Training of Facilitators for the

SIHLE Intervention

Sisters Informing Healing Living and Empowering

A Peer-Led Group-Level Intervention to Prevent HIV Among African American Teenage Girls
TOF Course Goals

The goals of this training course are to:

♦ **Provide a framework** to implement SIHLE, a peer-led, evidence-based HIV intervention for African American teenage females

♦ **Enhance facilitators’** HIV/AIDS-related knowledge and skills to effectively deliver the SIHLE intervention

♦ **Expand the pool** of community-based organizations that are trained to implement the SIHLE intervention
**TOF Training Objectives**

At the end of this course, facilitator trainees will be able to:

♦ Use the **SIHLE intervention** package to implement the **SIHLE intervention with fidelity** to the core elements

♦ Demonstrate their **knowledge of facilitation skills** that are needed for implementing **SIHLE**

♦ Identify the cultural competence knowledge and skills required to implement **SIHLE**

♦ Enhance their **knowledge** about **intervention adaptation**
TOF Course Expectations

Facilitator trainees are expected to:

♦ Be present for the entire 4-day training

♦ Actively engage in training activities including group discussions, exercises, and practices

♦ Demonstrate knowledge of the SIHLE intervention at post-test

♦ Conduct a teach back, as assigned
The Continuum of HIV Interventions for Women

SISTA
African American Young Adult Women

SIHLE
African American Female Teens

WILLOW
HIV+ Women

**SIHLE Background**
(pronounced see•lay)

**SIHLE**: **S**isters **I**nforming **H**ealing **L**iving and **E**mpowering

**Origin**: Adolescent version of SISTA

**Developers**: Drs. Ralph J. DiClemente & Gina M. Wingood

**Population**: 522 African American teens 14 - 18 years living in Alabama

**Intervention**: 4 sessions, 3-hours each, conducted with 10 - 12 African American female teens.

**Co-facilitators**: Two peers and one adult facilitator

**Results**: Consistent condom use, increased HIV/AIDS knowledge, enhanced self efficacy, intention to use condoms, reduced STDs
SIHLE Background

The four weekly, 3-hour sessions emphasize:

**Session 1:** Gender and Ethnic Pride

**Session 2:** STD/HIV Risk-Reduction Knowledge

**Session 3:** Sexual Communication Skills and Safer Sex Skills

**Session 4:** Healthy Relationships
Social Cognitive Theory

According to Social Cognitive Theory:

♦ A person’s physical and social environments reinforce and shape her ability to change her behavior.

♦ A person learns from watching people, who have some influence on them, model or perform behaviors.

♦ A person’s belief that she is capable of performing the new behavior (i.e., self-efficacy) makes it more likely that she will adopt the new behavior.
Social Cognitive Theory

To reduce HIV-related behaviors people need:

♦ **Information** about HIV/AIDS risk-reduction strategies

♦ **Training** in social and behavioral skills (e.g. condom use skills, communication skills, and refusal skills)

♦ **Knowledge** of peer norms to support HIV/AIDS risk-reduction strategies

♦ **Self Efficacy** confidence that they can perform the new behavior
Theory of Gender and Power

Three power structures enhance women’s vulnerability compared to men’s with respect to their health.

1. Division of Labor

2. Division of Power

3. Structure of Norms and Affective Relationships
Theory of Gender and Power

Embedded in these structures are gender-based inequalities and stereotypes of how women should act:

1. **Division of Labor**: manifested as inequalities for women relegated to doing “women’s work,” they are paid less for their work and often have to depend on men for money.

2. **Division of Power**: evident in women having less power in relationships and being depicted negatively in society (stereotypical images in media).

3. **Structure of Norms and Affective Relationships**: evident in norms supportive of women being passive, naive, and continuously pleasing men in relationships.
Theory of Gender and Power

Applying the Theory of Gender and Power to understand African American female teens’ vulnerability to HIV/AIDS:

1. **Division of Labor**
   - having an older male partner

2. **Division of Power**
   - having violent dating partners
   - being stereotyped by the media

3. **Structure of Norms and Affective Relationships**
   - experiencing peer pressure to have sex
   - communicating nonassertively
   - engaging in serial monogamy
What are Core Elements?

