

## What is Community PROMISE?

### *Description*

Community PROMISE is an effective community-level STD/HIV prevention intervention that relies on role model stories and peers from the target population of your community. Community PROMISE is successful because it is created anew each time it is implemented in collaboration with a specific community.

“PROMISE” is an acronym for “Peers Reaching Out and Modeling Intervention Strategies.” The “community” in Community PROMISE refers to two fundamental factors. First, members of an at-risk community generate the specific intervention content from their own experience. This content includes the true risk-reduction stories shared by the intervention community itself—stories that model risk-reduction strategies for friends and associates (members of the same target population) within that same community. The second community element refers to the broad risk community that is impacted by the intervention. Not only do the active intervention participants change their behaviors, but so do members of the broader risk community as a result of peer influence.

Community PROMISE is based upon the experience of the AIDS Community Demonstration Project (ACDP). Funded by the Centers for Disease Control and Prevention (CDC), the Project found Community PROMISE to be effective in five cities across the United States. Community PROMISE was developed in response to an urgent need for effective community-level interventions that could be reasonably implemented by local health departments and service organizations.

### *Target Populations*

Community PROMISE can serve any community or population, since the messages come from and are communicated within the community. The intervention has been tested primarily with African American, Caucasian, and Latino communities, including injection drug users (IDUs) and their sex partners, non-gay identified men who have sex with men (MSM), high risk youth, female sex workers, and high risk heterosexuals. Community PROMISE has since been used with other populations, such as Native Americans, Asians and Pacific Islanders and individuals living with HIV. The community can be defined as a particular group of people who share a risk behavior or as a geographic or social community with many members who engage in high risk behaviors. The important element is that the people your agency is trying to reach are part of a social network, since the role model story messages and peer influence move through such networks to influence behavior.

**Community:** a particular group of people who share a risk behavior or as a geographic or social community with many members who engage in high risk behaviors.



## Core Elements

Core elements refer to the features in the intent and design of an intervention that are responsible for the effectiveness of the intervention. They are elements of the intervention that must be maintained in order for the intervention to remain effective.

The four core elements of Community PROMISE are:

1. **Community identification process**
2. **Role model stories**
3. **Peer advocates**
4. **Evaluation**

A brief description of each core element follows. More detailed information on implementing the core elements is found in modules 2: Community Identification Process, 3: Role Model Stories, 4: Peer Advocates, and 5: Evaluation.

### *Core Element 1: Community identification process*

Effective interventions always begin with an up-to-date assessment of the targeted community. This provides information about what drives the risk-taking as well as risk-reducing behaviors of the group you want to influence and the locations and environments where risk behaviors take place.

The community identification (CID) process used in Community PROMISE involves multiple methods, including individual interviews with in-house staff and outreach workers (internal staff), staff of agencies providing services to the population or people whose work puts them in close contact with the target population (external sources of information), community members who control access to the target population (gatekeepers), and articulate members of the target population (key participants).

In addition, the CID process is likely to include focus groups of the target population members to elaborate on the information obtained through individual interviews. An agency will also do observations of the community in which the target population lives or where they engage in high risk behaviors to expand on the context of the target behaviors. Descriptions of these methods and how, why, and when they are used will be found in Module 2.

**CID** is a formative evaluation process to collect important information and learn from the perspective of the community itself about:

- why people engage in risk behaviors,
- what barriers exist to changing behaviors,
- what will encourage them to change behaviors,
- locations where members of the community may engage in risk behaviors, and,
- other key information.



### Core Element 2: Role model stories

Role model stories comprise the “heart” of printed materials distributed throughout the target community. They are brief publications that depict personal accounts from individuals in the target population who have made or are planning to make a risk-reducing behavioral change. Role model stories are discussed in detail in Module 3. Depending on which populations they are meant to reach and what behaviors they are trying to influence, the stories may include examples of people who have started carrying condoms with them, have talked to a partner about condom use, use condoms consistently, avoid sharing needles, etc.

**Role model stories** are brief publications that depict personal accounts from individuals in the target population who have made or are planning to make a risk-reducing behavioral change.

In the stories, “role models” explain how and why they took steps to practice HIV risk-reduction behaviors and the positive effect it has had on their lives. The role models are not required to demonstrate perfect risk-reduction behavior, but they must show some action or movement towards reducing HIV risk such as carrying condoms, discussing prevention with a partner, or using condoms part of the time or with certain partners. These are just a few examples.

