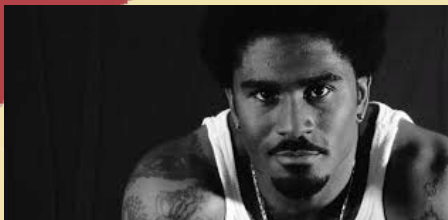




Black MSM Webinar Series Webinar 1: Intentional Leadership Being the Work & Doing the Work

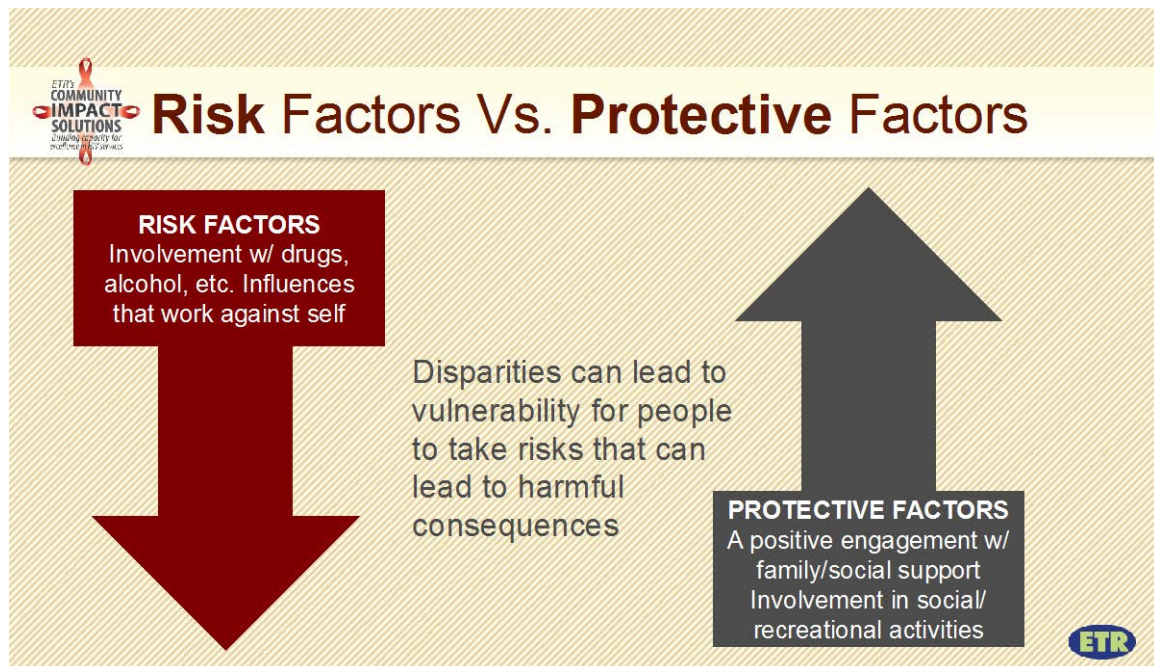
Because healthy communities are supported by healthy
CBOs!!!

Participant Webinar 1 Resource Book



Intentional Leadership Webinar Toolkit Resource Book

In the Intentional leadership Webinar that preceded this toolkit resource book, three areas where protective factors could be increased were identified. Protective factors are those resources, and opportunities that increase the likelihood that BSM can thrive towards wellness and wholeness. Most of what we know about BSM is based in their risk factors. This toolkit is designed to inspire ways to increase protective factors



The Tools presented in the this toolkit resource book include:

1. To address enhancing protective factors around promoting various wellness practices: An Ecological Approach to Creating Healthy Practices in the Work Environment Overview Handout.
2. To address enhancing protective factors around advocacy foundation building: The Ladder of Participation Explanation
3. To address enhancing protective factors around increasing professional development of BSM: The Hall-Everett Professional and Leadership Development toolkit (separate document).

