



California Collaborations in HIV Prevention Research  
Dissemination Project

# MODULE 1

**HIV/AIDS Behavioral Risk  
Research on African American  
Gay, Bisexual, and MSM**

***For technical assistance questions, contact:***

Tom Stopka, Research Scientist  
HIV Prevention Research and Evaluation Section  
California Department of Health Services  
Office of AIDS  
611 North 7th Street, Suite A  
Sacramento, CA 95814  
Phone: 916-323-7419      Fax: 916-322-2206  
Email: [tstopka@dhs.ca.gov](mailto:tstopka@dhs.ca.gov)

***For information about the Dissemination Project, contact:***

Judith Fitzpatrick, Project Coordinator  
Universitywide AIDS Research Program  
University of California  
Office of the President  
300 Lakeside Drive, 6th Floor  
Oakland, CA 94612-3550  
Phone: 510-987-9854      Fax: 510-835-4220  
Email: [Judith.Fitzpatrick@ucop.edu](mailto:Judith.Fitzpatrick@ucop.edu)

Materials and information presented in Module 1 (UARP grants PC98-SF-060, PC99-SFAF-2031, and PC99-SF-2030) are produced by the Universitywide AIDS Research Program, University of California Office of the President, and may be freely used for HIV/AIDS prevention research activities. Appropriate citation is required in publications utilizing this module.



## 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 (SOA) 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 SOA. The UARP/SOA 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 SOA have jointly funded 26 community collaborative HIV/AIDS prevention intervention projects. The *California Collaborations in HIV Prevention Research: Dissemination Project* is designed to disseminate information about these research projects and serve as a resource to be used by local health departments and community-based organizations in support of their work in prevention and evidence-based planning. Each project is presented in a standardized module format that reports on findings from the research and contains resource materials related to training, marketing, research methodologies, data collection, use of findings and collaboration between researchers and providers.

The *Dissemination Project* modules are organized into three sections: Behavioral Risk Research, Intervention Outcome Research and Translation Research. The Behavioral Risk Research section includes projects that focus on the context of the delivery of interventions; **these modules do not evaluate prevention intervention effectiveness.** The Intervention Outcome Research section will provide project findings on effectiveness of specific interventions. The Translation Research section will provide guidelines developed for translation of science-based interventions for use by community service organizations (available in 2005).

#### SECTION ONE: BEHAVIORAL RISK RESEARCH

##### Module Focus

Modules in this section highlight information in two areas:

- Behavioral risk patterns among communities heavily impacted by the epidemic
- CBO capacity to implement an evidence-based intervention

These research projects, conducted between 1998 and 2001, collected behavioral risk data on high priority populations of MSM, transgender, IDU, and homeless in San Francisco, Santa Cruz, Los Angeles, and Santa Barbara. One module in this section reports findings from a project that examined CBO capacity and requirements for implementing an evidence-based intervention.

California Collaborations  
is a project sponsored by:

Universitywide AIDS  
Research Program,  
University of California  
Office of the President

and

California State  
Office of AIDS

## Module Format and Content

The modules cover the following areas of information:

- Research findings and analysis on HIV/AIDS risk behaviors among high-priority populations in California
- Research findings on cultural and organizational context
- Use of findings by the community organization
- Characteristics of successful collaboration between researchers and HIV/AIDS service providers in ASO/CBO settings
- Model needs assessments and evaluation tools
- Resources developed and used during the project (e.g., training, recruitment, and outreach materials)

The four modules in Section One will be available in April 2003 in print format and on the UARP website (<http://uarp.ucop.edu>). Appendix materials include examples of materials used in the research and are downloadable as Microsoft Word documents.

## SECTION TWO: INTERVENTION OUTCOME RESEARCH

### Module Focus

Modules in this section describe:

- Research findings on interventions tested for effectiveness
- Research, collaboration, and intervention components, along with supporting materials from the research projects

These projects, which began in 1999, focus on evaluations of individual, small-group, and outreach interventions serving MSM, youth, IDU, women, and teen parents. The tested interventions also serve a diverse range of California

populations, including Latino, African American, and Asians/Pacific Islanders.

