California Collaborations in HIV Prevention Research Dissemination Project

MODULE 4

Strategies and Tools for Successful Implementation and Evaluation of an Evidence-based Intervention

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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

Strategies and Tools for Successful Implementation and Evaluation of an Evidence-based Intervention

Principal Investigators:

Susan Kegeles, Center for AIDS Prevention Studies, UCSF
Greg Rebchook, Center for AIDS Prevention Studies, UCSF
Cecile Cummings, AIDS Resources, Information, and Services of Santa Clara County
Robert Hays, Center for AIDS Prevention Studies, UCSF

Module in a Nutshell

Reports on:

- Factors affecting successful implementation of a scientifically proven community-based HIV-intervention program
- Issues surrounding CBO evaluation of program implementations, from the perspective of funders, CBOs, and technical assistance providers

Provides:

- Sample replication materials and implementation map
- Guidance on conducting evaluations
- Practical program evaluation tools

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CONTENTS

PURPOSE OF MODULE 4

Module 4 presents research and findings from two interrelated, collaborative research projects. Susan Kegeles and Robert Hays of the Center for AIDS Prevention Studies (CAPS) at UCSF were principal investigators (PIs) on both projects. The primary project[1] included a community PI, Cecile Cummings, HIV Prevention Manager, AIDS Resources, Information, and Services (ARIS) of Santa Clara County, located in San Jose. This AIDS service organization (ASO) served as the test site for the study. On the supplementary grant,[2] Greg Rebchook of CAPS was coinvestigator.

The research projects examined ARIS's implementation of an established HIV prevention program, the Mpowerment Project, but they **did not evaluate its success.**

This module describes the findings from these two projects. It is hoped that these findings will:

- Guide scientists in how they can most effectively communicate about their research models
- Provide information that helps to promote the incorporation of scientifically proven HIV-prevention interventions into CBOs' services
- Assist CBOs in evaluating their intervention programs

Note: Organizations that want to implement the Mpowerment Project may go directly to the web site (**http://www.mpowerment.org**) and register for inclusion in the monitored project.

RESEARCH PROJECTS

The primary project was aimed at developing a process that would enable community-based organizations (CBOs) to efficiently implement a scientifically developed and tested HIV-prevention program—the Mpowerment Project. This community-level HIV prevention intervention was designed to reduce the frequency of unprotected anal intercourse among young gay/bisexual men, ages 18–29, by mobilizing support for safer sex and building a stronger, healthier community. The site for this implementation study was the CBO ARIS, in San Jose.

The supplemental project had as its goals understanding the issues that CBOs face in implementing evaluation and developing evaluation measurement tools practical for use by CBOs and ASOs providing HIV/AIDS prevention services.

Summary and Purpose

Substantial research efforts have gone into developing and evaluating HIV prevention interventions, yet critical questions remain regarding how CBOs can best implement these programs:

- How can evidence-based programs adopted by CBOs be tailored to the conditions and culture that particular community organizations face while retaining their effectiveness?
- What are the issues that arise as CBOs attempt to implement such programs, and what factors facilitate or impede program implementation?
- How best can CBOs quantitatively assess the efficacy of such an implementation while both working within their means and satisfying funders and other concerned parties?

The research projects discussed in this module sought to answer those questions.

> "Our goal is that the measures and approaches we develop can serve as models that CBOs can adapt and use to evaluate their own prevention programs."[3]

> "How can CBOs best implement HIV-prevention interventions?"

1. UARP grant PC98-SF-107, "How a CBO Implements a Science-Based HIV Intervention."
2. UARP grant PC98-SF-107S, "How a CBO Implements a Science-Based HIV Intervention—Supplemental."
3. UARP PC98-SF-107S.

Technology exchange is the movement of scientifically tested technologies into practice.

