



A dinkra

SOUTHERN PREVENTION INTERVENTION CENTER

CBA Philosophy

No mountain is too high
No valley is too low
No river is too wide
No forest is too dense
if you believe

With eyesight you can see misery
With insight you can always see hope
Yes, it gets dark sometimes, but then
morning comes

And through all this you find out that
Suffering brings character, and
Character brings faith, and
Faith will not disappoint!

National Conference Schedule

National HIV Prevention Conference
Atlanta, Georgia... Aug. 12-15, 2001

U.S. Conference on AIDS
Miami, Florida... Sept. 13-16, 2001

INSIDE

2...Special publication offers several effective interventions, Centers for Disease Control and Prevention technology transfer mechanisms

3...HIV prevention interventions adapted across populations and settings: the process of requesting capacity-building assistance continued...

4...Skills-Building Course Calendar

HIV prevention interventions adapted across populations and settings, the process of requesting capacity-building assistance

HIV prevention interventions are designed with explicit goals for specific populations in specific settings. An intervention's objectives, strategies, activities and measured outcomes are significant and have meaning only in the context of its specific populations and settings. Much care must be taken, therefore, when adapting an intervention, which has proven successful for one population and setting, to meet the needs of a new population setting. Indeed, it would be rare, if ever, that an intervention that was successful for one population and setting could be borrowed without revision and achieve similar levels of success with another population and setting. This essay will address those factors which need to be considered when adapting an intervention for a new population and setting.

As community-based organizations (CBOs), you may ask for capacity-building (CBA) assistance or a proven intervention and wish to adapt it to your particular circumstances. It is important to recognize, in such a scenario, that CBA providers are entering into the process after a great deal of work has already been done. CBA providers respect and validate the work that has been done prior to a CBO's request. CBA providers merely supplement the expertise of CBOs.

One of a CBA provider's initial concerns will be the process by which the specific intervention was selected. (It assumed that the CBA providers will have introduced himself or herself and become familiar with the CBO's history and mission.) Was the intervention "suggested" by a funding source? Is it somebody's pet project? Was it

a controversial choice? Is there general consensus around its selection among CBO leadership and staff? Was the target population consulted? Often the selection process itself will present some of the most significant challenges to the later success of the intervention. If there are lingering concerns (among CBO leadership, intervention staff, the target population) then certainly it is not the CBA provider's role to reconcile these. However, it may be important for CBOs to understand how such concerns will be addressed.

Next it is important to listen to CBO staff's volunteers associated with the intervention as they explain their understanding of how the intervention will work. For this process it is critical that all groups who will be affected by the intervention (CBO staff, the target population, community members, etc.) are represented. If they are not and it should be understood that their absence may place limitations on the success of the project. This is not necessarily a technical discussion. It sets the groundwork to assure that the CBO and CBA provider are on the same page and working toward the same goals.

Following this discussion it is appropriate to turn to the details of the intervention itself and what it means to adapt it to the CBO's target population and setting. Having had the opportunity to hear everyone's concerns and interests, CBA providers might begin by sharing concerns they may have and laying out in broad terms what you feel the challenges or limitations may be.

To illustrate the CBA process, we (the CBA provider) will draw upon an example



Continued on Page 3



ADMINISTRATIVE CORE

Dr. Mark Colomb
Project Director

Marilyn A. Meiring
Capacity-Building Assistance Manager

Jordan Franklin
Quality Assurance Manager

Alfred Carter
Finance/Budget Manager

LaShonda Sevast
Evaluation Specialist

Denise Mckins
Technical Assistance Analyst

COMMUNICATION CORE

Penela McCoy
Marketing Coordinator

Valarie Smith
Graphic Artist

Raymond Delaware
Web Master

APIN ADVISORY BOARD

Janiel M. Bacey
Yeadon, Pennsylvania

Ngel Cuffie
Jackson, Mississippi

Dr. Janice Duran
Jackson, Mississippi

Dr. Henry Frank
Brooklyn, New York

Sedrick Gacher
Oakland, California

Dr. Rashad K. Saafir
Chicago, Illinois

Dr. Ron Simmons
Washington, D.C.

Lovell Safford
Orlando, Florida

Dana Williams
St. Louis, Missouri

Inari P. Woods
Seattle, Washington

Adinkra

Executive Editor: **Dr. Mark Colomb**
Editor: **Penela McCoy**
Managing Editor: **Marilyn A. Meiring**
Asst. Managing Editor: **Nedre Jones**
Graphic Artist: **Valarie Smith**

Adinkra is a quarterly publication of the Jackson State University Mississippi Urban Research Center's African American Prevention Intervention Network (APIN).

Adinkra is published as a resource for community-based organizations funded by the Centers for Disease Control and Prevention. Inquiries about articles appearing in this issue or requests for additional information concerning capacity-building assistance should be directed to: Southern Prevention Intervention Center, Jackson State University, P. O. Box 17309, Jackson, MS 39217; Toll-free: 1-866-JSU-MURC; Telephone: (601) 979-4100; Fax: (601) 979-4336.

