



**California Collaborations in HIV Prevention Research  
Dissemination Project**

**5**  
MODULE 5

**HIV Prevention  
Outreach Programs in Santa Barbara**

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# 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 26 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 along with other resources from the HIV prevention interventions developed through UARP-OA efforts. All of these materials 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.

The *Dissemination Project* module series is organized into three sections: Behavioral Risk Research, Intervention Outcome Research, and Translation Research. The Behavioral Risk Research modules describe projects that focus on the context of the delivery of interventions; **these modules do not evaluate prevention intervention effectiveness**. The Intervention Outcome Research modules provide project findings on the effectiveness of specific interventions (available 2004). The Translation Research modules provide guidelines developed for translation of science-based interventions for use by community service organizations (available 2005).

## Section One: Behavioral Risk Research

### *Module Focus*

Modules 1 through 5 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 in San Francisco (Module 1), transgenders in Los Angeles (Module 2), IDU youth in San Francisco and Santa Cruz (Module 3), and street outreach clients in Santa Barbara (Module 5). Module 4 in this section reports findings from a project that examined CBO capacity and requirements for implementing an evidence-based intervention among MSM in the San Jose area.

### *Behavioral Risk 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 collaborations 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)

Four modules in Section One were distributed throughout California in March 2003 in print format and are available on the UARP website (<http://uarp.ucop.edu>). Module 5 was made available February 2004. Each module contains appendix materials related to training, survey instruments, and examples of marketing and health education resources used in the research project. These appendices can be downloaded in Microsoft Word format from the UARP website.

## 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 research projects commenced in 1999 and upon completion each will be reported on in a *Dissemination Project* module. The projects include evaluation of individual, small group, and outreach interventions targeting youth, women, teen parents, MSM, and IDU among diverse California populations, including Hispanic/Latino, African American, and Asian/Pacific Islander communities.

### 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
- 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 commenced in February 2004 in both print format and on the UARP website (<http://uarp.ucop.edu>).

## Section Three: Translation Research

### Module Focus

In 2002, two multisite projects in Los Angeles and the San Francisco Bay Area were funded to study the process of translation of evidence-based interventions for use by community service organizations.

## GUIDANCE ON THE USE OF BEHAVIORAL RISK MODULES

### Purpose

The *Dissemination Project* modules—based on community collaborative research funded by OA and UARP—are intended to support evidence-based planning, design, implementation, and evaluation of intervention services.

### 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.

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

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

### Use of Behavioral Risk Modules

Modules 1–5, including the materials in the appendices, can be useful to community-based organizations in a number of ways:

- Use data and findings on behavior risks to support targeted planning for prevention interventions focused on 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 to support data collection
- Tailor recruitment materials for use with local populations
- Use best practices for collaboration to provide guidance for the development of partnerships in local settings



## HIV Prevention Outreach Programs in Santa Barbara

### Principal Investigators:

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### Module in a Nutshell

Reports on:

- Hard-to-reach populations
- Street outreach programs
- Key results
- Social and economic assessment

Provides:

- Multisite collaborative research
- Recruitment and survey tools
- Lessons learned in collaboration
- Use of data

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## PURPOSE OF MODULE 5

Module 5 presents findings and supporting materials from a collaborative research project in Santa Barbara County. The project involved three community-based AIDS service organizations (ASOs) and researchers from the School of Public Health at UCLA. The study focused on risk behaviors among the three ASOs' various client populations over a 12-month period, in order to examine the agencies' outreach HIV prevention programs.

The project was conducted collaboratively by Emil Berkanovic, UCLA School of Public Health; Rafael Cosio, Pacific Pride Foundation; Scott McCann, Planned Parenthood of Santa Barbara, Ventura, and San Luis Obispo Counties; and Isabel Blagborne, Project Recovery.<sup>1</sup>

This module describes the findings from the project, including demographic data about the population groups served, data on HIV risk behavior and knowledge about HIV among the ASOs' clients, and changes in the agencies' research capacity as a result of participating in the study. This information, along with the description of the collaboration and procedures and the supporting materials presented in the appendices, will be useful in assisting ASOs working with similar populations in the design and implementation of evidence-based planning and evaluations of their own HIV prevention programs.

## RESEARCH PROJECT

### Summary and Purpose

Street outreach programs are commonly used to engage high-risk individuals who are difficult to reach through more traditional types of HIV prevention education programs. In these programs the interaction between outreach worker and client takes place in the natural setting where the target populations live, work, and/or congregate.<sup>2</sup> In addition to being at

Capacity building requires hands-on experiential training and ongoing technical assistance.

high risk for HIV infection, the target populations of street outreach programs are generally disenfranchised and disadvantaged groups of people who have a variety of psychological, social, medical, and other health-related service needs that are not being met.

When evaluating outreach programs, it is important to be aware of these unmet and/or competing needs, as they may significantly affect the impact of the intervention.

The unique characteristics of street outreach activities and the populations they target produce numerous challenges in evaluating such programs.<sup>1</sup> In addition, AIDS service organizations (ASOs) often lack adequate resources (funding, expertise, skills, staff, etc.) to plan and implement effective

studies of their prevention programs. Building this capacity requires hands-on experiential training and ongoing technical assistance.<sup>3</sup> This collaborative study is a response to the need for both evaluation of community-based HIV prevention programs and capacity building.

### Background

The three ASOs that participated in the study—Pacific Pride Foundation, Planned Parenthood, and Project Recovery—all have outreach programs that target hard-to-reach and underserved persons in Santa Barbara County who are at high risk for HIV infection because of substance use and sexual behaviors. The agencies, as well as the County of Santa Barbara's Health Care Services, wanted to evaluate their outreach programs while building their capacity for conducting their own evaluation studies.

As participants in the Santa Barbara County AIDS Task Force and the Evaluation Committee of the Task Force, these three agencies had already been working together for many years. For the year prior to the study, researchers from UCLA who made up a state-funded technical assistance group (TAG), had provided technical assistance to Santa Barbara County and its evaluation committee by assessing their current evaluation needs and capabilities. The study, conducted from July 1998 through 2002, grew out of that collaboration.<sup>1</sup> (The organizations participating in the study and the roles they played are described further in the Collaboration section, later in this module.)

