A Community-Based Haven for HIV Prevention

Practitioner Profile: Eduardo S. Morales, PhD

A home base and a welcoming environment.

That’s how Dr. Eduardo Morales characterizes AGUILAS (Spanish for “eagles”), the San Francisco organization where he serves as executive director. A key component of the organization is an HIV prevention program that began more than 15 years ago.

The theme of “community” is apparent throughout the organization. Developed and run by the target community of Latino gay and bisexual men, AGUILAS is the only HIV organization of its kind in the western United States. To help foster a sense of home, program participants are referred to as members, not clients.

Psychologists and others with local practices deliver services for programs at AGUILAS. “We incorporate professional talent from the community,” says Morales.

The principal goal of the organization’s HIV prevention program known as El Ambiente is long-term reduction in high-risk sexual behavior. The focus is on helping members face the challenge of building their resilience in order to avoid risky behavior and sustain safe sexual practices.

Members of the target population are often hard to reach and feel marginalized. “These feelings affect the psychological perspective of those who engage in risky behaviors,” says Morales.

Factors such as a sense of isolation and oppression along with psychosocial distress can serve as barriers to necessary behavior change. Morales says the safe haven provided by the El Ambiente program can help break down such barriers. The environment is designed to foster participant engagement and to enable members to build social support networks that last beyond an individual’s involvement with the program.

Much of the interaction with prospective program participants happens in person at community events such as street fairs and other venues where Latino gay and bisexual men are found. According to Morales, his organization’s approach differs from a traditional model where outreach largely involves impersonal tactics such as community-wide mailings. Representatives of AGUILAS partner with local business owners and others to create events that will attract members of the target community.

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Their model is unique in other ways. As an example, Morales says that in a typical service model, participants come to a waiting room and then join a group where they’re expected to bond and share. “That approach is incongruent with cultural norms,” he says. In their program, staff welcomes program participants as soon as they enter the building. Members begin to bond over dinner, which is served before the more formally structured portion of the event such as a group discussion takes place.

The HIV prevention program incorporates a combination of group and individual activities.

Group activities include new member orientation sessions, discussion groups and skill building workshops, along with innovative elements such as overnight retreats that Morales credits with increasing program participation. Individual activities include risk reduction counseling that typically uses evidence-based motivational interviewing provided in Spanish or English as chosen by the participant.
Empowerment and engagement are driving forces. Members are integrally involved in setting up the agenda for workshops and discussion groups and identifying topics that interest them – for example, relationships with parents, domestic violence and identity issues. “People get excited about having a forum for discussion, and they’re often profound,” observes Morales, who adds that having interactions with men who share similar experiences is new for many participants.

To facilitate engagement, members can select activities from a menu, design their own series and pursue their program at an intensity that works for them. “It’s not realistic to expect participants to come to a designated sequence of activities without missing any,” say Morales. The goal is for members to feel a bond to the program and that they gain something each time they participate -- for example, feeling more connected to others or simply that they had a good experience.

Licensed professionals including psychologists are utilized to deliver services including what the HIV prevention program refers to as “counseling,” but which, Morales explains, is often more akin to therapy. Psychologists who participate in the program are given a protocol but allowed to tweak it as appropriate in line with their professional judgment. “Psychologists are skilled at creating interventions, including prevention, that affect health in a broad sense,” says Morales. “They’re good at thinking about interventions that would work well with certain populations.”

The HIV prevention program is supported by grants from the city and county, in addition to federal funding. According to Morales, grant monies enable his organization to pay a competitive rate for psychologists to provide services. Most people they serve through the program can’t afford to pay privately. They have used sliding scales for fees that apply to overnight retreats, says Morales. “Charging at least a small registration fee commits individuals to showing up.”

The HIV prevention program is firmly anchored to outcomes. “You need to know what effect you are having and how a person has demonstrated change [in high-risk behaviors],” asserts Morales. The program administers a questionnaire to assess HIV risk and substance use, with follow-up administration at six months.

Data have shown that the program helps participants reduce their risk of HIV infection. For example, according to the San Francisco 2010 HIV Prevention Plan, there are three new cases of HIV infections every day. Morales reports that, based on program evaluation data collected at AGUILAS from 2002 to 2009, only three persons converted from HIV-negative to HIV-positive over that eight-year period.

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When asked about the impact of prevention programs on health care costs, Morales says, “You win in the long run, not the short run, with prevention. It generally takes five years [or longer] to show benefit.” He explains that, traditionally, grant funding has followed a shorter term disease model rather than a prevention model. “We need a different way of thinking,” says Morales.

A greater focus on prevention is a vital part of any national strategy to reduce long-term health care costs and health disparities in the United States, according to Morales. He affirms that compelling evidence of reduction in the use of expensive services including emergency room and crisis care resulting from the inclusion of preventive services in health care delivery models argues strongly for preventive services.

Morales is pleased that the Patient Protection and Affordable Care Act, the health care reform law passed in March 2010, encourages community-based prevention activities and provides funding for sustained investment in prevention and public health programs.

He sees expanded opportunities for psychologists in the new law. “Behavioral health is key in prevention programs, and psychologists are the architects and engineers of behavioral health,” says Morales.

Dr. Morales received the American Psychological Association’s Award for Distinguished Contributions to Institutional Practice in 2009. Additional information about AGUILAS and the El Ambiente HIV prevention program is available online at sfaguilas.org.