



THE LINKAGE

NEWSLETTER OF THE BEHAVIORAL AND SOCIAL SCIENCE VOLUNTEER PROGRAM

BEHAVIORAL AND SOCIAL SCIENCE VOLUNTEER PROGRAM

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INSIDE...

- 2 From the Program Director's Desk...
- 4 Site and Sight Unseen Success!
- 6 Advanced Training Pilot Takes Flight: A Summary of the First BSSV Advanced Training
- 9 A BSSV Changes Roles
- 11 The Diffusion of Effective Behavioral Interventions Project

I Never Worked a Day in My Life!

By John Anderson, PhD, Director, Office on AIDS, APA

According to Javier Parga, PhD, a behavioral and social science volunteer (BSSV) from Puerto Rico, "work never seems like work because I love what I do." Dr. Parga's enthusiasm is infectious, and his enormous energy for teaching others about science-based HIV prevention has proven to be exceptionally valuable to both community planning groups (CPGs) and community-based organizations (CBOs).

Dr. Parga began his volunteer work with the BSSV Program in a roundabout way. In 1997, health department staff in Puerto Rico contacted the Centers for Disease Control and Prevention (CDC) and requested assistance in locating a behavioral scientist who could consult with their CPG.

Apparently, health department staff had been searching unsuccessfully for a qualified behavioral scientist for over a year. CDC forwarded the request to the BSSV Program director, Duane Wilkerson, who responded to the request by recommending Dr. Parga. Dr. Parga had been working with the Puerto Rico Department of Health since 1986. In fact, Dr. Parga had been partially responsible for convening Puerto Rico's first CPG in 1994. When the health department staff received the recommendation from Duane Wilkerson, they walked across the hall and explained that they never knew that a psychologist was a behavioral scientist. After a brief conversation, Javier concluded that his colleagues were also unclear about what behavioral scientists do and what they have to contribute to CPGs.

Dr. Parga responded to the apparent confusion by offering to make a presentation to the CPG about the potential contribution of behavioral science to the CPG process. During his initial presentation to the CPG, Dr. Parga worked hard to build rapport with CPG members, who initially viewed him with distrust and regarded



Javier Parga, PhD, a behavioral and social science volunteer (BSSV) from Puerto Rico

him as "just another member of the health department staff." Dr. Parga repeatedly emphasized that he was attending the meeting in the capacity of a volunteer whose sole mission was to serve members of the CPG. He offered his opinion as to how CPG members could make the best use of him, but he made it clear that they were the ones in charge. This respectful and deferential entry strategy proved to be highly successful in building trust, which in turn led to a number of technical assistance requests that spanned the course of the next 3 years.

Altogether, Dr. Parga provided the Puerto Rico CPG with about 175 hours of volunteer technical assistance during each year from 1997 to 2000. At annual retreats, he facilitated teambuilding exercises and conducted workshops on the use of theory in HIV prevention. He facilitated numerous CPG discussions associated with establishing priority populations and interventions. He also trained CPG

I Never Worked,
continued on page 3



AMERICAN PSYCHOLOGICAL ASSOCIATION

From the Program Director's Desk

E. Duane Wilkerson, MPH, MDiv

This edition of *The Linkage* highlights the outstanding contributions our volunteers have made in the past in providing technical assistance (TA) and looks ahead to new opportunities for TA that will be available soon. The past contributions are represented in the in-depth interviews of two of our volunteers, Dr. Javier Parga and Dr. Catherine Sanderson. Drs. Sanderson and

Parga were selected because of the multiple TA linkages they have completed for the program. But let me be clear that there were SO many other deserving volunteers we also could have selected. It was a very difficult task to select only two.

The box (page 5) is a summary analysis of the work that you, the volunteers, have accomplished over the past 4+ years working as BSSVs (as of summer 2002). If you have done TA in the past 2 years that you originated yourself, and you have not informed us, please consider doing so. We would like to hear about it.

This is an exciting and challenging time for the BSSV Program. The program is beginning a new and far-reaching alliance with CDC in its effort to disseminate proven effective HIV interventions for replication. This collaboration with CDC represents a new and more intense level of TA from you, the volunteers. It represents a significant increase in staff time and support of volunteers.

