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REPORT

Final Report

Case Studies of the Prevention Marketing Initiative (PMI) Local Demonstration Site Projects: Experiences During Planning and Transition Phases

To

Centers for Disease Control and Prevention

1600 Clifton Road

Atlanta, Georgia 30333

November 5, 1996

Battelle

6337 (C.S)

Executive Summary

TITLE: Case Studies of the Prevention Marketing Initiative (PMI) Local Demonstration Sites: Experiences During Planning and Transition Phases

CONTRACTNUMBER: 200-93-0626, Task 15

SPONSOR: National Center for HIV/STD/TB Prevention
Division of HIV/AIDS Prevention
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Centers for Public Health Research and Evaluation
2101 Wilson Boulevard, Suite 800
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Overview

PMI is a large-scale social marketing program to influence behaviors that contribute to the sexual transmission of HIV and other sexually transmitted diseases (STD) among young people below 25 years of age. PMI includes among its components locally funded demonstration sites. These sites combine community participation with social marketing and behavioral science methodology and theory in order to design, implement, and sustain viable prevention programs. This document presents the results of a cross-site case study of the five Prevention Marketing Initiative (PMI) local demonstration sites.

The PMI case study gathered in-depth information during a separately funded pilot test at one site during the autumn of 1995,[1] and at the remaining four sites during the spring of 1996. The purpose of the case study was to describe the experiences of program participants over a two-year period spanning two major project phases, planning and transition to implementation. As a demonstration project, PMI has been a pioneering effort. The case study highlights participants' reflections on what was done to foster achievement of PMI's goals as well as what could be avoided in the future. In addition, the qualitative information will be used to contextualize quantitative evaluation data collected as sites move through the implementation phase of PMI.

[1] Battelle. *Pilot Case Study of a Prevention Marketing Initiative Demonstration Site: Nashville TN.* Completed for Contract No. 200-90-0835, Task 30: CDC, National Center for HIV/STD/TB Prevention.

Evaluative Objectives

The case study was based upon a set of objectives that were tested and refined during the pilot test. These objectives are:

- Describe the site-specific context for the Prevention Marketing Initiative, including structural features, major process issues, and facilitators and barriers.
- Explore the ways in which the PMI process may have led to an increased sensitivity toward social marketing as evidenced by an increased knowledge of social marketing methodologies, motivation to use them, and ability to access social marketing services.
- Explore the effects of PMI on collaboration among community organizations and individuals in the area of HIV prevention.
- Describe youth involvement in planning HIV prevention activities as a part of the PMI process.
- Assess whether there has been increased support for HIV prevention programs within the community and, if so, whether there is any evidence that such support is related to the PMI process.

Objectives were linked to a set of research questions which guided the study. The findings and lessons learned are presented below as answers to each of the research questions. Lessons presented in the report were derived from strategies that worked well for one or more sites, as well as from suggestions for resolving major challenges.

Findings and Lessons Learned

Research Question #1: **What are the structural features of the PMI demonstration sites including types of lead agency and membership bodies?**

PMI was initiated in a variety of settings, each with its own community dynamics. There were common structural features across sites, as well as variations that reflected the differences among sites. Key findings about the organization of the sites include the following:

- **Lead agencies.** At each site, PMI was initiated in a lead agency knowledgeable about HIV/AIDS issues in general but not particularly conversant with prevention. For two sites, a decision was made to leave the original lead agencies during the summer of 1995 in order to be closer to the location of the target audience for the PMI intervention and to have more control over the process than would otherwise have been possible. At the **other** three sites, PMI remained with the original lead agency but in a way that supported increased autonomy for the project.

- Staffing. PMI began with small local budgets resulting in the hiring of junior-level staff to begin the PMI process. The staff were well-liked and admired for their skills, especially in community organizing. However, they also required a great deal of support from either the technical assistance providers, their lead agency, or both. Three sites chose to hire different staff during what became known as the transition to implementation.

- **Planning committees.** An ethnically diverse group of different ages, genders, and sexual orientations along with representatives from HIV and youth-services agencies was considered important to include in the planning committee. Composition of the planning committee was revisited in some cases after the target audience was chosen so that the planning committee could adequately represent that constituency.

- **Subcommittees and co-chairs.** Developing subcommittees, teams, or work groups to carry out the work of PMI helped to move the process forward. Community co-chairs helped to give participants ownership of the project.

- **Decision-making.** In discussing the way in which decisions were made within the PMI structures, staff and volunteers serving in a leadership capacity promoted consensus-building as the best way of dealing with potential conflict. As the planning committees became more highly structured, some sites began using parliamentary procedures for most decisions. In all sites, there was a general desire to avoid conflict.

Research Question #2: **What were the main tasks carried out in each phase of the PMI process, by whom, and when?**

In order to reflect what we saw and heard at the PMI sites during our data collection period, Battelle is using four task categories. These are: (1) organizing the local community, (2) program planning, (3) issues management, and **(4)** transition planning.

Findings and lessons learned about carrying out PMI tasks include:

- **Organizing the local community** is an ongoing process. (This finding will be re-visited in our discussion of community collaboration, capacity building and community support.)

- **Program planning** is an iterative process. The first step was to ***define*** a target audience that was subsequently ***rejined*** based on evidence from research findings.

  - *Defining **the target audience.*** Each site chose a target audience within the teen years. Two sites further defined the target audience by ethnicity, choosing to focus on African-American teenagers. In one site, point of access to service helped to focus the target audience on at- or high risk youth. In the remaining two sites, concepts of behavior change were used to focus on youth who had already used condoms in order to reinforce behaviors that lead to consistent condom use.

- *Refining the target audience.* *There* was a lack of quantitative data concerning the sexual knowledge, attitudes, and behaviors of local youngsters between the ages of 12 and *18.* Instead, sites relied heavily on information from focus groups supplemented by open-ended interviews with selected categories of youth. In most of the sites the focus groups yielded extremely rich data, and the research firms hired for this task pulled the information together in a way that furthered the PMI process. Yet, the entire task of conducting formative research was very time-consuming and led to some frustration among participants.

- *Relationship between data and decision-making.* Despite delays and frustrations in conducting formative research for program planning, participants from varied backgrounds benefited greatly from being exposed to data. This led to confidence in decisions, even though it took time to arrive at them.

- **Issues Management** is the process for developing a plan that can deal with possible controversies that PMI may engender, while building community support for the project. Caution has been the key here, but sites found that when they did make announcements, these went well. Participants would have liked more written material on PMI from CDC early in the project.

- **Transition Planning** was not a discrete phase of the PMI process when it was first conceived. However, national partners, staff, and many volunteers saw that the structures put in place when PMI was first initiated were not strong enough for the development of a full-fledged program. Therefore, sites developed transition plans in the summer of 1995.

Research Question #3: **What was the content and process of technical assistance (TA) and training during each phase of the PMI process?**

One objective of the PMI local demonstration sites has been to increase the capacity of selected communities to design, implement, and sustain viable prevention programs. In order to accomplish this objective, communities have received intensive technical support. TA was the foundation upon which participants carried out the steps of the PMI process. Participants learned to carry out complex tasks, such as analyzing data from a variety of sources of data in order to define target audiences and develop behavioral objectives.

- **Delivery of TA. The** greatest lesson learned from the TA provided was that it was necessary and appreciated. A consistent presence by one person with back-up by specialists was clearly an asset. Due to the thin staffing patterns on-site, TA providers engaged in many duties that can be characterized as staff extension. They were in almost daily contact with site-based staff.

- **Content of training.** Training topics can be categorized as background (e.g., overviews of social marketing or formative research), decision-specific (e.g., audience profile, marketing mix), and special circumstances (e.g., writing a youth involvement or issues management plan). Participants especially liked hands-on and role-playing types of

activities. Participants appreciated simple language rather than social marketing jargon.

- **Additional training.** In retrospect, participants saw areas where they could have used further assistance, but they did not know how to ask for this. These areas include youth involvement, young adolescent behavior and development and-for some sites-basic HIV/AIDS instruction. Sites would have benefited from training in certain managerial areas, such as identifying and managing research subcontractors.

Research Question #4: **How are youth identified and involved in the prevention marketing process?**

Our discussion of youth involvement includes the role of youth and ways of operationalizing that role. The general philosophical discussion at the PMI sites was not whether to include young people in the process, but rather when and how to involve them most appropriately. The process of operationalizing the philosophy of youth involvement included the formation of ad hoc committees and drafting a youth involvement plan. At four of the sites this led to the creation of consultant positions.

When asked how they felt about their role in the PMI process, young people expressed the view that PMI is a "major responsibility" and saw themselves as having an important role as the "voice of teens." Young people have been engaged in a number of activities including TA trainings designed especially for them, reviewing focus group guides, and participation in community events or specific tasks.

With the exception of the one site that did not have a youth committee, but which integrated a very limited number of young adults directly onto the planning committee, young people were not well-integrated on the planning committees for most of the period under study. It should be noted that some of these sites had adolescents as young as 13 on their youth committees. One or two young people did sit on subcommittees at the various sites from early in the process, and participation increased markedly as the sites worked through the formative research and began program design. Adults and youth worked together to increase rapport, especially at two of the sites, and youth developed a greater voice on both subcommittees and planning committees.

- Some of the strategies that helped the process go more smoothly with time included:
  - The presence of a dynamic youth consultant.
  - Specific activities geared to youth in their own separate committees along with "ice-breakers" and special efforts to make young people feel more comfortable working with adults.
- Overall, our findings suggest that high school age adolescents can be involved in PMI from an early stage if there are clear activities and goals for the young people. We observed that young people became more involved as the formative research was completed and believe that this could be the optimal point for integrating them more fully into the planning committee.

Research Question #5: **What are the dynamics of collaboration and partnership with community**

members and community agencies?

Initiating PMI in lead agencies with HIV/AIDS prevention and care experience provided a pre-existing base of HIV/AIDS expertise for the PMI planning committees. This helped the staff to begin the process of organizing the local community, an effort that turned out to be intensive and ongoing. Some key findings in this area address collaboration with other HIV prevention bodies, with a variety of organizations in the jurisdictions represented in PMI, and among PMI members themselves.

- **Limited collaboration with HIV Prevention CPG and Ryan White groups.** Except through an overlap of memberships, PMI has had limited collaboration with the HIV Prevention Community Planning Groups (CPG) or Ryan White Care Act groups in the demonstration sites. Respondents reported plans to increase this collaboration and we are aware of instances of data sharing, as well as presentation by young people to a state CPG.

- **New collaborations initiated.** On the other hand, PMI brought together constituencies that had never collaborated before, such as HIV/AIDS, youth, education, business, religion, research, and CBOs. There is a consensus that the diversity of the PMI collaboration is unique. This is especially true in that PMI brought together HIV/AIDS groups with those who may never have considered HIV to be in their purview.

- **Relationship building on the individual level.** PMI facilitated the cultivation of personal relationships and friendships among the representatives around the planning table, which have led to an exchange of resources and information. A factor that may have allowed for the cultivation of relationships within PMI during its first two years was the lack of competition over funding characteristic of some other HIV/AIDS coalitions.

Research Question #6: **Which members of the community show support for HIV prevention and how can this support be linked to involvement with, or knowledge of, the PMI process?**

Battelle collected information concerning general characteristics of the communities, the presence of HIV prevention activities and services, and respondents' perceptions regarding whether PMI could be said to increase community support for HIV prevention.

- **Conservatism in PMI communities.** Participants were'nearly unanimous in characterizing their communities as conservative, with little support for openly discussing sexuality among youth. Conservatism notwithstanding, all sites reported the existence of programs within the community that address HIV prevention.

- **Limited visibility to date.** Participants were optimistic about the potential for PMI to positively affect support for HIV prevention, although most did not believe that PMI has yet had an effect on the level of support for the reason that PMI's existence had not yet been publicly known. However, despite limited visibility thus far, participants point to some evidence of growing support within the agencies that send representatives to PMI. This evidence included greater awareness of the need for HIV prevention among youth, changing agency priorities, and a greater level of collaboration among participating

agencies.

- **Cautious optimism about the future.** Despite general optimism, some participants expressed concerns about the reception awaiting PMI when it does go public, resulting in what we would characterize as cautious optimism.

Research Question #7: **How has the PMI process built capacity and strengthened infrastructure?**

Battelle inferred increased capacity through responses to questions about the application of social marketing principles to HIV prevention and youth services outside of PMI.

- **Enhanced understanding of social marketing.** Responses to questions demonstrated that volunteers had an enhanced understanding of social marketing principles and an increased willingness and ability to apply aspects of the prevention marketing process in community-based work. However, definitions of terms were vague.

- **Transfer of knowledge and tools to other endeavors.** Staff and TA providers showed an eagerness to place social marketing information and tools in the hands of community-based volunteers. Involvement in PMI required a great commitment on the part of volunteers and their home agencies. A part of what helped to sustain that commitment was the confidence among PMI participants that they were receiving something in return for their efforts, such as research reports on youth and risk for HIV that can be used in developing their own programs.

Research Question #8: **What have been the barriers and facilitators for each aspect of the PMI process?**

Respondents were asked a few summative questions as we closed our interviews. They were asked what they thought went well during the PMI process and what they thought could have been improved. Most were also asked what advice they would give to a new PMI site, and both volunteers in leadership roles and staff were asked what advice they have for CDC. These responses form the basis of the barriers and facilitators we identified.

- ***Barriers to developing a structure that supports the PMI process***
  - Lack of awareness of the implications of being a demonstration site
  - Lack of knowledge about the community
  - Change in staff mid-stream
  - High turnover rates among planning committee members
- ***Facilitators to developing a structure that supports the PMI process***
  - Maintenance of a supportive relationship with lead agency *or* development of an

independent structure with oversight by national partner

- Development of a diverse planning committee
- Attributes of staff members that include enthusiasm, respect, genuineness, dedication, intelligence, and a grasp of group dynamics
- Development of subcommittees, advisory groups, and leadership roles for community members to increase ownership and provide a variety of venues for participation.

- ***Barriers to accomplishing the steps of the PMI process***
  - Time-intensive nature of process
  - Prior assumptions held by Planning Committee members
  - Reliance on limited sources of data
- ***Facilitators to accomplishing the steps of the PMI process***
  - The knowledge and skills participants gained that made the time worthwhile
  - Using data to reach decisions
  - For most sites, a high quality product from limited data sources; e.g., the focus group reports
- ***Barriers to youth involvement***
  - Transportation, distance, and inconvenient meeting times
  - Competing demands on young people's time
  - Uncertainty about the role of youth
  - Discomfort over having youth "at the table" with-adults and skepticism about their decision-making abilities
  - Details of planning were uninteresting to young people
- ***Facilitators to youth involvement***
  - Providing transportation or vouchers, scheduling meetings after school, and providing incentives
  - Special activities to increase comfort of youth and adults with each other

- A dynamic youth consultant
- Special trainings targeted to youth in order to achieve parity in knowledge between youth and adults

- ***Barriers to community collaboration***
  - Uncertainty about role of community members
  - Time required to accomplish the steps of PMI as people lose interest or leave due to pressures at home agencies
  - History of divisiveness within the AIDS service sector
- ***Facilitators to community collaboration***
  - ***Staff efforts*** to bring a diverse group to the table
  - Using the steps of the PMI process to build relationships
  - Cross-membership with other HIV service and prevention bodies

- ***Barriers to community support and capacity building***
  - PMI's lack of visibility in the community
  - Community's discomfort with addressing issues of sexuality and youth
  - CDC's lack of visibility in the community
  - Difficulty accepting prevention marketing's structured approach
  - Time required for planning committee meetings and training sessions
- ***Facilitators to community support*** and ***capacity building***
  - Carefully prepared issues management plans
  - CDC recognition of volunteers to their employers
  - Inviting community members to trainings
  - Development of PMI products to be used by participants in planning their own programs

Evidence of Effects of PMI Participation

This study was conceived as a descriptive cross-site case study. Its concern has been with process, rather than outcome, since our mandate has been to document experiences of site-based participants during the planning and transition phases of PMI. However, it is possible to look at the evidence that PMI participation has had an effect on the persons involved in the process. These effects are:

- Increased collaboration among community organizations and individuals on HIV prevention. Evidence is strong that this has occurred.
- Increased youth involvement in planning HIV prevention activities. After some initial floundering in this area, sites included youth in meaningful ways in the PMI process.
- Increased support for HIV prevention programs within the community. Evidence in this area is weak since PMI is not yet well-known.
- Increased participants knowledge of, and sensitivity to, social marketing methodologies. Participants were somewhat vague in their definitions of social marketing. Yet, the majority were enthusiastic about the knowledge gained, and many said they used this knowledge in their places of employment or in volunteer work.

Recommendations

The findings and lessons of the PMI demonstration sites during the planning and transition phases can be applied to new PMI sites as well as to other ventures based upon community participation. Therefore we are presenting recommendations at two levels: (1) for developing collaborative structures for many kinds of community planning, and (2) for PMI in particular.

Collaboration

- **Define the community.** This is critical for targeting recruitment and for making sure key people are included.
- **Get to know the community.** Much time can be saved by expending energy up front getting to know key constituents and available resources.
- **Learn to manage issues.** PMI sites benefited from careful preparation of their plans. Early indications are that this care has resulted in support from community members and lack of negative feedback. The steps taken to achieve this result could be shared with other kinds of coalitions.
- **Be realistic.** Set goals that make sense in terms of the time and resources available and let others know as soon as possible when mid-course adjustments need to be made and the reasons for these adjustments.
- **Make meetings fun and interesting.** Ice-breakers and opportunities to share

information with others were greatly appreciated.

- **Maintain diversity *and* enforce rules.** It may be necessary to allow people to join at various points in order to bring new ideas and varied backgrounds to planning, but allowing members to freely enter and leave a process-oriented committee is disruptive.

PMI

- **Be clear with the lead agency.** It is important for lead agencies to have a strong commitment to PMI. Even so, the initial lead agency may prove to be provisional. Therefore, the agencies should be aware from the outset that their relationship with PMI will be reassessed after one year.

- **Have the staff in place.** Technical and management expertise are needed right from the beginning, along with the community-organizing skills in which more junior staff excelled.

- **Develop levels of input.** Not everyone can give a lot of time to volunteer efforts. Have a main body but also create room for community advisors.

- **Be prepared.** Have clearance packages in place, identify or set up an IRB for PMI, and develop protocols for overseeing local research endeavors. Use data from as many sources as possible-including prior PMI sites-and share data with other entities.

- **Continue to value training.** Training was the "reward" for participating in PMI.

- **Be clear about youth involvement.** Have clear goals in mind for both the site and for the young people. Start early, whether adopting a plan of gradually preparing youth for full participation or involving them completely right away.

- **Define roles.** Let all participants know who the national partners are and what they are doing and why.

- **Evaluate.** PMI may be difficult to evaluate definitively because of the lack of comparison communities, but the triangulation of various sources of data can increase the ability to make defensible inferences about the ability of PMI to lead to a decreased risk for young people of being exposed to HIV infection. Findings of process studies should be linked to site-based outcome studies and to data from other cross-site studies.

These recommendations have been developed from the experiences of participants in this ground-breaking initiative during its first years of existence. Recommendations were derived from our interpretation of descriptive data concerning PMI in its planning and transition phases with an emphasis on the impact of the process on site-based participants, including youth. We believe that the study as a whole has shown how all participants-volunteer, staff, TA provider, or CDC-contributed their time, energy, flexibility, and knowledge to move the PMI process forward.

Final Report

Case Studies of the Prevention Marketing Initiative (PMI) Local Site Demonstration Projects: Experiences During Planning and Transition Phases

200-93-0626
Task 15

to

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National Center for HIV, STD, and TB Prevention
Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention

November 1, 1996

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Acknowledgements

A study such as the one described herein is possible only through a concerted effort by many people across several agencies. We would like to take this opportunity to thank members of CDC's Division of HIV/AIDS Prevention at the National Center for HIV, STD and TB Prevention with whom we worked on all phases of this project. They include May Kennedy, Brenda Seals, Lauretta Pinckney, Deborah Rugg, Glen Nowak, and others.

The Academy for Educational Development (AED) has been a partner in the case study process. We would like to extend our thanks to John Strand, Julia Rosenbaum, Carol Schechter, Carol Baume, Jewel Love, Adora Lee, Brian Tjugum, and Eileen Hanlon for their assistance with the case study. We would also like to thank Dennis Stover of the National AIDS Fund for his insights and David Zucker of Porter/Novelli.

It is not possible to name all of the people at the sites who assisted Battelle. Many of the people we would like to thank are respondents to interviews, and our confidentiality guidelines preclude our saying who they are. However, we would like them to know that we appreciate their time and insights. We also would like to thank the staff of the PMI demonstration sites who assisted us in arranging interviews and who provided feedback on documents we prepared that were specific to each site. They are:

Joan Clayton-Davis, Rebecca Jacobs, and Bettye Alley in Nashville, TN.
Sandra Houston and Rhonda Wise in Newark, NJ.
Pamela Mack and Ann Lion in Northern Virginia.
Rudy Navarro in Phoenix, AZ.
Kristen Weeks-Norton in Sacramento. CA.

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- **Content of training.** Training topics can be categorized as background (e.g., overviews of social rnarketing or formative research), decision-specific (e.g., audience profile, marketing mix), and special circumstances (e.g., writing a youth involvement or issues management plan). Participants especially liked hands-on and role-playing types of

activities. Participants appreciated simple language rather than social marketing jargon.

- **Additional training.** In retrospect, participants saw areas where they could have used further assistance, but they did not know how to ask for this. These areas include youth involvement, young adolescent behavior and development and-for some sites-basic HIV/AIDS instruction. Sites would have benefited from training in certain managerial areas, such as identifying and managing research subcontractors.

Research Question #4: **How are youth identified and involved in the prevention marketing process?**

Our discussion of youth involvement includes the role of youth and ways of operationalizing that role. The general philosophical discussion at the PMI sites was not whether to include young people in the process, but rather when and how to involve them most appropriately. The process of operationalizing the philosophy of youth involvement included the formation of ad hoc committees and drafting a youth involvement plan. At four of the sites this led to the creation of consultant positions.

When asked how they felt about their role in the PMI process, young people expressed the view that PMI is a "major responsibility" and saw themselves as having an important role as the "voice of teens." Young people have been engaged in a number of activities including TA trainings designed especially for them, reviewing focus group guides, and participation in community events or specific tasks.

With the exception of the one site that did not have a youth committee, but which integrated a very limited number of young adults directly onto the planning committee, young people were not well-integrated on the planning committees for most of the period under study. It should be noted that some of these sites had adolescents as young as ***13*** on their youth committees. One or two young people did sit on subcommittees at the various sites from early in the process, and participation increased markedly as the sites worked through the formative research and began program design. Adults and youth worked together to increase rapport, especially at two of the sites, and youth developed a greater voice on both subcommittees and planning committees.

- Some of the strategies that helped the process go more smoothly with time included:
  - The presence of a dynamic youth consultant.
  - Specific activities geared to youth in their own separate committees along with "ice-breakers" and special efforts to make young people feel more comfortable working with adults.
- Overall, our findings suggest that high school age adolescents can be involved in PMI from an early stage if there are clear activities and goals for the young people. We observed that young people became more involved as the formative research was completed and believe that this could be the optimal point for integrating them more fully into the planning committee.

Research Question #5: **What are the dynamics of collaboration and partnership with community**

mem bers and community agencies?

Initiating PMI in lead agencies with HIV/AIDS prevention and care experience provided a pre-existing base of HIV/AIDS expertise for the PMI planning committees. This helped the staff to begin the process of organizing the local community, an effort that turned out to be intensive and ongoing. Some key findings in this area address collaboration with other HIV prevention bodies, with a variety of organizations in the jurisdictions represented in PMI, and among PMI members themselves.

- **Limited collaboration with HIV Prevention CPG and Ryan White groups.** Except through an overlap of memberships, PMI has had limited collaboration with the HIV Prevention Community Planning Groups (CPG) or Ryan White Care Act groups in the demonstration sites. Respondents reported plans to increase this collaboration and we are aware of instances of data sharing, as well as presentation by young people to a state CPG.

- **New collaborations initiated.** On the other hand, PMI brought together constituencies that had never collaborated before, such as HIV/AIDS, youth, education, business, religion, research, and CBOs. There is a consensus that 'the diversity of the PMI collaboration is unique. This is especially true in that PMI brought together HIV/AIDS groups with those who may never have considered HIV to be in their purview.

- **Relationship building on the individual level,,** PMI facilitated the cultivation of personal relationships and friendships among the representatives around the planning table, which have led to an exchange of resources and information. A factor that may have allowed for the cultivation of relationships within PMI during its first two years was the lack of competition over funding characteristic of some other HIV/AIDS coalitions.

Research Question #6: **Which members of the community show support for HIV prevention and how can this support be linked to involvement with, or knowledge of, the PMI process?**

Battelle collected information concerning general characteristics of the communities, the presence of HIV prevention activities and services, and respondents' perceptions regarding whether PMI could be said to increase community support for HIV prevention.

- **Conservatism in PMI communities.** Participants were nearly unanimous in characterizing their communities as conservative, with little support for openly discussing sexuality among youth. Conservatism notwithstanding, all sites reported the existence of programs within the community that address HIV prevention.

- **Limited visibility to date.** Participants were optimistic about the potential for PMI to positively affect support for HIV prevention, although most did not believe that PMI has yet had an effect on the level of support for the reason that PMI's existence had not yet been publicly known. However, despite limited visibility thus far, participants point to some evidence of growing support within the agencies that send representatives to PMI. 'This evidence included greater awareness of the need for HIV prevention among youth, #changing agency priorities, and a greater level of collaboration among participating

agencies.

- **Cautious optimism about the future.** Despite general optimism, some participants expressed concerns about the reception awaiting PMI when it does go public, resulting in what we would characterize as cautious optimism.

Research Question #7: **How has the PMI process built capacity and strengthened infrastructure?**

Battelle inferred increased capacity through responses to questions about the application of social marketing principles to HIV prevention and youth services outside of PMI.

- **Enhanced understanding of social marketing.** Responses to questions demonstrated that volunteers had an enhanced understanding of social marketing principles and an increased willingness and ability to apply aspects of the prevention marketing process in community-based work. However, definitions of terms were vague.

- **Transfer of knowledge and tools to other endeavors. Staff** and TA providers showed an eagerness to place social marketing information and tools in the hands of community-based volunteers. Involvement in PMI required a great commitment on the part of volunteers and their home agencies. A part of what helped to sustain that commitment was the confidence among PMI participants that they were receiving something in return for their efforts, such as research reports on youth and risk for HIV that can be used in developing their own programs.

Research Question #8: **What have been the barriers and facilitators for each aspect of the PMI process?**

Respondents were asked a few summative questions as we closed our interviews. They were asked what they thought went well during the PMI process and what they thought could have been improved. Most were also asked what advice they would give to a new PMI site, and both volunteers in leadership roles and staff were asked what advice they have for CDC. These responses form the basis of the barriers and facilitators we identified.

- ***Barriers to developing a structure that supports the PMI process***
  - Lack of awareness of the implications of being a demonstration site
  - Lack of knowledge about the community
  - Change in staff mid-stream
  - High turnover rates among planning committee members
- ***Facilitators to developing a structure that supports the PMI process***
  - Maintenance of a supportive relationship with lead agency ***or*** development of an

independent structure with oversight by national partner

- Development of a diverse planning committee
- Attributes of staff members that include enthusiasm, respect, genuineness, dedication, intelligence, and a grasp of group dynamics
- Development of subcommittees, advisory groups, and leadership roles for community members to increase ownership and provide a variety of venues for participation.

- ***Barriers to accomplishing the steps of the PMI process***
  - Time-intensive nature of process
  - Prior assumptions held by Planning Committee members
  - Reliance on limited sources of data
- ***Facilitators to accomplishing the steps of the PMI process***
  - The knowledge and skills participants gained that made the time worthwhile
  - Using data to reach decisions
  - For most sites, a high quality product from limited data sources; e.g., the focus group reports
- ***Barriers to youth involvement***
  - Transportation, distance, and inconvenient meeting times
  - Competing demands on young people's time
  - Uncertainty about the role of youth
  - Discomfort over having youth "at the table" with adults and skepticism about their decision-making abilities
  - Details of planning were uninteresting to young people
- ***Facilitators to youth involvement***
  - Providing transportation or vouchers, scheduling meetings after school, and providing incentives
  - Special activities to increase comfort of youth and adults with each other

- A dynamic youth consultant
- Special trainings targeted to youth in order to achieve parity in knowledge between youth and adults

- ***Barriers to community collaboration***
  - Uncertainty about role of community members
  - Time required to accomplish the steps of PMI as people lose interest or leave due to pressures at home agencies
  - History of divisiveness within the AIDS service sector
- ***Facilitators to community collaboration***
  - Staff efforts to bring a diverse group to the table
  - Using the steps of the PMI process to build relationships
  - Cross-membership with other HIV service and prevention bodies

- ***Barriers to community support and capacity building***
  - PMI's lack of visibility in the community
  - Community's discomfort with addressing issues of sexuality and youth
  - CDC's lack of visibility in the community
  - Difficulty accepting prevention marketing's structured approach
  - Time required for planning committee meetings and training sessions
- ***Facilitators to community support and capacity building***
  - Carefully prepared issues management plans
  - CDC recognition of volunteers to their employers
  - Inviting community members to trainings
  - Development of PMI products to be used by participants in planning their own programs

Evidence of Effects of PMI Participation

This study was conceived as a descriptive: cross-site case study. Its concern has been with process, rather than outcome, since our mandate: has been to document experiences of site-based participants during the planning and transition phases of PMI. However, it is possible to look at the evidence that PMI participation has had an effect on the persons involved in the process. These effects are:

- Increased collaboration among community organizations and individuals on HIV prevention. Evidence is strong that this has occurred.
- Increased youth involvement in planning HIV prevention activities. Alter some initial floundering in this area, sites included youth in meaningful ways in the PMI process.
- Increased support for HIV prevention programs within the community. Evidence in this area is weak since PMI is not yet well-known.
- Increased participants knowledge of, and sensitivity to, social marketing methodologies. Participants were somewhat vague in their definitions of social marketing. Yet, the majority were enthusiastic about the knowledge gained, and many said they used this knowledge in their places of employment or in volunteer work.

Recommendations

The findings and lessons of the PMI demonstration sites during the planning and transition phases can be applied to new PMI sites as well as to other ventures based upon community participation. Therefore we are presenting recommendations at two levels: (1) for developing collaborative structures for many kinds of community planning, and (2) for PMI in particular.

Collaboration

- **Define the community.** This is critical for targeting recruitment and for making sure key people are included.
- **Get to know the community.** Much time can be saved by expending energy up front getting to know key constituents and available resources.
- **Learn to manage issues.** PMI sites benefited from careful preparation of their plans. Early indications are that this care has resulted in support from community members and lack of negative feedback. The steps taken to achieve this result could be shared with other kinds of coalitions.
- **Be realistic.** Set goals that make sense in terms of the time and resources available and let others know as soon as possible: when mid-course adjustments need to be made and the reasons. for these adjustments.
- **Make** nneetings **fun and interesting.** Ice-breakers and opportunities to share

information with others were greatly appreciated,

- **Maintain diversity *and* enforce rules.** It may be necessary to allow people to join at various points in order to bring new ideas and varied backgrounds to planning, but allowing members to freely enter and leave a process-oriented committee is disruptive.

PMI

- **Be clear with the lead agency.** It is important for lead agencies to have a strong commitment to PMI. Even so, the initial lead agency may prove to be provisional. Therefore, the agencies should be aware from the outset that their relationship with PMI will be reassessed after one year.

- Have **the staff in place.** Technical and management expertise are needed right from the beginning, along with the community-organizing skills in which more junior staff excelled.

- **Develop levels of input.** Not everyone can give a lot of time to volunteer efforts. Have a main body but also create room for community advisors.

- **Be prepared.** Have clearance packages in place, identify or set up an IRE3 for PMI, and develop protocols for overseeing local research endeavors. Use data from as many sources as possible-including prior PMI sites-and share data with other entities.

- **Continue to value training.** Training was the "reward" for participating in PMI.

- **Be clear about youth involvement.** Have clear goals in mind for both the site and for the young people. Start early, whether adopting a plan of gradually preparing youth for full participation or involving them completely right away.

- **Define roles.** Let all participants know who the national partners are and what they are doing and why.

- **Evaluate.** PMI may be difficult to evaluate definitively because of the lack of comparison communities, but the triangulation of various sources of data can increase the ability to make defensible inferences about the ability of PMI to lead to a decreased risk for young people of being exposed to HIV infection. Findings of process studies should be linked to site-based outcome studies and to data from other cross-site studies.

These recommendations have been developed from the experiences of participants in this ground-breaking initiative during its first years of existence. Recommendations were derived from our interpretation of descriptive data concerning PMI in its planning and transition phases with an emphasis on the impact of the process on site-based participants, including youth. We believe that the study as a whole has shown how all participants-volunteer, staff, TA provider, or CDC-contributed their time, energy, flexibility, and knowledge to move the PMI process forward.

Chapter 1

Introduction

1.0 Introduction

This chapter presents an overview of the Prevention Marketing Initiative (PMI) and the purpose of the cross-site case study of the local PMI demonstration sites. The case study logic model, objectives and research questions are discussed, as is the approach to site-based research activities.

1.1 Background and Purpose

In 1993, the Office of HIV/AIDS of the Centers for Disease Control and Prevention (CDC) inaugurated a demonstration of social marketing entitled the Prevention Marketing Initiative (PMI). PMI represents a large-scale social marketing program to influence behaviors that contribute to the sexual transmission of HIV and other sexually transmitted diseases (STDs) among young people 25 years of age and under.

The scope of PMI is both national and local, and the program consists of the following three components: (1) national health communications, (2) prevention collaborative partners, and (3) local demonstration sites.

The remainder of this document is concerned with the third of these components. The five local demonstration sites are Nashville, TN; Newark, NJ; Northern Virginia; Phoenix, AZ; and Sacramento, CA. The demonstration sites serve as a "laboratory" for the first application of prevention marketing in order to:

- Demonstrate the prevention marketing process, including the skills and resources needed to effectively engage the community;
- Measure the behavioral effects of the data-based prevention marketing interventions; and
- Document the lessons learned.

CDC has chosen the term ***prevention marketing*** to convey the combination of community participation and social marketing that had been be signified by the term ***participatory social marketing.*** While the two terms are nearly interchangeable, we will use the term prevention marketing in this report. The reader should note that the persons with whom we spoke often do not

distinguish clearly between social marketing and prevention marketing. Therefore use and definition of terminology may vary across interview respondents. A glossary is attached to this document as Appendix A to define the terms used in PMI and for this cross-site case study

Prevention marketing is an experiment in which the local PMI sites are working with the PMI national partners-most intensively with the Academy for Educational Development (AED), which provides technical assistance (TA) through TA Consultants-to design an HIV prevention intervention based on sound social marketing and behavioral science principles, while including true community participation. This is a new process, and those engaged in it are pioneering a unique approach to the prevention of 'HIV transmission among young people:. Table 1.1 describes the four national partners.

Local demonstration sites will not necessarily implement pre-existing interventions. Rather., an objective of the local component of the program has been to increase the capacity of selected communities to design, implement, and sustain viable prevention programs. Through following the prevention rnarketing process, each site has been using the resources of their community to develop programs designed to meet the needs of their priority target populations.

A case study provides detailed information on a real-life phenomenon within its own context.' The local PMI {demonstration sites present some unique features that can best be understood through intensive on-site study. These features are largely derived from the wedding of community participation with data-driven social marketing methodology.

The PMI case study gathered in-depth information in order to describe the experiences of program participants over a two-year period spanning two major project phases, planning and transition to implementation. The case study highlights participants' reflections on what was done to foster achievement of PMI's goals as well as what could be avoided in the future. In addition, the qualitative information will be used to contextualize 'outcome evaluation data collected as sites move through the implementation phase of PMI. Table 1.2 explains the different phases of the PMI process"

1.2 Study Approach

Battelle conducted descriptive case studies in each of the five PMI demonstration sites. The first case study was a pilot test of the case study methodology, and data from the pilot test helped

[1] Yin, Robert K. *Case Study Research: Design and Methods.* Newbury Park: Sage, 1989, p. 23.

Table 1.1 PMI National Partners

National Partners	
Centers for Disease Control and Prevention (CDC)	Federal government agency funding and providing national leadership for the Prevention Marketing Initiative.
Agency for Educational Development (AED)	A non-profit organization based in Washington, DC, which provides support and technical assistance to PMI Demonstration Sites.
National AIDS Fund (NAF)	National AIDS organization with numerous community partners throughout the US, Provides support/technical assistance to the PMI Demonstration Sites.
Porter/Novelli (P/N)	Public relations firm which provides support and technical assistance to PMI Demonstration Sites.

Table 1.2 Overview of PMI Phases

Phases of PMI	
Planning Phase	First of three periods within the PMI process, which includes organizing the local community, conducting a situational analysis and selecting the target audience, developing an issues management plan, and conducting audience research and community environmental profiles.
Transition Phase	Second of three periods within the PMI process, which includes reorganizing staff and committee structure in order to facilitate the implementation of an intervention and the development of the Prevention Marketing Plan.
Implementation Phase	Last of three periods within the PMI process, during which the site implements the prevention marketing activities.

Batte:lle modify the study objectives in order to better reflect the processual nature both of the case study methodology and of PMI in the planning and transition phases. Descriptive case studies were then carried out in each of the other four demonstration sites. A report of descriptive findings for each site was developed and distributed to participants in the: study. A summary of the five descriptive reports is presented in Appendix C.

This document integrates findings from across all five sites in order to (1) document the PMI process during the phases known as planning and transition and (2) develop a set of lessons that will be useful to the: present demonstration sites, other locations contemplating a similar process, and a wide variety of coalitions that work together to plan for prevention of HIV and other, public health problems in their communities.

The rernainder of this chapter will discuss the logic model, study objectives, and research and study questions for the case study. These are the components that have driven the case study, keeping it "on track,'" as it sought to describe the experiences of participants in this unique community-based social marketing initiative. Figure: 1.1 presents a program logic model based upon CDC's "Prevention Marketing Initiative Evaluation Framework." The model highlights the fact that, the case study is focused on the relationship between the various steps necessary for planning an effective intervention and the effect that participating in this process has had upon particular members of the community. CDC's framework provides a model for the entire process and outcome evaluation of PMI.

The logic model is meant to be dynamic. Rather than seek evidence for a causal link between participation and its effects, we sought to highlight the relationship between the various steps necessary for planning an effective intervention and the effect that participating in this process has had upon particular members of the community. 'This report will demonstrate that all of these components are not static but develop in response to one another.

In order to systematize our research in this dynamic setting, Battelle (in consultation with CDC) developed a set. of case study (objectives in line with the goals of PMI as a whole.

Each objective was linked to the steps of the prevention marketing process and the features of the PMI dernonstration sites (see Figure 1.1 above) through the study's research questions. The research questions were further expanded into a larger set of study questions that were modified for specific respondent categories. Table 1.3 presents the case study objectives and links them to the research questions. Appendix B presents the study questions.

Figure 1 1 Case Study Logic Model

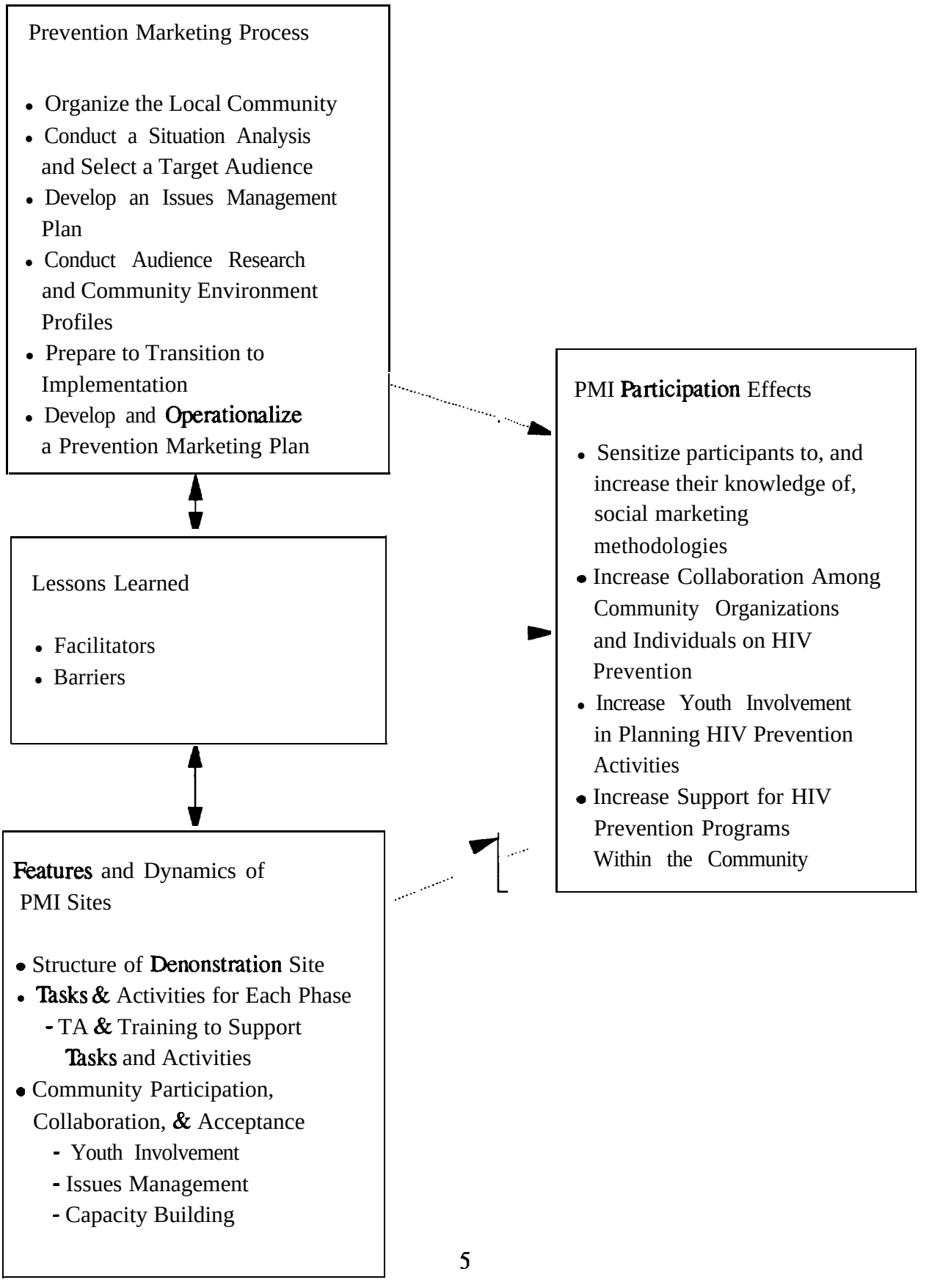

Table 1.3
Objectives and Research Questions

Each research question is keyed to an objective. However, we recognize that one research question may pertain to more than one objective. The question is placed where the link is strongest.

Objective	Research questions
I. Describe the site-specific context for the Prevention Marketing Initiative including structural features, major process issues, and facilitators and barriers.	■ What are the structural features of the PMI demonstration site including the type of lead agency and membership bodies? ■ What were the main tasks carried out in each phase of the PMI process? By whom? When? ■ What have been the barriers and facilitators for each aspect' of the PMI process?
II. Explore the ways in which the PMI process may have led to an increased sensitivity toward social marketing as evidenced by an increased knowledge of social marketing methodologies, motivation to use them and ability to access social marketing services.	■ What was the content and process of technical assistance (TA) and training during each phase of the PMI process? ■ How has the PMI process built capacity and strengthened infrastructure?
III. Explore the effects of PMI on collaboration among community organizations and individuals in the area of HIV prevention due to the PMI process.	■ What are the dynamics of collaboration and partnership with community members and agencies?
IV. Describe youth involvement in planning HIV prevention activities as a part of the PMI process.	■ How are youth identified and involved in the participatory social marketing process?
V. Assess wlhether there has been increased support for HIV prevention programs within the community, and if so, if there is any evidence that such, support is due to the PMI process.	■ Which members of the community show support for HIV prevention and how can this support be linked to involvement with, or knowledge of, the PMI process?

* An "aspect" of the process refers to the remaining objectives. each of which was derived from a participation effect. Each aspect is likely to cross-cut phases.

1.2.1 Preparation for Field-Based Study

In consultation with CDC, Battelle conducted a series of initial research activities. These were (1) review of documents, (2) stakeholder interviews, and (3) attendance at the 15-16 May 1995 PMI evaluation conference. These activities led to the development of a draft case study protocol, which included the logic model, objectives and research questions, along with study questions and instruments. The draft protocol was then tested and refined through a pilot case study described in the document, "Pilot Case Study of a Prevention Marketing Initiative Demonstration Site: Nashville, TN."

Upon completion of our pilot case study, Battelle revised the case study protocol to better reflect the dynamic and processual nature of PMI planning. We also sought to use resources as efficiently as possible by improving our method of sampling PMI participants. In the pilot test, we sought to speak to as many people as possible, using suggestions of staff, names of people we accrued from documents, and people suggested after our first site visit. We discovered that by obtaining a list of participants, we were able to stratify according to type of affiliation and type of role the participant played in PMI. In this way, we could interview about two people from each strata, decreasing the number of person-days on site from 18 (pilot test) to 10 (each subsequent site visit). Each person received an in-depth open-ended interview with some questions tailored to a particular role and others seeking general information regarding the PMI study questions.

Our revised study protocol[1] called for one two-day and one three-day site visit, at least one of which would include a Planning Committee meeting. Table 1.4 presents the major activities accomplished during the visits. Table 1.5 demonstrates the point in the PMI process at which each site had arrived when visited. Interestingly, all sites were at approximately the same point despite the months that had elapsed between the pilot test and the completion of the case study as a whole. We wish to caution the reader not to draw conclusions from this timeline about the relative strengths of each site. We believe the ensuing text will show that each individual site met a number of challenges unique to the site and also demonstrated strengths and weaknesses in different areas. The timeline is simply meant to orient the reader to the activities referred to in this document.

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[1] **The study protocol has been submitted to CDC under separate cover as, *Protocol: Descriptive Case Study of Prevention Marketing Initiative Demonstration Sites.***

Tabie 1.4 Site Visit Summary

Categories of Persons Interviewed and Meetings Observed by Site'						
Category	**Nashville**	**Newark**	**Northern VA**	**Phoenix**	**Sacramento**	**Total by Category**
TA Consultant	1	1	1	1	1	5
Lead Agency	1	1	1	1	1	5
Site Coordinator[b]	1	2	1	1	1	5
Former Site Coordinator (Planning Phase)	1	1	1	N/A	N/A	3
Other Site Staff	1	None	1	2	1	6
Youth Consultant	1	1	1	N/A	1	4
Research Consultants or Advisors	3	2	1	2	1 (group)	9
Co-Chair	2	2	2	1	1	8
Former Co-Chair (Planning Phase)	i	None[d]	2	N/A	N/A	3
PC Member - Active in Subcommittee'	6	6	3	4	5	24
Parent	1'					1
Supervisor of PC member	1[g]					
Site Design Team	4[h]	Cross-cut otiier interviews'	Cross-cut other interviews'	2	2	8
Young Person	4	2	2	2	2	8

Table 1.4 Site Visit Summary (continued)

Categories of Persons Interviewed and Meetings Observed by Site"						
Category	**Nashville**	**Newark**	**Northern VA**	**Phoenix**	**Sacramento**	**Total by Category**
"Rank-&-File" Member	7	2	2	2	1 Voting 2 Non-voting[k]	16
"Rank-&-File" Member (infrequent or past attender)	4[l]					4
Oversight Committee	3	N/A	2	2	N/A	7
Community Leader	2	2	1	2	2	9
Total number of interviews	44	22	21	22	21	130
Types of Meetings Observed						
Planning Committee Meeting	1	1	3	1	2	8
Subcommittee Meeting"	3	None	1	1	1	6
"Oversight"" Committee Meeting	None	None	Partial	1	None	1
Youth Committee Meeting	None	None	1	N/A	Partial	1
Total Observations	4	1	5	2	3	15

Table 1.4 Site Visit Summary--Notes

a. Each cell contains the number of persons interviewed in the site for each category. We have included information from the pilot test, originally performed as a separate contract.

b. May have various titles. See Glossary.

c. Includes hired staff—full- or part-time-such as social marketing consultant, issues management consultant. Does not include youth consultant.

d. One ot the present co-Chairs held that role during the Planning phase as well.

e. We spoke with members of the following subcommittees or teams-Formative Research (primary data, secondary data, key informant), Youth Involvement (or similar designation), issues management, transition or personnei. Youth group and site design team members are categorized separately.

f. Not interviewed at other sites.

g. Not interviewed at other sites.

h. These persons are counted twice since they were re-interviewed during our second site visit in order to learn about this new team.

i. In Newark and Northern Virginia the Site Design Teams were still new as compared with Phoenix and Sacramento.

j. Battelle conducted a half-day follow-up site visit in May 1996. The site had moved to a formalized steering committee structure after it completed its Preventon Plan earlier in the year.

k. These members were interviewed in lieu of the oversight committee.

i. We did not pursue this category of respondent in other sites.

m Have included Issues Management and Site Design.

n. Referred to as an Advisory Committee, Not to be confused with Newark's Advisory Committee which is the name for the Planning Committee during the Transition Phase.

Table 1.5 Timeline of Case Study Site Visits

Site	Dates of Site Visits	structure	Process
Nashville	September 12-22, 1995 November 14-16, 1995	Change from original to new staff Planning and Oversight body same as in Planning Phase"	Completing Formative Research Beginning Site Design Activities
Newark	March 26-27, 1996 May 6-8, 1996	Two new staff are in place Utilizing a formalized planning body	Completing Formative Research Beginning Site Design Activities
Northern Virginia (NoVA)	Late March through early June 1996[b]	Two new staff are in place **Utilizing a formalized planning body**	Involved in Site Design **Activities** **Drafting Prevention Plan**
Phoenix	March 12-14, 1996 April 9-10, 1996	Retained same staff through planning and transition phases Utilizing formalized planning bodies"	Completed Prevention Plan Continuing Site Design Activities
Sacramento	March 27-29, 1996 May 22-23, 1996	Retained same staff through planning and transition phases Utilizing formalized planning bodies	Writing Prevention Plan Continuing Site Design Activities

[a] Battelle conducted a half-day follow-up site visit in May 1996. The site had moved to a formalized steering committee structure after it completed its Prevention Plan earlier in the year.

[b] Due to Northern Virginia's proximity to Battelle's offices, we scheduled interviews at the convenience of the respondent and then followed up by attending a planning committee meeting in early June to thank the participants.

[c] Since planning has been completed, most work is done by the site design team and the planning committee has been re-configured as an advisory committee.

Prior to beginning interviewing, Battellle mailed a letter to each Site Coordinator stating the purpose of the study, major topics of interest to the research team, and roles and responsibilities of the various stakeholders in the research process. We also requested a number of documents, as referenced in Appendix D, to assist us in understanding the activities of the site. Based on the list of PMI participants provided by the site staff, Battelle staff arranged interviews with individuals representing a variety of PMI roles and community-based organizations. Battelle staff also met with each AED technical assistance provider before the site visits began.

Data collection instruments were keyed to the roles and responsibilities of the various persons interviewed and meetings observed. Instruments contained open-ended questions developed from the study questions presented in Appendix B. Wlhile it was important to follow the final study protocol closely in order to protect the rigor of the design, open-ended instruments were used in order to allow for the emergence of unanticipated themes. Table 1.6 summarizes the various study instruments and the topics covered in each type of instrument.

1.2.2 Conducting Field Work

Starting about two weeks before our arrival on site, Battelle staff set up interviews with PMI participants. Our aim in scheduling interviews was to maximize convenience to participants. Most occurred at participants' workplaces,, though several were conducted in public places (coffee bars, restaurants), and a few took place at PM1 offices. We attempted to speak with participants and community leaders who represented a broad range of community interests. For PM1 volunteers, we endeavored to meet with people who could speak to particular aspects of the process (such as research, transition, and so on). Whenever possible, interviews were conducted by a team of two Battelle researchers, one leading the interview and one taking notes. We also observed a number of meetings across the various sites.

The data included in this report cover the period from initiation of PMI through the end of our second data collection period in hate May 1996. In some instances, where our data concerning a particular situation or task was incomplete, we included information obtained through later conversations or reviews of the individual site's descriptive case study.. It should be noted that all the dernonstration sites have been moving ahead quickly with the PMI process, but these new stages are beyond our mandate.

Table 1.6
Study Instruments

Participant	Questions of Interest
Site-Based Staff	• When and how they became involved in PMI • Reasons for taking the position • Responsibilities of the position • How the position has changed over time • Relationship with committees • Relationship with lead agency • Clarification of organizational structure • Type and effectiveness of technical assistance • Challenges and problems encountered during tenure • Lessons learned • Community collaboration-facilitators and barriers to involving the community • Youth involvement • Recommendations for future-general and to CDC
Planning committee Chair Issues Management Chair Oversight Committee Chair[a]	• When and how they became involved in PMI • Positions held in the demonstration site • Reasons for taking the position • Responsibilities of the position • How the position has changed over time • Role of the committee in the PMI process • Type and effectiveness of technical assistance • Important findings of the committee • Challenges and problems encountered • Lessons learned • Extent of collaboration with community groups • Youth involvement • Barriers to full participation in PMI process • Recommendations for future
Planning Committee Members Subcommittee Members	• When and how they became involved in PMI • Reasons for getting involved in PMI • Responsibilities of their committee • Activities in which participated as member • Accomplishments of committee • Thoughts about activities and accomplishments • Type and effectiveness of technical assistance, and suggested improvements • Knowledge of collaboration of community groups • Youth involvement • Effects of participatory social marketing methodology • Recommendations for future

[a] If applicable. Person or committee not present at every site.

Table 1.6
Study Instruments (continued)

Participant	Questions of' Interest
Community Leaders Lead Agency Directors	• When and how they became involved in PMI • Responsibilities with regard to PMI • Relationsbip between PMI and lead agency • Impact of PMI on community organizations • Youth recruitment and involvement • Involvement of lead agency staff with PMI committees • Types of people who should be part of PMI process • Collaboration between PMI and local, regional or state HIV prevention community planning groups • Capacity building for HIV prevention in the community • Perception of PMI as a means for building support for HIV prevention programs • Recommendations for the future
Youth	• When and how they became involved with PMI • PMI activities of which they were a part • What they have learned through involvement • What else they want to learn • What training they received in the PMI process • How they have been involved in decision-making • Adult/youth conflict in PM1 • Recommendations for PMI programming and youth involvement • What they know about, and think of, social marketing
Youth Consultant	• When and how they became involved in PMI • Reasons for taking the position • Responsibilities of the position • How the position has changed over time • Relationship with committees • Relationship with lead agency • Type and effectiveness of technical assistance - targeted to coordinator, and targeted by coordinator to youth • Challenges and problems encountered during tenure • Lessons learned • PMI activities of which youth are a part • Assessment of what youth have learned and would like to Learn • 'Youth and decision-making • Adult/youth conflict in PMI • Recommendations for PMI programming and youth involvement
Research Staff, Consultants, or Subcommittee Members	• 'When and how they became involved in PMI • Responsibilities associated with PMI • How responsibilities changed over time • Relationship with staff and committees • Technical assistance-given or received • important findings • Challenges and problems encountered • Lessons learned • Extent of collaboration with community groups and youth • Recommendations
AED Technical Advisors	• How they would describe the l?MI process at their site and across sites • What recommendations; they would make for future prevention marketing efforts

1.2.3 Coding and Analysis of Data

Textual data from interviews and meeting observations were compiled into WordPerfect files and entered into a project database. In order to organize the information in these files by themes, a codebook was developed. The codes were first created from the project study questions, and then from issues that emerged during the pilot test and the first subsequent site visit. Each text file was coded and then entered into a computerized text-based data analysis package, *The Ethnograph®*. Through these means we were able to separate statements relating to specific themes across all interviews. For example, we could create a file that listed all statements about meeting attendance from every interview in the site. These coded printouts, along with the site-based documents collected throughout the study, were used to write this report.