## Module Format and Content

The modules cover the following areas of information:

- Research findings on the outcomes of tested interventions
- Outcome measures
- Tested intervention models
- Research findings and analysis of HIV/AIDS risk behaviors among high-priority populations in California
- Characteristics of successful collaboration between researchers and HIV/AIDS service providers in ASO/CBO settings
- Models and protocols used in evaluation research, including needs assessment and evaluation tools
- Findings on cultural and organizational context
- Use of findings by the community organization
- Resources developed and used during the project

Dissemination of the intervention outcome modules will begin during 2003 in both print format and on the UARP website (<http://uarp.ucop.edu>).

## SECTION THREE: TRANSLATION RESEARCH

### Module Focus

In 2002, two multisite projects were funded to study the process of translation of evidence-based interventions for use by community service organizations.

# Guidance on the Use of Dissemination Modules

## PURPOSE

The *Dissemination Project* modules are intended to support evidence-based planning, design, implementation, and evaluation of intervention services. This community collaborative research, funded by the California State Office of AIDS and the Universitywide AIDS Research Program, includes behavioral risk assessments, intervention outcomes, and translation research.

## STRATEGY

The modules can be used to integrate findings and research and intervention materials into local planning, design, and delivery of targeted, evidence-based interventions. Research projects are California-specific, and deal with behavioral risks and interventions for populations impacted by the epidemic in California.

## USE OF MODULES

### Behavioral Risk Modules

- Use data and findings on behavior risks to support targeted planning for prevention interventions targeting similar populations
- Use behavioral risk findings to inform development and/or refinement of programs targeting similar populations.
- Use behavioral risk findings to provide support for existing interventions
- Tailor research instruments and protocols to collect data and conduct needs assessments on local populations
- Tailor training materials for use to support collection of data

- Tailor recruitment materials for use with local populations
- Use best practices for collaboration to provide guidance for the development of partnerships in local settings

### Intervention Outcome Modules

- Use behavioral risk findings to guide program planning and intervention delivery
- Use intervention findings and materials for design and delivery of interventions
- Adapt tested interventions for implementation in local settings, maintaining fidelity to core elements and tailoring key characteristics for local context and populations
- Use and/or tailor research protocols and instruments to support targeted data collection on local populations and intervention effectiveness
- Use and/or tailor training materials to support training on delivery of interventions and implementation of program evaluation
- Identify links between tested interventions and existing interventions to provide evidence-based support for existing interventions

### Translation Modules

Two multisite projects were funded in 2002 to study the process of translating evidence-based interventions for use by community service organizations. Information on the use of these projects' findings will be forthcoming when the projects are completed.

### Behavioral Risk Research Modules can be used by providers for:

- Evidence-based planning
- Needs assessments
- Best practices for collaboration

### Intervention Outcome Research Modules can be used by providers for:

- Evidence-based planning
- Intervention design and delivery
- Prevention evaluation on tested intervention models



## HIV/AIDS Behavioral Risk Research on African American Gay, Bisexual, and MSM

### Principal Investigators:

G. Michael Crosby, Center for AIDS Prevention Studies, UCSF  
Rene Durazzo, San Francisco AIDS Foundation

### Module in a Nutshell

Reports on:

- Risk behaviors
- Risk assessment
- Social & economic assessment
- Community context

Provides:

- Practical research and evaluation materials
- Guidance to collaboration

Intervention not tested  
for effectiveness

California Collaborations  
is a project sponsored by:

Universitywide AIDS  
Research Program,  
University of California  
Office of the President

*and*

California State  
Office of AIDS

CONTENTS

Introduction to the Dissemination Project ..... i  
Guidance on the Use of Dissemination Modules ..... iii

**Purpose of Module 1 ..... 3**

**Research Project ..... 3**  
Summary and Purpose ..... 3  
Research Methods ..... 3  
Research Findings ..... 5  
Key Results ..... 6

