



Intentional Leadership Doing the Work & Being the Work



About Community Impact Solutions Project

- Prevention with Positives
- Prevention with Negatives
- Organizational Development

Visit our
website at
www.etr.org/CISP

We provide essential capacity-building assistance (CBA) support to the HIV prevention workforce. We support community-based organizations and their clinical partners to deliver and sustain high-quality HIV programs and services.

Disclaimer



Disclaimer

Funding for this webinar was made possible (in part) by the Centers for Disease Control and Prevention (CDC). The views expressed by the speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services (DHHS), nor does the mention of trade names, commercial practices, or organizations imply endorsement by the US Government.

Meet the Facilitators

Michael Everett, MHS, CPC
Intimacy & Colour LLC



Michael Terry Everett is a Project Coordinator/Trainer for ETR's capacity-building team—Community Impact Solutions Project. He provides CBA services to community based organizations across the US. Michael is a Philadelphia native who has spent 15 years in human services and prior to joining ETR, served as the Director of Training & Capacity Building Support with the national NYC based organization, Harm Reduction Coalition (HRC).

Aunsha Hall-Everett, MA
Intimacy & Colour LC



Aunsha Hall-Everett is a Kentucky native and the COO of Intimacy & Colour, LLC. He has extensive background in Organizational Development and Capacity Building for HIV/AIDS workforce.

Series Objectives



- Introduce wellness practices
- Enhance organizational development
- Support competency
- Identify best practices
- Support engagement strategies
- Increase awareness
- Strengthen integration of holistic services

GOAL

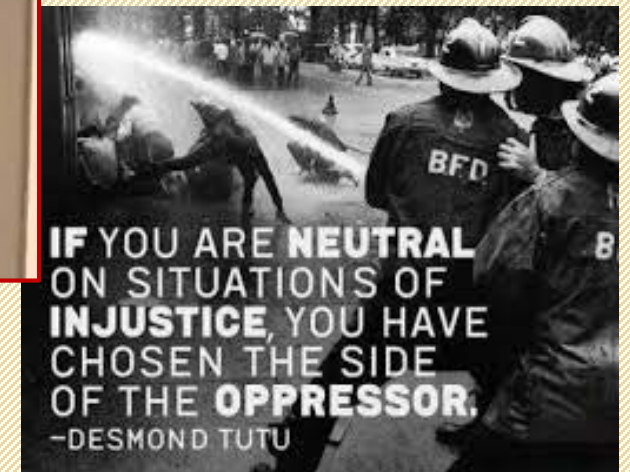
Strengthening health and wellness of BMSM service providers through professional development and wellness practices for the betterment of all BMSM.

Webinar 1 Objectives



- Review HIV/AIDS Strategy
- Define healthy organization
- Introduce intentional leadership
- Discuss BMSM professional development
- Support human resource development
- Strengthen quality of services for BMSM

Louis Ortiz Video On Institutional Violence



User Friendly Evaluation



Ten SurveyMonkey Questions
Facebook Discussion Questions



SELF REFLECTION

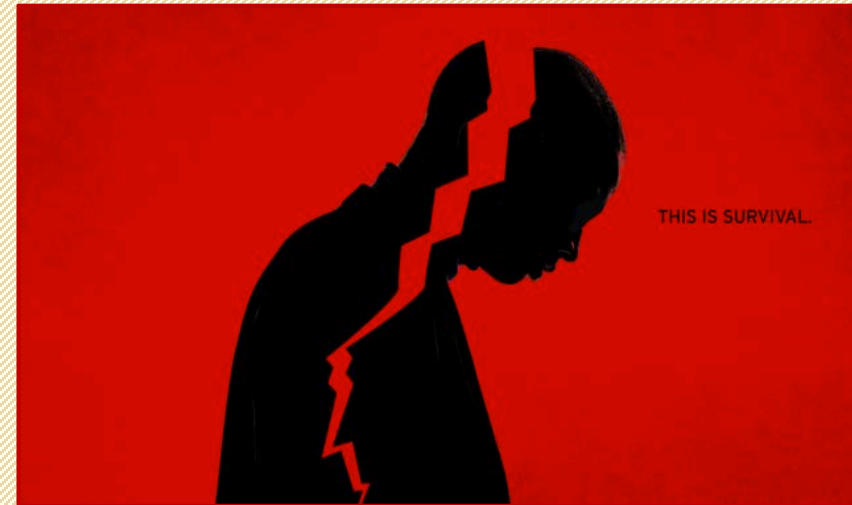
Leaders need tools that
help them look in
the mirror
- Jane Kise

Who Are We

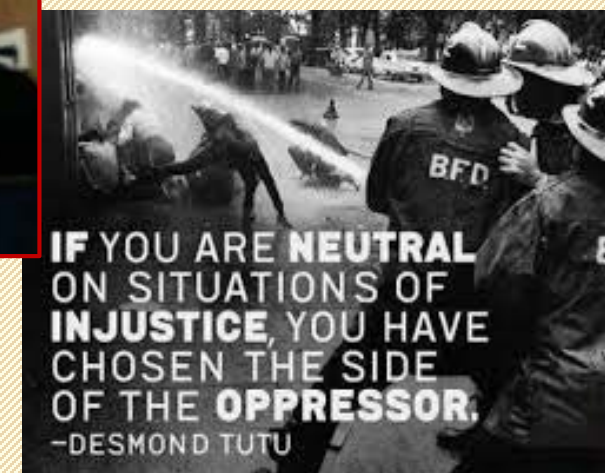
A Super Man?