### Core Element 3: Peer advocates

The messages in the role model stories are reinforced by interpersonal communication with trained peer advocates. Peer advocates are volunteers from the target population who help distribute the role model stories and other materials. Recruitment, training, and the role of the peer advocates are further discussed in detail in Module 4. In their interactions with the target population, the peer advocates encourage either peers to read and talk about the stories within their own network of friends. By doing this, peer advocates assist their peers in more immediately relating to the content of the role model stories and help encourage peers to engage in risk-reduction or health-enhancing behaviors.

Effective training of the peer advocates is vital to the success of the intervention, since the advocates will be asked to distribute role model stories through their own social networks. Equally important are the ideas for retention of advocates, since recognition of the role of peer advocates in the intervention will maintain their active participation.

**Peer advocates** are volunteers from the target population who help distribute the role model stories and other materials.

Prevention materials are distributed by the peer advocates to help achieve the intervention goals. The type of materials distributed depends upon the target population and the risk behavior the intervention is trying to change. If the goal is to increase condom use, condoms and lubricant should be readily available. If the target population is sex workers whose work may involve oral sex, some of the condoms should be non-lubricated. If the target population consists of gay men, it is desirable to distribute water-based lubricants with the condoms. If the target population is



IDUs and the goal is safer injecting, information regarding clean needles or a needle-exchange program would be appropriate for distribution. Materials or coupons for discounted purchase of the items are distributed individually. Other times these items are pre-packaged with the role-model story publications. The target population decides which mix of distribution methods works best for them and this information is often revealed during the CID process.

#### **Core Element 4: Evaluation**

Evaluation of behavioral interventions such as Community PROMISE is an important program management tool. As an “effective intervention,” Community PROMISE is understood to be effective in achieving a set of goals for your community. Evaluation can provide evidence of effectiveness in achieving a certain outcome and can also reveal whether or not the process of implementing the intervention was correct and efficient. Evaluation provides valuable information to improve Community PROMISE in your agency.

There are many different stakeholders that will benefit from and even require information provided by evaluation of Community PROMISE. These include the obvious: the funding agency that provides the financial support for the program, the prevention planning group that makes recommendations to the funding agency, and the political body that ultimately decides the fate of the funding. Agency employees working on the program will also be interested in knowing how their work on Community PROMISE is proceeding and if that work is having a positive outcome.

**Evaluation** can provide evidence of effectiveness in achieving intervention objectives, reveal whether or not the process of implementing the intervention was correct and efficient, and provides valuable information to improve the intervention in your agency.

Equally important is the target population, which will want to know that your intervention into their environment is effective and appropriate toward promoting their health and safety. Residents of the broader community (beyond the community of target population members) may also want to know that you are implementing an effective intervention.

To summarize, the four core elements of Community PROMISE are interdependent and not implemented in a strict linear process. Graphic A illustrates the how the four core elements and related activities are interrelated.

Many of the interrelated activities occur during the **Community Identification Process**. While conducting interviews in the community, staff identify **Peer Advocates**. Also, staff identify advisory board members and gradually build referral networks. **Evaluation** activities begin with CID, at the beginning of the project. **Formative evaluation** begins when staff interview people who provide services to the population (systems people interviews), interact with the population (interactor interviews) and gatekeepers. Staff set up **process monitoring and evaluation** systems at the start of CID as well. In addition, staff design and administer their **outcome monitoring** instrument in order to create a baseline of data on attitudes or behaviors of the population, or their current stage of change. Later on in the project, these baseline data will be used to measure change in the target population.