"Most of the evaluation methods used by scientists are too complex, time-consuming and expensive for CBOs to use.[8]"

Background: The Mpowerment Project

Beginning in 1990 and continuing throughout the 1990s, CAPS research psychologists Susan Kegeles and Robert Hays developed an HIV-prevention program for young gay and bisexual men. The program, the Mpowerment Project, was first pilot-tested in Santa Cruz, and then implemented in Eugene, Oregon, Santa Barbara, and Albuquerque, and later in Austin, Texas.[4] The program was demonstrated to be effective in decreasing the incidence of unprotected anal intercourse in the young MSM community.[5]

At this point, the question became one of *technology exchange:* how to enable CBOs to implement HIV-prevention programs without the ongoing assistance of the researchers. In the field of HIV prevention, the Institute of Medicine, the National Institutes of Health, and the National Commission on AIDS have all called for technology exchange and/or advancements in the study of technology exchange.[6]

Primary Study Objectives

The ultimate objective of the primary research project was to develop methods and tools that would enable the exchange of the Mpowerment Project technology and that of other science-based interventions. To that end, the researchers set out to observe and examine the process of implementation and at the same time to identify organizational, community, and other factors that facilitate or impede the successful and efficient implementation of an innovative program by a CBO.

Supplemental Study Objectives

A secondary implementation issue was that of how CBOs can best evaluate the effectiveness of their programs. Such evaluation is critical for organizations implementing science-based prevention approaches, in part because funders need to be able to meaningfully evaluate programs. In addition, organizations that are implementing evidence-based interventions need to know if their particular adaptations remain faithful to the original program's underlying principles and processes. Both funders and prevention practitioners need to know whether prevention monies and efforts are being used effectively and resulting in the desired outcomes.[7]

Methods used by scientists to evaluate the outcomes of HIV-prevention programs are both complex and expensive, and thus not readily transferable to CBOs. However, the evaluation methodologies devised by CBOs to assess the success of their programs may be of questionable validity due to their lack of expertise in this area. Thus, the goal was to develop low-cost process and outcome evaluation tools that could be used by CBOs implementing the Mpowerment Project.

Research Methods

From 1998 to 2000, CAPS researchers collaborated with ARIS staff in their implementation of the Mpowerment Project in San Jose while also observing and documenting the process. This allowed the researchers to refine and expand the toolset attached to the Mpowerment Project (an overview of the program is available in Appendix A). They also gathered data for use in the development of a logic model and measurement instruments (Appendices B and C, respectively). The two projects are discussed separately in the sections that follow.

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4. *Mpowerment Project Replication Manual,* Overview.
5. S. M. Kegeles et al., "Mobilizing Young Gay and Bixexual Men for HIV Prevention: A Two-Community Study," *AIDS* 13, no. 13 (1999): 1753–62.
6–8. UARP PC98-SF-107S.

Primary Study

Throughout the primary study, the CAPS researchers carried out observations and conducted interviews to identify factors that either facilitate or impede a CBO's successful and efficient program implementation. They also kept detailed records of their training and technical assistance efforts, with the goal of improving the process whereby scientists provide such assistance during implementation of a science-based intervention.

Interview Methodology

To gain a variety of perspectives, individuals both directly and indirectly involved in or affected by ARIS's Mpowerment Project implementation were interviewed using a semi-structured survey. Interviewees included five members of ARIS management and staff, six members of Mpowerment Project staff and the Core Group,[9] 6 project volunteers and participants, 10 key community leaders and health department staff, and 15 young gay/bisexual men not involved with the project. Interview content was tailored as appropriate for each interviewee.

Interview topics included issues at the community, project, organization, and individual level.

Community factors: To examine the context in which the Mpowerment Project implementation was taking place, open-ended questions regarding community factors were asked of each interview participant. Questions were designed to capture perceptions of the young gay/bisexual men's community in San Jose, of young gay/bisexual men's response to the HIV/AIDS epidemic, and of the community's attitude toward the Mpowerment Project itself and toward ARIS and its ability to mount young men's programs.

CBO organizational factors: The literature on organizational development[10] suggests a variety of dimensions that are relevant to an organization's ability to effectively adopt an innovation. Therefore, questions were included to capture perceptions of leadership structure and style; communication and decision-making processes; organizational climate (flexibility, cohesiveness, morale); and organizational values, particularly the fit between the organizational climate and the project's values.[11] In addition, because from an organizational systems perspective[12] the introduction of the Mpowerment Project into the ARIS "system" was likely to affect ARIS's internal dynamics, questions were also included to assess the ways that ARIS was influenced by the program's implementation.