A Broken Man?



Yolo Akili Robinson On the Duality of BMSMSP



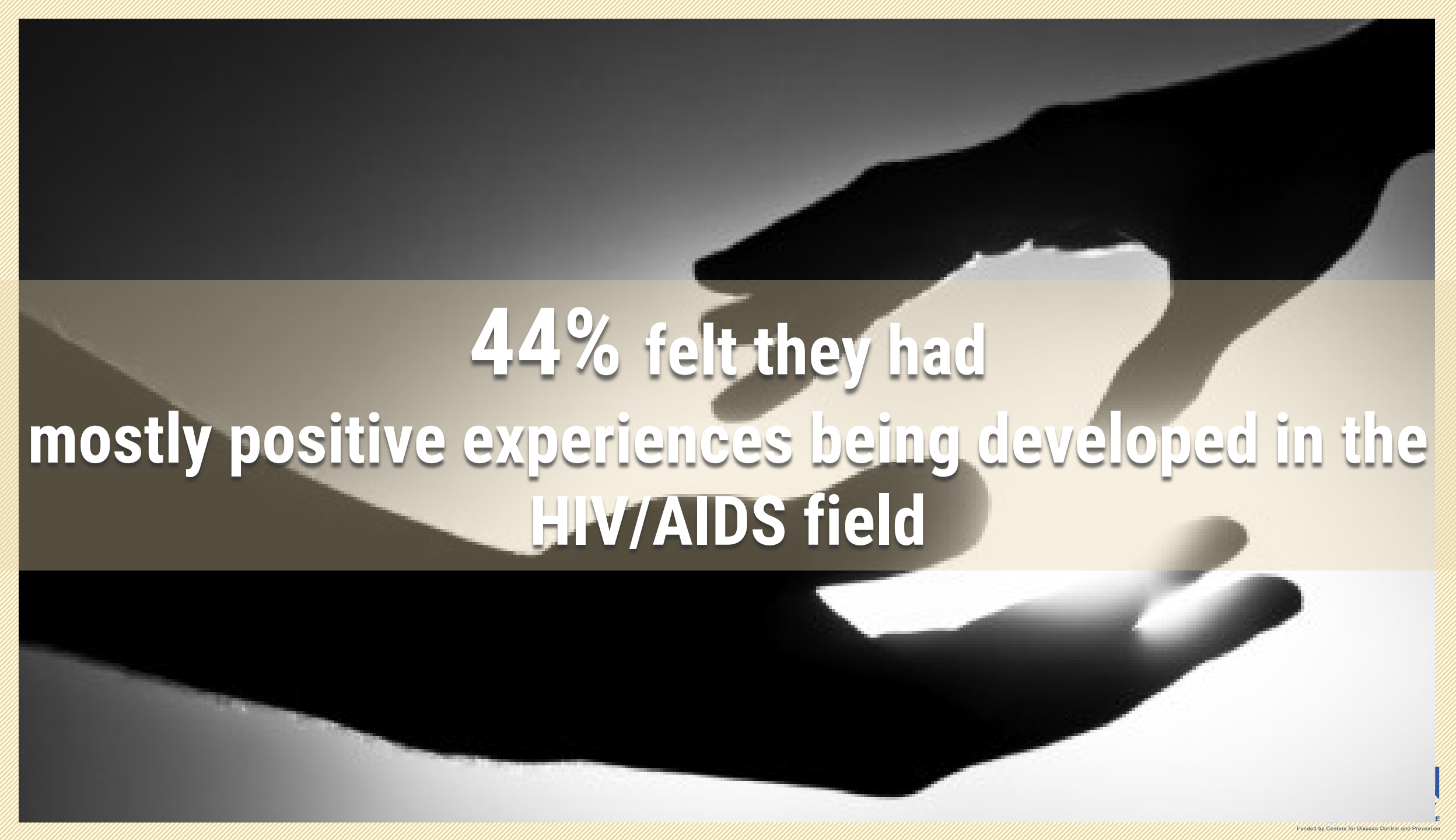


65%
Not Invested In Wellness

A group of business professionals in a meeting, with a large, colorful, abstract graphic in the background. The graphic consists of several overlapping, curved shapes in shades of blue, green, yellow, and red, creating a dynamic, multi-colored effect. The text is overlaid on a semi-transparent grey band across the middle of the image.

61%

Have ever been approached or solicited in a sexual inappropriate way by mentor/supervisor

A high-contrast, black and white photograph of two hands shaking. The hands are positioned in the center of the frame, with fingers interlaced. The background is a gradient of light to dark grey. The text is overlaid on the central part of the image.

**44% felt they had
mostly positive experiences being developed in the
HIV/AIDS field**

Participant Poll Question #1



Do you believe that most frontline BMSM are sufficiently educated on the NHAS & HIP strategies?

1. Bureaucracy



2. Accountability



3. Boundaries



4. Lack of Investment



A close-up photograph of a hand holding a document. The document is titled 'NATIONAL HIV/AIDS STRATEGY' in large, bold, black letters. Below the title, there is a circular stamp that reads 'FEDERAL IMPACT REVIEW' and a date stamp 'JULY 2010'. The document is held by a hand, with the fingers visible on the right side. The background is dark, making the document stand out.