For the pilot test, all data were coded by the project's principal investigator (PI). For the first case in the cross-site study, the two field staff coded all data independently after which the project PI reconciled differences between them. It was found in a sample of 108 passages of text that the two coders had achieved an 88 percent agreement rate. For the last three sites, one field staff member coded the data, but the other field staff member for that site was available for consultation. The project PI then reviewed all coded data for consistency.

After the second site visit, we made additions to the codebook used for the pilot test to reflect the fact that some sites were moving further through the PMI process than could have been observed during the pilot test several months earlier, and to clarify language that was being interpreted differently among coders. Data from the pilot test were re-coded by the PI so that they would reflect revisions to the codebook, and these codes were "checked" by the project co-investigator.

1.3 Organization of This Report

The remainder of this document details the PMI process during the planning and transition phases. Each chapter is organized so that it answers one or two of the case study research questions presenting information on:

- Structure of the site, including changes and reasons for those changes
- Manner in which activities were accomplished, including technical assistance

- ‘Youth involvement
- Community collaboration
- Community support for HIV prevention and capacity building
- ‘Barriers and facilitators as perceived by PMI participants

The final chapter presents our conclusions, including recommendations for new endeavors similar to PMI.

We wish to emphasize that this is a case study of a demonstration project as initiated in five sites. As such, it is to be expected that participants experienced frustrations and saw some promising avenues turn into blind alleys. This document slhares the wisdom gathered by a group of pioneers in order to smooth the way for future efforts.

Throughout this document, we will often use the words of PMI participants to illustrate points. In general, quotes are summative across the perspectives of respondents who were asked a particular question. Occasionally, a person is able to contribute a unique point of view, because of his or her particular contribution to PMI. We will provide information on this viewpoint insofar as possible, without naming the respondent or his or her role or title.

The reader is encouraged to refer to the glossary and the other appendices as needed.

Chapter 2

The Structural Features of the PMI Demonstration Sites

2.0 The Structural Features of PMI Demonstration Sites

This chapter is concerned with the research question, What are the structural features of the PMI demonstration sites including types of lead agency and membership bodies? We believe that it is necessary to begin with the infrastructure before moving on to the dynamics of any organization. However, we also believe that structure is inseparable from process when describing a setting as dynamic as PMI. We will examine the interconnection between structure and process with regard to (1) the initiation of PMI in each site including the role of the lead agency: (2) staffing; (3) emergent issues and the transition to implementation; (4) the planning committees; (5) subcommittees, work groups, and teams; (6) oversight bodies: and (7) the manner in which decisions are made. We will then present the key lessons learned.

2.1 Initiation of PMI in Each Site

The PMI sites were chosen by a team from the Centers for Disease Control and Prevention (CDC), the National AIDS Fund (NAF), and the National Association of State and Territorial AIDS Directors (NASTAD). Potential sites needed to show they had an infrastructure that could support PMI as it brought community members into the HIV prevention planning process for young people. Since PMI could not incorporate on its own, each site needed a lead agency that would maintain fiduciary responsibility for PMI and contribute staff, office space, and expertise to the project. Three of the lead agencies were full NAF partners, a fourth had a programmatic partnership with NAF, and a fifth was recommended to CDC largely because of its regional HIV consortium. Lead agency staff attended the first ah-sites meeting in Atlanta in October 1993.

2.1.1 Description, Role and Responsibility of Lead Agencies During Planning Phase

Below we briefly describe the lead agency at each site at the time PMI was initiated. Later we will discuss the changes that occurred in the relationships between lead agencies and PMI during the transition to implementation.

- **Nashville. The** United Way of Middle Tennessee (UWMT) had been working with N.AF since about 1990, demonstrating success in grants and fund-raising. The United Way was the fiscal agent for the Ryan 'White CAP, located in its Community Initiatives Division (CID). When UWMT agreed to be the lead agency for PMI, they located the new program in CID as well.

- **Newark. The** Community Foundation of New Jersey (CFNJ) in Morristown, New Jersey, a partner of the National AIDS Fund, conducts both administrative and community-based work. It is the "home" of the New Jersey AIDS Partnership (NJAP). NJAP was already perceived as successful in carrying out AIDS-related projects, and hi,gh-level personnel in the state-such as the State AIDS Director—were supportive of New Jersey being a PMI site through NJAP, as were a number of important agencies.

- **Northern Virginia.** The Northern Virginia Planning District Commission (NVPDC) is the administrative agent for both Title 1 and Title 2 under the Ryan White Care Act and is the interim administrative agency for the expanded area of the Eligible Metropolitan Area (EMA) under Title 1 in Virginia. NVPDC houses the region's HIV consortium and functions as its financial agent. The consortium was established in 1988 through a collaboration of five local health districts, which requested that NVPDC staff its activities. NVPDC serves as the administrative agent for PMI funds, while the PMI Planning Committee is a work group of the HIV consortium.

- **Phoenix. The** lead agency for this PMI demonstration site was the Maricopa County AIDS Partnership (MCCAP). Housed in the Arizona Community Foundation (ACF), it is responsible for HIV consortia and Ryan White. ACF appointed a majority of the MCCAP board. Recently, MCCAP was renamed the Arizona AIDS Foundation (AAF) to reflect a broader constituency. AAF continues to function as lead agency for Phoenix PMI.

- **Sacramento.** United Way of Sacramento housed the Regional AIDS Planning and Coordination Committee (RAPCC) and had been involved in Ryan White planning and coordinating activities. United Way has had a programmatic partnership with NAF and was supported in its bid to be a PMI site by a large grassroots organization serving all of northern California.

Even once the lead agencies were chosen, the geographic boundaries for the demonstration sites were not necessarily set. Two PMI demonstration sites are regional in structure-Northern Virginia and Sacramento. This follows the regional nature of the lead agencies. In New Jersey, PMI also had the option of going this route. In fact, CFNJ had originally thought about including three sites in the state-Newark in the north, Trenton in the central part of the state, and Vineland in southern New Jersey. However, it was decided that this would lead to unnecessary difficulties, such as having to commute between sites, and that there should be focus on one site. With CFNJ's history of working with community organizations in Newark and the fact that this city is hard-hit by HIV infection, CFNJ's AIDS Partnership advisory committee made the decision to implement PMI in Newark only.

Lead agencies were comfortable with HIV issues in general and with community involvement, having functioned as conveners of other community groups. However, prior to PMI the experience of the lead agencies in the area of HIV prevention for young people had been very limited or even non-existent. In Phoenix, for example, gaining expertise in the area of prevention was something desirable that they had not yet acted upon:

> When MCCAP started, we always had prevention in mind. [But there was] never a concerted effort to make it a central thing. It was subsumed by the Ryan White Care Partnership. Now, prevention has a bigger role because of PMI. [There is] a full time focus with staff dedicated to prevention.

Northern Virginia had some prevention experience because it held a grant from the U.S. Conference of Mayors (USCM) to develop a program for African-American adolescent girls. In fact, the subcommittee of the consortium responsible for carrying out this grant was the initial prevention work group that then became the PMI planning committee.

Being a known convener was a two-edged sword. At both of the United Way sites, there was concern that community members would think of PMI as a United Way program. In one site, PMI left the United Way, while in the other, PMI became fully integrated into the organization.

2.2 Staff During the PMI Planning Phase

2.2.1 Role of the Lead Agencies in Staffing

The lead agencies. as fiduciary agents, were responsible for hiring and supervising staff, although in practice much of the supervision came through the relationship with the TA provider. The lack of initial funds caused sites to hire or assign part-time or inexperienced staff. In many ways, the remainder of this document shows how these staff rose to the challenges set before them. See Table 2.1 for a summary of staffing configuration at the PMI sites.

Lead agencies used their knowledge of the: local community to help identify potential staff members. This was how UWMT eventually recruited the staff who stayed with Nashville PMI throughout the planning phase. In Phoenix, the executive director for MCCAIP had approval over hiring. In that situation, an intern -for MCCAP became the site coordinator for PMI beginning on a part-time basis in January 1994, and then becoming a full-tirne staff member a. few months later. For Northern Virginia, the NVPDC staff assigned to the prevention work group for the USCM grant took on responsibility for PMI at slightly more than half time. In Newark, a person known to a CFNJ AIDS Partnership project officer was invited to apply for the: position of site coordinator, while United Way Sacramento Area (UWSA) assigned its own staff to PMI for a full year on a part-time basis. A consultant for a portion of the research was hired as full-time site coordinator more than six months after the initial PMI community meeting.

2.2.2 Defining Staff Responsibilities

It took time to define the responsibilities of staff once they were hired. One site coordinator shared that when she came on board at the end of 1993, "it was all pretty fuzzy. It basically came together as we: went along. My job evolved as we went along as well. ... Everyone helped me figure this whole thing out."

Site coordinators were apparently chosen for personal as well as professional qualities they could contribute to the project. One person said, "I think everyone at United Way wanted someone who was potentially part of the target population for the site coordinator. I was brought on board

Table 2.1 Staff

Title[a]	Nashville	Newark	Northern Virginia	Phoenix	Sacramento
Site Coordinator[b]	■	■		■	■
Community Developer			■ Transition		
Site Consultant	•				
Youth Consultant/ Coordinator	■	■	. (open)		■
Program Assistant		■ Transition		■ Transition (half-time)	
Marketing Specialist[c]			■ Transition		■ Transition
Technical support specialist	■ Transition				
Issues Management Consultant				■	■

a Staff and consultants continued to be hired in some sites after the data collection period.

b The site coordinator in many sites has now transitioned into Program Manager, Site-Based Manager, or Site Director.

c The position includes social marketing and communications

because I was a young person under 25" who had some experience with HIV and community organizing. At another site, a person under 25 was also chosen. She provided a good ethnic balance' to African-American staff at the lead agency, spoke Spanish, and was involved with youth services

[1] The community, Newark, has a majority of citizens who are African American and a large Hispanic minority.

among Latinos. The other site coordinators were also young,, but not within the target age group, and came with a limited amout of previous experience in related areas.

In the earliest part of the planning phase, staff duties were largely tied to their community organizing functions. Even as the position developed to include other functions, the need to reach out to the local community (continued. As one site coordinator described it, her job "involved everything you would imagine community organizing to be. I do everything and talk to everyone."

As the planning phase got under way it was clear that all constituents of PMI were important-PM1 staff, TA providers, the lead agency, and volunteers. A member active from the early days of PMI told us that staff along with a member of the lead agency did a "lot of legwork and were a tremendous help .. AED, staff, and the community were all essential.'" However, more staff would have been helpful-"they bad a lot to do."

As the parameters of the project became more clear, some sites hired consultants for specific aspects of the project. Nashville PMI hired a site consultant who was known to staff at United Way for her work in the field of education. A retiree:, she acted as a support to the site coordinator, who was a recent college graduate. In Sacramento, PMI hired an Issues Management consultant, experienced in sexuality issues, who developed a strategy on how to make the first media announcement in March 1995. Her work with PMI ended for a while. and then she was re-hired in early 1996 as the site prepared for implementation of an intervention later in the year. Phoenix PMI also hired an Issues Management Consultant in early 1995. She worked on the issues management plan and presented it to the planning committee as a whole.' Other consultants have been hired as needs have arisen, such as a marketing specialist in Phoenix.

We will discuss the role of the youth consultant in Chapter 4.

2.2.3 The Influence of Technical Assistance

The lead agency was embedded in a structure that included CDC, the other national partners providing various kinds of support, and the local community Lead agencies as representatives of PMI would develop relationships with TA providers from AED and Porter/Novelli, CDC, and to a lesser extent other national partners. TA providers were able to offer advice about staffing

[1] All sites received I'!. in issues management from Porter/Novelli, which is one of the national partners.

arrangements but did not have much input regarding who was hired. In fact, some sites initiated staffing before all the TA providers came on board.

The TA providers were "very involved" as soon as they began work with the sites. Since each site got a small sum for all staffing and administrative costs, it was only possible to cover the salary of a junior staff member (in two sites, part-time) and perhaps part of the salary of another staff or consultant, This meant that TA provision included elements of the staff function. In Nashville, volunteers actually considered the TA provider to be a staff member. One respondent, referring to the experience at all the sites, observed, "In retrospect, it would have been better to hire a senior-level, full-time staff person. This project may have moved faster even with the barriers encountered. "

This did not mean that the staff who were hired did a poor job-quite the opposite. Rather, as we will see in later sections, there was definitely a need for the community organizing skills in which most of the junior site-based staff excelled. At the same time, management and technical assistance were needed on-site by someone whose time was dedicated to PMI. Such a strategy would also have contributed to greater ownership of the PMI process early on.

2.3 Emergent Issues and the Transition to Implementation

PMI was a pioneering effort on the part of national partners and local communities. Not unexpectedly, roles and relationships were not always clear. For example, some respondents felt that the distinction between PMI and the lead agency was not always clear in their community. Some felt this was due to a tension between PMI and the mission of the lead agency. For example, Nashville PMI reported early difficulties because, in many respondents' opinions, the lead agency was concerned about the potential for the development of a controversial program. This was characterized by one person as friction between the community-driven and data-driven nature of PMI and a desire to "control the outcome of the planning process." PMI worked with the lead agency by making presentations to the Board, and a lead agency representative was included as a member of the planning committee.

In Sacramento PMI staff worked with UWSA to educate them about the PMI mission and attended non-PM1 activities as well. Respondents felt that at first PMI was somewhat marginal to the agency, the structure setting PMI off ("encapsulating it") from the rest of the agency. Yet, nearly two years of working together changed that relationship:

> Recently, it [PMI] has been acknowledged more and more as part of United Way. Pride has begun to develop, first by getting to know the staff and by seeing the positive community response. They are glad to see involvement in a youth issue. They now acknowledge, "this is ours and we are proud of it."

Another uncertain boundary was between oversight bodies and the lead agency. We will discuss the use of oversight committees in Section 2.6 below. Finally, as sites moved through the steps of the PMI process., it became: clear that staff with management and technical skills would need to be added at the site level.

2.3.1 Transition Planning

In Chapter 3 on Accomplishing the Steps of the PMI Process, we will discuss transition planning as a step in the PMI process. Here we summarize the effect of the transition to implementation on structural features of the PMI sites. This effect, in our view, was quite profound. The sites consisted of loosely structured coalitions led by relatively inexperienced staff, who, while rising to the occasion of organizing communities for planning, had not been hired to provide site-based management and technical assistance, both of which would be required for the implementation phase. 'The national partners had not. originally intended for there to be a discrete step in the PMI process to plan the transition to implementation. However, it became clear that the structures in place in early 1995, the second year of PMI for the demonstration sites, would not be sufficient to support an intervention. Also, the lead agencies, while excellent conveners, were not necessarily appropriate for the long-term needs of PMI.

Each site created a transition planning subcommittee consisting of both staff and volunteers including young people. Choices made by subcommittee members at each site during transition planning would affect the way in which the planning work would be finished and the structure under which the planning outcome-the intervention-would be implemented. The national partners, through AED, had a great deal of influence on the models selected and the staff chosen, but the models 'were tailored to each site. Those who were active in transition planning had a voice in decisions, but some of those less involved with the process seemed surprised by some of the decisions made.

PMI participants first heard of the need for transition planning in March 1995, and sites completed their transition plans during the summer of 1995. From a structural point of view, we consider the sites to be in a phase called "transition to implementation" once changes in lead agency, committee structure, or staff have occurred. We do not assume that all three changes must have occurred for a site to be considered "in transition." Not all sites are making all three types of changes, and in some cases, completion of these changes may not occur until the site is actually ready to implement the intervention.'

2.3.2 **Lead Agencies and the Transition to Implementation**

Probably the greatest change in the relationship between lead agency and PMI resulting from transition planning was that the lead agency was no longer seen as directive and that the sites themselves developed increasing ownership of the project. In some cases, this appeared to be a natural occurrence, whereas in others, real disjunctures occurred. In Sacramento, we were told "There is a change in the role of United Way from being the ones leading the program to being in a supporting role. [They are] giving the Council [planning committee] more responsibility and more commitment. We are the ones making the decisions."

Among the five sites, Sacramento had a unique arrangement with AED. While United Way was always the lead agency, AED employed the PMI site coordinator. After the site's transition plan was adopted, UWSA also took on the function of employer for all PMI staff.

In Nashville and in Newark the relationship changed such that PMI left the original lead agency and found housing as an independent entity but with fiscal and supervisory responsibilities resting with the AED. In both of these sites, some degree of turmoil accompanied these changes. In Newark, the lead agency executive director, who was very committed to PMI, passed away. It is hard to gauge the degree to which her death affected CFNJ's relationship with PMI, but it is apparent that new leadership did not share her commitment to PMI. We were also told that other doubts had surfaced as to whether the lead agency should remain as it was. CFNJ's offices were some distance from Newark in an affluent town. The agency's strength as a convener, while important to

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[1] From a process point of view, one could argue that the transition phase only begins once the formative research is complete and the site has gathered enough information to design an intervention. However, we are looking at transition from a structural point of view, as a device for bringing order to our own data.

organizing the community for planning, was less so in the programmatic and service areas relevant to supporting an intervention.

In developing their transition plan, Newark PMI volunteers decided to adopt a model in which PMI would find its own housing but AED would be the fiduciary agent and staff would be AED employees. This decision was controversial, mainly because of concerns over who would have ownership of the project. The consensus was that even with AED as lead agency, PMI was a "community-driven project. " One person expanded on this theme:

> The relationship with AED is very positive. From the very beginning we wanted to be very clear that we wanted Newark to have ownership of the process. AED is seen as .a partner in the process. We have been able to establish that. They have been very supportive of our efforts. . . . As long as the decision-making is done at the local level by the committee, I have no problem with them [AED] handling the logistics.

Another participant put it this way, "people felt safe that there was a neutral convener." This person highlighted a concern voiced by a number of respondents that it. would be difficult to find a lead agency among the local organizations who would not try to exert undue control over the project.

Not everyone was happy with a lead agency located in Washington DC, as voiced by this respondent, "I was very unhappy with the way the transition took place. AED took too much control. I think that the site needed more autonomy."

Nashville chose to leave UWMT mainly because of a need to appear less tied to conventional interests and more representative. of the African-American community, members of whom would be targeted with the: PMI intervention. The change was two-fold with AED as the lead, and therefore the fiduciary agent, and the Urban League as the host, or location where PMI was housed. We were told that, "It was a wise move to go to the Urban League. [It rnakes PMI] more accessible, it validates PMI and gives it credibility."

While the transition process in Nashville wasn't always smooth, from the record it appears that where problems occurred, it was due to breaks in the lines of communication. The lead agency questioned whether it was appropriate to remain in that role--since its strength was as a convener-and thought perhaps it. was wise for PMI to move closer to its community. However, a minority opinion is that some early key players lost interest with the changes that occurred as a result of the transition plan.

In Northern Virginia, the issue of who the lead agency would be was raised, and the group responsible for transition planning decided it should remain as NVPDC. In Phoenix, PMI "People felt a strong need to make sure control and responsibility remained in the community, so that the overall supervisory component stayed local .... It was pretty unanimous to keep it where it was." At the same time, AED supplemented the lead agency's institutional capabilities by handling certain activities, such as subcontracts.

2.3.3 **Staffing Changes during Transition**

The transition plans called for modifications or outright changes in the staffing patterns at each site. Volunteers were included in these decisions. In general, "Each site decided how they would staff the sites and tailored the statement of work to the needs of their own sites. AED provided guidance on the skills that the site would want to consider."

Staff Changes Occurring by Site

In Nashville, the staff titles and responsibilities changed as did the lead agency, although the lead agency changed several months before the new staff were hired. The lead agency role was divided, with a local agency providing housing and AED providing supervision and fiduciary responsibility. The site-based manager began in October 1995, and a program assistant came on board in early January 1996; the technical support specialist was not hired until June 1996. These changes led to an increased feeling of ownership.

Newark was in a unique position among the PMI sites. The site coordinator and lead agency project officer left the area at the end of the summer of 1995. The site was without staff for five months, with the exception of a part-time consultant whose main responsibility was distributing agendas and minutes. The site had to rely on volunteers and TA support to carry on with the PMI process. A personnel subcommittee, consisting of two AED staff and three volunteers, reviewed resumes and developed personnel criteria in line with the transition plan. A site director came on board in January 1996, the technical specialist in March, and a program assistant was finally hired in July. Once hired, the new PMI site director was responsible for finding and furnishing a new office, passing requisitions to AED for approval. It took over four months to locate suitable space due in

part to the high cost of rent in downtown Newark. Meanwhile, the director and the new technical specialist worked from their homes..

In Northern Virginia, the transition subcommittee, with guidance from AED, decided to delete the position of site coordinator and create two new positions-community developer and social marketer. The main role of the community developer is to forge new relationships within the community, especially among African Americans, who are underrepresented in the HIV consortium and were therefore underrepresented in the PMI planning committee. 'The social marketer has more of a technical function--it was required that she have social marketing experience-although both professionals work closely together. NVPDC provided input into hiring decisions. The two staff are described as "very much a pair with distinct skills and abilities and responsibilities."

In Phoenix, the site coordinator remained,. changing titles to program manager. The site also hired two consultants, one for issues management and media and the other in social marketing; the lead agency provides a part-time program assistant. Although a major part of the program manager's function is to convene and coordinate the planning committee and its subcommittees,' the program manager's role in Phoenix goes beyond that of site coordinator and has expanded to program development and overseeing staff and consultants. The part-time program assistant shares her time with a housing initiative sponsored by AAF. She attends meetings, facilitates two site design work groups, and works with the program manager to set up policies and procedures for the site.

In Sacramento, the site coordinator also remained, with a title change to program manager. Initially in Sacramento, the site coordinator was an employee of AED, although United Way was always the lead agency. After transition, United Way also became the employer for other site-based staff.. At this time,, lead agency staff support decreased while the program manager's role expanded. Two consultants were hired, one in issues management and the other in marketing and communications.

Characteristics of New Staff

The types of new staff reflected the needs of the sites. For example, the planning committee in Northern Virgiinia '"was getting smaller and smaller and whiter and whiter." The African-American

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[1] At this site, since the prevention plan was submitted in late January 1996, most of the work has been done by the site design team, with the planning committee functioning in an advisory capacity.

community developer was hired largely "because she has the skills to bring people in." The social marketer is experienced in this field, but since one cannot completely separate social marketing from community development, she and the community developer work together closely.

The Nashville site-based manager is "particularly interested in African-American health." Like Northern Virginia, this site is targeting its intervention to African-American youngsters.

In Newark, the new site director brought with her a career devoted to HIV/AIDS issues, such that she knew many of the key players in the area. The technical specialist has worked with leaders in applying behavioral science to interventions for African-American adolescents, and the program assistant, hired after our field work was completed, is bilingual. The site wants to translate all the materials it develops into Spanish.

In Phoenix, the PMI site chose the present staffing mix by looking at the kinds of expertise and the amount of time needed from staff. An Issues Management consultant was found through networking. AED suggested the need for a consultant with media relations skills. Doubting they could find **someone** with HIV experience, the site looked for someone with experience marketing an intangible product and identified a marketing consultant who finds this kind of project appealing.

Effect of Staff Changes on Structure

Staff changes ultimately produced a beneficial effect on other PMI structures and participants. We believe that the stability of staff in Phoenix and Sacramento was one factor that contributed to a smooth transition. In the sites where the original staff remained and where they had been receiving ongoing support from the lead agency, the transition appeared to go smoothly. However, in Newark, where volunteers needed to perform such functions as working with the formative research firm without on-site staff to guide them, the process moved forward slowly.

Nashville did not experience disruption although a new site-based manager was hired. In that instance, the new staff member began to attend meetings before the original staff left. When she did come on board, she felt that her predecessors had left everything in a way that allowed her to pick up and move forward. Similarly, in Northern Virginia, the community developer was able to work alongside the site coordinator for one month before taking on her new role. One person shared a concern that the "staggering of [the two] new hires hurt the community." We believe that this statement reflects the fact that Northern Virginia continued to move slowly through the steps of the planning process for a few more months, until after the social marketer was on board. This is likely

due to the fact that the community developer's energies were intensively devoted to expanding community representation in PMI, a feature that was more fully developed in most other sites.

It should be noted that in no case did the site-based staff who were leaving feel they were being pushed out. A few participants mourned their loss, noting that they would have liked for the original staff to remain in addition to the new staff. Others shared the excitement of planning phase staff who were embarking on new opportunities (such as medical school, graduate school, new professional positions, and retirement).

Members further emphasized the need for new skills to reflect the new phase being entered upon. As one Nashville participant put it, "Skill levels will be different from the coordinator for the planning process. . . . [We] need to move from community organizing to more of a business manager for a nonprofit organization." Outgoing staff explained changes in terms that reflected a feeling that the project was moving beyond their original mandate. This included the need for social marketing skills and someone who could represent the community with which the target audience is affiliated.

Changes in TA Provision

Changes. in TA providers may have compounded disruptions caused by staff changes, but the impact seems to have been more personal than systemic. Tbe well-liked TA provider for Newark was transferred to another position precisely during the period of time that the site was without staff. However, other TA providers who knew the site: well continued to work with Newark.

Sacramento was in a somewhat unique position. They received a great deal of consultation from a senior staff member at Porter/Novelli's San Francisco office, along with technical support on a more infrequent basis from AED in Washington DC. During the transition phase, consultation from Porter/Novelli decreased and the AED technical assistance function was transferred to another staff member. Rather than rnake frequent trips for most or all planning committee meetings, as had been the case in the three eastern sites, the AED TA provider made infrequent trips to Sacramento but stayed for several days at a time to provide support for specific tasks.

2.4 Planning Committee Description

As noted in the introduction to this report, each site had its own planning committee, although designations for the! committees varied across sites. To confuse matters further, the committees

frequently changed their names during the transition phase. For the sake of consistency, we will refer to the site-based committees charged with planning a PMI intervention as ***planning committees.*** Table 2.2 presents the actual names of these committees for each site, in both the planning and the transition phase.

Table 2.2 Planning Committees

PMI Sites	Planning Phase	Transition Phase
Nashville	Planning Committee	Planning Committee Steering Committee"
Newark	Planning Committee	Advisory Committee
Northern Virginia	Work Group	Work Group
Phoenix	Steering Committee	Advisory Council
Sacramento	Steering Committee	Community Council

" The planning committee in Nashville remained through the development of the Prevention Plan, a marker of the beginning of the Implementation Phase. At that point, the planning committee dissolved, and the steering committee was instituted.

The planning committees underwent a maturation process during transition, as did staff and relationships with lead agencies. At first, the planning committees were fluid permeable structures, with the exception of Northern Virginia, which began with the same work group it had used to undertake another prevention grant for the regional HIV consortium. Even there, the norms by which the group worked were fairly unstructured.

Initial Outreach and Recruitment

At first, planning was largely devoted to clarifying roles and dealing with early data. As a Sacramento member put it, the site was going through the process of defining who a member is and defining the group. People could come in and out-they were "fishing for people to come . . . [it was] like an open house." In an open committee like this, we were told, the way to be involved in decision-making was to show up.

The process for inviting people to join a planning committee was very open. For example, Newark PMI invited between 135 and 150 people whose names were supplied by CFNJ to the first community meeting on February I. 5, 1994. Twenty-eight people showed up. We were told that "trying to explain PMI [to them] was difficult because it was evolving." The openness continued with mailings to a broad, group of people such that "those who wanted to come, came." A participant characterized the early meetings in this way: "We were getting a bunch of agencies together and brainstorming about the population we were going to pick."

Changes in the Planning Committee during Transition

A Nashville participant summed up the planning phase in this way: deciding on a target group, getting a basic: idea on how to deal with the group, getting the youth involved, collecting data, and deciding what to do with it all. Some people doubted the need for such a long open planning process. A Sacramento participant wondered: "It took a long time with nothing tangible. [It is] hard to remember what we really did, because we weren't producing anything tangible. Did we just sit around and talk:? Probably we could have just started with a council [the formal planning committee for the transition phase]. "

Better defined structure. Indeed, as the sites prepared for the transition to implementation, the committees became rnore formal with greater expectations of members. Others saw the transition phase as expanding the role of the committee-"'lt hasn't changed but it has become refined as they go from planning into transition. . . . At first it was rnore undefined, but now it has more features that can be scrutinized. It's not as much a changed role as it is an expanded role."

Northern Virginia differed from other sites because the planning committee became more open with increased participation from the community. Yet, in other ways, the committee did become more structured.. Community members have "job descriptions" and receive a one-to-one orientation from the community developer.

Greater commitment required from participants. A major difference in expectations was that planning committee membership required greater commitment as the transition phase got under way. "You can't run a program with people who may or may not show up. You want at a certain point. to be serious about it." This probably reflected the fact that the work expected of members

expanded at this time and simultaneously became more interesting for the volunteers. As a Newark respondent observed, "When we went into the formative research stage, we began to have a more permanent group. "

Greater ownership experienced by participants. Creating more structure increased ownership among those who remained with the process. A respondent in Phoenix put it this way: "Our goal was to keep it going and give people a sense of ownership and responsibility. People had been just coming and going as they pleased. It makes it a serious project . . ." Yet, membership did not change, since all of the planning committee members were grandfathered into the more formal body.

A minority of respondents felt marginalized as the transition phase moved along: "From here on in I don't really see myself as a player unless I have a particular contact. I could see myself in an advisory capacity. ... I was more valuable in the planning stages. I can [do things like] make phone calls in the community." A participant from another site felt marginalized because all the work is done in the site design team, and his input is solely to advise and consent. These comments came from sites that had completed formative research early and were moving into implementation. It is possible that the skills and interests needed for planning and implementation are indeed different from those utilized earlier.

Nashville PMI tried to find a way of keeping the community engaged while limiting the number of people who would continue to be involved, through creating a closed Steering Committee as the decision-making body, along with an Advisory Forum that meets quarterly. Although part of the transition plan, these bodies were not instituted until after the prevention plan was submitted, which was not part of our study period. As laid down in the transition plan, the steering committee would consist of "two members elected from or by the advisory committee [the site's oversight committee] ... six members elected from or by the planning committee, three youth . . . and four positions [for] people from the community with other expertise that is needed."[1] Being on the steering committee was characterized as akin to holding an office.

[1] During our May follow-up visit, the Steering Committee was in place. It was chaired by a young adult. The Advisory Forum had not yet met.

2.4.1 The Planning Committee Meetings

In general, participants commented on how process-oriented planning committee meetings are as compared w ith tlhose for other projects. A Phoenix member saw the pros and cons of the approach, "The hardest thing to do is to get people to do the process. I sense it has gone very smoothly. ... some people have chafed at the process, but they have sensed, 'hey, this really does work.'" In another site, participants speculated that a decline in attendance by business leaders was due to feeling constrained by the steps involved in prevention marketing.

Some people seemed to rue the fact that they could not participate as fully as they wished since "it would mean attending all the meetings and volunteering on the working groups [subcommittees] as well." Yet others spoke favorably of the time needed to accomplish the process:

> That is what is so great about PMI. There is a group of people working in different areas of the community who get together and share their ideas and experiences. We ironed out a lot of wrinkles before we put any tasks into effect.

2.4.2 Attendance

Attendance at meetings is inconsistent, although it has been more consistent since the institution of formalized groups. Some groups are very small, as in Newark with 10 to 13 active members including as many as five youth.[1] On the other hand, Battelle observed 25 members and two staff at a May planning committee meeting in Sacramento. A few respondents at two of the sites have called for enforcement of by-laws for non-attendance. This is very different from the acceptance of intermittent attendance that was characteristic of the planning phase.

One reason for non-attendance offered by frequent attenders was that members may be experiencing a "normal" waxing and waning of interest. One chair observed:

> Initially the planning committee was exciting and quick moving but people lost interest,, at least until the research came in. This would be true for any group. It's part of the group dynamics. There are peaks and lulls You have to do something to get the group excited again.

[1] Newark by-laws call for an Advisory [Planning] Committee of 16 adults and five youth.

A chair in another site observed that when the formative research was presented, people returned who hadn't been coming for a **while.** "Some members are like 'uncles' in a family. They aren't there all the time but come for a big event like the focus group research meeting."

A member from the same site saw it this way, "I think different people are going to be interested in different phases of this, so they will drop in and out of involvement. There can be ways to stay informed in the overall picture without making decisions."

In actuality, the main reason for non-attendance, offered by both infrequent and frequent attenders, was scheduling difficulties. One person in a clinical field accepted an invitation to join a planning committee, only to be transferred to a new office where clinic hours conflicted with committee meetings.

Most planning committee meetings are held in the late afternoon so that young people can attend, but many subcommittees meet at other daytime hours making it difficult for a number of participants to attend those meetings. A participant in Northern Virginia observed, "Involvement is like a roller coaster according to work in their agency."

Newark participants also worried that recent funding issues in a number of community agencies were creating difficulties for participation. Participation sometimes requires compromise, like making up time lost from an agency while at a meeting, but this is not an option for everyone. Staff are aware that funding pressures affect the ability of people to participate. In Sacramento, it is all right for a member of an agency to send another person from that agency to meetings.

For some people, especially in Northern Virginia where those members affiliated with the HIV consortium attend PMI as part of their agency's duties, time is not under their control. That is, if the home agency no longer supports PMI participation, the person cannot attend. This does not necessarily mean that the employer no longer supports PMI as a concept. We found instances where the person in a particular position could no longer attend during work hours because of changes or increases in responsibilities. Sometimes, though, there is a combination of waning enthusiasm and pressures from the job. For example, we spoke with a few people involved in planning across sites who had experienced increased job or graduate school commitments but also cited a waning of interest.

Most planning committees met once a month. Nashville's met twice a month. In Phoenix, meetings are called when there is a need for the committee as a whole to meet. Otherwise, tasks are accomplished in subcommittees, and more recently, by the site design team. In fact, all **sites m&e** use of subcommittees that meet at times other than the planning committee. Most sites **have meetings**

at the same time each rnonth or every other week:. Phoenix sets a schedule about two months in advance.

At all sites, staff have kept up with non-attenders through conversations and mailings. We spoke with people at each site who appreciated this approach. A Sacramento participant could have been speaking for members at other sites as well: "Staff are very well respected here. We get stuff in the mail and are called about meetings. They go out of their way to make sure 95% of the people can be there. They are very accommodating." A fellow member who did not receive all the mailings felt left out of the process.

Especially during the planning phase, some contact was informal. At one site, staff explained, "[We] will drop in at different people's offices to spend a few moments to let them know what is going on and get comments back from them.'*

Individual communication can pay off as it did in Phoenix:

> In the first year or so, the group wasn't very engaged. People came but there wasn't a lot of discussion. We weren't sure if that was necessarily a bad thing. People didn't really have much to do . . . So we just kept communicating with people individually. In the past six months, attendance is way up. There is more to do.

Communication can also mean that volunteers call staff if they cannot attend: "I receive messages when they can't come. ... I think it's because they value the group and the people there and want me to know why they can't be there."

Staff attempted other ways of easing the barriers to full participation. In Nashville, they tried holding lunchtime meetings for a while, but that was not good for teachers [and youth]. In one site, staff were seen as being more sensitive than the committee by a member who had suggested varying the time of meetings so some are in the evenings. "Staff suggested that we vote on having varied meeting times., but it was voted down. The [planning committee] as a whole is not sensitive to variable schedules." In Newark, we heard a call for incentives "to keep people coming" and a call for enforcing rules set out in the transition plan, also referred to as the "charter."

It was pointed out that one type of incentive is information exchange that occurs between members at meetings, and it was clear that PMI does; provide some intangible incentives for participants. For example, it can provide a support system. One Sacramento participant was particularly pleased with the way meetings were facilitated:

> She does icebreakers . . . A lot of friendships have grown out of PMI; it's a nice support system. She is also persistent. She tells us to bring a friend. She is very successful at getting a good, committed group.

According to the Newark and Sacramento transition plans, missing three meetings indicates resignation. Although only one person advocated that this be enforced, another suggested that "We need to reconvene the nominating committee to get our census up. Attendance is important. We are not stressing it as much as the charter allows."

Staff and other active participants saw the presence of a core group as more important to developing a sense of ownership among members, than any absolute number of participants would ensure. As staff from one site said,

> Originally, [we] wanted to get lots of people involved in HIV prevention ... [but] there is a core that is very consistent. ... Some people attend regularly because it's their job and they like being involved. Some people attend because they want to see what's going to happen next-a certain self-interest.

This doesn't mean that breadth is no longer important. As one participant shared, "This is a community project. The more ownership and the more perspectives are only going to help. We have voting members, advisors, guests, and interested others. We want input."

In general, members came to the table as representatives of agencies or organizations. In Northern Virginia, PMI membership, for those who came to PMI through the HIV consortium, is actually tied to the agency. If a person changes positions, then another employee of the agency is sent to PMI. The feeling in Newark, however, was that most people voted as individuals rather than as agency representatives. Still, it was recognized that such distinctions are difficult to maintain.

2.4.3 **Facilitation of Planning Committee Meetings**

Sites introduced the position of chairperson during the planning phase. As with the planning committees themselves, these roles tended to become more formalized as the sites moved into the transition phase.

In Northern Virginia, "at the beginning the meetings were not structured. Then we chose two co-conveners to lead and that lent more structure." This occurred in mid-1994, "at the same time we tried to separate PMI from [the] USCM [grant]." Thus, choosing leadership, even the looser model of conveners rather than chairs, assisted PMI in establishing its own identity.

In Newark, the first chair was a member of the lead agency's board. However, she couldn't attend most meetings and "she wasn't reflective of the population." It was that chair who invited an African-American woman to be vice chair. When the first chair left, the vice chair became chair and invited a Latino male, from a different type of agency than herself, to be vice chair. With institution of the transition plan, these two persons were voted in as co-chairs of the more formalized planning committee.

In Nashville., staff needed to spend some time: "moving the process forward" before the planning committee seemed ready to choose its own leadership. After a few meetings in which community members seemed to want a high degree of leadership from the staff, the site coordinator asked a well-known AIDS activist to facilitate a meeting. After that, the planning committee chose two co-chairs, each representing two different ethnic groups and types of affiliation.

None of the chairs reported any competition for the position, although some were required to be voted in once: the site's transition plan was instituted. In Sacramento and Phoenix, there is only one chair, although the position is called "co-chair";; this indicates that these sites have a community co-chair and a staff co-chair.

During our meeting observations, we saw that actual Ileadership of the planning committee varied depending on the type of task. For formative research presentations in Nashville, and to a lesser degree in Newark, the staff and TA providers were actively leading the meetings with the bulk of the presentation being done by the research consultant. Still in Newark, the meeting was called to order and ended by the co-chair. At a Northern Virginia planning committee meeting, we observed active facilitation by the co-chair, following Roberts' Rules of Order. In Sacramento and in Phoenix, we observed a division of leadership between the: community and staff co-chairs.

Whatever the degree of planning committee facilitation, we were told that being a co-chair is time consuming involving "a lot of process." They plan agendas with staff and TA providers, attend subcommittee meetings and stay in touch with the membership. In Northern Virginia, one of the co-chairs must report to the HIV consortium on a monthly basis, as well.

Chairs push the idea of community ownership of PMI. One wanted to be sure that PMI includes all participants, "I'm taking a key role in making sure the community is represented. Always asking who 'we' is." Another shared:

> My charge was to unite the committee and make sure that everyone understood the goal of the project. I was to keep everyone and everything on target. I had real strong ties with AED and therefore

> relied heavily on them. Once we learned the dynamics of the group, we proceeded. I shepherded the process to make sure that we got the return on our investment.

2.4.4 **Planning Committee Participants**

The stature of the lead agencies in their communities and their role as a community convener allowed them to assist PMI in the step of the PMI process known as "organizing the local community. " This was mentioned in all of the sites.

In Nashville, UWMT was seen as having the "clout" to "bring together people and initiate the first big meeting." Newark's CFNJ began by meeting with gatekeepers at CBOs and hospital groups. Then they used a method known as snowballing in which they consulted with contacts and with local funders, as to who else should be included in PMI planning. One person active at the time reported that she made "a special effort to include heads of youth-serving CBOs [since] they represent a link between bigger institutions and communities." They also used contacts at the state level. It was a responsibility of the lead agency to work with the PMI site coordinator to develop these resources.

When community members did not perceive the lead agency as representing the community it could lead to a situation where "The community had to do the bulk of the recruiting. The fiduciary agent didn't have the background, so the community had to do everything. The staff lent support."

PMI participants tended to come largely from HIV-related or youth-serving agencies. In Nashville and Sacramento the balance was more towards youth-serving agencies, while in Phoenix and Northern Virginia there was greater representation from the AIDS community. Even so, it was pointed out that some of the major players who tend to dominate AIDS-related coalitions were not active in PMI in those communities, while smaller groups were. Newark, with a smaller PMI planning committee than the others, had a mix that included businesses, local hospitals, CBOs, substance abuse agencies, state agencies and a few professionals in the area of HIV prevention or counseling. It should be pointed out that all sites had a mix of representatives including input from clergy and educators. (Also, see Chapter 5, Community Collaboration for further information concerning the background of PMI participants).

As we pointed out, the planning committees at each site were loosely structured during the first year and a half to two years. The process for bringing members into these loosely structured groups was known as "organizing the local community," initially seen as a discrete step in the overall PMI

process. However,, one of the main lessons of the dlemonstration sites is that "organizing the local community" is an ongoing process. Still. this step was certainly most intense during the early months of PMI, as four of the sites sought to bring people to the table for the initial community meeting. Only Northern Virginia had a ready-made group through the: prevention work group of its HIV consortium.

We will describe the process of bringing the local community together in more detail in Chapter 5, on Community Collaboration. In terms of the interaction of the various structures of PMI, this was an effort that required input from the lead agencies and support from TA providers. For example, the lead agencies were able to provide lists of volunteers to invite to the initial community meeting. Attendees at the community meetings were invited to join the planning committee. Most lead agency staff were more active than that, brainstorming (contacts and even joining in inviting people. Lead agencies provided space for meetings or, in one case, a board member of the lead agency provided the space at her place of employment for about the first year of planning.

The national partners, especially AED, were part of the process of organizing the local community. At the initial community meetings, CDC and AED explained PMI to potential members. TA providers may simply have provided ideas regarding who to invite, or they may have even pounded the pavement with PMI staff. This was the case in Nashville, where a partnership between white staff and an African-American TA provider was seen as very effective i:n speaking with potential members from different racial groups.

It seemed that Nashville, Newark, and Sacramento sought diversity and broad representation first and foremost, an approach that was meant to lead to community buy-in for a potentially volatile initiative. Phoenix PMl took a slightly different approach. Staff invited people to the initial community meeting using a list of criteria emphasizing expertise in planning, communication, youth, or H IV prevent ion or research. About 45 people: attended, mainly youth providers. Then several people who met the criteria were targeted. Again, Northern Virginia began PMI planning with the HIV consortium prevention work group.

Each site found gaps in its membership with time, or saw that new faces it had hoped to include did not stick with the process. For example, business people seemed impatient with the number of steps involved in social marketing. Three of the sites spoke to the need to include more people of color., especially clergy, and two had taken definite steps to do so. In Newark, with a

nearly equal balance of African-American and Latino members (youth and adult), we heard mention of the difficulty of including persons of European descent.[1]

It was pointed out that diversity goes beyond race and ethnicity and that it is a challenge to obtain membership from grass-roots community members and from certain populations or people who represent those populations (e.g., those who work with gangs). People from Nashville, Newark, and Sacramento spoke to the lack of representation from conservative elements, something that was apparently the case at all of the sites. One way this was dealt with, as seen in Nashville and Northern Virginia, was to invite members of clergy and others who may represent conservative ideals within the target populations.

Many of these thoughts surfaced throughout the planning phase and as the sites were moving into the more formalized planning committees for the transition phase. One marker of formality was a nomination and selection process for new members. In Sacramento, this meant that potential voting members were now interviewed and their applications reviewed by a committee. Breadth is still maintained by having about 25 voting members and 20 non-voting members. In Newark, members were voted in using the criteria set by a four-person selection committee. The active members of the planning group remained, something which one participant felt was correct since they had already demonstrated commitment. Northern Virginia is actively recruiting new members and expanding the planning committee; new members do not need to be voted in.

In Phoenix, active representation actually decreased because most of the work is now done by a site design team (albeit a large one), with the remainder of the planning committee functioning in an advisory role. This may be related to the fact that, like Nashville, Phoenix PMI submitted its prevention plan in late January 1996, a marker of entering the implementation phase. Thus, structures associated with planning were undergoing change while we were onsite. However, we also heard of some concern expressed that people were being left out of the process who were used to having a more active role. This will be addressed more fully in our discussion of decision-making and conflict resolution in Section 2.7 below.

[1] Newark has a sizable Spanish and Portuguese population.

2.5 Subcommittees, Work Groups and Teams

As the work of planning got under way, it soon became obvious that each decision could not be made by the planning committee as a whole. Nor, if PMI was to stay true to its principle of community participation, could staff make decisions on their own and then bring them to the planning committee simply for assent or disagreement. Therefore, the planning committees developed subcommittees. Table 2.3 summarizes information on the different kinds of subcommittees found at

Table 2.3 Subcommittees

Subcommittees	Nashville	Newark	Northern Virginia	Phoenix	Sacramento
Issues Management	■	■	■	■	■
Transition	■	■	■	■	■
Personnel		■			
Formative Research	■	■	■	■	■
Youth Committee	■	■	■		■
Youth Involvement Working Group	■	■	■ (Mentoring, Recruitment)		■
Application Review					■
Nominating	❑	■			■
Snte Design Team	■	■	■	■	■

each site, as a reader's guide to this discussion. The actual tasks accomplished by the subcommittees will be discussed more fully in Chapter 3 on Steps of the PMI Process. Unless specifically designated by another name (e.g., site design team), we will use the generic term subcommittee, recognizing that subcommittees, teams, and work groups may have somewhat different functions.

2.51 Description of the Subcommittee

Formative Research Subcommittee

Formative research was a key task throughout the planning and transition phases. Subcommittees to oversee formative research were developed early in the sites, sometimes enjoyed a hiatus, and then re-formed as the focus group research got under way. Nashville PMI developed multiple teams. A primary data team dealt with quantitative research and then later evaluated responses to the RFP on conducting focus group research. The secondary data team' contributed to documents describing the environment in the areas targeted for an intervention. A key informant team assisted with interviews of community leaders and gatekeepers.

In the other sites, this process was less elaborate. For the most part, formative research subcommittees were most active in helping to identify a focus group firm and to liaise with it. However, input was also received from volunteers during earlier phases of the research, mainly in reviewing and commenting on findings.

Youth Involvement Subcommittee

Youth involvement will be discussed in detail in Chapter 4. Briefly, each site was requested by CDC to develop a youth involvement plan in October 1994. This led to the development of a Youth Involvement Committee (YIC) at four of the five sites. Some of these subcommittees have been reactivated to review the youth program at the specific site. A variation on the YIC is the Mentoring and Recruitment subcommittee in Northern Virginia, which has ongoing responsibility for overseeing the work of that site's youth group. The youth groups are subcommittees in their own right, existing in each site except Phoenix. Youth may also be integrated into the work of the planning committee and other subcommittees, as laid out in the site's youth involvement plan,

[1] We are using names supplied by this site, rather than traditional usage of the terms *primary* and secondary *data*.

Issues Management Subcommittee

Each site developed an *issues management* subcommittee to create an issues management plan. Again, these subcommittees were first convened during the planning phase and then reconvened as needed. It turned out that drafting a plan was a lengthy process, and some of the sites were still working on this during our data collection period. The issues management plan deals with ways of avoiding conflict over the PMI message in each community. Sacramento and Phoenix PMI hired issues management consultants, and all of the sites received 'TA from a representative of Porter/Novel lii.

Transition Team

The transition teams were responsible for developing the transition plan for each site. As we have noted, these plans formalized the structure of PMI in such a way that each site would be able to create and implement an HIV prevention intervention. This process was fairly formal and time-consuming in Nashville, Newark, and Northern 'Virginia, but less so in Phoenix and Sacramento. In Nashville and Newark especially, it seemed to be a lbonding process for those who took part in it (including young people), although some Nashville volunteers who were not part of it reported feeling out of the information loop.

Nominating and Personnel Subcommittees

With adoption of the transition plan, Nashville, Newark and Sacramento established a *nominating committee* to nominate people for the more formalized structures established for transition or implementation. In Newark a *personnel committee was* established to assist in the recruitment and selection of staff.

Site Design Team

Upon completion of focus group research., each site developed a *site design team* to literally sift through all data gathered to date and then develop the intervention for that site. The teams have representation from both, adults and youth, and Sacramento formally allows non-planning committee

members to participate. At each site the site design team is broken further into work groups. In Phoenix the work group structure is the most elaborated, with five of them.

One of the goals of transition planning was to develop a structure that would be less dependent on external TA than the sites had been to date. However, the sites have worked very closely with TA providers during the process of site design. As we will show in Chapter 3 on Steps in the PMI Process, this is where participants put into play the social marketing and behavioral science principles they have learned. A challenge is continuing to accomplish this goal within the parameters of community participation.

2.5.2 **Subcommittee Participation**

Clearly, participation in subcommittees led to fuller involvement and ultimately to ownership of the PMI process. Most respondents participated in at least one subcommittee and some in multiple subcommittees, although subcommittee participation was simply not possible for a number of respondents. Reasons for joining a particular subcommittee included expertise in the area it addressed, general interest in the topic, and in one case, opposition to the way a topic was being presented. Participants also volunteered for a particular subcommittee when staff requested that they do so, based on the experience that person was bringing to PMI. In Newark, the planning committee co-chair "decided on the committee and then picked the [subcommittee] chair [who then] selected their own committees. " In Northern Virginia chairs volunteer, even if "by default." In Phoenix subcommittees have been headed by a team leader or chair. Sacramento PMI does not use chairs for subcommittees, keeping with the consensual model operating in most sites in the early days of planning.

For the site design team, some sites followed a more formal process of selection, although it was never necessary to vote for members. Staff let participants know what qualifications were needed and the time commitment involved, leading to self-selection such that the desired diversity, including youth, was maintained. In two cases the site design team was quite large-in Northern Virginia, participants agreed that the size should be cut back, but in Phoenix the 11 members (about three-quarters of the planning committee) remain on the site design team.

2.6 Oversight Bodies

Some sites developed oversight bodies. These were generally called Advisory Committees, but we have used the term *oversight committee* to distinguish them from those sites that call their planning committee an advisory committee. This discussion applies mainly to Nashville and to Northern Virginia, although Phoenix represents an interesting variation. For a summary of oversight committees at the various sites, see Table 2.4.

Table 2.4 Oversight Committees

PMI Sites	Planning Phase	Transition Phase
Nashville	Advisory Committee	Advisory Committee Advisory Forum*
Newark	N/A	N/A
Northern Virginia	HIV Consortium	HIV Consortium PMI Advisory Committee
Phoenix	N/A	AAF Board Members
Sacramento	N/A	N/A

* The Advisory Forum was to be developed after submission of the Prevention Plan.

2.6.1. Nashville

During the planning and transition phases, the Nashville oversight committee met at key decision points. Once it approved the implementation plan in February 1996, it ceased to exist. The oversight committee was formed at the suggestion of high-level staff at UWMT as a "check point" for the planning committee, an idea not met with favorably by all parties. There were two significant ways in which the potential for serious conflict over the oversight committee was defused. First, Nashville PMI worked with UWMT to solicit broad representation for the committee especially from the African-American community, and each chair of the oversight committee has been African American. A second source of potential conflict was the fact that oversight was initially conceptualized as multi-level, with the planning committee reporting to the oversight committee, which would then bring its recommendations to the Community Initiatives Division (CID) at the

United Way, after which CID would seek approval from the UWMT board. In reality, this structure was never put in place, and the Nashville PMI oversight committee functioned in a truly advisory function, or as the chair had told the planning committee, it functioned as their advocate.

2.6.2 Northern Virginia

HIV Consortium

In Northern Virginia, the oversight structure evolved with the project. Initially, all decisions had to be approved by the HIV consortium, a body of about 50 member agencies, many of which were also represented on the PMI planning committee. Eventually, this degree of oversight was lessened to one characterized as concurrence rather than approval.

One way of obtaining buy-in from the consortium throughout the planning phase was to invite consortium members to PMI training sessions. During transition planning, discussion ensued as to whether the PMI planning committee should be an entity separate from the HIV consortium. The consensus was that PMI should remain with the consortium in order to take advantage of its "brainpower but to reduce the level of approvals and of red tape." Some people feared that separation would lead to "an erosion of relations between PMI and the . . . consortium." One person summarized the benefits of PMI being a part of the consortium as follows, "Having PMI as part of the HIV consortium is good. It lends credibility to the effort, and it makes people and organizations participate. It is a very viable way to go."

Not everyone felt this way, some pointing out that the consortium mainly represents known players in HIV/AIDS, most of whom were not affiliated with the target population: "I think we have the wrong mechanism to manage the project. [We] probably shouldn't have chosen the HIV consortium to represent the African-American community. "

As we observed during the months when the site was deeply involved in the tasks of transition, an arrangement was worked through that was in line with the transition plan and met the needs of the various members. It was realized that the site would be "way behind if the consortium had to vote on each of PMI's decisions." Rather, the consortium would only provide oversight on major decisions, such as who would be implementing the intervention. Their concern is characterized as being sure that the "process is clean with the community."

Community Oversight Committee

Another committee, with less of an oversight function, but still important for community buy-in, was written into the site's transition plan. This committee, consisting of a broad spectrum of people from the community, was created in early 1996, and recruitment for it is ongoing. Its purpose is to "make sure that any decision made will be acceptable to the community."

The development of a community-based oversight body was met with some skepticism by the national partners. Initiatlly, it was not clear how people would be involved; on paper it appeared that minority representatives would be tokens. During a face-to-face meeting with CDC it became clear, however, that the intent of the site was quite the opposite, and while too soon to tell at this time, evidence suggests that the intent is being honored The community oversight committee includes a number of leaders in the African-American community who do not have the time, or whose primary affiliation is such that participation in the planning committee would be burdensome. An effect of developing this committee is that it is beginning to lead to more community representation on the HIV consortium, since members of the new committee are also invited to the consortium.

Another concern expressed was that the structure of Northern Virginia PMI would be too complicated with the addition of a community oversight committee. Yet in the time since the writing of the transition plan, layers of oversight have actually decreased, with the HIV consortium reserving its function for major decisions, and the community oversight committee blending its membership with that of the planning committee.

2.6.3 Phoenix

In Phoenix, two Arizona AIDS Foundation board members who sit on the PMI planning committee serve an oversight function. This model was worked out as part of transition planning, when it was agreed that if PMI were going to remain under the auspices of AAF, an "interface with the Board of Directors [would be needed] given that the Board would have legal responsibility for everything that (occurs. We worked out a logical model for that-non-interference on the part of the Board of Directors unless there is a serious legal reason." In practice, then, the board members function more as liaisons, than as overseers.

At one point, an advisory group for research was contemplated. Invitees, though, were simply invited to regular meetings and asked for their input in that way.

2.7 How Decisions are Made Within the PMI Structures

Many people contribute to the various decisions necessary to develop a PMI intervention. These individuals range from the members themselves (adult and youth), PMI staff, lead agency staff, consultants, advisors, community leaders, and TA providers and other national partners. The ability to reach decisions and later to implement them is directly related to participants' abilities to take ownership of the project.

During the early days when the sites maintained open planning committees, decisions were generally made through consensus. With the institution of more formal structures, some sites opted for instituting parliamentary procedures. In reality, as in Newark, how strictly the procedures were followed often depends on the nature of business. Overall, "a modified parliamentary procedure is probably a good way to describe the process."

As pointed out, the subcommittee structure was developed early in the process because allowing each decision to be made by the planning committee as a whole proved to be unwieldy. The other side of the coin, though, is that volunteers could now only be involved in a limited amount of discussion for decisions that needed to be made. Structures emerged so that communication channels could remain open. Mostly, subcommittee chairs or representatives make reports to the full planning committee meeting. Subcommittee members also use the telephone and fax machine to communicate with one another.