**Black Brothers Esteem Program ..... 7**  
Environmental Context ..... 7  
Services ..... 7  
Staffing ..... 8

**Collaboration ..... 9**  
Processes and Key Components of Collaboration ..... 9

**Conclusion ..... 10**

**Appendices**  
About the Module 1 Appendices ..... 11  
Use of Materials ..... 13  
Appendix A. Quantitative Instrument ..... A-1  
Appendix B. Qualitative Instrument ..... B-1  
Appendix C. Program Monitoring Survey Instrument ..... C-1  
Appendix D. Recruiter Training Materials ..... D-1  
Appendix E. Sample Outreach Card ..... E-1  
Appendix F. Interviewer Training Materials ..... F-1

## PURPOSE OF MODULE 1

Module 1 presents findings and supporting materials from a community collaborative research project conducted by Michael Crosby, Center for AIDS Prevention Studies (CAPS) at the University of California, San Francisco, and Rene Durazzo, San Francisco AIDS Foundation (SFAF). This module describes risk behaviors, risk assessment, knowledge of HIV transmission, community context, and participation in and awareness of a community-based prevention program—Black Brothers Esteem (BBE)—for African American gay/bisexual/MSM populations in San Francisco’s Tenderloin neighborhood. **The project did not evaluate the effectiveness of the BBE program.**

These findings from the research project may be used by providers to gain information on risk behaviors for this population. The module also provides direction on the use of research methods and approaches for collaborative community-based HIV/AIDS research projects.

## RESEARCH PROJECT

### Summary and Purpose

This project is a response to recent CDC data indicating that HIV transmission is disproportionately on the rise in the United States among economically challenged African American MSM. Research has suggested that

Existing support systems for this group have often failed to consider unique cultural and family differences, perceptions of sexual orientation, economic disparity, and differential access to education and information among African American MSM.<sup>1</sup>

Within this context, the CAPS/SFAF collaborative project sought to collect information on behavioral risk, needs, and

community context for an African American gay/bisexual/MSM population served by the SFAF. The goal of the collaborative team was to learn more about this population and use the information to ensure that an existing community-based prevention intervention was responsive to population needs and environment. A secondary goal was to assess the extent to which members of the population were aware of and accessing the intervention.

### Research Methods

The following narrative documents the research project conducted by the collaborative team.

#### Research Focus and Protocol

To achieve the above goals, the CAPS-SFAF collaboration designed a multi-level assessment. This included three measurement tools:

1. Cross-sectional penetration quantitative survey
2. In-depth qualitative interview
3. Program monitoring survey

African American gay/bisexual/MSM between the ages of 22 to 65 comprised the population sample. The quantitative survey was conducted with a convenience sample of 238 from San Francisco’s Tenderloin neighborhood. The qualitative in-depth interview was conducted among a sample of men (n=26) who were resident in the Tenderloin neighborhood and attended BBE activities. The program monitoring survey canvassed all individuals who attended events sponsored by the BBE program.

1. G. Michael Crosby and Michael Grofe, “Study of HIV Sexual Risk among Disenfranchised African American MSM,” *Science to Community, Prevention* 8 (Center for AIDS Prevention Studies, University of California, San Francisco, March 2001, <http://www.caps.ucsf.edu/capsweb/publications/TESS2C.pdf>).

2. Crosby and Grofe.

“The crisis of HIV in the African American community and in communities of color cannot be separated from the crises of poverty, racism, and drugs.”<sup>2</sup>

### Who Is Eligible

- African American or Black men
- Between the ages of 18 and 60
- Residing in or around targeted neighborhood\*
- Any sex with another man in past 6 months

\*Should ensure oversampling of low-income men



“Barriers to recruitment and interviewing of the target population were not encountered.... In fact, the recruitment and interviewing team completed data collection within four months.”<sup>3</sup>

During the quantitative interview, participants responded to questions that measured demographics, risk behavior, HIV status, residence, education, work, family, friendships, psychosocial variables, and community members' participation in and awareness of the BBE program (Appendix A). The qualitative interview collected descriptive information on the context of sexual behavior, the meaning of sex, substance use, beliefs about HIV/AIDS, and HIV risk (Appendix B).