♦ Characteristics of an intervention’s intent and design that are critical to the replication of research results

♦ Features thought to be responsible for an intervention’s effectiveness

♦ Features that must be maintained without alteration to ensure intervention effectiveness in order to maintain fidelity to the original study

♦ Concepts that are a practical extension of the theories on which the intervention is based
What is Fidelity?  (CDC, 2005)

♦ Part of quality assurance
♦ Maintaining the core elements, protocols, procedures, and content that made the original intervention effective
♦ Keeping the “signature” of the intervention  (Miller, 2007)

Source: Acción Mutua web-seminar: Adaptation of Evidence-Based HIV Prevention Interventions
SIHLE Core Elements

1. Conduct small-group sessions that meet session goals.

2. Implement SIHLE with female teens who have had sexual intercourse and are between the ages of 14 and 18 (inclusive).

3. Use one adult, and two peer (ages 18-21) female facilitators who are knowledgeable about youth subculture to implement SIHLE group sessions. Facilitators must possess group facilitation skills and a comprehensive knowledge of the intervention.
SIHLE Core Elements

4. Use materials that are age, gender, and culturally appropriate to motivate gender and ethnic pride and to maintain teens’ interest throughout the sessions.

5. Train teens in assertive communication skills to demonstrate care for their partners and to negotiate abstinence or safer sex behaviors.

6. Teach teens proper condom use; SIHLE is designed to foster positive attitudes and norms toward consistent condom use and to provide teens with the appropriate instruction for placing condoms on their partner.
SIHLE Core Elements

7. Discuss triggers that make negotiating safer sex for teens challenging.

8. Emphasize the importance of partner involvement in safer sex; the homework activities are designed to involve the male partner.

9. Deliver intervention to teens in community-based settings, not in a school-based setting or during school hours.
Key Characteristics

Key characteristics are:

♦ Components of the intervention that can be adjusted.

♦ May be considered ‘tweaks’ to the intervention

♦ If these are changed or adjusted, the core elements will not be affected.

♦ Fidelity to the intervention is still maintained.
SIHLE Key Characteristics

1. Include between 10 to 12 African American female teens in the intervention.

2. New members should not join once the series of sessions has begun.

3. Each session should last approximately 3 hours.

4. SIHLE can be adapted for different groups of African American, female teens.
SIHLE Key Characteristics

5. SIHLE must be implemented with *passion*, and with high-energy and a charismatic approach to session implementation.

6. SIHLE should be publicized as a program that was developed by African American females for African American females.

7. SIHLE should include HIV/AIDS prevention discussions that address relationships, dating, and sexual health within the context of female African American teenage experiences.
The SIHLE Logic Model

Theoretical Foundation

Intervention Activities

Behavioral Determinants
Risk Behaviors

Outcomes
The SIHLE Logic Model

Theoretical Foundation
Social Cognitive Theory (SCT) & Theory of Gender and Power (TGP)

• Provide peer support and influence (social support from teens)
• Provide knowledge/information about sexual risk-reduction practices
• Discuss positive outcomes of abstaining and reducing risky sex
• Provide opportunities for decision making, problem solving, and goal setting
• Demonstrate proper condom use and communication skills
• Allow opportunity for participants to role play condom use and communication skills to enhance self-efficacy
• Practice condom use and communication skills in emotionally arousing situations (i.e., older partner)
• Discuss “triggers” that make it challenging to practice safer sex
• Enhance self-worth in being an African American female teen
The **SIHLE Logic Model**

**Intervention Activities:** Small group discussions among African American adolescent females which include:

- Information on HIV/AIDS highlighting African American adolescent females’ HIV risk
- Modeling decision making, problem solving, and goal setting
- Modeling, role playing, and practicing refusing sex, negotiating safer sex, and communicating assertively
- Discussion of gender norms and dating violence in adolescent heterosexual relationships and its impact on adolescent females’ ability to negotiate risk reduction
- Fostering gender/ethnic pride via music videos, crafts, identification of African American female role models
- Using skilled African American female adult and peer facilitators to co-facilitate implementing the intervention
The SIHLE Logic Model

Behavioral Determinants of Risk

- Inadequate skills to use condoms
- Inadequate skills to negotiate abstaining from sex and risk-reduction
- Lack of knowledge about HIV/AIDS transmission, personal risks, and safer sex
- Lack of knowledge about power imbalances in adolescent heterosexual relationships
- Gender norms and peer pressure impacting female adolescents’ ability to practice risk-reduction