Mpowerment Project factors: To assess different characteristics of the Mpowerment Project over time, open-ended questions concerning the project's structure and functioning were asked of participants. Domains of interest included participants' overall view of the

9. An Mpowerment Project Core Group is made up of 12 to 20 young gay/bisexual men from the community who, with the help of other volunteers, coordinate and conduct all project activities.

10. J. W. Fredrickson and T. R. Mitchell, "Strategic Design Processes: Comprehensives and Performance in an Industry with an Unstable Environment," *Academy of Management Journal,* 27 (1984): 399–423; W. H. Glick et al., "Studying Changes in Organizational Design and Effectiveness: Retrospective Event Histories and Periodic Assessments," *Organization Science* 1 (1990): 293–312; G. Hofstede, *Culture's Consequences: Individual Differences in Work-Related Values* (Beverly Hills: Sage, 1980); G. P. Huber and W. H. Glick, "Sources and Forms of Organizational Change," in *Organizational Change and Redesign* (New York: Oxford Press, 1993).

11. J. W. Slocum and D. Lei, "Designing Global Strategic Alliances: Integrating Cultural and Economic Factors," in *Organizational Change and Redesign* (New York: Oxford Press, 1993).

12. D. Katz and R. L. Kahn, *The Social Psychology of Organizations,* 2nd ed. (New York: Wiley & Sons, 1978).

13. UARP PC98-SF-107S.

"Funders and prevention practitioners need to know whether prevention monies and efforts are being used effectively and resulting in the desired outcomes."[13]

"What are barriers and facilitators to implementation by a CBO of the Mpowerment intervention?"

Methods

Interviews and observations were used to gain a variety of perspectives about the process of implementation.

Mpowerment Project (likes and dislikes, suggestions, main issues of concern); impressions of each project component; perceptions of interpersonal relations within the project (cliques, morale, communication, decision-making, conflict resolution, power structure); description of the project's self-evaluation processes; and description of the various roles people play in the Mpowerment Project, how effectively those roles are performed, and what the interviewee perceived his role to be.

Individual factors: Personal characteristics of each individual involved with the Mpowerment Project were considered important in trying to understand program operation and functioning. Therefore, interview participants were asked a series of open-ended questions to assess such factors as their commitment to the Mpowerment Project's goals and methods; their perceptions of the contributions or qualities (positive and negative) they brought to the project; and the extent to which the Mpowerment Project had a personal impact, such as changes in personal feelings of empowerment, social networks, frequency or quality of communicating with friends about safer sex.

Additional factors: Other information was collected during the pre- and post-implementation phase interviews. During the pre-implementation phase, in addition to the factors described above, open-ended questions were posed concerning participants' hopes for the future of the Mpowerment Project, characteristics of ARIS that they felt would facilitate or impede implementation, and how receptive they felt San Jose was to implementing the project. During the follow-up phase, specific questions were asked about the future of the Mpowerment Project (probable changes to staffing, organization, activities, etc.), perceptions of the sustainability and future directions of the project, and overall assessments of how the implementation transpired.

Group Observation Methodology

Observation is frequently the preferred strategy for monitoring program implementation.[14] In this research project, the Project Director and/or Project Assistant attended a sampling of key project activities, took field notes during the activity, and after the event assessed the degree to which the activity embodied the key criteria for an effective project event as currently outlined in the Mpowerment Project Replication Manual. The dimensions evaluated included composition of attendees, quality of group facilitation, interpersonal relations of participants, perceived satisfaction of attendees, quality of safer sex promotion, accomplishment of goals, and so forth.

These data help with the evaluation of the following:

- The extent to which ARIS was implementing the various Mpowerment Project components as outlined in the replication package, (i.e., degree of fidelity between the "ideal" program model and the real, implemented program)
- How well each program activity was functioning and how it had been adapted to meet the needs and contingencies of the adoptees[15] (e.g., the degree to which the Core Group actually provides an empowering experience for participants and fosters self-reflection and camaraderie among members)

14. P. H. Rossi and H. E. Freeman, *Evaluation: A Systematic Approach* (Newbury Park, Calif.: Sage, 1993).
15. UARP PC98-SF-107.