The short program-monitoring survey included a set of process measures to collect information on age, gender, income, substance use frequencies, condom use frequencies, anal sex behavior frequencies, sexual orientation, and education level (Appendix C).

### **Training and Data Collection**

Training for recruitment of the sample and conducting interviews were major components of the research project.

#### **Recruitment**

Key recruitment strategies included:

- Use of appropriate venues
- Venue-based marketing of research project using flyers
- Clear eligibility requirements for participants
- Recruitment training for outreach workers

The CAPS research team had a history of working with disenfranchised populations, and many of the staff self-identified as gay. They supplied outreach workers who were familiar with the neighborhood. The use of these peer outreach workers provided access to the physical and social environment of the Tenderloin and to the resident African American MSM community.

*Recruiter training* included information on the following: orientation to the

overall strategy (e.g., timeframe, objectives, and eligibility of participants), identification of appropriate venues and tips on how to operate within these environments, orientation to and role play with tracking strategies (including the use of tracking forms), and training on administrative procedures (e.g., weekly meetings, payroll, and telephone work). A recruitment coordinator managed venue assignments for each week and held debriefing and troubleshooting sessions. (Appendix D includes the recruiter training materials.)

*Direct street outreach recruitment* was conducted a short time after venue-based marketing in the target neighborhood. A flyer was handed out directly to potential participants by street outreach recruiters (Appendix D, Section 6). While in the field, the street outreach recruiters followed a guideline for recruitment of participants. They introduced the research project and provided potential participants with an information sheet (Appendix D, Section 7). An outreach card was completed for each person (Appendix E) and an incentive of \$25 was offered.

To enhance recruitment efforts, the *snowball technique* was used in the field. This technique makes use of referrals from individuals already recruited. Study participants were asked to identify and contact additional potential participants.

#### **Interviewing**

Extensive training for conducting interviews was provided by CAPS. The training sessions for interviewers included information and role plays on the following: orientation to administrative and operational procedures, information on effective interviewing techniques and interpersonal communication, education on use of skip patterns and general administration of the instrument, strategies for defining and reframing questions, strategies for dealing with sexuality issues that arose during the course of

---

3. Crosby and Grofe.

the interview (Appendix F), and a comprehensive referral list covering issues from substance abuse to housing.

The interview for the quantitative survey took 1 to 2 hours to administer. The interview for the in-depth qualitative interview lasted 2 hours, and responses were recorded. To ensure confidentiality, interviews were conducted at a UCSF site convenient to the Tenderloin.

## Research Findings

The general findings provide a picture of the target population (see Key Results, on page 6).

- African American MSM living in one of San Francisco's economically depressed neighborhoods are extremely vulnerable for sexual transmission of HIV.
- These men are not connected to family or friends; they spend most of their free time by themselves.
- A substantial number of men who engage in unprotected anal intercourse do so without knowledge of their partner's HIV serostatus.
- High levels of concomitant substance use and unprotected anal intercourse are common.

### Participation and Awareness of the BBE Program

A small number of the sample in the research project attended the BBE program. Nearly half of the sample had heard of the BBE Program. However, only 20% of the individuals attended BBE activities.<sup>4</sup>

### Responsiveness of BBE to Community Context

Results of the analysis confirmed that SFAF's BBE program was responsive to community needs and context, both in design and content.

The following selected responses to open-ended questions in the qualitative

interview (see Appendix B) underscore the appropriateness of the BBE for the community served:

It gave me a sense of empowerment, of taking charge of my own life. . . . It gave me the ability to make decisions on my own and feel good about doing it.

Activities provided by BBE had some very practical advantages for managing the daily struggle of some MSM living with HIV:

It helps me a lot . . . because I always run into a new person or someone in a group activity who has at least experienced the same things.

It's kind of slowed me down to the point where I can smell the flowers . . . really notice the beauty. . . . There are nice things and nice people still left in this world, regardless of the virus and what it's done.<sup>5</sup>

### Analysis and Use of Data

Qualitative data were analyzed for key themes related to intimate life experiences of the target population. The collaborative team conducted weekly meetings for nine months to review the transcripts and to discuss findings. Subsequent meetings were held to discuss the use of these findings to assess the BBE program in terms of its responsiveness to community needs and to gauge the awareness and participation in the program by the target community.