Promoting Various Wellness Practices:

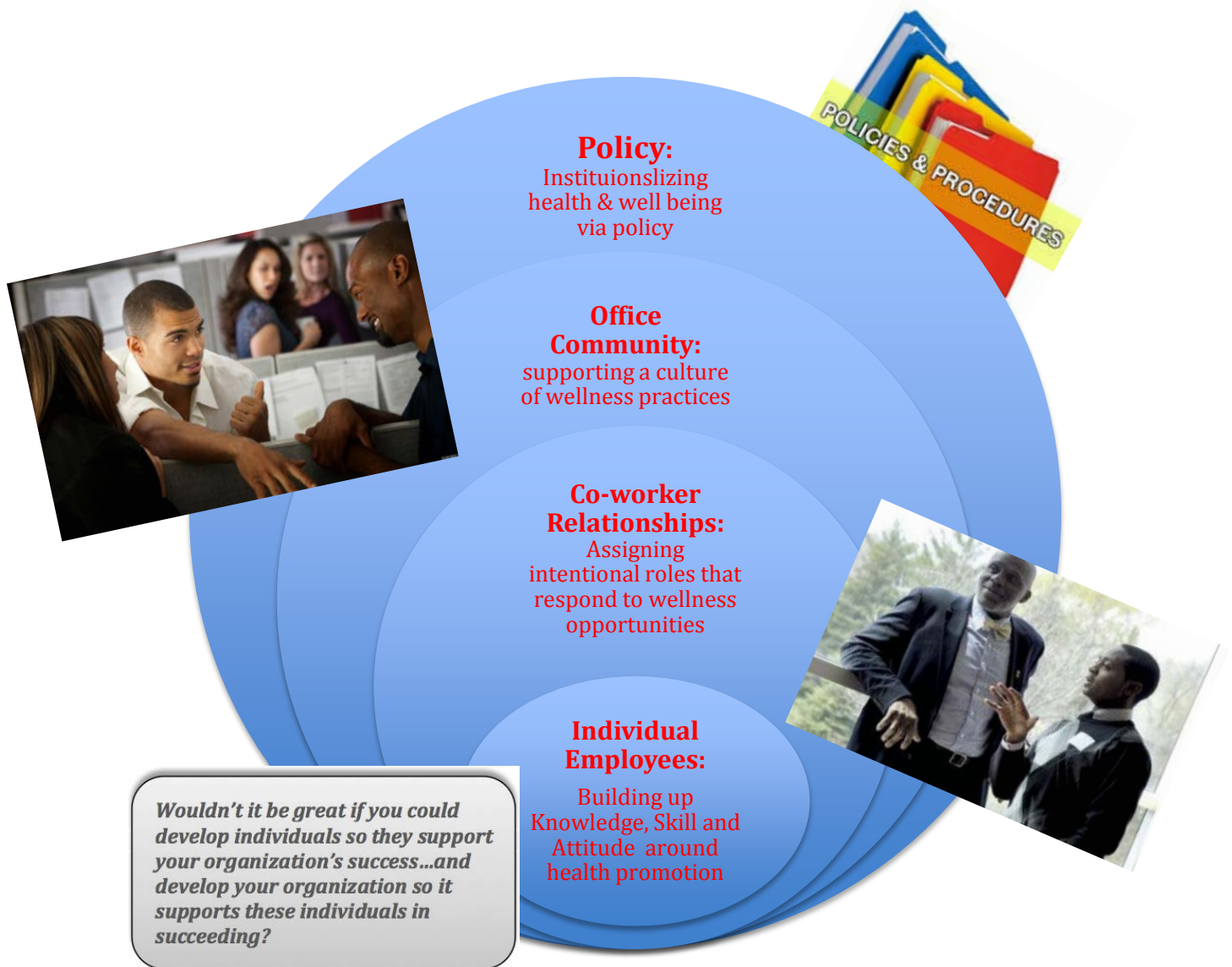
During the surveying portion of our dialogues with BMSM service providers were asked questions pertaining to their work or volunteer environment. The following responses represents our need to increase health and wellness protective factors within the work environment.

