

Research Team

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Main Findings

Collaborative partnerships between community based organizations (CBOs) and university-based researchers can successfully conduct useful HIV prevention research. Collaboratively conducted research contributes to good programs and good science.

The Legacy Project is an evaluation of 18 such partnerships. The evaluation found 6 essential elements for successful collaborative community-based research:

- Thoughtful selection of interventions for evaluation
- Secondary or alternative research questions incorporated into the research project from the beginning
- Flexibility to modify or change primary research question mid-study
- Appropriate, stable CBO staffing
- High level of university-researcher involvement with both intervention and evaluation
- Adequate funding for intervention, evaluation and participant time

Background

Since 1991, the Center for AIDS Prevention Studies (CAPS) has conducted collaborative research with local community-based HIV prevention organizations within a consortium model. Community-based research (CBR) refers to research that is conducted by or with the participation of community members. As conducted by CAPS, CBR was a full partnership, with the CBO partner taking the lead on developing the research question, delivering the intervention, and collecting the data. The academic researcher took the lead on developing the instrument, consent procedures, data collection protocol, and data analysis. Together, the academic/CBO team trained intervention and evaluation staff, interpreted the data, cross-trained on service and research issues, and disseminated the findings. We developed a model which supported joint work and negotia-

tion of research activities, as opposed to a model where the academic researcher conducts a study on the CBO's clients, with the CBO mainly providing access to clients.

CAPS Model of Community Collaborative Research

The CAPS model of community collaborative research was designed to bring the skills of science to the service of HIV prevention and the knowledge of service providers into the domain of research. Our consortium was designed to address the historical divisions between funders, researchers and service providers by creating an atmosphere of mutual respect, collegiality, and shared vision. The explicit goals of this consortia funding were to answer scientific HIV prevention research questions and to build research capacity in the CBO partner. See Table 1 for components of this model.

The Legacy Project

The CAPS model has been replicated by universities, funders and CBOs nationally; as such it is important to assess exactly which elements are essential for productive collaborative research. In the Legacy Project, we examined two consortia. The first, 1994-1996, consisted of 11 academic/CBO research projects; the second, 1997-1999, consisted of 7 research projects. Three CBOs participated in both consortia.

These 18 research projects were housed at both AIDS-specific CBOs and CBOs which addressed other community needs from 7 counties in the San Francisco Bay Area. Populations served by these 18 interventions included school and street-based youth, gay men, Latina immigrant women, inmates and their female visitors and African American substance users. The interventions included improvisational theater, peer education, multiple session groups, and social support and life skills education sessions. Projects conducted theory development as well as formative, descriptive and outcome studies. Data collection methods ranged from self-administered surveys to in-depth life history interviews. Both quantitative and qualitative data were collected.

Table 1: Components of CAPS's CBR Model

- a consortium consisting of 7-11 CBOs, matched researchers, 2 statisticians, a program manager, and administrative support staff;
- 10-20% of a CAPS researcher's time per research project, with an additional dedicated statistician for each team;
- up to \$50,000 in intervention and \$10,000 in evaluation funding per year for each CBO;
- a 4-day workshop which provided CBO participants intensive training in research design, data collection and analysis, and provided the academic/CBO teams an opportunity to begin crafting their project;
- monthly meetings where participants received additional training, and opportunities for collective problem solving and support;
- a working partnership with local corporate and private philanthropic funders who actively participated in monthly meetings and problem-solving;
- a program manager to support the scientist/CBO pairs, facilitate training and assistance, and remove obstacles to research project implementation;
- ongoing technical assistance, including scientist and statistical consultation, data entry and statistical analysis;
- additional funding to disseminate findings to colleagues and community members.

Legacy Methods

We conducted secondary data analysis of materials generated from the research projects. Materials included CBO grant proposals, Committee on Human Research applications, progress reports, published articles and correspondence. We developed a coding scheme to describe each aspect of the project. These coded elements included: CBO description, researcher profile, CBO staff profile, intervention description, research design, findings, and program manager intervention (see Table 2 for details).

