

**HIV INTERVENTION  
SCIENCE TRAINING  
PROGRAM  
FOR RACIAL/ETHNIC  
MINORITY  
INVESTIGATORS**

**C O N N E C T I O N S**

SPRING 2008

**THE DUAL MENTORSHIP PARADIGM**

*"What is simply fantastic about the dual mentorship approach is that you get the benefits of two bodies of expertise and experience within one program. Being able to utilize the strengths of two profoundly noted and successful scholars allows me to benefit from the best of what mentorship can offer." —Tricia Bent-Goodley, Trainee*

The HISTP is designed to provide an efficient and effective mentoring experience for trainees. More than half of our HISTP trainees come from universities and research institutions outside the New York City area. The program employs a dual mentorship paradigm combined with learning-at-a-distance support. This paradigm intends to maximize training opportunities, expose trainees to a rich and varied mentoring experience, and create cross-fertilization and interdisciplinary collaboration.

**Dual Mentorship Paradigm**

Participation in the HISTP requires that each trainee have a primary mentor, typically a senior researcher, who is committed to mentoring her/him during the life of the program and hopefully beyond. This individual often works at the same university or research institution as the trainee or in sufficiently close proximity so that ongoing face-to-face mentoring can occur. The trainee

must select a primary mentor and secure an agreement to mentorship. As part of the HISTP application, the mentor must demonstrate a commitment to working with the trainee throughout her/his involvement in the program. This commitment and availability of the primary mentor is an important criterion in deciding whether to accept an applicant.

The HISTP mentor is considered a second

ary mentor. This individual is a senior New York City researcher or one with specific experience in an area relevant to the trainee's research plan and/or learning needs. The HISTP mentor is selected by the HISTP Executive Board in consultation with the trainee.

**Mentor Function**

The primary mentor's role is to provide structured, ongoing mentoring. The nature and intensity of the relationship between the primary mentor and the trainee is characterized by frequent, consistent meetings that focus on four overlapping areas: (1) career and professional development, (2) research training (grants, publications, assistance in building a program of research), (3) leadership empowerment (mentor serves as a role model, encourages the trainee to take a leadership role at his/her institution and nationally), and (4) enhancing awareness of and access to resources in the local university/research institution and nationally.

The HISTP mentor also confers with the trainee, on average once per month. The HISTP mentor, in providing mentorship from-a-distance, interacts with the trainee using the HISTPcommons website, over telephone, and via email. The HISTPcom-

mons website provides mechanisms for dialogue, feedback on documents, protocols, and ideas, and monitoring of trainee progress.

Mentoring activities focus on consultation regarding: (1) research training, (2) trainee access to resources at HISTP and CU, (3) ensuring primary mentor attends to challenges faced by racial/ethnic minority new investigators, and (4) trainee progress on HISTP pro-

*"From my experience as a mentor in the HISTP, I have learned that the mentoring role is similar to the role of consultant. It is a dynamic capacity-building process in which mutual respect and responsibility between the mentor and mentee is key."*

*—Joanne Mantell, Primary Mentor*

*"My relationship with my mentor changed throughout the semester from one where we were working together on my project to one where she helped advise me in my many roles at the university. Her mentorship has helped me navigate my new and emerging role as a leader in my academic department and university."*

*—Rita Melendez, Trainee*

grammatic milestones/requirements (e.g., pilot implementation and data analysis and locating appropriate funding mechanisms). The relationship between the trainee and her/his primary mentor is evaluated over time through a number of mechanisms, including documentation of activity from the HISTPcommons website, quantitative assessment of trainees and mentors, and qualitative data collection (e.g., conference calls and focus groups).