Since the site design team was the newest structure during our data collection period, we were able to observe first hand some of the issues involved in developing these teams. The site design team requires creativity on the part of members and is also very demanding in terms of time. Northern Virginia tried to involve the majority of members early on, but it soon became clear that a smaller group, including at least one youth member, was necessary. Phoenix remained with a large site design team, relative to its planning committee, but broke the site design team into more work groups than did the other sites. This did not work as well as it might have, since a majority of members wanted to be on multiple work groups, making scheduling of simultaneous meetings impossible.

2.7.1 Ownership

In all sites there has been a tension between having decisions made for volunteers and the need to make decisions themselves, but hampered by limited time and resources. Obviously, the main components of PMI were handed to sites, and at times new components were added-most notably, transition planning and youth involvement. Yet, a hoped-for effect of PMI was that it would build capacity at the sites (see also Chapter 6 on Community Support and Capacity Building). This capacity would require a certain amount of autonomy in decision-making among participants.

The capacity-building function was sometimes at odds with the need for the PMI process to occur within a limited timeframe. For example, should volunteers actually collect data, or should they simply review it? For the most part volunteers reviewed data and then used it, with TA, to make the decisions necessary to move the process forward. There were definite instances, though, of active involvement by volunteers, such as a "windshield survey" of resources conducted by members of one of Nashville's research teams.[1]

One person active in a number of subcommittees as well as her regional HIV prevention community planning group (CPG) lauded the process whereby much of the nuts and bolts work was done by staff with subcommittee members reviewing data. She thought that the amount of volunteer time otherwise necessary would be "too much" for any volunteer group to handle. By comparison, putting virtually the entire process in the hands of volunteers in Newark (with TA support) for several months was certainly a stressor that slowed down progress, although the process did continue.

Even with staff performing the bulk of work, it was important that decisions be left to volunteers. This meant that much time needed to be devoted to preparing members to make those decisions. Early in the Nashville planning committee, a research consultant was careful not to include his own opinions about the appropriate target audience based on the data he was presenting. Instead, several meetings were devoted to working the data through. In a second site, the researchers agreed to delete their conclusions and, instead, provide presentations to the planning committee on the meaning of the data. By contrast, at another site:, conclusions drawn from the research by the firm that conducted it were a major source of conflict between the research firm and the site.

Again, during the data collection period, the site design team was a new entity, even in those sites that had already drafted their prevention plans. We saw examples of how sites were struggling

[1] Subcommittee members drove around targeted neighborhoods to learn about resources and hang-outs

with the relationship between the site design team and the larger committee. It should be noted that site design team meetings are lengthy and intense.

At one site, we observed a site design team meeting facilitated by staff and the team chair. The agenda included reports from five design team program groups: big idea and messages, media component, condom promotion, skills component, and peer component. Despite an apparent rapport among members, it seemed that some tension arose about whether to follow the process more thoroughly, which would entail more data gathering, or whether to move ahead with their ideas. Tension also surfaced between those who wanted to expand existing programs and those who wanted to try something innovative and new. Members wondered how they could possibly share with the planning committee as a whole everything they had done to get to the point where they could arrive at a decision. A younger member of the team related, "We kind of hope they won't [ask us questions] because it's like how are we going to explain **all** this in this amount of time when it took us so long to agree on it?"

Yet, other members found that it was worth the effort to be straightforward with the committee as a whole. Referring to a previous misunderstanding over the behavioral objectives, a site design team member said, we "went backwards at this last meeting to take them through some of the steps and let them know how we got to where we were. . . . They accepted [them] much quicker than we did."

In another site, two site design members spent the major part of the planning committee meeting presenting the work of the team. They used simple language, completely avoiding technical jargon, and supported their presentation by overheads as needed. We were told that, "The research is our foundation. It is driving our decisions on the design committee."

A respondent related how the site design team had learned from a prior presentation that there is a need for multiple presenters to back each other up and to use simple language.

> I don't think it is the concepts that are so hard. I think it is the language that gets in the way. That's why in today's meeting I talked about stuff rather than key elements.

The respondent went on to relate how only one person from the site design team presented the behavioral objectives to the whole planning committee. A community member questioned the decision "and we weren't prepared for that. This time we described more of the process and made sure we were present to back it up." Site design team members ask themselves what someone

attending the planning committee only once a month needs to know: "It's really us [site design team] who do the work.. That is a great responsibility. We feel a lot of responsibility to the [planning committee]."

2.7.2 How Conflict is Handled

While it is obvious that controversies occurred1 in each site and that participants worked to solve them, when asked directly about conflict, most respondents denied its existence within PMI. They used terms like "differences,," "situations," "challenges," "barriers," "differences of opinion," "disagreements!,'" or "controversies. " We believe that many participants felt that the word "conflict" implies that the problem was something that couldn't be resolved. Since that was not the case in the situations described to us, few people wanted to kabel them as "conflict."

Discussion to reach consensus. Discussion, by and large, was the main way to avoid conflict. A Nashville participant cited this early situation with a potential for conflict-the need to recruit more members for the planning committee. "We had open discussions. I remember saying, 'no way can we make decisions for the African-American community without as many African-American people as possible. I don't remember any dissension."

A staff member from another site put it this way: "There are not so many conflicts. The group is good at processing information and hearing each other. . . . They compromise and build consensus to resolve their differences. "

Data as an arbiter for conflict. Data were used as an arbiter for conflict, even in the early months:

> The only thing that I can remember is when we were looking down the pike at what the ultimate intervention would be; abstinence or condoms. I thought we were going to have a problem. Basically we were told that it was irrelevant at this point. 'Let's do the research and see what the need is. As a committee we will decide what we will support.' There was a little bit of bad feelings when that came up.

Yet, research does not solve all problems. As one respondent put it, there are times when the **process** leads to "a small segment of the group unsure of the wisdom of the decisions. [Staff need to] work towards de-fusing that audience."

Bringing issues into the open. Facilitators see their role as not allowing potential conflict to fester or sit. To most people this open approach means that the planning committee avoids conflict. To one enthusiastic participant, "putting everything on the table [could lead to] some nasty meetings but we worked it out."

Executive committees to resolve intransigent issues. In Newark, there is a provision for an executive committee, consisting of the chairs of each subcommittee, that can come together if the planning committee can't decide on issues. So far, it has not been invoked. A staff member at another site reported working directly with the chairs of subcommittees if there were any "situations" with the planning committee.

Parliamentary procedures used to work through issues. Using the rules of parliamentary procedure was another method for working through potential or actual conflict at the planning committee level. In one site, the co-chairs discovered they had complementary facilitation skills. One enjoys facilitating the meetings, while the other is more likely to step in and invoke parliamentary rules when a vote is needed. For subcommittees, where there are fewer people, it is easier to use "personal negotiation" and consensus building. In Sacramento, the planning committee as a whole continues to follow a consensus model.

Conflict of interest clauses in transition plans. As the sites prepare for implementation, concerns about eventual conflict of interest between PMI and employers are surfacing. One way of dealing with that is by inserting a conflict-of-interest clause in the site's transition plan. However, this is not an issue that surfaced during our data collection period. As one member put it: "We are very cognizant of conflict of interest type issues, though there haven't been any yet because we haven't gotten to implementation. We were all asked to sign a conflict of interest declaration."

National partners as arbiters of conflict. Despite the flack that they sometimes received, the national partners were seen as a resource for conflict resolution or conflict avoidance. Participants were not always clear about which partner had what role in a given situation, but there was a common appreciation for the intermediary role AED has played.

We also heard of a few situations where the opposite occurred. In one site, TA providers knew that the transition plan would be unclear to CDC. It was necessary, though, to allow the community to go through the process of rewriting the plan and meeting with CDC until everyone was clear as to what the new structures were to be.

The layers of oversight were a source of delay when particular plans needed approval to move on with the process in some sites, notably the youth involvement plan and the transition plan. "We couldn't make any decisions. We had to go to AED. Then AED had to go to CDC." A young person who is working on her site's prevention plan described the process this way: "I know there are a 101: of organizations above PMI and whatever we do has to be approved. If it is not approved by CDC, it gets sent right back." Even an outsider, someone from our "community leader" category, had this comment: "The levels of hierarchies [meant that] you never knew who was in charge of what. . . . 'There were at least four levels and it was very unclear and just disconcerting."

One staff member mused that some of the national partners have a different perspective about what it is like to do community grass-roots level planning.

> We've been able to share some valuable information with them and they've been able to make adjustments. That's been a challenge for them. ... The national partners have the technical expertise, but the community planning process is a different animal. It's a constant struggle to balance this.

2.8 Lessons Learned

PMI is located in a variety of settings each with its own community dynamics. Our purpose in this section is to present common lessons that can be applied in a variety of settings. As in all chapters, the lessons are developed from strategies that worked well from the beginning as well as from solutions attempted to resolve major challenges. The reader is also referred to Chapter 7, where we will summarize the barriers and facilitators for each major topic in this report.

2.8.1 Initiation of PMI

Persons with a national perspective emphasized the need for pre-planning. This could include a community assessment as well as clearly laying out the steps of the process with realistic timelines.

Staff and board members from the lead agency need to be fully supportive of the PMI process. Reservations should be dealt with ***before the*** agreement to participate in PMI is finalized.

2.8.2 staffing

Each site needs the resources to be fully staffed as soon as PMI is under way. This should include staff experienced in technical and management issues, as well as more junior staff who can support the project and liaise with young people. If this structure is in place, then TA providers can concentrate on delivering assistance in social marketing and behavioral science.

When staff changes are anticipated, several months should be allotted to the search for new staff. Even in a site such as Nashville where the transfer of leadership went smoothly, it still took over six months to find the two remaining staff-one programmatic and one administrative-who would help support the site director. In Newark, we were simply told that "hiring the staff took an eternity. "

Once staff are on board, volunteers are generally pleased with the results. As one Northern Virginia respondent shared, "This site is behind other sites. We have been fully staffed since April and we are catching up." Or, again from Newark, "When there was no staff, I wouldn't say that it was chaos. . . . But now that we have staff, it is more structured and they establish time limits and keep things on track."

2.8.3 **Transition Planning**

For all sites the process of transition led to a greater feeling of ownership than was present during the planning phase. It is as if the sites matured, whether from coping with a period of relative instability, undergoing the process of choosing a subcommittee to assist in hiring new staff, or in working with ongoing staff to help each other grow. A Newark member saw the transition plan as a way of turning "PMI from a dream to a reality."

Ultimately, a lesson is that with the knowledge gained from the demonstration sites, a distinct transition phase may not be necessary. Still, it is likely that adjustments will need to be made in planning structures as sites move from collecting data to designing an intervention.

2.8.4 **Planning Committees**

A strength of the process was that each site developed a committee structure that met its needs. We were told that it was important to have an open structure during planning so that people would get to know the project before they committed to it. At the same time, most respondents appreciated the discipline imposed by the transition plans. Therefore, we believe that planning committees should be structured bodies with by-laws, perhaps allowing three "droll-in meetings" before deciding on staying with the process. This will create parity among members who are following the same training schedule. This does not mean that new members can't. be recruited, only that they will be expected to commit to the process. Advisory Forums and Community Response Networks (see discussion on issues management in Chapter 3) provide other, less intensive ways of being involved with PMI.

Yet, when attendance falls off, nothing can substitute for personal contact from PMI staff to generate revived interest. Staff efforts in this regard were greatly appreciated by respondents in a number of sites.

Diversity of membership is important, but it is also necessary to remember the purpose. A critical constituency to represent is the target audience, which may mean targeted recruitment once it is chosen, but beginning with an ethnically diverse group of different ages, genders, and sexual orientat ions is preferable. Certainly representatives from HIV and youth-services agencies are critical, and sites did a good job of identifying other groups such as clergy. On the other hand, we question whether it is necessary to bring in every constituent in a jurisdiction unless they are committed to the ultimate goal of PMI. Good planning will lead to a product that can be explained well at a later time.

2.8.5 **Subcommittees**

Developing smaller bodies to carry out the work of PMI helped to move the process forward and give participants ownership of the project. Some subcommittees, such as formative research, should be in place within the first month after the planning committee is formed.

It appears that the optimal structure for a site design team is a small group that makes thorough reports to a larger body. However, this lesson cannot be fully presented because tensions that we observed regarding site design more accurately belong in a discussion of the implementation phase, which is beyond our mandate.

2.8.6 **Oversight Bodies**

With buy-in from the lead agency and full staff on-site, it should not be necessary for PMI to report to an oversight body. However, community advisor positions are an excellent mechanism for involving busy, committed individuals. Liaisons can strengthen relationships with existing agency or community boards, coalitions, and consortiums.

2.8.7 **Decision-Making**

Respondents seemed to want to avoid conflict. Leaders promoted consensus-building as the best way of dealing with potential conflict.

With regard to the national partners, clear communication is needed to avoid conflicting interpretations of what is expected of different players. As a demonstration project, it is expected that some steps need to be worked through as they happen. In the future, these steps can be laid out more clearly. We were told that flexibility is the key here:

> CDC was flexible enough with the project to let it grow. That has been a real strength. It is scary to do that. It has allowed the project opportunity to take ownership and have some really nice growth.

2.9 Summary

In this chapter we demonstrated the link between the infrastructure of the demonstration sites and the process that it supports. In the next chapter, we will describe the process more thoroughly. Then, we can begin to move into a discussion of the way in which PMI interacts with the community, beginning in Chapter 4 by discussing the young members of the community.

Chapter 3

Accomplishing the Steps of the PMI Process

3.0 Accomplishing the Steps of the PMI Process

This chapter discusses two research questions. The first is, What were the main tasks carried out in each phase of the PMI process, by whom, and when? To answer this, we will present information regarding the way in which the main steps of the PMI process were carried out. Intimately tied with the planning and research tasks of PMI is the kind of technical assistance site-based participants received. The second part of the chapter will focus on the question, What was the content and process of technical assistance (TA) and tmining during each phase of the PMI process? We will conclude the chapter with what we see as the major lessons that can be offered to the interested reader.

3.1 Overview of the Steps in the PMI Process

In this section we outline the process by which each step of the planning and transition phases was accomplished, highlighting similarities and differences across the five PMI demonstration sites. Archival review of PMI documents revealed a process of first six and then seven steps. This process underwent refinements (including the addition of one step) to reflect the realities of the project as it developed in the five sites. The working model we have used was presented at the May 15, 1995, evaluation conference and consists of the following steps[1]:

- Organizing the local community,
- Conducting a situation analysis and selecting the target audience,
- Managing issues,
- Conducting audience research and developing a community environmental profile,
- Preparing the transition to implementation,
- Developing a prevention marketing plan, and

[1] *CDC. HIV/AIDS Prevention Marketing Initiative Evaluation Consultants Meeting.* **May 15-16, 1995.**

- Implementing the prevention marketing activities.

In reality, these are not discrete, ordered steps, neither in the unfolding of the process nor in participants' accounts of it. There was much feedback between steps. Some steps seemingly occurred "out of order," to be re-visited at another time. Sometimes terms were used interchangeably. For example, participants may have used the term *environmental profile* in discussing this either as the situation analysis, as a portion of the issues management plan, as a part of the audience profile, or as a discrete document. In one site, the term *implementation plan was* used for ***transition plan***. In our discussion, we will use the terms as defined in the documents we received from CDC, thereby "translating" different usages from site-based participants into a common language.

Battelle's mandate was to conduct case studies covering only the planning and transition phases. During our site-based activities, the different sites were at various stages in the process; some sites were developing the prevention marketing plan, while others were just beginning their audience profiles. In fact, the sites completed the transition plan during the summer of 1995, but did not receive the formative research information necessary to write the audience profile for another several months. Battelle has, therefore, taken the: liberty of re-conceptualizing the steps of the process to better reflect the activities we saw occurring at the sites. They will be presented below in four general areas:

- Organizing the local community
- Program planning
- Issues management
- Transition planning

3.1 .1 Organizing the Local Community

Although organizing the local community was originally conceived of as the first discrete step in the PMI process, it soon became apparent that community organization was necessarily an ongoing process. Chapter 2 included a discussion of the manner in which the PMI committees were first

organized as well as subsequent structural changes. We will re-visit this discussion in Chapter 5 on Community Collaboration, where we address strategies for including community members in PMI and building relationships with segments of the community not directly involved in the project.

3.1.2 **Program Planning**

This section deals with the data collection and research steps in the PMI process.[1] As noted above, the process has been an iterative one that can be described as follows:

- **Initial research.** In response to the original mandate from CDC to focus on young people under the age of 25, sites conducted ***initial research*** to review current data in each community with regard to HIV prevention among young people aged 25 and under, leading to a situational analysis.
- **Initial target audience.** Based on the findings from that research, sites selected an ***initial target audience*** to pursue.
- **Formative research.** Sites conducted further ***formative research*** to learn more about the target audience they initially chose. This included an environmental profile and focus group research.
- **Refine the target audience and design an intervention. The** results from the formative research were used to ***refine the target audience*** and ***design an intervention.***

Early research informed initial decision-making. Further research was used as the basis for additional decision-making regarding target audience, behavioral objectives, and marketing mix. This section will address the variety of ways in which the sites accomplished the program planning steps.

Initial Research

Initial research at the five demonstration sites comprised a ***situation analysis,*** which generally included key informant interviews, a review of secondary data, and an assessment of the local

[1] Using the steps outlined above, we are referring to conducting a situation analysis and selecting the target audience; conducting audience research and developing a community environmental profile. Where necessary we will also include information that we have obtained regarding efforts to develop a prevention marketing plan to clarify the reasons why certain prior decisions were made.

situation with regard to HIV prevention among youth. A situation analysis "helps in defining the target audience by identifying and analyzing the current environment in the community: the HIV prevention problems and issues that exist among young people, the particular groups of young people who are affected, the programs that currently exist to address those problems, the forces that are supporting or preventing solutions, and the community's priorities related to HIV prevention."[1] For most sites, key informant interviews were a key source of data for the situation analysis.

Key informant interviews. *Key informant interviews* were conducted as part of the situation analysis in four of the five sites. Interviews were conducted with a wide array of community leaders, representing youth service agencies, the local and regional public health entities, the religious community, gay and lesbian organizations, the educational establishment, and AIDS service organizations. These interviews were used to gauge community support for HIV prevention, community leaders' perspectives on the HIV issues facing youth, and an understanding of existing programs that affect youth. Interviewers used a structured interview instrument to ensure consistency and objectivity.

The sites used different approaches for conducting key informant interviews. In Nashville, most interviews were conducted by staff and the TA consultant; occasionally a volunteer would assist. The aim was to achieve racial balance on each interviewing team.; as one participant noted, "'the messenger is just as important as the message." Staff compiled the results from the 30 interviews into a report for distribution. Sacramento PMI hired a researcher from UC-Davis to conduct the interviews and develop a report. This person was later hired as site coordinator, in part based on the high quality of her work on this effort. Phoenix PMI contracted with individuals from Arizona State University to conduct the interviews and analyze the findings. In Newark, staff and TA consultants conducted the interviews and wrote up the results. In Northern Virginia, no key informant interviews were conducted, in part because of time pressures, and in part due to difficulties with the research contractor who conducted the secondary data analysis and was to do this task.

Participants' responses to the findings frorn the key informant interviews varied. Perhaps most noteworthy is the fact that relatively few participants at any site mentioned them. This may be because the activity was conducted up to two years before our site visits, or perhaps because the

[1] CDC, PMI Lessons Learned 'Year One document. U.S. Department of Health and Human Services. Public Health Service.

findings were consonant with other information participants received. Most of our data on this topic comes from individuals who were directly **involved** in interviewing or analyzing the findings. Some found it a worthwhile exercise, as expressed by a participant in Nashville: "we learned a lot about ourselves" and about the community, especially differences between the white community and the African-American community.

On the other hand, people with a quantitative bent did not find key informant interviews particularly useful, as exemplified in these comments from Phoenix: "I don't know how much useful information we got out of it-it seemed obvious. I guess if you had absolutely no clue it would be useful." In general, most participants who discussed the key informant interviews expressed opinions much like this one from Newark: "It was consistent with the overall situation analysis findings."

Aside from the information obtained from them, interviews with community leaders also proved to be a useful mechanism for informing the community about PMI and for recruiting participants. The structured nature of a key informant interview provided an introduction to PMI and an opportunity to assess not only community support, but also individual informants' potential interest in PMI. In Nashville, for example, interviews with leaders from the religious community indicated the need for greater representation from black churches; some of these individuals were later approached for membership on the Planning Committee. In fact, the site-based staff in Nashville recruited several key informants for volunteer or consultant positions with PMI.

Secondary data analysis. As part of the initial research process, the demonstration sites also reviewed secondary *data* @e-existing, archival information). These data generally included analyses of rates of teen pregnancy, HIV/AIDS incidence and prevalence, STD rates, and general sociodemographic data for the areas under consideration. Because of the volume of information that was gathered, and the varying backgrounds and interests of participants, the sites found it useful to contract with a local research specialist to review the available data, organize the findings, and present them to the Planning Committee.

In Nashville, PMI contracted with researchers from Meharry Medical College to profile what is known about HIV and youth, including incidence, prevalence, and risk factors. The researchers selected were familiar with both the local area and HIV and youth issues and were able to draw on unpublished and proprietary data as well as published reports. PMI staff gave the researchers general instructions with regard to the data they sought and requested that they provide the information as a basis for discussion for the group. Researchers were careful to avoid revealing their own opinions

when presenting the data to the Planning Committee: "the point was to let the group do things for itself."

Phoenix PMI contracted with researchers from Arizona State University for the secondary data analysis. The researchers worked with staff and the TA consultants regarding what data to collect and where pieces could be located. They drew upon local contacts as well as published data. Zip code maps were used to "give a clear picture of where high prevalence was." However, as another researcher noted, it was at times difficult to avoid the ecological fallacy: "using zip codes as if they were meaningful in themselves .. as if living in a neighborhood with high incidence of HIV somehow automatically put you at risk."

In Sacramento, a contract with researchers from the University of California at Davis yielded what one participant called "a very thorough epidemiological and demographic profile of 15 zip codes." Newark PMI contracted with a researcher from a well-known medical center department to evaluate the level of risk of HIV infection for youth in Newark. The researcher drew on published data as well as his own work in the area. The final report included only the quantitative analysis; the researcher's recommendations were deleted to allow the group to make its own decisions.

The research consultants in Northern Virginia had done a survey of knowledge, attitudes and behaviors for a local U.S. Council of Mayors (USCM) effort, so those data were included along with standard epidemiological and demographic data. For PMI, participants reported that there were problems with the research contractor. Leaders at the site felt that dlrawing conclusions was not part of the researchers' role and that the conclusions drawn were not those the PMI participants would have drawn through the PMI process.

Participants at all five sites found the quantitative information presented to be extremely useful, both for PMI and-for those. engaged in providing services in the community-for their horne agencies as well. Participants noted that in general,, the process of presenting and assimilating the quantitative data was a slow one, especially for those community participants unfamiliar with this kind of information. It is interesting to note that the only site reporting difficulties with the secondary data analysis was also the only one in which we were told about the research contractors drawing conclusions from the data, rather than allowing the Planning Committee to draw its own conclusions. TA providers did point out, however, that the kinds and amount of quantitative data available on adolescents was very limited.

Initial Target Audience

In all five sites, the initial target audience definition was done by the entire planning committee. The general process was the same: drawing on the data from the situation analysis, the group would work though the different possibilities until a target audience could be arrived at. A necessary prior step was convincing the group that it was necessary to identify a target audience-this issue was addressed in the technical assistance and training regarding the social marketing approach.

In Nashville, several months were devoted to defining the target population after the presentation of the secondary data. Participants reported that maps and visuals (e.g., bar charts) were very useful in presenting data to the group to use in decision-making. The target audience decision was "processed through the big group"-the goal was to achieve consensus. Staff gave choices but didn't control the process-one staff member described their role as facilitating rather than leading. Though participants may have begun with a pet population or personal agenda, drawing on the research findings allowed them to go beyond that: "People needed to take a step back from what they see every day and objectively draw conclusions from data." After the initial target audience was selected, participants recognized that the definition was still open for modification. Several participants mentioned sentiments like this: "They will probably narrow the audience again after they do the formative research."

In Phoenix, the secondary data were drawn on for decision-making. Again visual representations of the data were cited as particularly effective. The initial first cut was based on zip codes. Participants reported that the decision-making process was driven more by data than by agendas, but participants noted that there were still some agendas that needed to be worked through. One participant described the early Planning Committee meetings as "A large number of disparate people who did not speak the same language (by which I don't mean English versus Japanese), who had very different agendas." For example, a participant from the Bureau of Indian Affairs argued strenuously for inclusion of American Indians, even though it was acknowledged that their risk for HIV was low. There was also some discussion of ways to include lesbians-although their HIV risk is extremely low, their role in the epidemic as caregivers has been critically important, and some participants felt a strong loyalty to the lesbian community and desire to include them somehow. The Planning Committee ultimately chose to focus on young men who have sex with men and people living in certain zip codes for the formative research phase.

The Northern Virginia PMI Planning Committee used the USCM population of 12- to 19-year-old African-American females as a starting point, then decided to add males and narrow the age range somewhat based on the research findings. One participant said that it was "done in a working group a very long time ago. I think it was a mistake to make that decision at that time. They presented a lot of statistics, but I didn't really understand it then." Northern Virginia was unique in that the PMI work group developed from one that was designing a prevention intervention with funding from USCM. Although TA providers saw to it that Northern Virginia went through the research activities that were part of PMI, a number of participants felt that the target audience was a given; in other words, many began the process with a preconceived notion. A few would have preferred to base the choice on behavior and a few others stated that inclusion of other ethnic groups would have been appropriate. Still, the data in Northern Virginia do point to high HIV risk among African-Americans.

Sacramento PMI drew on the situatiion analysis as well as a priority-setting exercise, wherein potential target audiences were ranked according to HIV prevalence, risk behaviors, and the feasibility of reaching them. Based on this, the initial target audience was chosen to be: sexually active 14- to 18-year-olds living in 15 zip codes in which HIV rislk behaviors (such as unprotected sex) were prevalent. [1]

Participants in all sites wanted to target younger people, those who are under the age of 18, rather than 18- to 25-year-olds. One Newark participant said, "As a group we decided to work with adolescents, but we were not sure what the age group was going to be.'" In choosing an initial target audience, the group had to decide what would be most effective: targeting those already in the risky age group? those infected? or those not yet in the risk behavior group? Planning Committee members wanted to focus on something that had a major preventive focus, hence the choice of younger teens. Participants described the target audience decision as "the longest process ...," which was resolved when "we came together and put our egos on the back burner." It was described as "difficult because of the sensitivities around which group to target. Members had to realize that not everyone could be saved." The situation analysis suggested that the ability to target youth through existing programs was important. Youth were part of this process; they reviewed the findings and urged the Planning Committee to target the whole city, rather than just a single ward, and all ethnicities, not just black and Hispanic youth. Based on all of this information, the Planning Committee chose as its initial target audience sexually active 13- t.o l&year-olds, at-or/high-risk,

[1] Source: Lessons Learned Year One document.

who use youth-serving organizations. "At risk" youth are defined as school dropouts or those with a history of legal and/or drug problems. "High risk" youth are defined as those with a history of sexually transmitted diseases and/or teen pregnancy.

Environmental Profile

The environmentalprojile, or community assessment, is designed to "enhance the understanding, in each site, of the environment in which young people live, work, and play, and how that environment affects their decisions about behavior. "[1] The profile includes information about the leisure and consumer habits of youth, the local media, the social and political environment, and community resources available to youth (including condom availability, where appropriate).

This activity was conducted at different times in different sites. Some respondents did not distinguish between the situation analysis and the environmental profile. In other instances, and in documents from national partners, the environmental analysis was to be a part of the audience profile that would be written after the focus group research was completed.

Nashville conducted its environmental profile relatively early in the process, concurrent with the process of defining the initial target audience, while other sites conducted it later, often in parallel with the formative research. In Sacramento, Phoenix, and Northern Virginia we know it is an ongoing process. Environmental information was also included as part of the audience profile in Nashville. Newark was just beginning its audience profile when Battelle's research activities ended; however, some environmental information was included in Newark's situation analysis.

In Nashville, the environmental profile activity was conducted by site staff, the TA consultant, and volunteers. Staff provided the volunteers with guidance regarding the kinds of information they should be looking for, so they could assist in obtaining it. They did a "windshield survey" of the neighborhood driving around to see where youngsters hang out and resources in low-income neighborhoods.

In Northern Virginia, the environmental profile was done by consultants and staff. Months later, some committee members discussed revisiting it, and others were not certain how or whether the existing document had been used. Northern Virginia developed a document that can be

[1] *ibid.*

characterized as a resource assessment of the counties comprising the locale. In addition, environmental data were included in the Issues Management plan.

In Phoenix, staff and TA providers inventoried local service providers relatively early in the PMI planning process to identify agencies already providing HIV prevention services to youth. At the time of the site visits (after the target audience and behavioral objectives had been selected), this work was ongoing: staff were developing strategies for creating partnerships with existing youth programs in the community, and staff and volunteers were exploring media opportunities and condom availability.

In Sacramento, the environmental profile is a sizable document that is referred to as a work in progress. It includes epidemiologic data for each county, some broken down by zip codes, as well as analyses of geographic environments, media environments, educational environments, and more.

Formative Research

Focus groups formed the cornerstone of the formative research at all five sites. Participants we spoke with did not know how this was decided; as one said, "it was just a given that we would do focus groups." All sites contracted with research firms to do the focus group research. Sacramento and Newark relied on locally based researchers, while Phoenix, Nashville, and Northern Virginia contracted with national firms, often relying on a. local subcontractor for recruitment and logistics. Respondents at all five sites reported that it took longer than expected t.o set up the contracts. In some sites, conduct of the focus groups and analysis of the findings took much longer than anticipated. Participants at those sites reported frustration at what they perceived as falling behind in the process, as well as concerns about how to best occupy and engage the Planning Committee while waiting for the research to be completed.

The research process was similar at. all five sites. All sites started with an interview guide that had been provided by their TA providers, and then adapted it to meet their particular research needs. Sites ran from 16 to 20 groups witb youth and up to four groups of parents or parenting adults. Additional one-on-one interviews were conducted to supplement and expand on the information from the group interviews. Here we focus on similarities and differences in respondents' discussion of the formative research.

Contractors conducting the focus groups. Northern Virginia and Nashville opted for the services of a large national research firm after receiving suboptimal responses to a request for proposals (RFPs) from smaller local agencies. Phoenix contracted with a firm located in California with a strong reputation. Sacramento and Newark each contracted with firms in nearby communities. Participants reported difficulties in locating appropriate firms, but four out of five of the sites were subsequently pleased with the choice they made. TA providers would have preferred that one firm hold a contract for conducting focus group research at all the sites, since the RFP process was a lengthy one. However, they acknowledged that this step was another way of building capacity in the sites.

Logistical issues. Logistical issues surrounding the conduct of focus groups loomed large for the sites. One such issue was transportation. It was clear that turnout for groups would be improved if transportation were provided. In Nashville, a van service picked up and dropped off youth participants. In Sacramento, transit passes were offered to youth. Some sites reported difficulty arranging for suitable locations in which to hold the group meetings. Locations had to be convenient, accessible, private, and provide a welcoming atmosphere in which youth and parents would feel comfortable. Several sites reported having to try out several different locations before arriving at one that was satisfactory. Newark, and to a lesser degree Northern Virginia, needed to re-schedule screening activities and groups due to harsh winter weather.

Focus group moderators. Finding suitable focus group moderators also proved problematic. While the research contractors were selected on the basis of their ability to analyze the focus group findings, in some cases they needed to subcontract for moderators. Participants spoke strongly about the need for culturally appropriate moderators: they needed to match the gender and ethnicity of the group, as well as to be able to develop rapport with the youth. In some cases, it was difficult to locate moderators who had the appropriate characteristics and were experienced with focus groups. One site substituted moderators with a great deal of focus group experience, even though they lacked familiarity with HIV prevention issues, when their first choice of moderators was not available. In another, health educators with a great deal of HIV experience moderated some groups; their lack of focus group experience was demonstrated by occasional lapses such as taking the opportunity to educate or correct a group participant, or failing to probe and follow up potentially fruitful lines of discussion. A lesson that can be culled from this experience is that it is better to have an experienced

moderator who lacks content knowledge than someone knowledgeable about HIV issues but lacking in focus group moderation skills. In other words, research skills outweigh HIV knowledge in importance in this process.

Recruiting focus group participants. Recruiting youth participants proved difficult and time-consuming at all five sites. Because of the age of the participants and the research goal of having segmented groups,[1] it was necessary to first screen the youth, then obtain parental consent, followed by scheduling and following up with the youth. One local field coordinator estimated that each participant received five or six telephone calls. Inevitably some youth did not show up for their scheduled group; it was considered difficult to get young people to commit to the process (even though a financial incentive was offered to all participants), and in some sites early attempts to ensure anonymity meant that young people's names and telephone numbers were not collected, and so reconfirming meeting times was not possible.

In most sites,, youth were recruited through community-based organizations; only Sacramento reported conducting a good deal of street (outreach to recruit youth focus group participants. Several participants expressed concerns about how representative the youth participants were, as for example this one in Phoenix.: "We got kids who had a certain amount of intervention already." Certain groups, such as gay youth, youth in the criminal justice system, and youth involved with drugs or alcohol, proved especially difficult to recruit. Newark attempted a middle road between street outreach and centralized recruitment, going to CBOs and youth-serving agencies to recruit the young people. In fact, it was hoped that the agencies would recruit the youngsters themselves once they received materials from the research firm. However, the researcher discovered that it was necessary to be very much involved with the recruitment process. Young people who were particularly difficult to reach were interviewed individually at some o-f the sites; for example, a few gay youth or youth with histories of substance abuse in Newark received semi-structured individual interviews.

In the view of participants at sites where tie firm was not local, using the research contractor's local coordinator was the best way to recruit youth. Some volunteers were concerned about being expected to do the recruitment themselves, finding this burdensome, and it was clear that CBOs could

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[1] Focus groups were segmented according to parameters that were logical in terms of a site's proposed target audience. A segment could be younger sexually active teens, younger sexually inactive teens, older sexually active and older sexually inactive teens. Groups were also segmented according to race, ethnicity and gender.

not do the recruiting for the research. However, it is clearly necessary to deploy someone who has connections within the community being targeted. In one of the two sites using the services of a national research firm, the local coordinator did a good job, while in the second we heard of many difficulties. Our data do not show reasons for this difference. However, the first site had a more hands-on staff than the second did at the time.

IRB issues. Institutional Review Board (IRB) issues arose in two sites. In Nashville, the local IRB initially denied approval to an interview guide that included questions about same-sex sexual activity. The Planning Committee chose to omit the problematic questions in light of the local political climate, and the guide was rephrased so that questions regarding sexual behavior did not necessarily imply only heterosexual activity. This satisfied the IRB, but it later became clear that there were no data regarding same-sex behavior from the focus groups and the community regretted the omission.

In Newark, there were issues about which institution's IRB ought to review the research protocol. Issues arose regarding accountability for and control of the research, and several months passed before a suitable IRB could be found. Ultimately the State of New Jersey's IRB approved the research protocol without incident. A well-respected community member offered that these difficulties may have been a necessary part of the site's learning process.

For the most part, the participants we spoke with were not greatly surprised by the findings from the formative research. In most cases, the data were said to "confirm what we already thought." However, participants perceived that the value in these findings was that they provided a robust empirical basis for their programmatic decision-making.

Refining the Target Audience

Once the formative research was completed, the sites revisited their choice of the target audience. Table 3.1 illustrates the evolution of the sites' approach by laying out the initial target audience for comparison with the refined target audience. In some cases this activity was ongoing at the time of our site visits. The initial target audience had been selected by the entire Planning Committee. To review the research findings and refine the target audience, a smaller group was formed, the Site Design Team. The Design Team then presented the refined target audience to the Planning Committee for review and approval.

Table 3.1
Changes in Tar-get Audience: Initial and Refined

Site	Initial Audience[a]	Refined Audience[b]
Nashville	13- to 17-year-old African Americans	Sexually active 12- to 15-year-old African-Americans living in low income housing who want to avoid pregnancy and STDs
		Non-sexually active 12- to 15-year-old African-Americans living in low income housing.
Newark	Sexually active 13- to 16-year-old "'at/high risk" youth who use youth-serving organizations	Sexually active 13- to 16-year-olds, who want to avoid pregnancy or are concerned about HIV.
		Non-sexually active 13- to 16-year olds.
Northern Virginia	15- to 19-year-old African-American males and. females	Sexually active 15- to 19-year-old African-Americans.
		Non-sexually active 15- to 19-vear-old African-Americans,,
Phoenix	Sexually active 16- to 19-year-old men who have sex with men and heterosexuals, including ethnic minorities, who live in 12 identified zip codes	Sexually active 16- to 19-year-olds who have used condoms at least once and who intend to use condoms.
Sacramento	Sexually active 14- to 1 8-year-olds living in 15 Sacramento zip codes in which high-risk behaviors are prevalent	Sexually active 14- to 18-year-olds in high-risk areas who use condoms inconsistently.

[a] Source: Lessons Learned Year One document. These were the target audiences developed by early 1995.

[b] Source: Academy for Educational Development. These arc: the target audiences as of June 1996.

- **Northern Virginia.** There was no change in the target audience in Northern Virginia.

- **Newark, NJ.** Newark implicitly expanded its target audience to include non-sexually active youth, as reflected in the behavioral objectives, which address both sexually active and non-sexually active youth. This decision was made by a small group of PMI representatives at a "sifting session."

- **Sacramento, CA.** In Sacramento, the Design Team met for the first time in February 1996 and reviewed the preliminary focus group results. According to participants, the results showed that "there was a real social-psychological difference between those who were sexually active and had sometimes used a condom and those that never had." Based on this, the Design Team arrived at inconsistent condom users as the target audience, after a two-day session devoted to brainstorming and discussion. This decision was then presented to the Planning Council, where it initially did not receive unanimous support. The Design Team then met again and reviewed their decision-making process, arriving again at the same conclusion. When they next presented it to the Planning Committee, they were able to explain how they came to that decision, and this time their decision was supported by the Planning Committee.

- **Phoenix, AZ.** Phoenix refined its target audience substantially, based on the formative research findings. The data demonstrated that the traditional cut points of race, gender, sexual orientation, and age were not as relevant as had originally been believed. As one participant put it, "I thought, wow, amazing similarity between groups." Guided by the behavioral science principles that stressed stages of change,' the Design Team chose as its target audience 16- to 19-year-old sexually active young people who have used a condom and who intend to use condoms.

- **Nashville, TN.** Nashville refined the target audience throughout the research process as parameters became more clearly defined. For example, the environmental profile enabled Nashville PMI to reach an operational definition of low-income housing. Based on the weight of all the evidence, Nashville PMI ultimately chose to target 12- to 15-year-old African-American youth living in low-income housing.

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[1] **Prochaska, J.O. and DiClemente C.C. "States of Change in the Modification of Problem Behavior." In M. Hersen, R. Eisler, and P.M. Miller (Eds)** ***Progress in Behavior Modification*** **(Volume 28), pp. 184-21 4, Sycamore IL: *Sycamore* Publishing Company (1992).**

Intervention Design

Designing the PMI intervention includes defining the behavioral objectives and determining the marketing mix. All five sites had arrived at the behavioral objectives and were engaged in working on the marketing mix, by the time our site visits ended.

In choosing behavioral objectives, sites were asked to consider the following:

- Risk being addressed,
- Potential benefits or impact,
- Political feasibility,
- Operational or behavioral feasibility, and
- Resources required.

Newark PMI has selected two behavioral objectives, as follows:

- Sexually active 13- to 16-year-olds who want to avoid pregnancy or are concerned about HIV will use a condom the next time they have sex with penetrative partners.
- Non-sexually active 13- to 16-year-olds will continue to delay and will use a condom the first time they have penetrative sex.

These couplets were arrived at by the Design Team at the aforementioned "sifting session." They were then presented to the Planning Committee and unanimously approved.

In Sacramento, the Design Team based the behavioral objective on the research findings. In one participant's words, "the research is our foundation, it is driving our decisions on the design committee." Given that the target <audience had been refined to be inconsistent condom users, the behavioral objective became *to* use ***condoms consistently and correctly with all partners and in all situations.***

The Design Team in Phoenix also relied heavily on the research to choose a behavioral objective. Through an often heated process, the Design Team unanimously agreed upon ***consistent and correct condom use with a steady or familiar partner as the behavioral objective.***

Nashville's Design Team developed the behavioral objectives during an intensive two-day Design Team session. They chose two:

- All sexually active 12- to 15-year-old African Americans living in low-income housing who want to avoid pregnancy and STDs will use condoms consistently and correctly.
- All non-sexually active 12- to 15-year-old African Americans living in low-income housing will delay penetrative sex until they graduate from high school.

When the Design Team presented their recommendations to the Planning Committee, they asked the committee to decide whether PMI could address both objectives, or whether only one could be chosen. The committee chose to focus on both because the research findings indicated that young people are not committed to abstinence, and so the objective of delaying sexual intercourse through high school would not have an impact on many teenagers. At the same time, Planning Committee members wanted to offer a message that would encourage young people to delay sexual activity until a clearly defined time.

In Northern Virginia, the Design Team met in a two-day session and arrived at a behavioral objective that focused on sexually active 15- to 19-year-olds, aiming at correct and *consistent latex condom use with each partner*. When this objective was presented to the Planning Committee, the larger group decided to add another objective, focusing on delayed onset of sexual intercourse among teens who were not yet sexually active. PMI participants felt that an abstinence-based objective was politically necessary to make PMI acceptable in the more conservative communities, as well as to be able to work through churches and schools. Northern Virginia's two behavioral objectives are thus:

- Sexually active 15- to 19-year-old African Americans will correctly and consistently use a latex condom with each partner.
- Non-sexually active 15- to 19-year-old African Americans will delay onset of penetrative sex.

The next step in each site was the development of the marketing mix. All sites are following the same general process, and at the completion of our field research, none had yet completed it. The design team must decide upon key elements, which were described in Sacramento as "the stuff that works to change behavior." Following that, they will choose program activities or interventions that will address the key elements. The process includes the following steps:

- Discussion of barriers to behavior change,
- Matching key elements to those barriers,
- Brainstorming possible program activities to address the key elements,

- Looking at program activities using the four Ps of marketing (Product, Price, Placement, and Promotion), and
- Examining the feasibility of potential programs in terms of reach, impact, attractiveness, operational feasibility, political feasibility, and cost.

Summary

The linear organization of this lengthy discussion of the program planning process was a heuristic device. In reality, the process was not tidy, nor were the steps discrete. As TA providers told us, this has not been a linear process but rather one that has required adjustments as the sites moved through the steps of planning an intervention. We consider this to be healthy and reflective of the process-orientation of collaborative planning.

3.1.3 Issues Management

Through planning for Issues *Management*, *the* sites develop a framework for responding to requests for PMI project information, and for avoiding and coping with controversy. The five demonstration sites were quite similar in how they accomplished the issues management task. Though there was some structural1 variation regarding who did the work, and some differences in the timing of activities, the general process was the same. All five sites developed issues management plans that outline responsibilities for decision-making, background information and position statements on PMI, procedures to be followed for public statements, and a comprehensive listing of key audiences (including local media, community leaders, public officials). Table 3.2 presents a summary of issues management activities.

Phoenix and Sacramento PMI both hired consultants to work on the issues management plan (and develop related press releases), while at the other three sites the: work was done by staff, with support from a subcommittee of volunteers. In all sites, plans were reviewed by an issues management subcommittee and approved by the larger planning body. In addition, all five sites received training in issues management and media relations. All sites received technical assistance in the area from one of the national partners, Porter/Novelli, a public relations and social marketing firm.

Table 3.2 Timing of Issues Management Activities

	Plan completed	Went public
Nashville	December 1995[a] April 1996	April 1996
Sacramento	March 1995[b]	March 1995
Phoenix	April 1995	Summer 1995
Northern Virginia	May 1996	not yet[d]
Newark	May 1996	not yet

[a] Revised April 1996
[b] Being revised May 1996
[c] Being revised May 1996
[d] As of late May 1996

The main difference among sites regarding issues management is that some PMI sites have made public announcements regarding their existence and activities, while others have chosen to wait. Phoenix and Sacramento went public in 1995. Though both sites had developed a plan to deal with any negative issues that might arise, in both cases the coverage was positive, as was the public response. Participants attributed this in part to strategic targeting of local media. At the time of our site visits in Nashville (the fall of 1995), there were no plans to go public with PMI. As one participants noted, "planning is not a media event." Nashville PMI did make a public statement in April of 1996, and staff reported no negative reactions.

The sites have chosen different structures for presenting a public face for PMI. Perhaps the most elaborate is found in Nashville. There are designated Spokesperson, who were described as "the overall persons who you feel comfortable to have speak on PMI." These individuals are active PMI participants who have received special training in dealing with the media. There is also a Community Response Team (CRT), comprised of community leaders who have particular expertise in one or more areas of PMI (such as youth). They will be mobilized to speak to specific concerns as they arise. Finally, there is a Community Response Network, made up of PMI participants and community leaders who are supporters of PMI and who can speak knowledgeably with colleagues and

community members about the project. Northern Virginia is following a similar procedure., having named its CRT in the summer of 1996.

Participants in Phoenix also mentioned having spokespeople who were trained and briefed by PMI, though some were not part of the Planning Committee. At the time of the sites visits, Northern Virginia was in the process of nominating community members for a Community Response Team. In making their nominations, they were taking into account geography, expertise, diversity, and the ability to address specific issues that might arise.

None of the sites had to deal with any emergent issues at this writing. For the most part, the issues management task has not been a problematic one. Through knowledge of their own community, ongoing observation of the local media, and the development of a detailed plan for action, sites feel confident and ready to deal with issues as they arise.

Barriers to Issues Management

A few participants, mentioned stumbling blocks in the process. One issue that arose was the paucity of useful written materials regarding PMI. Especially in the early phases, participants spoke of needing brochures or handouts and not having access to informational materials that were appropriate for a parent or community member. In Newark,, issues management planning was delayed by the serious time constraints of volunteers. This is understandable in light of the major effort required of volunteers during the time that Newark PMI was without staff or a home agency. During our site visits, as the new staff was coming into place, issues management volunteers were experimenting with the use of conference calls to accomplish1 the goal of their subcommittee.

Some participants spoke of having to deal with multiple layers of oversight. In some cases this was internal, especially for those sites where a lead agency was involved in reviewing documents and press releases. In other cases, participants referred to external review. They perceived that CDC was overly concerned about. allowing the sites to celebrate their selection as one of only five demonstration sites, and CDC was described as "'cautious" regarding discussion of the involvement of youth under 18 in the process. While participants are acutely aware of the political volatility of some of the issues being addressed by PMI, they nonetheless expressed frustration at CDC's caution. Finally, it was noted that it would have been useful to coordinate the sites' public information efforts with CDC's national rollout of PMI.

Facilitators to Issues Management

PMI participants also noted several factors that facilitated the issues management task. One was the training and technical assistance that was provided. All sites mentioned the value of this; role playing activities were called out by several people as having been particularly useful. The exercise of brainstorming together to anticipate potential issues was also mentioned as an especially useful activity. Media monitoring was described by a few people as an informative activity that kept them apprised of the ongoing climate regarding HIV prevention and youth. Finally, participants in Sacramento and Newark applauded the development of issues management plans that could be used as a blueprint for community-based organizations to develop their own issues management plans. Providing this model or tool to the community was seen as especially valuable.

3.1.4 Transition Planning

All five sites engaged in a transition planning process, which began with a March 1995 ah-sites meeting that addressed transition planning. The structural changes that resulted from this process have been outlined in Chapter 2 on Structure, above; in this section we address the similarities and differences in the sites' approach to planning for and designing the transition. The focus here is on the process, rather than the outcome.

The perspective of the TA providers is that transition was necessary "because we had to move into a structure better suited institutionally and technically to carry on the next steps." That this would be necessary was not known at the inception of PMI; it was only once the demonstration sites were established that the nature of the changes that would be required to ensure the success of implementation became clear.

All five sites used a subcommittee or working group to develop a transition plan. These groups varied in size and composition, but in all cases the goal was to have Planning Committee members involved with the process of decision-making.

The sites offered different goals underlying their transition planning process. The desire to achieve a more formal structure was noted by participants in Phoenix, Sacramento, and Newark. In Phoenix, as someone noted, "people had just been coming and going as they pleased. This makes it a serious project and gives it structure." Similarly, a Newark participant said that "before transition, this was an *ad* hoc committee. After, roles became permanent."

Related to the issue of formalizing was the issue of ownership. PMI participants in both Sacramento and Phoenix spoke of transition as a mechanism for increasing or maintaining PMI participants' ownership of the process. For example, a Phoenix transition team member said that "changing the structure says 'this is your program and that's why your input is needed."'

In Nashville and Northern Virginia, a clear goal for transition was to reduce the layers of administrative oversight of PMI. The original structure in Nashville was such that there were several layers of review and oversight over PMI in the original lead agency; with transition, the committee "wanted to be accountable to Nashville, not to the [lead agency]."

In two sites, Sacramento and Phoenix, transition was seen as "not a big deal." The process was regarded to have gone smoothlly, and participants were generally pleased with the results. We note that these two sites also experienced no loss of key personnel, either committee members or staff, in transition, which may explain why the issue was less important to them than in other sites where changes were more widely felt. The other three sites expressed some unhappiness or dissatisfaction with the process of transition. Some participants mentioned feeling as if the process were being guided from above, ratlher than being based in the community. One Newark participant said "I was very unhappy with the way the transition took place.

Related 'to this was participants' perception that the need for a transition should have been made known from the beginning of the process. Some suggested that participants should have been told earlier in the process that a significant structural change was ahead, while others pointed out that the time that went into transition planning could have been better spent, especially considering that the results of transition look similar at all five demonstration sites We should note that in Nashville, at least, Planning Committee members were told from the beginning that theirs was a one-yea commitment; nonetheless they were really distressed when the change came. This may be because they were only just starting to coalesce and accomplish something as a group. As noted above, however, CDC and AED did not know at. the beginning of PMI that a transition of this sort would be necessary, and so they could not have provided advance notice.

3.2 Technical Assistance

One objective of the PMI local dernonstration sites has been to increase the capacity of selected communities to design, implement, and sustain viable prevention programs. In order to accomplish this objective, communities have received intensive technical support. This section describes the

technical assistance received during the planning and transition phases of PMI and presents the perspectives of participants regarding the delivery, frequency, and usefulness of that assistance.

3.2.1 **Technical Assistance** Delivery

Technical Assistance Providers

The Academy for Educational Development (AED), located in Washington, DC, holds a contract with CDC to implement its AIDS Communication Support Project (ACSP). AED provides technical support to the PMI local demonstration sites bringing to PMI expertise in social marketing. The services of Porter/Novelli, a public relations firm with offices in San Francisco and Washington, DC, were also retained to provide the demonstration sites with additional technical support in the areas of public relations, media relations, and issues management.

The technical assistance (TA) providers were the primary link to the demonstration sites, serving as an intermediary between the sites and CDC. The primary direct contact between PMI staff and CDC occurred during the three all-sites meetings where staff and selected volunteers from all the demonstration sites convened with the national partners (CDC, AED, and Porter/Novelli) to share information and to learn more about the tasks ahead. CDC project officers also made occasional site visits to each of the demonstration sites.

In our discussions with participants, volunteers did not always readily distinguish between the sources of technical assistance received, often referring in a generic fashion to "TA providers." Staff were much more likely to refer to the source directly. It was staff who had almost daily telephone contact with TA providers while volunteers were more likely to interact with them at planning committee meetings and training sessions.

During the planning phase, each site had a primary relationship with one technical assistance provider. TA consultants had frequent direct contact with both staff and volunteers leading to warm relationships with the sites; in Nashville, the TA provider was considered a staff member by the volunteers. In most sites, this person was a staff member of AED and in all cases AED contracted and managed the consultants. In Sacramento, in large part due to geography, this person was a staff member of Porter/Novelli based in their San Francisco office. The primary TA consultant, as this person was called, often was seen as a member of the group, or even sometimes as a member of the

by staff in lieu of repeat training.

local site-based staff, indicating the strength of the relationships that developed over time. In all sites, other AED and Porter/Novelli staff were brought in to conduct trainings or to consult on major decisions according to their individual areas of expertise. For example, additional TA staff were brought in to help sites with formative research and site design.

Recipients of Technical Assistance

During the planning phase, most of the: training was integrated into the meeting structure of the planning committee. The training was usually directed to the entire committee. If the content of the training was primarily aimed at the task assigned to a subcommittee, such as issues managernent or formative research, it was nevertheless customary to open the training to the: entire committee so that everyone would understand the steps in the process. At some sites, particular trainings were also opened to the larger community; Nashville participants reported that lead agency staff were invited to attend, while in Phoenix and Sacramento participants reported that many of the training sessions were explicitly opened up to staff at community-based agencies, beyond those directly participating in PMI, who might benefit from the content.

As the sites transitioned into implementation, training became longer and more intense, often consisting of work sessions involving a smaller group for a full day or two. For example, intensive two-day meetings were convened with the site design teams 'to work on the behavioral objectives and the marketing mix. These longer sessions did not lend themselves to participation from the community at large.

Youth committees also typically received training, usually separately from the planning committees, covering many of the same topics covered by the adult group. Site staff provided much of the training, sometimes with the assistance of AED and Porter/Novelli where requested. Some sites reported that co-chairs received separate training on group facilitation. This training occurred upon request and was not uniformly provided across all sites. Subcommittee chairs (for those sites where subcommittees have chairs) did not report receiving any technical assistance apart from that provided to the entire planning committee.

Volunteer and site-based staff turnover, not to mention outside commitments of ongoing PMI participants, provided a challenge to the provision of technical assistance. As a result of this state of flux, participants often did not receive one or more of the trainings. Occasionally a training was repeated if too many participants missed a training, as happened, for example, with the first social

receiving training in youth involvement, how to select a target audience, and "letting go of your pet nroiect." When it became apparent that a transition phase would be needed, training focused on

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Some of the training needs were anticipated at the outset by AED and Porter/Novelli. According to AED, at the first all-site meeting in April 1994, site staff and selected volunteers were provided training on group process, community participation, youth involvement, and social marketing, all topics that the providers believed were essential to the PMI process. Training on formative research followed at the next all-site meeting five months later and marketing mix at the next in September 1995, as sites began the site design process. Again, these training needs were anticipated.

Other training sessions, however, were developed to meet emergent needs. For example, sites needed to prepare an issues management plan to address potential questions from the media or other sources. The TA providers knew that having designated spokesperson would be part of that plan. However, the type of TA that would help sites with this effort emerged as a result of conversations between the TA providers and participants at various sites in which a lack of experience with the media became evident. Spokesperson training was subsequently provided in Nashville, Sacramento, and Phoenix using a role-playing technique. Transition planning is another good example. TA providers worked with the participants to identify the structure (committee structure, lead agency, and site staff) that would best serve each site as they moved into the implementation phase.

Finally, other training resulted from specific site requests. For example, some sites requested media training for their youth committees, while another requested training on how to do focus group moderation and yet another requested assistance with group dynamics. Sometimes sites asked for more training because they felt that something needed to be done to keep participants engaged.

None of the committee members we spoke with at any of the sites recalled asking for specific training themselves. Upon reflection, they replied that they assumed that training needs were identified either by the TA provider, site staff, or the community co-chair, or by some combination of those parties. AED reported that most trainings were scheduled when they saw the need, although others were scheduled based on a specific request. In Northern Virginia, the chair described the primary decision process as one where AED would identify issues they thought important to address and site-based leaders would say yay or nay. A staff member in Nashville commented that if he or she needed specific training, it was always made available. In general, we believe that many participants saw the whole PMI process as a form of training, perhaps explaining the lack of comments regarding requests for assistance. It is also possible, especially early in the process, that participants were unsure what they should ask for due to lack of previous grounding in social marketing or behavioral science.

