



California Collaborations in HIV Prevention Research: Dissemination Project

INTRODUCTION TO THE DISSEMINATION PROJECT

To support community-based research efforts in California, the State Office of AIDS (OA) and the Universitywide AIDS Research Program (UARP) joined forces in 1998 to provide funding for HIV/AIDS community research collaborations. This program is built upon the collaborative research endeavors initiated by UARP in 1995 and community-based research efforts sponsored by OA. The UARP-OA initiative fosters partnerships among researchers, community-based AIDS service organizations, and local health departments. As a coordinated response to a statewide public health need, it:

- Provides support for evidence-based planning, design, delivery, and evaluation of prevention interventions
- Builds community research capacity
- Disseminates information on HIV/AIDS prevention interventions

UARP and OA have jointly funded 38 community collaborative HIV/AIDS prevention intervention projects. The *California Collaborations in HIV Prevention Research: Dissemination Project* is designed to disseminate information on these research projects and other resources developed through a range of UARP-OA initiatives. All of these materials serve as resources to be used by local health departments, community-based organizations, and research organizations in support of their work in HIV/AIDS prevention and evidence-based planning.

The *Dissemination Project* publishes modules on behavioral risk research, intervention outcome research, and translation research and the Research Summaries. The research modules describe projects that focus on the delivery and content of interventions; the modules do not evaluate prevention intervention effectiveness.

The *Dissemination Project's* Research Summary series is composed of systematic reviews of HIV/AIDS prevention interventions among peoples of color throughout the United States. These reviews were developed prior to the completion of the UARP-OA-funded community collaborative projects, and thus do not include those California prevention interventions.

The final printed materials in the *Dissemination Project* are Module 7, Module 9, and the second Research Summary. These, as well as all past and future modules and Research Summaries, will be available in PDF format on the UARP website: <http://uarp.ucop.edu>.

GUIDANCE FOR INTERVENTION MODULES

This guidance provides general background and direction on use of the UARP-OA intervention modules. It includes an overview of the literature on community collaborative research, discussion of the issues surrounding adapting and using evidence-based interventions and evaluations in community settings, an overview of the intervention research modules, and guidelines for using the modules. Program planners and coordinators, policy and resource allocation bodies, and researchers and evaluators will be able to adopt some of these materials for their HIV prevention work.

Collaborative Research and Adaptation of Evidence-based Interventions— Current Challenges

One of the critical issues community-based organizations (CBOs) face is the question of how they can best make use of tested interventions with the populations they serve. While

Dissemination Project Publications to Date

- Module 1: *HIV/AIDS Behavioral Risk Research on African American Gay, Bisexual, and MSM*
- Module 2: *The Los Angeles Transgender Health Study*
- Module 3: *Youth Drug Injectors, Needle Exchange Use, and HIV Risk in San Francisco and Santa Cruz*
- Module 4: *Strategies and Tools for Successful Implementation and Evaluation of an Evidence-based Intervention*
- Module 5: *HIV Prevention Outreach Programs in Santa Barbara*
- Module 6: *HIV/AIDS Prevention Intervention Among Urban, At-Risk African Americans*
- Module 7: *HIV Prevention Program for Latino Teen Mothers and Fathers*
- Module 8: *Asian and Pacific Islander MSM HIV Prevention Evaluation Study*
- Module 9: *Multi-Infection HIV Prevention Counseling and Testing Intervention*
- Research Summary: *Systematic Review of HIV Behavioral Prevention Research in Heterosexual African Americans*
- Research Summary: *Systematic Review of Interventions to Prevent HIV Infection in MSM of Color*

The Role of Community Collaborative Research in Building Capacity

A general definition of capacity building is a process or activity that improves the ability of a person or entity to “carry out stated objectives.”* In practice, capacity building is often equated with the strengthening of organizations and health systems in order to develop and implement effective health program strategies. Lack of capacity therefore refers to the inability to develop such programs due to a number of issues—inadequate knowledge or information or lack of adequate resources.

The UARP-OA Community Collaborative Research Initiative (CCRI) serves a key role in building the capacity of both CBOs and research institutions to develop sustainable HIV prevention programs. It allows for interaction and a “technology transfer” of information and skills between organizations that have historically not been linked effectively—grassroots community organizations and university-based research institutions. The CCRI initiative allows the opportunity for relationship building between CBOs and academic researchers, thus improving their ability to work toward developing effective interventions.