Special publication offers several effective interventions, Centers for Disease Control and Prevention technology transfer mechanisms

Turning HIV Prevention Research into Practice, developed as a special supplement to *AIDS Education and Prevention*, Vol. 12, No. 9, focuses on issues involving access to and use of effective interventions and offers information about a number of Centers for Disease Control and Prevention (CDC) mechanisms for technology transfer.

Divided into three parts, the special issue is devoted to 1. "Translating and Transferring Technology in HIV Prevention," 2. "The 'Replicating Effective Programs' Project," and 3. "Sustainability of Technology Transfer."

In Part 1, the concept of technology transfer in public health, a synthesis of the technology transfer literature and new standards for collaboration among all agencies involved in HIV prevention are covered. A three-phase model for technology transfer that outlines the requirements for successful intervention delivery is presented. A framework for assessing prevention needs, identifying effective interventions, the application of those interventions and having practice to inform future research are introduced. Part 1 contains two chapters: "A Technology Transfer Model for Effective HIV/AIDS Interventions: Science and Practice" and "Strengthening HIV Prevention: Application of a Research-to-Practice Framework."

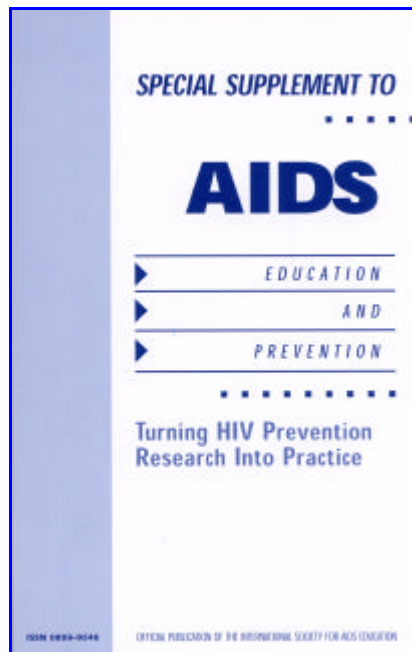
The second part of the publication gives details about the CDC's Replicating Effective Programs (REP) project. Titled, "The 'Replicating Effective Programs' Project," Part 2 outlines the activities of the

project through which science-based interventions with evidence of effectiveness are translated into intervention packages for transfer to, and use by prevention providers.

Part 2 also consists of five papers by researchers who translated and transferred their interventions with the REP project report their experiences and observations. Important and complex aspects of working with communities and prevention providers to develop and implement intervention packages are presented. Community-researcher partnerships are discussed and the development of an intervention package is described. Additionally, the orientation and training of providers to use the interventions is examined and balancing fidelity to the original interventions and adaptation of those interventions are considered. The role of technical assistance in the implementation of interventions is presented in the fifth paper.

"Sustainability of Technology Transfer," the third part of the special issue, looks at subjects related to capacity building and the design, support and maintenance of interventions in the context of research, policymaking, service delivery and funding. The researchers examine how the wide range of existing resources can complement the selection and delivery of science-based interventions. A discussion of future directions for HIV prevention technology transfer and new understanding strategies to support prevention efforts close out the special issue.

Turning HIV Prevention Research Into Practice is an official publication of the International Society for AIDS Education.



HIV Prevention Intervention Continued..

from the Centers for Disease Control and Prevention (CDC) *Compendium of HIV Prevention Interventions with Evidence of Effectiveness*. The intervention we have selected is "Randomized Controlled Trial in an HIV Sexual Risk-Reduction Intervention for Young African-American Women" (DiClemente and Wingood, 1995). The hypothetical CBO we are working with is interested in adapting this intervention for a group of adolescent gay sex workers in a midwestern city. The intervention goal is modeled after the published study: "To increase consistent condom use among the target population and prevent HIV infection."

This intervention calls for the recruitment of adolescent sex workers to participate in a series of five workshops. To begin, we will establish certain things. Does this CBO have a successful track record of working with this population and are they able to hire project staff with experience working with this population? Is the intervention-style (a series of workshops) appropriate for adolescent gay sex workers in this town? Is this a population that is likely to regularly attend all five sessions? After further discussion, it is explained that the CBO has in mind a specific group of 25-30 adolescent sex workers with whom they have had regular outreach contact over the past 18 to 24 months. This is a critical consideration because it means that the five-part workshop intervention can, in fact, be viewed as an extension of an on-going intervention. This may well enhance the intervention's chances of success.

The series of five workshops requires a specific set of curricula and materials to run the workshops. It is useful, therefore, to establish (1) that the workshop themes are relevant for the target population and (2) that workshop materials are available.