### Goal and Objectives

The goal of the study was to evaluate the HIV prevention outreach programs already in place at Pacific Pride Foundation, Planned Parenthood of Santa Barbara, and Project Recovery, by concentrating on three areas:

- **Description of existing programs and processes:** describing and comparing the major processes of each street outreach program; describing each program's client population and how they used the program; assessing changes in clients' HIV-related knowledge, attitudes, and behaviors over a period of one year
- **Clients' access to and use of other services:** examining clients' use of HIV prevention and related services; analyzing patterns of service use for overlap and gaps in services and any barriers to access
- **Evaluation capacity development:** tracking ASOs' level of participation in the research process; assessing their capacity for designing and implementing evaluations

### Research Methods

This section presents details about the research protocol, the methods and assessment tools, and the training and data collection techniques.

### Focus and Protocol

Data were collected over a period of one year using semi-structured face-to-face interviews with outreach contacts of the three ASOs—Pacific Pride Foundation, Planned Parenthood, and Project Recovery. The research plan was to administer, over the course of the year, a series of 12 interviews to each participant. The interviews were conducted with a total of 78 study participants.\* The data collected from participants included the following:

- Demographics, including socioeconomic information
- HIV-related knowledge and attitudes
- HIV risk behaviors
- Amount and type of contact with program outreach workers
- Use of HIV-related services (e.g., HIV testing) and other relevant social, mental health, and medical services

### Survey Design

Information was collected once a month from participants in the study, using a series of 12 questionnaires developed collaboratively by the three ASOs and the UCLA Technical Assistance Group (TAG). Topics recurred in the questionnaires on a four-month cycle to track changes in participants' knowledge, behaviors, and opinions over the span of the data collection process. The schedule was as follows:

- Interview 1 covered demographics, living situation, sources of support, and HIV-related knowledge. The baseline interview was administered in month 1, with follow-up interviews in months 4, 7, and 10.
- Interview 2 covered HIV testing history, HIV status, HIV-related risk behaviors, behavioral intentions, general health status, and quality of life. The baseline interview was administered in month 2, with follow-ups in months 5, 8, and 11.
- Interview 3 covered knowledge and use of HIV-related and other social services, satisfaction with services, and barriers and gaps in service. The baseline interview was administered in month 3, with follow-ups in months 6, 9, and 12.

Each of the three baseline interviews (Appendix A) was modified as appropriate for each of the follow-ups (Appendix B). Because the ASOs' client populations had a large Latino

component, Spanish versions of both the baseline and follow-up survey instruments (Appendices C and D) were also created. The instruments were written in English, translated into Spanish, back-translated, and pilot-tested on Spanish speakers before use.

### Staffing, Training, and Data Management

Interviewers were based at each ASO. These interviewers were provided with an agreement form (Appendix E) that described tasks and oriented them to project goals. They were trained in participant observation and qualitative interview techniques by UCLA project staff with experience in those areas. In addition, the interviewers worked with the ASOs' outreach workers to become familiar with and known to the clients before administering the surveys. The interviewers were responsible for writing up interview notes (Appendix F) and submitting them along with other necessary information to the project coordinator for data processing. Interviewers were also responsible for tracking survey participants (Appendix G).

The UCLA project manager and the director of AIDS Services at Pacific Pride jointly hired and trained the on-site project coordinator, who was based at Pacific Pride. The project manager and project coordinator then worked together to develop training for the interviewers. Outreach staff at the three ASOs assisted with this training, both in the office and in the field.

The project coordinator and project manager monitored data collection through periodic checks and meetings with interviewers, while the project coordinator was responsible for overseeing and documenting the overall data-collection process. The coordinator was also responsible for safeguarding the completed surveys and sending them to the project manager on a weekly basis.

### Target Population

The populations served by the three ASOs are at high risk for HIV infection because of both substance use and sexual behaviors. They include injection drug users (IDUs), partners of IDUs, persons who trade sex for money or drugs, and high-risk youth.

In aggregate, the target populations of the outreach programs involved in the study were 60% male and 40% female, 50% white, 40% Latino, and 10% other (African American and other people of color). Recruitment efforts strived to approximate this distribution.

Outreach workers helped train the research project interviewers.

Interviews were conducted in the client's preferred language, English or Spanish.

\*The number of participants across the 12 assessment periods varied from 49 to 71. A total of 78 individuals were interviewed. See the Research Findings section.



## Outreach Methods by Agency

Each of the agencies employs a different outreach method, to suit the type of population they serve. In this way, each reaches different clients at different locations.

- *Pacific Pride Foundation* community health outreach workers (CHOWs) provide HIV prevention education to people who trade sex for drugs or money and to men who have sex with men. Much of their outreach is done at SRO hotels, bars, shooting galleries, parks, a homeless encampment, and a rescue mission where members of the target population congregate. The agency also does outreach in the northern, rural part of the county, which has a large economically disadvantaged Latino population made up primarily of farm workers. At the beginning of the study, Pacific Pride's outreach contacts were 64% male, 51% white, 38% Latino, 55% MSM, and 45% sex industry workers.<sup>4</sup>
- *Planned Parenthood* uses Latino-focused outreach programs: one for teens, *Amigo a Amigo* (see sidebar) and a similar program for adults, *Confianza*.<sup>1</sup> The peer educators for *Amigo a Amigo* are recruited from low-income neighborhoods and programs serving at-risk youth. At the time the study began, the population served by Planned Parenthood was primarily heterosexual youth identified as at risk for HIV/AIDS and other STDs: 66% female, 50% white, 44% Latino, and 61% high-risk youth.
- *Project Recovery* disseminates prevention education information and distributes safer sex kits at street locations, including bus stations, SRO hotels, missions, and in the vicinity of bars and convenience and liquor stores. At the time the study began, the target population was 58% male, 43% Latino, and 43% white, predominately older than the other two ASOs' populations, and either substance users or the sex partners of substance users.<sup>4</sup>

Purposeful sampling was used in the project to maximize site variation on specific characteristics—gender, ethnicity, and sexual orientation.

### Sampling Method

One of the major challenges in evaluating street outreach programs is choosing a practical research design that can also produce reliable and valid results. Methods and sample sizes commonly used to obtain representative samples of populations generally are not feasible with

this target population.<sup>5</sup> Therefore, because it was possible to recruit only a limited number of subjects for the study—given the study's objectives and time frame and the ASOs' capacity and resources—a purposeful sampling method\* was used to maximize recruitment of participants with specific characteristics (gender, ethnicity, and sexual orientation).

## Amigo a Amigo—An Outreach Example

One of Planned Parenthood's programs in Santa Barbara uses youth peer outreach to target high-risk youth. Amigo a Amigo was developed to address Latino and other teens with risk factors such as drug and alcohol use, school and family difficulties, and criminal activity. Recruited from youth shelters, teen-parent programs, and other youth-serving agencies, the teenage peer educators receive 30 hours of training (Appendix H). Skills and topics include communication, problem-solving, STD/HIV prevention, human sexuality, contraception, suicide prevention, and addiction.

