

Interim Report

**Descriptive Case Study of a
Prevention Marketing Initiative Demonstration Site:
Sacramento, California**

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Task 15**

to

**May Kennedy, Ph.D., M.P.H., Technical Monitor
Nancy Cheal, M.A., R.N., Project Officer
Bradford Myers, Contracting Officer**

Centers for Disease Control and Prevention

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by

**Carlyn E. Orians, M.A.
Amy Elizabeth Roussel, Ph.D.**

**Martha L. Hare, R.N., Ph.D.
Task Leader**

**Battelle
Centers for Public Health Research and Evaluation
2101 Wilson Boulevard, Suite 800
Arlington, VA 22201**

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1.0 Introduction

In 1993, the Office of HIV/AIDS of the Centers for Disease Control and Prevention (CDC) inaugurated a demonstration of social marketing entitled the Prevention Marketing Initiative (PMI). PMI represents a large-scale social marketing program to influence behaviors that contribute to the sexual transmission of HIV and other sexually transmitted diseases (STDs) among young people 25 years of age and under.

The scope of PMI is both national and local. It is composed of the following three components: (1) national health communications, (2) prevention collaborative partners, and (3) local demonstration sites.¹ The remainder of this document is concerned with the third of these components, the local demonstration sites. The goal of the local demonstration sites is to serve as a "laboratory" for the first application of participatory social marketing in order to:

- Demonstrate the *prevention marketing* process, including the skills and resources needed to effectively engage the community;
- Measure the behavioral effects of the data-based *prevention marketing* interventions; and
- Document the lessons learned.

Local demonstration sites do not necessarily implement pre-existing interventions. Rather, an objective of the local component of the program has been to increase the capacity of selected communities to design, implement, and sustain viable prevention programs. In order to accomplish this objective, communities receive intensive technical support from the Academy for Educational Development (AED) and from Porter/Novelli, which were awarded the AIDS Communication Support Project (ACSP).² PMI participants sometimes refer to members of these organizations as the *technical assistance (TA) providers* or as the *national partners*.³ Through following the *prevention marketing* process, each site has been using the resources of their community to develop programs designed to meet the needs of their priority target populations.

CDC has chosen the term *prevention marketing* to represent PMI's unique approach to prevention that combines community participation and social marketing, a combination also sometimes referred to as participatory social marketing. While the two terms are nearly interchangeable, we will use the term *prevention marketing* in the remainder of the report. The reader should note that

¹ The five sites are Newark, NJ; Northern Virginia; Nashville, TN; Phoenix, AZ; and Sacramento, CA.

² Recently, AED has been decreasing its on-site support while turning over some of its functions to the sites themselves.

³ The other PMI national partners are the Centers for Disease Control and Prevention (CDC) and the National AIDS Fund (NAF).

participants⁴ often do not distinguish clearly between social marketing and prevention marketing, and therefore use and definition of terminology may vary across respondents. *Prevention marketing* is an experiment in which the local PMI sites are working with the PMI national partners - most intensively with AED which provides technical assistance (TA) through TA Consultants - to design an HIV prevention intervention based on sound social marketing and behavioral science principles, while including true community participation. This is a new process, and those engaged in it are pioneering a unique approach to the prevention of HIV transmission among young people.

1.1 Study Purpose

Battelle conducted descriptive case studies in each of the five PMI demonstration sites. The first case study was a pilot test of the case study methodology, and data from the pilot test helped Battelle modify the study objectives in order to better reflect the processual nature of both the case study methodology and of PMI in the planning and transition phases. Descriptive case studies were then carried out in each of the other four demonstration sites. This report summarizes the case study conducted in the Sacramento PMI demonstration site, with primary emphasis placed on the details of the planning and transition phases.

The data included in this report covers the period from initiation of PMI in Sacramento through the end of the second data collection period in late May. In some instances, where our data concerning a particular situation or task was incomplete, we included information obtained through later conversations or reviews of an earlier iteration of this document. It should be noted that all the demonstration sites, including Sacramento, have been moving ahead quickly with the PMI process, but these new stages are beyond our mandate.

This descriptive case study is meant as a stand-alone document for internal use by a limited number of persons including staff at CDC and AED, and staff and volunteers at the Sacramento PMI demonstration site. The data presented here will be compared with data from the other demonstration sites to develop a cross-site integrative report that will be available to a broader audience. The cross-site report will not contain the individual case studies, but will reference them in an executive summary length description of the PMI process for each of the sites.

⁴ Participants refers to PMI staff and volunteers.

1.2 Study Approach

1.2.1 Preparation for Field-Based Study

Our study protocol called for one two-day and one three-day site visit, at least one of which would include a Planning Committee meeting known as the Community Council in Sacramento.⁵ We were able to attend two Community Council meetings and a portion of a Youth Advisory Committee meeting during our two visits. Our first visit covered three days from March 27 through 29, 1996. A second two-day visit took place May 22 and 23, 1996.

Prior to the on-site portion of the case study, Battelle mailed a letter to the Program Manager stating the purpose of the study, major topics of interest to the research team, and roles and responsibilities of the various stakeholders in the research process. (See Table 1 for a list of documents reviewed.) We also requested a number of documents to assist us in understanding the activities of the site. In addition, Battelle staff located in the Washington DC area met with the AED technical assistance provider for the Sacramento site to receive background information regarding the site and its activities.

⁵ Originally, the planning body was called the Steering Committee.

Table 1: Documents reviewed

General

Monthly reports, 10/93 - 1/96
Phase 1 report

Audience documents

Key informant interview report, 2/23/94
Situation analysis
Initial selection documents
Audience profile, part 1, draft 2/29/96
Audience profile, part 2, draft 3/5/96
Environmental profile, draft 3/96
Audience research, 5/96

Committee/Council documents

Community Council member application
Council roster, 1/29/96
PMI newsletter

Planning documents

Transition plan
Youth involvement plan
Issues management report

1.2.2 Conducting Field Work

Based on the list of PMI participants provided by the site staff, Battelle staff arranged interviews with individuals representing a variety of PMI roles and community-based organizations. We interviewed 20 participants and community leaders who represented a broad range of community interests and who could speak to the various aspects of the planning and transition phases. Our aim in scheduling interviews was to maximize convenience to participants. Most occurred in participants' workplaces, though several took place at the PMI offices, and a few occurred in public places (such as a coffeehouse). Prior to our meeting, participants were provided with a list of topics to be addressed in the interview.

1.2.3 Coding and Analysis of Data

Textual data from interviews and meeting observations were compiled into WordPerfect files and entered into a project database. In order to organize the information in these files by themes, a codebook was developed. The codes were created based on the overall study questions and issues that emerged throughout the study. Each text file was coded and then entered into a computerized text-based data analysis package, The Ethnograph®. With this method we were able to separate statements relating to specific themes across all interviews. For example, we could create a file that listed all

statements about meeting attendance from every interview in the site. These coded printouts, along with the site-based documents collected throughout the study, were used to write this report.

In presenting our findings, we often use the words of PMI participants to illustrate points. The term *participant* denotes any individual who has been involved with Sacramento PMI; on occasion, respondents are identified as staff or volunteers, as appropriate. Unless otherwise noted, the narrative in this report reflects the words and the views of the PMI participants and community respondents we interviewed.

2.0 Findings

In this section we will present findings obtained through the three main data sources for the study: interviews, meeting observations, and document review. We will examine five features of the PMI process as seen in the Sacramento demonstration site. These features are dynamic in nature:

- Structure of the site, including changes and reasons for those changes.
- The manner in which activities were accomplished, including technical assistance.
- Youth involvement.
- Community collaboration.
- Capacity building.

These five features have many areas of overlap. In Section 3 of this report, we discuss participants' views of barriers and facilitators to the PMI process, as well as lessons learned.

2.1 Site Structure

Structure is inseparable from process when describing a project whose purpose is to develop a new way of including community members in HIV prevention for the purpose of designing a social marketing intervention for young people. We will examine the interconnection of structure and process with regard to (1) the manner in which the project was initiated; (2) the role of the lead agency; (3) staff; (4) the development of specific committees and subcommittees; (5) community representation as reflected in diversity of PMI participants; (6) meeting facilitation and attendance; and (7) decision-making.

2.1.1 Initiation of PMI in Sacramento

United Way Sacramento Area showed an early interest in PMI. Interest in becoming a PMI demonstration site stemmed from United Way's sponsorship of the Regional AIDS Planning and Coordination Committee (RAPCC), coupled with its involvement in Ryan White planning and coordinating activities. A central factor in the selection of Sacramento was the support of the Sierra Health Foundation, a large grassroots organization serving all of northern California. The Sierra Health Foundation had applied to the National AIDS Fund (NAF) for a challenge grant in 1990 or 1991 to further their AIDS initiative. Although this effort was unsuccessful, a good relationship was established between NAF and Sierra. As the PMI concept developed, NAF contacted Sierra, which

in turn contacted RAPCC, resulting in United Way sending a staff member to what was described as “an early key meeting in Nashville.” Although a specific set of criteria were developed for site selection, a staff member expressed the belief that “Sierra’s advocacy and NAF involvement were key reasons for Sacramento’s selection.”