Training and Technical Assistance Methodology

The researchers provided what they envisioned to be minimal but sufficient training, technical assistance, and replication materials to help ARIS launch the Mpowerment Project. The level of assistance was intended to reflect a real-world situation in which few training and technical resources existed, apart from research funding. The researchers hoped that this minimal approach would be cost-effective yet sufficient to translate the science-based intervention into practice. The training and technical assistance approaches used are described in more detail in the Research Findings section.

Data Analysis Strategy

The goal of the data analysis was to identify and describe key themes and patterns that emerged. For the semi-structured interview data, after each interview was complete, the interviewer wrote down the issues expressed in response to each question, and then conducted a more general thematic analysis of the interview.

Supplemental Study

As stated previously, the purpose of the supplemental research project was to understand barriers and facilitators of evaluation by CBOs and to develop process and outcome evaluation tools for CBOs implementing the Mpowerment Project. The design of the supplemental research project broadly consisted of three stages:

- Assessing the types of process and outcome evaluation approaches that CBOs currently use to evaluate HIV prevention programs that have components similar to the Mpowerment Project's, as well as surveying CBO funders and technical assistance (TA) providers to determine their preferences regarding evaluation methodologies and their criteria for meaningful evaluation approaches.
- Assessing the barriers and facilitators of evaluation that CBOs experience.
- Developing a package for CBOs to use in evaluating their programs. This package (Appendix D) contains model evaluation methods and protocols that CBOs with varying capacity and resources can either use when implementing the Mpowerment Project or adapt to similar HIV prevention programs.

Survey Methodology

Various organizations were surveyed to determine the types of process and outcome evaluation approaches that CBOs and funders use to measure HIV prevention programs that have some characteristics in common with the Mpowerment Project. Individuals actively involved in program evaluation were interviewed for one to two hours. Each organization interviewed was paid $50 for its time.

Forty-two organizations were surveyed in total, including 22 CBOs, 11 funders, and 9 TA providers. The range of CBOs interviewed varied with respect to size and capacity, since larger, more well-funded organizations are more likely to use evaluation methods that are beyond the reach of the smaller CBOs that may wish to implement the Mpowerment Project. The list was composed of organizations primarily interested in providing HIV prevention services to young gay/bisexual men in ways that matched the Mpowerment Project closely (small group sessions, large social activities, outreach, social marketing, a fixed drop-in or program site, and empowerment). Funders were selected for inclusion using similar criteria: whether they had specific and recent experience funding programs similar to

Fidelity

Organizations that are implementing proven interventions need to know if their particular adaptations remain faithful to the original program's underlying principles and processes.

Logic Model

- Describes the sequence of events for bringing about change
- Synthesizes the main program elements
- Provides a picture of how the program is supposed to work

Mpowerment Intervention

- Young gay/bisexual men
- Empowerment
- Community building
- Formal outreach
- Informal outreach
- Publicity campaign

"Research project findings provided lessons about barriers to implementation."

the Mpowerment Project.[16] Survey topics included the following:

- What survey participants look for in terms of outcomes of their HIV prevention programs
- How they assess the effectiveness of the programs
- How they assess quality control of their programs
- What insights they have regarding evaluation
- Recommendations about protocols they have used

Data Analysis Strategy

For each type of evaluation method described by the organizations interviewed, the perceptions heard across the range of organizations were summarized by CAPS researchers. Results were then compiled and analyzed, yielding a report on the different approaches to evaluating programs with characteristics similar to the Mpowerment Project.

RESEARCH FINDINGS

The findings of the two studies (primary and supplemental) are discussed separately in the following sections. In this module, the findings provide information that will help CBOs in the process of selecting and preparing to implement a scientifically tested HIV-prevention program and evaluating the results. The research will also help researchers, CBOs, TA providers, and funders better understand the issues surrounding capacity, stability, and organizational culture that influence the process of CBO implementation.

Primary Study

Before ARIS's implementation of the Mpowerment Project began, both the CBO and the community expressed enthusiasm and readiness for the program. ARIS was very interested in implementing this scientifically proven intervention. Community members expressed a desire for an HIV-prevention program incorporating community-building and social events. Community leaders saw a real need for the project and were positive about its ability to meet the needs of the community.