Risk Behaviors

No condom use or inconsistent condom use
The SIHLE Logic Model

Outcomes

- Increased knowledge about HIV transmission and risk-reduction strategies
- Intention to use condoms or risk-reduction strategies
- Enhanced self-efficacy for negotiation and use of condoms and risk-reduction strategies
- Consistent condom use and other risk-reduction strategies
The Diffusion of Effective Behavioral Interventions (DEBI) project is a national program to disseminate and support implementation of science-based, community and group-level HIV/AIDS interventions. The interventions have been proven effective through research that showed positive behavioral and/or health outcomes.
Diffusing SIHLE – The DEBI Project

♦ The interventions have been identified by CDC’s HIV/AIDS Prevention Research Research Synthesis Project as having used rigorous study methods and demonstrated evidence of effectiveness.

♦ The materials necessary to implement the interventions have been packaged into user-friendly kits.

♦ As part of the DEBI project, CDC will conduct SIHLE trainings for peer and adult facilitators and provide the SIHLE intervention package.
The Diffusion of SIHLE

♦ SIHLE facilitator trainees will represent community-based organizations, health departments, and other agencies.

♦ CDC will conduct SIHLE Training-of-Trainers (TOT) for trainers who conduct the SIHLE facilitator training (TOF).

♦ These SIHLE TOTs are designed to increase the capacity of health departments, CDC grantees, and other agencies to train CBOs that would like to implement the SIHLE intervention.
Culture, Cultural Competence and Adolescent Development
Culture is...

“Culture refers to integrated patterns of human behavior that includes the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.”

(National Prevention Information Network, 2007)
Cultural competence is...
Cultural competence is…

“Having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.”

(National Prevention Information Network, 2007)
Youth Subculture

A culture based on youth experiences that is distinct in styles, behaviors, and interests.

For African American youth- this practice may often serve as a means of adjusting to society’s perspective of minority youth.

May be indicated tangibly: clothing types, colors and styles, hair cuts and hairstyles, footwear, behaviors (greetings, dance, etc) and dialects and slang.

May be indicated intangibly: common interests, perspectives, music genres and gathering places can also be important factors.

Having their own subculture provides youth with identities that are typically outside of what is ascribed by social institutions such as church, family, work, home and school.
You may consider not using wikipedia, because it is not a "peer-reviewed source." Perhaps you can use direct information from subculture theorists such as Dick Hebdige.
Connecting to Youth Subculture

♦ Create a MySpace page
♦ Explore YouTube
♦ Connect with people on Facebook
♦ Participate in a Twitter conversation
♦ Watch MTV and VH1 reality shows and BET music videos and reality shows
♦ Volunteer with a youth service organization
♦ Read magazines (XXL, Vibe, The Source), etc.
♦ Browse media titles in the youth section of local bookstores
Connecting to Youth with SIHLE

This may occur in any of the following ways:

♦ Becoming aware of youth who represent the local target population for SIHLE
♦ Respecting the knowledge and cultural expressions that typify local youth culture
♦ Understanding the effects of gender and power in the lives of African American teenage females
♦ Understanding the different developmental stages being experienced by members of the SIHLE target population
Adolescent Development

♦ Adolescence- a developmental stage, occurring from ages 11 to 21, marks a child’s transition to young adulthood.

Two key terms:
♦ Puberty– external development of adult sexual characteristics (breasts, menstrual periods, pubic and facial hair)
♦ Adolescence– internal and behavioral changes that result from the onset of puberty
Adolescent Development

Adolescent development occurs:
- Externally (physical and social processes)
- Internally (emotional and cognitive processes)

♦ Key areas of growth:
- Physical – growth in body size and characteristics
- Mental – cognitive processes including planning, reasoning, decision making
- Social – networks, communities, sources of influence
Adolescent Development

♦ Key social tasks:
  □ Establish the following:
    ▪ An identity
    ▪ Autonomy
    ▪ Intimacy
    ▪ A level of comfort with their own sexuality
    ▪ A sense of morality and values
SIHLE and Adolescent Development

♦ Adolescence is a critical age for risk taking. As adolescents move toward independence, they tend to experiment and test limits, practice risky behaviors linked with sex, drugs and alcohol.

