances (e.g., information regarding drug use, spouse’s infidelity) or makes disclosure related to living situation that would assist outreach staff in identifying participant’s risk for HIV infection or transmission, participant affirms personal safer sexual and/or drug-related practices.</td>
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Target Population: Women

Implementation, Evaluation Period: July 1, 2001 – June 30, 2002

Goal # 2: Enhance the County’s Capacity to Ensure the Accomplishments of the Preceding HIV Prevention Goals

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<td>2.1</td>
<td>In order to establish and strengthen a network of community support for HIV prevention among women at risk for HIV infection, ongoing collaboration shall be established and maintained between the Women’s Program and not fewer than 3 agencies that serve needs of women (e.g., Door to Hope, Genesis House, Monterey County Jail). At least one of these agencies shall be a new collaboration with MCAP’s Women’s Program.</td>
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<td>2.1.a. The Women’s Program Coordinator will identify and contact agencies to describe MCAP’s educational and supportive services for women.</td>
<td>2.1.a. By 9/30/01</td>
<td>PROCESS EVALUATION:</td>
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<td>2.1.b. WPC will develop Memoranda of Understanding (MOUs) with each participating agency outlining the terms of collaboration, to be signed by MCAP and the participating agency.</td>
<td>2.1.b. MOUs signed by 12/31/01</td>
<td>2.1.a. WPC’s log listing correspondence and phone contact with other agencies will be kept on file.</td>
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<td>2.1.c. The WPC will schedule and facilitate at least four HIV/AIDS in-service training sessions for staff and/or clients of other agencies. Training sessions may include AIDS 101 presentations, Harm Reduction training, video presentations, referral information and answers to questions raised by participants.</td>
<td>2.1.c. At least 4 trainings by 6/30/02.</td>
<td>2.1.b. Signed MOUs will be kept on file.</td>
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<td>2.1.c. Tracking sheets will be maintained and reported for each training session, to include: number and type of participants, ethnicity, approximate age, and topics discussed during presentations.</td>
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Monterey County AIDS Project  
Education and Prevention  
Scope of Work

Target Population:  Women

Implementation, Evaluation Period: July 1, 2001 – June 30, 2002

Goal # 2: Enhance the County’s Capacity to Ensure the Accomplishments of the Preceding HIV Prevention Goals

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OUTCOME EVALUATION:
2.1 During the final month of the grand period, the WPC will phone participating agencies and contact persons to evaluate the collaboration. Topics to discuss include: benefits of collaboration, obstacles to working together, outcomes for the target populations, collaborative achievements, and the potential for future collaboration.
Monterey County AIDS Project
Education and Prevention
Scope of Work

Target Population: Women

Implementation, Evaluation Period: July 1, 2001 – June 30, 2002

**Goal # 3: Provide Outreach Services to high-risk populations in Monterey County**

<table>
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<tr>
<td>3.1. One-on-one outreach services</td>
<td>Such as information on HIV transmission, testing prevention and community resources will be provided to at least 700 individuals at high risk for HIV infection, by June 30, 2002. This includes injection drug users and their partners, migrant farm workers, hard to reach populations in rural settings, sex workers, people of color/African American, homeless individuals.</td>
<td>3.1. The outreach staff and volunteers Targeting specific at-risk populations (Injection Drug users, women, people of color, African American, Latina farm workers and at-risk youth) will conduct outreach activities at various sites throughout Monterey County. Outreach will be conducted in locations appropriate to each target group. Outreach activities will be defined as the discussion of HIV transmission, via unprotected sexual activities, needle use and sharing and safer behaviors to prevent HIV infection. Resources and referrals will be provided when appropriate.</td>
<td>3.1. Quarter 1, 2, 3, 4</td>
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<td>3.2. By June 30, 2002, 150 Medicaid Eligible women of childbearing age, and their sex or needle-sharing partners (25%) will be provide with information on HIV transmission, testing, prevention and community resources</td>
<td>3.2. The Women’s Program Coordinator Will perform outreach activities at various sites throughout Monterey County targeting agencies and venues, which serve or are frequented by Medicaid eligible women at risk for HIV. These activities will include presentations, small group discussions and follow-up contact.</td>
<td>3.2. Quarter 1, 2, 3, 4</td>
<td>3.2. Outreach tracking sheets Will be entered into MCAP database on monthly basis.</td>
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Target Population: Women

Implementation, Evaluation Period: July 1, 2001 – June 30, 2002

**Goal # 4: Provide high-risk individuals with access to HIV testing.**

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<tr>
<td>4.1. By June 30, 2002, 200 HIV Antibody tests will be administered to individuals at high risk (i.e. incarcerated individuals, people of color/African American/Latino(a)/farmworkers, homeless individuals, sex workers, and IDU’s and their partners) for HIV infection.</td>
<td>4.1. Trained MCAP staff (Women’s Program Coordinator) HIV Test Counselor will administer OraSure tests at locations where high-risk individuals congregate throughout Monterey County. The WOP and volunteers will access high-risk individuals through street outreach efforts, health fairs, drug treatment centers, home visits, County jail and referrals from other community agencies.</td>
<td>4.1. Quarter 1, 2, 3, 4</td>
<td>4.1. Records of number of test Administered and demographic information will be kept.</td>
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HIV/AIDS Education & Prevention
Outreach Program for Women

Senior Capstone Project
Presented by: Catrina Flores
Collaborative Health and Human Services
HIV/AIDS

- Human Immunodeficiency Virus
- Acquired Immune Deficiency Syndrome
- 5 Body Fluids
- Behaviors and Transmission
The Experience Begins

San Francisco

Pedro Zamora 1972-1994
MCAP is a community-based, non-profit, volunteer supported organization whose goals are to improve the quality of life of people infected with HIV and their family members and friends of Monterey County, and to prevent the spread of HIV disease through advocacy and community education.
Services offered

- Client Services
- Education and Prevention
Since the beginning of the AIDS epidemic women have been neglected. Women are the fastest growing group of individuals becoming infected.

1982
67 cases of AIDS

1988
106,059 cases of AIDS

http://www.avert.org/pix
Population

- High-risk women in Monterey County
What is the need?

- A female coordinator
- Consistent outreach
- Environment
- Testing provided by a woman
- Basic necessities
- Workshops
My Project
Create an education and prevention outreach program specifically for women

• 3 components
  - Development
  - Implementation
  - Evaluation
Scope of Work - Goals

1. Increase knowledge about HIV/AIDS
2. Recruit and train volunteers
3. 1:1 outreach to high-risk communities
4. HIV Testing
Objectives & Activities

1. Recruit & train 8 volunteers
2. Collaboration with 3 agencies
3. 500-700 contacts made thru outreach
4. HIV testing

http://www.avert.org/outreach/pix
Benefits to participants

- Consistent outreach
- Awareness
- Testing
- Referrals
- Support
- Empowerment
- Comfortable, understanding, and safe environment
- Advocacy
Evaluation: Process/Outcome

- Supervisor
- Funding agencies
- Clients & participants
Conclusion

- MCAP has a foundation to provide strong, reliable services to women in M.C.
- A strong collaboration has been established between MCAP and other agencies that provide service to women.
- Women of M.C. now have their own program.
Until there's a cure...