The peer educator then shares his or her knowledge, plus materials and referrals, with a minimum of 30 peers—friends, relatives, classmates—documenting these contacts on simple recording sheets. Preferred venues for these interactions are small, informal social gatherings, especially pairs or small groups.

Ongoing additional training and supervision is provided to peer educators during the outreach period, and they receive small stipends following completion of training and education outreach. Educators are expected to recontact at least 50% of the peers they have reached within three months of the initial contact, to determine longer term impacts of their outreach.

Together with *Confianza*, a similar program for adults, *Amigo a Amigo* has reached more than 20,000 people to date. These programs have been found to be effective in building awareness and knowledge of HIV transmission and prevention, in improving communication skills with partners and parents, and in increasing safer sex practices. (For more information about ongoing programs, see <http://www.ppsbvslo.org/education.htm>.)

The number of subjects sampled in each ethnic category and of each gender reflected the ASOs' client populations (see preceding section). Outreach workers from the three ASOs assisted interviewers in the recruitment of subjects from their outreach contacts. They worked with the project coordinator and project manager to recruit a representative sample of sub-

\*Purposeful sampling selects information-rich cases for in-depth study. Size and specific cases depend on the study purpose. There are about 16 different types of purposeful sampling. See M. Q. Patton, *Qualitative Evaluation and Research Methods* (Newbury Park, Calif.: Sage, 1990, pp. 169–186).

jects, the sample criteria having been determined by the collaborative group as a whole.

This method was designed to obtain an information-rich sample that would yield both detailed descriptions of each case, which are useful for documenting uniqueness, and important shared patterns that cut across cases.<sup>1</sup>

### Data Collection

#### Participant Recruitment

High-risk youth, sex workers, and IDUs and their partners were the primary focus of recruitment efforts for the research project. Using English and Spanish recruitment scripts developed for the project (Appendix I), outreach workers described the purpose and processes of the study to potential participants among their clients. It was explained that participation in the study was voluntary and would in no way affect the services they were currently receiving or might in future receive from the ASO. Confidentiality was also assured, except in cases where the interviewer would be required by law to report.

Consent forms recording either written or verbal consent were obtained before the first interview. Participants were required either to be over 18 or to have a parent's or guardian's consent. Subjects were given written information on the study and contact information in English or Spanish, in case of questions or concerns (see Appendix E).

#### Outreach-Client Interviews

The semi-structured, face-to-face interviews were conducted in the participant's preferred language, English or Spanish (see Appendices A–D) in a local setting normally frequented by the participant. Each subject was asked to complete one interview every month for 12 months (see the Survey Design section, above). Interviews took approximately 20 to 45 minutes. Survey participants received a \$10 food coupon for each interview.

Interviewers also recorded observations for the time period of the interview using a form designed for the purpose (see Appendix F).

Prior to data collection, the collaboration group discussed the probability that some interview subjects would “disappear” from the study, either permanently or temporarily. The group agreed that if contact was lost for a period of time and then reestablished, the interviewer would continue with the interview schedule insofar as possible. (During data collection, some subjects did drop out, and others were available for interviews in some months but not in others.)

Outreach workers explained that participation in the study was voluntary and would in no way affect current or future services clients received from the ASO.

### Risks and Confidentiality

Risks to participants were minimal.\* Psychological discomfort caused by the personal nature of the questions was a possible risk; however, interviewees were free to discontinue participation at any time or to not answer any questions that made them uncomfortable. In addition, referrals for assistance were available for anyone who needed or requested it. Psychological discomfort was minimized by interviewers' taking time to establish a relationship with the subject before beginning the interview series. Interviews were not taped, as it was thought that recording could increase participants' level of discomfort.

### ASO Baseline Data and Key Staff Interviews

Data from a previous assessment of the ASOs' program evaluation capacity (skills, resources, activities, etc.) conducted by the UCLA Technical Assistance Group was used as baseline data. This data included information collected through agency site visits, interviews with key agency personnel, and review of the agencies' evaluation plans, data collection instruments, and evaluation reports. This data also included information on the agencies' organizational structure and resources.<sup>1</sup>

During the course of the study, records were kept describing the ASOs' participation in the research process. In addition, at the beginning of the project (October 1999) and at intervals during the project's implementation, semi-structured interviews were conducted with key personnel at each of the three ASOs involved in the study. The Key Informant Interview Guide (Appendix J) elicited the following information:

#### Incentive

A \$10 food coupon was given to the respondent at each interview.

- The key informant's involvement and role in the agency's HIV education and prevention street outreach activities
- The characteristics of those activities
- The makeup of outreach staff and the training they receive
- Each agency's salient experiences during the research process
- The value of those experiences both to the individual and to the agency

\*Completed interview forms and notes were assigned ID numbers, rather than being identified by the subject's name. A code list with the subject names and corresponding numbers was kept separately from the completed interview forms. All information obtained by the interviewer was written up immediately and given to the project coordinator, who kept it in a locked file cabinet at Pacific Pride. Once a week, the complete forms were mailed to UCLA, where they were kept under lock and key.

- Changes in program planning, evaluation, staffing, or funding that occurred as a result of participation in the study

Information from the outreach workers was collected on a monthly basis during the project. The Monthly Observations from the Field form (see Appendix J) was used to elicit observations about outreach activities and implementation of the survey, challenges faced by the outreach workers, and comments about the research project or the agency program.

The project manager at UCLA was responsible for the collection and analysis of this data.

## RESEARCH FINDINGS

This section summarizes the findings for the research project. Data describing the total sample are presented in the Key Results sidebar and Tables 1 and 2. Data are presented on age,

### Key Results (n = 78)\*

#### Sexual Activity

- 75% sexually active
- 36% females reported same-sex partners (all reported also having sex with males)
- 26% males reported same-sex partners

#### Primary and Other Sex Partners

- 62% reported having a primary sex partner
- 47% reported having at least one other sex partner
- 30% reported having both primary and other sex partners

#### Risk Behaviors

- Condom use: 20% do not use condoms with nonprimary sex partners
- Sex and drugs: 89% reported having been high on drugs or alcohol while having sex
- Substance use: 20% of sample reported ever injecting drugs or other substances
- Needle sharing: 60% of IDUs reported sharing needles

#### HIV-Related Knowledge and Attitudes

- 80% knew something about HIV or AIDS
- 86% answered 9 out of 10 questions about HIV correctly

#### Use of HIV Prevention-Related Services

- 74% reported they had been tested for HIV
- 62% reported they had received information about HIV/AIDS

\*Data collected at baseline.

ethnicity, education, and sexual orientation. In addition, since the population profile of each agency reflects the individual nature of each group, demographic information about the three different populations is shown in Figures 1 and 2.