The initial PMI community meeting in Sacramento was convened by the United Way Sacramento Area on October 18, 1993. The CDC Project Director and representatives from the national partners were there to describe PMI to the large group of community leaders who attended this first meeting. From that initial group, a small group of volunteers formed an informal Steering Committee that continued to meet during the early months of PMI.

2.1.2 Lead Agency

The lead agency, United Way Sacramento Area, serves as local convener for PMI in Sacramento. The formal role of United Way in PMI has not changed a great deal. The major change is the recent expansion of the United Way’s role to include that of fiscal agent, meaning that United Way now has direct control over money that is used to pay for subcontracts. United Way has also seen some “cultural” changes. In the beginning, PMI was not well integrated into the activities of the United Way. “PMI was a satellite operation at first.” Because of its focus on development of an implementation program, PMI differed from the other activities of the agency, which sees itself as a planning and funding agency. The initial response to this difference was to isolate or “encapsulate [PMI].” In recent months this has begun to change. In the words of one participant:

“Pride has begun to develop, first by getting to know the staff, and by seeing the positive community response. They are glad to see involvement in a youth issue. They now acknowledge: “this is ours, and we’re proud of it.”

The transition phase has also altered the relationship between volunteers and staff and the lead agency to some extent. One volunteer described that changing role as going “from [staff] being the ones leading the program to being in a supporting role. Giving the Council more responsibility, and more commitment — we’re the ones making the decisions.”

The choice of United Way as a lead agency is generally seen as a good choice, but as with any choice there are both advantages and disadvantages. On the one hand, as a “neutral” entity, United Way sponsorship has helped PMI reach out to some community members. Even for community members who tend to be critical of a “mainstream” organization, as one participant put it, PMI has provided “the opportunity to bring them in and see what United Way is trying to do.” One participant mentioned the potentially critical role of United Way in garnering community support as the program moves into the implementation phase. “We’re about to go into the community with a condom campaign.....So to get some buy-in from the eyes and ears of the community, really, they’re out there working with agencies.”

On the other hand, another participant spoke to possible resentment of AIDS groups about an “outside” agency (that is, not an AIDS organization) receiving money to sponsor PMI. While no participant suggested that any other agency is in a better position to sponsor PMI, it was suggested that United Way sponsorship may make it harder for it to be viewed as a community project than if it were independently run, although this option would also likely have its downside as “people might think it was a waste, like why start up a new entity to do this.” Another suggested that having PMI operate independently from the HIV prevention community planning process was an inefficient approach to planning, in that there is duplication of efforts. If the two were combined, “the [PMI] training and information would be invaluable to the [CPG] planning process and the breadth of the planning process would be beneficial to PMI.”

2.1.3 Staffing

During the first year of PMI, United Way provided their Director of AIDS Projects as the only staff member (on a part-time basis) to the project. The current Program Manager became involved in PMI in February 1994 through involvement in the formative research under a subcontract to conduct informational interviews. She also helped to integrate the qualitative and quantitative data. As the need for a full-time person in the role of Project Site Coordinator became evident, she was an obvious choice given both her involvement and her background in social marketing and community development with a community health focus. She was encouraged to apply and began her full-time role as the coordinator with PMI in May 1994. During the first year of her tenure, she was technically an AED employee, switching to United Way as the site moved into the transition phase. As her involvement and responsibilities have grown (including a change in position title from Project Site Coordinator to Program Manager), the time commitment of the original lead agency staffer has declined, and that role has shifted to one of “mentor” and “second opinion provider” to the Program Manager.

The Program Manager is responsible for managing the implementation of the program. In operation, this role was described as twofold, to *convene* — “we’re the convener... we do some problem solving...have a common cause that we rally to and our common cause is PMI” — and to *interpret* — “interpret from national level to community members, and then back the other way — interpret from members back to the national team.” The aspect of the role that has perhaps undergone the most change is community development. At first the focus was on bringing people to the table. But “five years is pretty amazing to ask of people.” Staff noted that maintaining involvement over that length of time and consistently trying to bring new faces to the table requires a large effort on the part of staff. In their view, it means maintaining relationships with both individuals and agencies as they experience staffing changes. And it means providing resources and training to volunteers so that they can take away something of value to them. An administrative support staff position provides assistance to the Program Manager in these efforts.

An Issues Management Consultant has provided assistance to PMI on and off since its inception. This is a part-time role, with periods of activity and periods of inactivity. The Issues Management Consultant who was chosen is a local person with a background as Public Affairs Director for a local non-government agency and experience in dealing with potentially controversial issues such as sexuality. She showed early interest in the project, attending Steering Committee meetings. Her role has changed over the life of the project. The first task was to develop a strategy

for Sacramento PMI's first media announcement in March 1995. There was no need for an Issues Management Consultant during the summer and fall, but the position was reactivated in early 1996. This time, the task is to "revise a lot of the documents done before" and prepare for issues that are likely to come up during the next several months as the site moves towards implementation.

As the site began its transition from the planning to the implementation phase, the need for additional staff became apparent. The job of coordinator was becoming too big for one person. Discussions internally and with CDC and AED led to a plan to split responsibility between two staff members, one responsible for marketing and the other for community development (the preferred role for the existing coordinator). A national search for a social marketing expert came up empty "so we had to change our focus." The qualifications for the position were revised to demand less social marketing expertise and more generalized marketing experience. A qualified applicant with experience owning her own business was subsequently hired and started work but was forced to leave shortly thereafter due to family circumstances. At the time of our first visit, the position remained vacant and staff were in the process of receiving applications. Due to the evolution of PMI, this time the focus was on marketing and communications — looking for someone with "press savvy." During our second visit, they had just hired a new Marketing and Communications Coordinator who planned to start in June 1996. She attended the May PMI Council meeting to meet the PMI participants and introduce herself.

The only other staff at PMI in Sacramento was a Youth Consultant employed on an hourly basis during the early months to develop a youth involvement plan and a recently hired Youth Coordinator, who had just started work during our second trip to the site. Their roles are discussed further in the section on youth.

2.1.4 Committee Structure

The original planning body was known as the Steering Committee. It was a very informal structure with open membership. As one participant phrased it, "you were involved in decision-making if you came." With the development of the transition plan, a greater need for responsibility and commitment was identified. The informal structure was fine for the planning phase but was recognized as inadequate for implementation. "You can't run a program with people who may or may not show up. You want at a certain point to be serious about it." The new structure is called a Community Council and has a more formal membership structure, consisting of 25 voting members and about 20 non-voting members. Both voting and non-voting members formally applied and their applications were reviewed by a subcommittee convened for this purpose. All members attend Council meetings.

Subcommittees (generally known as working groups) are created when necessary. All members are encouraged to become involved in subcommittees. Non-members may also be asked to participate in a subcommittee if they bring needed expertise. The typical composition of a subcommittee is two or three Council members and one or two staff. Membership is decided primarily by volunteer interest, although staff solicit involvement if they feel a particular expertise is needed. There are a small number of volunteers who are extremely active and serve on multiple subcommittees, whereas other volunteers may elect to serve on only one or none. In the words of

participants, it is "not the same group in every committee," yet "we definitely see overlapping membership in the working groups."

During the planning and transition phases, the following subcommittees, work groups, and teams were formed:

- Youth Advisory Committee
- Youth Involvement Working Group
- Issues Management Work Group
- Research Work Group
- Transition Review Subcommittee
- Application Review Subcommittee
- Site Design Team

Subcommittees (our generic term which includes work groups and teams) are generally task-oriented, formed to undertake a particular task and dissolved or dormant when that function is no longer needed. The Issues Management Work Group, for example, was active in the winter and spring of 1995, working with the Issues Management Consultant to prepare for a media announcement that occurred in March of that year. It remained inactive through the summer and fall and has been reactivated this spring, coinciding with the renewed activities of the consultant. The Youth Involvement Working Group was active during the first year to help design a plan for youth involvement and to help with recruiting efforts. They too have been inactive in the past year but may start seeing renewed activity in the coming months. Both the Research Work Group and Transition Review Subcommittee are currently inactive. The Research Work Group was active during the formative research phase, helping to evaluate responses to the RFP (request for proposals), select the research team, and oversee the progress of the research. The Transition Review Subcommittee met twice to review the language of governance. The Application Review Subcommittee has only met once but "may get active again."

At the time of our visit, the most active subcommittee by far was the Site Design Team, which formed during the transition phase to do the work of getting the site ready for implementation. Consisting of nine active members, the team has worked hard since its formation to refine the target audience and to develop the behavioral objectives and components, including some all-day workshops with national partner involvement. As an offshoot of the Site Design Team, two work groups have been formed to address specific components: (1) a peer outreach work group and (2) a media work group. The two groups have been working separately, but it is expected that they will start to work together soon.