However, despite the enthusiasm of the parties and organizations involved, the Mpowerment Project implementation was only partially successful. The following sections describe the various factors that impeded complete success and highlight key lessons both researchers and CBOs can take away from this collaborative effort.

Organizational Factors

There was a high degree of instability in the CBO (ARIS) during the study period, which was not characteristic of the organization's previous history. From the time the grant was awarded to the end of the project, staff turnover at all levels was substantial. The Executive Director position was vacant for six months. At the Director of Education/ Prevention level—the administrative position most closely involved with the Mpowerment replication—three different people held the post, with significant gaps of time in between. This turnover was problematic in that not all of the directors shared the same experience, interest, and familiarity with the target population, intervention model, re-

16. Lists of potential survey participants were compiled as follows: The National Prevention Information Network (NPIN) database of the Centers for Disease Control (CDC) was used to generate a list of CBOs involved in relevant areas of HIV prevention. The various organizations were then contacted, and the list refined (by both culling and addition) to those most closely matching the Mpowerment Project's methods. The TA providers surveyed were located in the same way as the CBOs. The initial list of funders was compiled from three data banks: the CDC's NPIN, the *National Guide to Funding in AIDS* (San Francisco Foundation Center, 1999); and *HIV/AIDS Resources: A Nationwide Directory* (Guides for Living, 1999).

search approach, and the like. Finally, at the coordinator level, which is the position that facilitates the program, six young men occupied the two posts over the span of the study. A good deal of enthusiasm, motivation, commitment, and skill are needed to run the Mpowerment Program effectively, and some of the coordinators were not up to the task.

Ultimately, the researchers concluded that organizational stability, dedicated staff, and commitment to the intervention appear to be prerequisites for the successful implementation of a novel approach to HIV prevention.[17]

Community Factors

Community issues may also have contributed to difficulties in implementation. Prior to the intervention, community leaders were cautiously optimistic about the potential success of the program. They were excited by the possibilities but also concerned about the degree of apathy regarding HIV prevention among young gay men in the community. However, it is unclear whether this apathy may in fact have made implementation difficult.

In addition, the proximity to San Francisco may also have presented problems. Young men from San Jose can fulfill many of their social needs for fun, companionship, and excitement in San Francisco, where they can also be anonymous. This may have reduced interest in becoming involved in the intervention in San Jose.

Intervention Program Factors

Replication Materials

The researchers provided replication materials (two manuals and two videos) to CBO staff. The manuals were too text-heavy; had no visual images, table of contents, or index; and did not contain a sufficient number of examples from the previous research communities. For these reasons, the manuals were not optimally used by staff members and were ineffective at promoting technology exchange. Readily accessible, well-indexed, visually appealing replication materials are more likely to be used. The researchers also concluded that materials visually depicting certain components of the intervention, as previously conducted by other CBOs, should be provided on the Internet to increase their accessibility.

Training

Initial training on how to conduct the intervention was provided through several sessions lasting 2 to 3 hours each. Additional training of newly hired project staff was provided as necessary. Initially, it had been thought that this training, along with technical assistance and the replication materials, would be sufficient for effective implementation. The trainings were conducted using multimedia methods, but were primarily didactic in format. This approach to training proved not to be effective. More comprehensive, experiential training is needed at the outset.

Technical Assistance

CAPS researchers provided technical assistance to ARIS staff on request. This approach, along with the minimal level of training, was intended to emulate the amount of training and assistance researchers expected CBOs would be likely to receive in future. However, technical assistance received "on request only" proved to be problematic. CBO staff were often unaware that problems were arising until they became severe. At other times, problems would surface during the course of a conversation about another topic altogether.

Many of the technical assistance needs centered on personnel issues, such as how to select good staff and how to keep them motivated and on track. Other needs focused on the innovative

17. Annual Progress Report, UARP PC90-SF-107.

"CBO staff turnover makes implementation of intervention programs difficult."

"Community apathy may make implementation difficult."

"Replication materials must be easy to use and visually appealing."

