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Concurrent Sessions

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Translation Issues/Taxonomy Interventions

Facilitators:	Kevin O'Connor, Amee Bhalakia
CDC Representatives:	Tim Akers, Ted Duncan
Health Department Peer:	Barry Callis, MA
CBO Peer:	Susan Davis

The topic of these session was the Guidance intervention taxonomy, and how jurisdictions could use it with their own intervention definitions. The discussion included questions such as: What does a jurisdiction do when it appears that CDC's intervention list overlaps and fails to clearly describe their interventions? How does CDC's taxonomy minimize (or aggrandize) the burden on contractors? Can jurisdictions modify the Guidance taxonomy?

This session was convened twice. The presentations were the same, and are therefore captured only once. Following the formal presentations, the participants were asked to break into smaller groups, and each group was asked to engage in an exercise known as "Consultant for a Day."

Kevin O'Connor
Facilitator

Kevin O'Connor, session facilitator, welcomed those present to the session on Translation Issues/Taxonomy Interventions, explaining that the workshop participants had experience in which other participants could utilize to learn from each other. Kevin O'Connor stressed that the workshop was peer based, and that the CDC was seeking feedback from workshop participants. He also introduced the second facilitator, Amee Bhalakia, and then followed with the agenda outline for the workshop session.

Tim Akers
CDC Representative
CDC's Evaluation Guidance Intervention Taxonomy

Tim Akers spoke on the topic of the CDC's Evaluation Guidance Intervention Taxonomy. He gave a brief overview of the history of the development of the intervention taxonomy indicating that the intervention taxonomy stemmed from work from ORC Macro, extracting pertinent data from applications submitted by practitioners, community based organizations, and health departments and other sources of available literature. All of these inputs were combined into the current intervention taxonomy classifications. In the creation of the existing taxonomy, Mr. Akers explained that the CDC consolidated the information into eight types of interventions. He emphasized to the participants that the information in the taxonomy was based on a significant amount of information collected from multiple resources.

Tim Akers then drew on the experience of the participants, stating that they already knew and understood the issues covered under the taxonomy. He raised several rhetorical questions that participants faced daily in deciding whether the interventions were the right ones that the participants aimed to implement. He explained that the Intervention Plan set forth the goals, expectations, and implementation procedures for an intervention. For the purposes of the reporting requirements, intervention plans should contain data that describes who is to be served, by whom, and to what extent the prevention service has been supported with evidence and a service plan. Akers explained that the Intervention Plan was intended to define the entire process. The taxonomy was intended to be a plan, but it is also a work in progress.

He explained that extensive work was involved in identifying the various types of interventions in practice. This information was obtained through literature, researchers, and practitioners and also the types of interventions that the workshop participants identified.

In attempting to define an intervention, Akers gave an example from the Year 2000 training sessions on the Guidance Intervention Taxonomy. He reviewed the main elements that the CDC used to identify as the most salient in an effective intervention:

- ❑ Specifying target populations be it MSM, IDU's, based on race factors, other types or orientation.
- ❑ Choosing the interventions: Is IVI? Street level? Group Level?
- ❑ Establishing clear, measurable outcome objectives.
- ❑ Looking at the process. To look at outcome is definitely one of the end goals. How is this program designed, etc? They are not all starting at the same level.

- ❑ Assessing characteristics of the implementing organization providing the service (e.g., nature of the organization, number of staff, do they have anything in place, etc.).

- ❑ Describing the data system. Good policy flows from good data. It doesn't mean anything if there's no way to collect the data.

Ted Duncan
CDC Representative

Ted Duncan discussed how Technical Assistance systems were related to classification. He also mentioned the other two workshops that were available as part of the program meeting that covered technical assistance in more considerable depth. He pointed out that the critical role of Project Officers in assessing technical assistance on the Guidance. He stressed that if participants encountered questions or problems, they should contact their designated Project Officer for consultation. He urged participants to not only place requests through their Project Officer, but he also explained that project officers were trained and encouraged to ask requesters to state the problem in writing, as much as possible. He explained that following a submitted request, the Project Officer then refers to a member of the Science Application Team contact, Charles Collins. As the next step, together, the Project Officer and Charles Collins would set up a conference call to discuss the question. Ted Duncan explained that in most cases, the question was resolved at that level. He said that since the Guidance was distributed, about 95% of all states had made some type of technical assistance request, and that approximately 80% of requests to date were able to be handled and resolved through a phone consultation.

Ted Duncan further reassured participants that alternative resolutions were also available for technical assistance if the request required more in-depth involvement such as site visits or training. He cited that at times, members of the Science Application Team were dispatched to perform site visits. Also, resources at ORC Macro had also performed similar technical assistance duties as well. Depending upon the request and situation, sometimes the request will be referred to another CDC contractor, other health departments, or through the Behavioral Social Science Volunteer Program as necessary to resolve issues related to evaluation. Ted Duncan also identified the Program Evaluation Research Branch as yet another resource available. He recalled that approximately 17% of requests were related directly to interpretation/translation issues. He recognized that the large quantity of interpretation/translation issues was significant, but not a major issue. Ted Duncan expressed positive hope that in the near future, interpretation questions and issues in translating the taxonomy would be identified and addressed earlier in the process.