There are no chairs of subcommittees. Instead, members of the subcommittees operate consensually, working out any disagreements or conflicts until consensus can be achieved. Participants report that this process is very effective in Sacramento.

Sacramento PMI does not have a separate oversight committee, as some sites do.

2.1.5 Representation

Initial Recruitment

Initial recruitment was done through direct mailing to about 200 members of the regional health care and service community, telephone calls to follow up on the initial mailing, flyers distributed through local AIDS service organizations (ASOs), provider meetings and community clinics, and presentations at meetings of the regional Ryan White organization and the regional AIDS service providers "round table" meeting. The initial committee included representatives of public schools, community-based organizations in AIDS prevention and care, the media, and business. In the words of one participant, "it's so varied — not just the AIDS people, but people from the religious community, universities, non-profits, school districts, state, counties." One participant noted that the religious right was specifically not sought out to participate but that a concerted effort was made to get local politicians on board to offset their absence.

Participants also commented on the high level of participation and how this reflects on the importance of PMI in the eyes of the community. "PMI has been seen as important enough to have had key players, people in key decision-making positions, especially at early stages."

Many participants spoke about the commitment of PMI participants to seeking a diversity of membership. As one participant put it, "there is a stated and unstated commitment to diversity." Especially noted was the concerted effort to reach out — bringing in people from the seven-county area PMI Sacramento has chosen to involve in order to give the project a regional identity. Yet maintaining diversity has not been an easy task. It is an ongoing struggle that is discussed openly by the Council. One participant noted the relatively sparse involvement of people who are "not from agencies or constructs who don't do HIV and AIDS." Another noted the minimal involvement of people from ethnic or racial minorities. Another participant would like to expand the concept of diversity:

I would like to see more diversity in our group. There is a Hispanic woman, an Indian woman, there are some lesbian women — that kind of diversity. But there is no one there who works at a jail or a group home. No one who is a gang banger or who works with gang bangers. Because of that, there is no one to interpret the language.

Despite the evident commitment to involve a diverse set of members, and some successes in this area, participants spoke of the difficulties they continue to face in achieving this objective. They further commented that this difficulty is common to other community planning efforts and suggested that AED might be able to provide some technical assistance around this issue. In one participant's words,

In our euro-centric community, all we know is to ask people and they say yes or no. It doesn't work [for bringing in new people] but we don't know what works. But people out there do, are researching it. It would be nice to have training on that.

Reasons for Joining

We asked volunteers why they chose to get involved with PMI; their answers are indicative of the diversity of participants and reasons for involvement:

I became interested because we at [my agency] have a youth program and in-school programs. I thought these two things should go together because we overlap in terms of the population.

I became a community organizer for [my agency] in August 1994. You have to choose a community effort to become involved with and I chose PMI.

I'm interested in anything having to do with youth.

We were seen as a source of data. I was asked by [PMI Site Coordinator].

It happened that one of the members called me and said "Dammit, get here, you'll like it." So I came with one of my rural peers, and it's been worth it — I've been active ever since.

My supervisor was on it. She suggested I take her place.

I'm a firm believer in HIV prevention.

[My agency] was invited to the initial meeting. Got a letter and telephone call from [lead agency representative].

I was captured by the idea of exploring the marketing idea.

Transition

In making the transition from a relatively informal and open Steering Committee to the current Community Council, a volunteer working group was formed to develop policies and a transition plan. A formal application process was used to select both voting and non-voting members of the newly formed Community Council. "We were looking for experience with youth, or research, or ASOs [AIDS service organizations], or YSOs [youth service organizations], and ability to make the commitment to several hours a month." PMI staff sought a variety of perspectives but did not create "slots" for particular types of people. But "once we made our selections we did go back and look at diversity and composition." The decision on whether to include people as voting and non-voting members was partially self-selection based on the level of commitment a participant was interested in or able to give.

Participants noted that the desire by volunteers to remain actively involved in PMI through the transition reflects the ongoing value that PMI has for them. As one volunteer noted:

When we did the transition to a formal group, most people remained the same, which was telling us that we were doing the right thing. In other words, those people were committed, they were understanding the program and wanted to remain in it.

2.1.6 Meeting Facilitation and Attendance

Meetings are held on a regular basis (monthly) during the late afternoon at United Way. They are scheduled several months in advance and are open to everyone. The Council has in the past discussed alternative meeting times or places but it has not progressed past the discussion stage. The advantages of alternate schedules are perceived to be the opportunity for people to attend who are not free during the day and encouragement for individuals in target neighborhoods to attend. The disadvantages include inconvenience of evening meetings and lack of easily accessible and convenient meeting rooms.

Subcommittees meet separately based on need. The site has recently started experimenting with telephone meetings (conference calls); thus far, this has been a successful method of convening working groups and allows for participation from members in outlying counties. The activities of subcommittees are reported back to the full Council at the monthly Council meetings.

Chairs and Facilitation

There is a PMI Community Council Co-chair.⁶ In the initial Steering Committee structure, someone volunteered for this position. When the transition to the Council occurred, there were nominations and elections. The Council elected to retain the same individual as Co-chair. The Co-chair is described as having “a welcoming personality.” The role of the Co-chair includes meeting facilitation and serving as liaison between the Council and staff. The role entails “relating concerns from the community working group to staff, making sure the working group is not bored during meetings, helping to set up and tear down.”

The Program Manager shares the role of meeting facilitator. Jointly with other staff and the Community Council Co-chair, she schedules the meetings, develops the agenda, and “debriefs” after each meeting to discuss what went well and what did not and what could be improved for future meetings. Planning and debriefing is viewed as extremely important in Sacramento and a lot of time and energy is devoted to it.

Meetings were nearly uniformly described as relaxed, social, and fun. In the words of one participant, “meetings are relaxed. It is a social time, it is conducive to talking and sharing. We do a lot of group activities. There is always good food.” Another stated that “people always get along, we always have good facilitators. People feel free to speak up at any time.” In our visits to Sacramento we attended two meetings and found the atmosphere to be warm, friendly, and inclusive. Ice-breakers are regularly used to help people relax and get to know each other on a more personal level. At the meetings we attended we observed creative approaches to fostering openness and exchange. An example was the creation of individual “stage names” based on middle name and the street where each participant was born. Much laughter accompanied this activity. Meetings have sometimes been followed by activities such as pizza parties or dancing lessons. The facilitators also make time for individuals to share information about their activities, both personal and professional.

Participants commented on the level of organization and planning that goes into each meeting. One participant noted that “there is an agenda, I always get things in the mail.” Another said that “I love attending meetings ... I know that there’s going to be an agenda and we’re going to get something done ... people know when they come to those meetings they will accomplish something.”

Attendance

Attendance fluctuates based on changes in people’s jobs or job responsibilities but has been consistently high. When individuals are unable to attend, they frequently send someone else from their agency to maintain continuity. A reason given by staff for the level of attendance is the attention paid to logistics — setting meeting times well in advance, offering to pay for transportation for people from distant counties, and lots of one-to-one contact. Volunteers indicated that they value

⁶ There is one community facilitator who holds the title Co-chair. The other facilitator is the Program Manager.

attendance for the connections and contacts they develop, the ability to contribute to a process they are committed to, and their enjoyment of the meeting itself. Staff maintain a mailing list and regularly send out meeting notes and other materials to members. A PMI newsletter was initiated this spring.

All meetings are open door and people are encouraged to bring friends and associates who may be interested in PMI. Open attendance also applies to training sessions. This is viewed as a real asset by several volunteers who commented on how rare it is to be able to bring people from community-based organizations to free trainings of the caliber found at PMI.

There is a governance policy that addresses attendance. It says that if a member misses three meetings in a row, staff will first call to find out what is going on. If the member is unresponsive to this call, a letter will be sent and the member will be asked to resign. This provision has not yet been acted on but may be in the future. If an individual cannot attend due to scheduling conflicts but is interested in maintaining active involvement in other ways, that is accommodated.

2.1.7 Decision-Making

During the planning phase, the Steering Committee operated on a consensus basis which is how the subcommittees continue to operate. The more formal Community Council has a voting structure but it usually operates as a formality only, with the group working through issues until consensus is achieved. One participant described it as "we try to avoid voting — we work by consensus. This is how we did it before and it continues." In the meeting we attended, votes were called on two issues. Both issues were discussed thoroughly until everyone was comfortable and both were unanimous in their outcomes. Staff members do not have a vote.

The question of balance of responsibilities between staff and volunteers is an interesting one. Staff are committed to PMI as a community-driven process. This commitment is reflected in one participant's representation of the Council as "the backbone of PMI." "Without the Council," said a participant, "there wouldn't be a PMI." But parts of the process sometimes feel staff-driven, mostly when there is a lot of information to share. "When it's training, it's totally staff." Trying to balance this is described as "a constant struggle."