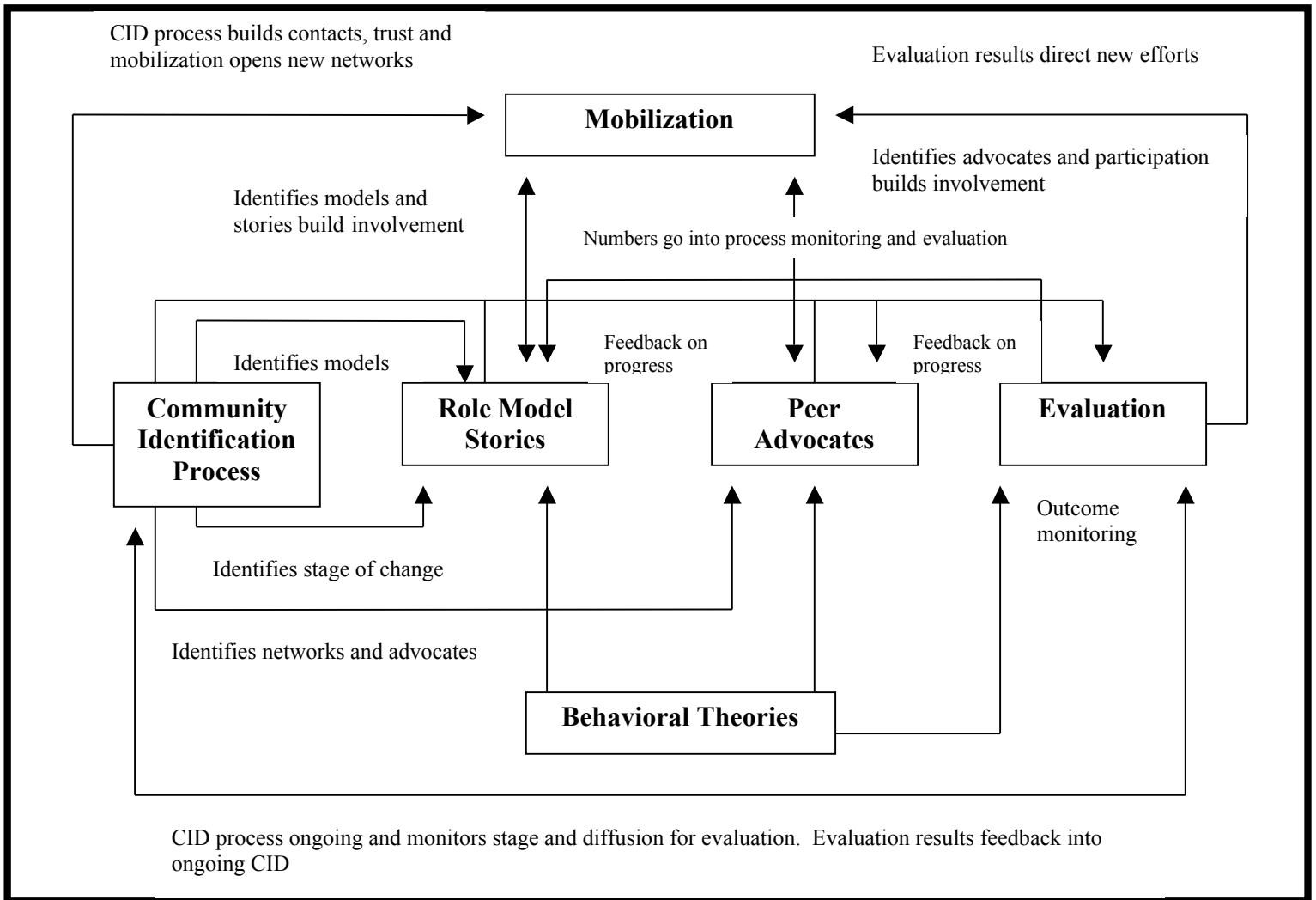


While writing **Role Model Stories**, **Peer Advocates** work with staff and members of the target population to confirm the validity of the story. As peer advocates and staff work on the street, they continue to build referral networks to help operationalize the intervention. Staff consult advisory board members and other community agencies to approve the content of the stories for distribution. **Process monitoring** activities continue. Developing relationships with community members and collecting **formative data** can also continue throughout all intervention stages.

**Peer Advocates** are vital to the success of Community Promise. Peer advocates work hours, go places and meet with members of the target population that are off limits to outreach staff. They are the frontline and public representatives of the project, with high profile both in the office and on the streets. They increase community awareness and **mobilize the community** to participate in the intervention. As they interact with members of the target population, they build the **network of referrals** of those who may wish to participate or contribute to the project by donating time, supplies or other resources. The main duty of peer advocates is to **distribute role model stories**. **Management** and coordinating outreach staff and peer advocates emerges as a top priority in the core element and work of peer advocates. The activities of another core element, **evaluation** are also interdependent with the Peer Advocate core element. **Process monitoring** is underway, and peer advocates keep logs of the number of **role model stories** and other materials they distribute.