"Intervention material should be available on the Web."

"Translation from science to practice is most likely to be successful if a substantial amount of training and technical assistance is provided, and if some degree of stability in the organization is maintained.[19]"

"An effective approach is to schedule weekly check-ins for technical assistance with the CBO."

aspects of the intervention, such as how to do formal outreach that differed from "traditional" outreach, and how to use project space. It ultimately became clear that, rather than waiting for CBO staff to ask for assistance, a more effective approach would be to schedule regular meetings between the technical assistance provider and the CBO, to bring to light issues before they became crises and to keep the implementation on track.

Use of Findings

These qualitative findings were used by the researchers as follows:

- *Replication materials:* The Mpowerment Project Replication Package was expanded, refined, and made more visually accessible. It is also available by download from a web site so that organizations can provide each staff member working on the intervention with their own copy. See Appendix A for a sample of the more user-friendly shape the materials now take.[18]
- *Training:* The recommended staff training for an Mpowerment Project implementation has changed from a series of 2- to 3-hour sessions to a three-day comprehensive, experiential training. In addition, it is recommended that the directors of HIV prevention be trained so that they can effectively supervise the coordinators.
- *Technical assistance:* CAPS staff have adopted a "proactive" approach to providing technical assistance, through informal weekly check-ins with the CBO implementing the Mpowerment Project. This is in addition to being available for specific issues.

The researchers have now developed the Mpowerment Project Technology Exchange System based on these findings.

Supplemental Study

Several major themes emerged from the interviews with CBOs, TA providers, and funders—some from all three, and others from only one or two groups. The following paragraphs set out the primary findings from the information collected, divided into three categories: issues surrounding the process and purpose of evaluation itself, practical issues that affect whether and how successfully evaluation is carried out, and issues surrounding evaluation of evidence-based intervention.

Organizational Issues

Evaluation can improve programming. Larger CBOs, with relatively greater resources, often conduct excellent evaluations that are used in developing or refining intervention approaches to more effectively reach their target groups. Because smaller organizations have fewer financial and staff resources, they often perceive evaluation as being in conflict with programming. However, evaluation results can be used to make programming more effective and efficient.

The CBO must have a champion of evaluation at the administration level. If an administrative person (e.g., executive director or program manager) emphasizes the importance of evaluation and promotes its use as an important component of programming, then other staff are more likely to buy into it. Effective evaluation is very unlikely to occur otherwise. In addition, staff members at all levels of the organization must be involved in the evaluation process, both in participating in the evaluation as needed

18. The Mpowerment Project Replication Package is available to any CBO or health department that requests help in implementing the Mpowerment Project for young gay/bisexual men. Visit **http://www.mpowerment.org** for more information.
19. Annual Progress Report, UARP PC90-SF-107.

and in interpreting the results of the evaluation. Again, this requires that CBO staff members appreciate the value of evaluation.

Meaningful evaluation requires expertise. Designing and implementing an effective evaluation process requires knowledge about the different approaches to evaluation, understanding of how to determine effective and appropriate goals and objectives, and skills in questionnaire development, sampling, data analysis, and so forth. Many CBOs still require the use of outside consultants for these tasks.

CBOs often need help in conducting evaluations. Since evaluation is often a challenge in a service setting, it is important that CBOs be able to obtain assistance. University researchers or other evaluation experts can provide useful assistance. Unfortunately, often an individual or TA provider simply develops an evaluation tool and delivers it—without giving the CBO the opportunity to consult, report problems, or refine the approach to maximize suitability. The best technical assistance occurs when there is a collaborative process between the CBO and the technical assistance provider. This enables the development of an evaluation method that reflects the CBO's needs and capacity and helps ensure buy-in from the CBO staff.

Evaluation findings must be communicated to the CBO in a meaningful way. Several CBOs reported that the experience of working with a TA provider in conducting an evaluation of their programming had been frustrating because the evaluators simply "spewed out numbers at them." This speaks again to the need for a collaborative relationship between the TA provider and the CBO so that the two can communicate meaningfully.