The commitment to community-based process is not always obvious to site-based respondents when the national partners are involved. This has resulted in some tension between staff and the partners. For example, staff have resisted having an agenda imposed on them by the partners when they come to provide training to the Council. Although the expertise provided is welcome and appreciated, staff feel the partners need to recognize that there is a community process involved and that community business needs to be attended to in addition to whatever the training agenda is that day. Staff have also resisted pressure to make more decisions in an effort to speed up the process, arguing that decision-making authority ought to rest with the Council. A participant summed this up by describing the PMI process as "if you want a community base and sense of empowerment, you really have to talk and listen and integrate what people have to say... it's time-consuming but worth it."

Conflict Resolution

For the most part, participants talked about the absence of conflict, instead choosing to talk about "differences of opinion." The distinction made is that conflict connotes an inability to come to agreement. In contrast, at PMI "what we do is talk it over until we reach a consensus. So far, I don't remember any occasion in which we've run into an impasse." Another participant noted that "nothing's been hard to work through. After discussion we usually come to consensus."

The most salient disagreement in participants' minds was a recent one over a recommendation by the Site Design Team to target inconsistent condom users. When the Site Design Team presented its recommendations to the full Council, there was outspoken disagreement with this approach by one member present, which contributed to indecision among the larger group. The conflict was handled by sending the issue back to the Site Design Team for further discussion. The Site Design Team subsequently held to its recommendation and presented it again to the Community Council with a lot of attention paid to explaining the process of interpreting data by which the decision was reached and felt to be the best approach. This time the vote was unanimous in support of the Site Design Team's recommendation.

In addressing strategies for avoiding or resolving conflict, staff members spoke to the importance of sharing information. "I think it's important to realize that conflict often comes when people don't have enough information and that's real important to address." Dissenting opinions are described by staff as important to the process. "You know, through conflict we had really good questions. So I thank people for having courage to ask questions. How we answer the questions determines whether there is conflict or not."

2.2 Steps In PMI Process

In this section we discuss efforts to organize the local community and then the research and design activities in which community members engaged, along with on-site staff and consultants from the community or the national partners. Then we will discuss respondents' technical assistance (TA) which they received to accomplish these steps. The steps relating to planning for issues management and for the transition to implementation were discussed in section 2.1.3 and 2.1.5 respectively.

2.2.1 Organizing the Local Community

Initial Outreach

Initial outreach to solicit community support and involvement in PMI relied on existing networks and contacts. Existing HIV planning groups (Community Planning Group (CPG) and Ryan White Consortium) were important sources of connections as were AIDS service providers. "That was a group that could get it off the ground initially." The next step was outreach to schools, youth

groups, selected churches, the research community, and business leaders to identify additional people with a potential interest in PMI. Each contact was asked to suggest others who needed to be involved. As one volunteer put it, “[staff member] wanted to make sure there was buy-in. He didn’t sit in a little cubicle and make a list. He made an initial cut and then asked people [who else should be called.]”

Ongoing Efforts

PMI staff noted that organizing the local community is not something that is done once and then forgotten about. It is ongoing. That is perhaps one of the biggest lessons of PMI to date. Staff described it as “a pretty good effort but we need to do it again. You have to keep doing it.” It takes effort to keep people coming when there is no training. It takes effort to keep people involved when demands on their time change and it is hard to come to meetings. If it is important to have certain persons involved, then it requires a commitment on the part of the staff to reach out to them, send them information, and ask for specific input where most valuable. Staff changes within organizations also present an ongoing challenge. Is the relationship with the individual, the organization, or both? Sacramento PMI has decided the answer is both, requiring effort on the part of staff to convince individuals to remain while at the same time approaching organizations to identify new representatives to come and participate.

Staff always encourage members to bring new people they know. At one meeting we attended, there were two new visitors there “to check us out,” an occurrence described as “typical.” Staff follow up with visitors by sending them materials and calling them. Staff recognize the dual importance of continuity among existing participants and the need for new voices, particularly as PMI moves into new phases:

A core group is critical, a group that can work together, but you need to keep inviting people in for their energy and for their technical input. [Needs change] over time due to steps [of the PMI process], but there is a core group that keeps it going and gives it consistency.

Future strategies to involve new people may include recruiting in neighborhoods that are targeted for intervention. Neighborhood leaders are viewed as a potential source of assistance in this area.

The effort required to maintain community involvement was described as “very unexpected for the national partners.” In contrast, “community people [PMI participants with local community development experience] expected it.” Several participants credited the experience, commitment, and skills of the Program Manager for the success in maintaining the level of community involvement evident in Sacramento PMI.

2.2.2 Defining the Target Audience

Defining the target audience has been an iterative process. One participant described the importance of the process with vivid imagery: "Populations are like wet soap. When you see them they look so clear, but when you try to grasp them they disappear." The initial target audience selected by Sacramento PMI was 14- to 18-year olds. This has been further refined, based on research, to be sexually active 14- to 18-year-old males and females in high-risk areas who use condoms inconsistently. The audience includes both genders and all ethnicities and sexual orientations. The research used to define the audience included both primary and secondary data. The secondary data were collected first and were used to develop the audience profile. The primary data collection effort, including both interviews and focus groups, was also referred to as the formative research. Thus, the distinction among the steps in the process is blurred in reality, although we are distinguishing between activities conducted early in the planning phase, and those carried out later.

Early Data

To gain an understanding of risk for HIV infection among youth aged 25 and under in Sacramento, PMI collected data on sexual activity, an indicator of risk. Several types of data were identified relevant to sexual activity, including data on abortion, teen births, sexually transmitted diseases (STDs), and HIV/AIDS. Sources used included state and county agencies, universities, planning councils, and family planning agencies.

The STD data were found to be most complete and therefore most useful. These data were sorted by zip code for Sacramento County and by age and total number of cases for the contiguous counties. Each area was mapped according to the cumulative totals as follows: 5 percent and greater, 2 percent to 4.9 percent, and 1 percent to 1.9 percent. Basic demographic data — number of people, ethnicity, family type, age of children, and median household income — were collected for the 15 zip codes selected based on the risk indicator data.

A cluster method for grouping zip codes called PRIZM was introduced by the national partners. This method segments the population based on a number of characteristics — mobility, race/ethnicity, family, socioeconomic status — and uses this information to examine purchasing habits, cable channels, people watch, etc. The demographic data collected for the target zip codes for PMI were clustered based on this method, focusing on the teen population. The outcome of this clustering has not been put to use yet, but according to one participant, "for implementation it will be invaluable." Other data collected included a review of school efforts at HIV prevention and education.

Key Informant Interviews

Interviews were conducted with steering committee members and other key informants in the community to extract qualitative information to augment the statistical report. This occurred early in the project, in the winter and spring of 1994. A researcher at the University of California, Davis,

who subsequently was hired as the Site Coordinator, was brought on board to help with this portion of the research. Informants were asked about their views of who was most at risk, the behaviors that put them most at risk, and prevention messages that might be most appropriate in the community context. They were also asked about existing prevention programs and whether they could identify agencies and groups that could support the efforts of PMI.

2.2.3 Conducting the Audience Research

Focus Group Activities

Collecting data about the target population through focus groups was never openly discussed by participants but instead was described as "a given" in the PMI process. Through a competitive bidding process, a local University HIV/AIDS researcher was contracted to conduct the focus groups. A research subcommittee convened to select the research contractor. In total, 24 focus groups were conducted, three with parents and 21 with adolescents. Another 40 individual interviews were conducted, 10 with parents and 30 with adolescents. Categories of people targeted for the focus groups were residents of the zip codes identified through the situation analysis as the highest risk areas, equal numbers of male and female groups, a mix of racial groups, and a mix of socioeconomic backgrounds. One focus group was conducted with young gay men, one with a homeless group (mixed gender), and two with church groups (mixed gender). Focus groups were conducted in the summer and fall of 1995.

The original focus group guide was developed jointly by the University of California at San Francisco's Community AIDS Prevention Study and AED and shared with all five PMI demonstration sites for customization according to site-specific information needs. In Sacramento, the guide was further modified based on input from PMI staff, the Youth Advisory Committee, the Research Work Group, and the research contractor.

Several difficulties were encountered that delayed both the start and the completion of the focus group research. Initial contracting with the consultant took longer than either the site staff or the research contractor expected. Recruitment for the focus groups was a time-consuming activity, delaying the collection of data. Other problems encountered by the research contractor included equipment failure (tape recorders that did not work), shortage of suitable transcriptionists, and difficulty attributing statements made during focus groups to individuals, a step felt by the research contractor to be necessary for adequate analysis. Data cleaning was also found to be more time-consuming than anticipated.