**Evaluation** is a core element that is interdependent with the core elements of community identification, role model stories and peer advocates. Evaluation takes place at each stage of the intervention. After the intervention has been implemented for several months, **process monitoring** data are reviewed, and **process evaluation** takes place. Staff and peer advocates will conduct **outcome monitoring** to determine if the stage of the target population has changed, or if there has been a change in attitudes or behaviors. In outcome monitoring, the data collected in the **community identification** process stage are compared to data collected in the **evaluation** stage. These data are used to help improve programs, inform administrators and funders of the progress and success or limitations of the work.





**Graphic A: Core elements and related activities of Community PROMISE**

### Development of Community PROMISE

Community PROMISE is based on the AIDS Community Demonstration Project that was tested and proven to be effective in a research study. The goals of the intervention were to increase the consistency of condom use for anal and vaginal intercourse with main and “other” (non-main, paying, occasional, casual, or regular) partners, and to increase consistent use of bleach for cleaning needles. The target populations with whom the intervention was tested were IDUs, their female sex partners, female commercial sex workers, street youth, and non-gay identified MSM. These individuals included mostly White, African Americans, and Latinos, but Asian and Pacific Islanders and Native Americans also participated. The Project outcomes at the community level included movement toward consistent condom use with main and non-main partners and increased carrying of condoms. At the individual level, the Project outcomes included increased condoms carrying and higher stage-of-change scores for condom and bleach use.



## **Behavioral theory and Community PROMISE**

Community PROMISE is based on established models and theories of behavior change. No single theory adequately describes the complexity of sex- and drug-related risk behavior or ways to motivate change among groups of individuals affected by and/or at risk for HIV. Consequently, this intervention incorporates five theoretical models: Health Belief Model, Theory of Reasoned Action, Social Cognitive Theory, Diffusion of Innovations Theory and Stages-of-Change/Transtheoretical Model.

## **Deciding if Community PROMISE is right for you**

In making a decision about whether or not your agency is interested, willing and able to commit to implementing Community PROMISE, it is important to review the following considerations:

### ***Community PROMISE is right for you if:***

*1. Explicit material about sexual and drug practices can be used in your population.*

In order for role model stores to be effective, they must allow the readers to identify with the characters depicted. Role model stores are the real-life experiences of members of the target population as expressed in their own words. Because the role model stores are as realistic as possible, they will contain graphic language used to describe risk behaviors. If the decision makers in your community believe such materials are not appropriate for your target population, then Community PROMISE may not be appropriate for your agency. For example, if you conduct outreach to middle-school children, graphic language about sex and condoms may not be viewed as acceptable by those who control access to that population.

*2. You have an outreach component in your program.* Community PROMISE requires outreach into the community. At the core of the intervention are peer advocates, working under the guidance of outreach workers, who distribute the role model stores to members of the target population. If your agency does not have an outreach component, you do not have the necessary tools to launch Community PROMISE effectively. Keep in mind that, if Community PROMISE will be the first outreach activity administered by your program, your timeline for implementing the intervention will be longer because you will need extra time to establish the outreach component.





3. You can *maintain the confidentiality of the people you interview*. Role model stories are the experiences of real people. If you are unable to maintain the confidentiality of the individuals you interview, you would be violating the trust necessary to do Community PROMISE. For example, if your agency requires you to report illegal activities—such as substance use—to authorities, or prohibits you from working with someone who is actively using drugs, then you will not be able to offer the confidentiality necessary to get the complete true-life story. Such constraints will limit the success of Community PROMISE.
4. You can be *specific about the target population or its risk behaviors*. Community PROMISE was developed to target a specific population and its well-defined risk behaviors. The intervention will not be effective for use in a general population, where the risk behaviors are many and varied. For example, women (in general) may not be an appropriate target population as compared to women who are practicing a specific risk behavior. Among women in general, sexual and drug-using behaviors vary quite a bit. Women who don't use drugs may be offended at the suggestion that they do, while women who are not sexually active outside of a primary relationship might not want to be classified with women who are. Community PROMISE is appropriate for identifiable, specific sub-populations of women such as IDUs, runaways, or sex workers.

Likewise, the message for behavior change must be specific. It is not enough to say, "Practice safer sex." In Community PROMISE, the behavior you are trying to modify must be made explicit. For example, instead of telling someone to "protect yourself," it is more effective to recommend a specific behavior change such as using condoms with main and/or non-main sexual partners or using clean needles. If it isn't possible to be this specific, try another type of intervention, or change your goal to raising the awareness of risk if that is indicated for your population.