3.2.2 **Frequency of Technical Assistance**

Staff Contact

Staff at all five sites reported frequent contact with their technical assistance providers during the planning phase. The telephone was the most common method of contact, with calls reportedly occurring daily or at least several times a week at all sites. In-person contact varied from site to site depending on proximity and need. In both Nashville and Sacramento, the primary TA provider visited every other week but never stayed for long periods of time. Newark staff described AED's on-site presence at this time as "often," and it was even more frequent and of longer duration when AED stepped in to help staff the site when the site coordinator position was vacant. In Northern Virginia, in-person contact was reported as a very frequent occurrence, facilitated by close proximity. In contrast, the technical assistance provider would only visit Phoenix when a number of activities were happening because it was "too expensive."

In-person contact has declined in frequency since the end of the planning phase. For example, the new TA provider in Sacramento visited the site only three times from August 1995 through March 1996. This is part of a conscious effort by the TA providers to encourage sites to become more self-

sufficient. The addition of new staff at the sites is another element of this effort to reduce dependency.

Planning/Subcommittee Contact

Direct contact with the planning committee was also more frequent during the planning phase than during the transition phase. During transition, the site design team has been the focal point for technical assistance. As the sites rnove toward implementation, the plan is to further reduce contact between the site volunteers and the technical assistance providers. In the words of one participant, "it will soon be time to be weaned."

In Newark, Nashville,, and Northern Virginia, the AED primary technical assistance consultants attended every planning committee meeting. It was too expensive for the technical assistance consultant to attend every meeting in Phoenix so instead he only attended when several things were happening across more than one day. In Sacramento, the primary technical assistance consultant from Porter/Novelli in San Francisco provided the technical expertise at planning meetings. In the transition phase, the emphasis shifted to providing intensive training to the site design teams, with a concurrent reduction in attendance at committee meetings.

Contact with subcommittees varied across sites, with Northern Virginia reporting higlh levels of contact between technical assistance providers and subcommittee chairs and Sacramento reporting very little. The other sites fell somewhere in between. All sites reported heavy involvement of AED in the site design team's work.

3.2.3 Usefulness of Technical Assistance

Participants shared with us some specific information about how technical assistance has affected the planning and transition phases of PMI as it has unfolded in the local sites. This is discussed below first at a general level and then more specifically as it relates to particular tasks or to issues of structure and process.

General Utility

The technical assistance provided to PMI participants was generally viewed as one of the main attractions and central benefits of participation. Not only did it help the committee members work together as a group to develop an intervention, it also provided them with skills that they could apply to other aspects of their work in the community.

The quality of the trainings was uniformly praised by participants who described them as "extremely well-done," "excellent," "very informative," or "the best trainings I've ever been to." The success of the trainings was attributed by one participant to the fact that they included "both lectures and an experiential component. People need both to really learn." There was a lot of humor in the presentations, an element to which participants responded well. Another participant spoke to how well organized the trainings were, "with notes, syllabus, wonderful overheads." Some participants also suggested that receiving the materials ahead of time would help get through the materials in a timely fashion, thereby ensuring that sufficient time remained for the hands-on portion (reported to be a problem on occasion). Participants also praised the providers' ability to think globally and to be objective.

Timeliness

AED staff reported on their efforts to try to anticipate the needs of the sites as follows: We "envision [where] the process is going to be in the next few months" and then plan ahead for "what we can get to the sites in preparation." Clearly this approach has worked well. One volunteer commented that "the program has been planned so well-when we get to a stage the training is there." Much of the credit for this success can be shared with site staff who worked with the technical support providers to discuss emerging issues that could benefit from some assistance.

This process has not been without its difficulties, however. Several participants expressed displeasure at the timing of specific training sessions, articulating a feeling that much of the training was provided on a schedule that was external to the site, with too little attention given, to the current stage and needs at specific sites. In their view, this detracted from the overall utility of the technical assistance. Interestingly, the issue of appropriate timing was raised at some sites but not at others. Our interpretation is that the issue of timeliness reflected where each site was relative to the others. Specifically, it was a greater issue at the sites that were not as far along in planning than in others

that had passed more milestones. At the former sites, the general perception was that they received training on a given subject based on where the latter sites were in the process. In other words, it is perceived that training was provided to all sites at roughly the same time, regardless of where they were in the process.

In support of this interpretation, the only comment regarding timeliness that we heard at the sites that were further along fell on the opposite end of the spectrum—a staff member noted that they would often encounter 'emergent issues that AED had not anticipated or was not yet prepared for. Presumably, these issues were resolved satisfactorily and the appropriate support provided as evidenced by the lack of expressed dissatisfaction from the volunteers at this site regarding timeliness. Later trainings have reportedly fit better with what is going on at the sites. TA providers report that they would meet after a particular training and make revisions, if necessary before offering it at other sites.

Effect of TA on PMI Tasks

Most participants were not familiar with marketing concepts prior to their involvement with PMI. Planning committee members typically became involved in PMI because of their interest in and work with either youth or HIV/AIDS issues, not because of their background in social marketing. The technical training was invaluable for them in understanding the underlying concepts and how they could be applied to the development of an intervention. The benefits of this training, both to PMI and beyond, was well-articulated in the comments of a Sacramento participant, "Nonprofits tend to try to be all things for all people all the time., and this process has made it clear to me that you can't do that and expect to do it well. " As this comment shows, training on marlketing techniques helped participants understand the value of targeting a program to a specified audience.

Similarly, volunteers typically did not have a background in research methodology and benefitted from the training that taught them how data can be collected and analyzed and then used to plan an intervention. Technical assistance was seen as particularly useful in working through the primary and secondary data and reinforcing PMI as a research-driven process. In the site design process, technical assistance was valuable in teaching participants how to put all the information together and use it to develop an intervention. It helped participants reach agreement on a target audience and a behavioral objective and provided them with a method for evaluating the effectiveness and feasibility of alternative program elements. For example, Sacramento participants reported that it

was very common to hear members of the Site Design Team say "but the research says.. ." Other planning committee members who did not attend these training sessions nevertheless reported being able to understand why the particular target audience and behavioral objective were chosen after members of the Site Design Team walked them through the process they had gone through with the technical assistance providers in arriving at the decisions.

Technical assistance also helped participants with other aspects of the program such as developing plans for involving youth in PMI planning and for working with the media. The role of youth had not been defined in advance by CDC. AED prepared a plan for CDC on the role of youth, a plan that served more as a guideline so that each site could maintain the flexibility to work within its own context to specify the approach they wanted to take. AED worked with each site to draft a customized plan that included the specification of staff or consultants to work with youth if necessary.

Training was provided to all sites on issues management and/or media relations. Some sites have actively put this information to use in preparing public messages, while others have not. Both youth involvement and issues management are areas that sites feel will need additional attention during the implementation phase of PMI. While staff and consultants available on-site are equipped to help in these areas, many participants pointed to these as prime targets for additional technical assistance in the months ahead.

Effect of TA on Process

The technical assistance providers offered input into the initial strategy for convening a planning committee. AED reported that they had assumed recruitment would rely heavily on existing HIV organizations. In hindsight, they are less certain this was a wise assumption because too many of these organizations were experienced in the planning and funding of programs and not in program development. Therefore, the need to cast a wider net resulted in the process taking more time than had been anticipated.

In our view, the limitations of the initial committee composition may have become more apparent after the sites chose their target audience. For example, all sites chose a young population, a target group that is not well known to most HIV organizations. In Nashville and Northern Virginia, the target audience was further differentiated by race when they chose to target African-American youth. Again, most HIV organizations did not share that orientation. This meant that sites needed to revisit the composition of the committee in light of their target population. If this interpretation is

correct, and given the organic nature of PMI, it is probably not realistic to expect that sites, or AED, could have anticipated who should be on the committee. In the future, it may be important to explicitly build in time for a continual, or at least a periodic, revisiting of the appropriateness of the committee composition. In any event, it would probably always be necessary to revisit the issue as sites prepare to implement an intervention because of the changing function and role of the committee. The expertise required for implementation should not be expected to be the same as that required for planning.

As the sites moved toward implementation, AED provided input into transition planning. Transition planning was not in the original plan for PMI but it became apparent that what worked for the planning phase was not necessarily what would work best for implementation. As a result, a transition phase was added. During this phase, AED worked with staff and planning committee members to evaluate the usefulness of (existing committee structures, committee composition and representation, and staff expertise for the implementation phase of PMI. AED then actively guided the sites through the development of a transition plan to address the structural changes that would best meet those changing needs. Each site developed its own approach based on its own needs. The resulting committee configurations and staffing decisions varied across sites. AED helped in the development of staff descriptions for new and/or replacement staff.

Some of the technical assistance provided to the sites focused very directly on issues of process. The training on group facilitation was perceived to be very useful. One participant commented that the assistance has helped the group do its work with some "good healthy group process parameters. " Another commented1 on the usefulness of that portion of the training that focused on getting members '*to let go of their pet projects," a step that was described as difficult but important.

AED was perceived as a mediator between CDC and the local sites. Some participants praised their role as mediator, recognizing the difficulty of that position and giving them credit for a job well done. Others were more critical of that role, commenting that CDC has somewhat impaired their ability to work with the sites by "putting AED between them and the sites." The implication here is that more direct contact between CDC and the sites would be beneficial and would help to clarify where decision-making authority rests.

Finally, one participant stated that AED brings many "intangible" elements to the process. In the participant's own words, "I doubt if AED realizes how important their energy and optimism is.

They are so positive and optimistic; they instill a real feeling that it can be accomplished." This points to one aspect of AED's role-to keep up interest in PMI when it was lagging.

3.3 Lessons Learned

As in all the chapters of this report, we are presenting the main lessons that can be culled from the data as interpreted by Battelle's PMI case study team. We want to emphasize that a lesson may come from a task that went especially well, and not just from those that were problematic.

3.3.1 **The Steps of the PMI Process**

Initial Research

It is crucial that all PMI participants be allowed to draw their own conclusions from the data. In the four sites where this occurred with ease, the volunteers had faith in the target audience. In the fifth site, a decision was made to break with the research firm that had supplied its own conclusions without following the PMI process.

When defining the ***initial target audience,*** a lesson would be to use preexisting structures with caution. Where PMI was developed from a pre-existing work group for another grant with its own target audience, a number of respondents felt that this biased their own choice, even though TA providers were careful to go through the full PMI process.

Formative Research

One lesson is to prepare early to collect both qualitative and quantitative data. Quantitative data will allow for generalizability of findings from respondents to other members of similar populations, while qualitative data will continue to allow the sites to learn about behavior and attitude in greater depth.

Another lesson is that moderators should be chosen with considerable care. Research firms were lauded because they were careful to match the gender and ethnicity of respondents. It is preferable to have moderators who are skilled than unskilled moderators knowledgeable about HIV

issues. A local coordinator who can function actively and independently is crucial if the contractor is not located near the site.

Participants need to be prepared for the IRB process, understanding what are appropriate venues. Alternatively, there should be a single IRB handling all PMI requests. This may lead to better understanding of what questions are necessary (e.g., same-sex activity) and how they can best be worded.

Refining the Target Audience

Participants from varied backgrounds benefited greatly from being exposed to data. This led to confidence in decisions, even though it took time to arrive at them.

Issues Management

Caution has been the key here, but sites found that when they did make announcements, they went well. It is likely that announcements went well precisely because of all the preparation involved. Now that most sites have made themselves known, it should be possible to leave most of the decision-making in this realm to members of the community.

At the same time., support and training were greatly appreciated. Participants would have liked more written material on PMI when, they were developing their plans.

Transition Planning

Key lessons regarding changes, in structure due to the 'transition to implementation were discussed in Chapter 2. In looking at transition planning as a discrete task, we find that having to reflect on where they had been and where they wished to go with PMI, allowed participants to feel an increased sense of ownership of the project.

Participants were unhappy that they did not know there would be a need for transition planning. Since the national partners had not known this either, it could not have been laid out for the sites in the beginning. Perhaps a more forthright approach to communication of the need for changes could be incorporated into future endeavors.

3.3.2 Technical Assistance

Technical Assistance Delivery

The greatest lesson learned from the TA provided was that it was necessary and appreciated. Participants especially liked hands-on and role-playing types of activities. A consistent presence by one person with back-up by specialists was clearly the best way to go. Still, if sites had been staffed more fully from the outset (see Chapter 2), it should not have been necessary for TA to have been so labor-intensive.

In retrospect, participants saw areas where they could have used further assistance, but they did not know how to ask for this. (See also Chapter 7). These areas include youth involvement, young adolescent growth and development and-for some sites-basic HIV/AIDS instruction. Sites would have benefited from training in certain managerial areas, such as identifying and managing research consultants. Sometimes the timing was off, as in issues management training that had a crisis focus at those sites that were not yet near announcing their existence to the public.

Participants appreciated simple language rather than social marketing jargon. The strategy of TA providers to review each training after it was given in order to improve it was apparently appreciated, even if not everyone knew that this was being done. A number of volunteers shared that training sessions were better targeted to the planning committees as time went on.

We feel that the non-linear nature of the PMI planning process is healthy and what would be expected of a collaborative planning process. A more problematic issue revolves around the fact that although all the sites were comfortable with using empirical research findings in their site design activities, participants did not invoke behavioral science theory when discussing PMI activities with us. While sites are doing an admirable job; the process might have been better focused had it been theory- or concept-driven rather than solely driven by empirical data. This does not mean that theoretical issues were not addressed. They were addressed in Phoenix, for example, which was concerned with stages of change when they chose their target audience. However, behavioral science did not loom large at all in the perceptions of respondents.

From the point of view of TA professionals, sites were given behavioral science theory but they sought to avoid using complex terms in training. At least two trainings in each site dealt with behavioral science theory, but "it may be that sites just assume behavioral science is part of social

marketing, so when they say 'social marketing' they are referring to CDC's brand of social marketing [prevention marketing] which integrates behavioral science." Battelle was also told that sites are basing their prevention plans, which were in the earliest stages of development during our data collection period, on behavioral determinants.

3.4 Summary

Technical assistance was the foundation upon which PMI participants carried out the steps of the PMI process. They learned to carry out complex tasks such as analyzing a variety of sources of data in order to define target audiences and develop behavioral objectives. It was a lengthy process with delays felt especially during the formative research phase. The greatest strength of TA was in social marketing, but a great deal of support was also given in developing community participation as we will see in Chapter 5, Community Collaboration. The effects of TA will also become clearer in our discussion of Capacity Building in Chapter 6. First, though, we turn to a discussion of how youth were involved in the various steps of the PMI process.

Chapter 4

Youth Involvement

4.0 Youth Involvement

This chapter answers the question, How are youth identified and involved in the prevention marketing process? We (1) present the philosophy of the demonstration sites toward youth inclusion and its operationalization, (2) describe how young people were identified and actively involved during the planning and transition phases of PM, (3) highlight specific challenges that surfaced, and finally (4) outline recommendations to future sites for youth involvement. Since each PMI site was given the opportunity to approach the issue of youth ***involvement in its own way, operationalization varied among sites.***

Developing an audience profile through conducting adolescent focus groups and in-depth interviews is representative of the traditional approach' to obtaining information directly from the target audience in a social marketing effort. The purpose of this activity is not only to reveal what is known about the target audience, but also to identify important segments within that group. The PMI demonstration sites have taken this desire to elicit target audience perceptions and opinions one step further by directly involving **young** people aged 25 and under in the planning, and potentially the implementation and evaluation of their program.

4.1 Philosophy of Youth Involvement

Philosophically, youth involvement was generally embraced by staff and participants across all five demonstration sites as an important element of the PMI effort. Initially, a small minority of committee members in every site expressed some reservations about youth inclusion in the process. Yet throughout the planning and transition phases of the PMI process, the majority of staff and adult volunteers, were struggling not with the question of **whether youth** should be involved, but rather with **when** and **how** to involve them in a meaningful and productive way. As young people became more involved, support for their inclusion grew. Many of those originally opposed to youth

[1] **See, for example,** Manoff, **R.K.** *Social Marketing* **New York: Praeger Publishers (1985).**

involvement are: now of the opinion that "bringing kids in was the best thing that could have happened."

It was common to find staff and adult volunteers across sites who underscored how '"crucial" youth involvement was and continues to be because it "'validates" the PMI process. In the opinion of one Sacramento volunteer, "the more youth we can have involved, the greater the success of our plan in reaching the target audience." Even before the all-sites meeting that introduced the youth involvement initiative in September 1994, Newark PMI staff, supported by adult volunteers, felt that youth involvement would "give the project credibility." Similarly, PMI staff in Northern Virginia during the early planning phases "wanted youth involvement because young people would be the voice of the project."

4.1.1 Appropriate Stage in the PMI Process to Involve Young People

At different stages, of the process, the philosophy of youth involvement varied among PMI staff and adult volunteers. Subsequently, no consensus was reached among PMI participants as to when is the optimal point in the process to bring youth on board. Whereas some members saw a necessity for young people's involvement throughout the entire process, others believed that "youth shouldn't be brought in until there is something for them to do."

It was during the planning phase that the inclusion of youth was most controversial, and our findings were consequently replete with divergent opinions. Several adult volunteers agreed that young people need to be at the table from the outset. According to one Northern Virginia adult volunteer, for example, there is a definite role for young people during the planning phase because in her opinion, "things are totally different for teens now than they used to be., so it's important to have their viewpoint."

An Phoenix, we were: told that PMI did not "buy in to the rationale" of including young people during the planning phase, but was more open to their involvement in the implementation stage. An adult volunteer believed that "18-,19-, [and] 20-year-olds shouldn't be on committees as full-time members [at this time because] that is not using their time and their skills very wisely." The volunteer goes on to say that "there is definitely a place for them to be involved in the final product" and that he foresees "a lot of involvement in the next phase." This view that youth should be brought in for implementation but not for planning, which was supported by several PMI participants from

other sites, again speaks more to the issue of when to include youth rather than whether to include them. Even so, up to four young adults have been part of the PMI planning committee.

4.1.2 **Appropriate Way to Involve Young People in the PMI Process**

Even when PMI participants agreed upon when to involve young people in the process, there was still no consensus among staff and adult volunteers as to how to include them. It was clear that none of the respondents wanted simply to involve youth as tokens, which meant they subsequently needed to grapple with somehow operationalizing their philosophies and defining the role of youth. The issue of role definition is introduced in the next section, but is presented in greater detail in Section 4.3 on Youth Role.

PMI participants among the five sites had very definite, but varied ideas as to how to involve youth appropriately in this process. Whereas one Northern Virginia adult volunteer believed that "expecting youth to be a part [of this process] in the same way as adults is wrong," another volunteer from Newark felt that young people should be "equal partners at the table." In this volunteer's opinion, youth not only need to be at the table, but should also take on a more comprehensive role as advocates for the PMI intervention and serve as peer educators. One PMI staff member in Northern Virginia envisioned youth actually "doing activities in the community, doing HIV prevention among young people." Having acknowledged that youth should be involved in some capacity in Phoenix, one PMI participant stated, "this is not a youth group, it's an HIV prevention program." In this member's opinion-which was supported by several other volunteers from that site-focus groups were the most appropriate means for the voices of youth to be heard. This is directly contrasted to PMI participants from other sites who advocated that separate, structured committees were the best way to convey the opinions and concerns of young people, even if only in an advisory capacity.

Many responses further suggested that these two questions when and how are inextricably linked, that is, that opinions regarding the appropriate way to involve young people is tied to the point at which the site was in the PMI process. For that reason, several volunteers have envisioned young people's role expanding as the process moves forward, as will be discussed further in Section 4.3.4, Anticipated Changes in Youth Role.

4.2 Development of Youth Involvement Plans

From the sites' perspective, youth involvement was not "clearly defined or operationalized," nor was there "structure given from CDC on how to involve [youth]." PMI demonstration sites ultimately approached the: task of including youth within the larger context of the PMI process, which was itself simultaneously unfolding. Four of the demonstration1 sites refined and operationalized their own philosophies of the role of young people in the PMI process through subcommittees charged with designing a plan for youth involvement. During the first year of PMI, volunteers were solicited from their respective planning committees to participate in smaller work groups to "hammer out the nuts and bolts" of youth mvolvement. In Sacramento, young people were also recruited to help with this initial process of developing the plan. In Phoenix, however, the site coordinator assumed the principal responsibility for drafting this plan.

Refined views of bow to include youth are reflected in each site's individual Youth Involvement Plan, most of which were adopted in 1995. The main goals and objectives for youth involvement varied across sites as indicated in Table 4.1. In sum, these plans acknowledged the sites' commitment to involve young, people not only to "lend credibility to the process" and "increase community ownership," but also to offer '*opportunities for them to develop their own skills."

Throughout this process of determining what role young people would play, most sites hired a youth consultant to work with PMI staff and provide technical assistance. Provisions were rnade for a youth consultant position in those: sites" youth involvement plans. According to staff in Sacramento, the youth consultant role was "to create an overall big vision,, then do the day-to-day activities in conjunction with staff."

In many sites the youth consultant functioned as a youth coordinator. In fact, most PMI participants did not distinguish between the role of consultant and the staff role implied by the title youth coordinator. Administratively.,, though, youth consultant:; were not staff members. The youth consultant was responsible for the recruitment of additional young people, the day-today implementation of the youth involvement plans, transportation logistics, providing incentives, collecting permission slips, and anything else that would, in one youth coordlinator's words, "get young people to the table." In Nashville, the youth consultant also worked with the planning committee and local staff "to make sure [that the] things that were done were youth-friendly." According to one youth consultant, it was a particular challenge to "be responsive to youth ideas while staying within the guidelines to facilitate the process."

Table. 4.1 Goals and Objectives for Youth Involvement as Expressed in Youth Involvement Plans

Nashville
To create an environment where youth ownership and involvement in PMI can occur. To solicit and recognize the expertise of youth to ensure program success. To engage youth as active community members.
Newark
To include young persons as equal partners in the planning and implementation of HIV prevention activities, using the prevention marketing approach. To engage young people between the ages of 13 and 21 in PMI activities as voting members on the PMI planning committee with full decision-making power. To recruit, train, and maintain youth representatives on all PMI committees, panels, subcommittees, work groups, etc. To ensure that youth input is validated throughout the process in Newark. To establish formal and informal mentoring relationships between HIV prevention professionals and young persons from the city of Newark.
Northern Virginia
To provide an environment of activities that create youth ownership and involvement in PMI. To provide training to Youth Advisory Board (YAB) members in a number of subject areas including, but not limited to, HIV/AIDS with a focus on adolescents, Social Marketing, Formative Research, Issues Management, Program Design, and Development, and Media Spokesperson Techniques. To solicit and recognize the expertise of youth through their involvement on PMI standing committees. To provide a variety of HIV/AIDS-related activities to YAB members, which will include field trip experiences and the development and distribution of a YAB newsletter.
Phoenix
To contract with young people 25 years of age and under to perform discrete tasks. To include up to 6 young people who will have full decision-making authority on the Planning Committee. To identify and include one or two young persons to participate in appropriate PMI work groups, such as issues management and formative research work groups. To identify and train a youth spokesperson for the community response team. To identify at least one young person to staff and sit on the PMI/Prevention Planning/Title IV Adolescent Advisory Committee.
Sacramento
To bring a current youth perspective to the local PMI project. To develop working conditions conducive to youth participation. To increase the local site's effectiveness to meet PMI goals and objectives. To increase the community ownership of the local PMI project.

Very few youth consultants reported receiving; any training outside of an orientation to PMI and social marketing. Often chosen For their respected status in the community, these youth consultants had extensive experience with young people, HIV/AIDS, or a combination of the two. From our observation, they were also very charismatic and engaging people,.

When the youth consultant position has been temporarily vacant, staff have filled the role themselves. Now, as Nashville moves into the implementation phase, the youth consultant role has ended. Responsibilities for youth involvement have been transferred to the steering committee co-chair, himself a young person.

4.3 Youth Role

4.3.1 Steps to Involving Youth

The steps to involving youth in the PMI process included (1) recruitment, (2) determining representation, (3) organization, and **(41)** structure and function of youth committees.

Youth Recruitment

Recruitment is the first step in organizing the community around the PMI effort discussed in Chapters 2 and 5. This task is particularly important for getting young people involved in the process. Although strategies for recruitment of young people 'varied, participants in all sites reported the need to find some way to access the youth at risk.

Advertising through mass media was thought to be a powerful way to mount a widespread recruiting effort. One volunteer from Phoenix felt that, "it has to be: advertised.... This would work better than getting adults to get kids from their agencies to go." However, during the planning and transition phases of PMI, before PMI 'had been officially launched, it was declared inappropriate to widely publicize the program in an effort to attract young people's interest. Due to this reluctance to use mass media, initial strategies for recruitment centered around individual contacts made by PMI participants.

Across all sites, PMI participants reported that schools; churches; Upward Bound programs; and youth-serving community-based organizations, such as the YMCA, the Girls and Boys Clubs,

and Planned Parenthood were excellent places to recruit youth. More importantly, adult volunteers who worked closely with young people in neighborhood community-based organizations were thought to be very crucial to the recruitment process. As an example, one respondent from Northern Virginia reported that she "found most of the youth from Prince William County' that come to PMI meetings. [1] However, simply referring names of potential young people to youth or site coordinators was not a particularly effective method of recruiting young people for participation. In both Nashville and Sacramento, this "didn't go over well." In Nashville it was found that volunteers who brought young people with them to planning meetings were more successful in keeping them as part of the process than were those who simply recommended potential candidates. "One-to-one contact between planning committee members and youth was most effective" in Sacramento.

Peer recruitment was noted by several volunteers as an effective method of getting young people involved in the PMI process. As previously mentioned, initial strategies for recruitment in the Sacramento site centered around individual contacts by the adult volunteers; however, greater success was achieved by word-of-mouth through the youth who had already joined the youth committee. This type of peer recruitment was successful in other areas as well. At a later point in the process, young people in Northern Virginia learned about and became involved with PMI through youth who were already participating. Newark PMI took this approach one step further. Through a subcontract from AED that was administered by the youth coordinator, young people were paid to recruit at-risk youth. They were given $100 if they fulfilled all the goals outlined in the contract, although $20 was deducted for each goal not met. These goals included bringing in at least five applications for potential members. Through this innovative recruitment approach and a competitive application process, 15 young people were selected.

In all sites, potential participants were required to obtain the consent of parents or a legal guardian to participate in PMI. In Sacramento, these same requirements were stipulated for young people attending an all-day recruiting session as well. Local PMI staff handled keeping parents informed in different ways. In Newark, staff invited parents to attend a kick-off meeting, and in Northern Virginia PMI staff directly contacted them to answer questions regarding their child's involvement.

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[1] Prince William is one of the five counties that comprise Northern Virginia PMI. Young people who participate from Prince William County currently sit on the "outer county" Youth Advisory Board (YAB2).

It is important to note that the recruitment effort is ongoing in most sites, especially with the seasonal rhythm of youth such as summer vacations and jobs and the matriculation of students into colleges in the fall. It was evident that a great deal of time and effort has been and will continue to be spent in this area in order to keep young people a part of the PMI process.

Representation of Youlh

Recruitment strategies have led to a very diverse group of PMI youth participants across all sites. From our observations, the young people involved, irrespective of site, were of different ages, genders,, socioeconomic backgrounds., ethnicities, and perspectives. Young people were generally between 13 and **25 years** of age, including some who were teen parents or had personally experienced parental death from AIDS. Some attended college or were graduate students.

At the very beginning, recruitment strategies for youth were not targeted in most of the sites, and the degree to which a youth committee[1] should reflect the site's target audience is still an area of discussion. In Northern 'Virginia, PMI participants predominantly sought African-American youth, whereas in Sacramento they "wanted a very wide range of kids, a full spectrum of adolescents." As the issue of diversity arose, several sites have recognized the need to meet the challenge. Although the Newark PMI Youth Committee is racially and ethnically mixed, representing Newark's African-American and Latino young people,. staff have recognized the necessity of increasing the representation of African-American females and, in the future, of increasing diversity overall. In Nashville, two churches and three community-based organizations sent young people to participate in the group initially, resulting in a homogenous group of young people. Adult and youth participants were encouraged to recruit new members lleading to a more diverse group in terms of age, ethnicity, and gender. Also the site recognized a need for "leadership maturity" within the group, and recruited college students for participation.

As the issue of representation unfolds, the most salient question is whether or not the target audience is the only group that can provide insight into the needs of at-risk youth, or whether their peers represent a legitimate alternative source of information In some cases, the youth that are involved with PMI are indeed representative of the demonstration site:'s target population. At the time

[1] For the purposes of this report, all of the various youth groups; will be referred to as the "youth committee . "

of our visit, 14 active young people were involved in the Nashville PMI, ranging in age from 13 to 19 years. The majority of the participants met at least some of the criteria of the site's chosen target audience; most were African American and a fair number were residents within the target area, but few of those were also in the 12- to 15-year-old age range. In other cases, volunteers questioned how representative these young PMI participants were of those adolescents deemed at-risk or high-risk. One volunteer in Northern Virginia, where all members of the youth committee are African American, complained that "the youth who are participating are not at risk. Sometimes they come with their parents to the meetings." Out of the four young respondents in Phoenix that consistently attended planning committee meetings, two are within the target group of 16- to 19-year-olds. The other two, who are in college or graduate school, are in one volunteer's opinion, "not the population we're trying to target."

Some PMI participants would argue that the youth committees should be composed of at-risk or high-risk young people. A Newark PMI participant stressed the importance of keeping "the high-risk population who participate in high-risk activity" as part of this process because "they are the ones with the edge." Others would disagree, stating that at-risk youth have higher priorities such as day-today survival. As one volunteer from Northern Virginia suggested,

> It is very difficult to involve the at-risk population. At-risk people have a long list of needs. I may put HIV first, but they may put getting food or housing first.

Still others believe that this question is moot. They feel that "one 15-year-old is the same as any other 15-year-old," because teens at that age deal with many of the same peer pressures to engage in sexual activity before they are mature enough to handle the ramifications of their actions.

From our own observations, even if some are presently receiving services as at-risk youngsters, many of the youth participating in PMI are very articulate and open, tending to be college-bound and community-oriented. In fact, several young people are involved with well-known local community-based organizations, and many are peer counselors in their schools or within their communities. For example, several young people from Newark are involved with Project Rap, a peer-on-peer counseling program, and other youth from Sacramento are involved with Trading Fears for Facts (T3F), a program in which high school students do HIV/AIDS, tobacco, and sexual harassment outreach to junior high school students. These young people who work with at-risk populations not only have a sense of the needs of at-risk adolescents, but have the desire, time, and

ability to actively participate in the PMI planning effort, provided that guidance and support are made available to them.

Organization of Youth

There was little variation in the way PMI sites organized youth during the planning and transition phases. Whether it was the Youth Advisory Board in Northern Virginia, the Youth Advisory Committee in Sacramento, the Youth Advisory Team in Nashville, or the Youth Group in Newark, young people were officially organized into structured committees in four of the five demonstration sites during these phases of the process. In Phoenix, however, there was no separate youth component; youth participated in the PMI process alongside the adult volunteers. In addition, as stipulated in the Phoenix Youth Involvement Plan, a position was created for one young person to develop skills through a paid internship with AAF and PMI.

Structure and Function of Youth Committees

At the time of the site visits, youth committees had on average between 10 to 15 young people who were actively involved with PMI. A more detailed breakdown of the committees' structure is presented in Table 4.2.

Youth committees were initiated at various times throughout the planning and transition phases, based on stipulations in the respective Youth Involvement Plans. In the Spring of 1994, the Newark site coordinator recruited a small number of young people from the area to comprise the first group involved with PMI, though the youth committee was officially instituted in March 1996. In March 1995, both the Sacramento and Nashville sites formed youth commiflees. Northern Virginia was unique, as it formed two separate youth committees due to distance and difficulties with transportation. More specifically, during the planning phase the youth committee in Northern Virginia consisted of young people from the "inner counties," which included Arlington County, Fairfax County, Falls Church, and the City of Alexandria. A second youth committee was formed in November 1995 for youth from the "outer county" Prince William County.

Young PMI participants meet frequently throughout the month to prepare for upcoming planning committee meetings, plan for future activities, and receive specific trainings on social marketing, HIV/AIDS prevention, or whatever is needed in the current phase of the process.

Table 4.2 The Organization of Youth at the Local PMI Sites

PMI Site	Organization	Date Began	Integration w/ Planning Committee	Membership	Meeting Frequency	Monetary Incentives	Subcomm. involvement?
Nashville	Youth Advisory Team	3/95	Not officially	14	Bi-weekly, and one Saturday per month	Yes	F, IM, SD, T
Newark	Youth Group	3/94[b] 3/96	5 rotating members	15	Bi-weekly	No	P, IM, SD, T
Northern Virginia	Youth Advisory Board (YAB)	3195' 11/95	Not officially	IO-15	Each of two YABs meets monthly. One joint meeting monthly.	No	SD
Phoenix	N/A	N/A	Fully	4	N/A	No	SD
Sacramento	Youth Advisory Council	3/95	Not officially	10-15	Bi-weekly	No	None

[a] P-Personnel, T-Transition, SD-Site Design, F-Formative Research, IM- Issues Management

[b] An initial youth group met informally. The information in this table refers to the present formal structure.

[c] In Northern Virginia, two youth committees were established, YAB1 and YAB2. YAB1 represents the inner counties, and YAB2 the outer county. Both currently exist but YAB1 is the more active group.

Bimonthly meethngs are held in Newark at a neighborhood community-based organization, where upcoming events are discussed and frank HIV/AIDS prevention dialogues are initiated. Similarly, young people in Sacramento meet every two weeks. In Northern Virginia, both youth committees meet monthly and then have joint meetings once a month. Initially, the youth committee in Nashville met on alternate Thursdays when the full planning committee was not in session. At the time of our November site visit, young people were attending meetings on Tuesdays and Thursdays, as well as a Saturday session with an HXV prevention group at a community-based organization. During the summer it was anticipated that all of the youth committees would meet less frequently.

The facilitation of the youth committee is a very important job, as it is the best way not only to get young people interested, but also to keep them interested. The youth committee facilitators also keep their fingers on the pulse of the group, and often serve as liaisons to the larger planning committees. According to one staff memlber, "Youth really look to the person who is facilitating the group . . . they connect with them (or sometimes they don't, and then they don't come back). " She goes on further to say that '"when there is connection made, there is a real responsibility there. You bave developed a relationship." Youth committee meetings were jointly facilitated by the site and youth consultants in three of the four sites. In Northern Virginia, where meetings were previously conducted solely by the youth consultant, meetings are now facilitated by the community developer. Several respondents also reported that for those sessions where technical support was provided to young people, AED supported PMI staff in facilitating the meetings.

Meeting attendance varied among sites for several reasons. As previously suggested, it may be tied to the ability of young people to connect not only with each other, but with the facilitator of their meetings. In another volunteer's 'opinion, "Meeting attendance is based on transportation and incentives, two of the biggest challenges in involving young people in the decision-making process." Nonetheless, a large proportion of participants consistently attended youth committee meetings. Respondents indicated that between six and eight young people regularly attend meetings in Sacramento, and that 10 young people are actively involved in every meeting in Newark. Only one young person from the youth committee in the "outer county" in Northern 'Virginia and about 10 from the youth committee representing the "inner counties" consistently attend monthly meetings.

Linked to meeting attendance., retention remains a very big issue in all of the sites, and recruiting efforts are currently under way to supplement the membership. Many volunteers reported that they are on their second, third, and fourth generations of young people. In Sacramento, five of the original 15 members initially recruited for the youth committee still attend the meetings, whereas

in Northern Virginia only two of the original group and three "second generation" youth committee members continue to participate. Only a few of the original group convened in 1994 remain involved with Newark PMI, and one person in Phoenix noted that six or seven young people have been involved in PMI over the past two years, but most have dropped out.

Matriculation into college is one explanation for this attrition. In September 1995, a number of the older youth committee members from Nashville had recently left for college, and the site had just begun recruiting its second generation of youth at the time of our visit. One respondent in Newark claimed that the lengthy duration of the planning phase led to discontent among youth, and subsequently to a decrease in participation. Observations from the sites would also suggest that a lack of definition of the roles of young people added to this discontent. This particular issue is further addressed in Section 4.5, Barriers to Youth Involvement.

4.3.2 *Actual* Roles of Youth in the PMI Process

PMI participants operationalized their philosophies of youth involvement through the site-specific Youth Involvement Plans previously mentioned. A review of goals and objectives outlined in the plans showed that young people were envisioned as having a more explicit role in the PMI process in some sites than in others. Overall, however, sites had rather vague expectations for youth involvement. Due to this initial lack of clarity the role young people actually played during the planning and transition phases has been very difficult to characterize. It became quite evident as the process progressed, however, that youth did not simply have one role, but rather two. First, young people often functioned as representatives of the target audience; secondly, they acted as decision-makers in the planning of the initiative meant to reach the target audience.

There is a major distinction between merely providing insight into youth culture on the one hand and making real decisions that truly affect the course of action on the other. As representatives of the target audience, young people were clearly able to provide insight into youth culture and lifestyles. Adults often praised the youth for providing them with inside knowledge on "teenage lingo" and "local teenage hang-outs," both deemed extremely important to the PMI planning process. Numerous examples were offered throughout all sites of how young people have shared their experiences being teens in the 1990s. However, few examples were provided of the youth role as decision-makers. Although the majority of sites provided opportunities for young people to participate at this level, very few availed themselves of the opportunity. From our observations of

several planning committee meetings,, only a small fraction of young people were actually present "at the tahle." Where young people *were* actively involved in decision-making, it was apparent that this most frequently occurred within their own committees, or as a part of subcommittees, especially later in the process. Specific challenges to involving youth at this level are addressed in Section 4.5, Barriers to Youth Involvement.

It was quite clear that the role of young people was largely determined by their interaction with the respective planning committees. In fact, as the level of interaction with adults increased, the level of youth decision-making also increased. Given the variation observed among demonstration sites, youth involvement fell within, a continuum, ranging from total integration with various planning committees to more of an advisory capacity function in others. Youth ability to participate as decision-makers also fell along this continuum. As previously described, young people were completely integrated into the Phoenix PMI planning committee, where they sat at the table as full voting members. According to one: volunteer, "there are one, two, or three youth at different times sitting at the table at committee meetings who are active participants." These youth were on average older than in the other sites.

Young people were structurally organized in a youth committee in Newark, which was fairly well integrated with the planning committee through the five rotating youth representatives who were selected by their peers.' By and large, at the time of our site visits, the youth committees in Nashville, Northern Virginia, and Sacramento operated. parallel to the planning committee, with young people functioning:, in an advisory capacity. Though encouraged to attend planning committee meetings in Nashville, Northern 'Virginia, and Sacramento, very few young people actually became involved during this stage of the process and consequently did not have an equal voice in decisions made. Among steps that site staff took to counter this lack was a decision in Nashville to include young people in a pre-planning committee meeting where agenda items were. discussed. This practice came about as a result of the youth complaining that they did not feel included in the planning committee. With the unfolding of the transition phase, both young people and adults in Nashville were learning new skills to enable the youth to participate more fully.

[1] Other young people will1 rotate to the committee through these five slots. They are responsible for sharing information gained in the planning committee meetings with the other 10 youth committee members. These youth are also responsible for presenting the youths' perspective to the planning/transition committee and voting on key issues.

Young people randomly participated on subcommittees during the planning phase, but despite the fact that site coordinators and co-chairs in some sites advocated youth representation on subcommittees at their sites, not many young people were active participants. However, the situation had begun to change. Young people in some sites participated on ad hoc committees to recruit, interview, and select new staff. More specifically, they were actively involved in the selection of the site coordinator in Newark and the youth coordinator in Sacramento. The majority of youth were found actively participating in their respective youth committees, where they served as representative voices when needed.

Among youth who chose to be active participants, most were actively engaged on the Issues Management subcommittee and the Site Design Team, particularly as the site moved closer to implementation, and exercised their ability to have their voices heard. Most notably in Nashville, one of their spokespersons is 15 years old, within the target group, and lives in the target community. A few youth from Newark and one young person from both Northern Virginia and Phoenix reported being actively involved on the Site Design Team. One noted that "it is time consuming, but really fun."

The level of interaction with adults has increased as the process has progressed. As a result, the role of youth as both representatives and decision-makers has strengthened and gained clarity, and hence overall youth participation has increased. Thus far, young people-whether in youth committees or fully integrated with the planning committee-have had the greatest level of input in refining the target audience, one of the discrete steps in the PMI process. In this instance, the youth provided insight into youth culture but also had an equal voice in decision-making. More specifically, they were most involved in conducting formative research, from selecting a research firm to reviewing the focus group results. In Northern Virginia, for example, several young people were members of a committee charged with identifying a research firm to conduct the focus groups. In Nashville, young people were instrumental in reviewing potential facilities for the focus groups, providing their opinions on how comfortable a setting this would be for the young interviewees. At the same time that demonstration sites were determining the appropriate venue for the focus groups, they were also drafting the focus group scripts. As part of this task, young people in Nashville, Newark, and Sacramento had the opportunity to review and comment on focus group scripts. It was through this mechanism that the research firms and the sites gained greatest insight into the teenage *lingua franca*. Young people also served as tremendous resources by advising sites and research firms on how to recruit teens to the focus groups. In Phoenix, young people participated in recruiting

for focus groups. As one young person from that site reported, he was "identifying 18- to 19-year-olds at Arizona State University for focus groups." As in all sites, young people were encouraged to review and help interpret the resultant focus group report. Table 4.3 paraphrases representative statements of young people regarding the benefits they obtained through participation in PMI.

4.3.3 Adult Perceptions of the *Actual* Roles of Youth

Although most adult volunteers lknew of the youth committees that were formed at their sites, several reported being less knowledgeable about what the young people actually did. Having philosophically agreed with the inclusion of young people at some point in this process, PMI participants expressed strikingly divergent opinions regarding how useful the role of young people ultimately was for the process. One volunteer from Sacramento felt that. "[youth participation] has been really successful" and another indicated that. "the young people are" invaluable." Still another volunteer from Nashville was impressed by the amount of input the young people have provided and goes on to say that "they are showing up at meetings and contributing intelligently."

Whereas several volunteers reported that young people actually served a definitive role in the PMI process, others were a little more skeptical about their actual level of involvement. One participant voiced her opinion on the subject:

> I have very strong questions about how involved they are. I think that they are not comfortable sitting in a room with adults. I don't feel that they are full partners. They are just in the room because they're supposed to be-not because they're contributing something.

This finding is further supported by a respondent from another site, who pointed out that although the PMI site had organized a youth committee, she felt that "it doesn't seem like [the youth] had a lot of direct input into the process." Another participant from that sites goes on to say that,

> Youth have been brought on as an ancillary group. Cheerleading on the side, coming up with ideas. I'm hoping that as people see the youth in action more, value them more, they can become more involved as part of the (central process, rather than a parallel process.

Table 4.3 What Young People Get Out of Their Involvement with PMI

- Acquaintance with key figures in the local community of HIV service providers.
- An opportunity to learn something new.
- An opportunity to take information back to friends who were engaging in risky behavior.
- An opportunity to build a great resume.
- Gain confidence through learning both interpersonal skills and knowledge of HIV and AIDS prevention.
- Increased understanding of marketing, HIV, and group process issues.
- Increased understanding of planning and how to work together in a group.
- Satisfaction of involvement with an activity that helps their community.
- The rewards of being listened to and appreciated by adults.
- Valuable experience for the future.

[a] Derived from interviews with PMI youth participants.

Furthermore, in a third site, the PMI participant did not feel that they met with the young people with the frequency needed to obtain optimal input. From her viewpoint, "we didn't. meet with them on a regular basis, only when issues came up."

This divergence in perceptions of the young people's actual role is indicative of the philosophical challenges involved in determining when and how to include youth in the PMI process. It must be noted that from the adult. volunteers' perspective, the depth of youth involvement was not related to the way young people were organized, but rather to the point in the process at which they became involved. Several respondents reported that in many cases the youth did not have a tremendous role during the planning phase. From one participant's view,

> They are there to do something enjoyable for them and then they are available when we need them,, but [they] are not involved along the way.... I-f they went away right now, I don't think anybody would notice. Hut we'll need them later.

In one site, for example, although young people were brought to the table early in the PMI process, their participation later settled into a parallel rather than an integrated series of activities. According to one volunteer reflecting upon the planning phase at that site., the youth "have not been integrally involved in the process; they have parallel meetings, and a few have attended planning committee meetings." This sense of a parallel PMI youth process was reinforced by a. respondent from another site who felt that, although the youth had organized a separate group as early as the Spring of 1994, their input was not consistent nor did they function as equal partners. Even in one of the sites where young people were formally integrated into the planning committee, a volunteer questioned the level of contributions made during the planning phase., and staff questioned the rationale for including youth in this phase of the process.

4.3.4 Anticipated Changes in the Role of Youth

Most PMI participants felt that there will he a greater need for youth input and activity during the implementation and evaluation phases than was the case (during the planning phase. The youth role was uniformly thought to be ongoing because of "the need to return repeatedly to the target audience for validation." As one volunteer explained "Only they can tell us if we're on target. I don't see that we can spin this wheel without them." More specifically, some participants envision

young people actually developing the PMI message for those very same reasons. They feel that they truly "have the pulse on youth culture" and can be instrumental in the development of an appropriate and effective message for the target audience.

In addition to potentially laying the groundwork for the local site's PMI intervention, several other adult volunteers foresee youth acting as official spokespersons for PMI. In one PMI participant's opinion, "we need teens to do a grassroots campaign." Toward that end, two sites have already primed young people for those roles. According to one volunteer, "Peers get the word out better. They can talk the language."

In keeping with becoming spokespersons for their local sites, many adult volunteers also foresee young people taking on more of a peer educator role as a part of the intervention. This view was fully supported by PMI participants in every site. One adult volunteer from Sacramento totally embraced the concept of peer education from her own professional experience. In her opinion, "peers working with each other is the most effective way to go." More specifically, in Phoenix the planning committee is developing a model for peer mobilization that will necessitate the programmatic involvement of young people. In one Phoenix adult volunteer's opinion, "Peer education is very powerful. If you're going to sell an idea to teens, it's a good idea to have teens helping to do the pitch." Young people were also in favor of incorporating peer-on-peer education as a part of their expanded roles and have made some suggestions toward that end. For example, one teen in Nashville suggested that the youth committee conduct HIV/AIDS prevention presentations at area junior high and high school assemblies.

On another level, several other respondents foresee young people working with PMI volunteers and local community-based organizations to develop pilot programs using prevention marketing techniques. In addition, they anticipate that young people will be working with committee members to oversee the activities of local subcontractors for PMI program activities. One adult volunteer from Sacramento expands upon this idea: "I think they could be involved in site visits, deciding who is going to get funding. [They] are able to judge what would be effective."

Furthermore, in any effort to increase overall youth participation and ensure ongoing youth involvement, adults envision young people actively recruiting new members. This is particularly important as sites strive for increased youth representation.

4.4 Youth Activities

For the most part, providing activities specifically for youth is a way for sites to develop collegiality among the young people involved with PMI. More importantly, these activities serve largely as a way to attract youth and keep them active as PMI participants. While some sites have held picnics and arranged outings to keep their youth members interested, other sites have held activities that have been more instructional. More commonly, demonstration sites were engaged in both types of activities. Young people in Nashville have been on field trips to the neighborhood health centers to learn about the HIV testing procedures and have had the opportunity to participate in go-cart outings. In another example., young people in Sacramento not only had a picnic, but were involved in a tobacco sting with the police. In one of their first activities as an organized group,' young people in Newark went on a two-day retreat to Frost Valley in upstate New York. This outing served as a means for youth to become acquainted, as well as an opportunity to conduct several training sessions needed for involvement in the PMI process.

Some sites were able not only to make activities fun for young people, but also to gain something valuable in turn. In Sacramento, one of the youth activities provided a source of data to the demonstration site. The young people: conducted a condom survey for which they contacted teen centers and community clinics to see which carry condoms, what kinds, and at what prices. As a result, young people know where condoms can be obtained and have passed this knowledge on to their peers. But more importantly, this condom audit became "one of the most important pieces of research" according to one volunteer.

Often when youth convened, they spent their time learning more about HIV/AIDS prevention and how to talk to their peers. In those sites with struchired youth committees, some young people reported that they were busy conducting skits about using condoms and role playing teen discussions about sexual activity. As a result, young people involved with PMI 'were equipped with the knowledge necessary to participate in many other HIV/AIDS prevention programs and projects in and around their demonstration sites. For example, several young, people in Nashville reported that they participate with the Seal Team, a peer education program; and youth from Newark are members of Project Rap, a peer-on-peer counseling program. In Northern Virginia, young people have also

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[1] As noted earlier, youth had provided input at various points of the planning process, but the newly restructured group got under way as the site began to prepare for the transitiion to implementation.

attended a Red Cross youth event and reported that they "talked about AIDS and gave a little overview of what PMI is." Youth in Sacramento have worked with the Names Project AIDS Memorial Quilt. Other young people have had the opportunity to participate in national HIV/AIDS prevention conferences. In March 1996, three young people from Nashville PMI also participated in the Prevention Summit held in Atlanta. Many young PMI participants were active during World AIDS Day 1995; whereas some youth in Northern Virginia had been involved in reading poems in a local town, other youth from Newark representing Project Rap presented different ways to make HIV/AIDS presentations more interesting to other peer educators.

Young people were also instrumental in promoting PMI in their area. In Sacramento, the youth developed a mission statement for the group, designed a PMI T-shirt, created a video, and conducted some public service announcements. On a smaller scale, young people from other sites reported promoting PMI by word-of-mouth.

4.4.1 **Trainings**

In all sites, youth were provided with some form of technical assistance in order to prepare them for active participation in the PMI process. Whether it was technical or personal skills building, youth in all sites benefitted from this activity. Convening these more "technical" training sessions was one of the activities youth engaged in as a part of their respective committees. In some sites this was a very regular activity, as many of these sessions took place prior to the actual planning committee meeting scheduled to tackle a particular task, such as developing the marketing mix. In those instances, young people were given an introduction to the four Ps' of marketing and the nomenclature inherent to the process, among other topics crucial to their understanding. In general these sessions were well received and deemed very helpful by the youth. Through the planning and transition phases, young people reported learning how to interpret the data from the focus group research, coming up with a mission statement, and developing marketing and public relations skills through these training sessions.

In addition to the technical training on social marketing, the roles and responsibilities of being a part of PMI, public speaking, and HIV/AIDS prevention, young people received additional support from their sites to encourage even greater participation. The young people in Newark received

[1] The four **"Ps"** are **product, price, place, and promotion.**

personal skill-building trainings on group dynamics and assertiveness. Adults leading the two-day retreat to Frost Valley strove to prepare youth to express themselves confidently around a table of adults. In Nashville, the youth consultant also identified other training programs needed to support increased participation on the planning committee. Programming content included exercises in starting conversations with an adult and interpreting body language.

Phoenix PMI staff provided training for young people in a unique way. Through a youth development initiative, one young person had the opportunity to develop both technical and personal skills by assisting with community assessment research, exploring extant youth programs in the area, and doing media monitoring through a paid internship.

4.5 Barriers to Youth Involvement

4.5.1 Logistical Constraints to Getting Young People Involved

PMI participants identified several logistical constraints that may have impeded active. youth participation in the PMI process to date. Overall, transportation was considered by staff, volunteers, and young people as one of the major challenges involved in the inclusion of youth. Linked to transportation, the issue of distance was pinpointed as another barrier, particularly in those sites comprised of more than one county. According to one adult volunteer in Sacramento, "Part of the problem is that most youth are from West Sacramento.. Distance, lack of transportation, and timing makes it difficult for them to attend." Nonetheless, several sites have risen to the challenge.. In Nashville, for example, the youth consultant picked up young people from a central location and transported them to and from youth committee, planning committee, and various subcommittee meetings. In Northern Virginia., which is made up of several counties, youth were given round-trip taxi fare if they lived in the "inner" counties.

Inconvenient meeting times represented another logistical constraint on youth involvement. In most sites, youth participation fluctuated due to meeting times that did not always take their needs into consideration. It was evident that youth representation on subcommittees ultimately depended on when those meetings were held. In fact, many subcommittee meetings were convened during hours when youth were in school. As noted by Nashville PMI staff, subcommittee work can involve

extremely intensive levels of effort over short periods of time, which is a work pattern difficult to accommodate to young people's already demanding schedules.

Most planning committee meetings began at three o'clock in the afternoon; but for many young people, jobs or afterschool activities often precluded them from attending. This notion of competing time demands was presented by a volunteer in Phoenix who believed that for youth "conflicts between school commitments and PMI meetings and other activities was problematic." Even within their local PMI sites, young people were often responsible for attending youth committee meetings, planning committee meetings, and subcommittee meetings, in addition to their extracurricular activities. In those instances, choices had to be made, and PMI participation was often sacrificed.

One adult volunteer from Newark believed that all meetings should be held at five o'clock in the evening. In her opinion, "it would be easier for the youth to attend," though she also realized that "it would then be on the volunteers' own time." Some sites have changed their planning committee meeting times in order to accommodate the young people's schedules.

4.5.2 **Challenges in Keeping Youth Involved in the Process**

Whether young people actually sat at the table or served on the various local youth committees, it was incumbent upon sites to sustain and to support them in order to fully realize the benefits of consistent youth involvement. However, this was not an easy task, and several common constraints surfaced. Table 4.4 summarizes challenges to youth involvement as voiced by adult participants. Below we will discuss challenges that occurred, including successful outcomes.

"Getting a group of kids committed to what we are doing and holding their interest and regular attention" was mentioned by a volunteer from Nashville as a major challenge PMI sites faced as they struggled to maintain youth involvement, particularly during the planning and transition phases of this process. In one Phoenix PMI participant's opinion, "It takes a special adolescent to be able to sit there and respond to things." As one volunteer in Sacramento observed, "youth are 'show me' and planning is a lot of talking and meeting." Consequently, some youth became "bored" and "disillusioned" by the long drawn out process of planning meetings when, in their opinion, "nothing was getting accomplished." More specifically, one teen expressed her disdain over the length of the process:

Table 4.4 Challenges to Youth Involvement as Voiced by Adult PMI Participants

- Making youth feel a part of the process and validated.
- Conflicting schedules.
- Learning to speak in front of adlults.
- Finding and recruiting young people.
- Developing commitment through holding the interest and regular attention of young people.
- Overall logistics needed to get young people to meetings and provide incentives.
- Creating an environment so that both adults and youth are interested and engaged
- Helping young people to act in an equal role to adults.
- Developing parity between young people and adults.

> Kids feel like we're sitting there not doing anything. It's a deadlock. It's the same thing, the same memos. So that contributes to people not coming because even :if they come every week, every month, every year, it seems like we're still on the same thing.

It may have been this dearth of activity during tbese phases of the project that has led to the constant turnover in youth membership observed in almost every site.

Some PMI participants reported that "making youth fee comfortable" at the planning committee meetings was another challenge. Young people, when in their own group, were found to be "upbeat," but often appeared intimidated by the larger adult audience in planning committee meetings. In those situations, their level of comfort was lower. In one teen's opinion, adults tend to "just wrap themselves in. words . . . and we don't understand what they are saying." An older teen in another location expressed the same idea from a different perspective--the adults are still dong the talking, but some responsibility is shifted to the teens for not speaking up.

> They [the youth] just sit back and let the adults talk. They never have anything to say, but feel they have an opportunity to say something if they want to.

One member noted that most young people have a great deal to say about the issues on the table, but often speak up only after decisions have been made. However, this is not the case in all sites. Some young people in at least two of the sites reported that they felt comfortable enough to approach an adult volunteer when something was said that they did not understand.

Several PMI participants have noted that there is a "generation gap" between the adult volunteers and the young people around the table. As a result, as expressed by a PMI staff member, "It is hard to create an environment in which both adults and youth are interested and engaged." In spite of this, a few sites have explored the option of mentoring young people in the hopes of increasing their overall comfort with adults, despite the generation gap. Other sites tried other means to bridge the generation gap, such as youth involvement training sessions for adults in order to facilitate better interpersonal relations with young people in the meetings. In one site where this training was given, assessment of its usefulness was mixed because it was given before youth were on board. In another site, later in the process, participants themselves discussed ways of breaking down barriers between adults and young people, and we heard favorable reports about this from both youth and adults. Readiness seems to be the key here.