Evaluation Design Issues

The difference between process and outcome evaluation methods must be understood. CBOs and funders alike often confuse process evaluations and outcome evaluations, or they are unclear as to why one would conduct one or the other. Often organizations consider only "big" questions, such as whether the program changed the sexual risk behavior of the target population. However, this outcome might be out of scale with the intervention or funding level. Sometimes the critical question is one of process: Was the intervention implemented effectively? Greater attention to the distinction between the two types of evaluation methods is needed, but both are of value. Furthermore, it is important that CBOs understand why interventions are done in particular ways and clarify the outcomes they expect of the process or the intervention.

Appropriate evaluation methods need to be considered early on. When translating a research-based intervention into practice, it is important to factor in the kind of evaluation that is needed, especially for community-level interventions. If an intervention has been found to be effective through research efforts by the NIMH and the CDC, it may be unnecessary for a CBO implementing the intervention to conduct an outcome evaluation. A more productive approach is to concentrate on ensuring that the intervention is implemented effectively, with *fidelity* to the original research-based intervention.

Funding Issues

Funders need to understand the constraints that CBOs encounter. Funders increasingly want outcome evaluations for the programs that they fund. However, they are often not aware of issues

20. Final Progress Report, UARP PC98-SF-107S.

> "It is clear that the best technical assistance occurs when it involves a collaborative process between the CBO and the technical assistance provider.[20]"

What Is the Difference?

Process Evaluation:
The number of condoms distributed

versus

Outcome Evaluation:
Whether the condom distribution methods resulted in increased condom use

Which question should be asked?

> A more productive approach is to concentrate on ensuring that the intervention is implemented effectively, with fidelity to the original research-based intervention.

affecting CBOs, such as high staff turnover, understaffing, and inexperienced staff (especially when the goal is to recruit staff from the target population, such as youth or injection drug users, who do not have much experience in research). Another critical barrier to effective programming and evaluation is very short funding cycles, which do not allow sufficient time to conduct a full intervention and evaluation.

Better communication between funders and CBOs is needed. Often, CBOs have legitimate difficulties in achieving the goals or objectives set out in their proposals to funders. Yet they are reluctant to communicate honestly with their funders for fear that funding will be decreased or eliminated. For their part, funders express concerns about whether they are funding appropriate and effective services. Some would appreciate more complete information about how programs are really being implemented. Funders seem to be open to changes in program design, goals, and objectives when the need arises. Finally, funders often know of individuals or organizations that can provide assistance to CBOs and would consider providing supplemental funding to help procure such services.

Funding needs to be earmarked for evaluation and prioritized from the outset. One obstacle to CBO staff buy-in for evaluation is the feeling that funding is being taken away from programming. Consequently, evaluation must be considered at the outset, generally needs to begin prior to the programming, and must be funded in a way that does not detract from the CBO's ability to implement an effective program.

Use of Findings

A primary reason that the researchers conducted this supplemental study was to determine methods that CBOs could use to evaluate the intervention. In the supplemental study, the researchers found that many CBOs have difficulty evaluating the outcome of community-level interventions. Budgetary constraints and lack of expertise put methodologically rigorous program evaluations beyond the reach of most CBOs. Therefore, since the efficacy of the Mpowerment Program intervention had been shown in previous research through the use of longitudinal samples and comparison (control) communities, the researchers decided to develop *process* evaluation tools that would allow CBOs to measure their programs' success in terms of fidelity to the original intervention.

These findings were used in developing measurement instruments and protocols appropriate to the Mpowerment Project (see Appendices C and D, respectively), which are now part of the Mpowerment Project Replication Package. Based on these findings, the CAPS researchers also realized the need for and created a Program Logic Model (see Appendix B), so that organizations implementing the intervention would be clear about the utility of different parts of the intervention, when these parts should be implemented, and how to evaluate them. A set of evaluation tools that correspond to the logic model was produced (see Appendix C).[21]

21. Although various tools included in the appendices are specific to the Mpowerment Project, they are also intended to serve as models that CBOs can adapt and use to evaluate their implementations of HIV-prevention programs that have components similar to those of the Mpowerment Project.

COLLABORATION

In the primary study, the CAPS researchers who developed the Mpowerment Project collaborated with ARIS, a large CBO, to examine issues of technology exchange.