♦ SIHLE focuses these issues through the key activities that are designed to address the different stages of development that 14 to 18 year olds will be experiencing.

♦ Facilitation of these SIHLE activities with this knowledge in mind is key to its successful implementation.
Facilitating SIHLE
Adolescents in Birmingham participate in a HIV intervention group that emphasizes ethnic and gender pride, HIV knowledge, and communication skills.
A SIHLE Facilitator Should…

♦ Utilize group facilitation skills— as related to youth

♦ Communicate effectively and with respect for the participants

♦ Reflect target population

♦ Build relationships with participants that are supportive

♦ Make effective referrals

♦ Manage “crisis moments” in a supportive manner
A SIHLE Facilitator Should…

♦ Know SIHLE, HIV/AIDS and STDs 101 (HIV 101)

♦ Be comfortable discussing sexuality openly with youth

♦ Be aware of the developmental process of adolescence and its effects on teen behavior

♦ Have a good understanding and appreciation of the different aspects of youth subculture- especially that of local youth
CoFacilitation “Do’s”

♦ Start and end on all SIHLE Sessions time

♦ Contribute to your partner’s leadership

♦ Invite your cofacilitator to speak when needed

♦ Support your partner throughout the presentation of SIHLE

♦ Remain aware of the atmosphere in the room

♦ Present in a tag team style
CoFacilitator Don’ts

♦ Exceed the time stated

♦ Interrupt or challenge your partner

♦ Assume your cofacilitator will come to rescue you

♦ Take sides with participants against your partner

♦ Work on other things when your partner is presenting

♦ Compete with your partner
C.A.R.E.

Create a comfortable and supportive environment

Ask questions that promote meaningful discussion

Repeat what you hear being said to show that you’re a good listener

Empathize with group members to show a clear understanding of their perspective and experiences

Being a great facilitator is not hard work, it is heart work!
The SIHLE Intervention
The **SIHLE** Intervention:
A Peer-Led Intervention for African American Female Teens

♦ **Session 1:** My Sistas, My Girls

♦ **Session 2:** It’s My Body

♦ **Session 3:** SIHLE Skills

♦ **Session 4:** Relationships and Power
SIHLE Intervention Process

The intervention delivery process includes:
♦ Group discussions and lectures
♦ Behavioral skills practice
♦ Role-play
♦ Safer sex communication
♦ Take-home exercises

The **peer-led** group level intervention consists of four 3-hour weekly group sessions.
SIHLE TOF Delivery Process

The TOF delivery process includes:
♦ Group discussions and lectures
♦ Role-play
♦ Fish Bowl
♦ Observation Worksheet
♦ Curriculum Analysis
Session One: My Sistas, My Girls

Goals:

♦ Introduce facilitators and participants.
♦ Provide the overview of the intervention and its purpose.
♦ Establish ground rules and expectations for the intervention.
♦ Generate a discussion about what it means to be an African American female.
♦ Create and maintain a safe and open climate that encourages group participation and interactive learning.
Session One: My Sistas, My Girls

Activities:

1.1 Greetings and Icebreaker
1.2 SIHLE Overview
1.3 Young, Black and Female
1.4 A Room Full of Sisters
1.5 Strong Black Women
1.6 Media Masquerade
1.7 Values—What Matters Most
1.8 ThoughtWorks
1.9 Evaluation
Session Two: It’s My Body

Goals:

♦ Review values, goals, and dreams
♦ Introduce concept of risk behaviors
♦ Encourage assessment of personal risk
♦ Introduce STD and HIV/AIDS risk-reduction information
♦ Reinforce ethnic and gender pride
Session Two: It’s My Body

Activities:
2.1 Greeting and Icebreaker
2.2 Call Me Black Woman
2.3 ThoughtWorks Visualize 25
2.4 SIHLE Sistas Are Special
2.5 Speaking of STDs
2.6 Name Game
2.7 HIV/AIDS What Every SIHLE Sista Should Know
2.8 R U at Risk?
2.9 Consider This…The Penetrating Question
2.10 Taking Care of You
2.11 Introducing LIPSTICK
2.12 SIHLE Quiz Show
2.13 Evaluation
Session Three: SIHLE Skills