Ultimately, these findings contributed to modifications in the program's services at the ASO and future planning for innovative programs.

Participants in the large social events were almost unanimous in their praise of these community-building events. All the events were conveniently located and scheduled.<sup>6</sup>

4. Final Progress Report, UARP grant PC98-SF-060.

5. Nicolas Sheon and G. Michael Crosby, "Black Brothers Esteem Evaluation Report," 2001 (unpublished).

6. Sheon and Crosby.

## KEY RESULTS\*

### Demographics

Mean age of participants: 40 (range from 22 to 65)

#### *HIV Status (self-reported)*

- 43% HIV+
- 50% HIV negative
- 7% did not know or declined to answer

#### *Economic*

- 63% earned less than \$10,000 per year
- 28% currently homeless
- 66% lived in SRO hotel or a shelter

#### *Education*

- 36% graduated high school
- 38% attended some college or professional school

#### *Social/Family*

- 51% spend most or all of their free time by themselves
- 62% attend church services at least weekly
- 68% are involved in church or religious activities

### Sexual Identification and Sexual Behavior

- 43% gay
- 42% bisexual
- 10% heterosexual
- 5% "other"
- Approximately half had sex exclusively with other men in the past six months while the other half reported sex with both men and women, or with men, women and transgender persons
- One-third reported having a relationship with a primary male partner, 76% of which were African American
- Median number of male sex partners was two
- 73% had anal intercourse with a primary partner, of which 63% engaged in unprotected anal intercourse
- 55% had anal intercourse with casual partners, of which 30% engaged in unprotected anal intercourse
- 23% had anal intercourse with a male sex partner of serodiscordant or unknown HIV status

---

\*Two cross-sectional studies were conducted in 1999 and 2000; a convenience sample (n=238) measured demographic, HIV sexual risk, and psychosocial variables.

### Knowledge, Attitudes, and Beliefs about HIV Transmission

#### *Sexual Transmission*

- 50% agree that "HIV can be transmitted more easily to the receptive partner when an insertive partner is HIV+ during anal intercourse"
- 51% agree that "it is easy to get HIV during intercourse with casual female partners"

#### *Sexual Self-Efficacy*

- 73% agree that "you are able to avoid behavior that may put you at risk for HIV transmission"
- 46% agree that "during really hot sex, you are not able to stop doing risky things"

#### *Injection Drug Use Transmission*

- 97% agree that "it is easy to get HIV through sharing needles with people when doing intravenous drugs"
- 87% agree that "using 'rigs' or needles that have never been used by anyone else does decrease the chances of HIV transmission through intravenous drug use"

### Substance Use

Most men reported drinking alcohol and/or using recreational drugs.

#### *Alcohol*

- 80% drank alcohol in the previous six months
- 20% reported frequent heavy drinking (defined as 5+drinks at one sitting more than once a week)
- 52% reported three or more alcohol-related problems (e.g., tried to reduce or cut down drinking but unable to do so)

#### *Recreational Drugs*

- 84% used recreational drugs
- 69% used drugs weekly
- 36% reported a history of injection drug use

#### *Sex and Substance Use*

- 34% reported engaging in anal sex under the influence of alcohol or drugs
- 27% exchanged sex or money for drugs
- 10% engaged in unprotected anal sex for drugs or money

## BLACK BROTHERS ESTEEM PROGRAM

The Black Brothers Esteem program is a community-based prevention intervention. It targets African American MSM, gay, and bisexual men in the Tenderloin neighborhood of San Francisco. The BBE is an example of an intervention that used formative behavioral data about experiences, needs, context, and meaning of sexuality to inform program content. While the intervention has not been tested for effectiveness in terms of behavior change, it does contain elements of a reputationally strong program as defined by the CDC.