The National HIV/AIDS Strategy

NHAS Objectives

- ✓ Reduce new HIV infections
- ✓ Reduce HIV related disparities & inequities
- ✓ Increase access to care and improve health outcomes for PLWH
- ✓ Achieve more coordinated national response to the epidemic in the US



3. Reduce percentage of young gay and bisexual men who have engaged in HIV-risk behaviors by 10%.

9. Reduce disparities in the rate of new diagnoses by at least 15 percent in the following groups: gay and bisexual men, young Black gay and bisexual men, Black females, and persons living in the Southern United States.



HIGH IMPACT

HIV prevention
that works



High Impact Prevention



- Implementing improved approach to funding distribution
(Funding is allocated based on number of people living with HIV)
- Expanding HIV testing
- Initiating demonstration projects



You're not ensuring your
frontline staff understand
the political and social
structure of HIV in the US

Risk Factors Vs. Protective Factors

RISK FACTORS

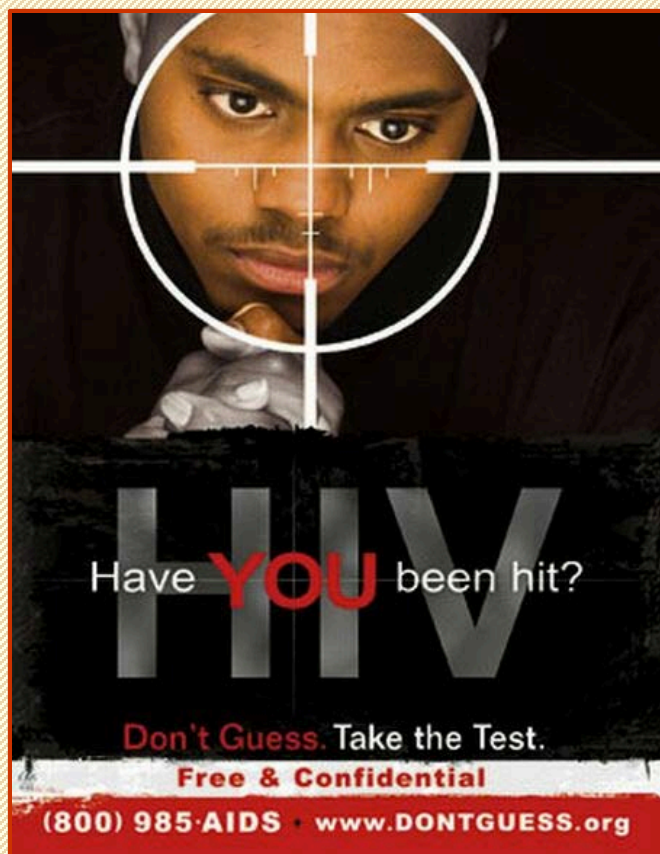
Involvement w/ drugs,
alcohol, etc. Influences that
work against self

Disparities can lead to
vulnerability for people
to take risks that can
lead to harmful
consequences

PROTECTIVE FACTORS

A positive engagement w/
family/social support
Involvement in
social/recreational activities