**Mentor Involvement in HISTP**

The primary mentor attends periodic conference calls with the trainees and the HISTP Executive Committee team to provide updates and feedback on program resources and the mentoring relationship. Primary mentors also participate in the HISTP Training Institutes that take place twice a year at CU. At the Institute, primary mentors have an opportunity to interact with trainees from various cohorts, providing feedback about their progress and

*[Continued on bottom of Page 2]*

## WELCOME NEW TRAINEES!

*The HISTP proudly announces the selection of the 2008 trainee cohort! We are excited to have this group of talented and motivated new investigators join the program.*



**Rosalie Corona**



**Vera Lopez**



**E. Roberto Orellana**



**Michele Rountree**

**Rosalie Corona** received her PhD in clinical psychology from the University of California, Los Angeles and is currently an Assistant Professor in the Department of Psychology at Virginia Commonwealth University and a Research Affiliate of the Clark-Hill Institute for Positive Youth Development and the Center for Cultural Experiences in Prevention. Dr. Corona's research focuses on Latino and African American adolescent health promotion. She is examining how cultural values, parent-child connectedness, and media influences affect adolescent substance use and sexual risk behaviors. She has developed and evaluated parent and youth prevention programs, including a program to help parents talk to their adolescents about sex and a program for youth exposed to community violence and is currently studying Latina adolescent sexual health, focusing on HIV and pregnancy prevention and dating violence awareness.

**Vera Lopez** received her PhD from the University of Texas at Austin and is an Assistant Professor in the School of Justice & Social Inquiry at Arizona State University. She completed a one-year clinical internship at the Institute for Juvenile Research at the University of Illinois-Chicago and a two-year NIMH funded post-doctoral research fellowship at the Prevention Research Center at ASU. Dr. Lopez's ongoing research interests include adolescent delinquency, drug use, and sexual risk taking. Consistent with her interdisciplinary approach to research, Dr. Lopez's work has appeared in a variety of publication outlets including journals in the field of criminology, psychology, and family studies. In future research she intends to study parental rejection, sexual risk taking, and substance use among female delinquents.

**E. Roberto Orellana** will be an Assistant Professor at Portland State University School of Social Work beginning in September 2008. He is currently a research fellow at Columbia University's Social Intervention Group and a recipient of a NIMH Pre-doctoral Training Fellowship in Prevention Science Research. His professional experience includes clinical work with individuals in community mental health clinics, psychiatric hospitals and homeless shelters. His research experience includes an ethnographic/epidemiologic study of HIV/STIs among indigenous groups in the Peruvian Amazon jungle; HIV prevention randomized clinical trials in Seattle and New York City; and a study of family violence in Lima, Peru. His dissertation research focuses on the relationship between childhood sexual abuse and sex trading among drug-involved men.

**Michele A. Rountree** received her PhD from Arizona State University and is an Assistant Professor at the University of Texas at Austin, School of Social Work. Her scholarship focuses on the areas of health promotion, disease prevention, and health disparities as they relate to the needs of marginalized populations. Much of her research has involved the examination of HIV/AIDS risk reduction interventions for women who have experienced intimate partner abuse. She published a study that assessed the HIV/AIDS knowledge and perceptions of risk among African American college students who attended a historically Black university. Future scholarship efforts will involve the development and evaluation of evidence-based HIV/AIDS interventions and prevention strategies tailored to populations with alarming rates of infection, such as African American and Latina women.

*[Continued from **The Dual Mentorship Paradigm**, Page 1]* pilot studies and attending sessions and workshops together. Inviting the primary mentors to participate in the Institute is extremely helpful to the success of the program, as it increases the commitment of the mentors and enriches the trainees' experience. Primary mentors also have the opportunity to meet with secondary

HISTP mentors and with the HISTP Scientific Advisory Board as part of the Institute. HISTP secondary mentors also attend Training Institutes, meeting individually with the primary mentor and trainee to discuss the mechanism of the mentoring relationship, style, and intention of the mentoring-at-a-distance interactions.

The dual mentoring paradigm adds value to the training experience, ensures availability and a high quality of mentoring, and creates an opportunity for interdisciplinary relationship building. We are eager to continue examining the ways in which the dual mentorship paradigm benefits trainees and mentors, as well as ways to enhance these dynamic relationships.

