The SISTA Project
Frequently Asked Questions

Here are some commonly asked questions that potential providers may ask about the target population.

Q. **How can I make sure that this intervention addresses my clients’ needs?**

A. Define the community and target population. A clear assessment of the population should be completed so you get to know the community where SISTA will be implemented. By speaking to individuals within the community, you can get a feel for possible community members who may be involved and can give the community members an idea of the program. You should speak to individuals who can both help and harm the project. Seek permission from all officials within the community (e.g., administrative authorities overseeing public housing, citizens’ councils). Make sure that everyone has a clear understanding of the objectives and goals of SISTA.

After gaining the appropriate permission, learn as much as possible about the community. Find out how community members view HIV prevention and HIV-related issues. What perceptions do you foresee being most difficult to overcome? How can their attitudes be changed? Determine where to find women who need to learn more about HIV prevention. Ask community members which areas are safe as well as unsafe. By attending community meetings, you can learn about the community and build relationships with the community members.

Use focus groups and key participant interviews to learn about the women’s needs for HIV prevention information. Focus groups should include members who are familiar with the community and facilitators trained in leading focus group discussions. The focus group should bring familiarity with residents’ perceptions of HIV prevention and their community. By repeating focus groups with different residents, you may discover obstacles that may confront the implementation process. A focus group should consist of eight to ten people from the community who may include, but are not limited to, community leaders, patriarchal members of the community, adult females; adult males, and teenagers. Focus group members may be substituted, depending on the community.
Key participant interviews are individual interviews intended for residents familiar with the community. Key participant interviews should address the same issues as the focus groups. The key participants should be persons affected by SISTA. Key participants may be selected by referrals from project staff, other key participants, or from community meetings. There is no specific number of key participant interviews to complete; however, the minimum is 20. Take notes and, if possible, tape-record the interview. The focus groups and key participant interviews can be simultaneously completed within 6 to 8 weeks.

Evaluation of the focus groups and key participant interviews should include a community review panel. A community review panel is important for keeping the community members active in planning the intervention.

Q. **What population does the SISTA intervention target?**

A. The SISTA intervention was originally developed for heterosexually active African American women between the ages of 18 and 29, living in San Francisco, California. Women were recruited using street outreach and media advertisements from hair salons, laundry facilities, grocery stores, unemployment offices, health clinics, and other venues. Women were excluded if they had a history of injection drug use or had used crack during the past 3 months.

Q. **Should the SISTA intervention be used only with African American women?**

A. Although the SISTA Project was originally developed for African American women, aged 18 to 29, it has and can be adapted for women of various racial/ethnic populations, older women, battered women, women in recovery centers, and women in prisons.

Q. **I want to take this intervention to a housing development. Are there any steps I should take prior to this?**

A. Prior to implementing the SISTA project at the housing development, you should get the approval of the development’s management personnel. Management personnel can be very helpful in recruiting participants for your sessions and possibly providing a space and refreshments for your meetings.
Recruiting the SISTA Team

Here are some commonly asked questions that potential providers may ask about recruitment.

Q. What skills should I look for in SISTA Team recruits?

A. The staff should be well versed on HIV transmission and methods for preventing HIV transmission. The staff should have an indifferent opinion of people living with HIV/AIDS. Definitions of terminology should be established before implementing SISTA.

Q. How can I collaborate with other agencies to recruit women for this intervention?

A. Collaborations with other local agencies or programs, to find clients and resources, are strongly encouraged. The use of a Memorandum of Agreement/Understanding (memo) must be used. The memo is binding, like a contract, and its language should make collaboration amicable to the parties involved. The memo’s content should include, but not be limited to, identification of lead organizations, scope of work for each organization, points of contact, and any monetary agreements.

Resource Essentials

Here are some commonly asked questions that potential providers may ask about resource materials.

Q. What other materials, which are not in the intervention box, will I need?

A. Other materials that you will need for conducting the intervention include newsprint, markers, index cards, condoms, and penis models for condom demonstrations.

Q. What materials in the intervention box do I need to copy?

A. You will need to make copies of all of the handout materials included in the red packets, entitled, “The SISTA Project Program Materials.”
Training Your Team to Use SISTA

Here are some commonly asked questions that potential providers may ask about training your team to use SISTA.