Project staff explain that over the years they have been presenting individual workshops that address similar themes and they are going to reformat these to form a five-part series. Because the workshop themes have been developed for African-American women, project staff are proposing to adapt the five themes to adolescent gay sex workers in the following manner:

- Session 1:** Gender and Ethnic Pride will become Sexuality and Gay Pride;
- Session 2:** Personal Responsibility for Sexual Decision Making will be refashioned to address sex work;
- Session 3:** Sexual Assertiveness and Communication Training will be adapted to the context of sex work;
- Session 4:** Condom Use will be adapted to the context of sex work;
- Session 5:** Cognitive Coping Skills will be adapted to the context of sex work.

The original intervention was based on Social Cognitive Theory and theories of gender and power. The latter element will be converted to theories of sexuality and power. It will be helpful to review the new intervention's curriculum and activities with this in mind and to assure that the links between theory and model underlying the original intervention are replicated in the new intervention. This, however, need not be treated as an exact science and we may want to limit critical comments to instances of severe incongruity. We might also make the suggestion that the CBO use the first couple of workshop series as a pilot project. After these workshop series, the curriculum and activities can be re-assessed and re-evaluated and any necessary modifications can be implemented. Helping the staff to develop this process of re-evaluation may, of course, help the CBO in other areas of its operation.

Importantly, the goal of this intervention will be limited to increasing condom use (and other safer sex practices) in the context of sex work. On-going, parallel outreach efforts are designed to complement these workshops and to offer adolescent sex workers options to sex work. This is an important consideration with respect to project expectations and outcome measures and may need to be reiterated.

Source: Adapted from: Baronov, D. (1999, Winter). *Adapting HIV Prevention Interventions Across Populations and Settings*. The Linkage, 2, 5-6.

Southern Prevention
Intervention Center
Jackson State University
(JSU)

P. O. Box 17309
Jackson, MS 39217
Telephone: (601) 979-4100
Toll-free: 1-866-JSU-MURC
Fax: (601) 979-4336

Focus

The Southern Prevention Intervention Center seeks to enhance the competencies of community-based organizations in the areas of intervention design, development, implementation and evaluation via capacity-building assistance services. The Southern Prevention Intervention Center is regionally structured to provide capacity-building assistance services with as much local expertise as possible.

HC

The Southern Prevention Intervention Center is operated by Jackson State University's Mississippi Urban Research Center. The Southern Prevention Intervention Center's geographic area of coverage is as follows: AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, AND WV.

Staff

RONALD JOHNSON
CBA Coordinator
e-mail: ronjohns@mail1.jsums.edu

FRANCES WHITE
Prevention Intervention Specialist
e-mail: frances.l.white@jsums.edu

NADINE JONES
Office Manager
e-mail: najones@mail1.jsums.edu



Skills-Building Course Calendar

Behavioral Science... ..Feb. 15 & 16
Memphis, Tennessee

Behavioral Science... ..June 13 & 14
Atlanta, Georgia

Behavioral Science... .. March 7 & 8
New Orleans, Louisiana

Advanced Behavioral Science... July 25 & 26
Washington, D.C.

Program Evaluation... ..March 28 & 29
Orlando, Florida

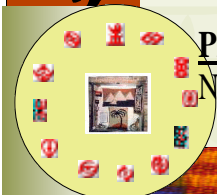
Social Marketing... ..Aug. 15 & 16
Birmingham, Alabama

Social Marketing... ..April 25 & 26
Baltimore, Maryland

Behavioral Science... ..Sept. 26 & 27
Houston, Texas

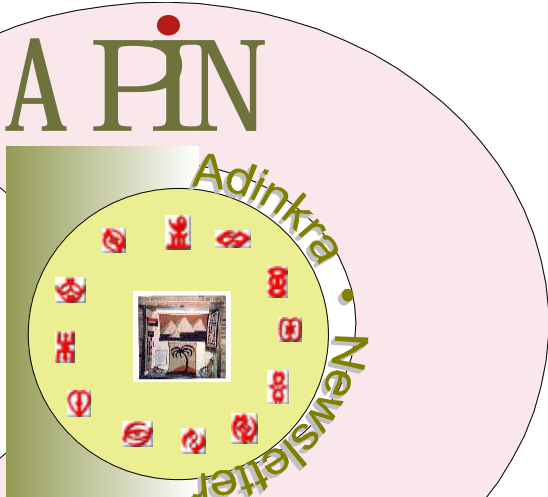
Program Evaluation... ..May 9 & 10
Nashville, Tennessee

For information about these courses, please call the Southern Prevention Intervention Center, toll-free, at 1-866-JSU-MURC.



Jackson State University
MISSISSIPPI URBAN RESEARCH CENTER
Southern Prevention Intervention Center
P. O. Box 17309 • Jackson, MS 39217

Non-Profit Organization
U. S. Postage
PAID
Jackson, MS
Permit No. 290



African American Prevention Intervention Network