## COHORT I TRAINEE RESEARCH: A CLOSER LOOK

### Jessica Adams-Skinner, PhD

*HIV Center for Clinical and Behavioral Studies,  
New York State Psychiatric Institute*

#### Exploring the Health Status and Social Space of English Speaking West Indian HIV Positive and At-risk Men in New York City

Men who have sex with men (MSM) continue to be a population at increased risk for HIV in New York City (NYC). The NYC Department of Health and Mental Health reports that the number of new diagnoses of HIV attributed to MSM was 1,113 in 2005 in New York City. MSM of color in particular are at increased risk. In 1981, black MSM accounted for 19% of new AIDS cases in NYC, and by 2000 they accounted for 36% of new cases. In spite of the rapid increase in the proportion of new AIDS cases among black MSM, there is uncertainty about the sources of increased risk in this group. Among blacks in NYC, immigrants born in the West Indies now constitute over 25% of the population. Yet because public health data do not distinguish among blacks of different ethnic groups and countries of origin, even less is understood about the risk profiles of black West Indian immigrant men who have sex with men (WI MSM). The Caribbean region has the highest HIV prevalence in the Americas and HIV/AIDS and homosexuality is highly stigmatized, increasing HIV risk for WI MSM. Additionally, challenges linked to migration may increase sexual risk behavior, including immigration status and homelessness.



The longer-term goal guiding this pilot research is to design culturally-sensitive HIV prevention programs for WI MSM in NYC. However, it is important to first gain better insight into the social space of this population to aid in our recruitment efforts for future interventions. The specific aims of this study are to: 1) identify the social spaces of WI MSM through ethnographic and web-based mapping and key informant interviews; 2) determine the potential effectiveness of ethnographic and web-based mapping recruitment strategies for WI MSM; and 3) determine the HIV-related sexual and substance use risk behaviors among a sample of WI MSM via personal interviews.

### Rita Melendez, PhD

*Center for Research on Gender and Sexuality Studies,  
San Francisco State University*

#### African American and Latina Women: Religious Beliefs, Gender Roles, and HIV Prevention

African-American women and Latinas are the ethnic groups that make up the majority of HIV infections among women. African Americans make up 12% of the US population; however, they account for 50% of individuals diagnosed with HIV. From 2000-2003, the HIV rates for African-American women were 19 times the rates for White women. Although Latinos represent 13% of the US population they account for 18% of those infected with HIV. HIV rates, however, are greatly underestimated for Latinas. Many Latina women are unable to receive health care due to immigration status, lack of funds, language barriers, parental barriers or familial obligations. Thus, many are infected with HIV and do not know. Both Latinas and African-American women are more likely to be infected through sex with male partners, making safer sex negotiation a priority.



Because women are more likely to have a stronger personal religious commitment and attend church more frequently than men, religious organizations may be an ideal location to diffuse HIV prevention messages to women. However, religious beliefs may run counter to proven-effective HIV prevention messages relating to female empowerment vis-à-vis male partners.

This project uses the work of HIV researchers in gender role theory as a basis for inquiry. Over the years, gender roles have changed, but research indicates that traditional gender roles, where women are passive and men active, prevail in sexual relationships. This study will explore if women perceive HIV prevention messages coming from religious leaders as endorsing traditional gender roles and if traditional gender roles can provide some women with tools for remaining safe from HIV. Further, the study will explore if and how religious organizations can best provide HIV prevention for African-American and Latina women.

2008 HISTP Summer Training Institute, June 9-13

*See you in New York!*

## HISTP STAFF

**Nabila El-Bassel**

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The HIV Intervention Science Training Program for Racial/Ethnic Minority New Investigators aims to facilitate the growth and development of a cadre of racial/ethnic minority (REM) scientists who will focus their research upon disparities in HIV/AIDS and co-occurring mental health disorders. We seek to promote REM scientists to increase contributions to the empirical knowledge base on the design of contextually and culturally congruent interventions, through training, mentoring, and interdisciplinary networking with senior REM scientists in the fields of HIV/AIDS, health disparities, and mental health and substance co-morbidities. Moreover, the mentoring process will be evaluated to understand the integral elements of successful mentoring of REM scientists.

## IMPORTANT 2008 DATES

- **April:** 2008-2009 Trainee Cohort Selections Announced
- **June 9-13:** Summer Training Institute at Columbia University School of Social Work, New York City
- **June 13:** Scientific Advisory Board Meeting, New York City

## HIV INTERVENTION SCIENCE TRAINING PROGRAM

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