Risk Factors Impacting BMSM before HIV

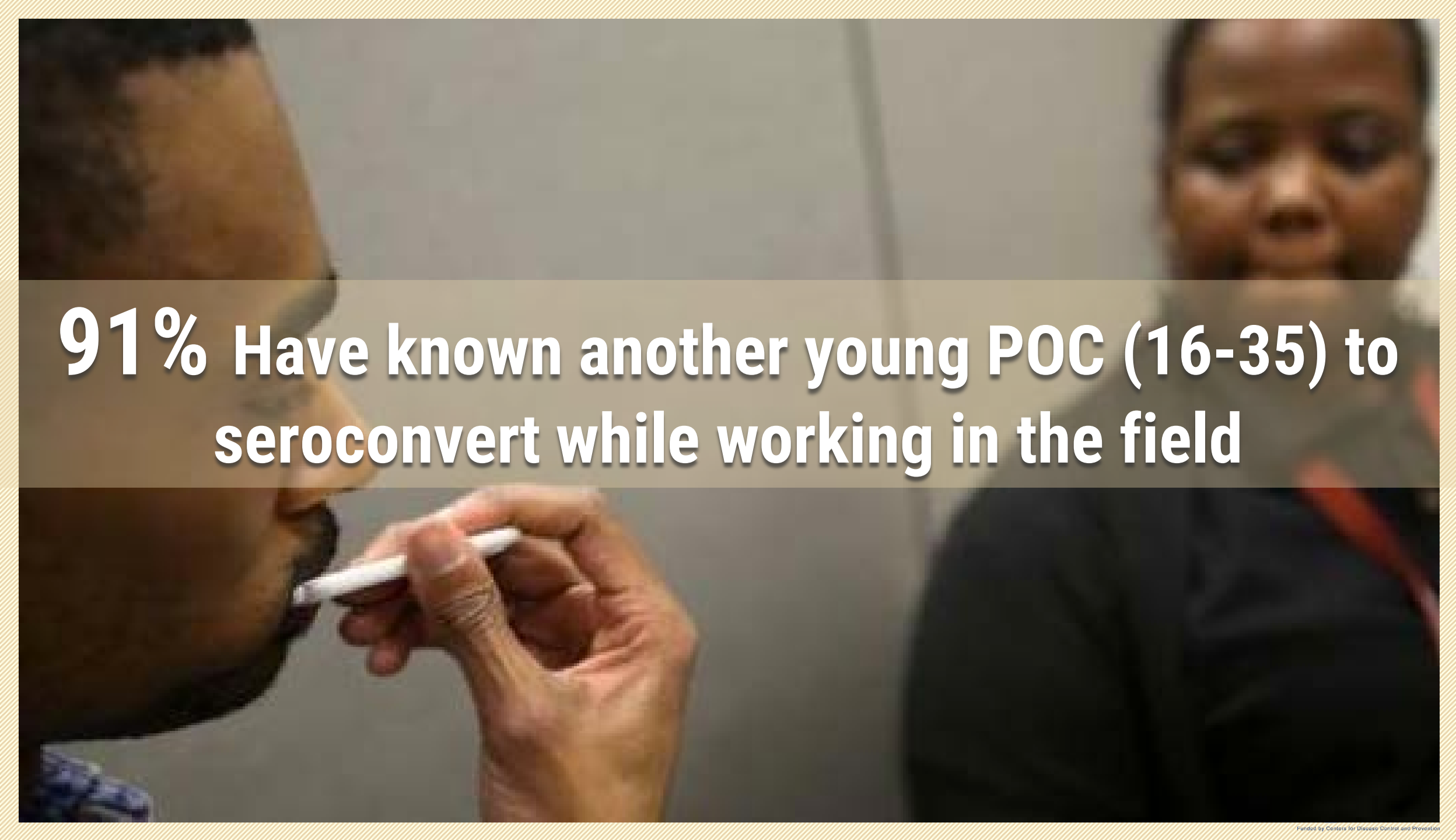


- ✓ Racism
- ✓ Classism
- ✓ Homophobia
- ✓ Others???

Protective Opportunities



- ✓ Professional development
- ✓ Sexual health
- ✓ Advocacy
- ✓ Others???



91% Have known another young POC (16-35) to seroconvert while working in the field



54% Have Experienced Homophobia or Ageism

A photograph of four Black men standing side-by-side in formal attire. From left to right: the first man is wearing a dark, vertically striped suit jacket; the second man is wearing a red and black plaid shirt; the third man is wearing a dark suit jacket with a light blue scarf and a colorful boutonniere; the fourth man is wearing a dark pinstriped suit jacket with a red tie. They are all looking towards the camera with neutral to slightly smiling expressions. A semi-transparent dark grey banner is overlaid across the middle of the image, containing white text.

**80% Felt pressure to tap into
their social networks**

Intentional Leadership?