Behavioral findings (below, and continued on page 10) include information about HIV risk behaviors, sexual partners, knowledge and attitudes about HIV, and use of and access to services.

## Behavioral Findings

The data presented in this section includes reported risk behaviors, perceived risk, services needed, HIV testing, and knowledge about HIV/AIDS. Results are presented for the ASOs individually when the data were available.

### Risk Behaviors

#### IDU Substance Use

Of the total sample, 20% reported ever injecting drugs or other substances. However, there were significant differences among agencies:

- Pacific Pride 27%
- Planned Parenthood 3%
- Project Recovery 36%

47% do not use a condom with their primary partner during vaginal sex.

#### Substance Use and Sex

A large percentage (89%) of the participants reported that they had been high on drugs or alcohol while having sex. Those who responded no to this question (9.5%) were all from one agency, Planned Parenthood.

#### Condom Use

Close to half (47%) of all participants reported that they do not use condoms with primary partners during vaginal sex.

#### Perceived Risk

The participants were asked what they thought their chances of getting HIV were. A majority of the respondents (70%) responded that they wouldn't or probably wouldn't get HIV. An open-ended question was used to assess the reasons participants thought they could or could not contract HIV. Responses included "Having only protected sex" and "Monogamous sex partner" for reasons why they would not get HIV. Responses offered for why they could get HIV included "Anyone can get it," "Had unprotected sex," "Shared needles," and "Accidents can happen."

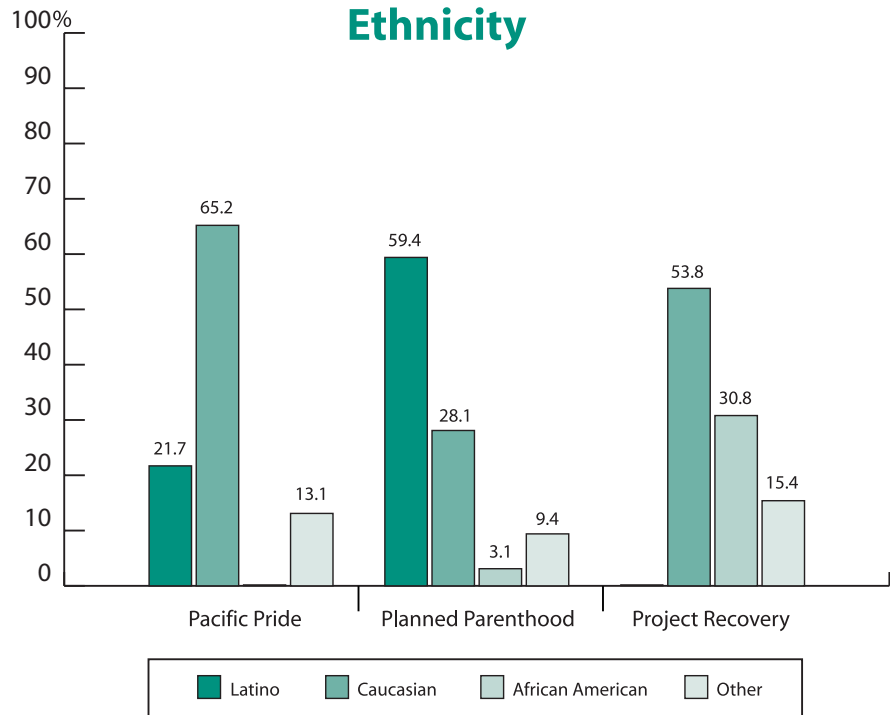
82% of participants had been tested for HIV at local agency.

**Table 1**  
Demographic  
Characteristics of  
Study Participants,  
by Agency

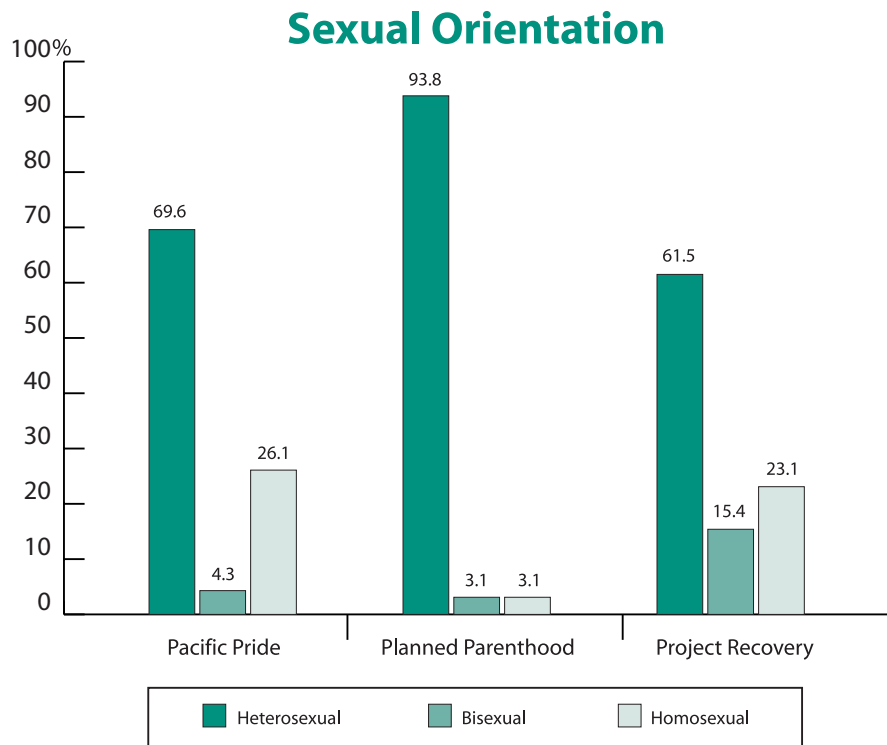
	Total Sample N = 70	Pacific Pride N = 23	Planned Parenthood N = 33	Project Recovery N = 14
<b>Male</b>	63.0%			
<b>Female</b>	37.0%			
<b>HIV+<sup>a</sup></b>	7.0%			
<b>Mean Age<sup>b</sup></b>	32.0	35.1	22.4	38.5
<b>Ethnicity</b>				
Caucasian	46.0%	65.2%	28.1%	53.8%
Latino	35.0%	21.7%	59.4%	–
African American	7.0%	–	3.1%	30.8%
Other <sup>c</sup>	12.0%	13.1%	9.4%	15.4%
<b>Sexual Orientation</b>				
Heterosexual	79.0%	69.6%	93.8%	61.5%
Homosexual	15.0%	26.1%	3.1%	23.1%
Bisexual	6.0%	4.3%	3.1%	15.4%