One PMI participant suggested that parity in knowledge is another specific barrier to youth involvement. PMI participants believed that knowledge should be equal between young people and adults; however, realizing that goal was a challenge. Discrepancies in level of knowledge fed directly into young people not being equal partners at the table, which also limited their decision-making ability. According to one PMI staff member, "in order to get the work done, it was often difficult to make it youth-friendly." It was clear that in order to keep the process moving, ultimately some tradeoffs had to be made, unfortunately often at the expense of youth participation.

As addressed in Section 4.3 on Youth Role, uncertainty regarding the role of youth in the PMI process was seen to adversely affect the level of youth involvement throughout the planning and transition phases. Many youth reportedly became "frustrated" with not having a clear sense of their role; others claimed that they were not "equal partners at the table." Unfortunately, this discontent may have also resulted in the high level of turnover observed among those sites that attempted to organize youth groups during the planning phase. For the future, PMI staff and participants

anticipate a greater, more clearly defined role for young people as previously described in Section 4.3.4, Anticipated Changes in Youlh Role.

As a function of the role young people play in the PM.1 process, their level of decision-making surfaced as an additional constraint. The issue o-f power-who gets to make decisions-is one of great concern across all sites. Adult volunteers most readily accepted young people in their role as representatives of the target audience in this prevention marketing initiative, but were less comfortable with the idea of youth having decision-making ability. As mentioned earlier, the former is a traditional role for target audience :representat.ives in conventional social marketing efforts. However, this limited role was not what some PMI sites envisioned for youth in the PMI process. According to several of the youth involvement plans, young people were to lhave more substantive involvement in all phases of the PMI process, from planning through to implementation and. evaluation. Site staff have recognized adult uneasiness with an expanded youth role as a potential barrier to youth participation, and some have addressed this concern by changing the facilitation of the meetings. According to one co-chaur, "There are different decision-making methods that make the process interesting and challenging [so that] both young people and adults walk away enriched." Nonetheless, it was apparent that where the young people were coached and trained on how to interact with adults, their decision-making ability., as well as their comfort level, greatly increased.

Adults often experienced difficulty in accepting and valuing young people's opinions. This was cited as another challenge to youth involvement, as young people were "turned off' when they were not taken seriously. A co-chair in one site felt that "As service providers and parents you have to accept a 15-year-old sexually active person's perspective without judgment." Other volunteers stressed that young people "'can really sway people with their frankness" and urged them to express their opinions. However, according to one young person in this same site, "We can't voice our opinions well in the [planning committee]. Grownups don't understand what we're trying to say." She goes on to say,

> We have to converse aunong ourselves [about] what we want to do. If a bunch of grownups are in a room, we can't discuss what we want without them getting, into it and wanting to voice their opinion.

In contrast, however, when asked whether they felt their opinions were valued, the majority of young people in the other sites felt they have been. Comments like '*oh yes, they listen. I'm the voice of teens, " or "They take our input seriously" were not uncommon. One young person from Sacramento

marveiled that one of her ideas appeared in a report; "It shows up in the reports-you can tell they're listening."

As adults begin to value young people's opinions, unanticipated conflicts could arise. One potential conflict surfaced as young people in Newark exercised their decision-making abilities around a key issue. Some young people thought that the target age should be changed to 12- to 17-year olds, from the 13- to 16-year-olds previously selected. The planning committee resolved that potential conflict by stating that neither 12- nor 17-year-olds would be excluded from any intervention the site decides to implement.

4.5.3 **Other Constraints and Challenges**

Keeping youth interested during the planning phase was presented as one of the greatest challenges not only in getting young people to the table, but also in keeping them involved in this process. One youth coordinator queried,

> What does it take to keep them interested? Is it food? Is it a certificate to Tower Records? Or maybe they don't need anything.

All sites struggled with this question to some degree. Food in particular was thought to be a very important incentive to get young people to the youth committee and adult members to the planning committee meetings. Other non-monetary incentives included gift certificates of movie tickets and birthday cards.

Although young people derived many personal benefits from their involvement with PMI, as presented in Table 4.3 above, young people were generally not offered monetary incentives to participate in this process. In four of the five demonstration sites young people did not receive monetary incentives for their participation. In one volunteer's opinion, not providing incentives made recruiting young people more difficult, as many young people are looking for tangible reward for their participation. In Nashville, however, youth receive a stipend of $100 a month as long as they attended 80 percent of the activities. The stipend was increased to $200 for the month of December, while the site was in the midst of site design training and required extra time from youth participants.

Despite this, according to some of the young people we spoke with, incentives were not a major impetus for joining or staying involved in their local PMI sites. One young person from

Northern Virginia, who has been involved since the beginning, stated "I am past the incentive stage, I just want to see something happen with PMI. I don't need an incentive: to stay." Another young person from Sacramento expressed a similar sentiment: "I never expected to get anything-l just wanted to have fun."

In young people's opinions, however, incentives may 'be a tool to entice new members to join. One young person from Northern Virginia. felt that in order to actively recruit new members, incentives would be needed. In her opinion, They [young people] have to sit for 90 minutes in meetings. They need to get gift certificates or something." This sentiment was supported by another young person from Newark, who reported that trips to local amusement parks or gift certificates would be valuable.

As a result, PMI staff and volunteers are revisiting the issue of incentives. Sacramento PMI is looking into financial incentives for next year: "We're thinking of something like some amount of money after three months and a certain number of meetings, and then a bonus at six months.." Phoenix PMI is discussing different types of incentives that would induce young people to participate. Some volunteers have suggested school credit and/or a financial incentive. Taking this issue: one step further, Newark PMI has informally surveyed young PMI participants to determine what kinds of incentives would attract and keep youth involved in this process. This is in keeping with the site's Youth Involvement Plan.

4.6 Lessons Learned—Developing and Maintaining Youth Involvement

In this chapter we are taking a somewhat different. approach to the development of lessons learned from the data presented. Youth Involvement was clearly one of the most innovative aspects of PMI in its melding of community participation with social marketing and behavioral science. We shall begin this section with a brief discussion of advice and recommendations (see also Chapter 7) shared by participants themselves with regard to youth involvement. Then we will take the lessons learned across sites to build an idealized youth involvement component. We: are aware that the environments of all present demonstration sites vary,, and that any future initiatives will also occur in communities with their own specific contexts. What we have done is taken what has worked well across sites to provide a framework. for future consideration, especially for sites targeting young people below the age of 18.

Evidence supported by the data suggests that youth involvement is pertinent to the development of an HIV/AIDS prevention marketing initiative for adolescents. Who can better reflect the needs, desires, and aspirations of teens in the 1990s, provide insight on the latest teenage lingo, and point out local hang-outs than teens themselves? Some would argue that representatives from youth-serving agencies, such as the Girls and Boys Club and the YMCA have their fingers on the pulse on this population and are adequate proxies to represent them in this initiative. Yet, while valuable contributors to the PMI process, these volunteers have limited knowledge of what it truly is like to be an adolescent. Given this fact, it is clear that the argument is not whether to include young people in the PMI process, but rather when and how to involve them most appropriately.

Toward that end, PMI participants and staff offer specific advice and recommendations for new sites in regard to involving youth in the PMI process. Their opinions are presented in Table 4.5. Based upon our interpretation of the data in combination with these recommendations, we outline below the major steps required to involve young people actively and effectively in the PMI process. These are:

- Bring youth on board early.
- Establish a separate youth committee.
- Integrate youth with the planning committee upon completion of formative research.

4.6.1 **Bring Youth on Board Early**

As previously noted, organizing the local community is the first step in the PMI process. As part of this task, the participation of young people as well as adults should be solicited. This recommendation is supported by the majority of respondents, as most stressed the importance of having youth involved early. Future sites were advised to "get young people involved, excited, and committed" early "with the goal of empowering teenagers."

However, several very important caveats accompanied this recommendation to bring youth on board early.

- Clearly **define the youth role.** As we learned from the demonstration sites, there are repercussions to involving young people when neither the site nor the youth themselves

Table 4.5 Advice and Recommendations for Youth Involvement by PMI Participants and Staff

- Get youth on board early.
- Get a broad base of ethnicity, age, and gender diversity.
- Have motivated youth from different high schools and backgrounds from the onset.
- Understand clearly what it is you want out of youth involvement.
- Use creative methods of recruitment to involve young people in figuring out what those recruitment methods are-e.g., transportation., monetary incentives, non-monetary incentives.
- Give young people a voice in deciding on both financial and non-monetary incentives.
- Involve young people in planning on how they are to be involved at the site.
- Adults must have the willingness to be open minded about giving young people a voice.
- Have several interactive activities to increase comfort between youth and adults early in the process.
- Have a seating arrangement where youtb are interspersed with adults.
- Allow time for young people to socialize with the adults.
- Have joint social activities, whether an ice-breaker at committee meetings or as a special event.
- Have special training sessions for the adult volunteers on ways of working with youth and the behaviors of the age group.
- Involve youth in structured activities,.
- Instill in young people a sense of worth and the importance of carrying out their mission.

have a clear sense of their role.

- Have **a core of active adults working before youth are brought in.** Depending upon how long it takes to organize the community around this initiative, young people's participation should not be solicited until a critical mass of adult volunteers are already committed to PMI.

- **Develop a youth involvement plan.** We caution against organizing young people until the site has had an opportunity to develop their youth involvement plan.

- **Appoint a youth consultant.** A youth consultant or coordinator should be hired as soon as the plan is approved. This newest addition to the site-based staff should be ready to lead the day-today implementation of the youth involvement plan, as well as initiate the recruitment of young people.

Once these necessary preconditions to youth involvement are met, initial strategies for recruitment of young people centering around individual contact with adult volunteers, followed by peer recruitment seems to be the most prudent and most effective way to get a "full spectrum of adolescents" and young adults involved. More specifically, one-to-one contact between planning committee members and youth is important until the first group of young people can solicit further participation from their peers. PMI participants also advised that future sites seek "a broad base of ethnicities and ages, " as well as gender diversity during the recruitment process. Although having a representative group of young people is important, at this early point in the process the main focus should be to get youth involved. Targeted recruitment may later become an issue but should be left to the discretion of each site.

4.6.2 **Establish a Separate Youth Committee**

Upon recruiting youth for PMI, young people should be organized into a separate, structured committee. It is through this committee that the young people first learn about the PMI process, become acquainted with each other and other PMI participants, and finally acquire skills to help them participate fully as members of the planning committee. At this point in the process, we believe it is best for the youth committee to operate in parallel to the planning committee, functioning in an advisory capacity. Young people are serving as representatives of the target population and simultaneously cultivating those skills needed to function as decision-makers in the planning of the PMI initiative.

From those PMI demonstration sites that organized separate youth committees, we have learned some very important lessons of youth committee organization that should be. transferable to new sites.

Convene regular meetings of the youth committee. Young people need to meet regularly to maintain their interest and keep them committed to the PMI process. As was observed in those sites with youth committees, young people should meet at least twice a month with amenities that create a social atmosphere.

Address barriers to youth attendance. Logistical constraints such as distance and transportation should be addressed so as not to impede active youth participation. Sites may consider reimbursing youth for their transportation costs, as was done in Northern Virginia with its dispersed geographic area. If at all possible, though, we recommend providing transportation, as in Nashville, to facilitate young people's attendance at meetings.

Teach youth meeting organization skills and let them practice running their meetings. Young people should become accustomed to running their meetings in an orderly fashion, particularly when decisions need to be made. More specifically, young people should elect chairpersons, have agendas, and take minutes. Through maintaining a record of their activities, young people can keep adult volunteers informed so that they will fully appreciate what the youth are doing. Furthermore, young people slhould become familiar with Roberts Rules of Order, especially if the planning committee is using them as a means to maintain order in their meetings. Going through this process will prepare youth for active participation on the planning committee. Through involvement in making decisions for the youth committee-issues such as what their mission is and when to hold meetings-young people will gain the skills needed to become active decision-makers.

Consider offering incentives to youth participants. Even though some young respondents stated that incentives were not a major impetus for them joining or staying with their local PMI sites, future sites may wish to consider providing some kind of incentive. However, it is important, as one respondent suggested, to "give young people an opportunity to have a voice in deciding on incentives, both monetary and nonmonetary." Whether it is a $100 stipend or a gift certificate, young people should be given the choice of the appropriate incentives. These types of decisions should be made

within the youth committees, and then presented to the planning committee. Offering youth the opportunity to make these kinds of decisions empowers them and should not be taken lightly.

Offer relevant activities for youth. As a part of the youth committee, young people should also engage in several activities, including any training that will prepare them for active participation in the PMI process. Providing these activities serves a dual purpose. First, it develops collegiality among the young people, and second, it serves as a means to attract youth and keep them active as PMI participants. For example, a many sites held picnics and/or went on retreats or field trips, which meet both of these goals. By participating in activities such as their local AIDS Walk, World AIDS Day, and the Day of Compassion, young people have the unique opportunity to function as ambassadors of PMI at the local sites. For example, a few young people have been quite active during World AIDS Day at their local sites. Participation in this event gave youth an opportunity not only to promote PMI in their area, but also to showcase the HIV/AIDS prevention knowledge they have gained through their involvement with PMI.

Offer relevant training to youth. As a mechanism to build capacity, perhaps the most important activity a future site can engage in is offering training for its youth. Training sessions at this point in the process could include technical assistance in what PMI is about, social marketing, HIV/AIDS prevention, how to interpret data from focus group research, developing marketing and public relations. Youth could also benefit from personal skill-building sessions that include group dynamics, assertiveness, and how to interact with adults, for example. As noted, for those young people who were coached on how to interact with adults, their decision-making ability as well as their comfort level increased greatly. Trainings should be in " real time." This means that if the site is preparing to choose the target audience or to modify a focus group guide, young people can work in parallel on these tasks such that their input becomes part of the planning committee's decision-making process.

Encourage interaction between youth and adult volunteers Although there were examples within every site of activities that young people actively engaged in, evidence suggests that young people need more direct interaction with adult volunteers. This is perhaps the most important way future sites can rise to the challenge of "making youth feel comfortable" as they move to incorporate them into the planning committee. According to one respondent, "Early on, the youth and adults

need several interactive activities to increase comfort." Young people should meet regularly with adult volunteers in a non-threatening environment to strengthen their level of comfort. Possible activities include holding a picnic: for all PMI participants and establishing a mentoring program, which itself may facilitate greater adult-youth interaction. Both the Newark and the Sacramento sites have incorporated this program into their specific youth involvement plans, although neither program was fully functioning at the time of our site visit!;. Nevertheless, site-based staff and participants hope that this program will build bridges between youth and adults and help to close the generation gap. It can also lead to gradual iintegration of youth into other areas of the PMI process, for example, if young people accompany their adult volunteer mentor to subcommittee meetings.

If these steps are followed, by the time the planning committee is ready to begin the formative research task, young people will be: fully prepared to begin subcommittee work. As a part of the youth committee and/or as members of various subcommittees, young people can be extremely resourceful in conducting formative research as we observed in all of the sites. From helping to select a research firm to advising on recruitment of teens to the focus groups, young people can provide valuable input at this stage of the process. Their input should be greatly encouraged, as it provides a segue to the third and final step of successfully including young people into the PMI process.

4.6.3 Integrate Youth with the Planning Committee

We believe that upon completion of the formative research phase would be the optimal time for bringing young people on board as full voting members of the planning committee. As soon as the focus groups are completed by the research firm., a discrete marker in the PMI process, young people should be integrated with the planning committee to comment on the findings. At each site's discretion, young people should be at the table either through representatives or through full youth membership. Those youth who serve as representatives should be charged not only with representing the youth committee in all decisions made. but also 'with keeping their peers on that committee informed. Due to the weighty responsibility of tlhe dual role, sites may wish to rotate these representative positions among the young people on the youth committee.

PMI participants made several recommendations that may help to ease youth into the process once they are actually at the table. For example, one adult volunteer from Newark suggested that sites have a planned seating arrangement where youth are interspersed with the adults; another

suggested that the planning committee should change meeting times to accommodate the young people's schedules. It was clear that, for optimal youth involvement, sites need to be committed to making certain necessary changes.

At this point, the young people should be ready to interact with adults and prepared to don their decision-making caps. They have been provided with the necessary tools for successful and effective participation on the planning committee. Furthermore, given the prior cultivation of relationships between adults and youth, adults may have greater confidence in the youths' ability as decision-makers.

Once young people are part of the planning committee, we recommend that sites continue to maintain a separate youth committee. This is especially important for those sites that decided only to have representatives from the youth committee sitting on the planning committee, rather than to fully integrate them. By keeping the youth committees functional, the site both maintains a "comfort zone" for youth and also signals the importance of youth by giving them their own domain.

At this point, we would also envision greater subcommittee responsibility for the youth. These young people have been fully indoctrinated into this process and have already had some substantive subcommittee exposure. The Site Design Team becomes increasingly critical as the site prepares an intervention targeted to youth; therefore, full participation by young people is also critical.

We feel the steps to youth involvement outlined in this chapter build on the most successful strategies implemented by the five demonstration sites. Knowing what is expected of them, but more importantly what to expect from the PMI process overall will avoid disillusionment, disappointment, or frustration. Furthermore, young people integrated into the PMI process according to this plan have a chance to build their knowledge and skills before being thrust into active full-fledged participation. It is also hoped that they will gain important skills transferable to other areas of their life, such as group dynamics, assertiveness, and conflict resolution, as well as substantive knowledge of HIV/AIDS prevention. This plan also permits the site to begin to incorporate the youth perspectives early in the PMI process. By the final step of this plan to actively involve youth, young people will enter into a more comprehensive role, consisting of both target group representation and actual decision-making. At this point, the youth are primed and ready to move on to the implementation phase, with the knowledge that they are truly contributing to the PMI process.

4.7 Summary

Throughout the planning and transition phases of the PMI process, the majority of staff and adult volunteers were struggling not with the question of **whether youth** should be involved, but rather with **when** and **how** to involve them in a meaningful and productive way. The process of operationalizing the philosophy of youth involvement included the formation of ad hoc committees and drafting a youth involvement plan. This led to the development of the site-specific Youth Involvement Plans and, at four of the sites, the creation of new staff or consultant positions.

When asked how they feel about their role in the PMI process, young people express the view that PMI is a "'major responsibility" and see themselves as having an important role as the '"voice of teens" " Young people have been engaged in many activities throughout the planning and transition phases of the PMI process including TA 'trainings they have received and their participation in other community events.

There are several barriers to youth involvement that surfaced during the planning and transition phases of the PMI process. Many are logistical issues involved in actually getting the youth to the table, such as transportation, distance, meeting times, and competing demands on their time. Other barriers are more complex as they speak to challenges of keeping youth involved. These include the lack of definition of the role of youth and inability to maintain their interest. As sites began the design of their interventions, adults and youth increasingly sought ways to overcome these barriers. We have brought together many of these solutions, along with steps taken earlier in the process, to propose an idealized framework for the inclusion of young people, especially those below the age of 18.

Chapter 5

The Dynamics of Collaboration

5.0 The Dynamics of Collaboration

In this chapter we will speak to the question of collaboration among PMI participants and between PMI and the community as a whole. The specific research question upon which this chapter is based is, What are the dynamics of collaboration and partnership with community members and community agencies? We will pay particular attention to strategies that PMI staff and other leaders have used to build collaboration and will also discuss respondents' views of the sustainability of these collaborations.

In any social marketing program, collaboration is a key element. In his book ***Social Marketing: New Imperative for Public Health,*** Richard Manoff states that "the biggest pitfalls in organizing a social marketing project are the unbridged gaps with community organizations, whose cooperation can spell the difference between success and failure."[1] Two of the main goals of the PMI process are intended to obviate failure and create success.

The first of these goals is to build collaboration among groups and individuals from the communities in the PMI process. According to CDC, the first step in the prevention marketing process is to "organize the local effort."[2] Sites are mandated to decide who within the community should be involved in the PMI planning process and how they are going to build the planning and management structure for the project. This initial task, which turns out to be an ongoing process, is the first step in building collaboration in the PMI demonstration sites.

The second related goal is to "Develop community support for prevention marketing activities among appropriate organizations and individuals."[3] The process of building collaboration is one of the methods used to achieve this goal of building support for PMI. Here, we will deal more specifically with issues surrounding organizing the local community and building and sustaining

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[1] Manoff, R. Social *Marketing: New Imperative for Public Health. New York:* Praeger, *1985, p.99.*

[2] **CDC.** ***Strategic Guide to Program Design for Sites.*** **Atlanta: CDC,** *1993, p.21.*

[3] ***Ibid, p.14.***

collaboration within the community. In Chapter 6, we will link these efforts to building capacity and community support.

Because PMI is an HIV prevention effort, the original recruitment of participants for the project in most sites began in the HIV/AIDS prevention, care, and treatment community. CDC recognizes that each of the demonstration sites has experience in HIV/AIDS prevention and care and states that this background is a strength "on which the program design process is intended to build." CDC further states that their intention in the prevention marketing process "is not to supplant or replace what is already being done, but rather to enhance local strengths and resources and extend them into new areas of endeavor."[1]

This goal of building upon HIV prevention strengths in the demonstration sites has been carried out in a slightly different manner in each site. Variable from one site to the next is the relationship of PMI to its community partners, such as the HIV Prevention Community Planning Groups (CPG), Ryan White Title I planning councils and 'Title II consortia, other HIV prevention groups, and community-based organizations (CBOs) and individuals working on issues of HIV/AIDS, youth, education, ethnicity, and community development. This discussion of the dynamics of collaboration will examine the similarities and differences across sites with regard to:

- Organizing the local community,
- The structure of formal and informal collaborations,
- Facilitators and barriers to building collaboration.,
- The sustainability of collaborations, and
- Lessons learned in the collaboration-building process.

5.1 Organizing the Local Community

5.1.1 Initial Collaboration-Building Efforts

In each demonstration site, the PMI project was initiated with a lead agency. Representatives of these lead agencies were usually influential in deciding who should be included in the initial planning process and which strategies to use in recruiting their participation. The decisions made by

[1] *Ibid*, p.21.

each site on these issues relate to two things: (1) the stated goals of the PMI project, specifically the HIV prevention focus on youth; and (2) the identity of the lead agency and its institutional focus.

In Nashville, the initial lead agency for PMI was the United Way of Middle Tennessee. Because of this, the process of recruiting people to participate in PMI planning began with people and organizations that had been previously involved with the United Way in some other context. A PMI staff member in Nashville felt that because of its clout in the community the United Way was able to bring together a lot of people and organizations. The first step carried out with assistance from the United Way was to send out approximately 400 letters of invitation to a large community meeting. Approximately 75 people attended the initial community meeting, and 20 of these volunteered to be on the PMI Planning Committee.

In Newark, PMI was initiated with the Community Foundation of New Jersey (CFNJ) as the lead agency. Newark was chosen as a demonstration site because CFNJ houses the New Jersey AIDS Partnership (NJAP). Because NJAP, and by extension CFNJ, is focused on HIV/AIDS issues, the original focus of recruitment was individuals and representatives of agencies involved in HIV/AIDS prevention and care. In addition, because of PMI's focus on preventing HIV in youth, the lead agency recruited among organizations and individuals working with youth, though not necessarily dealing with the issue of HIV/AIDS. Therefore, the initial makeup of the Newark Planning Committee consisted mainly of representatives of HIV/AIDS and youth service agencies.

In Northern Virginia, the PMI project was encompassed in the Northern Virginia HIV Consortium, with its administrative agent, the Northern Virginia Planning District Commission (NVPDC), as the lead agency. Northern Virginia differs from the other sites in that the task of planning PMI was assigned to a pre-existing work group of the HIV Consortium. This work group of the HIV Consortium had been formed to develop and administer a grant from the U.S. Conference of Mayors (USCM) to conduct a needs assessment and select a program for an HIV education effort targeted to youth. Since this work group was already dealing with the issues of both HIV prevention and youth, they were assigned the responsibility of being the original "planning committee" for PMI. Therefore, instead of an early broad-based recruitment effort for PMI, the initial planning committee in Northern Virginia consisted of representatives of HIV/AIDS service organizations that had been a part of the HIV Consortium.

In Phoenix, PMI was initiated with the Maricopa County Community AIDS Partnership (MCCAP), which later became the Arizona AIDS Foundation (AAF). Because the lead agency, like that in Newark and Northern Virginia, was concerned specifically with issues of HIV/AIDS,

participation of the various HIV/AIDS agencies and individuals from the Phoenix area was achieved early on. We were told, however, that the Executive Director of the lead agency at the time was eager to include non-HIV/AIDS representatives in the PMI process. Because of this explicit concern., the original planning committee in Phoenix included people with expertise in planning, communication, youth issues, research, business, and religion, as well as HIV prevention. We were told that PMI staff were more interested in including "key individuals"' than specific constituencies, and this resulted in the attendance of 45 people at. their initial community meeting.

Sacramento PMI was initiated with United Way Sacramento Area as the lead agency. A key reason for United Way being chosen as the lead agency was its sponsorship of the Regional AIDS Planning Coordination Committee (RAPPC), as well as its involvement in Ryan White Title I and Title II. Because of this, initial recruitment targeted the HIV/AIDS prevention and care community that had been involved in RAPPC. Also, due to the broad nature of the United Way, later recruitment brought in representatives of public schools, businesses, CBOs, the religious community, and universities.

From these examples we can see that the types of individuals and groups brought into PMI in the initial recruitment efforts were directly related to who the lead agency was and the kind of work they did in the community. While some communities, such as Nashville and Phoenix, immediately recruited a broad array of people from many types of agency foci, Newark first looked for people specifically in AIDS and youth, and Northern Virginia and Sacramento recruited more within the HIV/AIDS community. Despite these initial differences, each of the sites very early on began a process of continually broadening the representation on their respective planning committees,

51.2 **Strategies for Bringing Individuals and Groups Together**

Since all of the demonstration sites began their recruitment efforts in slightly different ways, they all developed individually tailored strategies for building representation in their planning committees. These strategies reflect variability among the sites in terms of lead agency, local community context (including whether the site was city-wide or regional), and the different interests and personalities of the lead <agency representatives and staff Yet despite these differences, there are some commonalities in the strategies used across sites. This section will examine both those: commonalities and some of the innovative strategies used by individual sites.

Working with a pre-existing group. Northern Virginia is unique in that its initial planning committee was a pre-existing group that had been working on another grant. Because it was a work group of the HIV Consortium in Northern Virginia, its members had considerable experience working together on issues of HIV/AIDS in the region. Also, the original project for which the group had been formed to work dealt with the issues of youth and HIV, which facilitated the group's transition into PMI. However, although using a pre-existing group as the original planning committee for PMI in Northern Virginia may have allowed the program to get off to a quick start, it did not seem in the eyes of many PMI participants to be a good strategy for further recruitment and broader representation in PMI. The original group was seen by many members as somewhat institutionally and ethnically homogenous and not necessarily representative of the larger community or the target population. Further efforts had to be undertaken to recruit outside of the HIV/AIDS service community and to broaden the ethnic representation of the Planning Committee.

Recruiting among key informants. Another unique method used to recruit for participation in the PMI Planning Committee was used in Nashville. In this site, several of the PMI participants we spoke with had first been contacted as key informant interviewees and then later recruited for planning committee membership. This strategy, although used by only one of the sites, is a model that could be considered by future PMI sites in that it targets the kinds of people considered in the formative research process to be important for gaining the community perspective.

Attending meetings of community-based groups. A strategy used in many of the demonstration sites was for the Site Coordinator or other PMI staff to attend meetings of various churches (especially in the African-American community), talk to teens in church youth groups, attend community fundraisers, and meet with representatives from agencies working with youth, as well as other community-based organizations, in order to present PMI and recruit people to participate in the Planning Committee. In some sites, such as Sacramento, staff even handed out information packets at some of these meetings that explained the purpose and process of PMI.

Follow-up by PMI staff. In all of the sites, PMI staff followed up efforts to recruit people from community organizations with one-on-one telephone calls and letters, individual invitations to participate, and dissemination of additional information. Staff members also kept people informed of the progress of PMI and details of meetings through faxes and mailings of agendas, progress reports,

and meetings minutes. In Nashville, staff called this process "[keeping people] on the back burner, but still burning," and in Sacramento they called it "care and feeding." This strategy was seen as very effective because staff members are in paid positions. with the time and responsibility to work on PMI, and can follow leads given to them by other PMI participants or generated through their networking efforts.

Networking and snowballing. Another strategy used by PMI staff was to learn of contacts and follow up on them, gaining additional contacts in the process. In Northern Virginia, the Community Developer looked for community leaders or people mentioned in articles and the news as being involved in HIV, youth, or other related issues and contacted them. Slhe explained PMI to them, requested their participation, and asked for names of other people that might be interested in participating in the PMI project. Staff in the other sites also followed up on leads from people on the planning committees, as well as from their own knowledge o-f community leaders, using a snowballing network to expand recruitment beyond what could be found through any single individual's personal contacts or through the members of any circumscribed organizational base.

Actions to make PMI more representative of the target populations. Three different strategies were used to make PMX more representative of the target populations in the demonstration sites. The first of these strategies, followed in Nashville, was to move the physical location of PMI from the United Way's corporate office park location to an urban location owned by the Urban League. Both staff and participants felt that having PMI housed in the Urban League would make it more accessible and increase its credibility in the communities where they wanted to recruit participation.

Another strategy, used in Northern Virginia, was to hire an African-American Community Developer with experience in community organizing to represent PMI, develop contacts among leaders of the African-American community, and recruit additional participants from among them.

The third strategy used to gain additional representation from the target population was to form Community Oversight Committees. In Northern Virginia. an "Advisory Committee" was formed in 1996 with two goals in mind. One was to include people from the community who may not have had the time to participate fully in the Planning Committee, but who could attend meetings when it was convenient for them. The second goal was to have a group of people. who could represent schools, parents, churches, CBOs. and other community institutions, to make sure that any decision of the

Planning Committee would be acceptable to the community, and to be spokespersons for PMI in their communities. In Nashville, this strategy was followed in a similar way by forming an "Advisory Forum Planning Group." This Forum, implemented after the planning was completed, consists of former Planning Committee members, Youth Committee members, PMI staff, and interested community members who present and discuss details of PMI and its progress with community leaders at quarterly meetings, and obtain feedback through a question-and-answer format. The Forum, similar to the "Advisory Committee" in Northern Virginia, is seen as an opportunity to receive and exchange information with the community, and for PMI to have accountability in the larger community.

The issue of ethnic diversity in the Planning Committee also came up in Sacramento, where at one meeting participants noted there was not a single African-American person present. In order to increase the ethnic and professional diversity of the planning process, without it seeming like "tokenism," ideas were raised such as holding meetings in local churches and other public meeting places, as well as ways to include community people without demanding the same commitment as required with Planning Committee membership. These are the same questions of diversity of representation that were addressed in Nashville and Northern Virginia.

5.2 Formal and Informal Collaborations

5.2.1 Relationship Between PMI and Ryan White and HIV Community Planning Groups

One of the types of formal and informal collaboration we looked for in our study was between the PMI demonstration sites and the HIV Prevention Community Planning Groups (CPG) and Ryan White Care Act organizations in their communities. Because the PMI project was initiated mainly, among National AIDS Fund partners, the types of people first recruited to participate were those who had been active in the HIV/AIDS prevention and care community. This first phase of recruitment quite often involved individuals who were also active in either the CPG or the Ryan White processes. We found that this led to some level of cross-fertilization between PMI and these groups in terms of joint membership or involvement. However, we also found that beyond'the level of joint membership, very little collaboration was occurring between PMI and the CPGs or Ryan White at the time of our study.

When we asked respondents in the PMI demonstration sites about collaboration between PMI and Ryan White or the CPGs, we received two types of responses. One response was that the person either did not know of any collaboration or did not even know the difference between the prevention CPGs and the Ryan White consortium. Among these respondents who did not know of any collaboration with these groups, awareness of Ryan White was slightly greater than of the CPGs. The other type of response we heard was that beyond "interaction" in terms of joint membership or personal relationships, no formal collaboration was evident. Statements from those we spoke with in all of the sites about the relationships between PMI and the CPGs include:

- "I don't know if collaboration is the right word for where they are at right now. Members interact individually."
- "There was an overlap of people involved in PMI and CPG. There was a volunteer link between the two organizations."
- "There is potential for collaboration between the CPG and PMI. People are involved in both groups."
- "There's a lot of overlap in terms of people [but] no coordination between the two bodies."
- "There are a lot of people: on both. There are definitely crossovers."

Collaboration between PMI Sites and HIV Community Planning Groups

In Nashville, Northern Virginia, and Sacramento, no rnention was made of more formal interactions between PMI and the CPGs outside of personal communications. In Northern Virginia we were told that the Virginia CPG got started just before PMI and that both were still in planning stages. However, highly placed public health professionals serving on the CPG provided initial and continuing support of PMI. In Sacramento, because of joint memberships, some information exchange has occurred. For example., information from the CPG was used in the PMI environmental profile. Among those who discussed these personal interactions, there was a fairly strong consensus that they are hoping for more collaboration wiith these organizations in the future.

In Phoenix, two of the regional CPG co-chairs are also on PMI. We were further told that about half of the PMI Planning Committee members are on the CPG. .A PMI staff member we spoke

with in Phoenix said that through the infusion of ideas and expertise from PMI, the CPG is beginning to include a youth perspective, social marketing ideas, and some of the planning skills learned in PMI. We were told by one person involved in both PMI and the CPG that the CPG is planning to synthesize all of the research findings from PMI, the CPG, and the U.S. Conference of Mayors.

In Newark some additional interactions have occurred. One of the co-chairs of PMI there is also a co-chair of the State CPG. At least three other PMI volunteers are also active in the CPG. One respondent in Newark told us that the CPG is talking about HIV prevention in a much broader population than that on which PMI is focused, yet because of PMI's prevention focus on youth, they have been able to work with the CPG on that issue. When the CPG first started in Newark, the group had questions about how to involve youth. PMI sent youth members to a CPG meeting to conduct a formal presentation on youth involvement. Later, the CPG invited PMI co-chairs to discuss what PMI was doing and also to learn more about the CPG. One idea for future collaboration between Newark PMI and the CPG is that if the CPG identifies gaps in HIV/AIDS services for youth, they may go to PMI for ideas and recommendations. Other sites have also discussed the sharing of data.

In general, greater awareness of the presence and purpose of the HIV prevention CPG was found among persons who had been acitve in HIV/AIDS issues prior to involvement with PMI. One activist compared PMI's goal-directed approach very favorably with that of her regional CPG. In another location, a community leader recommended melding the two bodies. While we do not agree with this, because it would result in loss of autonomy for PMI and because the two bodies have some very real differences in purpose and approach, we do agree that there are areas in which the groups can benefit greatly from closer interaction. These include sharing data and technical advice concerning youth involvement.

Collaboration between PMI Sites and Ryan White Care Act Organizations

Collaboration between the PMI demonstration sites and Ryan White is similar to that with the CPGs in that for the most part it consists of a crossover of membership. The main difference is that respondents feel less strongly that future collaboration with Ryan White is likely. As the site coordinator in one site said, "[Ryan White has] a different emphasis, service and care," while PMI and the CPGs emphasize prevention. This is one of the reasons that there is membership crossover in many sites between PMI and the CPGs and why people foresee greater opportunity for future

collaboration between PMI and the CPGs than between PMI and Ryan White. However, because of the institutional affiliations between Ryan 'White and some of the PMI lead agencies, and because both groups are dealing with HIV/AIDS, albeit in a different manner, there is hope for some sort of interaction between PMI and Ryan Whiite Consortia, even if not a direct collaboration.

In our interviews with PMI participants, we were told of some of the 'ways in which PMI differs from Ryan White. The site coordinator in one site said that in Ryan 'White the requirements for participation are stricter, based more on level of expertise and institutional affiliation, whereas in PMI the only requirement for participation is a desire to become engaged in the process. Also, in PMI it is assumed that those who join do not know the details of social marketing, which is why they are brought up to speed through technical assistance and training. But in Ryan White, where most members are service providers, "bringing everyone up to speed is not built into their process.."

We were also given me example of Ryan White in one site, where there has been a "pulling apart of agencies" because of internal. tensions, with one of the counties pulling out entirely to form a separate consortium. PM.1 was cited as different from Ryan 'Wlhite because PMI is a regional effort that is pulling different factions within the HIV/AIDS community together under one body, without the same tensions. This distinction may be attributed to the fact that within Ryan White there is competition over scarce resources, wbereas within PMI there is a common goal of HIV prevention, without the factor of funding allocation, at least in the planning phase.

However, efforts are under way in the PMI demonstration sites to build some level of interaction with Ryan White. One community leader in Nashville said "we are working on creating an interface between PM1 and Ryan White: PMI has been pushing that." Planning phase staff said "it is one of the goals of PMI and Ryan White to establish a structured communication mechanism to share lessons both ways. That hasn't happened yet." Speaking about the possibility of future collaborations between PMI and both the CPG and Ryan White. one PMI volunteer in Newark said:

> I think that we should have more working relationships with the HIV CPG and the Ryan White Care Consortium, because the money is coming from the same pot. These groups have been in existence a little longer, so that we may learn from them what was done in the past. These groups are also mandated to be representative of the community and they have a different level of expertise. This, could be a pool of people that you could reach out to.

There was also a community leader in Newark: who felt hat PMI should be a state project, funded by CDC but administered at the state level. This person pointed out that both the CPG and PMI did needs assessments, and both are looking at behavior modification affecting HIV, which was

seen as an unnecessary duplication of efforts. The respondent felt there would be "more harmony and collaboration if [PMI and CPG] were under one program." However, this person also admitted that under such a plan local control of PMI would be diminished.

In summary, other than the youth presentation in Newark, the extent of interaction between PMI and the HIV CPGs and Ryan White Care Act groups has been personal, mainly through shared memberships. The initial impetus for these shared memberships in some sites had to do with the fact that the lead agency is (or was) also responsible for administering the Ryan White Care Act funds, and thus initial recruitment included people involved in Ryan White. This is true in Northern Virginia with the HIV Consortium and NVPDC, in Nashville with the Community Initiatives Division of the United Way, and in Phoenix, where the lead agency was once the fiscal agent for Ryan White but now coordinates the planning for Title I and Title II. Also, because of PMI's focus on HIV prevention, there is crossover of membership with the CPGs. Regarding the suggestion that PMI be a statewide effort in combination with the CPGs, it may be worthwhile to consider ways to collaborate on some of the products of both groups in order to alleviate problems of redundancy and develop better and more productive relationships. However, this would have to be balanced against the goals of community development and local control.

An important distinction to reiterate is the difference between the collaboration between PMI and the CPGs and that between PMI and Ryan White. We found that increasingly these different groups tend to be separate circles, with different emphases and issues. While the focus of Ryan White is more on AIDS service providers, that of the CPGs is more prevention-oriented, and therefore much closer to that of PMI. Although membership is shared between PMI and both of these groups, the knowledge, skills, and expertise learned in the PMI process in the demonstration sites has more often carried over to the CPGs due to their shared prevention focus. While this carryover of resources from PMI to the CPG may not be considered direct collaboration in the classical sense, it is a beginning and could very easily lead to future, more material collaborations.

5.2.2 **Collaboration with Other HIV Prevention Groups, CBOs, and Youth-Serving Agencies**

Because we looked at the PMI demonstration sites in the planning and transition phases, most of the collaboration with agencies and CBOs is still based within the PMI Planning Committees. Because PMI is still an internal process of planning and design, the program has not been promoted in the general community with the intensity it will be once the sites begin implementation. Therefore,

most of the collaboration with agencies and CBOs at this stage involves the inclusion of representatives from these groups as members of PMI Planning or Oversight Committees. Despite this, some examples may be found of PMI as an entity collaborating beyond the PMI planning process. Examples of both types of collaboration-the inclusion of agencies and CBOs in the PMI planning process and instances where PMI is collaborating with these groups external to the PMI planning process-are presented below.

The types and number of groups collaborating in the PMI process in each demonstration site is related to the site's lead agency, the professional or institutional affiliation of staff, the strategies used to recruit participants, as well as the local context. 14s we have seen,, initial recruitment in some sites focused specifically on HIV/AIDS service agencies and individuals interested in HIV/AIDS, while a site like Newark also initially included some youth service agencies, and still others chose an even broader initial recruitment. Common to all sites were early efforts to branch out in terms of organizational collaboration and inclusion by bringing in additional groups working on youth issues. This effort was considered innovative by many respondents across all sites.

We were: told that in most of these communities HIV/AIDS service organizations had been collaborating in one form or another for some tirne, whether in Ryan White consortia, CPGs, or other HIV/AIDS-based coalitions.. It was the inclusion of youth-based groups in this mix that made the PMI process something new in terms of community organizing. As one lead agency representative put it, "A lot of people who wouldn't necessarily sit in the same room together have." A planning committee member in Northern Virginia said "there are now different agencies than just AIDS service organizations." And another planning committee member from Phoenix said "You see people sitting at rhe table who wouldn't ordinarily sit together . . ."

In addition to the new collaboration between HIV/AIDS and youth agencies, other groups collaborating in the PMI planning committees represent varied interests. For example, in Nashville we were told of contributions to the planning committee from groups like the Department of Education, ACTU, Nashville CARES, Project COPE, Project SHARE, the DeeDee Wallace Center, and Crittenton as well as Girl Scouts, YMCA, and the Bethlehem Center. Some of these organizations deal with HIV/AIDS and some with youth. For example, the Bethlehem Center operates a program called Tree of Life, which is a youth health promotion program that has increased its involvement in HIV prevention since one of its staff members has been participating in the PMI Planning Committee. Also in Nashville, we were told that PMI is collaborating with youth coalitions

such as the Consortium on Adolescent Pregnancy and Parenting (CAPP) and the Nashville Adolescent Pregnancy Prevention Council (NAPPC).

In Newark, PMI began with a fairly large group of agencies from the public and private sectors, such as Blue Cross/Blue Shield, hospitals, and other HIV/AIDS and youth CBOs. In addition, a state juvenile corrections official, members of neighborhood leadership initiatives, and even major funding agencies became involved, and someone from the State Health Department had attended Planning Committee meetings. The opportunity for CBO representatives to sit at the same planning table with representatives of funders such as Prudential Insurance was said to be unique. A further benefit, we were told, is that PMI offered CBOs a chance to educate themselves on HIV/AIDS and learn what is needed to change behaviors affecting HIV.

In Northern Virginia, the HIV Consortium had served as a forum for collaboration of HIV/AIDS agencies and individuals prior to PMI. These groups included county and local health departments, the Northern Virginia AIDS Ministry (Northern Virginia), the Urban League, Whitman Walker AIDS Clinics, American Red Cross of Alexandria, SALUD (a Hispanic AIDS organization), Heaven in View (an AIDS organization dealing with issues of death, dying, and grieving), Hopkins House, Food and Friends, Hospice of Northern Virginia, and other CBOs and individuals interested in HIV/AIDS. What PMI initially added to this collaboration was the inclusion of youth service agencies that had not previously worked on HIV/AIDS. After the Northern Virginia Planning Committee decided that the target population would be African Americans between the ages of 15 and 19, another wave of recruitment began to draw in agencies whose concerns were not specifically focused on either HIV/AIDS or youth, but had a more minority-, ethnic-, and community-based focus.

In Phoenix, groups represented on the PMI Planning Committee include the Junior League, Shanti, Concilio Latino de Salud, the state PTA, Red Cross, and the state health department. While one participant told us that "most of the players are players who sit at all the tables," it was also mentioned that new groups are being brought in, such as the Boys and Girls Club. However, an interesting observation regarding representation on the PMI Planning Committee is that the large groups who usually dominate HIV/AIDS issues in the Phoenix area are not represented in PMI. This may reflect an ethic in PMI of keeping a level playing field.

In Sacramento, even though PMI is a multi-county regional effort, the majority of direct collaboration on the PMI Planning Committee is from groups in Sacramento County or nearby Yolo County, although a few collaborators hail from more distant counties and some networking with those

counties goes on. Some of the groups involved include the County Office of Education, Lambda Center (focused on issues in the gay community), HMOs such as Sutter and Kaiser, the AIDS Interfaith Network (AIN), Planned Parenthood, and Diogenes (a youth-serving group).

It is this broad array of collaboration in each of the PMI demonstration sites that has rnade PMI so innovative in terms of process. 'The cooperation from many sectors of the communities creates a synergistic effect on knowledge base, planning capabilities, and hopefully the: efficacy of the implementation of prevention marketing programs. It remains 'to be seen, when the sites move into their implementation phases, whether this broad base of collaboration can be expanded and sustained further.

5.3 Strategies for Maintaining Collaboration

5.3.1 Benefits of' Collaboration

A common theme heard across all the demonstration sites is that PMI has led to new collaborations among agencies and individuals who had never worked together before. In many of the sites, coalitions existed where agencies working on specific issues such as HIV/AIDS had worked together before, but PMI has been able to bring together a more diverse group, with many different foci, that had not collaborated previously under a single common project. In Northern Virginia, a lead agency representative said, "You lcnow this has got a focus in the African-American community. It's bringing community-lbased organizations to this table that didn't have a reason to get involved with the HIV Consortium before." A PMI participant in Nashville said "it has brought together a collaborative group of people from various segments of the community, like schools, churches, the metro government. They are not all out there alone." And a Sacramento member said, "It's so varied; it's not just the AIDS people, but people from the religious community, universities, non-profits, school districts, state, counties . . . You get to know a lot of people. People put aside their own agendas to focus on this."

This "bringing together" of such a wide-ranging and varied group is cited as one of the most important effects of the PMI process. Some of those we spoke with offered examples of new collaborations spawned around the PMI planning tab'le. A lead agency representative from Newark said that "some of the [Planning Committee] members have gone in and bid on projects together

because of their involvement in PMI. That was a plus for their community." When asked whether PMI is facilitating collaboration, another lead agency representative, this time from Sacramento, said:

> Yes, hell yes. PMI has been a building of collaborative work, people who never would have come together. For example, [a Planning Committee member] sent kids to Yolo to get peer training that a woman provided there. They hadn't known about the resource available there before PMI. People say "can you provide this, can you do this, do you know where this is?" and other people say "yes I do, yes I can."

People in all of the demonstration sites told us that the PMI prevention marketing process facilitates collaboration among the participating agencies and individuals. A lead agency representative from Northern Virginia said that "because it's a non-traditional sort of a project, it invites and almost forces coalitions of people that you might not have under some other methods of developing this sort of project." There was a feeling among some participants that one of the reasons PMI is facilitating this collaboration is its innovative process. For example, a volunteer in Nashville said, "I feel that we are all really motivated in this project. We all feel that we are doing a good thing. And we are getting something out of it at the same time, which is an irresistible combination. As a result, we are all really connected." Another participant said:

> It has been very positive. All the examples of people calling other people now because they know about them or feel comfortable to call. I think that a closeness developed among the core people in PMI that they are doing something very special and very cutting edge. They feel really good about that.

In addition to these reasons for collaboration, people from all of the demonstration sites mentioned another that relates to what has been a hindrance to HIV/AIDS collaborations in the past, but that makes PMI different, at least in the planning phase. As a Planning Committee member in Phoenix put it:

> It's not set up for service groups to apply for money. That was the big selling point, hard to get across. A lot of people in the initial grouping left when they realized that they wouldn't get any funding for their programming, that this was a program they were being asked to contribute something to. That's a whole new game for all the old warriors. They came in on a whole different set of terms. Expectations had to be re-thought. [PMI] wasn't where we all fought for money.

Another Planning Committee member, from Sacramento, reiterated this same point:

> Most of us come from situations where we're desperate for dollars, constantly, that dog-eat-dog milieu. [With PMI] we could stop, and

> say 'wait a minute, we've got to find ways to help each other.' It's really important; the stakes are high. Our dreams do have real merit. We start with 'we care about our kids. We want to protect them.' We may want to do it differently, but that's our common goal. That commonality, that's the. reason I stayed.

These statements were reinforced by respondents in the other sites as *well. In Newark we were told that an innovative aspect of PMI is that those representing CBOs are now sitting at the PMI planning table with funders who are also there to plan. In Nashville multiple respondents spoke of how PMI is helping to establish '"a spirit of collaboration with agencies that wouldn't have been there previously," and how it '"has sensitized people about other groups and organizations that may be doing similar work.'" A PMI participant in Phoenix said that PMI is bringing together the research community with the service community, overcoming a level of mistrust that bad been there before.

5.3.2 **Difficulties in Maintaining Collaboration**

Despite the benefits of collaboration to participants themselves and the benefits of having broad collaboration for PMI as a whole, it was not easy to maintain this ideal. We. now turn to difficulties that have occurred at the sites.

Length of Process

Because the planning process) takes a long time, it is difficult for some. people to stay involved. Turnover has occurred in all sites, with a core group of people staying involved from beginning to end. But due to job responsibilities, or other commitments, many individuals and agency representatives have not been able to stay throughout the whole planning process. The level of participation and collaboration that has occurred in the sites during this process has been dependent in part on the ability of staff and others to recruit new people.

Limited Funding among Supportive Agencies

It is difficult for some agencies to send staff as representatives on the PMI Planning Committees. This is due to the limited funding these agencies have to operate with, which makes it

difficult for them to allow their staff to attend PMI meetings. A PMI staff member in one of the demonstration sites said,

> the capacity of providers is a barrier; they are always looking for more money, and losing funding. It hinders their ability to collaborate and plan in the long term. We see a loss of funding in key agencies that we want as collaborators.

Limited Time among PMI Supporters

This dearth of funding is related to the time constraints operating on many agency representatives and community people. A Planning Committee member in Nashville said it is difficult to get people to volunteer because of this lack of time, especially when the goals of PMI do not directly relate to the person's work. Another Planning Committee member, in Sacramento, reiterated the time constraint, saying "we're all on a schedule, we've got stuff to do. Everyone has their own agenda-not always time to sit and say 'what can I do for you; what can you do for me'?"

Scheduling of Meetings

Because many of those representing agencies on PMI are doing so as part of their job responsibilities, meetings have often been scheduled during working hours. However, this practice has hindered the participation of those who may have wanted to participate but could not do so as part of their jobs. Even when meetings are scheduled in the late afternoon to accommodate youth participation, these meeting times can still be difficult for certain adults who would like to participate. One solution tried in some sites is the formation of Advisory ("Community Oversight") Committees to accommodate individuals unable to regularly attend Planning Committee meetings; decisions made in the full meetings are presented to Advisory Committee members for a broader perspective on their acceptability to the community.

Inclusion of Religious Groups

We were told of initial difficulties in including churches, including some African-American churches, because of a perception of AIDS as a homosexual disease and a belief that homosexuality is a sin. There was also some feeling in the African-American community that PMI might be "just

another study of us ..." Even so, we found many instances of commitment by members of the religious community, such as an African-American minister serving as a PM.1 Planning Cornmittee co-chair, a white minister serving on a community response team, or an African-American Advisory Committee member who is a minister for a large and influential church, to name a few. This points to the diversity of views in church communities.

The issue of religious involvement may be: an area of differing, perceptions. Clergy with whom we spoke cited multiple demands on their time as the main barrier to full PMI participation; one respondent pastored two churches, taught special education, and was active i.n regional activities for his denomination. On the other hand, there was real concern over the reaction to PMI of highly conservative churches, whether mainly white Protestant denominations in Nashville or the Catholic Church (with a large Hispanic population) in Newark.

In order to counter these feelings and include African-American churches in PMI, staff in some of the sites put forward direct efforts to alleviate their concerns. One way this was done was to use the data from the formative research to show people that African-American and other minority youth are at high risk for HIV/AIDS, that it is not only a homosexual issue. Anotlher way was to demonstrate that the opinions of African-American clergy and other leaders were respected and essential to the success of PMI.

At the time of our site visits, representation of African-American clergy on Planning Committees and Oversight Committees was present in some sites, reflecting the fact that direct recruitment efforts had been successful.

Potential Competition over Funding

A possible barrier to future collaboration relates directly to what some people said distinguishes PMI from other efforts, the potential for re-emergence of competition for funds when PMI moves into an implementation phase. A participant from Nashville said, "It will be interesting to see how dynamics change after the plan is developed, RFPs are issued, and the money is given out. Many groups will be competing against each other." Another participant from Northern Virginia said, "When they do the RFPs, there will be too little money. The people are not going to be in a position where they want to cooperate. with each other. It. can get ugly later." One participant in Nashville said that a way to get around this possibility is to include business leaders, religious leaders, and HIV positive people in the process, people who have nothing to gain from funding allocations, as do

agency representatives. A PMI participant in Phoenix echoed the feeling that future competition over funding could cause friction, but said "I know from the staff side that they won't let that happen, they'll make sure it is handled well, who is qualified to do each element. It will play itself out when the rubber hits the road."

Inclusion of Opposing Community Institutions

Another difficulty with collaboration mentioned in some of the demonstration sites was the inclusion of conservative groups or those with perceived opposing opinions on prevention issues. The inclusion of what are perceived to be opposing community institutions is something that is being addressed through issues management. Issues management should serve to make PMI more acceptable to a broad sector of the communities, especially if coupled with personal outreach by staff and volunteers. In sites that made announcements, PMI has not received any negative reactions.

No site has excluded holders of particular viewpoints and some have actively recruited those with conservative ideas. We heard of instances where, in looking at the data, advocates of "abstinence only" have seen the need for condom education, and those who wished to have only a condom message have agreed that PMI should address abstinence as well.

5.4 Sustainability of Collaboration in the Future

A positive feeling is generally shared among PMI participants that many of the collaborations built under the PMI planning process will be sustained in the future. As can be seen from discussions of the types of collaborations built under PMI, most involve the inclusion of many different organizations working together in the PMI Planning Committees. Collaborations outside of the PMI planning process are very limited, and those that have been built are most often based on personal relationships formed around the PMI planning table.

Many organizations with diverse missions-such as HIV/AIDS, youth, education, minority issues, and others-are working together within the PMI planning process. Some sites have larger planning bodies than others, therefore containing a larger number of collaborating agencies. But in all sites, people have mentioned that having a common goal of preventing HIV/AIDS among young people has provided a mission around which many diverse groups can rally that may have never worked together before.

A staff member in, one of the sites spoke of how Planning Committee members are calling each other now because of their increased knowledge of and comfort with each other. This is attributed to "a closeness developed among the core people in PMI that they are dloing something very special and very cutting edge." This staff member said that this collaboration will be sustained because "this has planted a great seed in a lot of people and their organizations that there is another way of serving your population."

PMI participants in many of the demonstrations sites mentioned that collaboration is the wave of the future in HIV/AIDS issues due to the limited, and sometimes shrinking resources available. Groups interested in prevention, treatment, and care of HIV/AIDS will need to work together in collaborative efforts in order to make the best use of scarce 'resources. As a community leader in one site said, "It's like a big quilt. Nobody can do everything, but everybody has a piece of the quilt. The web is woven so tight that you can't exist without the others."

However, there was also a feeling expressed that resource constraints may actually impede collaboration in some cases. This is because the organizations working on HIV/AIDS will have to operate with less funding, and may have fewer available resources and staff for participating in collaborative efforts. Their first goal will be the survival of their specific agency, with collaboration as a secondary goal. But as one participant in Phoenix put it, "The epidemic is getting bigger, and the money is getting smaller, so merging and collaborating is a fact of life. Tighter resources will require it. "

We heard from all of the sites that PMI has provided a model for how collaboration can be accomplished to reach a common goal. The process of diverse groups and individuals working together within a focused planning process has served both as a model to follow and as a "jump start" allowing these groups and individuals to become familiar with each other.

In the sites where PMI was a city-wide project, there may have already been some awareness of other groups, working on issues of HIV/AIDS prevention; but in the sites where PMI was a regional project, the planning process may have made a significant contribution to people's awareness of other groups,, individuals, and resources with which they can collaborate. For example, in sites like Northern Virginia and Sacramento, some collaboration had occurred within the Ryan White consortia and CPGs, but CBOs in one of the counties in these regions may not have known about collaborative opportunities with those in neighboring; counties.

In Sacramento, thrs increased awareness of people and groups from other counties in the seven-county region was cited as one of PMI's major accomplishments. The same is true in Northern

Virginia where, prior to PMI, a CBO in one county may not have been aware of opportunities for collaboration with CBOs, agencies, and health departments in other counties. As a community leader in Northern Virginia put it, "The ability for different jurisdictions being able to work together on a project focusing on the whole area breaks down barriers. And we're learning about our community and HIV needs." In all of the sites, new awareness between groups that had been focused on HIV/AIDS issues and others that had been focused on youth issues has been attributed to PMI.