The process of getting things done

Focus on process not outcomes

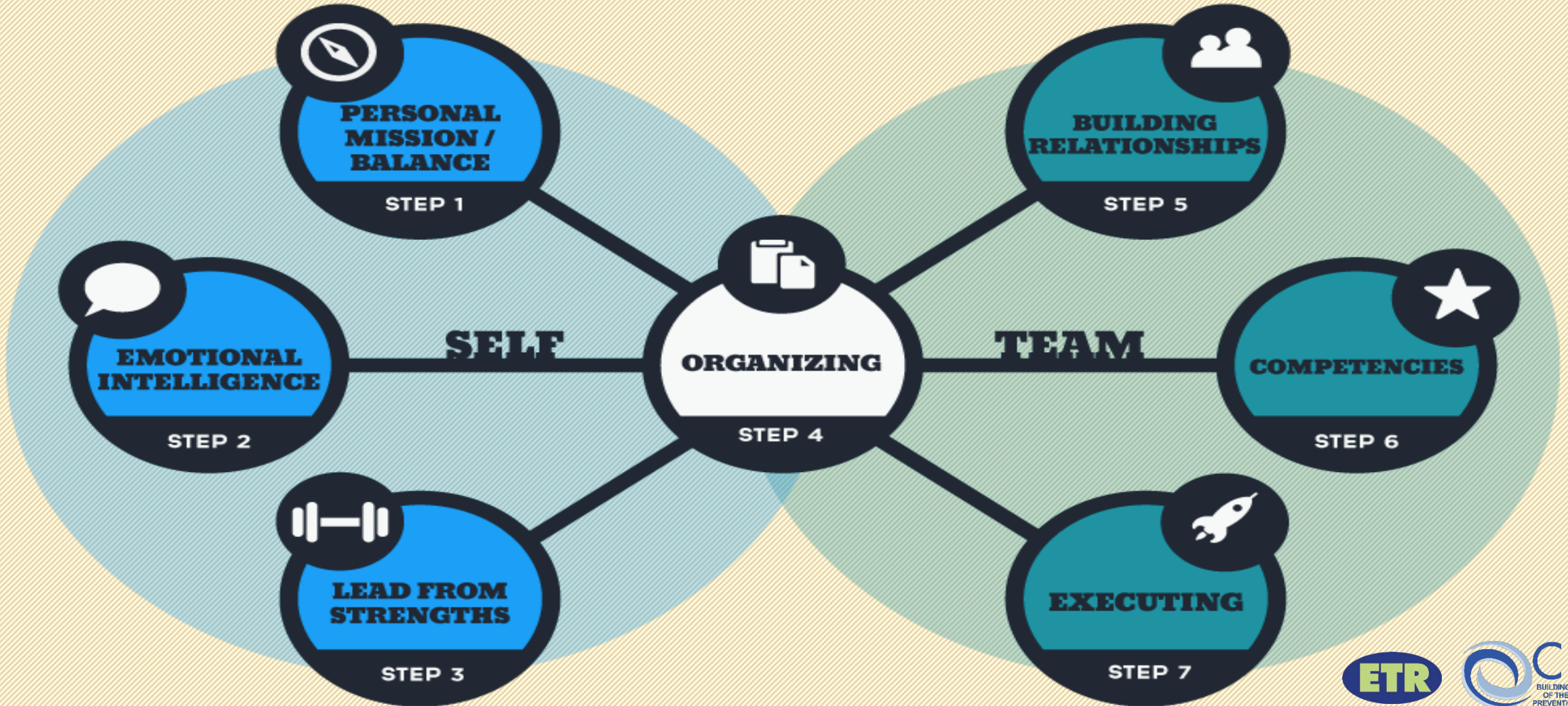
Mindfulness

Valuing Human & Social Capital

WELLNESS

INCLUSIVENESS

Intentional Leadership



MASLOW'S HEIRARCHY of NEEDS



MSM Protective Opportunities From the Start



Ex: Monolithic MSM Programming

Ex: Funding Jobs

Manipulate #s,
Duplicate Services



Ex: Diverse MSM protective factors

Ex: Funding Programs

Effective Targeting



**Support employees' need for Mental, Physical,
Emotional, Spiritual and Social well-being**

Participant Poll Question 2



Of the healthy organization categories displayed below, which one is most prioritize within you agency setting? (i.e policies, performance & resource).

Participant Poll Question 3



Which area of a healthy organization is your agency **CHALLENGED** at implementing? (i.e. policies, performance & resource)

Mental

The workplace is one of the key environments that affect our mental wellbeing and health.



Physical

2008 U.S. DHHS released the Physical Activity Guidelines for Americans, which is applicable to policy makers, physical educators, health professionals, and the public.



Emotional



Actively disengaged employees aren't just unhappy at work; they're busy acting out their unhappiness. Every day, these workers undermine what their engaged coworkers accomplish.

Social



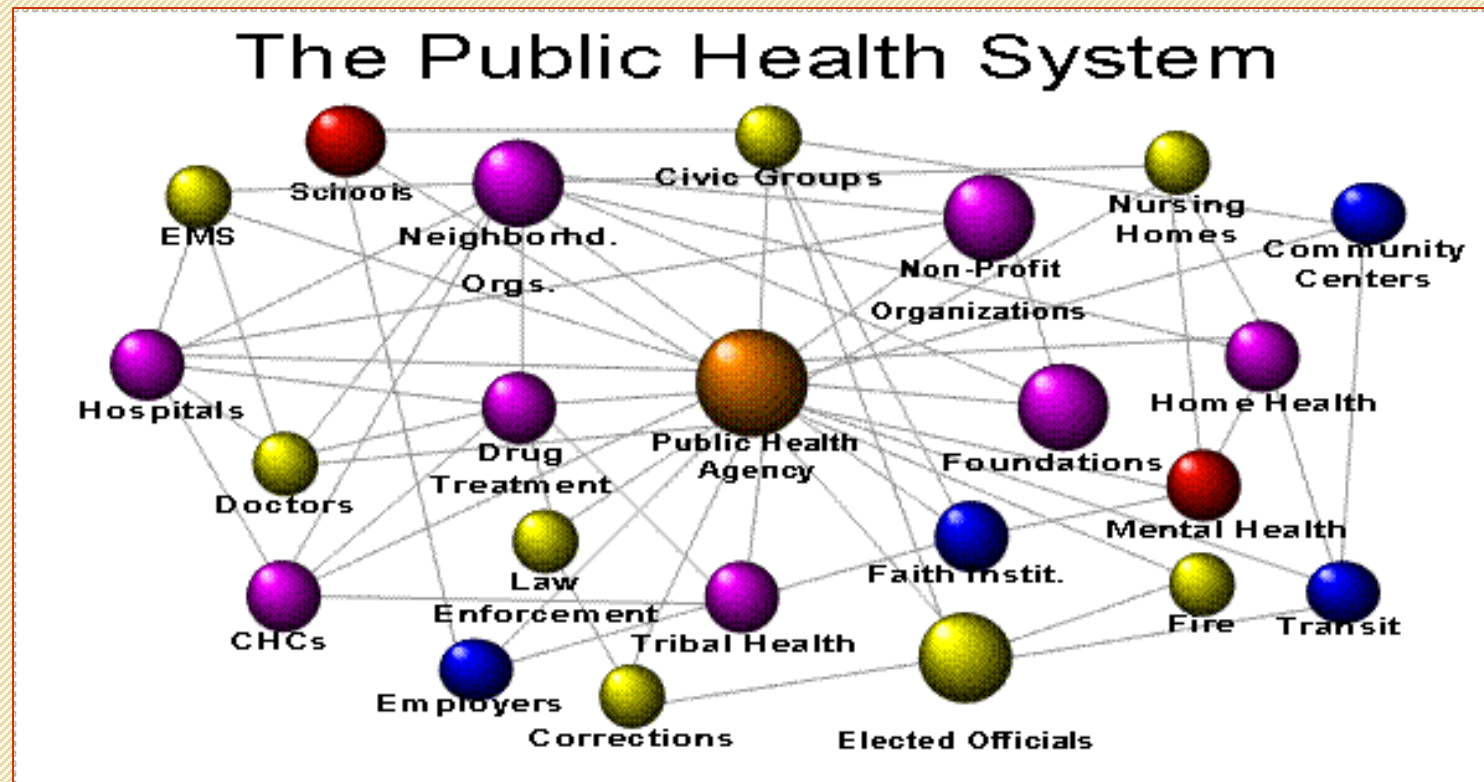
Working environments are social communities that consist of dependent relationships that may have an impact on our health.