<sup>a</sup>Self-reported    <sup>b</sup>In years; range = 14 to 54    <sup>c</sup>No designation

**Figure 1**  
Ethnicity of  
Participants,  
by ASO



**Note:** Pacific Pride's numbers included no African Americans. Project Recovery included no Latinos.



**Figure 2**  
Sexual Orientation of Participants, by ASO

	Total Sample N = 70	Pacific Pride N = 23	Planned Parenthood N = 33	Project Recovery N = 14
<b>Education Level</b>				
Less than high school	10.5%	18.2%	6.3%	7.1%
Completed high school	52.8%	27.3%	81.3%	50.0%
Attended college or professional school	36.6%	54.6%	12.5%	42.9%
Currently in school	28.8%	21.7%	57.6%	7.1%
<b>Employment</b>				
Currently working <sup>a</sup>	67.0%	69.6%	66.7%	64.3%
<b>Marriage and Family</b>				
Single	54.0%	52.2%	54.5%	57.1%
Have children	35.3%	22.7%	33.3%	50.0%

**Table 2**  
Socioeconomic Characteristics of Study Participants, by Agency

<sup>a</sup>Range = skilled professional to unskilled

## Services

### HIV Testing

At three months, a majority (82%) of all participants reported having been tested for HIV at the local agency. The breakdown by agency was:

- 90% Pacific Pride
- 55% Planned Parenthood
- 100% Project Recovery

### HIV Information

At the beginning of the research project, less than half of all participants in the project reported receiving information about HIV/AIDS from the agencies. By month 10 the responses had changed significantly:

	Month 1	Month 10
Pacific Pride	50%	73%
Planned Parenthood	24%	46%
Project Recovery	50%	66%

## ANALYSIS AND USE OF DATA

The specific characteristics of each ASO and its client population make overall generalizations about the sample unsatisfactory, yet some common themes emerge from analysis of the research findings, as described in this section. Also provided are examples of lessons learned, including a discussion of the positive effects of participation on the agencies' capacity.

### Process Description and Evaluation

The three agencies offered different programs tailored to their distinct target groups:

- A majority of the participants served by Pacific Pride and Project Recovery were Caucasian; the majority served at Planned Parenthood were Latino (see Figure 1).
- A larger proportion of participants self-identified as homosexual at Pacific Pride and Project Recovery, and a majority of participants at Planned Parenthood self-identified as heterosexual (see Figure 2).
- There were significant differences in age across the three agencies; the most youthful, with a mean of 22 years of age, were from Planned Parenthood (see Table 1).

These three characteristics—ethnicity/culture, sexual orientation, and age—define the need for specific approaches to outreach and enhanced interventions. The types of outreach program offered by the different agencies were documented and compared.

Use of a harm reduction approach is key to successful outreach work.

### “How could the agency help you better?”

In month 3, the question “How could the agency help you better?” was asked. The majority of respondents did not answer the question. Responses from those who did included the following:\*

#### Pacific Pride

- Blood donation site
- Pay more for interview
- Vouchers should be \$100
- Counselors with different education and backgrounds

#### Planned Parenthood

- Give “better” condoms
- Give out more condoms
- More STD and HIV testing
- Free shuttle
- More referrals
- Not until I start a family
- Reach out to young people

#### Project Recovery

- Be more personal
- Cure for hepatitis C
- More staff
- Stay open later
- One-on-one counseling
- More energy into finding a cure
- Help with food
- Education on abuse/self-esteem

\*It was subsequently determined that the order of the questions on the survey influenced responses. Immediately preceding this question was the yes/no question “Could the agency help you better?”

The research results provided each agency with information that clarifies the rationale for unique program identity and emphasizes the relevance of utilizing referral as a strategy when faced with individuals who do not fit into existing client profiles.

### Use of Outreach Programs

The clients of the agencies utilize services other than HIV prevention and education outreach. These include programs on drug addiction, suicide prevention, sexual identity, family counseling, and housing services.

In focus groups, outreach workers reported that clients used them for social support on issues of drug abuse, child custody, incarceration, spousal abuse, survival sex, mental health, and referral and guidance to appropriate services.<sup>7</sup>

According to outreach workers from all the agencies, the ideal for personal relationships with clients is to be nonjudgmental about the client's life and to maintain a harm reduction focus with regard to the client's HIV risk behavior.

### ***HIV-related Knowledge, Attitudes, and Behaviors***

During the 12-month study period, participants were asked questions about their knowledge and attitudes regarding HIV, perception of risk, assessment of risky sexual behaviors, condom use, and use of drugs and other substances. The following summarizes responses for the total sample.

- **Knowledge:** Over 80% of participants said that they knew something or a lot about HIV or AIDS. The participants were asked 10 questions to assess HIV knowledge (see Appendices A and C, Interview 1). A little over 86% of the sample answered 9 out of 10 questions correctly. Knowledge of HIV risk among the participants remained consistent throughout the study.
- **Attitude:** Over 70% of the sample indicated that “in the next three months” they would do something to reduce their risk of contracting HIV.
- **Perception of risk:** The participants were asked what they thought their chances of getting HIV were. The majority (70%) responded that they “would not” or “probably would not” get HIV. Five individuals (7%) responded that they had HIV.
- **Sexual behaviors:** Several questions were used to assess sexual behavior of the participants. Most participants considered themselves to be sexually active (75%); this ranged from 57% to 83%. Nonetheless, sexual activity was not significantly different across sites. A larger percentage of females reported engaging in same-sex behavior than males (36% versus 26%); however, all females reported sexual activity with males.
- **Condom use:** Participants were asked to self-report condom use during oral, vaginal, and anal sex with both primary and other sex partners. The participants were more likely to use condoms during sexual behavior with other sex partners than with their primary partners.
- **Sex and Drugs:** A large percentage of the participants reported having been high on drugs or alcohol while having sex (90%).
- **Injecting Substance Use:** A large percentage of the participants reported injecting drugs or other substances in their lifetime (20%); however, there was wide variation among the different agencies. A greater percentage of participants from Pacific Pride (27%) and Project Recovery (36%) reported injection drug use than at Planned Parenthood (3.1%).