In addition, we interviewed staff at each CBO and contacted the primary staff if he or she left the CBO. To assess individual capacity, we asked about engagement in research activities, including conducting research, applying research to their program planning, or pursuing advanced research-related degrees.

Selected Key Findings

Research Question 1: Did the collaborative research project team answer either their primary or secondary research question (RQ)?

Of the 18 project teams, 5 answered their primary RQ; 9 did not answer their primary RQ, but did answer a secondary RQ; and 4 did not answer any RQ. For example, one project team's primary RQ asked about the impact of parental involvement in a school-based HIV prevention intervention. When parents didn't participate in enough numbers to answer that question, the project team developed a secondary research question: how can we improve parental involvement in HIV prevention activities? They were successful in answering this secondary question.

The following elements were correlated with answering a research question:

Intervention

- **Pre-existing vs. new.** No research project teams evaluating a new intervention answered their primary RQ. However, all of the new interventions answered a secondary RQ.
- **Multiple session vs. one-time intervention.** Every research project team that conducted a one-time intervention was able to answer a research question. All of the project teams that were unable to answer any research question evaluated multiple-session interventions.

Comment: Feasibility and modification needs of new interventions make them poor candidates for outcome evaluation; trying to launch a new

intervention while simultaneously evaluating it wasn't successful. Simpler, one-time interventions are also easier to evaluate in these relatively small, community-based research projects.

Research Design

- **Changing research design.** When project teams shifted their research design due to obstacles or where they had multiple RQs, they were successful when they shifted from:

collecting quantitative data > collecting qualitative data
an outcome study > a descriptive study
a longitudinal study design > a cross-sectional study design

Comment: Rather than only focusing on a single outcome RQ with a longitudinal design, building in other RQs early on increases the likelihood of generating useful data.

CBO

- **Chaos.** We define chaos as a destabilized environment in a CBO which occurred when it had a large change in funding or scope, legal battles, election lobbying, or teachers' strike. We characterized each CBO as experiencing high, medium, or low/no chaos. Research projects at CBOs where there was a high degree of chaos did not answer any RQ. Of the research project teams that answered their primary RQ, most CBOs had low or no chaos.
- **High CBO staff turnover** was associated with not answering any RQ; low turnover was associated with answering the primary RQ.
- **CBO research experience.** Three quarters of the CBOs which answered their secondary RQ had substantial experience conducting research. When the teams learned that the primary RQ was not feasible, CBOs with substantial research experience were able to identify this early on and successfully generate an alternative RQ.

Comment: CBO stability and experience were positively correlated with successfully answering a research question. For CBOs without experience, beginning with less complicated research is a good way to develop skills. Also, attending to staffing and the transition when staff turn over is important when fielding research at a CBO.

Researcher

- **Level of researcher participation.** Researcher participation was based on visits to the CBO, involvement in both intervention and research, and researcher initiation of contact and training. None of the project teams with low researcher participation answered their RQ. High researcher participation was

correlated with answering a primary or secondary RQ.

Comment: It is important that the university researcher act as a full partner rather than a distant consultant for the collaborative research project to be successful. Meeting at the CBO and working with more CBO staff supported the collaboration and the science.

Research Question 2: Did the CBO build research capacities, i.e. using their research findings in intervention development (Intervention Capacity) or conducting future research (Research Capacity)? Did involvement in these collaborative consortia increase individual CBO staff member's research capacity?

One of the most consistent Legacy Project findings was that every individual who was a CBO partner in the collaboration, whether they remained at the CBO or not, reported an increase in his or her involvement in conducting and using research.