Goals:

♦ Increase the teens’ skills in resisting partner pressure to engage in unsafe sex
♦ Teach a model of assertive communication
♦ Increase the teens’ skills in negotiating safer sex
♦ Dispel common myths about using condoms
♦ Teach and model how to put condoms on properly and consistently
Session Three: SIHLE Skills

Activities:
3.1 Greeting and Scavenger Hunt
3.2 Phenomenal Woman
3.3 Love & Kisses
3.4 What’s In It For You?
3.5 Why Don’t Young People Use Condoms?
3.6 K.I.S.S. (Know Indicate State Stand)
3.7 3 Ways to Say It
3.8 Talking the Talk
3.9 LIPSTICK “Rehearsal”
3.10 RING: The Female Condom
3.11 Alcohol & Sex
3.12 Condom Consumer Report
3.13 ThoughtWorks Assignment
3.14 Evaluation
Session Four: Power and Relationships

Goals:

♦ Improve the teens’ ability to distinguish between healthy and unhealthy relationships

♦ Increase the teens’ ability to recognize the implications of their partner selection

♦ Introduce teens to topics such as dating violence, locating sources of support for domestic violence

♦ Provide an opportunity for teens to show what they have learned
Session Four: Power and Relationships

Activities:
4.1 Greeting and Icebreaker
4.2 Still I Rise
4.3 What Have We Learned?
4.4 What Do Healthy and Unhealthy Relationships Look Like?
4.5 Pieces and Parts
4.6 What Does Abuse Look Like?
4.7 Your Options for Self-Care?
4.8 Partner Types
4.9 Your Time to Shine
4.10 Graduation
Adapting SIHLE
Adaptation

♦ What is Adaptation?

Adaptation is the process of modifying an evidence-based intervention without competing with or contradicting its core elements or internal logic (CDC, 2006).
Adaptation Principles
(Solomon, Card & Malow, 2006)

- Know the target population and community context
- Select the program that best matches the population and context
- Retain fidelity to the “core program”
- Systematically reduce mismatches between the program and the new context
- Document the adaptation process and evaluate the process and outcomes of the adapted intervention as implemented

Source: Acción Mutua web seminar: Adaptation of Evidence-Based HIV Prevention Interventions
Adaptation Reasons

♦ Agencies may adapt SIHLE to African American female teens:
  - who have different behavioral risk factors compared to teens in the original intervention (e.g. alcohol users) or
  - who are recruited from a different venue compared to teens in the original intervention (e.g. detention facilities)

♦ Such adaptations may be facilitated by using an adaptation model. In addition, these adaptations often require funds that are specific to adapting an intervention.
What is Fidelity? (CDC, 2005)

♦ Part of quality assurance

♦ Maintaining the core elements, protocols, procedures, and content that made the original intervention effective

♦ Keeping the “signature” of the intervention (Miller, 2007)

Source: Accion Mutua web-seminar: Adaptation of Evidence-Based HIV Prevention Interventions
Reinvention

♦ May involve offering new activities and discussions that are not included in SIHLE to make the intervention culturally relevant to the new population of teens

♦ This is called reinvention because core elements are added or deleted

♦ Reinvention should be done carefully, with the needs of the new target population of teens clearly in mind as the adaptation process takes place
Reinvention

♦ CBOs that reinvent SIHLE for their specific target population can rename the program

♦ This intervention would be based upon SIHLE
Adaptation Versus Reinvention

Adaptation can refer to small tweaks or significant changes to the intervention.

When adapting an intervention, it is acceptable to modify key characteristics.