BBE was originally designed to respond to barriers of safe sex as reported by a sample of 71 African American MSM in the Tenderloin during qualitative interviews conducted by the collaborative team.<sup>7</sup> The team developed what they refer to as a “community built” social context in which it was safe for the men to acknowledge the fact that they were gay, a first step in establishing social support for the men.

Prevention case management was the fundamental approach used at the ASO. Once the safe context was established and men understood that the program was about their needs and desires, AIDS prevention intervention became possible. The various program activities—drop-in groups, counseling, a respondent driven workshop series, and group social events—took place in a safe space at the headquarters of the ASO in a neighborhood accessible to the target population. In this location, African American MSM met one another in a risk-reduction environment.

7. Nicolas Sheon, “High Risk and Harm Reduction Among High Risk MSM in San Francisco” (white paper presented to SFAF: The Qualitative Project, CAPS, 2001).

## Environmental Context

The BBE program was designed to respond to a specific social and environmental context:

- Substance use and commerce, crime, sex work, homelessness, and poverty characterize the neighborhood.
- Homophobia and racism are common.
- Target population is socially isolated and often self-identifies as either bisexual or heterosexual.
- Generic HIV prevention efforts targeted to gay men often elude target population.

## Services

The prevention case management used at the ASO provides individualized risk-reduction counseling because this type of emotional support facilitates personal management of the social factors that encourage HIV transmission. This approach and other services necessitate a high counselor-to-client ratio.

## Drop-in Center

A drop-in center offered counseling services related to sexual health and well-being. Counselors were peer educators with expertise in issues relevant for the target population. After an initial session, prevention case managers encouraged client participation in other services.

Two-hour single-session support groups were offered and worked in tandem with other program activities. The primary purpose of the one-time group was information dissemination and social/emotional support. Participant feedback from previous single-session groups provided the topics; HIV issues were not the opening topic for discus-

8. Centers for Disease Control, The C-RSP Project: Characteristics of Reputationally Strong Programs (Divisions of HIV/AIDS Prevention, <http://www.cdc.gov/hiv/projects/rep>).

Black Brothers Esteem has been identified by CDC as a “reputationally strong” intervention because of such features as innovativeness, organizational commitment, experience with a target population, and use of clearly defined interventions.<sup>8</sup>

### **Workshop Topics**

- HIV/STD information
- Discussion of specific risk behaviors
- Skill building relevant to group topics such as HIV stigma, racism, and homophobia

### **Black Brothers Esteem Events**

- BBE Drop-in Group
- Afro Chat: Communication
- Afro Chat: Relationships & Intimacy
- Afro Chat: Racism & Homophobia

sion during most of the sessions. The rationale was to draw in a greater number of participants, then develop trust and a safe environment for discussion.

### **Workshops**

A key issue identified through initial research was a need for connection with other MSM. In response, the collaborative team designed workshops (8-hour topic-driven multiple sessions) to serve as community building opportunities for participants. The group format of the workshops provided opportunities for participants to establish an ongoing, in-depth dialogue with members of the target population, many of whom were contemplating or had consistently elected not to use condoms. The facilitated group discussions addressed important issues within the lives of the targeted participants. They also provided an opportunity for group members to gain increased understanding and emotional support for challenges in their lives. Topics identified at the drop-in center were incorporated into the workshops.

The multiple-session workshop format provided an opportunity for participants to form and be involved in a consistent group process designed to support the development and implementation of the most appropriate prevention strategies and activities.

### **Special Events**

Venue-based group outreach activities (dances, holiday parties such as Kwaanza and Valentine's Day, and other social functions) were arranged to further support social interaction. These series of special events provided a forum for HIV prevention and an opportunity for community building, as well as providing an additional program access point, especially for clients uncomfortable going to the smaller, more individualized services.

### **Counseling and Referrals**

BBE counseling services and referrals covered a variety of issues: HIV testing, risk reduction strategies and safer sex behaviors, early care treatment options for HIV, emotional impact of HIV/AIDS, relationship issues, substance abuse, and social service needs.

### **Outreach**

Recruitment strategies used by the ASO to enroll participants in the program included outreach marketing by peer outreach workers, who posted flyers in health clinics, bars, hotels, and shelters in the target neighborhood. Peer outreach workers also recruited individual community members for participation in services offered.