He then focused on the largest category of questions regarding outcome evaluation, noting that

approximately 41% of technical assistance questions were concerning evaluation issues. He recognized that most members of the workshop had various questions regarding evaluation interpretation and issues.

Barry Callis
Health Department Peer
Massachusetts Public Health Department

Barry Callis summarized several translation issues that he, as a Health Department Peer, and workshop participants, have encountered in implementing the Guidance taxonomy. With regard to pre-guidance risk behavior populations and intervention categories established, Barry Callis explained the history of establishing the risk behavior populations and intervention categories, prior to the Guidance. In 1994, there was a movement to standardize the various activity types in order to capture the data. The result of standardization was the development of a scannable tool that could be used by all in order to create some consistency from over 20 different types of forms.

In terms of the aim for congruence between local definitions and taxonomy, the team created their own definitions and cross referenced their definitions with those in the taxonomy definition. Redefining the taxonomy has been aided by program development, contract management, and reporting tools. Barry Callis explained that as part of the program development, the team held six population based meetings, organized by staff from funded programs in order to get the buy-in. The staff input aided in achieving stakeholder feedback on the accuracy of the definitions.

Barry Callis gave an example of how non-risk behavior populations risk were defined for taxonomy purposes from his own Massachusetts experience. He said that in Massachusetts, three programs exist to service transgender individuals. To understand the risk that non-risk behavior populations experience, there were some inherent behavior risks incurred by non-risk behavior populations who are involved in street work, injections, and substance abuse.

He then reiterated several guiding questions for participants to consider, stating that when there is a challenge with a program, in order to ascertain what types of intervention should be implemented, and to determine who is being served, workshop participants should walk through these key questions about the target, program and implementation plans:

- ❑ Who is being targeted with intervention?
- ❑ What are the specific risks for HIV/STD's?
- ❑ What interventions are being considered?

Barry Callis stressed that in using the taxonomy as a guide, it is important to define the

intervention based on the current definition and to be consistent in reporting. He then briefly addressed Intervention Taxonomy Reinforcement, stating that in reinforcing use of the Taxonomy, health departments work closely with vendors to involve them in a cooperative relationship aimed at sharing the overall picture of the evaluation effort by increasing buy-in with participants. In this manner, health departments are working collaboratively with the CDC to improve effectiveness.

Second, he highlighted the relationship between the local community based organization and the CDC intervention taxonomy. He conceded to participant concerns that the current data form was last revised in 1996 and is up for another revision where it is applicable. He further built on the need for development and/or refinement in data reporting to be consistent with the intervention taxonomy. CDC is about to embark on the task of amending and altering various data fields and intervention types. He also mentioned that data tools and forms available locally should be consistent with taxonomy changes.

Barry Callis discussed the taxonomy's role to assist programs to adopt intervention taxonomy using locally defined terms to describe the intervention. He referred to this type of assistance as "outreach," although he noted that each participant's understanding of outreach varied widely. The role of taxonomy reinforcement was to correct misunderstandings that may result in lack of quality data.

With regard to the clarification of local terms and reporting using the taxonomy, he explained that the revisions were underway on the reporting form for use consistently.

In conclusion, Barry Callis presented the audience with a community building example relating it to the taxonomy. Although community building is not a direct part of the taxonomy, he explained that this activity can still be encoded in the "other" category of the taxonomy. He defined "community building" as it "refers to activities at the community level, not directly involved in the delivery of HIV prevention services, that prepare, enable, or empower the community to support HIV prevention and education." He explained that many of the programs that were funded built in some type of planning features that result in community building. Community building captures the type of work that providers perform to be prevention-ready and receptive. In summary of the community building example, Barry Callis explained how he made his definition of community building fit in the "Other" category of the taxonomy forms.

Amee Bhalakia, Facilitator
Break-out Session: "Consultant for a Day"

Following the presentations, Amee Bhalakia engaged the participants in an exercise titled, "Consultant for a Day." This was a concept that allowed participants to problem solve ways to address the issues they were facing. Two different breakout groups engaged in this exercise.

Their input is shown separately in order to have an overview of the similarities/differences of the groups.

She asked them to consider these questions:

- ❑ What are the benefits to having a taxonomy or classification system for intervention?
- ❑ What are the issues your jurisdiction has faced in implementing the Guidance taxonomy?
- ❑ What are the significant issues around implementation?
- ❑ What solutions, strategies or model programs has your jurisdiction used to resolve these issues?
- ❑ What types of assistance can CDC provide in utilizing the intervention taxonomy?