Q. What type of training should the SISTA facilitator and staff have prior to implementing the intervention?

A. The staff should thoroughly review all program materials, plans, and logistics. The staff should create a culturally sensitive atmosphere. Cultural sensitivity is the awareness of the nuances of one’s own and other cultures. With a culturally sensitive staff, the facilitators will be able to understand norms, values, and behaviors within the culture of a specific group of people. Language and dialect of staff and participants should be matched. Staff should understand the participants’ cultural heritage and institutional barriers. This will enable the staff to understand how the clients relate to the world.

HIV prevention efforts have had many implications because African American women are carrying a triple burden: race, class, and gender. As a result, HIV prevention for African American women must incorporate information on African American culture and history. The African American woman’s contribution to the family and society should be communicated.

Facilitators should serve as peer educators who can effectively communicate with the clients. The tools that are used in the intervention should be culturally sensitive as well. Music, visuals, humor, and examples should all be culturally familiar to the clients.

Marketing/Recruitment for the Program

Recruiting participants for the program can be a very intimidating task. Where to find participants, who to recruit, and where to get support are a few of the questions addressed in this section.

Here are some commonly asked questions that potential providers may ask about marketing/recruitment for the program.

Q. How do I recruit participants?

A. To encourage participation, publicize SISTA as a program for African American women, developed by African American women, which discusses dating, relationships, health sexual practices, and works at improving
women’s ability to effectively communicate with sexual partners. SISTA is a behavior-change intervention targeting women at very high risk for HIV. Clients may be recruited from various venues, including shelters, juvenile court systems, bars, focus groups, jails/prisons, sexually transmitted disease clinics, and community organizations. Specific cultural needs should be addressed when finding a client population.

Q. How do I retain participants?

A. Incentives can be used to effectively enhance retention in the SISTA program. Often the chance to have open, honest dialogue with other women is enough incentive for the women to continue coming to the sessions. Other types of incentives include bus tokens, gift certificates, monetary incentives, and food.

Q. How do you market to and retain women at high risk?

A. The SISTA Project can be marketed to women at high risk through recruitment efforts using internal resources, referral networks, and outreach. Internal resources include providers of other services within the agency and mass-messaging strategies. Referral networks include linkages with those service provides that African American women are most likely to access. And lastly, outreach includes going to venues where potential participants congregate and going at times when they are likely to be present. Retaining high-risk populations for your intervention involves providing incentives to enhance retention.

Q. How can I collaborate with other agencies to recruit women for this intervention?

A. Initiating collaborative efforts is a very important step in the SISTA Project. Many of the women may have needs that your agency cannot meet. Having a referral network in place enables you to provide more comprehensive services to your participants.
Implementing the Program

Implementing the program is the most important step of the SISTA Project. If the program is not implemented correctly, the intervention will not be effective. Any changes made can be beneficial to the clients, but they can also be detrimental. This section attempts to help you effectively implement the program, make modifications as necessary, and still maintain fidelity to the program.

Here are some commonly asked questions that potential providers may ask about implementing the program.

Q. What incentives can I use to retain participants?

A. Incentives should be used to effectively enhance retention of SISTA participants. Bus tokens may be used to provide women with transportation to and from the sessions. Many of the women have children, so childcare may be provided during the sessions. Personalized thank-you notes and holiday cards are important to show women that they are special. Success stories are often mailed to the women so they can learn how other women are overcoming barriers. Gift certificates, monetary incentives, and food are all used as positive reinforcement.

Q. Who should conduct the counseling and testing?

A. Participants should be referred to community-based organizations, health departments, and sexually transmitted disease clinics that conduct counseling and testing.

Q. How long will it take me to implement SISTA?

A. The implementation stage of SISTA varies according to the organization staff's knowledge of the intervention. The staff should therefore assess their understanding of the SISTA project intervention: the objectives of the intervention, how the intervention should be implemented, and the target population’s awareness of the SISTA project. This process can take 6 months or more before you will be able to implement the intervention.
Q. What is a good group number for presenting SISTA?