Interventions that modify core elements of an intervention are called reinventions.
Adaptation Models

1. The Map of the Adaptation Process

2. The ADAPT-ITT Model
The ADAPT-ITT Model

1. The ADAPT-ITT Model has been used to adapt SIHLE for African American female teens in South Africa.

2. The ADAPT-ITT model consists of eight steps.

3. The ADAPT-ITT model is a linear model, meaning you progress stepwise through each of the eight steps.
# ADAPT-ITT Model

<table>
<thead>
<tr>
<th>Phase</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Assessment</strong></td>
<td>Conduct focus groups with 15 teens from desired target population&lt;br&gt;Conduct elicitation interviews with about 10 - 15 key stakeholders</td>
</tr>
<tr>
<td>2. <strong>Decision</strong></td>
<td>Decide to adapt SIHLE</td>
</tr>
<tr>
<td>3. <strong>Administration</strong></td>
<td>Administer a <em>theater test</em> to 15 teens from the new population. As part of the theatre test, implement the SIHLE sessions. Key stakeholders seated outside the new population observe the theater test. At the end of every two activities, administer a 3-item survey to obtain reactions.</td>
</tr>
<tr>
<td>4. <strong>Production</strong></td>
<td>Produce 1\textsuperscript{st} draft of adapted SIHLE for teens based on brief surveys.</td>
</tr>
<tr>
<td>5. <strong>Topic Experts</strong></td>
<td>Identify topic experts (individuals knowledgeable about content suggested for adaptation) if stakeholders are not in the theater test</td>
</tr>
<tr>
<td>6. <strong>Integration</strong></td>
<td>Integrate text from topic experts if it “fits” with agency capacity&lt;br&gt;2\textsuperscript{nd} draft produced</td>
</tr>
<tr>
<td>7. <strong>Training</strong></td>
<td>Train facilitators and recruiters to implement adapted intervention</td>
</tr>
<tr>
<td>8. <strong>Testing</strong></td>
<td>Evaluate trial at 3 and 6 month follow-up to assess efficacy</td>
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</tbody>
</table>
### Table: Case Study: Applying the ADAPT-ITT Model to Adapt the SiHLE5 Intervention to Zulu-Speaking Adolescents

<table>
<thead>
<tr>
<th>Phase</th>
<th>Methodology</th>
</tr>
</thead>
</table>
| **Assessment**   | Conducted focus groups with young adult Zulu-speaking women  
Conducted focus groups with key stakeholders in a rural primary care clinic in KwaZulu-Natal  
Conducted elicitation interviews with key stakeholders who were HIV/AIDS prevention scientists  
Analyzed results of formative evaluations |
| **Decision**     | Decided to adapt the SiHLE HIV intervention defined as an EBI by the CDC5 |
| **Administration** | Administered theater test with Zulu adolescents  
Analyzed results of the theater test |
| **Production**   | Produced draft 1 of the adapted EBI and developed process measures |
| **Topical Experts** | Identified three topical experts knowledgeable about HIV prevention and the population of Zulu-speaking adolescents living in KwaZulu-Natal, the target audience for intervention |
| **Integration**  | Integrated content from topical experts and created draft 2 of the adapted EBI  
Integrated scales that measure new intervention content in the study survey  
Integrated readability testing into draft 2 of the EBI to create draft 3 |
| **Training**     | Trained recruiters, facilitators, assessors, and data management staff to implement draft 3 of the adapted EBI |
| **Testing**      | Pilot study is being planned |
Map Process Model

1. The Map Process Model has been used to adapt evidence based interventions.

2. The Map Process model consists of five steps.

3. The Map Process model is a linear model, meaning that you progress stepwise through each of the five steps.
## Map Model of the Adaptation Process

<table>
<thead>
<tr>
<th>Step</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Assess</strong></td>
<td>Assessing the target population, the EBIs being considered for implementation, and the agency’s capacity for implementation</td>
</tr>
<tr>
<td>2. <strong>Select</strong></td>
<td>Determining whether to adopt the intervention without adaptation, implement with adaptation, or choose another intervention and repeating the assess action step before moving forward</td>
</tr>
<tr>
<td>3. <strong>Prepare</strong></td>
<td>Actually adapting the intervention materials, pretesting with the target population, increasing agency capacity and developing collaborative partnerships to implement the intervention</td>
</tr>
<tr>
<td>4. <strong>Pilot</strong></td>
<td>Testing the adapted intervention or its components (if it is not feasible to pilot the entire intervention) and developing an implementation plan</td>
</tr>
<tr>
<td>5. <strong>Implement</strong></td>
<td>Conducting the entire adapted intervention with minor revision as needed</td>
</tr>
</tbody>
</table>
Adaptation Exercise

Adapting SIHLE for different populations of African American female teens, using the two adaptation models
Evaluating SIHLE
Evaluating SIHLE

Evaluation is defined as “…the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or informed decisions about future programming.”