*A. Lafond, L. Brown, and K. Macintyre, “Mapping Capacity in the Health Sector,” *International Journal of Health Planning and Management* 17 (2002): 3–22.

resources are available for implementing interventions that have been shown to be effective with certain populations,¹ little guidance is available on systematic processes for adapting, translating (or tailoring), using, or evaluating these interventions in community settings. In addition, current interventions scientifically proven as effective for community-specific implementation are few and far between—other than those included in the Centers for Disease Control and Prevention’s “Compendium of Effective Interventions.”

Thus, CBOs face challenges in three broad areas when considering the use of an existing intervention: accessing information on interventions, finding an appropriate intervention, and tailoring the intervention to their own needs, organizational setting, and client population.

Accessing Information on Interventions

How does a CBO wanting to implement a tested intervention begin? How do they access information on interventions?

Easily accessible information and details on tested interventions with related evaluation materials are not always widely available. Thus, in most cases, CBOs rely on information from CBO and public health networks, rather than academic sources.²

An alternative strategy is becoming available. Although the process of translating research-based interventions has yet to

be studied systematically, the CDC and a network of researchers participating in the Replicating Effective Programs (REP) project have been involved in disseminating research-based interventions and supporting this dissemination with a technical assistance support system based on a train-the-trainers model.³ CDC has also invested funding into this effort with the implementation of the Diffusion of Effective Behavioral Interventions (DEBI) Project. This approach⁴ relies on CBOs’ identifying and adhering to the core elements of interventions that report significant behavior change outcomes, while tailoring key characteristics to fit the unique needs and context of their client populations.⁵

Matching the Intervention to the Organization and Population

What are the key issues that organizations consider when deciding on the adoption and/or adaptation of an intervention? A handful of studies identify these points: contextual issues, key characteristics, and features specific to organizations.

Contextual factors that affect the delivery and selection of interventions by CBOs and local health departments include structural or external conditions; cultural norms; client factors; organizational mission, structure, and operations; staffing resources; and the program’s relevance, utility, and effectiveness in meeting the needs of populations.⁶ Community organizations base their assessments of the appropriateness of an intervention on a number of key characteristics:⁷

- Degree of compatibility with organizational philosophy about HIV prevention
- Perceived relevance to local culture
- Evidence to support its use
- Feasibility of implementing the intervention
- Ability to fill existing service gaps

1. Centers for Disease Control, “Compendium of HIV Prevention Interventions with Evidence of Effectiveness,” in *HIV/AIDS Prevention Research Synthesis Project*, Atlanta: CDC, March 1999.

2. H. Barton-Villagrana, B. J. Bedney, and R. L. Miller, “The Function of Peer Relationships Among HIV Prevention Providers,” *Journal of Primary Prevention* 23 (2002), 217–36.

3. M. Neumann and E. Sogolow, “Replicating Effective Programs: HIV/AIDS Prevention Technology Transfer,” *AIDS Education and Prevention* 12, supp. A (2000): 35–48.

4. See E. M. Roger, *Diffusion of Innovations*, 4th ed., New York: Free Press, 1995.

5. J. Kelly et al., “Transfer of Research-based HIV Prevention Interventions to Community Service Providers: Fidelity and Adaptation,” *AIDS Education and Prevention* 12, supp. A (2000): 87–98.

6. E. Trickett, “Context, Culture and Collaboration in AIDS Interventions: Ecological Ideas for Enhancing Community Impact,” *Journal of Primary Prevention* 23 (2002): 157–74.

7. R. Miller, “Innovation in HIV Prevention: Organizational and Intervention Characteristics Affecting Program Adoption,” *American Journal of Community Psychology* 29, no. 4 (2001): 621–47.

Also essential to this decision-making process are organizational commitment and positive attitudes toward the intervention, as well as the availability of technical assistance and other resources to support implementation.

Adapting and Translating Interventions

How does a CBO choose an intervention and, once the choice is made, adapt it? As mentioned above, community organizations often gravitate to interventions that are accessible and *known* in the local network of providers. While these interventions may be responsive to community needs, they may not have gone through a rigorous testing to prove their effectiveness. In other cases, a CBO may select a tested intervention because it has credibility with funding organizations, although it may not be specific to their target population.