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

54% Have Experienced Homophobia or Ageism

80% Felt pressure to tap into their social networks

An Ecological Approach to Creating Healthy Practices in the Work Environment



1. Policy & Procedure

Institutionalizing health and wellness is an important strategy if your organization is serious about incorporating a standard of healthy practices within your agency.

Strategies:

- Implement policies that encourage healthy practices (yoga break, walking, quiet rooms). Health doesn't have to always look like exercise it could also look like supervision for frontline staff and managers, which should ideally consist of a neutral qualified outsider who helps staff to express and resolve challenges associated with the work.

2. The Office Community

Offices will form their own culture with or without the support of organizational leaders. It will be imperative to be intentional about the culture of your office if wellness is an organizational.

Strategies:

- Org & Project retreats that incorporate health.
- Select a healthy value of the week (physical, mental, emotional, social and spiritual) to get employees to actively engage.

3. Co Worker Relationships

Work environments are social environments and where there are social environments there are people who influence one another and helped to shape the norms and values of that environment.

Strategies:

- Professional mentorships where junior staff are paired with relevant senior staff to create.
- Train mentors in situational leadership strategies.
<http://www.kenblanchard.com/Solutions/Situational-Leadership-Development/Situational-Leadership-II>

4. Individual Employees

Health promotion can be complemented with a focus on health literacy and employee health efficacy. The knowledge, skills and perceptions your staff has about health directly impacts establishing and maintaining health based practices in the work environment.

Strategies:

- Assessing employee's knowledge and skills related to promoting a healthy office environment.
- Encouraging employees to lead or conduct activities (yoga, walkers club, meditation).

Promoting Foundational Advocacy Building:

During the surveying portion of our dialogues with BMSM service providers were asked: How invested do you believe HIV/AIDS serving institutions targeting Gay Black men to be in the overall wellness of Gay Black men?