(Patton, 1997)
Evaluating SIHLE

Why evaluate SIHLE?

1. Accountability— to funders, staff, clients, and the community.

2. Program improvement— by using evaluation results to improve program components and delivery.

3. Knowledge development— use results to plan future programs.

4. Social justice— to indicate if vulnerable populations are receiving appropriate and effective services.
Evaluating SIHLE - Types

The SIHLE intervention uses three types of evaluation:

1. Formative Evaluation
2. Process Monitoring
3. Outcome Monitoring
Evaluating SIHLE - Formative

What is it?

Formative Evaluation: A process of testing program plans, messages, materials, strategies or program modifications for strengths and weaknesses BEFORE they are put into effect.

Involves the collection of data describing the needs of the target population and the factors that put them at risk.
Evaluating SIHLE - Formative

How is it done?

♦ Pilot test the intervention
♦ Conduct focus groups
♦ Obtain key informant interviews
♦ Administer target population surveys
♦ Analyze resulting data
♦ Use data results to inform program development or improvement
Evaluating SIHLE - Formative

Formative evaluation can provide answers to questions like:

♦ What are the needs and characteristics of the targeted population?
♦ Will the SIHLE intervention address these identified needs or characteristics?
♦ Are the allocated staff and resources appropriate (skillful, culturally competent, etc.) for the SIHLE intervention?
♦ Are the SIHLE materials culturally, linguistically, and age appropriate for the specified target population?
Evaluating SIHLE - Process

What is it?

Process Monitoring: Describes the procedure by which the program processes or practices (recruiting participants, facilitation of sessions) are monitored (watched).

It allows you to compare what was planned with what was (actually) done.
Evaluating SIHLE - Process

What is it?

It involves the data collection and documentation of:
♦ Characteristics of the people served,
♦ Number of sessions conducted,
♦ Resources used to conduct the sessions, and
♦ Modifications or changes that are made to the intervention or sessions.
Evaluating SIHLE - Process

Process Monitoring:

When is it done?

Process evaluation is ongoing. It begins during program planning and continues through follow-up after the program ends.

How is it done?

♦ Session sign-in sheets
♦ Participant session evaluations
♦ Facilitator observations
Evaluating SIHLE

Process monitoring can provide answers to questions like:

♦ How many teens participated in the intervention?
♦ What percentage of participating teens completed all four sessions?
♦ Which sessions were changed and why?
♦ What was the feedback from the participating teens?
Evaluating SIHLE - Outcome

What is it?

Outcome monitoring is used to:

♦ Track the progress of program participants based upon outcome measures set forth in the program implementation plan (ex. Pre/postassessment).

♦ Assess whether the CBO is meeting the outcome objectives that they set forth for themselves.
Evaluating SIHLE - Outcome

How is it done?

Outcome monitoring involves the collection of pre- and post intervention data from the people receiving the intervention.

When is it done?

Outcome monitoring data are collected before and after the intervention from the people receiving the intervention.
Evaluating SIHLE - Outcome

Outcome monitoring can provide answers to questions like:

1. What proportion of the women showed changes in condom use?

2. What were the differences between women showing increased condom use and those who did not?
Evaluating SIHLE

Barriers to Monitoring and Evaluation:

♦ Lack of resources

♦ Lack of skills in collection of data, analysis, and interpretation of data

♦ Fear of consequences
Evaluation Tools

1. SIHLE Focus Group Protocol
2. SIHLE Fidelity Form
3. SIHLE Session Evaluation Forms
4. SIHLE Facilitator Observation Form
5. SIHLE Pretest/Posttest
6. SIHLE Eligibility Screener
7. SIHLE Sign-In Sheet
Description of Evaluation Tools

♦ Focus Group Protocol
  - Improves your understanding of your target population, their needs, risk behaviors, and risk factors

♦ Session Evaluation Form
  - Demonstrates how well the participants like the sessions and the facilitators

♦ Facilitator Observation Form
  - Determines the need for improvement of SIHLE activities
Description of Evaluation Tools

♦ SIHLE Fidelity Form
  Assesses whether SIHLE is implemented with fidelity

♦ Sign-in Sheets
  Documents participants’ attendance at each session

♦ Pre and post-test Assessment
  Documents participants’ progress toward behavioral goals and objectives