In either case, an intervention almost always requires some type of tailoring to fit the organization and its constituency. A variety of strategies are employed to enhance cultural appropriateness, including:⁸

- **Peripheral strategies**, such as packaging that focuses on a certain “look” identified as appealing to certain populations
- **Evidential strategies**, use of evidence of the effectiveness of an intervention
- **Linguistic strategies**, translation of the language used in an intervention for a particular population
- **Constituent-involving strategies**, incorporation of the experiences of community members into the intervention
- **Sociocultural strategies**, placement of the intervention within a broad context of health and life issues for a community

Community Collaborative Research— Intervention Outcome Modules

Community collaborative research addresses the issues of replication, adaptation, and use of evidence-based interventions by partnering research scientists and community providers and by ensuring that research, evaluation, and intervention approaches are realistic and grounded in the real world of community organizations working with populations greatly affected by the epidemic.⁹ The field of collaborative research facilitates adaptation, development, implementation, and testing of interventions. Use of related materials specifically tailored for populations is a continuing part of this work.

How UARP-OA Collaborative Projects and Intervention Modules Address Current Challenges

UARP-OA collaborative projects are designed to ensure that equal partnerships between academics and community organizations drive the testing and implementation of interventions in community settings. One of the key goals of the *Dissemination Project* is to make materials from evaluation research available to a range of stakeholders: community-based

organizations, researchers, and public health providers. The projects presented in the modules represent investigators’ work, the collaborative process undertaken, evaluation challenges, and solutions in development of outcome research projects for populations specific to the California context.

Modules include such projects as interventions serving people of color, IDU, youth, women, MSM, and HIV prevention for positives. All modules provide details on the research project, including key findings and collaborative research strategies. The instruments, resource tools, and other sample materials developed to support delivery of the interventions are also included.

In addition to providing key recommendations for community collaborative research within the California HIV prevention programming context, the studies presented in these modules identify methods for placing intervention evaluation in the context of real community settings and tailoring them to the actual people they serve. These collaborative strategies inform the evaluation findings, and in many ways they offer a deeper and more complex perspective on service delivery and evaluation than any one set of outcome findings could provide.

These studies also provide important insights into interventions that are being developed, tested, and implemented, and are therefore useful for health department and CBO intervention planning. Organizations will need to make their own determinations about the appropriateness of the interventions, using the considerations outlined in the preceding section. Applicability will vary depending on the methodological approach and findings from the intervention.

How the Interventions Included in the Modules Have Been Tested—And What This Tells Us

Evaluation research can be charted along a continuum—from initial research on populations to short-term and long-term outcomes of the intervention. Due to their differing purposes and contexts, the UARP-OA evaluation projects include a range of approaches that spans this continuum. The following paragraphs provide an overview of evaluation approaches represented in specific modules and identify how data from various evaluation approaches can be used by stakeholders for intervention design and delivery. Table A links the various modules to the evaluation methods they employed.¹⁰

8. M. W. Kreuter et al., “Achieving Cultural Appropriateness in Health Promotion Programs: Targeted and Tailored Approaches,” *Health Education & Behavior* 30, no. 2 (2003): 133–46.

9. See K. H. Stanstad et al. (eds.), “Collaborative Community Research: Partnerships Between Research and Practice,” *Health Education & Behavior* 26, no. 2 (1999).

10. Although the collaborative research projects illustrated here did not report on intervention efficacy, they did contribute to the understanding of the community context in which such projects occur. Upcoming modules reporting on more-recent research will, as appropriate, include effectiveness data.

Formative evaluation (behavioral risk and context assessment) is used to collect data on consumer populations to ensure that an intervention is targeted to specific behaviors and specific psychological, social, and cultural contexts. Formative data may be used to improve implementation, solve unanticipated problems, and make sure participants are progressing toward desired outcomes.

Process evaluation (intervention implementation) is used to measure the implementation of an intervention in terms of fidelity to core elements, appropriate targeting, and implementation procedures. It describes the components of the intervention, who it is reaching, and how it is implemented. Process data are often used to make sure the intervention is being implemented as planned and is reaching intended populations successfully.

Outcome monitoring (pre- and post-intervention measurement, no control) is used to measure short-term outcomes

when control groups are not available or ethical. It is limited in its ability to attribute changes to an intervention, but that can be mitigated somewhat through time-series data collection. Outcome monitoring can be a useful early test for an intervention being implemented at a new site or within a new population. Depending on the number of study participants, this approach can reveal that short-term changes may have taken place, although not necessarily that they are due to the intervention.