This new effort, called the Diffusion of Effective Behavioral Interventions Project (the DEBI Project—see the article on DEBI on page 11), seeks to make curricula packages available to community-based organizations (CBOs) and train them in the use of the intervention. Some of the curricula being developed for the DEBI Project include:

- Popular Opinion Leader (POL) (Kelly, J. A., Murphy, D. A., Sikkema, K. J., McAuliffe, T. L., Roffman, R. A., Solomon, L. J., Winett, R. A., Kalichman, S. C., and the Community HIV Prevention Research Collaborative, 1997),

- Video Opportunities for Innovative Condom Education and Safer Sex (VOICES/VOCES) (O'Donnell, C. R., O'Donnell, L., San Doval, A., Duran, R., Labes, K., 1998),

Once training dates for each curriculum are set, we will send out information to all BSSV volunteers. The first set of trainings is really a train-the-trainer/coach set. The first set of trainings will go in depth into one curriculum and also address and prepare volunteers to be trainers or coaches for that curriculum. The second set of trainings will focus on the curriculum for CBOs who choose to learn the intervention and replicate it. If a CBO in your area decides to attend a training, you may have an opportunity to work with them in a coaching role if you have completed the training on that curriculum.

Information about the DEBI Project was shared with the volunteers who attended the first BSSV Advanced Training, held in New Orleans earlier in the summer. The training was a terrific success. (See page 6 for a description of the training and examples of participants' responses.) We are happy to tell you that the advanced training, like the basic training, will also be an annual event. The next advanced training is scheduled for June 7-9, 2003. The next basic training is scheduled for December 13-15, 2003. Both trainings will be in New Orleans. Completion of the basic training is expected before you are eligible to attend the advanced training. ▼

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Each article reflects the perspective of the individual authors. The opinions expressed in the articles do not necessarily reflect the opinions of the Academy for Educational Development (AED), the Centers for Disease Control and Prevention (CDC), or the American Psychological Association.

I Never Worked,
continued from page 1

members about the ways in which interventions with proven effectiveness could be adapted and modified for use in Puerto Rico. Additionally, he spent a substantial amount of time reviewing research literature on HIV prevention and summarizing it for CPG members in the form of user-friendly handouts.

Dr. Parga's successes with the Puerto Rico CPG were followed by similar successes with the U.S. Virgin Islands CPG. In November 1999, Dr. Parga conducted a presentation about the BSSV Program and the use of behavioral science for members of the U.S. Virgin Islands CPG. This presentation was conducted in conjunction with the National Minority AIDS Council (NMAC) Community Planning Leadership and Orientation Training (CPLLOT). Connections made during that presentation led to three return trips to the Virgin Islands for technical assistance and training. The first two trips involved facilitating a process for members of the CPG to select priority populations and interventions for their jurisdiction.

Dr. Parga utilized a variety of teambuilding exercises to overcome tensions and differences of opinion that arose from the diverse constituencies represented on the CPG. Dr. Parga's third trip occurred in conjunction with the first Caribbean Conference on HIV/AIDS. He was asked by his CPG contacts to make a presentation on behavior change theory. Apparently, the word spread about the quality of his presentation on this topic because he was subsequently asked to make a similar presentation at the annual conference of the Delaware CPG. In total, Dr. Parga provided the Virgin Islands and Delaware CPGs with 75 hours of high-quality technical assistance and training.

Dr. Parga has also volunteered his time and expertise for community-based organizations on the frontline of HIV prevention. In January 2000, the Puerto Rican Youth Development Group of Rochester, NY, contacted the BSSV Program and asked for assistance in preparing its continuation proposal to CDC. Dr. Parga agreed to respond to this request by reviewing the agency's preliminary proposal and conducting a

series of conference calls with agency staff. Dr. Parga helped the agency refine its proposed objectives as well as the strategies for meeting those objectives. Dr. Parga also facilitated a discussion between agency staff and their CDC project officer. This discussion helped to clarify expectations and requirements pertaining to evaluation. According to Dr. Parga, his success in establishing rapport with the agency staff stemmed from the fact that he conducted technical assistance discussions in Spanish. This language-based connection with agency staff meant that a trusting bond could be quickly established despite the absence of face-to-face contact. In 12 hours of phone work from distant shores, Dr. Parga managed to meet the agency's needs while skillfully aligning its goals and strategies with the science-based expectations of its funder.

Somehow Dr. Parga exhibits the amazing capacity to maintain a full-time job, perform a huge amount of successful volunteer work, stay connected with family and friends, and still sound like he is having a great time. He may not have the secret to life, but he sure sounds close to it. ▼

Congratulations!

The Office on AIDS and BSSV Program staff are happy and proud to congratulate Robin Kelley, who received her doctorate May 23, 2002. Dr. Kelley's PhD is in public and community health and was awarded by the University of Maryland, College of Health and Human Performance. When Dr. Kelley is famous we can all say, "we knew her when..."



Office on AIDS Director Dr. John R. Anderson congratulates Dr. Robin Kelley on her achievement.