### **Access to Related Services**

At the baseline survey, 74% of all respondents reported having been tested for HIV. This varied by agency: Pacific Pride 90%, Project Recovery 100%, and Planned Parenthood 55%. This significant difference between Planned Parenthood and the other two agencies may be explained by the client population characteristics—age and sexual orientation—rather than suggesting a barrier to services.

By month three, 82% of clients had been tested for HIV. Similarly, clients obtained information about HIV/AIDS at a higher rate 10 months into the study than at baseline.

There was no discernable pattern to responses about barriers to services or gaps in existing services. Some responses to the open-ended questions about the clients' use of services indicated that often clients did not want to go to get the help needed. “Thus, the primary barrier to receiving service from any agency may be the client's predisposition to seek out services when they need them.”<sup>7</sup> Overall, the responses about how outreach workers could better help indicated that the continued availability of outreach workers for information and education about HIV prevention and other areas was important.

Clients obtained information about HIV/AIDS at a higher rate 10 months into the study than at baseline.

### **Capacity Building**

Key informant interviews with agency personnel responsible for program planning and development were conducted toward the conclusion of the project. In the interviews, noteworthy issues that came up included capacity, time, and staff expertise, specifically:

- The agencies' capacity to develop and implement outcome evaluations had increased. In addition, the agencies acknowledged that the procedures used in the study would have an impact on their future evaluations and ongoing evaluation of their services. Notably, these evaluations will affect program planning aimed at providing the most efficient street outreach for high-risk clients. One of the agencies (Planned Parenthood) stated that participation in the study gave them additional ideas about new survey questions to ask, longer term follow-up, and funding for program evaluation.
- The use of agency personnel for the collection of data during the project increased skills in evaluation techniques.
- Information sharing between agencies increased the knowledge base with regard to referrals and intervention approaches and services for dissimilar populations.

## Lessons Learned

- Target high-risk subgroups within client population for specialized outreach programs.
- Referral is an important strategy for clients that do not fit into existing programs.
- Outreach workers may be the only social support for clients.
- Develop specific interventions to respond to findings of needs assessment.
- Use information to apply for additional support.

## COLLABORATION

This study was a collaborative project involving the UCLA School of Public Health and three community-based agencies in Santa Barbara County. As participants in Santa Barbara County's AIDS Task Force and its Evaluation Committee, the three agencies had been working together for many years prior to the study. During the year preceding the study, the State of California–funded Technical Assistance Group (TAG) at UCLA had been providing technical assistance to the county and committee. This study extended the previous collaborative efforts between the various groups.

### Collaborative Partners

This section describes the three community-based organizations and the UCLA research group involved in the study. The roles played by the three CBOs were substantially similar, as described in the Processes and Key Components of Collaboration section that follows.

#### **Research Institution: UCLA/TAG**

The Technical Assistance Group (TAG) at the UCLA School of Public Health provides technical assistance to community-based organizations and governmental agencies, primarily in the areas of community health assessment, health promotion program planning, and evaluation and data management analysis.

For the year prior to the study, the UCLA TAG had been working with the County of Santa Barbara Health Care Services (HCS) and the AIDS Task Force. The focus of this work was to assess both the county's and the three CBOs' evaluation needs and capabilities.

TAG staff members, some of whom were already familiar with Santa Barbara County's HIV prevention programs and

personnel, provided technical assistance and expertise in increasing skills and capacity in the area of program evaluation. Emil Berkanovic from UCLA was also director of TAG and was principal investigator on the study, while other staff members served as project manager at different times over the three-year project.\*

#### **Health Care Services of Santa Barbara County**

Health Care Services (HCS) had previously worked with Pacific Pride Foundation, Planned Parenthood of Santa Barbara, and Project Recovery on a variety of projects over a period of several years.

As a member of the Task Force Evaluation Committee, HCS was actively involved in assisting these and several other CBOs that provided HIV/AIDS services in Santa Barbara to institute and/or improve evaluations of their HIV-prevention programs. HCS provided the project with space for meetings and training sessions.

#### **Pacific Pride Foundation**

Pacific Pride provides HIV education and prevention, including anonymous HIV antibody testing, syringe exchange, community health outreach, and education on safer sex. An HIV+ speakers' bureau gives presentations. All outreach includes written prevention information and supplies such as condoms, lubricant, alcohol wipes, bleach, and cotton balls.

The agency works within the city of Santa Barbara and in the mostly rural northern part of the county. The target population includes agricultural workers, intravenous substance users; at-risk youth; MSM, bisexuals, transgenders, and their partners; sex workers; individuals who are homeless, displaced, or have a history of incarceration or mental illness; and Spanish-speaking Latinos and Latinas with multiple risk factors.

Pacific Pride's Community Health Outreach Workers (CHOWs) are selected for their expertise with the specific populations. Several CHOWs are fluent in Spanish or are bilingual and bicultural. Some are former IDUs, sex workers, or public sex participants. As a result, they know their target populations and how best to provide outreach services, including prevention education. The CHOWs act as a street-based support system and often may be the one person a client feels comfortable sharing information and problems openly with. The CHOWs make referrals to other local agencies that might help the people they contact with issues contributing to risk taking.

Collaboration with a research institution was viewed as prestigious within the community.

\*Carl Sneed was appointed project coordinator during the analysis phases, after the data collection period.



Pacific Pride served as the administrative site for the study. The project coordinator's office was in this agency's facility, and all administrative records were kept there. Rafael Cosio, the agency's Director of Education, Prevention, and Training, was a co-principal investigator in the study (additional information about the agency may be found at <http://www.pacificpridefoundation.org/home.htm>).

### **Planned Parenthood**

The mission of Planned Parenthood of Santa Barbara, Ventura, and San Luis Obispo Counties is to provide high-quality, effective education and prevention services within a larger program of reproductive health for the community. The agency offers HIV testing and counseling at four clinics throughout the tri-county area. In addition, the Education Department offers five programs designed to reduce the spread of HIV and other sexually transmitted infections.

Clinical and education services offered by Planned Parenthood, available in Spanish and English, are conducted by highly trained bilingual, bicultural staff. (See sidebar, page 5, for a description of one of the agency's education programs.) All educators have at least a bachelor's degree and three years of experience in reproductive health; half have more than five years' experience. These educators train and supervise the CHOWs' outreach work.

Scott McCann, Vice President of Education, was a co-principal investigator in the study, and Community Coordinators Lorena Guzman and Patricia Herrera coordinated data and program implementation.

### **Project Recovery**

Project Recovery's mission is to reduce the transmission of HIV in its target population of substance users, particularly in those at high risk, such as IDUs and their sex partners. The agency provides alcohol- and drug-dependency treatment through group, individual, and family counseling. Services include day treatment, evening, perinatal, and family programs, and all programs are available in Spanish.