♦ SIHLE Eligibility Screener Form
  Determines if teens meet the minimum requirements for participation (e.g. sexually active)
### SIHLE Evaluation Summary Sheet

<table>
<thead>
<tr>
<th>Tool</th>
<th>When to Use</th>
<th>Administered by</th>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus Group Protocol</td>
<td>Before implementation</td>
<td>Facilitator</td>
<td>Facilitator</td>
</tr>
<tr>
<td>Fidelity Form</td>
<td>After each session</td>
<td>Facilitator</td>
<td>Facilitator</td>
</tr>
<tr>
<td>Session Evaluation Form</td>
<td>After each session</td>
<td>Facilitator</td>
<td>Participants</td>
</tr>
</tbody>
</table>
### SIHLE Evaluation Summary Sheet

<table>
<thead>
<tr>
<th>Tool</th>
<th>When to Use</th>
<th>Administered by</th>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitator Observation Form</td>
<td>At least once each cycle of SIHLE</td>
<td>Supervisor</td>
<td>Supervisor</td>
</tr>
<tr>
<td>Pretest Survey</td>
<td>Before or during Session 1</td>
<td>3 CoFacilitators</td>
<td>Participants</td>
</tr>
<tr>
<td>Posttest Survey</td>
<td>At the conclusion of Session 4; at 2 and 4 months after session</td>
<td>3 CoFacilitators</td>
<td>Participants</td>
</tr>
</tbody>
</table>
Capacity Building Assistance (CBA)
What is Capacity Building Assistance (CBA)?

♦ Capacity Building Assistance (CBA) focuses on:
  ♦ Maintaining and increasing the systems and resources necessary to support interventions
  ♦ Enhancing the abilities of key personnel to plan and implement interventions and activities
  ♦ Developing core competencies, or skills of individuals, in both organizations and communities to
    - more effectively deliver HIV/AIDS prevention services,
    - sustain and support infrastructure for HIV/AIDS programs
What is Capacity Building Assistance (CBA)?

♦ Examples of (CBA) may be general or specific to Categories
  ♦ General:
    □ Facilitation 101 classes
    □ How to conduct a focus group
    □ Course on adolescent development, culture and sexuality
    □ Recruitment and retention
    □ Board development/training
    □ DEBI selection for your organization
Capacity Building Assistance

- **Category A**: CBA for CBOs -- Strengthening organizational infrastructure, interventions, strategies, monitoring and evaluation for HIV prevention.

- **Components**:
  - Organizational Infrastructure and Program Sustainability
  - Evidence-Based Interventions and Public Health Strategies
  - Monitoring and Evaluation
Capacity Building Assistance

- **Category B**: CBA for Communities -- Strengthening community access to and utilization of HIV prevention services.

- **Note**: “community” may include, but not be limited to, geographic boundaries (i.e., national or regional), affinity (e.g., communities of faith or academic communities), professional groups (e.g., African American clinical psychologists or a coalition of business leaders), race/ethnicity/language (e.g., API or Native American), and/or sexual identity (e.g., young MSM or transgender individuals)
Capacity Building Assistance

**Category C:** CBA for Health Departments -- Strengthening organizational infrastructure, interventions, strategies, community planning, monitoring and evaluation for HIV prevention.

- **Components:**
  - Organizational Infrastructure and Program Sustainability
  - Evidence-Based Interventions and Public Health Strategies
  - Community Planning
  - Monitoring and Evaluation
Capacity Building Assistance

- **Category D**: Resource Center for CBA Providers -- Strengthening the quality and delivery of CBA services for HIV Prevention.

- **Category E**: Resource Center for CBA Consumers -- Strengthening consumer access to and utilization of CBA services for HIV Prevention.
CBA Portal System

The Capacity Building Branch at CDC has integrated CBA resources through the NCHHSTP/DHAP “Division of HIV/AIDS Prevention” web site.

http://www.cdc.gov/hiv/cba

Here you will find the:
♦ Capacity Building Home Page
♦ Capacity Building Branch descriptions
♦ Tolls and resources
♦ Publications
♦ Web Links for:
  - CRIS-CBA Request Information System
  - TEC-Training Events Calendar
THANK YOU!