Site and Sight Unseen Success!

By John Anderson, PhD,
Director, Office on AIDS, APA

Dr. Sanderson never went to the Boston neighborhoods where the AIDS Action Committee of Massachusetts (AIDS Action) wanted to conduct an HIV-prevention needs assessment. In fact, Dr. Sanderson never set foot in any AIDS Action facility, and she never met face to face with any of the AIDS Action staff responsible for conducting the assessment. Nevertheless, Catherine Sanderson was central to the success of AIDS Action's comprehensive needs assessment of two neighborhoods with a high prevalence of African American and Latino(a) injection drug users.

Catherine Sanderson, PhD, is an assistant professor of psychology at Amherst College. She received a BA from Stanford University in 1990 and a PhD from Princeton University in 1997. In June 1998, she began her work as a behavioral and social science volunteer (BSSV) when Nancy Palmer, director of Research at AIDS Action, contacted her and asked for assistance with a needs assessment project. Over the next 2 years, Dr. Sanderson was woven into the fabric of the AIDS Action assessment effort as she provided a wide range of technical assistance services, including goal clarification, instrument development, data analysis, and data interpretation.

Amazingly, this extensive technical assistance effort was done entirely by phone, FAX, e-mail, and "snail mail."

As is the case with many of the linkages between BSSVs and the agencies they serve, Dr. Sanderson's scope of work was limited at first but grew over time as AIDS Action staff came to realize how much she had to offer. Initially, Dr. Sanderson was



Catherine Sanderson, PhD, is an assistant professor of psychology at Amherst College.

asked to assist in the development of a needs assessment instrument. The process of instrument development began with conference calls in which Dr. Sanderson helped AIDS Action staff identify the specific things they wanted to learn from a needs assessment. Once goals and objectives were clarified, Dr. Sanderson assisted with drafting a 20-minute structured interview that covered the following topics:

- HIV/AIDS knowledge
- HIV/AIDS risk behavior

- Experiences with HIV testing
- Degree of comfort associated with discussion of various key topics relevant to HIV prevention
- Sense of self-efficacy associated behaviors and skills required to prevent the transmission of HIV
- Awareness of services offered by AIDS Action

When Dr. Sanderson refined the structured interview questions in accordance with feedback from AIDS Action staff, she assumed her work was done. However, AIDS Action staff had come to value the breadth and quality of her contributions and thus she was asked to remain with the project and assume responsibility for data analysis. Wisely, Dr. Sanderson decided to involve one of her undergraduate students and together they donated over 100 hours of their time during the next 2 years.

Dr. Sanderson and her student, Darren Yopyk, performed numerous analyses associated with two distinct waves of data collection. Their data analysis effort was an iterative process that included many rounds of interaction with AIDS Action staff. The two would perform a series of analyses and then send summaries of the analyses to Nancy Palmer. Dr. Sanderson would then discuss the findings with Dr. Palmer and answer questions about the results and their potential meanings. Nancy Palmer would then present the findings to AIDS Action staff and solicit their

BSSV Program Statistics for Summer 2002

input about what additional analyses needed to be done. Dr. Palmer then provided instructions to Dr. Sanderson, and the process was repeated.

Dr. Sanderson apparently provided AIDS Action with exactly what they wanted and much, much more. AIDS Action staff reported that they not only received useful and high-quality data, they also learned a great deal about needs assessments, questionnaire development, and data analysis. AIDS Action staff were enthusiastic about their participation in the process, and they reported a new appreciation for the value of data in making decisions about program development.

According to Dr. Sanderson, two factors contributed substantially to the success of her technical assistance efforts. First, Nancy Palmer played a critical role in organizing both people and materials. Dr. Palmer routinely sent documents to Dr. Sanderson by the deadlines promised, and she was efficient in distributing materials from Dr. Sanderson to AIDS Action staff. Dr. Palmer also assumed responsibility for assembling AIDS Action staff, soliciting their input, and forging a consensus about next steps so Dr. Sanderson could be provided with clear direction. The second ingredient of success had to do with the participatory nature of the decision-making process. Many levels of AIDS Action staff contributed to final decisions about instrument development and data analyses. These contributions undoubtedly led to a more generalized sense of “buy-in” that is typically critical to the success of organizational consultation.

Dr. Sanderson’s “site and sight unseen success” demonstrates that dedicated BSSVs can offer invaluable assistance from hundreds of miles away. However, Dr. Sanderson’s experience with other linkages set up through the BSSV

Volunteers

The BSSV program has 219 volunteers! Of this number, 46% are men, and 54% are women. BSSVs can be found in almost all 50 states, including Alaska and Hawaii, and the territories of Puerto Rico and Guam.