### **What does an agency need to make this program work?**

If your agency possess the following six conditions, your chance of success with a community-level intervention such as Community PROMISE will be much greater.

1. *Access to the target population*. To collect the preliminary information needed to develop the intervention effectively, you must have access to the target population. This means you must have some idea where to reach them and what are their issues and risks. Your agency must be able to overcome obstacles to reaching the target population.
2. *Outreach workers*. An existing outreach program will simplify efforts to establish this intervention. If your agency must recruit, hire, and train an outreach staff, you will add months of "up-front" time and expense to your effort. A staff experienced in outreach can save you much necessary training and orientation. Even more useful is an outreach staff experienced with the same population you intend to target for the intervention.





3. *An existing HIV prevention program in your organization.* It takes time and effort to train existing staff in HIV prevention behavior change. An agency with an existing HIV prevention program will have a head start on this process even if the program currently focuses on HIV information and education rather than motivating risk behavior change.
4. *Commitment to conduct a preliminary CID process.* This program will be effective only if it is tailored to the specific population whose behavior is being addressed. Your agency must make a commitment to learn about the community and resist the tendency to think planners know everything they need to know about the target population. Although planners or staff members may already be associated with the target population through social contact, ethnic ties, current or past behavioral association, sexual orientation, or a combination of these, they should never assume that those associations provide all the knowledge needed about the population in order to implement Community PROMISE (or any other prevention intervention). The preliminary CID process allows for a much better understanding of the structural, environmental, behavioral, and psychological facilitators and barriers to HIV risk reduction in your target population.
5. *The talent and motivation to write the role model stories.* This does not mean that you have to hire professional writers. Training is available to develop role-model writing skills. Ultimately, however, the writer of the stories must not only display good writing skills but also have a firm grasp of the theory behind behavior change. Though the stories will come from professional, structured interviews, it is important that the writer know the theoretical underpinnings of the intervention. The writer must not only be able to condense a long interview into an interesting short story but must also have a firm understanding of the purpose and intent of the stories. This is why not all outreach workers—or program managers—succeed at writing role model stories. But many can be taught the skill.
6. *The resources to publish the stories .* Publications can be produced inexpensively but not for free. The agency must have either a budget to pay for the publications or contacts that will do the job for next to nothing. Publications can be duplicated on the office copier, printed in four-color slick brochures, or anything in between. Adding artwork—photos, drawings, or computer graphics—will give life to the publication but will require additional resources if you don't already have access to them. Someone with design experience will be useful in the publication of the role model stories.

### **An important note about fidelity and adaptation**

Community PROMISE is a community-level intervention that relies on the participation of peer advocates and the stories of target population members. As such, it is naturally adapted and tailored to each unique community environment to best fit the community's needs, culture, etc. In addition, agency resources will determine how the intervention is implemented and what modifications, if any, need to be made to fit within budget limits. For example, it may be



appropriate for role model stories to be distributed openly in a social setting in one community, yet more appropriate to be distributed discretely in another community. Resources may permit production of glossy color stories in one agency, black and white photocopies in another. These are typical adaptations of the intervention to the agency and community reality. The manual even presents different options and levels of implementation that were discussed in the preceding section: “How to use this manual.”

However, there are limits to how the intervention can be modified. Community PROMISE is effective at promoting a community-wide increase of risk-reduction behaviors, based upon research and demonstration of the intervention in its entirety, with all four core elements. In order for your agency to expect such effectiveness from the intervention, the four core elements of Community PROMISE must be implemented with fidelity. Fidelity refers to how faithfully and accurately you implement the four core elements of the intervention as they are outlined in this manual. You should access the technical assistance provided by the Community PROMISE program and other sources to assist you with questions regarding adaptation and fidelity.

**Reminder:**

Maintain fidelity to the Four Core Elements of Community PROMISE:

- 1 Community identification process
- 2 Role model stories
- 3 Peer advocates
- 4 Evaluation

**Summary**

This comprehensive module presented information on how Community PROMISE was developed, the role of theory in the intervention, the four core elements, decision-making factors regarding whether or not to implement the intervention, and agency resources required for implementation. It also noted the importance of maintaining fidelity to the intervention. The next module presents the core element, CID process, and guides you through why and how to assess your community prior to implementing Community PROMISE.