Disagreements between the contractor, staff, and the national partners over aspects of the data collection and analysis methodology (primarily focus group recruitment and moderator training) also delayed the release of the results and highlighted for staff the need for quality control. Lastly, it was a challenge coming up with a suitable format for presenting the results so that they could be of

maximum use to the Site Design Team, necessitating several rewrites of the report. A final report of the results was made available to the Council in May 1996.

2.2.4 Designing the PMI Intervention

The Site Design Team, a subcommittee of the Community Council, was tasked with refining the target audience, developing behavioral objectives, defining the marketing mix, and designing the intervention. The Site Design Team has worked closely with the technical assistance providers in all-day trainings to make these decisions.

The activities of the Site Design Team have drawn heavily on the formative research conducted for PMI. According to participants, it is very common to hear members of the Site Design Team say "but the research says..." In one participant's words, "the research is our foundation, it is driving our decisions on the design committee." Preliminary focus group research results were available at the very first design team meeting in February 1996. The results "really pushed the conversation to 'inconsistent use' over 'never users'." The research showed that "there was a real social/psychological difference between those who were active and had sometimes used a condom and those that never had."

Arriving at "inconsistent users" as the primary behavior group to target was not an easy task, however. It took the Site Design Team two full days of brainstorming and discussion to arrive at that decision, followed by further discussion when the full Council challenged it. The decision ultimately held because they were able to stand by and explain the process that had gotten them to that decision. The behavioral objective is to help the target audience to "use condoms consistently and correctly with all partners and in all situations."

Deciding on the key elements was the next big step for the Site Design Team, which they describe as "the stuff that works to change behavior," and program activities or interventions that would address the key elements. The importance of the key elements was described by one participant in the following words: "The key elements will be the most important. The research directed earlier decisions (audience, objectives), but the elements will be the answer to changing behavior."

The process described by team members included a discussion of barriers relevant to behavior change (information that came directly from the focus group data), matching key elements to barriers, brainstorming possible program activities to address key elements, looking at program activities using the 4 Ps of marketing,⁷ applying criteria to programs to see what was feasible (in terms of reach, impact, attractiveness, operational feasibility, political feasibility, and cost), and applying criteria to marketing mix to see what was feasible.

⁷ The 4 Ps of marketing are product, price, place, and promotion.

The key elements proposed were:

- Reinforcing community and peer norms about using condoms all the time and having condoms on hand,
- Building youth's skills and confidence in using condoms correctly and in communicating, negotiating with, or refusing partners in different situations, and
- Increasing youth's access to condoms, increasing youth's knowledge of where to obtain affordable condoms, and helping youth to have condoms on hand.

The outcome of this process led to a recommendation by the Site Design Team to focus on six possible program components as follows: ←

- Peer outreach and education
- Improving condom access or condom distribution
- Media and print materials
- Teen hotline
- Skills workshops for youth
- Skills workshops for parenting adults.

At the time of our second visit, two work groups were active on the site design task. The media work group had worked on overall vision and were looking at mass media, print media, and hotline. For each, they were identifying existing efforts, looking at costs, trying to prioritize, and developing objectives. The peer outreach work group had also worked on overall vision and members were identifying and discussing existing programs that included peer outreach, skill building, condom access and distribution, and parenting adult skills.

2.2.5 Technical Assistance

Technical assistance (TA) to Sacramento has been provided in several formats. At the Steering Committee and Community Council level, national partners provided training specific to the steps in the PMI process. Participants were unanimous in their appreciation for the training that accompanied involvement in PMI. The training was described by one participant as "uniformly excellent." Another participant commented, "The program has been planned so well — when we get to a stage the training is there." Subcommittees have also benefited from technical assistance, but are not the exclusive recipients of it. For the most part, when a stage is reached where a subcommittee

forms for the purpose of conducting a particular task, the training relevant to that task is provided not only to the subcommittee but to the larger Council as well.

At the staff level, the national partners are available by telephone, and sometimes in person, to assist with information needs or to provide advice. This contact is frequent — daily or weekly, much more often than the contact the national partners have with Council members.

Initially, Sacramento's TA provider, a senior social marketing expert with Porter/Novelli, came to every Steering Committee meeting and helped strategize approaches. According to PMI participants, the time commitment was not large because staff "tried to maximize his time." He "didn't attend working group meetings, didn't come on site and work with us for more than a day at a time." "We chose quality over quantity." His role was more one of consultant than staff extension. The TA provider has changed recently, which has altered the form of TA to the site. The new provider has on occasion served as staff extension but has been used somewhat less as a consultant than the previous provider, who was a more senior expert in the field.

Issues addressed in the training sessions have included how to decide on the audience, letting go of your pet project, issues management, media spokesperson training, how to conduct focus groups, how to look at and assess data, and designing a marketing mix. The success of the trainings was attributed by one participant to the fact that it included "both lectures and an experiential component. People need both to really learn." There was a lot of humor in the presentations, another element to which participants responded well. Another participant spoke to how well organized the training sessions were, "with notes, syllabus, wonderful overheads." One participant summed it up by saying "they are the best trainings I've ever been to."

Criticisms of the training sessions shared by participants included "can be too simplistic," a tendency at times to be too "top-down," not seeking enough input and discussion, and speaking in a language that is hard for participants to understand. Another criticism leveled at the technical assistance overall was the lack of materials or assistance in preparing written materials during the early days to help the site prepare a public face for PMI.

At a more abstract level, participants felt that of the three components of PMI (community involvement, social marketing, and behavioral science theory) technical assistance was of most use to the second component — social marketing. Participants suggested that they could have used (or still could use) greater assistance with the other components, or at the least a recognition that the source of expertise for the others would have to be found elsewhere.

On the whole, participants valued the technical assistance. They were quick to say that they would like to see it continue.

2.3 Youth Involvement

2.3.1 Philosophy/Role of Youth Involvement

Sacramento PMI has a Youth Advisory Committee (YAC) that meets on a regular basis separately from the Community Council. During the first year of PMI, volunteers were solicited from the Steering Committee to participate in a Youth Involvement Work Group, the goal of which was to design a plan for youth involvement. Work Group and Steering Committee members recruited a handful of youth to help with the planning process. The recommendations of the group were to have a Youth Advisory Committee consisting of about 15-20 young people, that would meet independently on a bi-monthly basis, with one or two representing YAC at Steering Committee meetings. A Youth Involvement Consultant was hired on an hourly basis to work with the Work Group to design and implement the YAC in a way that would effectively involve youth in the planning, development, and evaluation of PMI. The goals for youth involvement in Sacramento were articulated as follows:

- To bring a current youth perspective to the local PMI project
- To develop working conditions conducive to youth participation
- To increase the local site's effectiveness to meet PMI goals and objectives
- To increase community ownership of the local PMI project

Initial strategies for recruitment centered around the individual contacts of Steering Committee members and youth involved in the Work Group. The PMI project had not yet gone public in Sacramento so it was deemed inappropriate to use mass media for recruitment. Potential participants were required to obtain legal guardian consent to participate in the initial recruitment meeting. Membership on the YAC was open to all youth attending the initial recruitment meeting held on February 22, 1995. The first meeting of the YAC took place shortly thereafter — an all-day workshop on March 9, 1995.

Ten to fifteen youth joined the YAC, with maybe six to eight attending each meeting. Meetings were jointly facilitated by the Site Coordinator and the Youth Consultant. The group was "amazingly diverse" — different ages, socioeconomic backgrounds, ethnicities, and perspectives. The group has now been meeting for about 16 months. Five of the original members remain. At this time, with the help of a Youth Coordinator, who joined the staff in May 1996, efforts are under way to recruit new members. At our visit in May, the YAC had their second meeting with the new coordinator, the first specifically designed to bring in new recruits. Five currently active members were in attendance (including at least one of the original members); two potential new recruits were there for the first time. Several other interested recruits called to express interest but could not attend. The YAC meets every two weeks.

Youth involvement is uniformly seen by participants as important to the PMI effort. Comments about the importance of youth participation include “I think it’s really important to get their input and ownership, because it’s a program that’s going to be done unto them” and “I said at the very beginning, I don’t feel comfortable making decisions about kids if they’re not involved. There is a youth group, and the students come to our meetings... They are all treated as peers.”

The value that participants place on youth input is further reflected in the following statements:

Whatever the Council does we run by them (like the focus group guide). They have an integral part in the process. They’re the WORD.

They’ve been invaluable. When they say this isn’t going to work, they’ve been right on.

For the most part, youth have not been integrated into the subcommittees or the Council. One or more youth have sometimes attended Council meetings and one youth member has attended some of the Site Design Team meetings. Participants’ view of youth involvement are seen in comments such as:

I understood...and hoped that they would actually be sitting at the table with us.

PMI needs to work on this area. Youth have been brought on as an ancillary group. I’m hoping that as people see the youth in action more, value them more, they can become more involved as part of the central process, rather than a parallel process.