Not only do BSSVs vary by geographic region, but they also vary by ethnicity:

- 60% are Caucasian,
- 17% are African American,
- 11% are Latino/a,
- 4% are Asian American,
- 1% are Native American, and
- 1% are other. (We have missing data on 6%—14 volunteers.)

Our volunteers’ fields span a range of disciplines, from psychology to urban studies:

- 60% are psychologists,
- 17% are public health experts,
- 6% are sociologists,
- 6% are social workers,
- 5% are anthropologists,
- 3% are educators,
- 2% are in other areas of study, such as American studies, family studies, policy analysis and program evaluation, public administration, and urban studies. (We have missing data on 1%—two volunteers).

More than 90% of our volunteers are doctoral-level practitioners. Although the

Program suggests that not all agencies can benefit from long-distance assistance. Sometimes understaffed agencies with overworked staff have difficulty assembling materials and organizing people. These agencies may need the presence of an on-site BSSV to

researchers are already skilled in science, our program offers basic training to help researchers translate science to the community, and 64% of the volunteers have taken this basic BSSV training.

Linkages

Since 1998 we have had 211 requests for technical assistance tasks, with some agencies requesting assistance with two or three tasks. We have linked BSSVs with agencies to address 85% of these requests. However, during the actual linkages, sometimes the agencies have changed the requests. Of the 158 tasks addressed, 61% were from community-based organizations (CBOs) and 39% were from community planning groups (CPGs). Of the CBOs, the data show that the majority of requests were for assistance with program evaluation (60%); the next highest was for assistance with needs assessments (17%).

Of the CPGs, the majority of requests were for behavioral and social scientists to sit on the CPG (45%). The next highest number of requests, 18%, were for assistance with needs assistance. Overall, as of July 2002, 92% of the agencies said that the technical assistance they received was good, very good, or outstanding.

focus attention and assist with clarifying priorities. In any case, it is clear that many agencies can benefit from long-distance assistance, and the BSSV Program staff appreciates Dr. Sanderson’s leadership in showing us how to do it right. ▼

Advanced Training Pilot Takes Flight: A Summary of the First BSSV Advanced Training

By Duane Wilkerson
MPH, MDiv

The BSSV Advanced Training Pilot took place in New Orleans early this summer. By all accounts it was an excellent beginning of an advanced training session for volunteers. The training was held at the Le Meridien Hotel June 29–July 1. Unlike the basic training, which begins at 5:00 p.m. on a Saturday and ends at 3:00 p.m. the following Monday, the advanced training was a full 3 days in length. Each day began with a continental breakfast at 8:00 a.m., with sessions beginning at 8:30 a.m. and ending at 5:00 p.m.

Participating in this pilot training were 22 BSSVs, 3 CDC project officers, our CDC technical monitor, and our AED contract monitor. “Participants” is an apt word, as participants were very engaged in the discussions, exercises, and events of the training. Their thoughtful and comprehensive evaluation of each segment, and of the training in general, will be used to shape the next advanced training.

The training focused on three primary areas representing the two most frequently requested types

Overall, the participants found the training engaging, relevant, and informational.

of technical assistance (TA) and on new opportunities from CDC for BSSVs to provide TA. The two types of TA most requested are evaluation and needs assessment.

Day one of the training

was completely devoted to needs assessment (with a focus on rapid assessment in the afternoon). Day two was completely focused on evaluation, specifically the types of evaluations the CDC expects and describes in two of their evaluation guides.

The two new opportunities for BSSVs were presented and discussed on day three. They are the Diffusion of Effective Behavioral Interventions Project (this is the DEBI Project; see related article on page 11) and programs related to HIV prevention for positives.

Overall, the participants found the training engaging, relevant, and informational. In the lengthy feedback session at the conclusion of this pilot, the BSSVs shared many good recommendations. These recommendations will be thoroughly reviewed and discussed by the training staff, and appropriate changes will be made to the training design. Our thanks to these 22 BSSVs for being our training “guinea pigs.” Their contributions will make future advanced trainings better for all BSSVs. ▼



Participants (clockwise) Joy Workman, senior program manager for the Academy of Educational Development; Mark Nallia; Susan Walch; and, with his back to the camera, Peter Vik



Dr. Charles Collins of the Science Application Team and the CDC Technical Monitor for the BSSV program presents information on the Diffusion of Effective Behavioral Interventions (DEBI) project. Participants at the table in the far right corner include (clockwise): Jaime Calderon Soto, Scott Clair, David Perez-Jimenez, David Baronov, Sonja Grant Arreola, and Mark Nallia.