### **Social Marketing**

The BBE program was advertised through bus stop billboards and posters and offered social marketing messages designed to appeal to the target community and generate interest in services.

### **Staffing**

SFAF staff included African American gay and bisexual men, who conducted the counseling and group activities and were available at the drop-in center. All services were administered at SFAF, conveniently located near the Tenderloin. SFAF's facility is characterized by a supportive, relaxed atmosphere—an environment that many participants do not otherwise encounter during their daily lives.



## COLLABORATION

The CAPS and SFAF partnership provides an example of a relationship that facilitates collaborative community research.

### Processes and Key Components of Collaboration

#### *Shared History and Common Goal*

The collaboration between CAPS and SFAF began in 1995. The partnership was formed to identify needs of gay, bisexual, and MSM populations in San Francisco being served by SFAF. Both organizations have a shared history of service to these populations.

#### *Collaborative Study Design and Implementation*

The collaborative team worked together on many phases of study design and implementation to ensure that scientific rigor matched prevention priorities for the provider organization and communities served. Research methodology was turned over to the CAPS research team, who then trained interviewers and outreach workers for recruitment and conducted interviews with over 200 men.

#### *History of Using Research to Develop Prevention Services*

As data became available, the collaborative team participated in weekly meetings to discuss the findings from qualitative data analysis and the implications of the findings for the design of prevention programs. Key themes identified through the research projects served as the basis for decisions about necessary components, strategies, and focus of prevention programs for the target populations.

Over the years, these collaborative meetings led to the development of two programs: Black Brothers Esteem and Gay Life—an intervention serving primarily middle-class, self-identified gay

and bisexual men who reside or socialize in the Castro and South of Market Districts in San Francisco.

#### *Staffing Commitment*

For both previous and current research projects, collaboration between SFAF and CAPS was very resource and labor intensive. The collaborative team included experts who have worked for many years in the area of HIV/AIDS prevention and research among the target communities. Strong commitment to the communities being served characterized the collaboration team.

The team included representatives from a variety of disciplines within both organizations, reflecting a deep organizational commitment to the project. From the community organization, team members included the Deputy Director of Programs, Outreach Manager, Assistant Program Director, and outreach workers. From the research organization, team members included the Principal Investigator (PI), Project Director, data analysts, and administrative staff. Outside staff was recruited for various roles in the project during the research and analysis phases.

#### *Resource Commitment*

Resources required for the project included training and wages for the outreach workers, interviewers, and consultants, as well as a portion of the permanent staff salaries, and the incentive payments provided to the respondents after completion of the questionnaire.

The collaboration for this project illustrates the successful linking of science and a prevention program.

“Collaboratively conducted research contributes to good programs and good science.”<sup>10</sup>

“Yeah, I learned a lot. I learned how to stay alive, and I learned how important a condom is.”

—BBE participant

## CONCLUSION

According to researchers involved in an internal SFAF evaluation of the BBE program,

Participation in BBE was seen as transformative for a number of participants. Many described the program’s effect in terms of empowerment and connection with others.<sup>9</sup>

The SFAF/CAPS collaboration developed a multimodal services program, Black Brothers Esteem, in response to community needs. The program addressed the social isolation and high-risk behaviors leading to HIV infection and/or transmission among a target population of African-American MSM in the Tenderloin neighborhood of San Francisco. The program elements responded to specific cultural, linguistic, economic, and environmental characteristics of this target population.

The intervention was not assessed in terms of behavior change. Nevertheless, the data obtained during the evaluation project provides important and useful information for the ASO to use in ongoing intervention services and development of new programs. This social picture may be utilized by other agencies in developing much needed prevention services.

---

9. Sheon and Crosby.

10. Ellen Goldstein et al., “The Legacy Project: Lessons Learned about Conducting Community-Based Research,” *Science to Community, Prevention 3* (Center for AIDS Prevention Studies, University of California, San Francisco, June 2000, <http://www.caps.ucsf.edu/publications/LegacyS2C.pdf>).