One factor that may turn out to be important in the sustainability of collaborative efforts is the personal relationships and friendships built around the PMI planning table. In the future, when the PMI forum is no longer available, these friendships will serve to sustain collaborations among agencies. This is why the process of building community participation in the planning phase is so important, not just for the success of PMI, but for the sustainability of future collaborative efforts.

In summary, the sustainability of collaboration built within the PMI process may not lead to other large-scale efforts. But the channels of communication, knowledge of other groups, and personal relationships built within the large, inclusive PMI process will very likely lead to many smaller, two- or three-entity collaborations in the future. Any time agencies and individuals working to prevent HIV or deal with youth issues can work together in a collaborative team, it can conserve scarce resources and create a synergistic knowledge base to solve these problems. In the future, these collaborative efforts in the communities within the PMI demonstration sites may be attributed to the efforts of PMI.

5.5 Lessons Learned

Based upon what we learned from PMI participants, initiating the collaboration-building process in preexisting HIV/AIDS coalitions helped to create a foundation of interested and knowledgeable people upon which further recruitment could be built. Sites found rather quickly that in order to achieve the necessary diversity of perspectives and expertise for designing a prevention marketing program, further recruitment had to be done of groups working on issues of youth, education, public health, research, ethnicity and race, as well as other community-based organizations and individuals. This fact was made especially clear after sites conducted the formative research necessary to refine their target audiences, making them aware that the groups whose perspective they needed were not necessarily represented within pre-existing HIV/AIDS coalitions.

A lesson learned in this effort was that it was very important to have paid staff to help in the process of contacting and recruiting people, as well as following up with letters and personal visits. The availability of paid staff to do these things, plus distribute meeting minutes, schedules, follow-up information, and to answer questions, was key to the continued and growing participation of people in the PMI Planning Committees. As we stated earlier, many agency representatives have enough trouble maintaining their own personal participation in the PMI committees and would hardly be able to put forward the effort needed to sustain the project as a whole. The presence of paid staff, with sufficient resources to support their efforts, is a requisite to PMI success.

Another lesson learned was that in other HIV/AIDS coalitions, competition over funding allocations can cause tension and disharmony. The fact that PMI was not offering funding to agencies during the planning phase may have kept some groups from participating, but has also led to a more harmonious process where prevention is paramount. This opportunity to set aside funding woes and focus on HIV prevention has allowed for those around the PMI planning table to develop personal relationships and friendships, which may in the future lead to other collaborative efforts and contribute to their sustainability.

The possibility that funding allocation in the implementation phase of PMI could cause future tension and competition once the planning phase ends will need to be addressed if and when it materializes. Remaining alert to the possibility of future funding competition should forewarn the sites to prepare means to address it.

The long time period of the PMI planning phase had hindered some participants' ability to stay involved in the process due to conflicting personal and professional responsibilities. This issue was addressed in some sites by the formation of Advisory Groups where regular meeting attendance was not mandatory. However, the best means of overcoming this problem may be to profit from lessons learned by the demonstration sites to make any future PMI projects more efficient and therefore quicker .

Among those with whom we spoke: about collaborations built (during the PMI planning and transition phases, there is a consensus that the diversity of the PMI collaboration is unique. This is especially true in that PMI brought together HIV/AIDS groups with those who may never have considered HIV to be in their purview. These new collaborations within the PMI planning bodies may not yet have led to much collaboration outside of PMI, but PMI participants are hopeful that they will, in the belief that awareness of who these other groups are, and what they do, will undoubtedly lead to new collaborations in the future.

5.6 Summary

Initiating PMI in lead agencies with HIV/AIDS prevention and care experience facilitated the process of organizing the local communities by providing a preexisting base of HIV/AIDS expertise for the PMI Planning Committees. However, sites found that in order to gain the diversity of perspectives and expertise necessary for the prevention marketing process, recruitment efforts had to be expanded to include multiple sectors of the local communities. The availability of paid staff to focus on these recruitment efforts made this possible. Except through a crossover of memberships, PMI has had little collaboration with the HIV Community Planning Groups or Ryan White Care Act groups in the planning phase in the demonstration sites. One of the most innovative aspects of PMI cited by respondents in the demonstration sites was that it brought together constituencies that had never collaborated before, such as HIV/AIDS, youth, education, business, religion, research, and CBOs. Another innovative aspect is that PMI facilitated the cultivation of personal relationships and friendships among the agency and CBO representatives around the planning table, which have led to an exchange of resources and information. A factor that allowed for the cultivation of these relationships within PMI was the external funding of the planning process, and therefore the lack of competition over funding characteristic of some other HIV/AIDS coalitions. PMI participants feel that the knowledge, skills, and especially the personal relationships built in the PMI planning process will lead to the development and sustainability of future collaborative efforts. In the next chapter, we will examine how these have helped to build capacity and may further community support of HIV prevention.

Chapter 6

Community Support and Capacity Building

6.0 Community Support and Capacity Building

In this chapter, we discuss two closely related questions. The first asks, Which members of the community show support for HIV prevention and how can this support be linked to involvement with, or knowledge of, the PMI process? The second question is, How has the PMI process built capacity and strengthened infrastructure? First, we will lay out the community context in terms of support for HIV prevention among young people, mainly as seen through the eyes of PMI participants. Then we will discuss evidence that shows that PMI participation may, indeed, be contributing to increased community infrastructure for HIV prevention, although at the time of our interviews this new capacity rested mainly with active PMI volunteers.

6.1 Community Support

This section summarizes what participants shared with us about community support for HIV prevention for youth-both before PMI and since its inception-in each of the five sites. This section also presents participants' beliefs about the effects that PMI has had to date on support for HIV prevention in the community, the evidence they present to support their beliefs, and the hopes and concerns they have for the future growth of community support as PMI moves into the implementation phase. Similarities and differences between the five sites are highlighted.

However, before embarking on a discussion of the effects of PMI on community support for HIV prevention, it is important at least to mention the strengths and weaknesses of the data available to assess levels and/or types of community support. A typical approach to assessing the impact of a project is to look at conditions (in this case, community support) prior to and after project initiation, identify likely changes that would have occurred in community support without the project, and then attribute any changes over and beyond what would have been expected without the project to the project itself. With PMI we have no measures of community support either prior to or since the initiation of PMI. The data we draw upon are weighted heavily towards individual participants' accounts and perceptions of community activities and support. Participants provided us with a

description of their own and others' activities, both before and after initiation of PMI, with respect to youth and HIV and opposition within the community with respect to these same issues. They also provided their assessment of the presence or lack of coalitions, collaborative programs, and community planning activities centered around youth and/or HIV and the effect of PMI on these. Finally, they described other activities such as media events, concerts, fairs, and celebrity activities in the community that may also affect community support for HIV prevention for youth.

6.1.1 Baseline Community Support

In order to assess PMI's affect. on community support for HIV prevention, we report here what participants told us about the presence of programs and coalitions to address HIV prevention among youth and the general political and social atmosphere: that tends to support or discourage the building of programs and coalitions.

Nashville, Tennessee

The community of Nashville supports programs for runaways and street youth that include an HIV prevention component. Schools also have AIDS awareness programs, although participants noted that this has become more difficult in recent years:

> When HIV/AIDS was just coming on to the forefront, it was not a big deal to go in and talk to kids about condoms. Now it is more difficult. There are churches that have their own agenda. When the churches started following their own agenda, the information about HIV/AIDS prevention decreased in the school systems. They have gotten real restrictive about discussions of same-sex sex[ual activity] and condom distribution and demonstrations.

Nashville participants were cognizant of the conservative nature of their city. They made a concerted effort to include representatives of churches and schools, some of whom were active members of the planning and oversight committees. However, they did not include representatives from what may be termed the "far right." Nashville staff told us that coalition-building is a familiar strategy in Nashville and a number of participants, or community members who support PMI, are allied with progressive religious networks,.

Newark, New Jersey

Newark has been the setting for a number of community health projects that include prevention and outreach aimed at youth. Most of the young people involved with PMI are also involved with Project Rap (Reinforcing AIDS Prevention), an HIV/AIDS peer education program sponsored by St. Coiumba, where young people learn communication, assertiveness, and negotiation skills. The students from Project Rap have been involved in several efforts around the state, including training people who attended the First World AIDS Learning Day for youth held in New Brunswick. Rutgers University has a peer educator program and there are several projects run through the adolescent medicine program at New Jersey's University of Medicine and Dentistry, such as the Young Father's project and the AIDS project,[1] which affect Newark youth. Project Fire, a program for gay and lesbian youth, is yet another intervention that reaches youth in the city.

We found a divergence of opinion regarding the local environment. Despite the relatively large number of organizations involved in HIV prevention, some participants described the setting in Newark as "fragmented" and "territorial."

Yet, not everyone sees the local context in this way. While most participants expressed concerns about the religious right in Newark and the lack of support from the city government, participants were pleased with support from the state. One respondent was especially strong in her view that people in Newark do have a history of mobilizing for community support. She believes that the perception that Newark is fragmented is due to the pressure placed on local organizations when they must compete for funds for programmatic initiatives, and not to opposition to the concept of community organizing.

Northern Virginia

In Northern Virginia, there are several examples of AIDS programs, including outreach programs in the schools and at least one active in community groups and churches. One school district makes condoms available in the high schools (Alexandria). Northern Virginia AIDS Educators is a coalition around AIDS, although not specifically targeted to youth. Another coalition,

[1] The AIDS project is comprised of peer educators, a mobile testing unit, and comprehensive treatment for those infected with HIV.

Youth Speak, is centered on youth and includes HIV/AIDS prevention among its activities. Metro Teen AIDS is another central program. One participant mentioned a coalition of youth agencies in Alexandria that comes together and has planned a teen pregnancy program that includes HIV prevention in their model, Participants were not aware, however, of any interjurisdictional coalitions for young people.

As in all other PMI sites, Northern Virginia participants were concerned about political conservativism. Since Northern Virginia PMI is a regional site, the level of opposition that may be expected could vary from county to county or city to city. Some jurisdictions are quite progressive in their school curricula and health departments, while others are less so. Northern Virginia PMI has been making an effort to include members of churches, especially African-American churches, in its planning body or oversight committee, as well as in its community response team. It is hoped that this will increase support from the religious community, which is often seen as conservative when it comes to sexual health.

Phoenix, Arizona

Arizona is reported to have a poor record for children's services, which participants believe is reflected in the high teen pregnancy and sexually transmitted disease (STD) rates in the state.. In recent months, media coverage has brought attention to these issues. Some of the coverage also has included efforts with regard to HIV ("'in a positive light," according to staff), although sexual promiscuity and teen pregnancy have received the lion's share of the (attention. The political landscape has been volatile with respect to teenage sexuality, as evidenced by proposed legislation to ban from the schools all but abstinence messages in sex education.

The Phoenix area appears to support coalition building around youth issues. Several coalitions have developed around issues of teen pregnancy and homeless youth. A gay and lesbian youth network also meets to share information. An Ethnic Community Task Force focuses on HIV with the goal of enhancing cultural competence by developing prevention programs that maintain the values of the ethnic communities. In addition, a number of individual agencies have programs focused on youth and HIV. However, there appears to be less in the way of government-funded programs (local or federal) for HIV prevention than are found in many urban environments. Support for HIV prevention in the Phoenix area schools has also been minimal relative to other settings. For example, one participant contrasted the great reception in group homes, pre-employment centers, and among

probation officers, "anywhere you have 'bad' kids" with that found in schools where "it is hard to get in [to provide education]."

Sacramento, California

A number of agencies in the Sacramento area are involved in HIV prevention for youth. Three agencies were mentioned that do outreach in the schools. There is a street outreach program, a gay and lesbian youth group, an HIV prevention program targeted to African Americans that may affect adolescents, although they are not the explicit target, and a youth theater project. There are also peer education programs in Sacramento, Placer, Nevada, and Yolo counties. In El Dorado County, the El Dorado Snowboarders Against AIDS has combined HIV prevention with the opportunity for recreational snowboarding. Schools are required to do AIDS education but the requirement has been highly controversial and in some instances the curriculum has been "watered down so much it is useless." Informal programs through life sciences and health sciences courses do occur, hence many youth are exposed to HIV education.

A small number of community events have brought attention to HIV and AIDS. World AIDS Day attracted a lot of publicity. A youth summit at Sacramento State College included workshops on AIDS. Both an AIDS walk and a dance (Dance-o-Rama) have highlighted the need for prevention. A Sacramento Testing Day targeted places where a younger audience was likely to be reached. The death from AIDS of a popular resident, who was known to many youth through his work in the schools and with the Names Project, became a major community event and touched many people. At the national level, commercials on TV with TV stars have been aired in the area.

Most programs are individually run, but a few collaborative efforts are in evidence. For example, the AIDS Interfaith Network, with representatives from many different denominations, focuses on awareness within congregations. Otherwise, the only collaborative efforts identified are planning processes rather than programs. In contrast to Phoenix, Sacramento area participants reported a general absence of youth-serving coalitions. They had no knowledge of coalitions on substance abuse or teenage pregnancy, although there is a tobacco youth coalition.

6.1.2 Effect of PMI on, Community Support

Broader Community

Participants generally agreed that the effects of PMI on community support during the planning and transition phases have centered on the participants themselves and not the broader community. However, the vast majority expressed a belief that broader support will be achieved once an intervention is implemented. One participant in Nashville used a metaphor to describe this phenomenon. '*We're fortifying the roots of the plant-the new branches (big broad-based support) are not there yet." A Sacramento participant stated, "to this point it's been process. To me, in PMI we're now at the point of saying OK, what are we going to do? Ask; me this question later."

Participants were comfortable with this and for the most part had no expectations at this stage of the project of achieving community support on a larger scale. In fact, a Northern Virginia participant stated this in very positive terms:

> Personally I think that's good. [Why?] Because a lot of the questions about how social marketing will work and how this is all fitting together are not yet answered, and I think that you don't put your soap powder out on the market until you know that it's going to do something. And I think the same is true here. PMI doesn't really mean anything yet until we have a product. And we don't have a product yet. So I don't think that PMI should mean anything yet to anybody outside of those of us who have been there doing that ground work to get it all going.

Despite the general lack of effect beyond iimmediate participants in the early phases of the project, participants did present a few examples of increased community support that they link, at least in part, to the presence of PMI.

- In Nashville, participants pointed to evidence of greater collaboration and to the activities of participants within their own agencies in support of prevention. They also pointed to evidence that PMI has changed how agencies interact with and/or include youth in decision-making. "Youth groups have brought young; people to the table in more of a decision-making role because of PMI involvement."

- In Newark, participants cited greater awareness both among those directly involved and in the private sector. They also cited greater levels of collaboration among youth providers and among AIDS education and service providers.

- In Phoenix, participants talked about a breakfast they held with corporations to gain their support and get them involved in prevention. They also spoke to the emergence of youth as a priority risk group in community planning efforts and greater levels of awareness in the community because of what was described as the "domino effect," people talking to other people.

- In Sacramento, participants pointed to a greater focus on the need for HIV prevention for youth and to particular actions that have resulted from that focus including collaborative grant-writing to seek funds for prevention programs aimed at youth.

- Participants in Northern Virginia did not provide any evidence for increased support beyond those directly involved, although, like their counterparts in other sites, they anticipate that support will increase when implementation **occurs.**

Although dialogue within the community about HIV and youth appears to have increased in most sites, there is still a long way to go to convert this dialogue into strong support for prevention. In the words of a participant from Sacramento,

> Yes, talking is happening, but we still have a long ways to go to make people see that prevention is just as important as care. But when you see healthy kids and then you see a really sick 28-year-old, well, that is so visible. We need to make the need for education and prevention visible. .... We need a campaign to raise awareness that prevention is the only cure we have right now. I think PMI will help get that message out there.

Community Participants

Participants in all five sites spoke of increased levels of awareness and support among direct participants in PMI. The specifics of what participants gained through participation depended in large part on what their individual skills and knowledge were coming into the project. If their background was in HIV, they were more likely to discuss what they had learned about youth and-vice versa-if their background was with youth, to talk about the HIV knowledge gained. Participants also spoke of the increase in dialogue between participants and those they come in contact with about the need for HIV prevention among youth. For example, a participant in Newark reported that the heightened

awareness gained through participation has led to mare in-depth conversations with her own children about HIV. In Sacramento, a participant reported an attitude! change that has resulted from participation in PMI; participation has changed his attitudes about the differences between urban and rural prevention needs and as a result he is encouraged to think about and act on collaboration across this divide.

Some of the effect on individual participants has carried back to their agencies. "They use the information to strengthen their organizations," said a. participant in Newark. In Nashville a participant said "[I] see people from organizations I haven't seen for five years. If it does nothing else, it has at least created a workplace awareness that hasn't been seen before." In Sacramento, a participant talked about the increased attention given to youth as an HIV risk: group by many agencies in the community. "They are part of all the grants and programs now. That's not just PMI but it is a change in the last three years." In contrast, the limited evidence to date in Northern Virginia suggests that the influence of PMI has been to increase attention to HIV prevention needs among youth-serving and other community agencies that have recently come to the PMI table.

Participants in several sites also pointed out that the willingness of organizations to participate in PMI is itself an expression of support. Many of the PMI volunteers at all five sites attend PMI meetings and participate in subcommittees during work hours. While a few participants mentioned that it was difficult for them to justify their time, most were participating with the support of their agencies. Responses suggest that this reflects both support for HIV prevention for youth and a belief that participation in PMI will contribute to building capacity. However, we also received many comments to the effect that the committees have lost members because of increased participant job responsibilities and have interviewed several people for whorn this was true. While this may not mean that agencies do not support PMI, it does point to the fact that duties at one's employment take precedence over participation in PMI.

Other effects mentioned by participants involved an increase in collaboration among participating agencies. Examples offered included the building of bridges between AIDS education and service providers, a strengthening of the network of youth providlers resulting in the ability of agencies to identify new grant opportunities to assist with their programs, and encouragement within the HIV community to think about newways to work together. Another participant spoke about the qualities of PMI that have served to "unite the community." Because PMIis a communitydriven process, "there is a sense of doing something together. It has never lbeen done before] in the city. "

Another effect mentioned was an increased understanding of and willingness to utilize social marketing concepts and techniques, as will be addressed in Section 6.2 on Capacity Building.

Target Population

Youth participants noted a general lack of interest in HIV prevention among youth in the five communities. In the words of a Newark youth, "it is hard to get my friends interested in HIV prevention in general. Talking about it and being a peer educator doesn't interest them at all." Despite this general lack of interest, all five sites have been successful in finding at least a few youth who have committed their time and energy to PMI, some of whom fall clearly into the target group chosen by PMI in that community. As with the adult volunteers, youth participation is an expression of baseline support not only from the youth themselves but also from their parents, who must sign a consent form to allow their participation. Although many of the youth participants were among those already most aware and knowledgeable about HIV, they nevertheless reported learning a lot through their involvement with PMI about HIV and about the elements of social marketing.

At this stage of the project, youth are just beginning to take what they've learned to their peers. PMI is still mostly unknown in the broader community of youth. In the words of a Phoenix participant, "Kids don't know about it. What is PMI, premenstrual what???" A youth in Northern Virginia reported:

> The program is for youth, 15- to 19-year-olds, so YAB [youth advisory board] is a key part, to give advice, but we're not getting out there. Everybody in the group wants to go out and get some recognition. But it hasn't been happening like that.

Yet, there is limited evidence that some effect is already occurring. In Nashville, participants pointed to knowledge that youth advisory members share with those they come in contact with. "It goes beyond those exposed since they go back to spread or share the information they have learned with their communities. " Youth participants reported talking to friends around the neighborhood about what they've learned and taking what they've learned back to their schools to help in counselling other students. In several sites, the youth involved with PMI have made presentations or actively participated in health fairs. In Nashville, one participant commented that "more than anything I've

been on, this [PMI] has affected kids [through] peer education. It may not be huge, but it is more than anyone else." (See Chapter 4 for a further discussion of Youth Involvement.)

One participant pointed to the effects of the research itself on community support. For example:, in Newark, youth who participated in the focus groups communicated to the agencies that helped recruit them how much they enjoyed the groups and how they wished they had more opportunities to come together with their peers to talk about these issues. At least one agency has responded to this enthusiasm by trying to (create space for youth to convene.

6.1.3 Anticipated Effects

Broader Community

The limited effects of PMI to date on community support are "not nearly what we're anticipating further down the road," said a Sacramento participant. This sentiment was echoed in Nashville through the statement '"the true impact will be visible with the implementation of a plan." We heard many similar comments in all five sites, but-with a few exceptions-only rarely did participants elaborate on what changes they would expect to see or how they would know that the changes were due to the efforts of PMI.

Public notice. One staff member commented that public attention given to HIV prevention is one sign to look for. "We need to see it in the public forum. We're: not there yet. People don't know that youth are at risk. [we] need an op-ed piece in the [local paper]." The ability to foster awareness is viewed by another participant as the ke,y to mobilization If successful, PMI "might establish a new level of interaction ... this is major." .A Phoenix participant, reflecting on the importance of awareness. expressed the hope that PMI will promote sexual issues in a positive way—"acknowledge but not encourage sexual activity."'

Leadership. Leadership on the issue is another sign to look for, said a PMI staff member. We need "regional input from regional leaders." Within community agencies, good signs to look for are changes in activities around HIV and youth. "If we see a non-youth HIV program doing youth work, or a non-HIV youth group adding HIV, then we'll know." Another participant commented that the key will be to "see kids involved."

Increased collaboration. Most participants, however, rather than pointing to specific effects to look for instead pointed to the collaboration that is taking place, the capacity that is being built, and the community involvement that is happening. These are viewed as the foundation upon which community support is built. For example, a Planning Committee member shared with us the belief that the greatest impact of the Newark PMI demonstration project would be its lasting effect on the community-building process and the enhancement of the community's ability to be and stay involved. PMI has brought AIDS education and AIDS service organizations together and has placed them at the table with representatives from youth-serving agencies. As a result, the project is seen as an opportunity to be more than a demonstration project; it can organize the community around HIV/AIDS prevention and youth. This feeling is reflected in the comments from other sites as well. For example, in Phoenix a participant described PMI as the "flagship . . . of prevention" in the community. This issue is addressed more fully in Section 6.2 on Capacity Building.

Despite the general optimism regarding community support, several participants pointed to the importance of the message in garnering community support. In Nashville, one participant expressed concern about what will happen if PMI can't stick with an abstinence message. In that event, it may not "snowball"; its effect would be very limited.' Similarly, in Phoenix a participant noted that baseline support is there, "but what kind of message we choose will make a difference in that support … There is support for an abstinence-only message but not for condom promotion." Interestingly, all sites have decided to design condom-promotion messages, although three sites are promoting abstinence as well.

[1] Since that interview, Nashville PMI has chosen to develop two kinds of messages, one to promote condom use and the other to promote abstinence.

Community Participants

The value to participants of having been involved in PMI is expected to last beyond the actual time frame of that involvement. Involvement with the program has provided1 many of the participants with new contacts they can turn to for information or support. This beneficial aspect was stated clearly by a Sacramento <participant, when she responded that PMI "is going to give us a support group." For many participants, PMI has also increased their knowledge of HIV and has exposed them to methodologies that were previously only vague, if not entirely foreign concepts-research and marketing. PMI provided an in-depth exposure to and involvement with using research in the development of an intervention and targeting a program to a specific audience. This benefits the individuals involved and their agencies to the extent that these methodologies become integrated into the activities of the agencies. As discussed previously, some of these effects are already apparent. Participants expect that the ripple effects will increase as PMI moves into implementation. (Refer to Section 6.2 on Capacity Building for further discussion of these issues,.)

Target Population

PMI participants expect the project to raise levels of awareness and discussion among youth around the issue of HIV prevention. Participants also expect that PMI will affect how information is provided to young people and how young; people are involved in decision-making. Just how much effect it will have on the: target population will depend upon how implementation occurs. As one youth put it, it may depend on how exposed people will be to the intervention.

While greater levels of <awareness and discussion may positively affect community support for prevention, as most participants believe, there is also the potential for community opposition to become more vocal and organized, a "spectre" raised by several participants. Ironically, the latter possibility is viewed as a positive outcome by at least one participant, who speculated that as the opposition is galvanized in response to PMI, it may actually help achieve desired behavior change among the target population by "'hellping to rnak.e it attractive. It will make desired behavior into a form of rebellion."

Another participant commented that despite her belief that community involvement leads to community buy-in, she still wonders if that will in turn lead to more behavior change. In the PMI demonstration sites, the jury is still out on this issue.

6.1.4 Factors Affecting Community Support

Community Context

Participants in all five sites characterized their communities as conservative and expressed concern about the reaction they will get when they go public with a condom usage campaign or message. The PMI demonstration sites have been sensitive to the political environment in the development of the target audience and the behavioral objective, yet-based on their analysis of local HIV risk-ah five have chosen to target young adolescents, a choice that may not be the easiest to implement within that conservative context. In Northern Virginia, Newark, and Nashville, however, a second behavioral couplet was added that focused on abstinence, a decision also based on their assessment of the community context.

The way the message is delivered will also be influenced by this context. For example, Phoenix participants talked about avoiding discussion of morality and focusing instead on the potential for young people to die if prevention is not made a priority. Other events helped support their ability to do that, including CDC's report on the young age at which HIV infection is occurring and teenage pregnancy statistics that place Arizona at the top, nationally.

Participants also talked about the racial and ethnic sensitivities within their communities, perhaps more pronounced in some than others, but nevertheless present in all. Two sites, Nashville and Northern Virginia, have elected to focus their interventions on a single racial or ethnic group (African Americans in both sites). Newark's target population is those youngsters who are involved with services. Their approach can be called "point of access." It is not specifically targeted to a particular ethnic population, although almost all participants to date, as well as those who took part in focus groups, have been African American or Latino. Sacramento and Phoenix have taken a still different approach, choosing to be multi-ethnic, targeting the audience based on behaviors. In Phoenix, this choice was explicitly discussed as a good strategy for minimizing confrontation and, by extension, increasing community support. Focus group data supported the decision to be inclusive by pointing out the congruence of behavior across groups, a finding that reportedly came as a surprise to some participants but helped them to accept the choice of target population that was made.

Community context will continue to be an element that all sites take into account as they plan their marketing mix and interventions. It is explicitly incorporated into the site design process in

discussions of feasibility. It will be interesting to see what effect these considerations have on community support for HIV prevention.

Issues Management

Issues management, in a broad sense, is being used by the demonstration sites to reduce the likelihood of public opposition to, rather than to build community support for, HIV prevention. All the sites have engaged in discussions and training, designed to help anticipate reactions that may occur and to prepare responses. Issues management subcommittees were formed, and in some sites (Sacramento and Phoenix) consultants have been hired to help prepare an Issues Management Plan. Sites have designated spokespersons that are authorized to address particular issues, and participants have been instructed to refer questions to the relevant spokesperson.

Beyond these broad similarities, sites have adopted a number of different strategies for managing public issues. In Nashville, Northern Virginia, and Newark, PMI participants have opted to postpone public announcements regarding PMI until an intervention has been designed and an issues management plan has been developed to present it. In all three sites, participants cite the conservative nature of the community as the reason for waiting. However, Nashville PMI did make an announcement for the media in the Spring of 1996 after they completed the Implementation Plan. In contrast, Phoenix has (chosen to be public early on and to "make tlhe process really open so people can't come back later and complain about it." They have done a lot of outreach to different communities and the media, using their understanding of the political context to talk about the reasons for having a demonstration project in Phoenix.. They, too, cite the conservative nature of the community as the reason for adopting this very different strategy. Tlhe fifth site, Sacramento, organized a major media announcement in March 1995, in the heart of the planning phase, but has been publicly quiet in the ensuing months.. Their approach has been cautious, especially with regard to the youth involvement aspects of PMI.

There does not appear to be any pattern in the issues management strategies the five sites have adopted; from the community context we would not have been able to predict which approach a site would take. Yet all five sites indicate that they are pleased to this point with how issues management is working for them. None of the communities have yet encountered any negative public backlash. Only time will tell whether the strategy each site has adopted will accomplish what they hope for.

Other Site Activities

Several participants spoke about the importance of community involvement and community ownership as a mechanism for obtaining community support. In the words of a Sacramento participant, "I think being a community-based project garners community support." Another participant in Nashville said, "it will take you longer if you involve a lot of different kinds of people, but you'll be more successful." The design of the PMI demonstration sites explicitly seeks community involvement as a mechanism not only for developing an intervention but also for developing the capacity and support to carry it out.

A Nashville participant reflected that PMI's effect on community support will depend upon its ability to maintain the group dynamic through transition and implementation. In a planning meeting we observed in Sacramento, participants discussed the need to expand the type of community involvement they have, in particular with respect to the neighborhoods that will be the target of the intervention. Time will tell whether efforts to involve and give ownership to the community have been successful in building the necessary community support for implementation.

Evaluation Issues

In our discussions with participants about PMI's effect on community support for HIV prevention, respondents offered their opinions about the effects they expect to see. In addition, a few participants spoke about the importance of measuring or documenting those effects. Comments were directed both to PMI's approach to evaluation and to providing specific ideas about how it could be measured. Regarding PMI's approach to evaluating community support, one participant stressed that "it is important to have an evaluation process so that we can tell-[we need to] look at ... behavior and attitudes on the periphery." This participant does not believe that such a process is in place; "I don't think we are measuring community norm changes as much as we are individual target population changes." Regarding specific ideas of what to look for, participants mentioned public attention to HIV and youth, regional leadership, seeing youth involved, and changes in the activities of agencies, specifically seeing HIV organizations focusing on youth and youth agencies focusing on HIV.

6.1.5 General Assessment of Community Support for HIV Prevention

In sum, most participants in all five demonstration sites agreed that PMI has not yet affected support for HIV prevention in the community at large. During the planning and transition phases, PMI has not been visible much beyond the circle of direct participants. Despite its limited visibility during the early phases, a minority of participants in some of the sites do see some limited evidence at this time of changing support. The 'evidence they point to is greater awareness of the need for HIV prevention among youth, a greater level of collaboration among agencies, and a shift in priorities among participating agencies—changes participants link at least in part to the effects PMI has had within agencies that have direct ties to PMI. Participants are nearly unanimous in their hopes and beliefs that PMI will increase support for HIV prevention in the future. However, a few are concerned that PMI's message may be out of line with community norms, so despite positive hopes, they are far from certain that PMI will be able to achieve its potential.

6.2 Capacity Building

In addressing the 'ways PMI has built community capacity to engage in prevention marketing, as we did in our discussion of community support for HIV prevention, we are first faced with clarifying how capacity can be assessed. Since we lack a robust baseline measure of capacity, which would enable us to assess growth and change, we rely heavily on participants' accounts of what they have learned and what they perceive others to have learned. We also requested information concerning how participants are putting the prevention marketing process to use, and offer our own observation of participants' understandings of social marketing,

Our original objective was to explore the ways in which the PM.1 process may have led to an increased sensitivity towards social marketing. However? in analyzing the data, the multi-faceted nature of PMI and what participants have learned through the process became clear. Our aim in this section is to portray the impact of PMI on participants, including those effects such as increased ability or willingness to pursue HIV prevention, or to incorporate research in program development. These may not he the intended "end,-point" outcomes, but they are nevertheless indicative of increased community capacity.

6.2.1 Participants' Understandings of Prevention Marketing

In our interviews, we asked participants whether they had been familiar with prevention marketing before their involvement with PMI. We also asked them how they would define prevention marketing. In general, participants used the term social ***marketing,*** rather than ***prevention marketing***. Though prevention marketing may be CDC's term of choice, it is the term social marketing that participants employ.

A sizable minority of respondents at all five sites claimed to have prior knowledge of certain aspects of social marketing. For some this took the form of college or graduate school coursework in marketing or social marketing; others spoke of their generalized understandings of how advertising works or of how health promotion and disease prevention programs operate. Nearly ail participants-whether familiar with social marketing or not prior to PMI—reported that their understanding of the concepts and methods had been enhanced through their participation in PMI.

Nonetheless, we must note that a sizable portion of the individuals we interviewed had a difficult time offering a definition of prevention marketing. In our analysis, we did not observe any link between individuals' reported prior knowledge of the area and the accuracy or specificity of the definitions they offered. It may be that participants view prevention marketing as something intuitive-an I-know-it-when-I-see-it kind of thing that they are hard-pressed to codify. In fact, several participants across all five sites voiced this sentiment: "I know it but I can't define it." Another interpretation may be that participants are aware that there is a specialized vocabulary to prevention marketing, and they may be reluctant to reveal their unfamiliarity with it (especially in light of the extensive training they have received). This is indicated by the participant who said, "I've learned things, but don't ask me what I've learned because I really couldn't tell you."

This is an important finding in that participants' inability to articulate their new-found knowledge may limit sites' ability to build capacity and community involvement. If community-based volunteers have a hard time explaining what they are doing with PMI, it will be difficult for them to persuade others of the value of this approach. Similarly, barriers of language or meaning may prevent full community participation and ownership.

In discussing their understanding of prevention marketing, most participants focused on one or two aspects of PMI. Rare were those individuals whose definitions referred to multiple aspects, including community involvement, behavioral science research, and marketing behavior change. As

one community co-chair noted, "If you asked ten different people for a definition, you'd get eleven different responses."

Our analysis revealed seven general aspects of PMI that people mentioned when they were asked to define prevention marketing. We should note that responses to such an open-ended question' must be interpreted with caution: we cannot make inferences regarding understandings or opinions from what people do not choose to mention The aspects of PMI mentioned varied by site and include the following:

- Marketing behavior change
- Using data and/or research
- Focusing on a specific audience
- Planning or following a process
- Community involvement
- Using behavioral science
- Changing norms or beliefs

The aspect of PMI mentioned most by Phoenix participants was prevention marketing as a way of marketing behavior or behavior change. In Nashville, the majority of participants' responses addressed marketing behavior change, focusing on a target audience, and relying on a structured process. Responses in Newark were spread across the various aspects of prevention marketing, with marketing behavior change receiving the most mentions. Sacramento PMI participants spoke of prevention marketing most frequently in terms of following a process, while Northern Virginia participants mentioned marketing behavior change most often.

These findings indicate the diverse responses of participants to the information they have received. Though all were exposed to the. same information regarding prevention marketing, each individual responded to and incorporated the information differently. These differences may be attributable to differences in individual participants' baseline knowledge, interests, and experiences, as well as to differences in emphases and experiences among sites. Even so, as demonstrated in Chapter 3, participants in all sites followed the same basic steps for defining a target population and

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' During the pilot test, we asked respondents to please define "participatory social marketing." It was soon apparent that this caused discomfort probably due to a sense of being tested. We also discovered that site-based participants had not been exposed to the term *participatory social marketing*. We therefore shifted to asking people: for their ***understanding*** of prevention marketing embedded in a conversation about prior exposure to prevention marketing principles and to use of prevention marketing in the future.

conducting audience research. We believe this discussion indicated how dependent participants were on the TA they received. With guidance from the TA providers, they were able to define the target audience and take steps toward designing a plan. Without such guidance, however, it is possible they would develop very different versions of participatory social marketing, based more on prior exposure than on the principles of prevention marketing.

6.2.2 **Participants' Use of Prevention Marketing**

The great majority of the individuals we spoke with were extremely supportive of the prevention marketing principles underlying PMI. This support was evident at all five sites, and in staff as well as volunteers. In each site, however, one or two individuals reported some skepticism regarding PMI or prevention marketing. In some cases this took the form of skepticism about the prevention marketing process: "I found it annoying-it just seemed like silly code words for things that could more easily be discussed in other ways. It was too rigidly structured. It didn't seem to add anything, and it did seem to detract, in terms of jargon, rigidity, and at times I had the sense of questionable [empirical] support. " In other cases, participants' doubts seemed to stem from PMI having diverged from their hopes or expectations. One stated that "in principle PMI is a wonderful idea, but it hasn't panned out that way. A lot of time is spent without much tangible benefit." This comment may have to do with the PMI process as a whole not living up to the promise perceived in social marketing, or just the fact that designing the PMI intervention has taken far longer than expected.

Staff and TA consultants have noted that in some cases, individuals' skepticism may be rooted in a lack of understanding of the process. However, we should note that many people who lack a thorough understanding of prevention marketing are fully supportive of it, so we are not convinced that understanding is necessary or sufficient for support of prevention marketing. We should further note that even those participants who expressed some doubts about prevention marketing as an approach maintained their support for PMI. This indicates to us that the sites' support for PMI is based not only on the ideas of social marketing, but also on other aspects, such as community involvement and loyalty to staff and other volunteers.

Participants' use of prevention marketing principles and practices varied. Though respondents at every site noted that they were using what they had learned in PMI, in their discussions they cited

putting particular aspects. or parts of PMI to use. No respondents discussed replicating the entire prevention marketing process in another program.

Using the Language of Prevention Marketing

Most generally, participants at all five sites mentioned using the language or concepts of PMI. In most cases, they were not more specific than that, though some volunteers talked about how they used the PMI concepts they had learned:

> I don't think that I would have gotten one of the grants that I got without what I learned through PMI.. Formative research, evaluation, documentation-without PMI, I wouldn't have been familiar with all the language in the RFP.

Another volunteer focused on her use of the behavioral science training she received as part of PMI:

> I have used some: of the social marketing principles i.n being a mentor [to an "at risk" young person]. It has caused me to draw on information and techniques that I learned from PMI. I tapped into this over the last year because it was relevant.

This general use of PMI principles was mentioned most often in Newark, somewhat less often in Phoenix, and less in Nashville, Northern Virginia, and Sacramento.

Using PMI Data

Using the data from PMI was another application of PMI offered by participants. Participants mentioned using the research findings in developing or running programs at their home agencies, in discussing issues related to HIV with colleagues, and in counseling peers, friends, and family members. This use of PMI was mentioned most frequently in Nashville, while several Sacramento participants mentioned this application of 'PMI, as did a handful of individuals in Newark, and one in Phoenix. Most of the participants who mentioned this application of PMI were those who had had little prior experience with HIV (for example, youth service workers).

Using PMI Collaboration Techniques

The third most frequently mentioned use of PMI was applying insights regarding committee work and collaboration. Some participants discussed how PMI has "built bridges" and fostered a climate supportive of collaboration. As one Newark participant noted, "The most important thing to come out of PMI is the community process and the enhancement of the community's ability to be involved in these types of projects."

Others mentioned that their participation with PMI had enhanced their ability to work in collaborative or coalition settings. One Nashville participant stated it this way: "What I was able to apply [at my agency] was an understanding of group dynamics, coaching, working with leadership-committee work." These process skills were noted by numerous Nashville PMI participants, several participants from Newark, a few Sacramento participants, and one individual from Northern Virginia.

Using PMI Theory and Principles

For some PMI participants, the main prevention marketing principle they have been putting to use is the involvement of the ***target audience*** in program planning and development. This was noted by a few participants in each of three sites (Nashville, Newark, and Northern Virginia), and by one in Phoenix. Respondents used phrases like "taking a more client-centered approach" and "always trying to get information from the audience I'm going to target before I go in." This was summed up in the comments of a participant from Northern Virginia: "Nobody who's been in PMI will ever sit in a cubicle and design a program without getting youth involvement."

Several participants noted that they have been relying on a ***research-based approach*** to program planning since their involvement with PMI. One mentioned conducting focus group research when planning a youth program to "get a sense of what is happening with kids," while another discussed collecting data on school dropouts. Research methods were referred to by a few participants in Phoenix, Newark, Sacramento, and Nashville.

Another aspect of PMI participants have been putting into practice is the notion of using ***exchange principles or incentives to motivate change.*** This was noted by a handful of participants in Northern Virginia, and a few in Sacramento and Nashville. Participants offered as examples making programs "more enticing to our audience," and thinking in terms of "what will get people to come in

to get their immunizations. " To paraphrase a Northern Virginia participant summing up what she had learned:

> When I recruit people into my other programs now, I have a long-term view and use techniques of social marketing. Specifically, my recruitment and marketing efforts emphasize the long-term as well as short-term benefits of the program. In other words, I learned to perfect the selling of tlhe benefits of involvement because of what I've learned from PMI.

For some participants, an important take-away skill from PMI is the model it provided for engaging in a ***structured planning process.*** As one participant in Sacramento noted, "I always did things like, 'well, I think this will work.' I didn't know there was a plan of action you could take to get you to the 'target population. " Community-based organizations are hungry for technical assistance, and they welcome ***tested approaches to program development as an*** improvement on the "let's try this" approach many have had to rely on in the past.

Finally, methods for and the value of ***involving the community*** were noted by several participants in Sacramento as a capacity tlhey will apply in their other endeavors. As indicated in Chapter 5, the discussion of Community Collaboration, this aspect of PMI was valued across all five sites.

6.2.3 Infrastructure Development

It is difficult to separate out infrastructure development from what individual participants have learned and are applying. Insofar as PM1 has provided community-based organizations with information, tools, and techniques that can be applied to other programs, it has been addressing infrastructure development. Research findings and reports were made available to PMI volunteers and their home agencies at all five sites. In this way, the information gleaned from PMI has been formally transferred to community agencies.

In some sites, training sessions offered by the TA providers were opened up to the community at large. In Sacramento, PMI volunteers were encouraged to bring a colleague to training sessions as well as to monthly meetings. This was true of the other sites, especially during the planning phase, in the sense that meetings were open and anyone could attend. As sites moved into site design during the transition phase, training became more intense and some were targeted to a subcommittee or team.

In Sacramento and Newark, participants mentioned that the issues management plan had been developed so that it could be used as a model for other community-based programs. Again, providing this tangible tool may strengthen community-based organizations' capacity for engaging in effective issues management.

6.2.4 How Capacity Building was Achieved

Chapter 3 on steps in the PMI process, including technical assistance, addressed the activities and efforts involved in technical assistance providers putting social marketing tools into the hands of PMI staff and volunteers. In this section, we will address other mechanisms used to build capacity.

Peer Assistance

One such mechanism is people teaching each other. Community-based volunteers provide each other with information, insights and support throughout the PMI process and become part of the system for reinforcing the messages and lessons of PMI. In the words of one of the TA providers: "The real prize moments were when a new person at the table would be uninformed, and others would pipe up and clarify what was needed in the social marketing process."

Research Contracting

Another mechanism that represented an attempt to build community capacity was the research contracting process. Sites and TA consultants believed that using local firms to conduct the formative research would be another way of building community capacity. However, this method was not without its problems. Though all sites initially issued Requests for Proposals (RFPs) in the local area, no suitable local research firms could be located in three of the sites. Contracts were eventually signed with national firms with a strong regional presence. In all cases, the firms had to work closely with (and on occasion subcontract with) local agencies to facilitate the recruitment and logistics for the focus group research. From the perspective of the TA providers, contracting with a single firm to do the formative research at all five sites would have sped up the process. However, as one TA provider pointed out, "sometimes you have to let the community validate it for themselves." Attempting to contract locally illustrated to all involved the extent of local research capacity.

In one site the committee responsible for reviewing responses to the RFP decided that "if we're going to go with this, if we're going to work here we have to build capacity within the community to do research." 'This respondent later noted, regarding the choice of a contractor, "we chose them for capacity building, we had responsibility for oversight." Even so, it was difficult for the site to maintain the needed level of oversight. In another case, a prominent researcher pointed out that coping with IRB clearance was a "learning experience" for PMI participants. However, we see this as a double-edge sword. Frustrations and delays may have drained capacity even while increasing volunteers' skills that could be brought to other areas of the community.

In addition, staff, volunteers, and TA providers noted that the process of having PMI volunteers involved in reviewing responses to RFPs, selecting, and working with research contractors helped to build community capacity for and understanding of research.

6.3 Summary

In this chapter, we are taking a somewhat different approach than we did in previous ones. Here, as we summarize the discussion of community support and capacity building, rather than develop a new set of lessons., we will look towards the future need for evaluation. Such evaluation will help to assess whether the environment and infrastructure in a particular community has indeed changed as a result of PMI. We also feel that many of the lessons developed in Chapter 5, Community Collaboration, are especially relevant to the issue of community support for HIV prevention, and that the lessons learned about steps in the PMI process and technical assistance, in Chapter 3, are particularly relevant to capacity building.

6.3.11 Community Support

Participants were nearly unanimous in 'characterizing their communities as conservative, with little support for openly discussing sexuality among youth. Conservatism notwithstanding, all sites report the existence of programs within the community that address HIV prevention. A belief in support for coal ition-building around HIV prevention is more mixed. Participants are optimistic about the potential for PMI to positively affect support for HIV prevention, although most do not believe that PMI has yet had an effect on the level of support for the very good reason that it is not yet publicly known. However, despite this limited visibility of PMI during the planning and transition

phases, participants do point to some evidence of growing support within the agencies that send representatives to PMI. This evidence includes greater awareness of the need for HIV prevention among youth, changing agency priorities, and a greater level of collaboration among participating agencies. Evidence has also been provided to suggest a change in the way some agencies include youth in decision-making. Despite general optimism, some participants express concerns about the reception awaiting PMI when it does go public, resulting in what we would characterize as cautious optimism.

Participants raise some interesting points with respect to how changes in community support can be identified. We realize that evaluation of changes in a general community environment regarding support for HIV prevention could be very costly, especially as sites and CDC mount outcome evaluations focused on behavior change. Here we propose a strategy that may be integrated with later evaluation efforts, once the sites have implemented their programs. We anticipate that increased support within the communities will take different forms for different types of agencies. Youth organizations are likely to show their support by devoting more resources to issues of HIV prevention, while HIV organizations are likely to show their support by devoting more resources to youth as a risk group. We would suggest tracking evidence of an increase in collaboration across the two types of groups, a result that could reasonably be interpreted as an increase in support by all collaborating entities, and greater mobilization of youth within the community to address HIV prevention among their peers.

A few respondents spoke to the issue of evaluating changes in HIV infection among youth. This impact is not likely to be measurable during the funding cycle, nor is it practical to search for such evidence due to the ways in which cases are reported, or not reported. Rather some efforts are being made to track changes in knowledge, attitudes, and behavior. Although participants displayed minimal awareness of such efforts during our site visits, those with evaluation backgrounds were able to speak to the necessity of demonstrating measurable outcomes in order to maintain support for prevention marketing.

6.3.2 **Capacity Building**

Even though evidence that the principles of prevention marketing are being applied in the community is sketchy, we can infer increased capacity from a number of sources: enhanced understanding of social marketing principles, increased willingness and ability to apply aspects of the

prevention marketing process in community-based work, and placing, information and tools in the hands of community-based volunteers.

Finally, involvement in PMI requires a great commitment on the part of volunteers and their home agencies. We believe that a pant of what helps to sustain that commitment is the confidence among PMI participants that they are receiving something in return for their efforts. In some cases it is something tangible, like research1 regarding youth and risk for HIV that can be used in program planning or service delivery. In many cases, however, it is more intangible-a spirit, an increase in knowledge, or enhanced commitment to HIV prevention among youth. Participants' continuing involvement in PMI suggests that they, and their agencies, are extracting something meaningful from the experience. In our next to last chapter, we will share what respondents found most useful about the experience and what they would advise a hypothetical new site to do differently.

Chapter 7

Barriers and Facilitators to the PMI Process

7.0 Barriers and Facilitators to the PMI Process

This chapter is concerned with the research question, What have been the barriers and facilitators for each aspect of the PMI process? The text is based mainly on answers to summative questions which we posed as we closed our interviews. The chapter concludes with a summary of issues, challenges and solutions which we culled from responses to specific requests for advice, and from our own interpretation of data previously presented.

As we ended our semi-structured interviews, we asked respondents what went well at their sites, and what could have been improved. We also posed the question, "what advice would you give to future sites?" For most respondents this question was followed by another, "what advice would you give to CDC?"

In reviewing the data we found that most responses spoke to issues of community collaboration followed by those that dealt with the way in which the tasks of PMI were accomplished. Structural issues were tied to concerns over the way the steps of the process were carried out or how to build infrastructure through collaborative efforts. In turn, these responses were linked with issues of building community support and capacity for HIV prevention among young people.

By the end of our interviews, we had generally probed barriers and facilitators, and advice and recommendations for youth involvement in depth, so not as many of the responses to more general questions addressed this area. However, we will summarize preexisting and new data on improving youth involvement below. We will also present responses to a request for suggestions for improving TA and training, which was also previously summarized in Chapter 2.

In synthesizing the information already presented with new data from responses to the summative interview questions, it became clear that what we learned moves beyond the question of barriers and facilitators. We heard how barriers have been overcome and received advice that was based on ways that, with hindsight, participants think barriers might have been avoided. And, we discovered what stands out as having gone well. In the discussion that follows, we will first highlight responses that were common across sites to questions that specifically sought advice,

recommendations, or information on what went well and what did not. Then we will summarize in Table 7.1 the major issues, challenges., and solutions as seen in this and previous chapters.

7.1 Structural Features of Sites

An early barrier to the PM1 process was lack of pre-planning. One person with cross-site experience suggested that time be spent to learn about the sites, even conducting a community assessment, before beginning the process. A more realistic timeline would also have been helpful, a concern reiterated by several respondents.

For the sites that changed lead agencies, the tensions surrounding this decision were usually discussed in depth throughout the body of the interview. Few people gave specific advice about choosing a lead agency, perhaps because the best route is not clear. While having credibility with the community was certainly a concern, it was also seen, especially among people in staff and leadership roles, that the original lead agencies were all good conveners, a role that was necessary when first organizing PMI.

With regard to staffing, it was clear that there was a need for a variety of skills and levels of skills from the beginning of the project, including management and technical support on-site. On the other hand, we heard much praise for the community organizing skills of all the original staff members. In the sites that did not change staff, the site coordinators had received much support from the lead agency. Clearly, there is a need for mature experienced leadership, as well as room for younger professionals to develop within PMI.

PMI participants were quick to acknowledge the importance of the staff in accomplishing the tasks of planning and transition. The importance of the staff role was highlighted by this Nashville volunteer: "you need someone like [the coordinator] to keep us on task because we're very busy. It's extremely important to have someone in the center holding it all together." Some participants cited particular staff attributes that contributed to the progress of PMI, including enthusiasm, respect, genuineness, dedication, intelligence, and a grasp of group dynamics.

Accomplishing the tasks was made more difficult when the PMI participants kept changing, as in committees 'with high rates of turnover. This was especially an issue in those sites with relatively unstructured Planning Committees in the early phase. Frequent turnover of committee members made reaching decisions difficult. Often the same issues were revisited at several meetings to accommodate

new participants, thereby sometimes annoying the continuing participants. This was pointed out, for example, by a young person active in site design.

While there was some early resistance to selecting co-chairs and to organizing into subcommittees, these structures clearly facilitated decision-making and helped the process to move along. It also helped members who were actively involved to gain a feeling of ownership of the process, since they were able to apply some of what they were learning in larger meetings. By and large co-chairs felt it was their role to enhance a sense of community ownership of PMI.

7.2 Accomplishing the Steps of the PMI Process

Several participants noted that one feature of PMI that facilitated the planning process was that it followed a systematic and thorough process. Many PMI participants had been involved in previous community-based or program planning processes, and rarely did they work from an established model like PMI. One Phoenix participant described it as follows: "My impatience with the fact that it isn't under way yet is tempered by knowing that this is a step-by-step process . . . it builds. There really is a systematic process. Doing it methodically is going to pay off .."

One particular aspect of this systematic process mentioned at all sites was the research foundation of PMI. The PMI research base was described as "so rare in this type of work, and so wonderful" in Phoenix. The value of research was summed up by a Newark participant: "Even though we each may have personal experiences that may contradict any one piece of the research, we were able to look at the data and come together." The use of research methods and findings to overcome personal agendas and arrive at a robust and defensible program was seen by many as a triumph of PMI.

The PMI effort was facilitated by the technical assistance and training. This includes the technical information that was imparted in trainings. For example, a Newark participant noted that "taking the time out to train people is really critical. Everyone was on the same page, therefore it was easy to build the couplets [for the behavioral objectives]." It also includes the greater role the TA providers played, as a source of information, energy, optimism, and insights into the PMI process. The TA providers' role as culture broker was noted in several sites-that is, they effectively mediated between the sites and CDC.

Some participants understood that PMI's status as a demonstration project meant that nobody knew at the outset how long particular aspects of the process would take. Issuing the RFP,

contracting with a research firm, and acquiring IRB approval all consumed more time than participants had anticipated

Though some savvy participants, recognized that a demonstration project must at times proceed into uncharted territory, the majority of participants believed that CDC and AED possessed a grand plan or design for the project from the outset. Participants who expressed frustration at a lack of planning or consistency seemed to be expressing the expectation that this was going to be a tidy process, rather than an evolving one. For example, a Northern Virginia participant said that "it seemed often that the goals of the project switched ... one thing is most important, and then they change and say another is most important. It seemed kind of disjointed sometimes." This was echoed by several Newark participants: one opined that 60 percent of the problems the site encountered could have been fixed by planning ahead, while another said that the process would have been improved through the application of "a consistent approach."

Some participants, however, were (clearly cognizant of the pioneering role they were playing. A Phoenix participant spoke of what a benefit it would be "if we could leave a time capsule of what we've learned. " In Sacramento, people who had participated in the Lessons Learned document from Year One expressed concerns that there were numerous insights and lessons learned that were not reflected in that document and hoped that the data could be made available for subsequent studies.

The issue of time arose at all sites; interestingly, time was alternately described as both a barrier and a facilitator. Time was seen as a facilitator in that, as a Phoenix participant noted, "[it takes time] to move beyond politics and the emotions tied up in [audience] segmentation." The other side of the coin is the observation by numerous participants that it took what they perceived to be too much time to accomplish the PMI process. Adjectives such as "frustrating"' and "laborious" and a description of the planning process as "a time drain'" were used to express frustration with the pace of the process. Though the time spent was valuable in terms of bringing togetlher PMI participants in a collaborative fashion, it also may have contributed to some people dropping out of PMI. In particular, some participants believe that the more loosely connected participants (those for whom HIV prevention was not their focal effort) were more likely to drop out because of the time issue.

Prior assumptions also served as barriers in the planning phase, by constraining choices or making it difficult to develop new directions. For example, PMI was designed to address HIV prevention among young people aged 25 and under. While some respondents have speculated that CDC was initially expecting the sites to select target audiences in the 18- to 25-year-old age range, all sites chose to focus on younger youth. This presented challenges to the sites, to CDC, and to AED

in terms of youth involvement, community support, and technical assistance. TA providers pointed out difficulties in collecting quantitative data concerning this age group. As sites now embark on implementation, a CDC stakeholder shared that CDC was quite pleased with the fact that sites chose the target audiences they did because they were based on data that were available in their cormnunities.

Unresolved issues remain regarding implementation. Some participants expressed concerns about community support for PMI being contingent on the adoption of particular messages. While participants in all sites noted the conservative nature of their community, Nashville and Northern Virginia were most vocal in their concern about community reaction were they to go ahead with something other than an abstinence campaign in certain portions of their jurisdictions. In Newark and Sacramento, some participants expressed concerns that the message would ultimately be too "watered down"-that political considerations would preclude the development of the programs most likely to be effective with youth at risk for HIV.

Some participants were concerned about their program's ability to produce an impact on youth, given the many other messages bombarding today's young people. A few participants related this to a concern about evaluation: they want to be able to demonstrate the value of the PMI program. As one noted in discussing the need for an outcome evaluation, the question is "Is what we say is happening really happening? More important, is behavior changing? I think this is an incredible process, but if you can't show behavior change, nobody's going to buy it."

7.2.1 **Suggestions-Technical Assistance!**

The main facilitator of TA was "relationship building." This was a clear strategy of TA providers and was highly appreciated by staff and most volunteers. Participants provided suggestions for how training could be improved and recommendations for future topics that could be addressed through technical assistance. Suggestions and recommendations addressed issues of content, delivery, and audience. These are presented below along with our own recommendations based on our observations and the pattern of responses across sites.

Content

Participants were generally very satisfied with the core technical training around social marketing and formative research. Most of the suggestions offered were ideas about other areas outside this core for which technical assistance would also be helpful. These included assistance with community development, diversity training, and training on the developmental stages of the target audience. These suggestions support. the contention that of the three components of PMI (community involvement, social marketing, and behavioral science theory) technical assistance was of most use to the second component--social marketing. Participants suggested that they could have used (or still could use) greater assistance with; the: other components.