Outreach services include linkages to clean and sober housing, mental health assessment and treatment, medical care, vocational rehabilitation, individual and group counseling, and acupuncture treatment for HIV-positive individuals and for drug and alcohol withdrawal and relapse prevention. The outreach program also serves as a resource for staff and other local businesses and social service providers.

HIV/AIDS-related service activities include education and prevention specific to HIV/AIDS, on-site HIV testing, pre- and post-test counseling, and a street outreach program for HIV/AIDS education and prevention.

Isabel Blagborne, Outreach Services Coordinator and HIV/AIDS Educator and Prevention Specialist, was a co-principal investigator in the study.

## **Processes and Key Components of Collaboration**

The three ASOs' familiarity with and knowledge about their specific outreach client populations made this study possible. The Technical Assistance Group at UCLA brought their expertise in designing and carrying out evaluations to this collaborative process. Individuals from all levels in the various agencies contributed to the project—from management to the outreach workers who had direct experience and established relationships with clients.

Early in the project, survey instruments and interview methodology were developed based on input from all members of the collaborative team—the principal investigator, project manager, project coordinator, and a focus group of outreach workers. The original team for the project worked well together and developed the groundwork for the intensive data collection period.

The preliminary surveys were pilot tested and revised based on results of the pilot test and further input from the collaborative team. The length and frequency of the interviews, as well as the type and amount of incentive to offer, were likewise discussed and agreed to by the collaborative team. However, additional piloting of the questionnaire might have mitigated difficulties that arose during the survey period. In particular, retention of participants became a problem, and the length and repetitiveness of the interview instrument also proved to be problematic.

Agency personnel were involved in data collection during the project. The client demographics and the difficulty of outreach to these populations, presented a considerable challenge to data collection. Yet each of the organizations was successful in its efforts, with staff going well beyond their normal duties in order to meet the requirements of the protocol. Commitment to the research project by the field team was high.

The model for communication involved frequent phone calls, faxes, and e-mail messages among the collaborating group members throughout the course of the study. Meetings were held frequently during the development phase of the project. Changes in staff at the research institution caused disruption to the model for communications during the data collection phase. Still, the interviewers, ASO coordinators, and project coordinator met periodically to discuss issues that arose. The project coordinator and the project manager were available by phone, fax, and e-mail to address questions or issues that arose.

During the analysis phase, the majority of work on the data took place away from the field site and community organizations in Santa Barbara. Because this geographic separation caused some delay in the agencies' obtaining access to the research results, UARP staff arranged meetings of the academic researcher and CBO providers. This facilitated analysis of data.

Agency staff from all levels contributed to the project.

## RECOMMENDATIONS

Collaborative research is a partnership between scientists and providers. The experience of the partners that worked together on the Santa Barbara outreach research project may be valuable for other researchers and community-based organizations. For example:

- Research instruments need to be pilot tested in a time frame that reflects an approximation of the actual field situation. This could reduce participant attrition, especially among hard-to-reach populations.
- Enhancement of ASOs' capacity to analyze and utilize data for program planning and the like needs to be a priority in collaborative research projects. Resources need to be identified during preliminary planning to realize increased capacity.
- Continuity of project management over the life of the project is highly desirable.
- Geographic distance between collaborating partners is a factor to consider in multisite teams. Research institutions need to consider the establishment of local facilities for the planning, data collection, analysis, and technical assistance portions of the research project.
- Timely feedback of data results to the community organizations by the research group analysts is critical for the implementation of suitable improvements to existing services and intervention techniques. Momentum is built during research projects, and community staff and volunteers anticipate the prompt return of findings.

## CONCLUSION

The focus of this research project was to examine HIV-related knowledge, attitudes, and behavior among high-risk, underserved clients of outreach programs at three separate agencies in Santa Barbara County and to facilitate transfer of evaluation capacity to the participating agencies. The three ASOs that provide services to these diverse groups in Santa Barbara are using the findings of this collaborative research to enhance their existing HIV/AIDS outreach programs. Internal capacity for evaluation of programs was increased through the research process.

The design of the project incorporated purposeful sampling in order to maximize variation in the specific characteristics represented by the dissimilar ASO populations. Still, in presenting the findings, the total sample does not reflect the uniqueness of the smaller data sets for each ASO population. The small sample sizes of the individual ASOs do reflect the specific populations and are useful in augmenting existing interventions. Desegregation of the data by the research institution supported this enhancement process and encouraged comparison and discussion among the community agencies.

Data collection was labor intensive in this project and fell primarily on the shoulders of the ASO staff. These organizations, along with their research partners, developed the various data collection instruments and gained first-hand experience with the research process. Even in the face of such issues as high staff turnover among researchers, attrition and interview fatigue among participants, and communication glitches, the collaboration proved rewarding.

## References

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## Appendices

- A. Baseline Surveys in English
- B. Follow-up Surveys in English
- C. Baseline Surveys in Spanish
- D. Follow-up Surveys in Spanish
- E. Consent Forms
- F. Interviewer Observation Form
- G. Outreach Contact Forms
- H. Sample Training Materials
- I. Recruitment Scripts (English and Spanish)
- J. Staff Interviews

## ABOUT THE MODULE 5 APPENDICES

This module contains tools that can be used to:

- Learn more about specific client populations receiving services from outreach programs (including teens and high-risk groups)
- Learn the extent to which clients are aware of and utilize your program

The sample materials include:

- Baseline and three follow-up surveys in English and Spanish
- Contact forms to assist in locating clients
- Training materials for peer outreach workers

Community-based organizations focusing on outreach programs used these tools over a 12-month research period to obtain information about their client populations and their clients' high-risk behavior. Each of the appendices is briefly described below.

### **Appendix A. Baseline Surveys in English**

These instruments use a semi-structured, guided process in which a trained interviewer conducts a face-to-face interview with a client. The interviewer should accompany the agency's outreach worker during an encounter in order to meet the clients and establish a relationship before beginning the interview process.

These short, simple surveys are designed for use with hard-to-reach and underserved populations. Three baseline interviews are administered in the first three months of contact with the client:

- Baseline Interview 1 collects data on the client's personal and family history and gathers information about the client's basic knowledge of HIV/AIDS. Interview 1 includes a questionnaire to be completed by the interviewer that briefly describes the outreach worker's history with the client, assessment of the client, and plans to continue the interview process over the 12-month period.
- Baseline Interview 2 collects in-depth data on the client's risk behaviors.
- Baseline Interview 3 collects information on the client's health and health history. The client is also asked to express what services he/she needs or would like to have provided in the future.