What was true for CBOs which built both Intervention and Research Capacity (N=5):

- They all answered a research question (primary or secondary).
- They all had low or no staff turnover overall and no turnover of key staff. Management staff were on every study. Each research project included staff who were integrated into the CBO as a whole.
- Most of the projects evaluated pre-existing interventions. Only one evaluated a new intervention.
- Most of the interventions were conducted at the CBO, rather than off-site, giving CBO staff the opportunity to see the evaluation activities going on.
- All research projects served clients who were typical of clients seen at the entire CBO.
- The CAPS coordinator intervened with most of the project teams.

What was true for CBOs which built neither Intervention nor Research Capacity (N=4):

- Both research projects which relied on a single CBO staffperson for all intervention and evaluation activities built neither capacity. There was no stable management involvement in the project.
- Most of the CBOs worked with off-site clients.

What was true for CBOs which built only Research Capacity (N=4):

- It was not necessary to have answered a primary or secondary RQ; CBOs were still able to learn how to conduct research even though this project yielded no findings.
- Staff turnover didn't impact CBO's ability to build research capacity.
- All research projects had management staff on the study, and had staff integrated into the CBO as a whole.
- The key evaluation staffperson had more than one year of experience conducting research.

What was true for CBOs which built only Intervention Capacity (N=3):

- Most research project teams answered their primary research question.
- All the CBOs evaluated modified interventions; there were no new interventions.
- All CBOs had low or no staff turnover during the research project, but in all cases, the key evaluation and intervention staff left the CBO after the collaboration finished.
- All CBOs had off-site clients. The research activities were not visible to other CBO staff and did not become incorporated into the CBO's culture.

Unexpected Findings

In testing our hypotheses about which elements were correlated with answering a project team RQ or building CBO capacity, we were surprised by several of our findings:

- There was no difference in the success rate of qualitative vs. quantitative data collection in answering the RQ.
- Studies which randomized research participants were as likely to be successful in answering their RQ as studies which did not randomize. In one case, though, the randomization process undermined the intervention and damaged community relations.
- CBO size and budget did not correlate with ability to answer a research question or build capacities. Smaller CBOs were as successful as larger CBOs.
- School-based studies posed extraordinary challenges; half of all school-based studies failed to answer any research question and half of all projects that did not answer any research question were school-based. (Four of the total projects were school-based.)

Table 2: Legacy Project Selected Coded Elements

- CBO description: budget, experience with research, location; chaos
- researcher profile: academic background, community experience, experience with population, turnover
- CBO staff profile: time allocated, research experience, number of evaluation staff, turnover, position at CBO
- intervention description: pre-existing/new/modified, number of sessions, location
- research design: randomization, cross-sectional/longitudinal, descriptive/formative/ outcome/ theory-testing; qualitative/ quantitative
- findings: primary, secondary, none
- program manager intervention: between CBO staff person and academic researcher, between project team and CBO, with research design

Recommendations

We strongly recommend supporting, funding and engaging in collaborative university/CBO research. Though it is a resource and labor intensive activity, the benefits for the CBO, researcher, and HIV prevention science are worth the investment. The following recommendations can help ensure a successful experience of collaborative community-based research:

- Build a safety net into the research design. If you're evaluating a new intervention, make sure to include secondary RQs from the beginning.
- Plan for and budget adequate time for academic researcher/CBO staff communication.
- Formative, descriptive, and theory-development research are useful; outcome evaluation is not the best choice for new interventions or new CBOs. Support agencies to build capacity before engaging in outcome research.
- Staff the research project appropriately, including key CBO and management staff in the project team. Take special care in staffing transition training.
- Chaos happens. Be flexible and modify the research design when necessary to accommodate real life at a CBO.

Additional Reading

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Materials Available

- Technical assistance: for more information on this model or assistance in replication, call 415/597-9396 or e-mail: egoldstein@psg.ucsf.edu
- Program reports with findings: www.caps.ucsf.edu/projects/projectindex.html#ncg
- Special issue on the collaboration: *Health Education & Behavior*, Volume 26, Number 2, April 1999

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