Another area recommended for further assistance was in. defining the role of youth and of the youth consultant. Participants struggled to develop a structure and process that could best incorporate what youth had to offer in the planning phase while still respecting the very real barriers to youth involvement. Participants felt that additional training in this area might have clarified their options and led to a more productive use of time by both staff and youth.

Participants would have welcomed additional support in their efforts to let their respective communities know about the existence of PMI and the significance of their selection as a demonstration site. While issues management and media relations training were very helpful, it did not substitute for the presence of written materials that could effectively convey to a broad audience the design and purpose of PMI. This suggestion was in large part aimed at CDC in particular. Participants recognized that CDC was 'being cautious because of PMI's focus on young adults and teens, yet they felt that this cautious approach undermined their ability to develop support within their own communities. They felt that publicly stated support by CDC for the demonstration sites would have aided their own efforts to advertise PMI. A separate but related suggestion was to place less emphasis on technical assistance for crisis intervention during the planning phase and instead defer that until there was greater potential for negative feedback.

Other areas in which additional knowledge or skills would have been valuable included basic HIV/AIDS training with an emphasis on new research findings and multi-media training. Finally, one participant suggested that it is important to train the community to articulate its own technical assistance needs. In her words, "if we had been better at asking, we would have received more."

These suggestions and recommendations provide valuable insights for future technical assistance planning. Nevertheless, if' PMI is being true to its community base, it must be expected

that technical assistance needs will vary across sites and that not all needs can be anticipated. As AED staff pointed out, this is part of the social marketing process. In social marketing, "the decision-making process draws from the circumstances in which it is applied. It's going to be unique in each place it is applied ... so variability is inherent in the process.*' It follows that the issues and challenges that arise will likewise vary across sites and hence so will the requirements for assistance. Therefore, there is no substitute for the close relationship between providers and site-based staff and volunteers that permits them to jointly identify and confront emerging issues.

7.2.2 **Delivery of Technical Assistance**

Participants were very positive about the hands-on and role-playing aspects of the training. They also valued the written materials. On occasion, however, the amount of material seemed too great for the amount of time allotted, and participants were frustrated that too little time remained for the hands-on portions. A possible solution to this put forward by a participant would be the advance provision of written material so that participants could familiarize themselves with as much as possible beforehand and move more quickly through the material during the actual training session.

Language barriers were cited as a problem by several participants. Social marketing has a lot of technical jargon that sometimes made it difficult for participants to grasp concepts. Upon questioning, they did not feel that it was the concepts themselves that were difficult but rather the language used to describe the concepts. Participants found that some providers were better than others at getting past the language barrier. They reported progress toward resolving this issue but nevertheless felt it was still an area open to improvement.

Several participants across the various sites talked about the challenges that arose in the delivery of technical assistance brought about by some TA provider's relative lack of domestic experience. Most of their social marketing experience has been abroad, primarily in developing countries. Because of that, participants described AED's attempts to be participatory as "difficult" at times. Like the language issue, this applied more to some providers than others. A few participants were also bothered by the comparative lack of examples presented that were closer to home and to PMI. They would have appreciated more examples drawn from the activities of the PMI sites.

Related to this, participants did not always feel that the trainers had a sufficient appreciation of the group dynamics and skill levels present within the groups. Others, however, commented on the difficulties of providing training to such a diverse group and thought they had done as well as can be

expected in light of these difficulties, especially when the composition of the: group often varied markedly from one trainbng session to the next. Few suggestions were offered for how to improve this other than to make sure that the trainer has the opportunity to become familiar with each group in advance.

Beyond the formal training sessions, several participants spoke of the value of having primary TA consultants who had the skill level and personal attributes that made them a good "fit" for the site. Positive attributes mentioned included knowledge of the community, ability to open doors within the target community, a wealth of experience and ideas to share, and a manner that conveyed knowledge and authority without forcing solutions onto participants. It. appears that where there was an excellent fit, the process moved forward comparatively smoothly and quickly. It also became apparent to us that there may be a high value to provider continuity. Those sites that experienced comparatively less turnover in their primary provider were able to move more quickly through the PMI tasks without sacrificing their sense of group process.

TA providers shared that a certain amount of variability in TA. needs and delivery across sites was to be expected. Even so, while social marketing is never completely linear, they were struck by just how iterative the PMI process has been, and by the needs of the communities that they were called upon to address:

> None of us were around when the first blueprint [of PMI activities] was put together, so we didn't have expectations on how long things would take. Look at the things we were asking these communities to do. They were coming together monthly, maybe bi-weekly, to do something. Sometimes we introduced new terms for things they already did. Sometimes we were introducing new concepts altogether. And we were working with young, bright staff who didn't necessarily have experience doing this kind of stuff.

Thus, providers were balancing several roles and attempting to meet varied needs, while also balancing a requirement to stay faithful to the steps of prevention marketing and simultaneously respecting the individuality of the sites. One place that this balancing act played out was through youth involvement.

7.3 Youth Involvement

Logistical issues present significant barriers to youth involvement. This includes transportation, which is a particular issue in Northern Virginia, where the site is geographically large. Though Sacramento has adult representatives from seven counties, the youth representatives come from two contiguous counties, so we didn't hear as much about distance as an issue there. Meeting times are another issue: times that are convenient for adult participants who work in CBOs are not necessarily convenient for youth, who have school responsibilities.

Some respondents expressed concerns about a lack of diversity in the youth who are represented in PMI. This was not discussed in Nashville or Phoenix but was mentioned in the other three sites. We define diversity broadly to include racial and ethnic diversity as well as diversity in age, school and work history, sexual orientation, and socioeconomic status. A few PMI participants expressed concerns that the youth who are most at risk are not involved with PMI, although some acknowledged that these youth tend to be occupied with more pressing day-to-day issues that would preclude their involvement with a program such as PMI.

Several participants noted that progress is sometimes slow in PMI, and it is difficult for youth to be patient and stay with the process. Two young people at one site observed: "Kids feel like we're sitting there not doing anything . . . we go to a meeting and it's the same thing every time. There is a total deadlock and nothing trickles down to us."

Finally, some issues were raised regarding the definition and purpose of youth and youth involvement. Participants in Phoenix noted that the goals of youth involvement were ill-defined, while in Sacramento it was noted that CDC had difficulty defining and speaking out about what they meant by youth. Relatedly, a Sacramento participant mentioned that "it has been an issue figuring out what youth are going to have input on-especially with it being a research-driven process."

Youth involvement is facilitated by flexibility and local control. For example, Northern Virginia attempted to tackle the issue of geography as a barrier by developing two youth groups for different areas within the region. In Nashville, meeting times were changed to ensure that youth would be able to attend. Flexibility helped to neutralize some of the logistical barriers mentioned above, such as timing, geography, and transportation.

The issue of local control was raised in Nashville. Participants there felt that by being able to tap in to local expertise in youth involvement and to design their own youth involvement program, they were able to develop a successful program.

7.4 Community Collaboration

In addressing barriers and facilitators to community collaboration, we: distinguish three components of community collaboration. The first is *community involvement,* which is seen as a necessary precursor to collaboration. The second is *collaboration for community-based ownership of PMI,* and the third is *collaboration on endeavors beyond PMI.* In discussing barriers and facilitators, participants spoke more to the first two elements than to the third; we shall aim to analyze all three.

7.4.1 Community Involvement

Community involvement is facilitated by a number of different factors and is both a prerequisite for and an outcome of organizing the local community. Strategic location of the lead agency and PMI meetings was mentioned by PMI participants in both Nashville and Newark as a facilitator. Nashville's move from the United Way's corporate office park location to an urban location owned by the Urban League lnelped to reinforce the notion that PMI was a community-based project seeking input from community members. In Newark, one participant discussed how having meetings held at a major local corporation demonstrated "continued partnership and a real commitment" from the corporate partner, which was seen as an important aspect of community involvement. The corporate partner was located in downtown Newark.

Key informant interviews were described by several Nashville participants as an effective method for involving the community in PMI. A number of participants, and even the youth consultant, were recruited from the key informant interviews. One participant summed it up: "I think the key informant interviews got a lot of people. That base was really well-covered-really reaching out to the community to get. perceptions, define problems, assure buy-in." As noted elsewhere, several current PMI volunteers were first approached as part of the key informant interview phase in Nashville. Staff follow-up led to their formal involvement with PMI as volunteers.

Staff efforts to keep PMI participants informed and involved were noted by participants in Sacramento, Phoenix, and Nashville as supporting community involvement. This recognizes the fact that volunteers have other commitments that may keep them from attending meetings and reinforces the message that their input is important. Though the staff resources required to accomplish this are considerable, the results are valued by staff and volunteers.

Among barriers to community involvement mentioned by PMI participants, was uncertainty about what community members could or should do once involved. A Northern Virginia participant discussed this uncertainty in these terms: "Getting them [to the table] is not a problem, it's giving them something to do that's the problem. I'm an action person, and this whole process says hurry up and wait." This seems to have been an issue especially in the earliest phases of PMI, while sites were waiting for the research findings.

In the initial stages especially, PMI was largely oriented to process rather than towards results; i.e., a process for achieving results was being put in place. The keen attention to process issues was a facilitator for putting an infrastructure in place to achieve results, but the process orientation was perceived as a barrier by people who were anxious for results. We believe that PMI could go in one of two directions in the early planning phase to obviate the frustration voiced by a number of the early participants. In one scenario, assuming greater staff capacity on-site than was true for the demonstration sites, the epidemiologic research would be conducted before convening the planning committee. In the second scenario, PMI would redefine the Planning Committee responsibilities before the research findings are available in order to bring community members more explicitly into valuing the process of building capacity and collaboration. This would require a shift in emphasis regarding what the program and its participants could expect to accomplish and gain during the first two years of the project.

A more significant barrier to community involvement in PMI was discussed by several participants in both Phoenix and Northern Virginia. The issue revolved around the meaning of community and the purpose of community involvement. A Northern Virginia participant pointed out that "there are different levels of community. There needs to be a specifically defined definition of community. " A Phoenix participant noted that community was never defined and that "there were several different paradigms out there with several different approaches" to community involvement. Further, a second Phoenix respondent said that community involvement is "vague and not operationalized. How do you know it's reaching your objective? What do you want to see happen?" This was echoed by the volunteer who said, "I'd love to see if in fact community involvement helps HIV prevention. It certainly adds to community buy-in-but does it lead to more behavior change?"

We believe the frustration voiced by this participant is due to a lack of awareness that community collaboration, capacity building, and building community support are *all* considered desirable effects of PMI participation. Perhaps there is some cognitive dissonance between funder goals and the reason volunteers are attracted to PMI. Volunteers, by and large, simply want to stop

HIV. If the connection between HIV prevention and the desirability of participation effects can be demonstrated to them really clearly, this difference in perception may be bridged. Two participants in Phoenix engaged in some thoughtful analysis as to whether the goal ought to be community buy-in or true community participation in and ownership of the PMI process. They offered the thought that perhaps community buy-m, as opposed to full community participation, is sufficient for an effective HIV prevention program for youth. However, if we take into account the goals of community involvement and capacity building, then greater community ownership is necessary.

7.42 Community-Based Ownership of PMI

Collaboration on PMI is facilitated by a shared commitment to the overall goal of the enterprise. The common goal of preventing HIV among youth unites disparate people and groups to work together.

In some sites, community ownership of PMI is fostered by experience with previous collaborations. This was mentioned in both Nashville and Northern Virginia, with participants making statements like "people learned [through their work on Ryan White] that they can do something if they work together," or "Knowing one another and having collaborated with each other on non-HIV things makes it easier to collaborate on HIV. It also builds the knowledge that nobody can do it alone."

A third facilitator for collaboration, which is hopefully instilling a sense of ownership, is that the PM1 planning process was not centered on money. This perspective was mentioned in Sacramento, Phoenix, and Newark, through sentiments such as the following:

- "PMI has been a safety zone" because it isn't about money.
- "It's not set up for service groups to apply for funding."
- "Members were able to work on PMI as long as no one at the table owned it."

This may be an artifact of the Ryan White planning process, which was mentioned in several sites as a contentious, competitive process inimical to collaboration. PMI was mentioned several times as an alternative approach.

As for barriers to collaboration and ultimately community ownership of PMI, one mentioned at all five sites had to do with the inconvenience of meeting times and Ilocations. Participants spoke of

having multiple obligations during the day and encountering difficulties in making time for meetings or arranging to come to meetings.

More generally, the amount of time required impinged on people's ability to collaborate on PMI. Several participants at all five sites spoke of how the time demands of PMI limited the range of community participants. People self-select out, said one person, "and you get more administrative people than program people, and you need program people." Another asked, "Who has this kind of time, really? It's one thing if you can see how it relates to your work, like [an ASO], but when you go out beyond that ring of folks, it gets real tough …" As a consequence, active participation and collaboration may be limited to those individuals who can clearly see the link between their work and PMI. As someone in Phoenix said, "it's hard for people who do substance abuse prevention or teen pregnancy prevention to be interested in HIV prevention. Especially when it's been a two-and-a-half-year process."

A strong infusion of HIV prevention and service people on PMI may itself impede collaboration with agencies in other arenas. As a Northern Virginia participant noted, "the organizations that are involved in HIV prevention are a closely knit and protected group."

Participants in Newark, Sacramento, and Phoenix discussed ways in which funding pressures at CBOs made it difficult for agency representatives to work on PMI. This perspective was summed up by a Phoenix participant, who said that "capacity of providers is always a barrier-they are always looking for more money, losing funding … it hinders their ability to collaborate and plan in the long term. We see loss of funding in key agencies that we want as collaborators."

When participants are drawn from community-based organizations, staff turnover can be a barrier to developing ownership of the project, because the same people are not involved throughout the process. This was mentioned by participants in Sacramento and Northern Virginia. While Sacramento PMI staff make a concerted effort to retain both the original participant and the CBO when someone leaves a position, it can be difficult, and does require a lot of work to maintain this level of involvement.

Finally, issues related to working with diverse people and organizations arose as a barrier to true community ownership in all five sites. Northern Virginia and Sacramento were both faced with multi-county areas that varied widely. Other communities spoke of significant racial or cultural differences that hampered both community involvement and collaboration. Steps to overcome this barrier have included ongoing recruitment in Nashville, or hiring a community developer in Northern

Virginia. As sites move into implementation, we have heard of concerns that an intervention be culturally competent. Indeed, cultural competency should be a hallmark of an effective PMI program.

7.4.3 Collaboration on Endeavors Beyond PMI

In discussing collaboration as a general way of doing things, participants mentioned both barriers and facilitators. Though the time required to accomplish the steps of PMI was considered by some as a barrier to community involvement and collaboration, it also emerged as a facilitator particularly in Newark, Sacramento, and Phoenix. Because PMI is a long process, participants get to know one another, develop relationships with one another, and develop ownership over the process and the issues PMI faces This forms the necessary foundation for future collaborations. Sacramento participants in particular discussed the structure of their Planning Committee meetings as supportive of talking, sharing, and developing friendships as well as professional collaborations.

Participants also noted that there: need to be incentives to promote collaboration. In some communities, funding entities are already starting to require this, as with the: efforts of the United Way in Nashville to encourage collaboration "on maay levels: sharing information, service delivery, health delivery,, advocacy, and so on." In Phoenix, Ryan White is starting to require collaborations in AIDS services, and participants there recognized that, as "the epidemic is getting bigger and the money is getting smaller," tighter resources will demand collaboration. This is likely to trickle down to HIV prevention efforts as well, in part due to the overlap in participants, but more due to the efforts of the Arizona AIDS Foundation to reinforce collaborative work.

Finally, one Phoenix participant offered these insights from her experience with another community-based youth service coalition: "Direct care workers don't worry about competition. They know what they're there for, they do what needs to be done. They just want to take care of the kids. It's the program managers who care about competition and figure out how to get their piece of the pie."

A number of participants were concerned thart direct service or program staff are more likely to drop out of PMI than administrators. To them, PMI is losing precisely the wrong people, because service providers are closer to where the implementation will actually occur. Another point of view is that for the planning stages, it may make more sense to emphasize involvement of program managers who are accustomed to the rigors of planning programs. Program managers will also stand to benefit the rnost from the capac'ity-building aspect-that is, a street outreach person is not likely to

be in the position to use social marketing methods to design his next program, while a program manager is. The point here is that each type of person brings something valuable to the table, but each also has a different set of baseline understanding, skills, motivations, and capacity-building needs. Funders and program developers need to weigh these considerations carefully in providing guidance regarding the composition of PMI planning bodies.

When people discussed barriers to collaboration in general terms, they echoed the issues raised in the discussion of facilitators: competition for funding and lack of incentives to collaborate. Participants at all five sites mentioned competition for scarce funding as a barrier to collaboration. It was referred to as "the biggest obstacle," and "what keeps agencies apart." It is difficult for participants to spend the time necessary for PMI planning and keep focused on a common goal if they believe that their own agency's livelihood may be at risk.

Participants in several sites pointed out that the AIDS service sector has a history of divisiveness that is beginning to be overcome by an infusion of increasingly professional agency staff. However, they note that collaboration is "something that needs to be taught," and note the responsibility of funders to reinforce and even require collaboration. We believe that this is an area where PMI may have something to teach to other kinds of partnership-building efforts.

7.5 Community Support and Capacity Building

As suggested in the preceding section, increased community collaboration is one factor that facilitates the building of community support and capacity for HIV prevention among young people. As participants get to know one another and work with one another, they become more acquainted with the local resources available to them, as well as more accustomed to working in a collaborative setting.

Staff support is seen as another facilitator for building capacity. Providing a binder of PMI information to new members is one way in which staff help build community capacity. Another is in providing individual attention and follow-up to members on issues raised, action items, and so on. This effort, while time-consuming, is greatly appreciated by volunteers, and helps to build community support as well as capacity.

Community support for PMI is facilitated by providing participants with tangible rewards and benefits for their participation. Many of the less tangible benefits have been discussed in Section 6.2 on Capacity Building. One tangible benefit especially appreciated by a Sacramento participant was

CDC recognition of volunteer efforts: "There was concern about the time people were taking out from their work. So a letter was written by CDC to their board or supervisor. talking about how helpful that person was to the process and how the training they would receive would be brought back." CDC followed a similar recognition procedure elsewhere, and a few participants requested more frequent contact between CDC and their employers.

Despite a general respect for the step-by-step nature of the social marketing approach, it was difficult for sorne PMI participants to accept the structured approach of PMI. Their resistance to the methods may impede their ability to adopt the prevention marketing approach. In most cases, the participant, or committee, simply needed more time to see the value of the process, but for others it may have been a real barrier to full participation. For example, at first it was difficult to convince all planning committee members that a target population was a necessary and important thing. In Newark, "some members felt that they knew what the message was to be before the data came out," while in Phoenix, "we were all ready to design a program, but we didn't have a concept." Participants' eagerness to get down to some tangible efforts, coupled with the fact that that's how they are accustomed to designing programs!, meant there was some resistance to the methodical planning process of prevention marketing.

Finally. as with other aspects of PMI, time proved a barrier to capacity building. It is especially difficult for participants to commit the time for the intensive training involved in the development of an intervention. More generally, it was hard for people to make time for the meetings and training. In some instances, the rewards were not evident to participants: "People are too busy to go to meetings where they learn no new information and nothing gets done," said one participant, while another noted that "it wasn't tangible to them what they were getting out of going to the meetings." As noted in the discussion of community collaboration, respecting people's time demands and offering clear rewards for participation helped overcome this to some extent, though it is clearly still an issue in some sites.

There were two additional facilitators cited for capacity building. One was inviting community members to trainings, which was lauded by participants in those sites where it occurred and suggested by others where it was less common. The second was the development of PMI products, such as the Issues Management plan or a report on research findings so that they could be used by participants in planning their own programs. This approach maximized the utility of the PMI products for participants who might choose to replicate what they had learned. For example, the Issues Management plan in Sacramento covered not just results of the issues management planning process

but really laid out the process they used to arrive at it, including the resources they drew upon to develop the plan.

Participants in two communities noted that CDC's local "invisibility" compromised their ability to build community support. In one, PMI wanted to mention in the initial press packages having been selected by CDC as one of five demonstration sites but were discouraged from naming the other sites. In the other, a participant shared the perception that "CDC has consciously chosen to stand an arm's length away" because PMI is seen as a "politically explosive project."

In other sites, participants noted that a general discomfort with addressing issues of sex, sexuality, sexual behavior and youth among the general public interfered with the ability to make PMI and HIV prevention more generally a visible and supported endeavor. Three sites (Newark, Northern Virginia, and Nashville) chose to work with an abstinence message in part because of the anticipated community response if they were to do otherwise.

Until the sites actually made their initial announcements, they faced an interesting quandary. They wondered whether it was acceptable for them to talk about PMI for political reasons at both the national and community level. However, it is possible that this has led to a degree of self-censoring that has impeded their ability to build capacity and community support for HIV prevention.

7.6 Summary

Participants' comments often appear to reflect a lack of awareness of the implications of being a demonstration site. Insofar as this presents a barrier to accomplishing the tasks of the planning and transition phases, it might be useful for CDC and the TA providers to reinforce these implications periodically. For example, when the overall project changes direction somewhat, acknowledging the difference between previous priorities and current priorities will help site participants accept the changes, rather than wondering whether something is really going on behind the scenes. While it is in everyone's interests that the sites have confidence in the authority and wisdom of the national partners, it is also in everyone's interests that the foundation for that authority be well established. In this way, implementation and evaluation of interventions can move forward in a collegial manner.

Table 7.1 summarizes the main challenges PMI participants experienced and solutions that have been instituted or could be tried in a new setting. In the conclusion, we will build on these solutions to develop our final recommendations.

Table 7.1 Challenges and Solutions

Issues	Challenges	Solutions
Developing a Structure that Supports the PMI Process	■ Lack of awareness of the implications of being a demonstration site	■ Provide clear parameters for role of lead agency; maintain open communication with all PMI structures
	■ Lack ofknowledge about the community	■ Staff and TA provider conduct assessment before developing planning committee
	■ Change in staff mid-stream	■ Adequate resources for staff at variety of levels from the beginning
	■ High turnover rates among Planning Committee participants	■ Enforce non-attendance rules—alternatively maintain l-l contact with person who misses a meeting; provide participants with tangible rewards and benefits for participation; use advisory bodies for community members unable to commit to time-intensive nature of process
	■ Inconvenient meeting times and locations	■ Strategic location of the lead agency; strategic location of PMI meetings; vary times between late afternoon and early evening

Table 7.1 Challenges and Solutions (continued)

Issues	Challenges	Solutions
Accomplishing the Steps in the PMI Process	■ Time-intensive nature of process	■ Give an overview of the thorough and systematic, research-based process and its benefits to participants
	■ Prior assumptions held by Planning Committee members	■ Technical assistance and training leading to data-based decision-making
	■ Project oriented toward process rather than results	■ Incorporating lessons of demonstration sites should allow process to move more quickly; emphasize-even celebrate-when a decision point has been reached
	■ Reliance on limited sources of data	■ Prepare ahead for variety of research activities; use local coordinators for focus groups but a central IRB for clearance

Table 7.1 Challenges and Solutions (continued)

Issues	Challenges	Solutions
Youth Involvement	■ Transportation and distance	■ Provide transportation or vouchers
	■ Inconvenient meeting times	■ Meet in late afternoon; give youth a voice in deciding on meeting times
	■ Lack of diversity on youth committee	a Provide incentives for recruitment; do presentations in schools and youth-serving CBOs
	■ Competing demands on young people's time	a Incentives for participation; school credit for trainings; insti!! commitment so PM! wi!! be a high priority
	■ Uncertainty about the role of youth	a Clear guidelines from funder, TA providers; clear youth invoivement pians deveioped by staff and volunteers prior to intensive youth involvement
	■ Making youth comfortable "at the table"	■ Provide interactive exercises between adults and youth; encourage mentoring
	■ Maintaining the interest of young people	a Enthusiastic youth consultant; have both separate and integrated activities
	■ Achieving parity in knowiedge among PMI participants	■ Training sessions geared towards youth
	■ Accepting young people's decision-making abilities	■ Provide consistent, but graduated opportunities for youth input throughout the process

Table 7.1 Challenges and Solutions (continued)

Issues	Challenges	Solutions
Community Collaboration	■ Uncertainty about role of community members	■ Printed materials for recruiting community members; once committee is organized, develop subcommittees for specific tasks early
	■ Develop a diverse planning body	■ Use variety of recruitment efforts; **e.g,** key informant interviews, pound the pavement
	■ Time required to accomplish the steps of PMI as people lose interest or leave due to pressures at home agencies	■ Use lessons to streamline the process; e.g., development of clear roles for staff, lead agency, and committee structure may obviate need for transition planning
	■ History of divisiveness within the AIDS service sector	■ PMI does not involve competition for funding in planning phase; hopefully, established relationships will follow into implementation
	■ Lack of collaboration with HIV prevention community planning groups	■ Share research products; do cross-trainings and presentations

Table 7.1 Challenges and Solutions (continued)

Issues	Challenges	Solutions
Community support & Capacity Building	■ PMI's lack of visibility in the community	■ Location of project in the targeted community; confidence in issues management process
	■ Community's discomfort with addressing issues of sexuality and youth	■ Carefully prepared issues management plan; creating a diverse planning body; **developing an** advisory group
	■ CDC's lack of visibility in the community	a CDC recognizes volunteers to their employers CDC shouid share with future sites how PMI has been announced to communities
	■ Difficulty accepting prevention marketing's structured approach	■ Inviting community members to trainings
	■ Time required for Planning Committee meetings and training sessions	■ Deveiopment of PMI products to be used by participants in planning their own programs

8.0 Conclusion

In the conclusion to this report we discuss several overarching themes that cross-cut both the topical and the site-based analysis. We then discuss some of the effects of PMI, where we believe we have evidence to support them. Finally, we develop a set of recommendations based on our interpretations of the data.

PMI is a pioneering effort that seeks to wed social marketing with behavioral science and community participation in order that local communities can develop an HIV prevention intervention targeted to a group of at-risk young people identified by that community. The target audience should be in particular need of an intervention, as evidenced by analysis of both new and existing data sources, and these same data sources should lead community members to conclude that it is feasible to reach the youth. In addition, good planning will identify new ways of reaching young people, even if at first blush it may seem difficult to do so through existing channels.

8.1 Emergent Themes

This project has documented the development of PMI as seen through the eyes of site-based participants. We have integrated information from national partners, mainly AED TA providers, but only as it sheds light on the concerns shared by participants at the sites.

In our own review of the data, as well as through discussions with the national partners, particularly AED and CDC, we have noted several overarching themes not explicitly addressed in the study's research questions. These include:

- Ownership of the project;
- Resolution of conflict and concerns about emerging conflict of interest;
- The difficulty of maintaining consistent involvement throughout the life of the project;
- The unanticipated tasks of transition; and

- The length of time it has been taking to develop an intervention.

8.1.1 Ownership

As proxies for direct evidence of community ownership of the PMI process, we are using a commitment to community participation along with statements from respondents that having decision-making at the community level is important to them.

There is a tension in the conceptualization of *prevention marketing* between community buy-in for social marketing and true community participation. If prevention marketers were merely seeking community buy-in, it would be sufficient for a group of experts to develop a product with input from a group of community advisors. Although it was not clear initially that true participation would be necessary to design a PMI intervention, PMI organizers at all sites opted for participation over simple buy-in.

We wish to stress our observation that community organizing is an iterative process rather than a discrete phase of PMI. Expanding community participation required attention at different times. Once Nashville and Northern Virginia, for example, chose to target their intervention to African-American youngsters, it became imperative that they gain participation from African Americans in their jurisdictions. Otherwise, PMI would simply be an instance of a dominant group researching and intervening in a minority group. Nashville PMI also moved its location from a park-like setting at the United Way to the inner-city location of Urban League, seeking to make the project more credible among African Americans of low income. We are positing that this credibility is a necessary ingredient for community ownership of the project. In Northern Virginia, the situation is somewhat different since expansion of the Planning Committee has occurred only fairly recently with the hiring of a Community Developer.

We felt. that Newark PMI displayed a great sense of ownership of the project that was strengthened rather than weakened by adversity.. Lacking staff for nearly half a year, volunteers moved the project forward with assistance from AED. We hope that the details of the PMI process in the preceding chapters accurately depict the level of commitment necessary for a group to do this without. specific incentives. The other side of this observation is that the core group in Newark is very small. Sacramento PMI, in contrast, has enjoyed continuity of staff and one of the largest

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Conclusion

planning committees among the five sites, with 25 voting and 20 non-voting members. Staff developed ownership of the project through exceptional facilitation of meetings.

Given our growing awareness of the importance of community ownership of the PMI process, a problem noted in two of the sites and by some of the national partners is a lack of definition of the term "community." It is difficult to create participation and ultimately a sense of ownership, without knowing who or what the community is—a geographic area, a community of interest, an age group, or a combination of these. In reality, we believe that PMI is addressing several contiguous or concentric communities, and this fact needs to be acknowledged from the outset.

The commitment to involve youth in a meaningful way in the PMI process can be seen as a stand for community participation over simple buy-in. We believe that only through meaningful participation can young people themselves develop ownership of the project. The question, then, becomes which youth and to what extent should they be involved? We saw all the sites addressing this same question, although the answers found were unique to each site.

An issue related to engendering a feeling of ownership develops from the manner in which messages are communicated to the sites from the national partners. We perceived a tension between a need to feel there were consistent guiding principles for PMI and yet leeway in putting these principles into play. Ultimately, sites were provided flexibility; for example, they were given models of transition plans or youth involvement plans, but were able to tailor them to their own contexts. However, whether due to anxiety on the part of participants, or the experimental nature of the process, the fact that flexibility was acceptable, or even desirable, was not clearly communicated. Clear communication from the beginning should help people on-site better understand both the experimental nature of the PMI process and the roles of each of the national partners.

While we heard much praise for the technical assistance component of PMI, and both providers and respondents saw TA as a way of developing ownership of the process, specific training sessions were not always tied to the needs of the sites. We are struck by the insight of one member, that participants needed to learn how to ask for what they saw as beneficial at a particular time. Again, volunteers may not have been aware that this process was also new for TA providers and required adjustments from them as it ensued. It is likely that future endeavors will benefit from the suggestions made by participants at demonstration sites.

audience and have not yet been socialized into the PMI process. Clearly, the need to maintain diversity as well as consistency requires careful thought, with one or the other being of greater importance at different points in the life of the process. Even so, it is reasonable to request a certain level of commitment, even fairly early in the process, so that the process can move forward without undue delay.

8.1.4 **The Unanticipated Tasks of Transition**

CDC's 1993 guidelines to the sites did not speak of a transition phase. Transition planning occurred largely because the structures put into place in late 1993 and early 1994 were not sufficient to support the design and monitoring of an intervention. A tremendous amount of TA was being geared towards simply assisting staff. Consequently, by early 1995, the national partners saw the need to include a transition phase in the process.

It is unclear exactly what the transition phase was to entail. Most sites instituted new structures while they were completing their formative research; therefore, in our conceptualization, we have called the transition phase the time in which formative research is completed, new structures are put in place, and site design is begun. The time frame for these activities varied widely across the sites.

In our analysis and in discussions with national partners, we were struck by an analogy between the transition to implementation and late adolescence. At the beginning of this phase, the sites were still quite immature; by the end, they were carrying out complex tasks that few, if any, participants had been exposed to previously. Here was the time when two sites moved from well-known conveners and into the community. Three sites hired new staff, and in the other two, the site coordinators became program managers with increased responsibility and staff reporting *to* them. Planning committees were given parameters concerning attendance and rules of order. Youth Involvement Plans were re-visited, expectations of youth were increased, and issues management was re-visited as well. And, sites stopped collecting new data, and "sifted" through the data at hand to begin to design their interventions. These site design tasks required a new level of sophistication, which led a number of participants to re-examine the level of commitment they wished to have as the process continued-and caused some to feel left behind.

8.1.5 Time

We made a case in the previous chapter that time has been both a facilitator and a barrier within the PMI process. Participants have had the time to learn a great. deal about social marketing and to gain new behavioral science knowledge. 'Time has also afforded the opportunity to forge new relationships, some of which have carried over into partnerships for grantsmaking and other endeavors. Yet,, the sites have taken three years to plan and design an intervention, requiring resource and labor-intensive support along the: way. Some participants have become frustrated by the amount of time needed to develop an intervention, yet none we asked could think of a single step that could have been eliminated.

Initially, it was anticipated that an intervention would be implemented in 18 months, half the period it appears to be taking to accomplish this goal. We believe that this initial estimate was unrealistic and that the ensuing frustration and need to re-visit objectives may have led to delays. For example, it was suggested that sites complete the process of '"organizing the local community" within four weeks-we now know that this is an ongoing task. We have documented considerable delays in completing formative research; some, such as the weather, were beyond anyone's control, yet others were due to lack of experience in areas like obtaining IRB approval.

In hindsight it appears that a few months of intensive pre-planning among national partners and PMI staff could. have saved considerable time later. During this time they could have scoped out research providers, spoken to community leaders, ironed out the concerns of lead agencies, and set realistic timelines before inviting volunteers to the table.

Also, the demarcation between the phases themselves are indistinct. Participants first ***plan for*** an intervention during the planning and part of the transition phase, and then ***design an*** intervention during part of the transition and implementation phases. Perhaps a set of more clearly defined milestones would help participants maintain confidence in the process.

8.2 The Effects of PMI Participation

This study was conceived as a descriptive cross-site case: study. Its concern has been with process, rather than outcome, since: our mandate has been to document experiences of site-based participants during the planning and transition phases of PMI. However, it is possible to look at the evidence that PMI participation has had an effect on the persons involved in the process. The effects

we are discussing are drawn from the logic model and objectives presented in Chapter 1. These effects are:

- Increased collaboration among community organizations and individuals on HIV prevention;
- Increased youth involvement in planning HIV prevention activities;
- Increased support for HIV prevention programs within the community; and
- Increased participants knowledge of, and sensitivity to, social marketing methodologies.

8.2.1 **Increased Collaboration**

Clearly, **PMI** afforded an opportunity for increased collaboration within each site regarding HIV prevention. The degree to which collaboration increased depended in large part upon the efforts of staff, and of volunteers themselves, to maintain a diverse body. Collaboration also increased due to information exchange among participants, occasionally leading to joint programmatic efforts. Collaboration with existing HIV planning bodies is still limited, mainly occurring through cross-membership. Opportunities for sharing research and for specific presentations, such as youth involvement, exist.

8.2.2 **Increased Youth Involvement**

Each site involved young people in the activities of the site, four through separate committees, and one through integrating a small number of young adults on the planning committee. This component grew with the project, with more meaningful activities and representation occurring around the time that formative research was coming to a close.

8.2.3 **Increased Support for HIV Prevention Programs in the Community**

Largely because the sites have not yet implemented an intervention, it is still too soon to consider whether there has been an increase in community support for HIV prevention, and whether

this support can be linked to PMI. Also, most sites were extremely cautious in announcing their existence, partly due to guidance from CDC that encouraged a great deal of preparation in the area of issues management. Still, one can logically infer that having a prevention focus for youth in a community has led to some increased support. Respondents believe this has occurred through the emphasis on collaboration in building the planning structures. Participants speak with colleagues and bring a greater prevention focus to agencies which, in general, are not concerned solely with HIV prevention among young people. In sum, there is weak evidence of increased support for HIV prevention due to PMI's existence in a community, but the potential for such support is very strong.

8.2.4 **Increased Sensitivity to Social Marketing Methodologies**

The vast majority of participants was grateful for the social marketing knowledge gained. Many said that they applied this knowledge to their employment, and others said they would if their jobs leant themselves to such methods. The most common application was gaining knowledge from or about a targeted group before planning a program. To a large degree, though, participants could not give a clear, succinct definition of social, or prevention, marketing. We wonder whether the use of multiple terms for the same concept was confusing to participants. More likely, the open door policy around planning led to participants obtaining an incomplete picture of social marketing, since they were piecing together knowledge from whichever meetings they attended or materials they had absorbed while carrying out their regular job functions.

8.3 Recommendations

The planning and transition, phases have ended at the five PMI sites. Our recommendations cannot change the process that has already occurred. Yet, we believe that much of what we have discussed on preceding pages is applicable to any community-based collaboration developed for implementing a program, whether or not it follows a process as structured as prevention marketing. Therefore we are presenting recommendations at two levels. The first level is concerned with developing collaborative structures for many kinds of community planning, and the second is concerned specifically with PMI.

8.3.1 Developing Collaborative Efforts

- **Define the community.** This is critical for targeting recruitment and for making sure key people are included, while avoiding wasted energy on constituents who may be marginal to this particular effort. Also, take care when using existing bodies to build a new initiative. Ask whether this structure truly represents the community of concern in this project.

- **Get to know the community.** Much time can be saved by expending energy up front getting to know key constituents and available resources.

- **Learn to manage issues.** Sites benefited from careful preparation of their plans. Early indications are that this care has resulted in support from community members and lack of negative feedback. The steps taken to achieve this result could be shared with other kinds of coalitions.

- **Be realistic.** Set goals that make sense in terms of the time and resources available. Let others know as soon as possible when mid-course adjustments need to be made and the reasons for these adjustments.

- **Make meetings fun and interesting.** Ice-breakers and opportunities to share information with others were greatly appreciated. If youth are to be involved, these are ways of letting young people see the more relaxed side of adults, while still staying close to task.

- **Maintain diversity *and* enforce rules.** It may be necessary to allow people to join a body at various points in order to bring new ideas and varied backgrounds to the table. But allowing people to freely enter and leave a process-oriented committee is disruptive.

8.3.2 Recommendations Specific to PMI

- **Be clear with the lead agency.** It is important for lead agencies to have a strong commitment to PMI. Even so, the initial lead agency may prove to be provisional. Therefore, the agencies should be aware from the outset that their relationship with PMI will be re-assessed after one year.

- **Have the staff in place.** One message that came through loud and clear is that technical and management expertise are needed right from the beginning. If junior staff are hired, then the lead agency must be thoroughly committed to backing them up.

- **Develop levels of input.** Not everyone can give a lot of time to efforts during work hours or family time in the evening. Have a main body but also create room for community advisors. It is good for participants to develop skills on reporting on their decisions to those who are less involved in the process than themselves.

- **Be prepared.** Research takes a long time, especially when considering the necessity for government and IRB clearance. Have clearance packages in place, set up an IRB for PMI, and develop protocols -for overseeing local research endeavors. Use data from as many sources as possible--including prior PM1 sites—and share data with other entities.

- **Continue to value training.** Training is really the "reward" for participating in PMI. We believe that the effects of training would be further strengthened if other features of PMI were stronger, as well. If planning committees were less permeable, members would commit to attending most meetings. Also, if full staff were in place, TA providers could put even greater emphasis on training since less energy would be on staff extension.

- **Be clear about youth involvement,** We have suggested one youth involvement framework geared to high school age adolescents. Whatever framework a site adopts, have clear goals in mind for both the site and for the young people. Start early, whether adlopting a plan of gradually preparing youth for full participation or involving them completely right away.

- **Define roles.** Let all participants know who the national partners are and what they are doing and why. It is a great ideal to see everyone involved with PMI as a single team. Yet, we all have different functions. In fact, site-based participants will develop more ownership of the project, and hence capacity in their communities, if they know that they, and not national partners, are responsible for certain decisions. It may also be necessary to help site-based participants understand the difference between what is a mandate, what is guidance, and what is merely a suggestion from the funder.

- **Evaluate.** PM1 will be difficult to evaluate definitively because of the lack of comparison groups. Yet, the triangulation of various sources of data can lead to the ability to make defensible inferences about the ability of PMI to truly make a difference in the lives of young people by decreasing their risk of being exposed to HIV infection. Process evaluations like this one make a contribution to understanding how to implement PMI. Further process studies can show more definitively whether participation in PMI has had an effect on community capacity and support for HIV prevention. In addition, cross-site and site-based outcome studies are essential for obtaining data on changes in behaviors of young people, if prevention marketing is to be seen as a viable way of preventing disease transmission and changing the behaviors of those it is meant to affect.

8.4 Summary

It has been our goal to describe PMI in its planning and transition phases with a strong emphasis on the impact of the process on site-based participants, including members of youth committees. In this chapter we went beyond the research questions outlined in the study protocol to look at cross-cutting themes and evidence as to whether PMI is having an effect on participants. Our recommendations are developed from past experience and look towards future needs, particularly evaluation of both process and outcomes.

As has been emphasized throughout this report, PMI was a pioneering effort. Volunteers donated time and energy to move the process forward, and paid staff-whether at the national or community level-were required to be flexible and sensitive to the needs of those they were serving. Issues arose, as they surely will in the future, that were not easy to resolve. At this time it is not possible to link PMI to any particular risk behavior outcome and this may be a cause for anxiety. Yet, evidence exists that the PMI process can enhance community collaboration, a gain that we hope will be carried forward into the implementation and evaluation of the prevention marketing intervention.

Appendix A

Glossary

Appendix A

Glossary

Audience profile. A document that brings together findings from all of the formative research (situational analysis, the audience research, and the environmental profile) in order to refine the target audience and defne the behavior to target.

Capacity-building. A process of transferring skills, knowledge, and expertise that will strengthen an individual's ability to prevent the sexual transmission of HIV in his/her community, especially through the participant's place of employment or volunteer activities.

Community involvement. A cross-section of community representatives from private and public sectors who are actively engaged with the planning and implementation of the local PMI project.

Community leaders. Those active in HIV issues or involved in the community where the PMI target group resides.

Community Response Team. Groups of experts within a local community who have agreed to speak to the media concerning their area of expertise and how PMI relates to this area.

Eligible Metropolitan Area (EMA) HIV Health Services Planning Council. Determines how federal funding for AIDS services is to be distributed throughout a local area. Three major responsibilities include establishing priorities for the allocation of funds, developing a plan for the organization and delivery of health services to the HIV community, and assessing the administrative mechanisms for allocating funds, as well as assessing the quality and appropriateness of service.

Environmental profile. A working PMI document that contains a compilation of local, regional, and statewide data relevant to the identified target audience in the local demonstration site's region. Data included demographics, AIDS and STD rates, educational environment, geographical environment, political environment, health services environment and prevention activities, teen birth and abortion rates.

Experts. Individuals or research firms outside of those affiliated with the PMI national partners or the site-based staff who provide specific technical assistance in their area of expertise.

HIV Community Planning Group. A government and community partnership charged with identifying unmet HIV prevention needs within defined populations; prioritizing HIV prevention needs by target population; and proposing effective HIV prevention strategies to address the identified needs. Committee consists of a broad spectrum of individuals from targets and underserved communities, provider organizations, religious groups, government agencies, and the general public.

Issues Management Plan. Provides framework on how to respond to potential controversy and requests for PMI project information generated by a local demonstration site's media announcement.

Key Informant Interviews. Semi-structured, open-ended interviews with individuals within the community who are knowledgeable about who might be at risk for HIV/AIDS, what behaviors put them at risk, and what prevention messages, would be appropriate to reach this population.

Lead Agency. Fiduciary agent that holds the PMI contract and performs other support functions. In two sites, this agency changed during the Transition Phase.

Marketing mix. Defines the PMI program strategies in terms of product, price, place, and promotion. Keeps focus on target audience by using audience research.

National Partners. Represents any of the four organizations that provide leadership, support, and/or technical assistance to the PMI demonstration sites.

Oversight Committee. Group of key leaders in the local community who work in partnership with the PMI planning committee to approve the components of the Prevention Marketing Plan. The name of this committee changed during the Transition Phase in one site.

Participants. Anyone involved in PMI; staff or volunteers.

Participatory Social Marketing., A process for actively involving members of a community in planning and implementing a behavior-based intervention using the principles of social marketing.

Phases of PMI. PMI was divided into three over-arching phases: planning, transition, and implementation. Within each phase there were a number of steps necessary for moving the PMI process forward. We have re-conceptualized the first two phases to have included organizing the local community, program planning, issues management, and transition planning.

Planning Committee. A body convened during the planning and transition phases of the PMI process charged with developing a prevention marketing intervention. Participants include members of the local demonstration site community, i.e., young people, educators, religious leaders, local and state government officials., representatives from youth-serving and HIV-related community organizations, individuals living with AIDS, and parents. The name for this committee varied among sites and often changed during the Transition Phase of the PMI process.

Prevention marketing. A science-driven process based on participatory social marketing principles used to influence behaviors to prevention the sexual transmission of HIV.

Respondents. Refers to the individuals Battelle interviewed in connection with this study, including PMI participants, community leaders, (experts, and TA providers.

Ryan White Consortium. Federal program that disburses Ryan White CARE Title II funds.

Site design. A step in the PMI process that reviews all the formative research findings in order to recommend target audience segments,, behavioral objectives, associated key elements, and following approval of these draft components, marketing mix, and the draft prevention marketing plan.

Situational analysis. An investigation of population 25 years and under in the local PMI demonstration site who are at risk for the transmission of HIV/AIDS. Information assessed through

key informant interviews and through an epidemiologic profile. One of the first steps in determining the target audience.

Social marketing. A process that uses commercial marketing technologies to develop programs and/or interventions that create, build, and maintain beneficial exchange relationships with a specific target audience for the purpose of influencing behaviors that improve their own or society's welfare.

Staff. Employees hired or assigned to support the local PMI demonstration site during the Planning and Transition Phases.

Subcommittee. Workgroups or teams of the larger planning body that are empowered to carry out specific functions.

Sustainability. The results of effective capacity-building that remains beyond the time frame of the local PMI project.

Target Audience. Population identified as the focus of the PMI demonstration site's intervention.

Transition Plan. Describes the operating assumptions and requirements for moving from planning to implementation of PMI activities. Includes changes in planning committee structure and development of the youth involvement plan.

Youth committee. Group comprised of young PMI participants who have an opportunity to provide information about the target population, to act as links to their peers, and to participate in decision-making. The names of these committees also varied among sites.

Youth Involvement Plan. Document that outlines the goals and objectives of youth involvement throughout the PMI process.

Volunteers. PMI participants who are not paid for their involvement in contrast to staff, consultants, TA providers, and other representatives of the national partners.

Appendix B

Study Questions

Appendix B

Study Questions'

Objective I: ***Describe the site-specific context for the Prevention Marketing Znitiative including structural features, major process issues, and facilitators and barriers.***

Research Question: **What are the structural features** of **the PMI demonstration site including type of lead agency and membership bodies?**

1. How were the lead agency' and other participating entities chosen?
2. How often are meetings held? For which groups? Are they sufficient for meeting goals?
3. What are some of the factors that affect attendance of members of various committees?
4. What is the role of the committees, subcommittees, and local staff in different phases of the PMI process?
5. How have the committees, subcommittees, and staff interacted? How were their roles clarified?
6. What is the effect of changes (if any) in staffing and in lead agencies on the local project?
7. Are the planning groups open or closed?
8. How are meetings recorded? For what purpose?
9. How are decisions arrived at (e.g., consensus, majority vote)?
10. How were the issues of representativeness and diversity addressed (e.g., by organization, skills, experience, race or ethnicity)?

[1] The study questions are keyed to an objective and to a research question. While each question is only listed once, it is recognized that many study questions may be listed under more than one heading. However, similar study questions, but with a slightly different focus, may be found under different research questions.

[2] May obtain from CDC documents and supplement with information from the site concerning the Transition Phase.

11. What is the composition of the oversight committee (if any)? How were the members chosen?

12. What is the overall effect of structure on planning?

Objective I: ***Describe the site-specific context for the Prevention Marketing Initiative including structural features, major process issues, and facilitators and barriers.***

Research Question: **What were the main tasks" carried out in each phase of the PMI process? By whom? When?**

I. What outreach activities were conducted, by whom, and to whom were they directed?

II. What was the process of defining the target population (age, gender, SES, etc.)?

III. What data have been used for program decision-making at the local level?

IV. What future data needs are anticipated? For which kinds of decisions?

V. What is your site's research agenda and how do you see it being carried out?

VI. How were the local research firm and any other subcontractors identified?

VII. What does program monitoring (consist of? How and to whom, is the information disseminated?

Objective I: ***Describe the site-specific context for the Prevention Marketing Initiative including structural features, major process issues, and facilitators and barriers.***

Research Question: **What have been the Ibarriers and facilitators for each aspect of the PMI process?**

1. What have been the: outstanding issues or challenges for each phase of the PMI process?[4] For the PMI process overall'?

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[3] Tasks may have been part of community organization, formative research or other major activities.

[4] The period of time covered by the present protocol will encompass planning and transition phases.

2. What facilitated or hindered collaboration among varying organizations participating in the PMI process?

3. How is conflict within and between committees handled? Which mechanisms have sites found particularly effective?

4. What would the sites do differently if given the opportunity?

5. What advice would the site offer to future sites?

Objective ZZ: ***Explore the ways in which the PMI process may have led to an increased sensitivity toward social marketing as evidenced by an increased knowledge of social marketing methodologies, motivation to use them, and ability to access social marketing services.***

Research Question: **What was the content and process of technical assistance (TA) and training during each phase of the PMI process?**

1. What type of TA has been delivered and what has been its content and manner of delivery (e.g., on-site consultation, phone consults, written material, workshops)?

2. What is the frequency of TA contacts?

3. What has been the effect of the technical support on understanding potential target audiences?

4. Has TA been proactive or reactive? Cite examples for each category.

5. How is the subject matter of TA consultation and training selected?

6. How useful, timely and clear has TA and training been?

Objective ZZ: ***Explore the ways in which the PMI process may have led to an increased sensitivity toward social marketing as evidenced by an increased knowledge of social marketing methodologies, motivation to use them, and ability to access social marketing services.***

Research Question: **How has the PMI process built capacity and strengthened infrastructure?**

1. What does prevention marketing mean to staff? Volunteers? Other respondents?

2. What evidence exists of a "ripple effect" between PMI and other community initiatives?

3. What level of effort is involved in putting social marketing tools in the hands of the community'?

4. Are local staff and community members using prevention marketing with other projects? If so, how?

5. Has learning prevention marketing methodology changed the way participants are likely to approach their work in the future? If so, how'?

Objective III: ***Explore the effects of PMI on collaboration among community organizations and individuals in: the area of HIV prevention due to the PMI process.***

Research Question: **What are the dynamics of collaboration and partnership with community members and community agencies?**

1. What formal and informal structures exist between PMI and HIV prevention community planning groups? Other organizations and individuals involved with HIV prevention?

2. How are such community groups as CBO networks included in the PMI process?

3. What kinds of relationships exist witlh other coalitions that serve youth that may also influence the PMI target audiences?'

4. What fosters good relationships with the agencies that send volunteers?

5. How do relationships with different organizations change over the life of the PMI process?

6. What strategies were used for bringing groups and individuals together?

7. What groups are now collaborating that did not work together previously? What has motivated them to work together?

8. What evidence is there that community team building wilt be sustained over tirne?

Objective IV: ***Describe youth involvement in HIV prevention planning as a part of the PMI process.***

Research Question: **How are youth identified and involved in the participatory social marketing process?**

1. Do youth have their own committees? Are they dispersed throughout the various committees along with adults?
2. How were youth who participated in the planning and transition phases identified and recruited?
3. What strategies for recruiting youth were found to be particularly effective?
4. *Is* there a specific youth coordinator? What is this person's role and function?
5. What are the specific challenges of involving youth in decision-making? What are the rewards?
6. How do staff see the role of youth? How do adult volunteers see the role of youth? How do the youth themselves see their role?
7. What do the youth hope to get from their participation in prevention marketing? Are their expectations being met?
8. What do the youth think the impact of prevention marketing will be on other youngsters and on the community as a whole?

Objective V: ***Assess whether there has been increased support for HIV prevention programs within the community, and, if so, if there is any evidence that such support is related to the PMI process.***

Research Question: **Which members of the community show support for HIV prevention and how can this support be linked to involvement with, or knowledge of, the PMI process?**

1. How has PMI increased support for HIV prevention programs for youth among parents, other community members, and community groups (e.g., schools, churches, CBOs)?

2. What system exists for issues management? How was it developed?

3. What kinds of issues needed to be managed? How were they handled?

4. What issues were avoided?

5. What other prevention messages are: disseminated in this community? By which agencies? Is there any evidence that PMI had an effect on these messages?

6. What has been the effect of outreach activities on community support for HIV prevention'?

Appendix C

Site Summaries

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In this appendix we present brief descriptions of each of the local PMI demonstration sites. The descriptions are organized around the main topics that are covered in the main document. The five sites are Nashville TN, Newark NJ, Northern Virginia, Phoenix AZ, and Sacramento CA.

Nashville, Tennessee

Overview of Nashville PMI

Nashville is the capital of Tennessee, located in Davidson County in the central part of the state. In 1992, Nashville had a population of 495,012. According to the 1990 census, 73 percent of the population was white, and 24 percent was black. In 1990, the median age was 32.3 years. Approximately 13.4 percent of the population lived below the poverty level, including 20.1 percent of children. Industries include shipping, publishing, and music. Several colleges, including Vanderbilt University, are located in the area. Medical schools are associated with Vanderbilt and with Meharry, a historically African-American institution.

Nashville PMI served as the pilot test site for our case study. As such, we carried out data collection activities in Nashville earlier than in the other sites, in September and November 1995. At the time, Nashville PMI was completing formative research and beginning site design activities. Therefore, our research in Nashville was comparable to that in the other sites. One member of our case study research team also made a brief follow-up visit in May 1996 to learn about the design of the PMI intervention and changes in the structure over the months from November through May.

Site **Structure**

PMI was initiated through the United Way of Middle Tennessee (UWMT) in the Fall of 1993. However, activities did not get under way until well into the Spring of 1994, with the first Planning Committee meeting occurring in late June 1994. The delay was due in large part to staffing changes at United Way. Once the Site Coordinator was hired, she worked closely with the AED TA provider, and later a part-time site-based consultant was hired as well.

Initially, the PMI Planning Committee consisted largely of individuals who had been involved with United Way or were known to those active in that organization. PMI site staff brought other sectors of the community onto the committee, especially community leaders and service providers who could represent the emerging target audience. The target audience was originally 13- to 17-year-old African-American youth of low income. It was later narrowed to 12- to 15-year-old African Americans living in low-income housing.

Planning Committee meetings were open;, people could join the committee at any time during the planning phase and did not need to commit to a given number of rneetings. Site-based staff oriented new members and sent minutes and written materials to those who wished to be a part of PMI but could not attend regular meetings. The Planning Committee was led by two co--chairs. A conscious decision was made that the co-chairs represent different segments of the Nashville community, such that they represented different genders, ethnicities, and occupations.

The Planning Committee made use of subcommittees and teams to accomplish specific tasks, such as developing an Issues Management Plan, developing the Transition Plan, evaluating responses to a Request for Proposals from Formative Research Firms, and other activities that were too intensive or time-consuming to be accomplished in the larger body. An Advisory Committee was also created to include community leaders who did not have time: for participation in PMI on an ongoing basis. Originally, this committee was to act as in intermediary between PMI and the United Way Board, but in practice the Advisory Committee acted independent of the lead agency. The advisors have had limited oversight of PMI activities. providing advice and consent at key decision points.

During the transition phase, several key structural changes were made. PM1 moved from the United Way offices to the Urban League. With United Way no longer acting as the lead agency for the project, AED held fiduciary responsibilities for the demonstration site. The Site Coordinator and Site-Based Consultant left their positiions (while continuing as PMI volunteers) and a Site-Based

Manager was hired. The Transition Plan also called for changes in committee structure that had not yet occurred during the case study data collection period. The Planning and Advisory Committees were to be dissolved and replaced by a Steering Committee and an Advisory Forum. The Steering Committee is to consist of a limited membership with decision-making responsibilities, while the Advisory Forum is to be an open group of community members.'