Spiritual

Differentiating between a particular religion and spirituality is the key. A spiritual workplace has an open flow of communication within all levels of the organization.



Healthy Communities Are Supported by Healthy Organizations



User-Friendly Evaluation Discussion



If we were to do away the traditional HIV organizational structure, and design, and cater exclusively to Same Gender Loving men of color what would make this organization different?

1. Competency



2. Affirmation

13



14



15



16



13

14

15

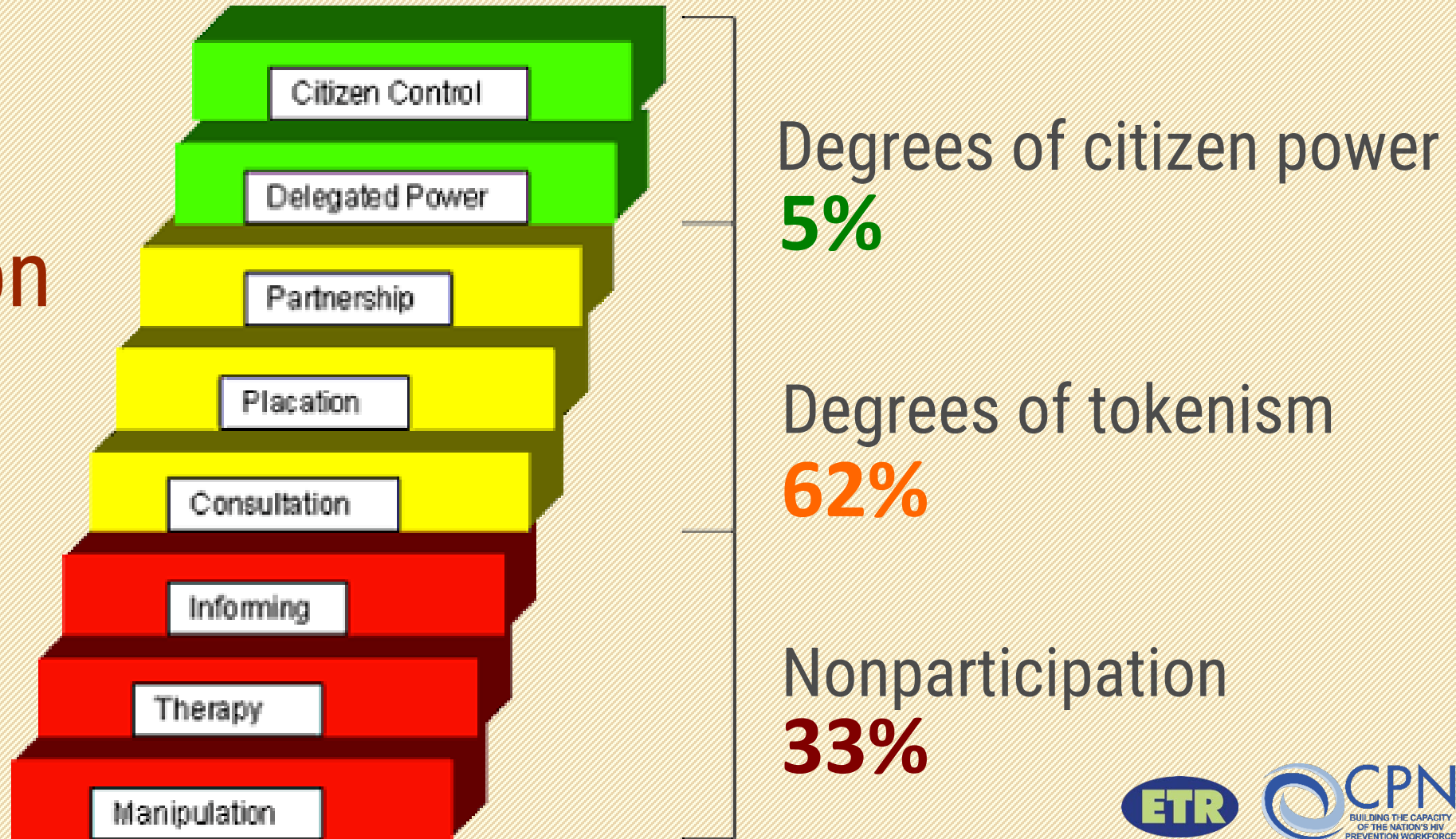
16

3. Equity Not Tokenism



User Evaluation Survey

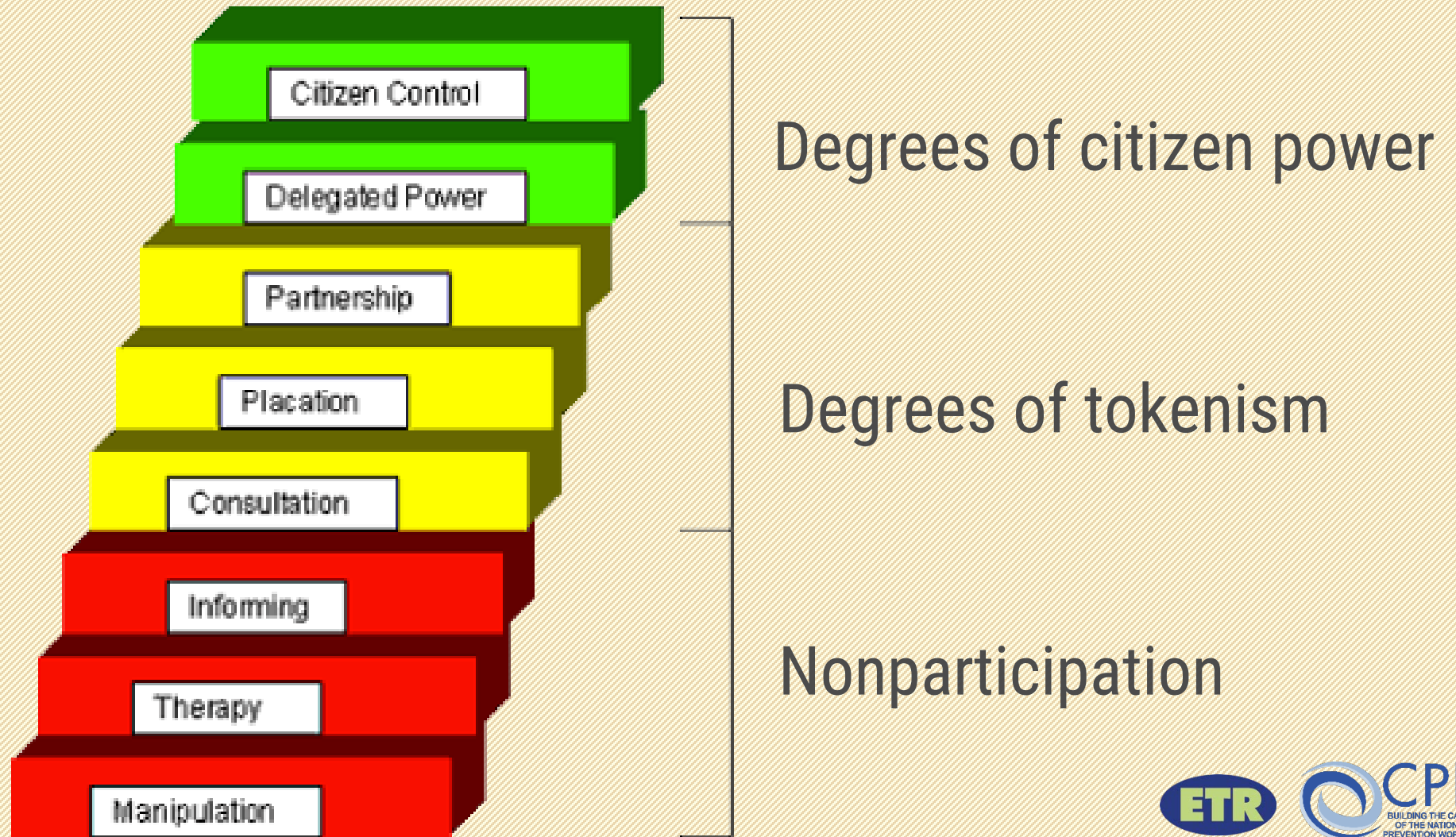
Ladder of Participation



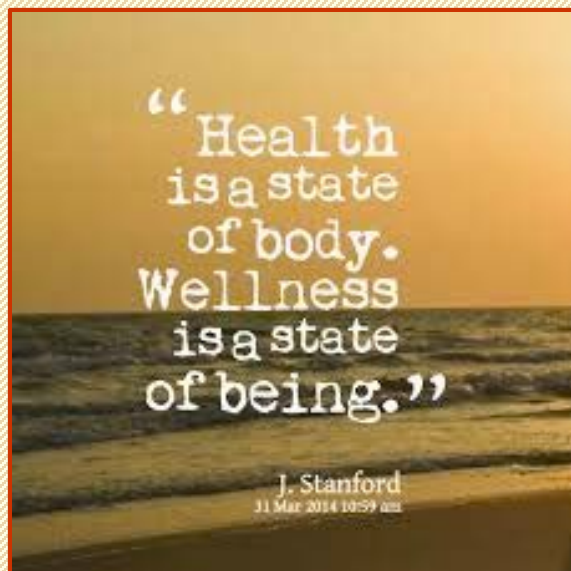
Participant Poll Question 4

Where do
you fall?

- ✓ Red
- ✓ Yellow
- ✓ or Green

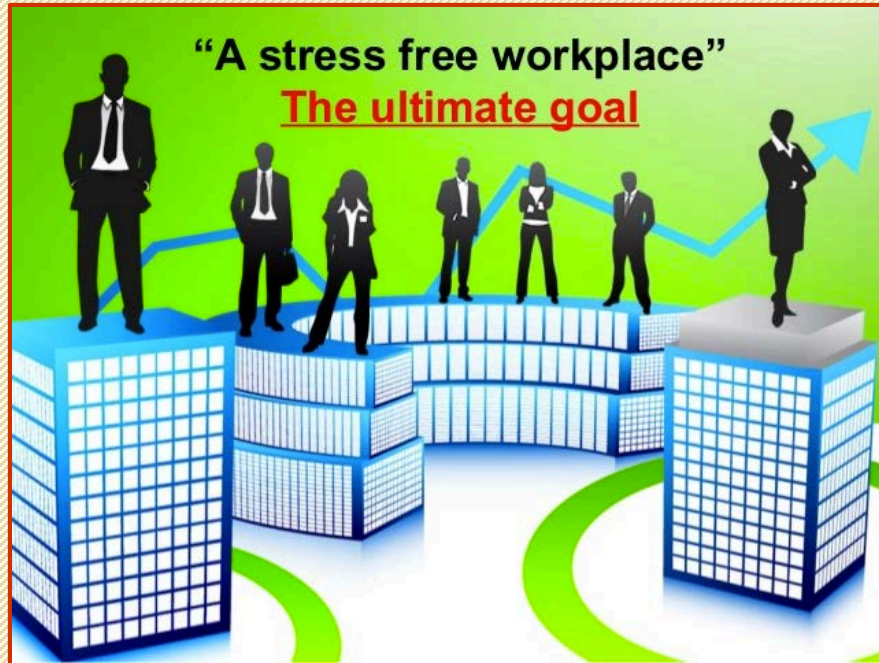


BMSM Organizational Wellness Tips



- ✓ Sexual health in the context of work
- ✓ Professional development
- ✓ Advocacy rights as clients & citizen

Sexual Health in the Context of Our Work?