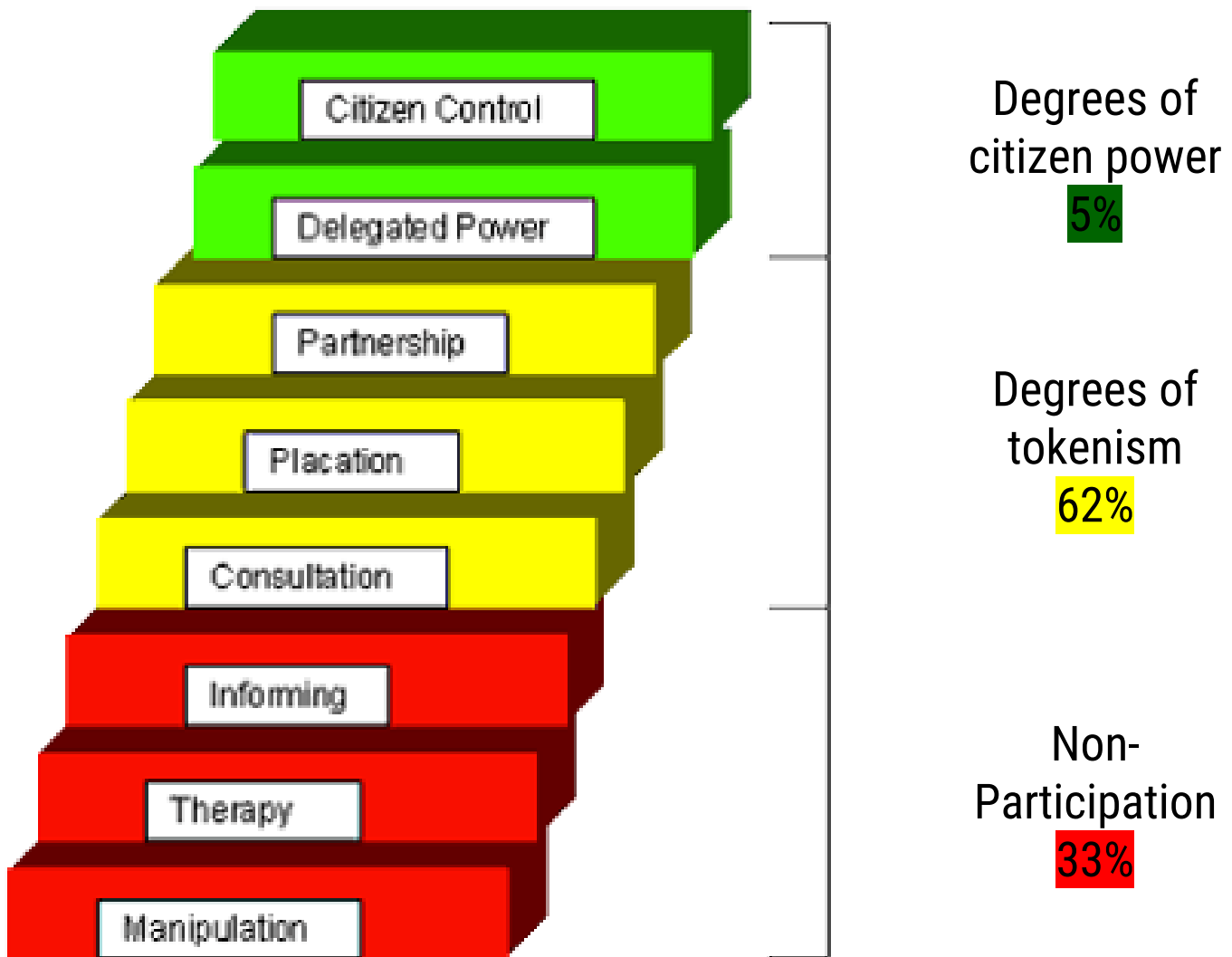


The statistic above is an indication that there are quite a few BMSM in field who could benefit from having access to advocacy tools to fight on their own behalf's. The following tool can be used to support advocacy empowerment