A. SISTA should be implemented with a minimum of six participants. Having fewer than six participants reduces the interaction required to truly understand the intervention. More than 15 participants can be quite hectic and would require two facilitators.

Q. Does everyone receive a copy of the poems (that are listed in each of the sessions)?

A. All participants should receive copies of all program materials.

Q. How can I access training?

A. Go to the www.effectiveinterventions.org Web site to request training, or contact your CDC Project Officer or CDC Program Consultant.

Q. Can this training be done by peer educators?

A. This training should be done by peer educators. Remember that SISTA was designed by African American women for other African American women. It is imperative that it be delivered by peers.

Q. Does SISTA have to be five weekly or monthly sessions?

A. The SISTA timeframe should be conducive for the participants’ schedules and should be figured out during the preimplementation stage. Some groups meet once a week; others meet twice a week. You may want to break the sessions up into more than five sessions. It is important to remember that sessions should be conducted at times that are conducive to learning and convenient for participants.

Q. How should our organization address confidentiality?

A. Confidentiality should already be a part of everything that you do, especially when you are working in the field of HIV/AIDS. It is imperative that all facilitators and participants are aware that everything that happens in the sessions should remain confidential. Oftentimes, very personal matters are discussed in groups; and if anything were to be disclosed, it might be quite detrimental to all concerned. This could possibly also cause the other participants to close up and not want to discuss any pertinent issues.
Q. How can I make modifications to the intervention while maintaining fidelity?

A. Modifications can be made to the intervention and it remains SISTA as long as the core elements remain the same. If the core elements are changed, you have reinvented the intervention. You can change such things as the place where the intervention will be conducted and the times you meet. Adaptation questions should be answered before the intervention is implemented.

Q. How can I shorten the intervention without decreasing its effectiveness?

A. The intervention originally was designed for five weekly 2-hour sessions. This can be changed according to the availability of participants, which may require you to meet more than once a week. This does not mean, however, that you can change the materials within each session. All materials must be covered within your sessions.

Q. How can I make sure that this intervention addresses my clients’ needs?

A. Clients complete evaluations after each session; these evaluations will tell you whether the intervention is addressing clients' needs. You can also conduct a focus group to determine whether the intervention is addressing their needs.

Adaptation

Adapting the program to fit your particular population requires special attention. This section covers suggestions for specific adaptations for a few populations.

Here are some commonly asked questions that potential providers may ask about adaptation of the program.

Q. Can the SISTA program be adapted for bisexual people?

A. Yes. The SISTA intervention can and should be adapted to include information with regard to sex partners, male or female. Sometimes participants do not disclose the gender of their sex partners; it is important to provide factual information that can reduce the risk for some of your participants.
Q. Will the SISTA kit teach me how to teach women, even if I am transsexual?

A. SISTA is designed to be delivered to heterosexual African American women and to be implemented by peer facilitators. This form of tailoring would depend on the comfort level of the participants and the skills of the facilitator.

Q. Is SISTA just for African American women? Can SISTA be used with other populations?

A. SISTA should be publicized as a program for African American women, developed by African American women, which discusses dating, relationships, healthy sexual practices, and works at improving women’s ability to effectively communicate with sex partners. If you change the target population, you have, in essence, reinvented the intervention. It would then no longer be SISTA but a new intervention based on SISTA. It can be used with other populations; however, you must take into consideration the cultural issues of the population that you are targeting.

Q. Is the SISTA intervention appropriate for women who are HIV positive?

A. Yes. The SISTA intervention can be used for HIV-positive women; however, you must understand that some additional issues will probably have to be discussed because these women are HIV positive.

Q. How can I combine SISTA with prevention case management?

A. SISTA can be used as a theory-based behavioral change intervention that works with women at very high risk. Women who are enrolled in prevention case management (PCM) and are at very high risk can be referred to the SISTA intervention to work on their goals and objectives. Also, women who are not in PCM while in the SISTA intervention can be referred to PCM on the basis of their issues.