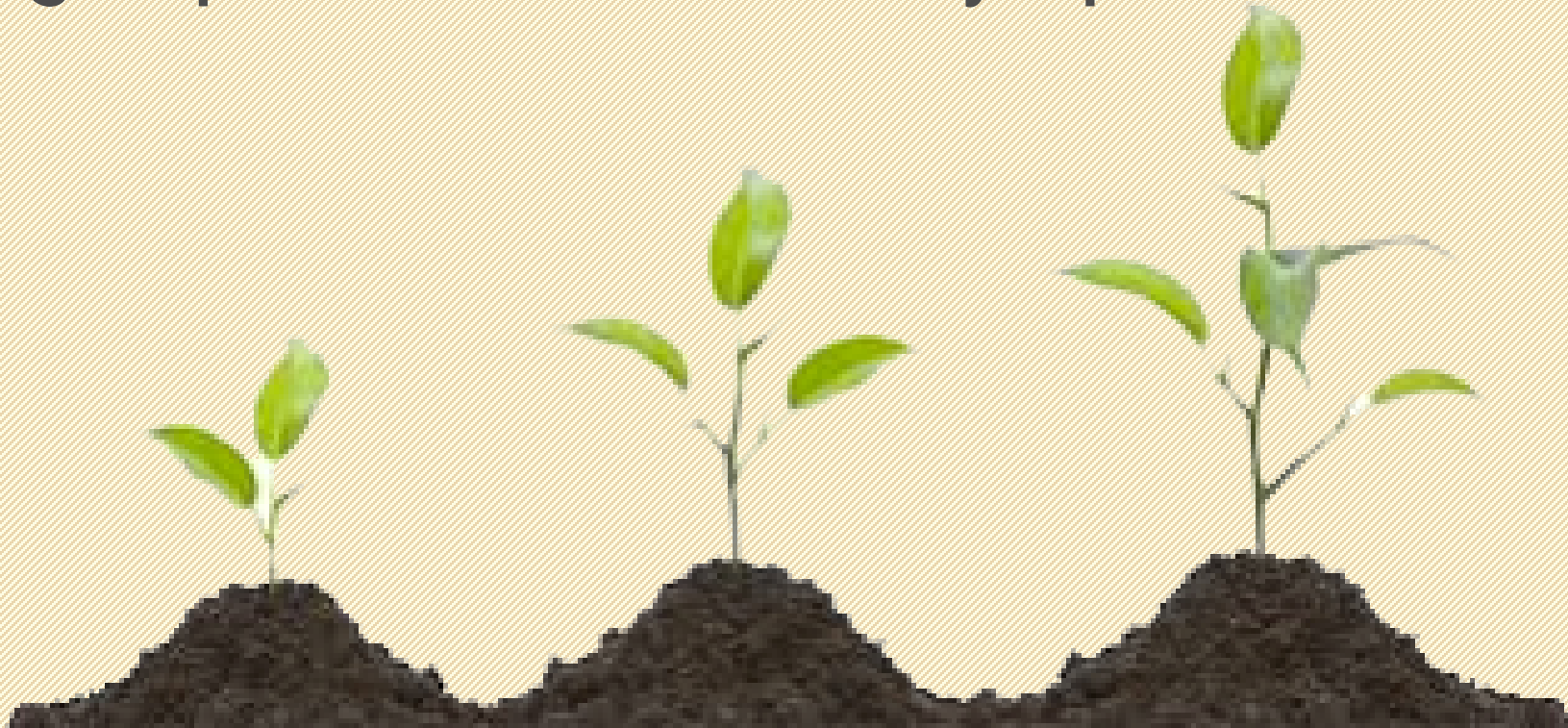


We must be protective of our employees, it's important to foster an environment where BMSM are not traumatized or rewarded for participating in unwanted behaviors.



Professional Development

We must develop BMSM strategically so that being exploited isn't the only option.



Advocacy and Training

- ✓ Policies governing BMSM need to be reflective of their needs and circumstances
- ✓ Evoke and inspire advocacy in BMSM to be able to do the same for clients



Tips For Healthier Institutions (What Providers Can Do) Dr. Leo Moore



1. Promote a workspace where black men are valued and can express opinions (having a seat at the table)
2. Encourage & support separation of work and play to combat burnout







THIS IS SURVIVAL.



Questions?





For Additional Information

Michael Terry Everett, Project Coordinator

Michael.everett@etr.org

Aunsha Hall-Everett, MSW

living@intimacy&colour.org

Jacqueline Peters, Moderator

jacqueline.peters@etr.org

You can find this webinar recording on the CISP Website 24 hours after this presentation!

<http://www.etr.org/CISP/webinars/>