Responses are numerically coded for use with quantitative analysis software such as SPSS.

### **Appendix B. Follow-up Surveys in English**

These instruments use a semi-structured, guided process in which a trained interviewer conducts a face-to-face interview with a client. These short, simple surveys are designed for use with hard-to-reach and underserved populations.

The three follow-up interviews are administered in an alternating sequence over the remaining nine months:

- Interviews 4, 7, and 10 gather updated information on the client's personal and family history and information about the client's basic knowledge of HIV/AIDS. The interviewer also completes a questionnaire, updating the history of contact and discussion with the client.
- Interviews 5, 8, and 11 collect updated in-depth data on the client's risk behaviors. An interviewer questionnaire records the history of contact and discussion with the client.
- Interviews 6, 9, and 12 collect updated information on the client's health and health history. The client is also asked to express what services he or she needs or would like to have provided in the future. An interviewer questionnaire records the history of contact and discussion with the client.

Responses are numerically coded for use with quantitative analysis software such as SPSS.

### **Appendix C. Baseline Surveys in Spanish**

Proceso semi-estructurado, guiado en el cual un entrevistador entrenado desarrolla una entrevista cara a cara con un cliente. El entrevistador debe acompañar el promotor (o promotores) de salud durante un encuentro/sesión para conocer los clientes y establecer una relación antes de empezar el proceso de entrevista.

Estas encuestas breves y simples son diseñadas para uso con poblaciones difíciles de enlazar y limitadas como usuarios de servicios. Tres entrevistas de línea base son desarrolladas en los primer tres meses de contacto con el cliente.

- La entrevista de línea base 1 recolecta data sobre el la historia personal y familiar del cliente y recolecta información sobre el conocimiento básico del cliente sobre VIH/SIDA. La entrevista 1 incluye un cuestionario que debe ser llenado por el entrevistador que brevemente describe la historia del promotor con el cliente, la evaluación del cliente, y los planes para continuar el proceso de entrevista sobre el período de 12 meses.
- La entrevista de línea base 2 recolecta data a fondo sobre los comportamientos de riesgo del cliente.
- La entrevista de línea base 3 recolecta información sobre la salud e historia de salud del cliente. También se le pide al cliente que exprese cuales servicios el o ella necesita o le gustaría que fueran proveídos en el futuro.

Las respuestas son codificadas numéricamente para uso con software de análisis cuantitativo (eje., SPSS).

#### **Appendix D. Follow-up Surveys in Spanish**

Proceso semi-estructurado, guiado en el cual un entrevistador entrenado desarrolla una entrevista cara a cara con un cliente. Estas encuestas breves y simples son diseñadas para uso con poblaciones difíciles de enlazar y limitadas como usuarios de servicios.

Tres entrevistas de seguimiento son desarrolladas en una serie de tiempo sobre los nueve meses restantes de evaluación.

- Las entrevistas 4,7, y 10 recolectan información actualizada sobre la historia personal y de la familia del cliente e información sobre el conocimiento básico del cliente sobre VIH/SIDA. También se llena el cuestionario del entrevistador, actualizando el historial de contacto y discusión con el cliente.
- Las entrevistas 5,8, y 11 recolectan información actualizada a fondo sobre los comportamientos de riesgo del cliente. Incluye el cuestionario del entrevistador para documentar la historia de contacto y discusión con el cliente.
- Las entrevistas 6, 9, y 12 recolectan información sobre la salud y la historia de salud del cliente. También se le pide al cliente que comunique cuales servicios el o ella necesita o que le gustaría que fueran proveídos en el futuro. Incluye el cuestionario del entrevistador para documentar la historia de contacto y discusión con el cliente.

Las respuestas son codificadas numéricamente para uso con software de análisis cuantitativo (eje., SPSS).

#### **Appendix E. Consent Forms**

These four forms document the consent necessary for interviewers and subjects to participate in the research project.

The first form is to be signed by interviewers after they complete their training.

Consent must be given either in writing or verbally by every client (or by a parent or guardian, if the client is a minor) *before* the interviews can begin. Forms are provided in English and Spanish.

The consent form is used by the interviewer to:

- Walk the client through the purpose and procedures, as well as the risks and benefits of participation
- Notify the client of their rights under California law
- Provide the names, addresses, and telephone numbers of the agency personnel responsible for the research project.

#### **Appendix F. Interviewer Observation Form**

This form is to be completed by the interviewer after each encounter with the client.

It allows the interviewer to record notes about his or her observations of the client's behavior during the interview.

Responses are numerically coded for use with quantitative analysis software such as SPSS.

#### **Appendix G. Outreach Contact Forms**

These forms allow the interviewer to track participants through the interview cycle:

- Form 1, the Interviewer Report on Initial Contact, is completed after Baseline Interview 1.
- Form 2, the Interviewer Report on Subsequent Contact, is completed after Baseline Interviews 2 and 3, as well as all subsequent interviews.

Responses are numerically coded for use with quantitative analysis software such as SPSS.

#### **Appendix H. Sample Training Materials**

These materials are samples of documentation from the Amigo-a-Amigo peer training program. They consist of:

- An outline for the 30-hour training session
- A contract form to be signed by the peer educator
- A sample peer contact form used by the agency to track the whereabouts and activities of the peers employed by the program

#### **Appendix I. Recruitment Scripts (English and Spanish)**

This step-by-step guide (in English and Spanish) can be used by an outreach worker to recruit clients into the 12-month interview project.

The script states the purpose of the research and the details of the interview process, emphasizing the voluntary nature of the program and assuring that the client's confidentiality will be respected.

### **Appendix J. Staff Interviews**

Two forms were used to collect information from agency personnel:

- The Key Informant Interview Guide was used by the university researcher to gather information from agency administrators and staff. This confidential interview collected respondents' descriptions of agency operations, intervention processes, and staff training activities as well as the respondents' perceptions about the effectiveness of the agency.
- The Monthly Observations from the Field form was used by the researchers to monitor the implementation of the peer outreach and interview process during the project.

### **Use of Materials**

All the resources presented in the appendices for Module 5 are derived from materials developed and used as part of the project listed below. These materials may be freely used for HIV/AIDS prevention intervention evaluation programs. Publications that use any of the forms, surveys, and so forth, or that are based on any of the materials included in these appendices, should provide a citation of the original project and principal investigators:

#### **Collaborative Evaluation of HIV Prevention Outreach Programs**

UARP grant PC98-LA-144

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