UCSF Center for AIDS Prevention Studies
AIDS Research Institute

how can service providers and researchers collaborate in HIV prevention?

why collaborate?

"Research on HIV prevention—no matter how good—does not stop HIV infection. HIV behavioral research can only stop HIV infection when results of the research can be used to make applied programs better."[1] -Jeff Kelly

Everyone working in HIV prevention wants to know that their efforts make a difference towards halting the spread of HIV. When researchers and community-based organizations (CBOs) collaborate, the outcome can be better community programs and better science, resulting in improved HIV prevention.

Researchers need to learn about how health education and community organizing programs function in order to evaluate or create interventions that are feasible in real world settings. They also need to gain access to research participants (clients of CBOs) and disseminate research findings in the most useful way. Working with CBOs and their clients can improve research.[2]

The mission of most CBOs is program delivery, not evaluation. CBOs may need to collaborate with a researcher when using tested interventions, evaluating ongoing programs and incorporating theory into intervention design. Working with researchers can improve programs.[3] Federal, state, local and private funders are increasingly requiring CBOs both to use theory in designing programs and to evaluate their programs.

what does collaboration involve?

Researchers and service providers can work together in many ways and the degree of collaboration can vary. Collaboration can be a simple act that is not very time consuming, such as CBOs getting help with questions on a survey or researchers learning more about client populations. Even if the relationship between a researcher and service provider is limited, there are ways to bring the expertise of all participants together and optimize outcomes of their joint work.

Collaboration can also be relatively complex and time- and resource-intensive. Service providers and researchers may collaborate on program evaluation, program design, data analysis or research. Typically, these collaborations involve 1) selecting the researcher and CBO partner; 2) developing a relationship; 3) deciding on a research or programmatic question; 4) conducting the research or evaluation; 5) analyzing and interpreting the data; and 6) disseminating the findings.[4] The last step in the collaboration would involve developing programs based on the research findings.

what are barriers to collaboration?

Collaboration can be understood as a cross-cultural experience: a meeting of the culture of research and the culture of CBOs. Researchers and providers have distinct work cultures including norms, incentives, jargon, sense of time, resources, training, education, and expectations, that are often at odds with each other.[5] For example, CBO staff often must respond to clients with immediate needs. Researchers, on the other hand, often work on 2-5 year grants with more long-term objectives. While their common goal may be slowing the epidemic, each has different contributions and strategies for achieving that end.

Often CBOs mistrust researchers. Researchers are seen as "using" the CBO, collecting data with no return of information and taking all of the credit.[6] Service providers often see researchers as over-resourced. For example, CBO staff may be paid far less than the researchers they collaborate with. On the other hand, researchers are often frustrated by the fast pace, limited staff time and lack of prioritization of research activities found in CBOs.

An inherent power imbalance exists when researchers and CBOs work together on research projects. Researchers are often seen as "experts" by virtue of their academic degree. The expertise of CBO staff—knowledge of the community, understanding how interventions work and access to the population—is often overlooked and undervalued by researchers.

Says who?

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what's being done?

One simple yet vital method of collaboration is making sure that data collected by the researcher is available to CBOs to use. The University of British Columbia in Canada conducted a large-scale study of health care and community resources used by persons living with HIV/AIDS. After the study, they hired a Community Liaison Researcher to work with CBOs to jointly determine their information needs, and conduct tailored analyses of the large and valuable database for use in CBO programs.[7]

Another more complex method of collaboration involves working together from the beginning to develop programs. The San Francisco AIDS Foundation (SFAF) wanted to understand why gay/bisexual men were continuing to become HIV-infected. They initiated a collaboration with CAPS, UCSF to conduct qualitative research among high-risk men. SFAF and research staff met weekly to discuss the research question, design the instrument and discuss the transcripts. This led to the agencies collaboratively developing and evaluating two interventions and a media campaign. The programs, Gay Life and Black Brothers Esteem, are ongoing.[8]

Collaborations often require a solid infrastructure for support. In San Francisco, CA, the CAPS collaboration initiative provided funding, training, supervision, technical assistance and researcher pairing for CBOs to conduct program evaluation. This initiative was jointly funded through the university and private funders. CBOs developed research questions and conducted evaluation with the aid of researchers. Findings were disseminated through public forums and a special issue of a journal. This collaborative model has been replicated across the US.[9]

what are best practices?

Although collaborating can be a resource and labor-intensive activity, the benefits for the CBO, researcher and the field of HIV prevention are worth the investment. The following recommendations can help ensure a successful experience:[10,11]

- Choose CBO or researcher partners carefully. Interview several different individuals or agencies. Always ask for and check references.
- Establish buy-in, input and ownership from agency staff and directors.
- Define roles and responsibilities clearly and repeatedly.
- Plan and budget for time for CBO-researcher communication and meetings.
- Address conflict when it arises.
- Allow flexibility to modify or change the scope of research.
- Expect staff turnover and allow time to orient and train new staff.
- Support agencies to build capacity before engaging in outcome research. Formative, descriptive and theory-development research are useful; outcome evaluation is not always the best choice for new interventions or new CBOs.
- Build a safety net into the research design. If you are evaluating a new intervention, make sure to include alternative research questions from the start.
- Plan for community dissemination strategies throughout all stages of research.
- Jointly monitor for research quality control.
- Secure adequate resources and support for intervention and evaluation time.

what supports collaboration?

There are some recent initiatives that support collaborative work, including federal, foundation and university grants. Funders, however, still need to set aside money for researchers and CBOs to work together, and the requirement for this should be structured into the grant.[12] This way, much-needed program funds aren't diverted into research. Local and state health departments can help by matching CBOs and researchers and then fostering the collaboration.

In addition to requiring adequate funding, collaboration requires time, energy and commitment. Without support for these basic requirements, the ultimate goal of collaboration—more effective HIV prevention—will not be achieved.

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Resources:

Behavioral and Social Science Volunteer Program (BSSV)
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www.apa.org/pi/aids/bssv.html

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