Some suggestions were offered for steps that might be taken to better integrate youth and adult participants. These include efforts to orient youth members as to how the Council functions and giving serious consideration to holding Council meetings at times and places more convenient for youth.

A few participants, as much as they would like to see more involvement, feel that the role of youth is as great as anyone would be comfortable with. “It’s right for them.” As the site moves toward implementation, most participants feel that the role of youth will increase in importance and that there will be more opportunities for integrated involvement.

The youth participating in PMI as members of the YAC feel comfortable with their role. As one youth said, “we’re involved every step of the way. They take our input seriously.” Another commented that the input given “shows up in the reports — you can tell they’re listening.” Personal benefits that they derive from their involvement with PMI include:

- Satisfaction of involvement with an activity that helps their community
- Increased understanding of planning and how to work together in a group
- Opportunity to build a great resume

They also spoke to the enjoyment they get from the group and the support that it provides them. As one said, "it is a treat to come here and meet and have cool food."

2.3.2 Youth Activities

The Youth Advisory Committee (YAC) has engaged in many activities during its 16-month tenure. During the formative research phase, they had the opportunity to review and comment on the focus group guide. They designed a PMI T-shirt, created a video, and developed a mission statement for the group. They learned about social marketing and about HIV and AIDS. They have kept up with the same training that the Council receives. One of the activities that adult members found to be of particular value to PMI was a condom survey the youth conducted; they contacted teen centers and community clinics to see which carry condoms, what kinds and at what prices, and what they know about where condoms can be obtained. In the words of one adult volunteer, "that was one of the most important pieces of research." Two youth had the opportunity to travel to Washington DC to the all-sites meeting, an event that loomed large in their experience.

The YAC members have also had the opportunity to participate in community events outside of PMI. Most notably, they worked with the Names Project AIDS Memorial Quilt and were involved in a tobacco sting operation with the police.

One activity that participants see as promising has yet to fully take root. Youth expressed interest in knowing more about what adult participants do in their jobs. This resulted in a plan for a mentoring program whereby youth would sign up with an interested adult and both parties would agree to meet at least once in a three-month period to tour the workplace and have lunch together. As far as we could ascertain, although several signed up, only one pair has completed this activity. The interest is still there so it may be revisited with additional support from staff to facilitate the process.

2.3.3 Barriers to Youth Involvement

In discussing the barriers to youth involvement, participants offered several logistical constraints. These included inconvenient meeting times, distance, and lack of transportation. Distance is possibly the major barrier for the more distant counties. Participants also spoke to the multiple demands on young people's time, especially those who are involved in school leadership, church activities, sports, or other extracurricular activities. Jobs also compete for their time; several youth participants have had to cut back their involvement when they got a job.

Participants noted that the full Council meetings can be boring for youth, discouraging involvement. They can also be intimidating. Although most youth are described as being “pretty articulate in the youth meeting, once they get to the big group they get really quiet. It takes a special adolescent to be able to sit there and respond to things.” Another participant spoke to the barrier that results from adults who are not used to or are not completely comfortable with young people. Although many participants do work with youth, not all do. For those who don’t, that can be a roadblock, but one “that can be overcome.” Another barrier is one of power — who gets to make decisions. As one participant put it, “we lower the power differential when we set up a process like this — we’ve lowered it a lot here — but there’s still a power issue.”

At a more abstract level, some participants spoke to the difficulty young people have in accepting that HIV is their problem and something they should become involved in. Another focused on the difficulty the community may have with youth involvement. In the words of one participant:

Youth are willing to participate but I don’t know how the rest of the community is going to react....I wouldn’t be surprised if some people started screaming bloody murder when we get to implementation — people feel we should not be talking to young people about sex, drugs, AIDS, and STDs.

Not all participants would agree with this last statement, however. Many participants (and youth) believe that if youth focus on what they want to achieve and work toward it, they will be accepted and energized. They point to youth efforts already under way to support this belief.

2.3.4 Anticipated Changes in Youth Involvement

Participants see an important role for youth in implementation and in site evaluations and fully expect the role of youth to increase in the future. Youth are seen as the best judges of what would be effective. As one participant said, “it would be good to have ideas presented back to them so we get feedback from them — like whether key elements would work.” Potential roles include evaluation and review of marketing modalities, serving as messengers about the disease in the community being targeted, and providing help deciding who would get funding. In issues management, there is a hope that they can be fully integrated into the “public face” of PMI. One participant spoke to the need to come up with new approaches to youth involvement, including “ones we don’t know about right now,” especially in the neighborhoods that PMI will target.

Participants spoke of the challenge of maintaining youth involvement over such a long period of time, noting that the effort requires ongoing commitment by staff and considerable investment of time and energy. In the planning stages this was particularly true because there were fewer clear expectations about what youth should or could contribute. In the future, the role of youth is expected to become more clear and more central, thus facilitating the sustained interest of young people.

2.4 Community Collaboration

One objective of the case study is to explore the relationship between PMI and collaboration among community organizations and individuals in the area of HIV prevention. To do this, we examine collaboration among PMI participants, collaboration with existing HIV prevention organizations, and the community context within which collaboration takes place.

2.4.1 Evidence of Collaboration Among PMI Participants

PMI participants collaborate closely within PMI to achieve the objectives of the project. Some agencies had working relationships prior to PMI, while others came together for the first time to cooperate on PMI. In the words of one participant, PMI "coalesces a number of agencies that were not necessarily working together but are now able to get together to focus on this population." There is also evidence that these collaborative relationships have extended beyond the borders of PMI, particularly in terms of networking and sharing of information. Participants spoke of the value of these connections in terms of resources for their work. Participants also noted that the number of local grant applications by collaborative partners has increased.

One of the biggest changes that participants pointed to as a direct result of PMI was the level of collaboration now taking place in the larger seven-county region. People from distant counties are working together who did not know each other before. They are writing proposals together and sending teens to peer education programs in other counties, opportunities they had not been aware of previously. These exchanges are facilitated by a Program Manager who is an effective liaison between participants and a meeting structure that builds in time for members to report on current activities and opportunities that may be of interest to others.

2.4.2 Collaboration With HIV Organizations

Community Planning Group (CPG)

In California, the HIV community planning group (CPG) process started out as a state-wide effort with a nested regional structure, but in 1995 the regional structure split apart. Now each county goes through the process on its own. Overlapping membership between PMI and the local CPGs is very much in evidence. PMI participants are involved in the CPG in Sacramento, Yolo, Nevada, and Placer counties. PMI staff are involved in the Sacramento CPG and a CPG co-chair sits on PMI. There is also a lot of exchange of information. "We shared a lot of material back and forth." Applications for the Sacramento CPG are passed out at PMI, and membership lists are shared.

A sharing of resources is evident in Sacramento County. For example, information collected by the Sacramento CPG helped in the preparation of the PMI environmental profile. Despite this

sharing of resources, one participant feels that too much duplication of effort occurs. "Whatever the larger community does, PMI does again for youth."

Other HIV Organizations

There is a high level of representation from HIV organizations among PMI volunteers. PMI is viewed as the primary collaborative effort for HIV prevention among youth. Participants phrased it as follows:

They [PMI] have involved members of most organizations doing HIV prevention.

I think PMI knows about everybody that's out there. This is the number one agency. If I need something, I just mention it there and everyone finds out about it. PMI is interacting with every group out there.

HIV players who have a focus on youth are at PMI; the who's who of HIV not focused on youth, are not there.

Other than the fact that a few individuals are involved in both PMI and Ryan White, there is little or no collaboration between PMI and the Ryan White Consortium. In the words of one participant, "funding streams and objectives are very separate. You can't directly do prevention under [Ryan White]."

Other Youth-Serving Coalitions

When asked about youth-serving coalitions, few readily came to the minds of participants. Although a tobacco youth coalition exists, participants had no knowledge of any coalitions on substance abuse or pregnancy. In one participant's words, "there is very little in the way of coalitions." Another participant said, "if there are some, they are not formal coalitions. More in terms of working together."

PMI participants are involved in a few collaborative efforts. One example is a peer education HIV prevention program that involves schools and community-based groups. Harm Reduction Services, while primarily focusing on injection drug users, is involved in some youth activities with a focus on what individuals can do to live healthily — a PMI member sits on the Board. Participants have also been involved in African-Americans Against AIDS and the AIDS Interfaith Network.

Sustainability of Collaboration

One important reason participants gave for what has sustained collaboration thus far is the common goal they share. PMI has brought people together to work toward a common end. As one participant said, "we start with 'we care about our kids. We want to protect them.' We may want to do it differently, but that's our common goal....that's the reason I stayed." People have been "meeting tired" and "desperate for dollars" which worked against collaboration in the past, leaving people fed up with meetings where nothing happens. But PMI has helped people identify ways that they can work together productively toward their common interests and goals. PMI has provided a "process" for collaboration.