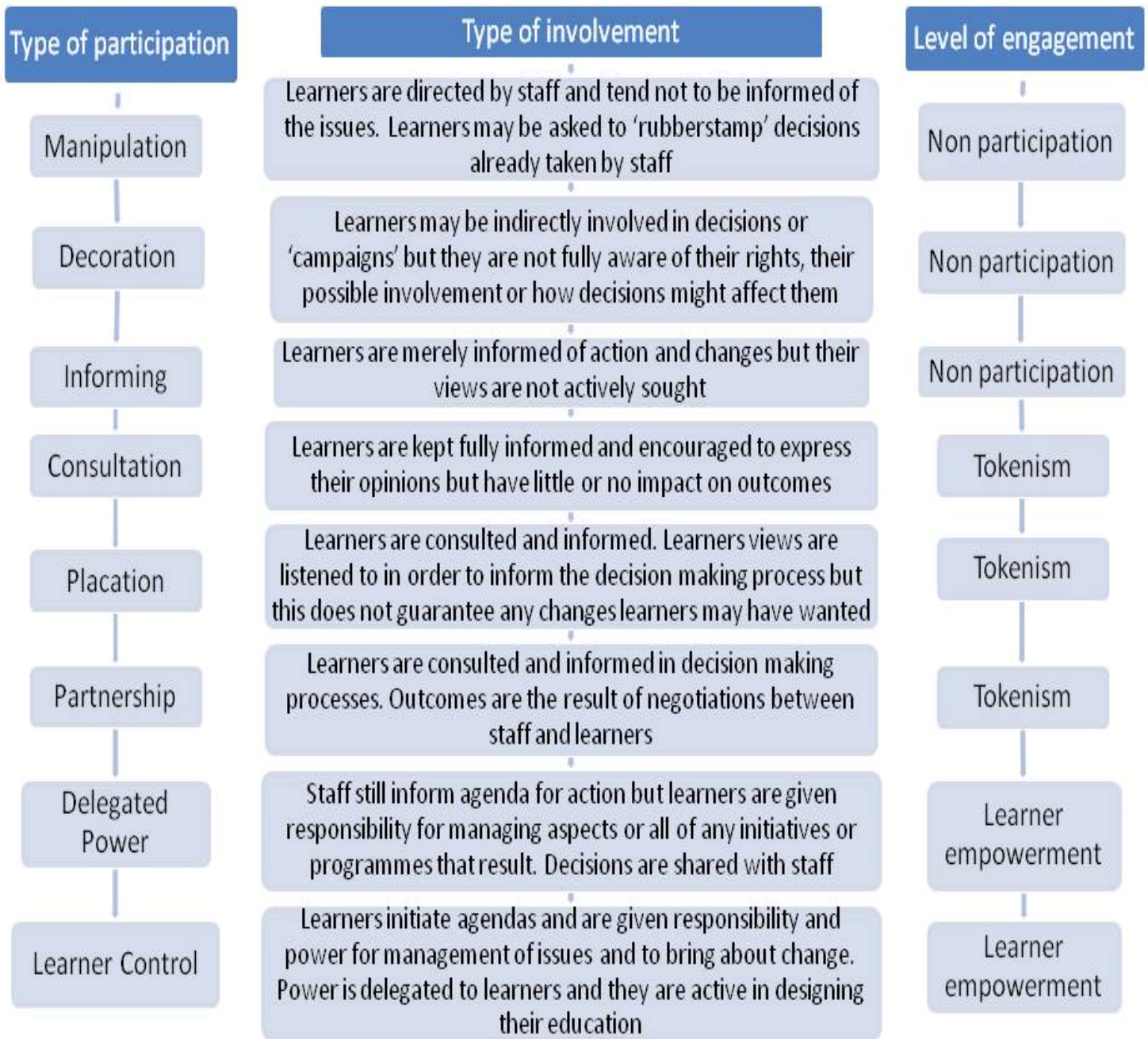
Ladder of Participation

A Starting Place for Activating Empowerment

The ladder of participation is typically used to support the identification of how involved or engaged a community is when it comes to power and decision-making. In the User-Friendly evaluations and Facebook discussion participants (BMSM service providers or volunteers) had an opportunity to identify where they believed they and other BMSM have existed on this ladder. Specifically BMSM wer asked to best describe how they believed HIV institutions have historically involved BMSM clients. Engagement approaches have typically fallen into one of three common approaches: Non-participation approach, A tokenism approach or Citizen power approach. Using the definitions below, select one option that



'LADDER' OF PARTICIPATION



Using Your Ladder for Good!

The **ladder of participation** was originally developed in the USA by Sherry Arnstein in 1969 and proved a very useful way of thinking about consultation, participation and involvement. Her eight 'rungs' range from Manipulation to Citizen Control and described different ways in which agencies and organizations reach out to and engage with communities. Back in the 60s it was usually a matter of one council or agency – considering how much 'say' they would give to citizens, as things changed other people looked at the Ladder of participation and **David Wilcox** amended the original in 1994. This 5 rung ladder is the one we have used with the **community engagement matrix**.