Steps in the PMI Process and Technical Assistance (TA)

The activities accomplished through the PMI structure required intensive training and TA, most of which was provided through AED. The TA consultant was an active presence on the site and also maintained frequent telephone contact. Respondents felt that the process of learning to use data to arrive at a decision will enable them to produce a better product and will also allow PMI participants to answer community concerns about the message and intervention chosen. The site was planning to disseminate two messages, one of which would encourage abstinent youth to remain abstinent through high school. The second, aimed at sexually active youth, would encourage consistent use of condoms. Developing the message entailed a great deal of research and data collection, including use of secondary sources and focus group data. For most of the process volunteers reviewed data collected by consultants, staff and a few of their peers. With the beginning of site design activities, a small number of volunteers committed to intensive training and active participation for several weeks in order to develop the site's prevention plan which would then be reviewed by the Planning and Advisory Committees. This plan was completed in February 1996.

Youth Involvement

Young people were a part of all Nashville PMI activities, although their low level of involvement during the planning phase was disappointing to many respondents. During the Transition Phase, adults were encouraged to be more inclusive through listening more carefully to young people and through participating in specific activities, such as ice breakers at Planning Committee meetings. For their part, young people received intensified training, so that they could become more confident and dedicated participants. Youth committee members received a stipend of $100 a month for

[1] The Advisory Forum had not met as of May 1996.

participation, and these stipends were increased to $200 a month during the month of December provided that the young person had at least 80 percent attendance at all activities. In our May 1996 follow-up visit, we heard of many contributions by young people, including leadership on the new steering committee.

Community Collaboration, Support and Capacity Building

Collaboration in the community was very important to all PMI staff. Many youth-serving agencies were represented on the Planning Committee. The Ryan White Community AIDS Partnership (CAP) was housed in the United Way, as was PMI during its first year, and a collegial relationship developed between the two groups. Collaboration with the Tennessee HIV Prevention Community Planning Group (CPG) was very limited. Youth service agencies predominated in the Planning and Advisory Committees. Other types of CBOs, the schools, churches, private citizens (including those personally affected by HIV) and private industry, metropolitan and state health departments, and youth in the target population were all represented.

Originally, PMI was housed in the same division of UWMT that housed the Community AIDS Partnership. A linkage between the two groups continues through the Ryan White Planning Council. One PMI participant sits on the Tennessee HIV Prevention Community Planning Group (CPG). Relations are closer with the former group than with the latter. A few local AIDS Service Organizations are also represented on PMI, as are programs that have multiple missions.

PMI participants collaborated with each other as needed. Respondents cited examples of attending training programs given by other committee members, learning about research opportunities, and other similar activities. A number of participants sought out ways of applying social marketing methods at their places of employment.

PMI was not yet well known in the larger community. The site had developed a detailed Issues Managetnent Plan in late II995 but did not want to announce their activities formally until they had developed an intervention. Members made their first public announcement in April 1996.

Conclusions--Nashville

Battelle has derived several lessons from the Nashville PMI data. Some of these lessons, while specific to Nashville PMI, apply to other sites as well. The key players at Nashville PMI showed an

ability to use potential barriers in a way that could facilitate their work. For example, the site got off to a slow start, but utilized lessons from the other four PMI sites in undertaking its own activities so it could move ahead fairly quickly.

The site staffing pattern called for an emphasis on organizing the local community during the planning phase, and stronger management and TA capabilities during the transition and implementation phases. It turns out that all these capabilities are needed throughout the entire process. A lack of management experience was overcome in part by the presence of the TA provider on a biweekly basis. Community organizing must continue through the transition and probably through the implementation phases, the time when PMI becomes more widely known. During the transition phase, possibly due to the presence of a well-liked and respected Youth Consultant, the site was able to intensify youth activities and bring young people and adults closer together to accomplish the goals of the project.

A balance needs to be struck between including membership in all decisions, on the one hand, and making some decisions among a limited group and presenting them to a larger body, on the other. Nashville PMI attempted to do this through written materials, as well as discussions during Planning Committee meetings. It took several meetings before members realized that having subcommittees would allow work to be done efficiently in a small group so that decisions could then be made by the whole body.

Some decisions are difficult, even when a large portion of the membership is involved in them. In Nashville, such a decision was the one made not to include questions about same-sex activity in the focus group guide because of community sensitivities. While some participants later regretted this decision because it limited the types of data they were able to obtain, they also pointed out some strong pluses in the way in which focus group activity was carried out, such as the research firm chosen and the use of a local coordinator active in the African-American service community.

Participants were concerned that widely held norms precluding discussion of condom usage in the community as a whole would make it difficult to develop this type of intervention. However, PMI participants were convinced by the data that a message should be targeted to sexually active adolescents with the goal of encouraging condom use. The site has taken a grass-roots approach, including many people from a variety of organizations in its planning. The site also disseminates information to community leaders, such as the director of the local health department and local political representatives. It is hoped that this approach will help the wider community accept PMI.

The religious community in Nashville is diverse. African-American churches are represented

on committees, as is the Interfaith Network. PMI participants worked bard to bring people from these constituencies to the table and will include them throughout the implementation phase, whether as steering committee, advisory forum, or community response team members.

Newark, New Jersey

Overview of Newark PMI

Newark is the 49th largest city in the United States, and the largest city in the state of New Jersey. Located in the northeastern part of the state and fifteen miles from midtown Manhattan, Newark is nestled on 123.8 square miles of land, and according to the 1'992 U.S. census, it is the home of 267,849 people. Newark has a rich history of readily identified neighborhoods interspersed throughout its five political wards, each reflecting demographic,, socioeconomic, and geographic diversity. Known for its heterogeneous population, Newark is comprised largely of African Americans (60%), whites (29.4%), and Hispanics (26.7%). Furthermore, in nearly one-quarter of the households in the city (22.5%), Spanish is the primary language spoken. There are pockets of poverty throug'hout Newark, with over 26 percent (26.3%) of the total polpulation below the poverty line.

Site Structure

PMI came to Newark through the Community Foundation of New Jersey (CFNJ) in Morristown, New Jersey, a partner of the National AIDS Fund (NAF), which is one of the national partners for PMI. CFNJ does both administrative and community-based work and is the "home" of the New Jersey AIDS Partnership (NJAP). NJAP was already perceived as successful in carrying out AIDS-related projects, and high-level personnel in the state, such as the State AIDS Director, were supportive of New Jersey being a PMI site through NJAP. Although a multiple-site project was considered initially, Newark was chosen as the sole site.

As the grantee for PMI, CFNJ was also the lead agency and was very influential during much of the planning phase. The Founclation staffed the project in its early days and provided supervision

for the Site Coordinator, who was hired in December 1993. By the summer of 1995, while Newark PMI was working on its transition plan and developing a new staffing plan for the transition and implementation phases of PMI, community members felt that PMI should no longer be housed at CFNJ in Morristown, but rather in Newark itself. After much debate, the transition team chose AED as the lead agency. In its expanded role, AED has fiduciary responsibility for the site and continues to provide technical assistance, although much of the technical assistance is now being delivered by site-based staff.

Upon departure of the Site Coordinator and CFNJ project officer for graduate education, Newark PMI had no staff from August 1995 until January 1996. AED and volunteers had to keep moving the process forward. A new site director, who has program management experience in community-based AIDS programming, began in January 1996. Newark PMI also hired a technical support specialist in March 1996 at which time it was planning to hire a program assistant to provide administrative support, while also providing some program development skills. A youth consultant is also available on a part-time basis.

During the planning phase, the main planning body for PMI was a loosely structured planning committee. The main planning structure for PMI in Newark is now called the Advisory Committee and is governed by a set of by-laws written into the site's charter as part of its transition plan. Subcommittees have been formed in formative research, transition planning, personnel, issues management, youth involvement, and site design. Representatives come largely from CBOs, medical or health care institutions, substance abuse treatment, as well as state agencies. Five youth serve as voting members, a responsibility that rotates among members of the Youth Group.

Initially, the planning committee was chaired by a volunteer member of the CFNJ board. She chose a Vice-Chair from the community and eventually left PMI. At that time, the Vice-Chair became chair and she chose a new Vice-Chair. These two leaders were voted in as co-Chairs when Newark PMI changed to a formal committee structure. They represent different ethnicities, genders, and occupations, and complementary facilitation styles.

Steps in the PMI Process and Technical Assistance (TA)

Newark PMI contracted with a researcher from a local medical college to summarize available population-level data to evaluate the level of risk of HIV infection among young people in Newark. Based on these findings, which were supported by data from key informant interviews, the Newark

site defined the target group as 13- to 16-year-old sexually active a&/high-risk* adolescents accessing youth-serving organizations in Newark. Defining the target audience was not an easy process; rather it "was hashed out" at meetings until a definition with which participants were satisfied was reached.

In June 1995, the Newark PMI site issued an RFP to area research firms to conduct focus groups and in-depth interviews with 13- to l&year-old adolescents. The focus group data were presented to the Advisory Committee in March 1996. Many delays occurred during the formative research period, partly because there were no staff on-site, but the results were very comprehensive and useful. Using the results of these and data collected previously, a "sifting session" was held at AED offices wlhere members of Newark PMI refined their target audience: and began to brainstorm ideas regarding the coupling of target audiences with messages frorn the analyzed focus group data. They developed two statements:

- Sexually active 13- to 16-year-olds who want to avoid pregnancy or are concerned about HIV to use a condom the next time they have penetrative sex with all partners.
- Non-sexually active 13- to 16-year-olds to continue to delay and use a condom the first time they have penetrative: sex.

At the time of our sites visits, an Implementation Plan had not been developed.

Most of the trainings for the Planning Committee or Advisory Committee were integrated with the meetings themselves. As the site prepares to develop its intervention, training sessions have grown longer and more intense. PMI participants readily distinguished among the national partners, although we suspect some confusion over the relative input of the various sources of assistance. The channels by which information percolated down to the site sometimes frustrated participants in the Newark site. Others questioned who was in control of this project. Despite these complaints, a level of camaraderie developed between AED TA consultants and site participants from the very beginning.

[2] *At-risk youth are* defined as school dropouts or those with a history of legal and/or drug problems. *High-risk youth* are defined as those with a history of sexually transmitted disease and/or teen pregnancy .

Youth Involvement

The present Youth Group was officially instituted in March 1996, although a small group of youth were brought together during the early planning stages in the Spring of 1994. Through a competitive process 15 young people were selected for the present group. The resultant group is racially and ethnically mixed in terms of representing Newark's African-American and Latino young people, though staff recognize the need to increase diversity overall. Semi-monthly Youth Group meetings are held at a CBO, where upcoming events are discussed and frank HIV/AIDS prevention dialogues are held. Currently, youth work closely with the Advisory Committee, largely through the five youth representatives who were selected by their peers. Other young people will rotate to the committee through these five slots. They are responsible for sharing the information they have gained through the Advisory Committee with the other ten Youth Group members.

During the planning phase, youth were involved in several activities. Youth volunteered on the Issues Management Subcommittee, PMI youth did a presentation for the state HIV prevention community planning group (CPG), and three or four youth were involved in transition planning. In one of their first activities as an organized group, the young people went on a two-day retreat to Frost Valley YMCA in upstate New York in early March 1996.

Respondents cited several challenges to involving youth in the PMI process. For example, they felt that keeping PMI attractive to young people was difficult. Inclusion and equal partnership is a common theme running throughout the Newark PMI process in regard to youth involvement. From the young people's perspective, having been adequately prepared and given the opportunity to participate at the table is fully appreciated. In turn, the youth are apparently comfortable with one another and with the adult members of the Advisory Committee and feel that their opinions are valued. Currently, youth do not receive incentives for their participation; youth reported that trips to local amusement parks or gift certificates would be more valuable than a stipend. With the implementation phase, Advisory Committee members believe that young people will be even more involved than they are now. PMI participants see the youth participating in developing the message and interpreting the data from the focus groups.

Community Collaboration, Support and Capacity Building

Members from the different agencies that are based in and near the city of Newark report that they have gotten to know each other better throughout this process. PMI participants disagreed as to whether the project itself was fostering new collaborations. Nonetheless, Newark PMI has established both formal and informal links to other HIV/AIDS organizations. In addition a relationship, though not formal, exists between PMI and the state HIV prevention Community Planning Group (CPG) in Trenton. Other types of collaboration in Newarlc include interaction with coalitions and organizations concerned with youth issues.

At this time, participants feel PMI has not yet had an effect on HIV prevention programs for young people among community organizations. More broadly, they feel PMI has not had a direct impact because of its lack of visibility in the community. Data from our research show that the PMI process has produced an effect on the PMI participants. Most of the Advisory Committee members said they knew nothing about social marketing before PMI. Many of the PMI participants have said that they either have brought or can bring social marketing concepts into other areas of their professional lives.

Conclusions-Newark.

Respondents emphasized the need for pre-planning. This was meant as advice for the national partners, as well as for new sites. When initiating a new site, one respondent for example, stressed the importance of conductng a community assessment including the political climate. Newark PMI also advised that future sites emphasize the importance of community organizing for participation on the planning committees because it is "vital to the process." Toward that end, PMI participants underscored the importance of iinclusivity, particularly as it relates to the community and youth. In regard to the specific task of selecting a. research firm to conduct the focus groups, respondents felt that the process of subcontracting should be streamlined in order to keep the interest of committee members. Finally, one participant advised that future sites should be aware of cost-effective collaborations with local Ryan White Planning Councils and HIV Community Planning Groups. Such collaborations would prevent duplications of efforts among these groups, and ultimately promote the: sharing of resources.

Northern Virginia

Overview of Northern Viriginia PMI

The Northern Virginia PMI demonstration site is a regional entity consisting of the City of Alexandria and Falls Church, as well as the counties of Arlington, Fairfax, and Prince William. While some parts of Arlington County and Alexandria are urban in nature, the region consists mainly of suburban and rural areas. According to the 1990 Census, Northern Virginia (including rural Loudon County[3]) had a population of 1,466,409. This is distributed as 80 percent white, 9.6 percent African American, 8 percent Hispanic, 6.6 percent Asian, and 3.5 percent others. The region varies in terms of socioeconomic status, with pockets of poverty in each of the cities and counties, and the highest median family and household income in the nation in Fairfax County. Northern Virginia has a highly educated population-with 70 percent having at least some college education-is more politically liberal than the rest of the state, and has a high percentage of foreign-born residents at 16 percent, compared to 8 percent for the rest of the country. In terms of HIV epidemiology, African Americans in Northern Virginia accounted for approximately 50 percent of reported HIV cases between 1989 and 1994, although the African-American population is only 9.6 percent of the region.

Site Structure

Northern Virginia was supported in its application to CDC as a PMI demonstration site because of the presence of the Northern Virginia HIV Consortium. The HIV Consortium, founded in 1988, consists of 41 members who are representatives of HIV/AIDS service agencies throughout the region and who come together to share ideas and resources in HIV/AIDS prevention and care. The Northern Virginia Planning District Commission (NVPDC) serves as the consortium's administrative, legal, and fiduciary agent. As such, it applied for, and was selected as, the lead agency for PMI.

At the time Northern Virginia was being considered for PMI, a prevention work group of the HIV Consortium was formed to develop and implement a grant from the US Conference of Mayors

[3] Loudon County was not a part of the PMI demonstration site.

(USCM), to conduct a needs assessment of high-risk populations and to select a peer-facilitated HIV education program. The work group decided to target the IJSCM program to African-American and Hispanic teenage girls. Since this work group was already working on an HIV project aimed at youth in the region, it was felt to be well suited to become the original PMI Planning Committee.

The original PMI Site Coordinator was an NVPDC employee who had been project coordinator of the USCM project. In August 1995, as part of the transition plan, Northern Virginia PMI decided to replace the site coordinator position with two technical experts---a Community Developer and a Social Marketer; they began in December 1995 and April 1996 respectively.

The Planning Committee was originally conceived as a work group of the HIV Consortiurn, with Consortium approval needed for all decisions. Later, "concurrence'* of PMI decisions was sufficient instead of "approval." PM I subcommittees include Formative Research, Mentoring and Recruitment, the Youth Advisory Board (YAB), Issues Management, and the Site Design Team, a five-person team responsible for designing the: PMI intervention plan.

After the target population had been specified as African-American youth, the Community Developer was given the responsibility of recruiting more people from the African-American community onto the PMI Planning Committee. An Advisory Committee was also formed in early 1996 to fulfill two goals. One was to bring community people into PMI who may not have time to fully participate as Planning Committee members but who could attend meetings when convenient. The second goal was to build a group of people who could represent schools, parents, churches, CBOs, and other community institutions and to make sure Planning Committee decisions would be acceptable to the community.

Many PMI Planning Committee members attend meetings as part of their job responsibilities as agency representatives, but meetings, scheduled during working hours have been a problem for those interested in PMI but not involved as part of their job responsibilities. Factors such as limited resources and high job turnover rates among agencies have led to turnover among individual members. The large geographic area of Northern Virginia also limited meeting attendance because of long travel times from one part of the region to another for Imeetings.

Steps in the PMI Process and Technical Assistance (TA)

Northern Virginia PMI selected African-American youth between the ages of 15 to 19 as the target audience. This ciecision began with review of a situation analysis that contained information

such as regional patterns of HIV/AIDS morbidity, information about youth risk behaviors, and information about teenage pregnancy, abortions, drug treatment, and STDs. The information was gathered by a separate research firm through document reviews and the knowledge, attitudes, and behavior survey conducted under the USCM grant. An environmental profile provided an extensive listing of the demographics of the target audience and information about the communities in which the target audience lives. It discusses the local media environment, HIV/AIDS programs in schools, available health services for the target population, and churches and recreational facilities.

Focus groups were conducted between September and December 1995. As in other sites, Northern Virginia PMI contended with logistical delays beginning with recruitment of a firm, through scheduling and conducting the groups. The research firm worked closely with a representative from AED in order to overcome these barriers.

A four-person Site Design Team reviewed the focus group data, along with the audience profile based on research conducted to date, to choose the behavioral objectives. They chose to focus on sexually active teens between 15 and 19 years of age, but when they presented this choice to the Planning Committee, concerns over the conservative nature of Northern Virginia led them to also focus on delayed onset of sexual intercourse among non-sexually active teens. The two couplets chosen for the Northern Virginia PMI site are:

- Sexually active 15- to 19-year-old African Americans to correctly and consistently use a latex condom with each partner.
- Non-sexually active 15- to 19-year-old African Americans to delay onset of penetrative sex.

Most technical assistance (TA) in Northern Virginia was provided by AED in the form of training sessions, as well as some individual consultations. Other trainings, such as issues management and media relations, were provided by Porter/Novelli, a subcontractor to AED. Trainings have included youth involvement, issues management, social marketing, using research findings, transition planning, and site design. Training was also given to co-chairs on group process and meeting facilitation skills. Youth received trainings on HIV/AIDS, social marketing, public speaking and media relations, and were included in the marketing mix training.

Youth Involvement

Northern Virginia PMI drafted its Youth Involvement Plan at the beginning of 1995 and it went into effect a few months later that year with the creation of a separate Youth Advisory Board (YAB), a subcommittee of the Planning Committee with its own monthly meetings. YAB representatives may attend the monthly Planning Committee meetings. During the planning phase, the YAB consisted only of youth from the "inner counties," i.e., as Arlington County, Fairfax County, the City of Falls Church, and the City of Alexandria. Because of transportation difficulties, a separate YAB was formed in November 1995 for youth from Prince William County. Each YAB meets independently each month, and then also participates in joint meetings once a month.

YAB members have been involved in a youth involvement kick--off and youth sensitivity training for Planning Committee members, reading poems and presenting PM1 at World AIDS Day in Alexandria, attending a Red Cross youth event, attending a picnic sponsored by an organization involved in PMI, and writing the YAB part of the transition plan; one youth participated in the review and selection of the formative research firm. Two YAB members regularly attend Planning Committee meetings; one is a member of the five-person Site Design Team; and YAB members attended the marketing mix training.

Transportation is one barrier to youth involvement because of the large regional area, but "inner county" YAB members can get reimbursed for transit costs. Meeting times were a barrier at first, but the change to 3:30 p.m. for Planning Cornmittee meetings helped to alleviate this problem. The most difficult barrier for youth involvement. was maintaining their interest. Because of the slow and tedious nature of planning, many youth got bored, which led to a high rate of turnover in the YAB. Despite this, youth are still involved in Northern Virginia PMI, and a few are active participants in Planning Committee and sire design team meetings.

Community Collaboration, Support and Capacity Building

Because Northern Virginia PMI originated in the HIV Consortium, there was representation from many HIV/AIDS agencies in the Planning Committee. PMI has added to this core by bringing in representatives of youth service agencies, community centers, schools districts, and other CBOs. With the Advisory Committee, churches and religious (organizations and representatives of the African,-American community are also present. PMI has contributed to new collaborations in

Northern Virginia by bringing together HIV/AIDS agencies, youth agencies, and other CBOs under a regional format, making these groups aware of each other and fostering personal relationships among their representatives.

There has been no official collaboration between PMI and the HIV Community Planning Group (CPG), although PMI meeting agendas and minutes have been sent to the CPG during the planning phase. The only relationship between Northern Virginia PMI and the Ryan White Title I and II groups is that NVPDC administers Ryan White funding for the HIV Consortium. There is hope that PMI will collaborate with both of these groups in the future.

People to whom we spoke believe that collaboration built around PMI will grow and be sustained because of the increased knowledge and personal relationships developed around the PMI planning table. PMI participants will have a larger personal database of resources throughout the entire Northern Virginia region with which they can work, and future efforts involving HIV/AIDS prevention and care and youth programs can be accomplished in a more regionally integrated manner, avoiding overlap of services and the waste that accompanies it.

PMI has had a limited impact on the community as a whole in Northern Virginia because in the planning phase it was not promoted in the general community. Capacity building effects have all been based among organizations and individuals participating in the PMI process. Through training sessions held by AED, and participation in the PMI Planning Committee, individuals are gaining capacity in social marketing, and some are attempting to integrate social marketing concepts and techniques into their jobs. Many PMI participants also stated that they have gained an understanding of how to integrate youth issues in their non-PM1 projects and have begun to collaborate with other agencies in the region because of knowledge gained through PMI.

Conclusions-Northern Virginia

Northern Virginia was one of two sites that was regional in scope, rather than being limited to a single municipality. Respondents suggest that attention be paid to defining what the community consists of prior to initiation of the project, so that targeted recruitment can begin early. Some felt that an entirely new group should be recruited instead of using an already existing group. This would include more involvement from youth early in the process.

Since recruitment requires information, participants suggested the development of a packet of information to let people know about PMI and social marketing as soon as the project begins.

Participants also felt that the process is smoother when they are apprised of a realistic timeline for action. In this way they could better cope with other commitments rather than leave PMI over conflicts with work.

Communication with national partners sometimes led to confusion over the locus of control of the project. AED was seen as an effective mediator between the site and CDC, helping to translate concerns in both directions

Phoenix, Arizona

Overview of Phoenix PMI

Phoenix, the capital of Arizona, is located in Maricopa County, whose 1992 population was 2,209,567. The population of Maricopa County grew 46.4 percent from 1980 to 1992. The 1990 census data for the county indicate a majority white population, with, 16.3 percent of the population of Hispanic origin, 3.4 percent African American, 1.7 percent Native American, and 1.6 percent Asian-Pacific Islander. Spanish is the: primary language spoken in 11.6 percent of the households in the county. Though the area is home to many retirees, fully 30 percent of the population in 1992 was under 21 years of age. Seventeen percent of the children under 18 live below the federal poverty level,

Site Structure

PMI was initiated in Phoenix in January 1'994. The lead agency for Phoenix PMI is the Arizona AIDS Foundation or AAF (formerly the Maricopa County Community AIDS Partnership). AAF is the convener for the Ryan White Title II Consortium and a National AIDS Fund partner. In its role as lead agency, AAF coordinated the efforts of PMI, providing the resources necessary for PMI participants to contribute to the project.

At the time of the PMI Case Study site visit in Spring 1996, Phoenix PMI had one full-time staff member, a Program Manager who had been with the project since its inception. Other staff included a half-time program assistant, an hourly issues management consultant, and an hourly marketing consultant. The Arizona AIDS Foundation Executive Director provided oversight and

guidance to the PMI Program Manager.

A wide range of community groups was contacted for the initial PMI meetings. These included AIDS organizations, youth-serving organizations, the academic community, local philanthropic groups, and representatives of business and industry. At the time of the site visits, most of the active volunteers were from AIDS prevention or service agencies, with a smaller number coming from youth-oriented organizations and academia.

In the initial months of PMI, a relatively informal pianning body was formed, known as the Steering Committee and open to any interested community participants. As the project moved into the transition phase, the committee decided to adopt a more formal structure. The Advisory Council, as it is now known, is governed by policies addressing such issues as voting, meeting attendance, membership, and conflict of interest. Approximately 20 community members serve on the Planning Committee, which has one community-based co-chair and one non-voting staff co-chair.

Throughout the Planning and Transition phases, the subcommittees were created as necessary to accomplish particular tasks such as developing an issues management plan, creating a transition plan, and providing advice and feedback on formative research activities. The bulk of work is now conducted by the Site Design Team, charged with designing the PMI intervention.

Steps in the PMI Process and Technical Assistance (TA)

During the planning phase, the site developed a four-part environmental profile, consisting of (1) key informant interviews, (2) a prioritization exercise to assess committee members' perceptions, (3) an epidemiological profile, and (4) an inventory of Phoenix service providers to identify those agencies providing HIV prevention services to youth. Based on the findings from the environmental profile, the committee selected a target audience which was refined after further research.

Formative research was conducted to narrow and further understand the target audience. It consisted of focus groups and one-on-one interviews with youth, parents of teenagers, and youth service providers that explored knowledge, attitudes, beliefs, and behaviors regarding HIV and sexuality, as well as social trends, dating attitudes and behaviors, and leisure activities. The findings from the formative research were presented to the Site Design Team for further refinement of the target audience. Based on these data the design team found that the traditional cut points of race, gender, sexual orientation, and age were not as relevant as they had originally believed. The data were also used to arrive at a behavioral objective. During the time of our site visits (spring of 1996),

the design team was actively involved in defining the marketing mix.

The target audience in Phoenix is 16- to 19-year-old sexually active young people who have used a condom, and who intend to use condoms.. This inclusive approach includes heterosexual females, heterosexual males, and young men who have sex with men, regardless of race or ethnicity. The behavioral objective in Phoenix is to use condoms consistently and correctly with a steady or familiar partner.

The application of this rigorous technical approach to program planning was facilitated by extensive technical assistance, which took the form of training sessions as well as expert consultation with staff and design team. PMI participants we interviewed were united in their appreciation of the technical assistance they have received. It was seen as particularly useful in working through the primary and secondary data and reinforcing PMI as ;a research-driven process.

Youth Involvement

Phoenix PMI does not have a separate youth involvement component. Instead, young people participate in the PMI process, alongside adults. Youth are recruited through PMI staff and volunteers' connections with local CBOs and youth service agencies. At the time of our site visits, two youth under 20 years of age were involved with PMI, and two additional active participants were under 25.

Some participants in Phoenix question bow involving youth in the planning process would enhance PMI's ability to prevent HIV. They agreed that the involvement of youth as focus group participants provided essential insights into youth issues but were diivided concerning additional roles for youth. Participants expected that the role of youth in PMI would change with implementation. They generally agreed that a youth-focussed intervention would have a clearer objective for youth involvement.

Community Collaboration, Support and Capacity Building

Participants noted that PMI brought together a range of community members, many of whom had not worked together previously. There is significant overlap in membership between PMI and the regional HIV Prevention Community Planning Group; recent CPG decisions regarding funding priorities are closely aligned with PMI priorities and approaches. PMI membership in Phoenix

overlaps significantly with that of the regional HIV prevention Community Planning Group (CPG). Both the CPG co-chairs sit on PMI, and the PMI coordinator serves on the CPG. There seems to be increasing alignment of the efforts and approaches of PMI and the CPG.

Most participants were optimistic about the potential for sustaining the PMI-based collaboration beyond the life of the project, based both on the relationships being established on the committee and on the exigencies of serving the community in times of decreasing funding.

Most PMI participants said that their understanding of social marketing principles had been enhanced by their participation in PMI. The participants we interviewed were evenly split between those who said they were unfamiliar with social marketing principles before they became involved with PMI and those who said they were acquainted with social marketing. The majority were supportive of and committed to the social marketing process, though there were some skeptics.

Community participants mentioned numerous instances in which they were applying particular aspects of social marketing in their work outside of PMI. They mentioned using a research-based approach, relying on the research findings, and developing a marketing model as specific applications. Participants agreed that PMI has not yet produced an impact on the community at large, but they were extremely optimistic about the potential impact of PMI in the local community.

Phoenix is perceived by PMI participants to be a highly conservative community. Participants noted that the area has an extremely high teenage pregnancy rate, and some suggested that the local community did not want to deal with issues of teenaged sexuality. The state and local governments have provided very little funding for HIV prevention or AIDS services. The religious right is strongly felt in some communities, to the extent of becoming involved with school curricula regarding HIV. PMI has no representatives from the religious community. Members of state and local educational boards are on the PMI mailing list and kept apprised of its activities.

Conclusions-Phoenix

Phoenix PMI participants spoke of the importance of choosing a stable lead agency which is open to innovation. They appreciated the tailoring of PMI to each community but look forward to establishing a means whereby new sites can learn from more established ones.

Overall, participants advocated a middle road with regard to youth involvement. Some advocated for early involvement while others stressed the need for knowing what the goals of youth involvement should be, before bringing youngsters on board.

As in other sites, Phoenix participants suggested that the communication channels between the sites and the national partners be simplified. They would appreciate more visibility from CDC at the site, and noted their appreciation of the TA that has been offered to them.

Sacramento, California

Overview of Sacramento PMI

The Sacramento PMI demonstration site encompasses a seven-county area in northern California with a combined 1992 population of 1,713,778, over 30% of whom were under 21 years of age. The area stretches west of Sacramento to Yolo County and east to Placer, Amador, Calaveras, Nevada, and El Dorado counties. Most of the area is rural.. The principal urban areas lie in Sacramento and Yolo counties and include Sacramento (Sacramento County), West Sacramento, and Davis (Yolo County). Sacramento is the state capitol of California and one of the area's fastest growing cities with population growth of 38.8% from 1980 to 19912. The surrounding counties are largely white (ranging from 89% to 96% white) but Sacramento and 'Yolo counties are more racially and ethnically diverse (75% and 76% white, respectively) with a s'izeable Hispanic population (11% and 20%, respectively). In 1990, 2.3% of Yolo County's population 5 years of age or older did not speak English at home; in Sacramento the proportion was 16%. Of the non-English speakers, Spanish was the dominant language (44%, Sacramento and Yolo combined) followed by several Asian languages including, Chinese, Tagalog, Vietnamese, Japanese, and Korean (26% combined). In Yolo and Sacramento counties,, 17.4% and 12.5% of the population, respectively, was below the poverty line in 1990; in the rest of the region, the proportion was much smaller (10% or less). As in many communities, African Americans, are overrepresented among AIDS cases. While African Americans make up just over 9% of the population in Sacramento County, they represent 18% of the AIDS cases.

Site Structure

United Way Sacramento Area (UWSA) serves as local convener for PMI. During the first year of Sacramento PMI, United Way's Director of AIDS Projects was the only staff member (on a part-time basis) for the project. The current. Program Manager became involved in PMI in February

1994 under a subcontract to assist with the formative research and was subsequently hired as Project Site Coordinator in May 1994. She was technically an AED employee for the first year, switching to United Way as the site moved into the transition phase. The Site Coordinator is now called the Program Manager and is supported in her efforts by an administrative assistant and several consultants including an Issues Management Consultant, a Youth Consultant and, most recently, a Marketing and Communications Coordinator who had just been hired at the time of our second visit.

The original planning body in Sacramento was known as the Steering Committee. The committee had a very informal structure with open membership. During the transition phase, the site moved to a Community Council, an entity with a more formal membership structure consisting of 25 voting and about 20 non-voting members. All members attend Council meetings. PMI staff are not voting members. The initial committee included representatives of public schools, community-based organizations in AIDS prevention and care, the media, and business. Especially noted was the concerted effort to reach out to the seven-county area included in Sacramento PMI. Participants noted that the desire by volunteers to remain actively involved in PMI through the transition reflects the ongoing value PMI has for them.

Meetings were held on a monthly basis during the late afternoon at United Way. Subcommittees met separately based on need. A PMI Community Council Co-chair shares the job of meeting facilitator with the Program Manager. She volunteered as Co-Chair of the Steering Committee and was subsequently elected to continue in that role on the Community Council. Planning and debriefing are viewed as extremely important in Sacramento and a lot of time and energy are devoted to it.

Participants commented on the level of organization and planning that goes into each meeting. Meetings were described as relaxed, social, and fun. Attendance fluctuated based on changes in people's jobs or job responsibilities but was consistently high. A reason given by staff for the level of attendance was the attention paid to logistics-setting meeting times well in advance, offering to pay for transportation for people from distant counties, and lots of one-to-one contact.

During the planning phase, the Steering Committee operated on a consensus basis as did the subcommittees. The more formal Community Council has a voting structure, but it usually operates as a formality only, with the group working through issues until consensus is achieved. In addressing strategies for avoiding or resolving conflict, staff members spoke to the importance of sharing information.

Subcommittees (also known as working groups) were created when necessary and dissolved

when their work was completed. All members were encouraged to become involved in subcommittees. They include a Youth Advisory Committee, Youth Involvement Working Group, Issues Management Work Group, Research Work Group, Transition Review Subcommittee, Application Review Subcommittee., and the Site Design Team.

Steps In PMI Process and Technical Assistance (TA)

Defining the target audience has been an iterative process. The initial target audience selected by Sacramento PMI was 14- to 18-year-olds. This has been further refined, based on research, to be sexually active 14- to 18-year-old males and females in higlh-risk areas who use condoms inconsistently. The audience includes both genders and all ethnicities and sexual orientations. The research used to define the audience included both primary and secondary data. The secondary data were used to gain an understanding of risk for HIV infection among youth aged 25 and under in Sacramento. This information was used to select the target population for the primary data collection effort, also referred to as the formative research, which included both interviews and focus groups.

A Site Design Team has worked closely with the technical assistance providers. At the time of our second visit, it had decided to focus on six possible program components: (1) peer outreach and education, (2) improving condom access or condom distribution, (3) media and print materials, (4) teen hotline, (5) skills workshops for youth, and (6) skills workshops for parenting adults.

As in all sites, technical assistance (TA) to Sacramento was provided in several formats. At the Steering Committee and Communiity Council level, national partners provided training specific to the steps in the PMI process. At the staff level, the national partners were available by telephone on a frequent (even daily) basis to assist with information needs or to provide advice. Unlike the other sites, Sacramento's primary TA provider, was a senior social marketing expert from Porter/Novelli, although AED also provided support. The TA provider changed during the transition phase, which altered the form of TA provision to the site. Tlhe new provider from AED has on occasion served as staff extension but has been less of a consultant than the previous provider, who was a more senior expert in the field. It should be noted that as all the sites mature, there is a move to decrease dependency on TA from the national1 partners.

Youth Involvement

A Youth Involvement Work Group prepared a plan for youth involvement, recommending a Youth Advisory Committee (YAC) consisting of 15 to 20 young people that would meet independently on a semi-monthly basis, with one or two representing YAC at Steering Committee meetings. In practice, 10 to 15 youth originally joined YAC, with maybe six to eight attending each meeting. Meetings were jointly facilitated by the Site Coordinator and the Youth Consultant. The group was described as "amazingly diverse"-different ages, socioeconomic backgrounds, ethnicities, and perspectives. The group had been meeting for about 16 months at the time of our last visit. Five of the original members remained.

Youth involvement was uniformly seen by participants as important to the PMI effort. For the most part, youth have not been integrated into the subcommittees or the Community Council. Some suggestions were offered for steps that might be taken to better integrate youth and adult participants, including orienting youth members to how the Council functions and holding Council meetings at times and places more convenient for youth. However, other participants commented that as much as they would like to see more involvement, they feel that the role of youth is appropriate. As the site moves toward implementation, most participants feel that the role of youth will increase in importance and that there will be more opportunities for integrated involvement.

The youth participating in PMI as members of the YAC feel comfortable with their role. YAC members engaged in many activities. They reviewed and commented on the focus group guide, designed a PMI T-shirt, created a video, and developed a mission statement for the group. They learned about social marketing and HIV/AIDS and conducted a condom survey at teen centers and community clinics to see which carried condoms, what kinds, and at what prices. Two youth had the opportunity to travel to Washington DC to the all-sites meeting.

In discussing the barriers to youth involvement, participants offered several logistical constraints. These included inconvenient meeting times, distance, and lack of transportation. Distance is possibly the major barrier for the more distant counties. Participants spoke to the multiple demands on young people's time, especially those who are involved in school leadership, church activities, sports, or other extracurricular activities. Jobs also compete for their time; several youth participants have had to cut back their involvement when they got a job. Participants further noted that the full Council meetings can be boring and intimidating for youth, discouraging involvement.

Community Collaboration, Support, and Capacity Building

Some agencies involved in PMI in Sacramento had working relationships prior to PMI, while others came together for the first time to cooperate on PMI. There is evidence that these collaborative relationships have extended beyond the borders of PMI, particularly in terms of networking and sharing of information. Participants spoke of the value of these connections in terms of resources for their work. Participants also noted that the number of local grant applications by collaborative partners has increased.. One of the major changes participants pointed to as a direct result of PMI was the level of collaboration now taking place in the larger seven-county region.

There is a high level of representation from HIV organizations among PMI volunteers. PMI is viewed as the primary collaborative effort for HIV prevention among youth. In California, the HIV community planning group (CPG) process started out as a state-wide effort with a nested regional structure, but in 1995 the regional structure split apart. Now each county goes through the process on its own. Overlapping membership between PMI and the local CPGs is very much in evidence in several of the counties. A sharing of resources is also evidernt in Sacramento County.

One important reason participants gave -for what has sustained collaboration thus far is the common goal they share It is too early to know whether this collaborative: spirit will last beyond the time frame of PMI, but participants are optimistic.

Participants generally agreed that PMI has not yet produced an impact on the behaviors of the target audience in Sacramento. Nor has it affected in any substantial way the support of the larger community for HIV prevention among youth. PMI is not yet visible: beyond the circle of participants. Yet the effects of PMI have been felt among the participants in terms of their own commitment and abilities and in the agencies they represent. There is evidence that it is building community capacity for prevention. This has given participants hope that the desired long-range effects will occur.

The majority of participants we interviewed were not familiar with social marketing before becoming involved with PMI. Others had a vague understanding that has been strengthened and deepened through PMI participation. Only a small minority felt they had a good understanding of social marketing. Most participants reported being, able to apply social marketing concepts in other aspects of their work.

PMI staff in Sacramento demonstrate a strong commitment to building capacity within the community for HIV prevention. They explicitly open all trainings to members of the community who might benefit,, they actively share information, and they facilitate networking among members and

beyond. Furthermore, documents prepared for PMI in Sacramento are purposefully designed to be useful to community members in a position to implement similar processes or to use PMI research findings.

Conclusions-Sacramento

PMI staff are credited with keeping people involved by making participation fun, providing a forum where participants know they will move forward towards meeting the goals of the program, and providing them with knowledge and contacts of direct benefit. Satisfaction with leadership extends to the national partners as well. Participants noted that the staff and lead agency's ability to draw on existing networks of community members facilitated initial outreach. In addition, having a lead agency that can stand apart from existing closely knit groupings is perceived to make the project open to and attractive to new members.

Collaboration among community organizations has been facilitated by the meeting structure, which is conducive to talking and sharing. Participants praised PMI in Sacramento for opening training to the wider community.

Respondents spoke to the need to allow enough time and have enough patience to see each part through. It is important to identify a good research partner early on because of the critical nature of having good data.

Participants stressed the need for broad collaboration, and for getting youth involved early. As in other sites, participants would appreciate a greater CDC presence in the community. They would like to see more active promotion of the project, including the development of materials that could be used by the site to educate the community about PMI.

Participants value the technical assistance the site has received and generally find it to be an essential ingredient to a successful initiative. One recommendation was for additional training and assistance with community development and diversity issues and another spoke to the necessity to be sensitive in dealing with the local community as partners in PMI.

Conclusion

The preceding summaries are meant to provide the reader with an understanding of the environment in which each PMI demonstration site operates. Full case study descriptions for each

site have been sent to CDC and the sites under separate cover. We have also included Table Appendix C. 1 which presents thumbnail descriptions of each site.

Table C.1 Summary of PMI Demonstration Sites

	Nashville
Geographic & Demographic Features[a]	Capital of Tennessee, located in Davidson County. 1992 population was 495,012. 1990 census showed: 73 percent of population was white and 24 percent was black; median age was 32.3 years; 13.4 percent of population lived below poverty level. Industries include shipping, publishing and music. Colleges include Vanderbilt University and Meharry Medical College, an historically African American institution.
Type of Lead Agency	United Way of Middle Tennessee (UWMT). In mid-1995, a decision was made by PMI, AED, and UWMT, that PMI would not have a lead agency but would divide responsibilities. At this time, the host agency is the local Urban League and the fiduciary agent is AED.
Types of Community Groups	PMI networked with a wide-range of organizations taking advantage of existing community collaborations. Nashville has a well-established teen pregnancy prevention network.
Relationships with other HIV-related Groups	Originally housed in the same division of UWMT that housed the Community AIDS Partnership. Interface with Ryan White Planning Council; a PMI participant sits on Tennessee HIV Prevention Community Planning Group (CPG) but little cross-fertilization.
Target Audience[b]	The target audiences are: Sexually active 12- to 15-year-old African Americans living in low-income housing who want to avoid pregnancy and STDs. Non-sexually active 12- to 15-year-old African Americans living in low-income housing.
Brief Description of Context"]	Community is considered to be politically conservative. The religious community in Nashville is diverse and very influential. There are a large number of African-American churches, an Interfaith Network, and several large conservative churches.

Table C.1 Summary of PMI Demonstration Sites (continued)

	Newark
Geographic & Demographic Features[d]	**In 1992, the** population of Newark, the largest city in NJ, was 267,849 people: African Americans (60 percent), whites (29.4 percent), and Hispanics (26.7 percent). Spanish is the primary language in 22.5 percent of households. 26.3 percent of the total population is below the poverty line. The average age just over 29; persons under 24 years of age comprise 41 percent of the total city population.
Type of Lead Agency	Community Foundation of New Jersey (CFNJ), grantee for New Jersey's AIDS Partnership. CFNJ is not located **in** Newark; Left CFNJ in mid-1995. Set up an office in Newark as its own entity with AED as lead agency.
Types of Community Groups	PMI networked with a wide-range of organizations taking advantage of collaborations known to CFNJ. PMI includes a mix of representatives from CBOs, youth-serving agencies, business, the state and other organizations. HIV educators are active participants. Churches and local government, including schools, are not represented.
Relationships with other HIV-related Groups	Cross-membership with Ryan White, Newark EMA, and with CPG. Youth did presentation for CPG.
Target Audience	The target audiences are: Sexually active 13- to 16-year-olds, who want to avoid pregnancy or are concerned about HIV Non-sexually active 13- to 16-year-olds.
Brief Description of Context[e]	Newark is divided into five wards each of which is characterized as homogeneous in terms of ethnicity and SES. PMI participants were concerned about the conservative influence of the Catholic churches, and, to a lesser degree, the city and schools. Newark has been particularly hard hit by the AIDS epidemic.

Table C.l Summary of PMI Demonstration Sites (continued)

	Northern Virginia
Geographic & Demographic Features[f]	Consists the City of Alexandria and Falls Church, and counties of Arlington, Fairfax, and Prince William. Also includes rural Loudon County, not part of PMI. 1990 Census: NoVA population was 1,466,409 distributed as 80 percent white, 9.6 percent African American, 8 percent Hispanic, 6.6 percent Asian, and 3.5 percent others. SES varies with pockets of poverty in each of the cities and counties, and the highest median family and household income in the country in Fairfax County.
Type of Lead Agency	The Northern Virginia Planning District Commission (NVPDC) has been the lead agency throughout the life of the project.
Types of Community Groups	PMI began as the prevention work group of NVPDC's HIV consortium. Members recognized a need to expand and better represent the region's minority populations, especially African American. A Community Developer, hired in January 1996, has been seeking out new members.
Relationships with other HIV-related Groups	Most PMI members are dually affiliated with the HIV consortium. Through the HIV consortium, PMI has a linkage with the Ryan White Planning Council. Community supporters of PMI are active in the CPG.
Target Audience	The target audiences are: Sexually active 15- to 19-year-old African Americans. Non-sexually active 15- to 19-year-old African Americans.
Brief Description of Context[g]	NoVA has a highly educated population and is more politically liberal than the rest of the state. Even so, members characterized some of the counties as being very conservative. Expanded representation on the planning committee is helping the site to bridge local attitudes, as with the input of clergy.

Table C.l Summary of PMI Demonstration Sites (continued)

	Phoenix
Geographic & Demographic Features[h]	Capital of Arizona, located in Maricopa County. 1992 population was 2,209,567. 1990 census data for county: 77 percent white, 16.3 percent Hispanic, 3.4 percent African American, 1.7 percent Native American, and 1.6 percent Asian-Pacific islander. Spanish is primary language spoken in 1 1.6 percent of households in the county. Although home to many retirees, 30.7 percent of the population in 1992 was under 21 years of age. Seventeen percent of children under 18 iive beiow federai poverty ievel.
Type of Lead Agency	Maricopa County Community AIDS Partnership (MCCAP), which changed its name to the Arizona AIDS Foundation (AAF), has been lead agency for duration of the project. AED handles certain administrative functions,
Types of Community Groups	Wide range of community groups contacted for initial meetings of PMT. Range included AIDS organizations, youth-serving organizations, academic community, local philanthropic groups, and representatives of business and industry. At time of site visits, most of the active volunteers were from AIDS prevention or service agencies, with smaller number coming from youth-oriented organizations and academia.
Relationships with other HIV-related Groups	AAF is convener for the Ryan White Title II Consortium. Membership of PMI overlaps significantly with that of the regional HIV prevention community planning group. Both the CPG co-chairs sit on PMI, and the PMI coordinator serves on the CPG. Seems to be increasing alignment of efforts and approaches of PMI and the CPG.
Target Audience	Target audience is sexually active 16- to 19-year-olds who have used condoms at least once and who intend to use condoms.
Brief Description of Context[i]	Phoenix is perceived by PMI participants to be a highly conservative community. Participants noted that the area has an extremely high teenage pregnancy rate. Some suggested that the local community did not want to deal with issues of teenaged sexuality. State and local governments have provided very little funding for HIV prevention or AIDS services. Religious right is strongly felt in some communities where involved with school curricula regarding HIV. PMI has no representatives from religious community. Members of state and local educational boards are on PMI mailing list and kept apprised of activities.

Table C.l Summary of PMI Demonstration Sites (continued)

	Sacramento
Geographic & Demographic Features"	Sacramento PMI demonstration site encompasses a seven-county area in northern California with a combined 1992 population of 1,713,778, over 30 percent of whom were under 21 years of age. It covers Sacramento (the state capital), Yolo County Placer, Amador, Calaveras, Nevada, and El Dorado counties. Most of the area is rural. Principal urban areas lie in Sacramento and Yolo counties. Surrounding counties are 89 percent to 96 percent white but Sacramento and Yolo counties have sizeable Hispanic populations. In Sacramento and Yolo combined 44 percent of households speak Spanish, and 26 percent speak an Asian language. In Yolo and Sacramento counties, 17.4 percent and 12.5 percent of the population, respectively, was below the poverty line in 1990; in the rest of the region, the proportion was much-smaller (lb percent or less).
Type of Lead Agency	United Way, Sacramento Area has been the lead agency throughout the process. Originally, AED supervised the site coordinator but that function has rested with United Way since the transition plan went into effect in mid-1995.
Types of Community Groups	PMI solicited community support and involvement from existing networks such as the HIV prevention CPG and Ryan White. Also did outreach to schools, youth groups, researchers, and business leaders. Continue to encourage new contacts.
Relationships with other HIV-related Groups	Cross-membership with the HIV prevention CPG leading to a lot of sharing of information.
Target Audience	The target audience is sexually active 14- to 18-year-olds in high-risk areas who use condoms inconsistently.
Brief Description of Context[k]	Sacramento PMI has a large membership body. It represents both urban and rural jurisdictions. Efforts to increase ethnic and overall diversity are being discussed, but there is representation from certain key constituents such as the clergy. There was little concern voiced with regard to political interests as compared with the other demonstration sites.

Table C.l Summary of PM3 Demonstration Sites-Notes

(a) Source: US Department of Commerce, City ***and County Data Book, 1994.***

(b) Source: Academy for Educational Development, June 1996.

(c) Includes such features as: openness to discussion of sexuality or of condom usage, level of support by political officials, and involvement of key religious leaders.

(d) Source: US Department of Commerce, ***City and County Data Book, 1994.***

(e) Includes such features as: openness to discussion of sexuality or of condom usage, level of support by political officials, and involvement of key religious leaders.

(f) Source: US Department of Commerce, ***City and County Data Book, 1994.***

(g) Includes such features as: openness to discussion of sexuality or of condom usage, level of support by political officials, and involvement of key religious leaders.

(h) Source: US Department of Commerce, ***City and County Dara Book, 1994,***

(i) Includes such features as: openness to discussion of sexuality or of condom usage. level of support by political officials, and involvement of key religious leaders.

(j) Sources: US Department of Commerce, *City* ***and County Data Book, 1994.*** Summary Tape File 3. 1990, Census Bureau Internet Home Page.

(k) Includes such features as: openness to discussion of sexuality or of condom usage, level of support by political officials, and involvement of key religious leaders.

Appendix D

Database of Documents

Appendix D

Database of Documents

Nashville PMI Documents

- Advisory Committee: Minutes from October 11 and November 1, 1995; Roster; Agendas from December 9, 1994 and May 25, 1995 with follow-up memorandum
- Audience Profile, Part I and Draft of Part II
- Committee Structure: Planning Phase - Revised, August 25, 1994
- Doucette-Gates, A., Gordon, T. and Lezin, N. (MACRO International), ***Prevention Marketing Initiative - Preliminary Analysis of Focus Group Discussions, African American Teens (12-15 years of age) and Parenting Adults, Nashville TN.*** Submitted to Academy for Educational Development (AED), November 8, 1995.
- Issues Management Plan (draft)
- Memoranda to Planning Committee members: April 25, May 8, May 26, and July 19, 1995
- Monthly Reports: January 1995 - June 1995
- Nashville PMI Conversation Points
- Planning Committee Meeting agendas: June 1, June 29, July 27, and August 24, 1995
- Planning Committee Minutes for 18 of the meetings held between July 14, 1994 - December 7, 1995'
- PMI Phase One Site Report with monthly updates: October 1993 - June 1994
- Site Transition Plan
- Steering Committee Manual

Planning Committee meetings are held slightly less often than twice a month.

Newark PMI Documents

- Newark Area Adolescents and the Risk of HIV/AIDS: A. Demographic and Risk Behavior Analysis: Undated. Robert L. Johnson, MD, FAAIP, Walter L. Douglas, Jr. Division of Adolescent and Young Adult Medicine, Department of Pediatrics UMDNJ - NJ Medical School
- Draft Transition Plan - Newark Demonstration Site: 6/23/95. Newark PMI
- Minutes of Newark PMI Planning Committee Meeting: 8/16/95. Newark PMI
- Newark PMI Demonstration Site Youth Involvement Plan: Approved by PMI Advisory Committee, 8/16/95. Newark PMI
- BAI Interim Report to the PMI Advisory Committee: 12/17/95. Jennifer Miller, Blatner Associates
- NPMI Newsletter Volume 1, Issue 1: 12,195. Newark PMI
- Minutes of PMI Advisory Committee: 1/10/96. Newark PMI
- Newark PMI Time Line for Major Formative Research and Prevention Marketing Plan Development Activities Strategy: 4Ps A Workshop for Northern VA PMI Work Group: 2/21/96. Newark PMI
- Presentation Overheads for oral summary of focus group findings: 3/27/96. Blatner Associates
- Draft Issues Management Plan: 3/27/96. Newark PMI
- Behavioral Objective Couplets: 6/27/96. Newark PMI
- Various hand-outs and brochures: Varies. Taken at some community sites

Northern Virginia PMI Documents

- Northern Virginia HIV Consortium Participates in National Prevention Marketing Initiative: Undated. Northern Virginia PMI
- Northern Virginia PMI--Community Resource Inventory and Environmental Profile: Undated. Northern Virginia PMI
- HIV/AIDS in Northern Virginia--PMI: Situation Analysis: 12/94. Health Systems Agency (HSA) of Northern Virginia
- Youth Involvement Plan--Northern Virginia: 1/25/95. Northern Virginia PMI

- Draft Implementation [Transition] Plan: 5/2/95. Northern Virginia PMI
- Final Report: PMI Analysis of Qualitative Research on African American Teens (15- to 19-years-old) and Parenting Adults in Northern Virginia: 1/24/96. Submitted to AED from MACRO International. Ann Doucette-Gates, Ph.D., Natasha Thompson, Ed. M., Nicola Dawkins, B.A.
- NV PMI Design Team Audience Profile Presentation: 2/26/96. Hand-outs from Site Design Team
- Youth Advisory Board Action Plan: March to Sept. 1996. Northern Virginia PMI
- Developing the Marketing Mix Strategy: 4Ps A Workshop for Northern VA PMI Work Group: 4/8/96. Facilitated by ACSP staff of AED. Hand-outs for the Marketing Mix training
- Issues Audit: 4/29/96. Northern Virginia PMI
- Draft Summary Minutes of *HIV Consortium:* 4/4/96. Northern Virginia HIV Consortium
- Brief summary of Audience Profile II: 5/7/96. Ann Lion Coleman - Northern Virginia PMI
- Work Group/Advisory Committee Meeting Summary Minutes: 5/13/96. Northern Virginia PMI
- Packet of information for June 10th Work Group meeting; Activities Timeline from April until Intervention Start Date; Agenda for 6/10 meeting; Summary Minutes for 5/ 13 Work Group/Advisory committee Meeting; Timeline of YAB activities through August: 5/28/96. Northern Virginia PMI
- Northern Virginia Prevention Marketing Initiative-Handouts: 6/5/96. Site Design Team
- Draft Prevention Marketing Plan: June 1996. Northern Virginia PMI
- Various hand-outs and brochures: Varies. Taken at some community sites

Phoenix PMI Documents

- *Plan for Involving Youth in the Community Demonstration Component of CDC's Prevention Marketing Initiative in Phoenix AZ*
- Report from Communication Sciences Group: *Results of Phase One Formative Research in Phoenix*

- ***Proposed PMI Prevention Marketing Plan***
- Various Steering Committee Meeting Summaries: May 19, 1994 - March 14, 1996
- ***Site Transition Plan***
- Concept Testing and Program Refinement timeline for next steps
- Timeline of activities for development of Audience Profile

Sacramento PMI Documents

- Monthly reports: 10/93-1/96. Phase 1 report
- Key informant interivew report: 2/23/94
- Situation analysis
- Initial selection documents
- Audience profile, part 1, draft: 2/29/96
- Audience profile, part 2, draft: 3/5/96
- Environmental profile, (draft: 3/96
- Audience research: 5 196
- Community Council member application
- Council roster: 1/29/96
- PMI newsletter
- Transition plan
- Youth involvement plan
- Issues management report

Battelle Documents

- Battelle: ***Pilot Case Study of a Prevention Marketing Initiative Demonstration Site: Nashville, TN.*** Report Submittted to CDC, March 29, 1995.

- Battelle: ***Protocol: Descriptive Case Study of Prevention Marketing tnitiative Demonstration Sites*** Report Submittted to CDC, March 29, 1995.
- Battelle: ***Descriptive Case Study of a Prevention Marketing Initiative Demonstration Site: Newark, New Jersey.*** Report Submittted to CDC, September 245, 1996.
- Battelle: ***Descriptive Case Study of a Prevention Marketing Initiative Demonstration Site: Northern Virginia.*** Report Submittted to CDC, September 245, 1996.
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Documents from CDC

- PMI Strategic Guide
- "Year in Review"
- Project Profiles and Organizational Charts (sample)
- Demonstrtion Sites Monthly Progress Reports (sample)
- Early Draft of Demonstrtion Sites Lessons Learned
- "Year One Lessons Learned from the Prevention Marketing Initiative Demonstration Sites"

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