It is too early to know if this will last beyond the time frame of PMI, but participants are optimistic. Participants believe that the "prevention community is more powerful now, because of PMI." However, some participants worry that when the "safety" of PMI is gone, and there is no longer anybody devoted full-time to helping people network, collaboration could be threatened.

2.5 Capacity Building

In this section Battelle defines capacity building very broadly. We are looking at whether participation in PMI has led to the development of new ways of doing things, whether in the community as a whole, at particular agencies, or in the individual jobs of PMI participants. We end the section with information which we gathered concerning the general environment for supporting HIV prevention in Sacramento. This is the environment within which capacity may be built in the future.

2.5.1 Impact of PMI on Community

Participants generally agreed that PMI has not yet had an impact on the behaviors of the target audience. Nor has it affected in any substantial way the support of the larger community for HIV prevention among youth. It is not yet visible beyond the circle of participants. As one participant stated, "to this point it's been process. To me, in PMI we're now at the point of saying OK, what are we going to do. Ask me this question later." But the effects of PMI have been felt among the participants in terms of their own commitment and abilities — there is evidence that it is building community capacity for prevention. This has given participants hope that the desired long-range effects will occur.

Participants who did indicate that they have seen an impact during the pre-implementation phases of PMI described it as a "limited impact," primarily affecting those agencies that have been influenced by their involvement with PMI. One example that came to mind was the increased attention given to youth as an HIV risk group by many agencies in the community, including their selection as the top priority group by the Sacramento County CPG. "That's not just PMI, but it is a change in the last three years." Youth participants noted that they have been taking what they've

learned back to their schools to help with counseling other students. The new collaborative efforts that have been noted are also evidence of capacity building in the community.

Participants uniformly noted that they expect to see the effects of the program once it has been implemented. Expectations shared include the following:

We need a campaign to raise awareness that prevention is the only cure we have right now. I think PMI will help get that message out there.

[PMI gives me] hope that there are ways we can collaborate, urban and rural, get off this dichotomy, this false separation. People are people.

I think it's going to give us a framework on how to do our job better. It's going to give us a way to gather knowledge and a place where someone has found all the information, has organized it, and hands it to us.

It's building capacity and it's community-based. I think being a community-based project garners community support.

Overall, participants were extremely optimistic about the potential impact of PMI in the community.

2.5.2 Impact of PMI on Participants

The majority of participants we interviewed were not familiar with social marketing before becoming involved with PMI. Others had a vague understanding that has been strengthened and deepened through PMI participation. Only a small minority felt that they had a good understanding of social marketing, in some cases through exposure in college or graduate school. Participants, for the most part, were reluctant to share definitions of social marketing, still finding the concepts somewhat vague. Terms or phrases that were frequently used to describe social marketing include:

Identifying the most effective medium to get the message across and deciding how to get it across in that medium.

Social marketing puts a strong emphasis on community foundation.

I learned to take a plan and break it down, who I'll affect and how I'll affect them — that was never really a concept before.

Using standard business marketing principles to promote health or health changes or quality of life and social perspectives within a group.

It's not a bunch of politicians sitting around in a boardroom, it's based on what's happening.

Prior to this I never really understood — I thought of marketing as Wall Street, not AIDS.... There are definite agendas, timelines, and structures.

Marketing to change behaviors, not to make money.

Many participants reported being intrigued by the idea of applying marketing strategies to HIV prevention. One participant commented that he was "captured by the idea of exploring the marketing idea." Comments about the value of *prevention marketing* included "I like the idea of taking it to the community we're going to be affecting," and "it's such a smart way to do things." Others talked about being inspired to learn more on their own about how prevention programs might really be effective, or to seek further education with a marketing emphasis. One participant noted:

It's clear to me you have to have a big media impact. People watch TV, that's how you'll change people's values and behaviors taking into account who they are, where they live, what they do, what they believe — this is the research part to figure that out.

Other participants saw the value of the approach more in terms of the community development side of it, "that was the piece that really interested me."

A few participants were guarded in their embrace of *prevention marketing*. In one participant's words, "I [now] understand how theoretically effective it can be. I'm not convinced yet that it is effective." Another participant noted that it was a "big step getting some of us to say the word marketing without losing it." A third participant noted that "I still have trouble coming up with the 4 Ps, but that's OK — I still care. They have moved me from the point where I wouldn't have given a [hoot]."

2.5.3 Applications of Prevention Marketing Beyond PMI

Most participants reported being able to apply social marketing concepts in other aspects of their work. They provided numerous examples of this including the following:

I was able to leave here and present ideas to my board of directors — different ways of looking at our target population, types of programs.

I just put in the budget for [my place of work] that we should do some advertising.

We're awake to the importance of more involvement from people in the community — not to give up on it so quick.

I train counselors. I use it to do that.

Yes. In marketing our youth program to our population of youth service providers to make things more enticing to our audience. We'll see if it makes more of an impact.

Simple things like the marketing mix. I always did things like "well, I think this will work," I didn't know there was a plan of action you could take to get you to the target population.

PMI taught me how to do research and how to use it — to think about reach and key elements.

I have incorporated it. I used social marketing in our workplans for [a local planning body] as we were making decisions about what to fund.

Participants also reported seeing evidence of the spread of social marketing terms in "half the proposals" being submitted locally for funding. "For example, a homeless group used language straight from PMI in a proposal. It made the proposal stronger." One participant noted that he was "fascinated by the level of information dissemination that has occurred." This may grow in the future if the observation one participant made is correct, that participants haven't yet seen the full picture, but they have started to use the pieces.

In large part, the ability to apply social marketing concepts seems to depend on the nature of participants' jobs. For example, one participant reported applying this knowledge to her previous job where prevention planning was part of her responsibility. In her current job, however, "I just struggle to find my clients." Her current job is a direct service job, and she is unable to step back and plan interventions.

PMI staff in Sacramento demonstrate a strong commitment to building capacity within the community for HIV prevention. They explicitly open all trainings to members of the community who might benefit, they actively share information, and they facilitate networking among members and beyond. Furthermore, documents prepared for PMI in Sacramento are purposefully designed to be useful to community members who are in a position to implement similar processes or to use PMI research findings.

2.5.4 Other HIV Prevention Interventions Affecting Youth

In addition to PMI, a number of other agencies in the Sacramento area are involved in HIV prevention for youth. These other programs form part of the community context within which PMI operates and may also contribute to observed outcomes (both in terms of behavior and community participation effects) in the community.

Three agencies were mentioned that do outreach in the schools. There is a street outreach program, a gay and lesbian youth group, a program targeted to African Americans that may affect adolescents though they are not the explicit target, and a youth theater project. There are also peer education programs in Sacramento, Placer, Nevada, and Yolo counties. In El Dorado County, the El Dorado Snowboarders Against AIDS has combined HIV prevention with the opportunity for recreational snowboarding.

Schools are required to provide AIDS education, but the requirement has been highly controversial and in some instances the curriculum has been "watered down so much it is useless." Programs through life sciences and health sciences courses do occur and many youth are exposed to HIV education, which may vary depending on the teacher.

There have been a small number of community events that have brought attention to HIV and AIDS. World AIDS Day attracted a lot of publicity. A youth summit at Sacramento State included workshops on AIDS. Both an AIDS walk and a dance (Dance-o-Rama) have highlighted the need for prevention. There was a Sacramento Testing Day, targeting places where a younger audience was likely to be reached. The death from AIDS of a popular resident, who was known to many youth through his work in the schools and with the Names Project, became a large community event and touched many people. At the national level, commercials on TV with celebrities have been aired in the area.

Most programs are individually run, but a few collaborative efforts are in evidence. For example, the AIDS Interfaith Network has representatives from all different denominations. They focus on awareness within congregations. Otherwise, the only collaborative efforts identified are planning processes rather than programs.

3.0 Conclusions

In closing this document, the Sacramento descriptive case study, we present respondents' summative ideas that were formulated in response to interview questions regarding what they believe went well and what they believe could be improved if there were future PMI sites. We also asked for "advice and recommendations" to hypothetical new sites, and to CDC. We will conclude this section with a very brief interpretive statement.

3.1 Barriers and Facilitators

In their discussions of those elements that served as barriers and facilitators to the PMI process, participants were more likely to highlight facilitators than barriers. Their comments ranged across all the areas addressed in this report, from the local PMI structure to the broader issues of collaboration and capacity building. The barriers to youth involvement were presented in Section 2.3 on Youth Involvement.

The quality, skills, and dedication of the local PMI staff topped most people's list of what has facilitated the overall PMI process in Sacramento. PMI staff are credited with keeping people involved by making it fun, providing a forum where participants know they will move forward towards meeting the goals of the program, and providing them with knowledge and contacts they can directly benefit from. Satisfaction with leadership extends to the national partners as well. As one participant said, "leadership from every direction I've found to be respectful, useful, and professional."