The ladder of participation

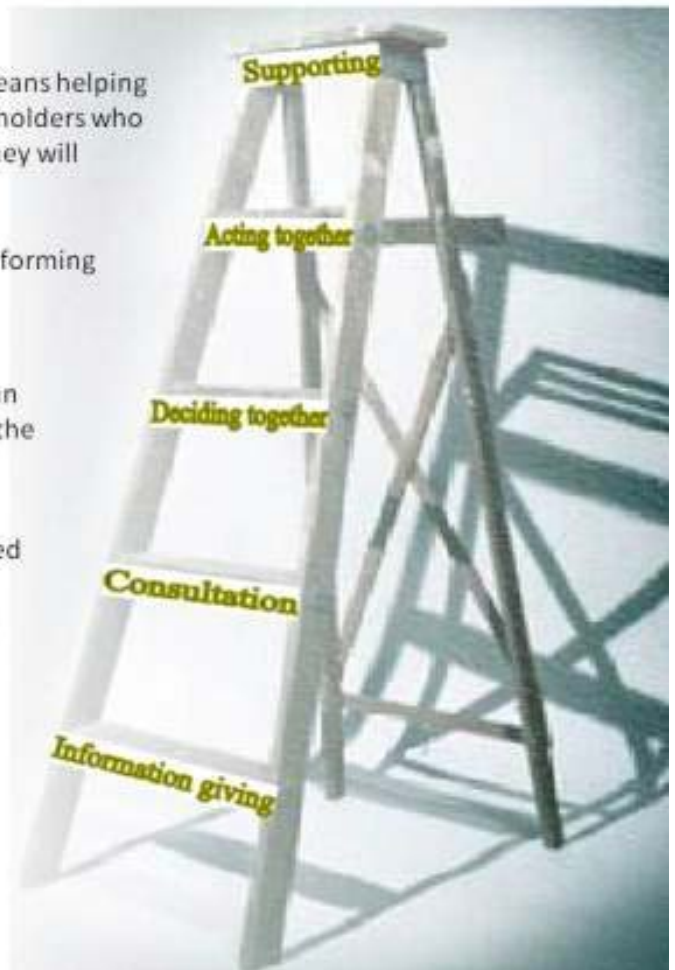
Supporting independent community-based initiatives means helping others develop and carry out their own plans. Resource-holders who promote this stance may, of course, put limits on what they will support.

Acting together may involve short-term collaboration or forming more permanent partnerships with other interests.

Deciding together is a difficult stance because it can mean giving people the power to choose without fully sharing the responsibility for carrying decisions through.

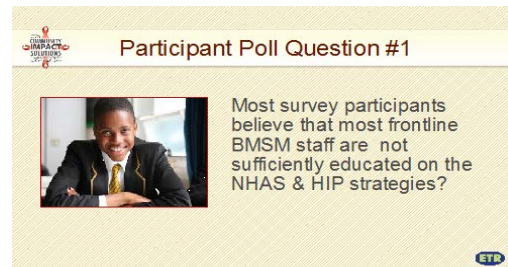
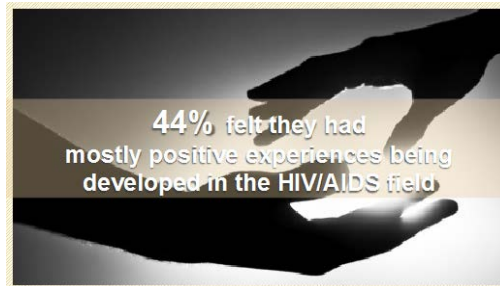
Consultation is appropriate when you offer people limited choices on what you are going to do - but not the opportunity to develop their own ideas or participate in putting plans into action.

Information-giving underpins all participation and may be appropriate on its own in some circumstances. However, you are likely to hit problems if all you offer is information and people expect more involvement.



Promoting Professional Development:

One of the themes that emerged from the conversation was that BSM are often exploited or tokenized and it became a clear indication that protective factors around professional development would be necessary in order to combat the information barriers that too often don't make it to the frontline staff?



The Leadership Development and Technical Assistance Toolkit designed to support community-based staff in advancing leadership skills within themselves and fellow colleagues. This tool is designed to be used in collaboration with a capacity building assistance advisor or coach. While you are expected to complete the assignments and receive support in the form of coaching and information transfer, **you are leading your own leadership development**, and this toolkit is just that – a set of tools to assist you in that process. This toolkit consists of a series of assessments and assignments designed to:

- Provide a comprehensive understanding of the connections between national HIV prevention & treatment goals and objectives and the goals & objectives of HIV prevention and treatment programs;
- Encourage community-based staff to employ critical thinking skills to better understand and serve their programs;
- Identify individual professional development needs and coach staff in specific areas of their choosing to enhance leadership capability (e.g. time management, work efficiency, collaboration, networking);
- Facilitate local implementation of the strategies outlined within the National HIV/AIDS Prevention Strategy (NHAS) and the Center for Disease Control and Prevention's (CDC) guidelines for the implementation of High Impact HIV Prevention (HIP).

For more info on requesting Technical Assistance so that you can access our professional development tool Contact Michael.Everett@etr.org



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

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