Outcome evaluation (quasi-experimental design, non-randomized control groups) is used to measure short-term outcomes and attribute outcomes to an intervention, in cases where randomization is not feasible. Depending on the number of study participants, this approach can reveal that short-term changes are likely to have occurred as a result of the intervention.

Outcome research (experimental design, randomized control groups) is used to measure short-term outcomes and

Table A Evaluation Methods Employed for *Dissemination Project* Modules

Module	Evaluation Method				
	Formative Evaluation	Process Evaluation	Outcome Monitoring	Outcome Evaluation	Outcome Research
1: HIV/AIDS Behavioral Risk Research on African American Gay, Bisexual, and MSM	✓	✓			
2: The Los Angeles Transgender Health Study	✓	✓			
3: Youth Drug Injectors, Needle Exchange Use, and HIV Risk in San Francisco and Santa Cruz	✓	✓			
4: Strategies and Tools for Successful Implementation and Evaluation of an Evidence-based Intervention		✓			
5: HIV Prevention Outreach Programs in Santa Barbara	✓	✓			
6: HIV/AIDS Prevention Intervention Among Urban, At-Risk African Americans	✓	✓		✓	
7: HIV Prevention Program for Latino Teen Mothers and Fathers		✓	✓	✓	
8: Asian and Pacific Islander MSM HIV Prevention Evaluation Study	✓	✓	✓	✓	
9: Multi-Infection HIV Prevention Counseling and Testing Intervention		✓			✓

Guidelines on Use of Modules

Purpose

The intervention modules are intended to support and provide a supplemental mechanism for evidence-based planning, design, implementation, and evaluation for intervention services through the use of UARP-OA-funded community collaborative research, including behavioral risk assessments, intervention outcomes, and translation research.

Using the Modules

While best practices for adaptation/translation of tested interventions have yet to be firmly established, the following describes generally the process and practice of using modules and supporting materials for intervention work.

Assessing a Module's Relevance to Your Organization

Step 1: Assess your organization, population, and environmental context, outstanding needs, and available resources with respect to the use of evidence-based prevention and evaluation.

Step 2: Review available intervention and evaluation strategies, findings, and tools in modules, and determine the general fit with or responsiveness to your organization's needs, context, and target population.

Step 3: Based on the results of steps 1 and 2, determine how the relevant intervention or evaluation materials and strategies could best be tailored for use by your organization for the population you intend to serve.

Adapting and Adopting Strategies, Findings, and Materials to Your Organization

Select the components of intervention or evaluation strategies and the materials that speak to specific issues and situations facing your organization, population, and intervention needs. For example, it may be possible to select parts of an evaluation tool that answer questions you have about an intervention or population. Or there may be components of an overall intervention approach that provide relevant support for your work. Also keep in mind that evaluation findings are linked to core elements, so eliminating those elements could impair the effectiveness of the intervention.

- Behavioral risk findings can be used to guide program planning and intervention delivery.
- Intervention findings and materials can be used for design and delivery of interventions.
- Tested interventions can be adapted for implementation in local settings. Maintaining fidelity to core elements is fundamental, although key characteristics should be tailored to local context and population.
- Research protocols and instruments can support targeted data collection on local populations and intervention effectiveness, either in their original form or after adaptation to the individual context.
- Training materials can support training on delivery of interventions and implementation of program evaluation—again, either as provided or in customized form.
- Tested interventions and existing interventions can be linked to provide evidence-based support for existing interventions.

attribute outcomes to an intervention. The control group is randomized in terms of population or site, controlling for the influence of variables unrelated to the intervention. Depending on the number of study participants, this approach can reveal short-term changes as a result of the intervention.

All of the intervention projects tell us about outcome monitoring in community settings, collaborations among multiple partners, tailoring and implementation of interventions, documentation of the process of implementation, consumer responses to interventions, and consumer populations in California.

Evaluation Research in Community Settings

Evaluation of community-based HIV prevention interventions is complex for a number of reasons, including the need for

comprehensive service delivery; the challenge of developing linkages among research, public health, and consumer groups; recruitment challenges caused by the multiple contextual factors affecting consumer groups; resource limitations; infrastructure issues; and measurement challenges. In answer to these issues, the UARP-OA Community Collaborative Research Initiative (CCRI) has created opportunities for partnerships between researchers and public health providers to ensure that evaluation and intervention methods are realistic and appropriate to populations being served.