Collaborative Partners

ARIS

AIDS Resources, Information, and Services of Santa Clara County (ARIS) was established in 1985 to provide support to people with AIDS and those affected by the epidemic. At the time the research began, ARIS had a staff of less than 50 full-time equivalents and more than 600 volunteers.

ARIS's support services for those with and affected by HIV include food and nutrition services, practical assistance with the activities of daily living, housing, one-to-one emotional support, community support groups, and social support services. The organization also provides several prevention and education programs for targeted and general communities. Cecile Cummings, one of the co-PIs, worked as the HIV Prevention Manager at the agency during the earlier stages of the project, but left midway through.

CAPS

The Center for AIDS Prevention Studies (CAPS) was established in 1986 to promote collaboration and multidisciplinary research on the prevention of HIV infection and disease. It is located in the city center of San Francisco and is part of the University of California at San Francisco. Several characteristics make the Center unique: it is interdisciplinary, multiethnic, multi-institutional, and located in an area of high HIV prevalence. Primary prevention—keeping people from getting infected by HIV—was the main focus of CAPS's research activities in the first decade of the epidemic. This work has since been supplemented by research on primary infection and secondary prevention—ways to delay the progression of disease, reduce its severity, and cope with its psychological and social consequences.

Processes and Key Components of Collaboration

As the basis of the research, CAPS and ARIS collaborated on the implementation of the Mpowerment Project in San Jose. CAPS provided initial training on the project, as well as the Project Mpowerment Replication Package, consisting of two manuals and two videotapes. CAPS scientists also provided ongoing technical assistance, consultation, and training from that point forward.

The collaboration plan specified hiring, project supervision, and implementation to be the responsibility of ARIS, with CAPS providing consultation on request. ARIS management put in place the necessary Mpowerment staff (two project coordinators), and ARIS management, the coordinators, and other staff arranged space for interviews, participated in interviews, suggested venues for participant recruitment, and completed Mpowerment Project activity records.

The CAPS investigators, project director, and project assistant identified places for participant recruitment as well as conducted interviews and participant observations. ARIS staff and CAPS researchers collaborated in participant recruitment.

> "We feel we have developed a comfortable, mutually respectful and effective working relationship with the ARIS staff."[22]

22. UARP PC98-SF-107S.

Recommendations

- Researchers and TA providers need to provide assistance "proactively," not just on request.
- Replication materials must be accessible and user-friendly.
- In-depth training needs to be provided at the inception of an implementation.
- Better communication about evaluation between funders and CBOs is needed.
- Funding needs to be earmarked for evaluation and needs to be prioritized from the outset.
- CBOs need the services of TA providers and useful assistance in conducting evaluation.
- A clearer understanding of the difference between process and outcome evaluation methods needs to be established.
- CBOs need a champion of evaluation.

CONCLUSION

The results of these qualitative studies have yielded information about best practices for program implementation and evaluation methods. CBOs, TA providers, and funders can each benefit from the findings.

It is important that organizations implementing an evidence-based intervention frankly assess their own internal readiness and their community's receptivity in the planning stages, if not before. For effective translation of research into practice, user-friendly replication materials, in-depth training, and ongoing technical assistance in a proactive manner—not just on request—need to be provided.

Regarding program evaluation, for CBOs, it is important to plan evaluations from the outset and to prioritize them and recognize their value. Program evaluation needs to be recognized as part of program implementation, since it can tell the organization if the intervention is being conducted as planned, if it is reaching the intended populations, and sometimes, if it is resulting in the desired outcomes. It is especially important to conduct thorough process evaluation if a CBO is trying to implement a research-based intervention, since evaluation can provide information about the program's fidelity to the original intervention's methods and principles.

For funders, it is important to set expectations about evaluations that are in line with time constraints, funding levels, and CBOs' capacity. If possible, funders should allocate funding for evaluation and lengthen funding cycles to three years at a time.

It is important that TA providers develop rapport with their CBO clients. They need to develop a collaborative process with the CBOs to ensure that their methods are usable and acceptable by the CBO staff. Although developing these relationships requires time and effort, they are necessary in assuring a positive outcome to program evaluation and implementation endeavors.