The skills of individual staff members combined with characteristics of the community were cited in the success of the initial community organizing efforts. Participants noted that the staff and lead agency's ability to draw on existing networks of community members facilitated initial outreach. In addition, having a lead agency that can stand apart from existing closely knit subcultures is perceived to make the project open to and attractive to new members.

Sustaining community involvement throughout the planning and transition phases has been facilitated by PMI staff dedication to maintaining involvement, well-facilitated meetings that people enjoy attending, and the development of personal relationships among PMI participants. The philosophy of the staff has been that the better people know each other the better they work together. Several participants noted that the truly community-based nature of the project helped to build and maintain community commitment.

A barrier to community involvement noted by participants was ethnic divisions in the community, which have impeded and continue to impede efforts to ensure ethnic diversity. These divisions are not seen as unique to Sacramento nor are the resulting problems of involvement seen as unique to PMI; quite to the contrary, these are viewed as common problems in community-based work that require new approaches.

Another factor that serves as both a facilitator and a barrier to sustained community involvement is the length of the PMI planning process. Participants in Sacramento value the community process that PMI represents and generally recognize that a truly community-based process does take time. And people genuinely want to come up with interventions that are “for the long term” and are willing to put in the extra time that may take. They also value the steps of *prevention marketing* and don’t believe there are any steps that can be skipped. Yet, the length of time does present challenges for sustained involvement of volunteers, both adults and youth. The time commitment was described as “huge.”

Collaboration among community organizations has been facilitated by the meeting structure, which is conducive to talking and sharing. This allows participants to learn each other’s strengths, interests and needs, and facilitates exchanges of information and resources. One participant noted that a frequent barrier to collaboration is the fact that people are always desperate for resources — not just funding, but also expertise, insight, and awareness. According to participants, PMI is able to overcome that barrier to some extent: first, by being a process that is not about competing for funding, and secondly, by providing training and technical assistance that feeds participants’ hunger for information, guidance, and insights.

Community capacity building has been facilitated by the successes the site has had to date in community involvement and collaboration and also by the training and technical assistance participants have received. Participants gave high praise for the quality of the assistance provided and the importance of that training for what the site could accomplish, both within PMI and elsewhere in the community. Participants provided numerous examples of putting what they had learned to use. Furthermore, they praised PMI for opening training to the wider community because “people need to know this stuff [for] their jobs and where else can they get it?”

Participants cited two elements that have facilitated community support for PMI. The first is the ability to say that PMI is one of five demonstration sites funded by CDC, thereby highlighting the national importance of the project and the privilege of having been chosen. Secondly, some participants noted with appreciation the letter from CDC that was sent to volunteers’ home agencies, thanking them for their participation and explaining how the training people were receiving through PMI would be useful.

3.2 Lessons Learned

Sacramento PMI participants were quick to acknowledge that PMI is a demonstration project and that lessons learned from their site might be useful to future PMI implementations. We asked participants what advice they would give regarding PMI: first, to another hypothetical site considering implementing PMI, and second, to CDC. In some instances, participants were clearly referring to aspects of PMI that had gone particularly well in their view. In others, participants spoke in terms of how they would advise sites to implement portions of PMI differently. Finally, some participants’ comments appear to be based primarily on their own perspectives regarding HIV prevention, community involvement, and participatory social marketing.

Advice to a hypothetical new site dealt primarily with issues of process, structure, youth involvement, and community collaboration. Advice regarding process issues centered around the

importance of all the steps in the process and the need to allow enough time and have enough patience to see each part through. Comments included: "Understand the importance of each step of the process, and have the patience and tenacity to see it through," "be sure you have enough time, enough patience, enough money," and "try not to short-cut the process. The research is really important." Related to this, participants advised future PMI participants to not "get hung up by the lack of an immediate product." Specific advice on methods to facilitate the process included identifying a good research partner early on, defining the target population yet remaining willing to redefine it as the process moves along, and determining exactly what kind of intervention the group wants to do. The value of training was emphasized in the comment "take advantage of all the wonderful training you get." Finally, future participants were advised to use the PMI process as a "model for other types of issues."

Advice regarding structural aspects of PMI covered selection of lead agency, staff qualifications, volunteer commitment, and relationship to other HIV planning efforts in the community. Future sites were advised to "make sure the lead agency is fully bought into it and willing to support it — both staff and board of directors." The value of a commitment to the process and the goals of the program extends to staff and to volunteers. One participant suggested it would be helpful to get a commitment up front from volunteers and their agencies that they will continue their involvement in PMI. To facilitate this, it would be helpful to "let people know all the parameters of the project, so there's no mystery to what you need to get done." Other staff qualifications that future sites are advised to seek are good facilitation and communication skills and a willingness to be available and to provide feedback.

Regarding youth involvement, participants stressed the importance of having youth involved, which is reflected in the statement "make sure that youth are involved from the beginning." Future sites are advised to "get young people involved, excited, committed," with the goal of empowering teenagers.

The largest share of advice that participants offered was directed to issues of community involvement and collaboration and the importance of broad-based involvement from a diverse set of participants. Comments included "make sure that everyone with interest and skill can be there," and "bring the community of providers in." Sites were advised to "spend the time doing community outreach," and to "do as much outreach as possible, both initial and ongoing. It's not just bringing people to the table but making sure that other people in the community have a sense of what PMI is."

Some participants gave advice on particular players that ought to be included, while others emphasized the need to know your own community and who the players are. Particular players mentioned included the "community of providers," people whose focus is not HIV and HIV prevention to provide a "reality check," and early involvement of the research community because "the process lives and dies on information." Others stressed the importance of ethnic and cultural diversity. Early, broad-based involvement is viewed as important because "the broad-based community model is the only way to build support early on, before funding is an issue." Final comments stressed the importance of not only involving a broad array of people but of really listening to them and integrating what people have to say.

Advice to CDC ranged from broad statements about the importance of continuing to support PMI to specific advice about events, decisions, or support that could be changed to better facilitate the process of PMI. At the broadest level, participants recognized that CDC had taken a new approach

with PMI and that could present some level of risk to CDC. They applauded the effort and urged continued support. They were sincere in their hopes that CDC would not lose patience and that the money would continue to be there to support local efforts. Perhaps most importantly, they would like to see CDC really listen to what comes out of the sites and trust the community to “know what needs to be done — and to put the money there.”

Participants appreciated those occasions when CDC came to the site to meet with them because “it says they’re more than just giving us the money, they care about our results.” On the whole, participants would appreciate a greater presence in the community. They would like to see more active promotion of the project including the development of materials that could be used by the site to educate the community about PMI.

“Don’t stop the partners” was a frequently heard piece of advice. Participants value the technical assistance the site has received and generally find it to be an essential ingredient to a successful initiative. This is further reflected in the comments that “it’s good that CDC understood that we needed the help of AED to help us along” and “Porter/Novelli and AED have been a really important part. It wouldn’t be the same without this resource.” A few words of advice were directed to improvements in the assistance and they included the comment that “AED needs to have a little more sensitivity in dealing with the local community as partners” and “see who your audience is before you come in and do the trainings.” During the transition period, one participant commented that the process “felt like it was being guided from above instead of being driven by where the site was in the planning process.”

Participants recommended that additional training and assistance with community development and diversity issues be provided. These elements are viewed as “critical to success.”

A couple of participants commented that CDC has somewhat impaired their ability to work with the sites by “putting AED between them and the sites.” We believe the implication is that more direct contact between CDC and the sites would be viewed as beneficial, rather than a complaint about technical assistance. This may also speak to another issue that was raised, namely, the need for additional clarity as to where decision-making authority rests. In other words, despite the freedom that sites have enjoyed, there are structural parameters within which they must work, and according to participants, this was not always as clear as it could have been. One example provided was the restriction on what funds could be used for, such as refreshments for youth and community meetings. Other words of advice shared by participants included a desire to receive from CDC more information updates, specifically, the results of new studies on HIV and AIDS.

Finally, participants stressed that future efforts could learn a lot from what the initial demonstration sites have been through. CDC was advised to “take what is learned and build on that, rather than take five years.” Similarly, future sites were advised to contact staff members from the first five sites for direct advice and technical assistance.

3.3 Conclusion

In this document we have presented a number of points of view, most of which are quite convergent but with some divergences in perception. We believe that these viewpoints are offered in

the spirit of providing useful lessons so that similar "experiments" in combining community participation with efforts based on social marketing and behavioral science principles can build on knowledge already developed. In mid-1996, as Sacramento begins the implementation process, participants are working on designing an intervention. Commitment to the process is high. Implementation should herald a time of excitement and enthusiasm, as well as a time when support from national partners, site-based staff, and the local community will continue to be necessary. We are eager to see, based on its successes to date, how the site will choose to involve the community and its young people in the implementation of the HIV prevention intervention that they are well on their way to developing.