Q. Is it okay to involve my clients’ male partners in this intervention?

A. Involving client’s partners in the SISTA intervention is acceptable as it relates to the completion of homework. However, having the partner come to the sessions is not acceptable. This could cause more harm than good, on the basis of concerns of the other members of the group.
Evaluation
Evaluation of the program can help you answer questions such as whether the intervention working and whether the participants have exhibited the expected behavior changes. Please refer to the Evaluation Technical Assistance Guide.

Here are some commonly asked questions that potential providers may ask about evaluation of the program.

Q. When should I start the evaluation?

A. Your organization should assess its readiness to evaluate the intervention before beginning evaluation activities. If an organization attempts an evaluation before it is ready, funds may be limited, time and other resources may be misused, and program staff may become frustrated and discouraged. An effective evaluation is not necessarily a large-scale outcome evaluation; it could be a smaller process evaluation. An assessment of your organization’s resources and staff evaluation expertise should be conducted before your organization develops plans to evaluate its implementation of SISTA. In addition to resource needs, other factors should be considered as plans to evaluate SISTA are made. Other factors may include

- The stage of implementation of SISTA (for example, pilot testing the intervention for the first time or with a new target population versus having implemented the intervention a few times to get a feel for how it works best with a target population.)
- Stage of development of your organization (new versus more experienced and established)
- Evaluation experience and access to evaluation expertise

Evaluation planning begins with determining what kind of evaluation is appropriate for your organization and your stage of implementation of SISTA.

Q. When assessing behavioral outcomes, should we use the questionnaires in the SISTA box?

A. The SISTA evaluation kit includes a set of instruments designed for outcome monitoring and outcome evaluation. These instruments measure changes in knowledge, attitudes, beliefs, and risk behaviors of participating women. The instrument bank is not intended to be administered in its entirety to individuals who participate in the SISTA intervention. The bank is provided so that
organizations can easily select questionnaire items that are consistent with their evaluation plan and appropriate for their target populations.

Q. **How do you monitor whether the SISTA sessions were implemented with fidelity?**

A. The SISTA evaluation kit also has templates that can be used to record any changes made to session activities (substitutions, modifications, deletions), reasons for the changes, and participant reaction to the changes. The templates are in the yellow booklet labeled, “HAPPA Process Evaluation: The Facilitator’s Evaluation Instrument.” The intended user is the facilitator, and templates are designed to be completed after each session. Reviewing information collected on these forms will help you determine whether you are implementing SISTA with fidelity (or as intended by the original researchers).

Q. **How do I determine whether SISTA is the appropriate intervention for my clients?**

A. You can determine whether SISTA is an appropriate intervention for your target population by conducting formative evaluation. Formative evaluation is the process of testing program plans, messages, materials, strategies, or modifications for weaknesses and strengths before they are put into effect. It may also be used when an unanticipated problem occurs after beginning to implement the intervention.

Q. **How can I determine whether this intervention changed HIV risk behavior among my clients?**

A. You can determine whether your SISTA project is reducing HIV risk behavior by conducting outcome monitoring. Outcome monitoring is tracking changes in knowledge, skills, behaviors, attitudes, beliefs, or intentions of individuals participating in the intervention. Commonly used tools to collect data for outcome monitoring are pretest and posttest questionnaires. Field test or pilot test the questionnaires with a few volunteers who are similar in characteristics and educational level to your target population to ensure it is culturally appropriate. Administer the questionnaire to women participating in the intervention before they begin and after they complete all sessions. Plan appropriately for administering the questionnaire to women who cannot read. Comparing your participants’ responses before and after the intervention will allow you to determine whether this intervention changed their risk behavior.
Q. What should I do if the desired behavioral outcomes (i.e., increase in condom use) are not achieved for my clients?

A. If SISTA was implemented according to plan and the expected changes did not occur, the process data should provide some insights into some of the reasons. When reviewing the data, consider the following:

- Did the implementation include all of the core elements and key characteristics of SISTA?
- Was something left out or changed from the SISTA project that may have made your intervention less effective than the original?
- What components were actually delivered, and to whom were they delivered?
- How well were the components implemented?
- Were the activities culturally appropriate for the target population?
- How well did participants respond to the activities?
- How well did participants respond to the facilitator(s)?

On the basis of the answers to these questions, you may have to adjust and modify implementation of SISTA.