A Short Reflection on the APA/BSSV Advanced Training

By Sonya Grant Arreola, PhD
San Francisco, CA

I had the pleasure of spending a few days in New Orleans for the APA/BSSV Advanced Training. As was the case in the basic training, I was in the presence of wonderfully committed, smart, and generous presenters, organizers, and BSSVs. The presenters worked hard to provide us with extra tools for communicating effectively with community-based organizations (CBOs), and we worked diligently at integrating these skills.

The first day was devoted primarily to needs assessments and rapid assessment. For some BSSVs this proved to be an overview, and, for others, a helpful way of structuring the task of appraising the needs and goals of a given organization.

We spent the second day on evaluation and enjoyed learning about and building logic models with the other BSSVs. The emphasis on providing practical assistance was important and useful, given the impulse, sometimes, to work on what is most interesting to the particular BSSV, rather than on responding to the needs of the organization seeking assistance.

The third day of training was the most valuable. Charles Collins of the Science Application Team presented



Participants (clockwise) Diane Elze, David Baronov, Jaime Calderon Soto, Jane Simoni and, with her back to the camera, Beatrice Green



Participants (clockwise) Scott Rhodes; Aaron Zee, CDC project officer; and Kate Tyndall

It was plain fun to be with
[other participants] and
professionally rewarding.

information on the structure and climate of the CDC and on the DEBI Project, including providing examples of effective behavioral interventions. In the afternoon, Walt Senterfitt, coordinator of the Prevention for HIV-Infected Persons

Project, inspired us to reach toward both better science and thoughtful interventions. He achieved this by presenting hard data as well as anecdotal experiences. I would definitely include both presentations in the future.

After the presentations were completed, Ellen Goldstein, trainer from the center for AIDS Prevention for UCSF

beautifully summarized the main messages of the training. Then, Duane Wilkerson, BSSV program director, and John Anderson, director of the Office on AIDS at APA, led a session on feedback regarding the training. This might be the greatest strength of the organizers and the training. Not only does it capitalize on the experiences of the participants, it shows deep respect for the whole group. We discussed ways in which the training worked and ways to improve it. It may be useful for future trainings if the agenda were sent out ahead of time for feedback regarding the needs of that particular cohort.

Finally, I must mention the intangible value of bringing together all of these dedicated people. It was plain fun to be with them and professionally rewarding. The conversations that erupted at dinner or in the lounge afterward were enriching as we learned of each other's work and experiences, exchanged contact information, and promised to re-devote ourselves to finding ways to improve the lives of communities affected by HIV. ▼

Reflections on the Advanced Training Pilot for BSSVs

By David Pérez-Jiménez, PhD
San Juan, Puerto Rico

Participating in the BSSV Advanced Training pilot with a group BSSVs was a great experience for me for several reasons. First, the training focused on the two most requested areas for TA: needs assessment and program evaluation. Second, it focused not only on providing the BSSVs with information about these topics, but, more importantly, it provided techniques and skills in these areas. For example, in the area of needs assessment, the most cost-effective and useful techniques were described, such as focus groups, interviews, surveys, and ethnographic observations. For BSSVs like me, who already have a strong background in some of these techniques, it was a good opportunity to be refreshed and to review some of these techniques.

Another important focus in this area was the technique of “rapid need assessment.” As BSSVs we are faced everyday with the fact that most of our clients ask us to help them do needs assessments that are quick and focused on specific areas. As a framework, rapid needs assessments may be very useful in (a) helping clients identify and define what they expect to accomplish, (b) identifying the most time- and cost-effective technique to do the evaluation, and (c) developing a clear and realistic implementation plan.

When there’s not enough time, and resources are limited (as is the case most of the time), conducting a rapid needs assessment can be effective.

Another aspect that I found interesting and that will be very useful and practical in my work as a BSSV is the concept of



Participants (clockwise) Ann O’Connell, Melanie Spector, Rebecca S. Hage-Thomley, Claudia Moreno, and Louis Herns Marcelin



Participants (clockwise) Sonja Grant Arreola (immediate left), Scott Clair; David Perez-Jimenez; and, with his back to the camera, Kessler King, CDC project officer

logic models, presented by David Napp. I had never been exposed before to a model like this in doing program development and evaluation. The logic model is a very useful technique for the design and evaluation of a program. It consists of four basic and simple steps:

1. Identification of the factors that put people at risk for HIV infection (problem statement)
2. Identification of the resources, activities, and products needed or used to implement the intervention (implementation)
3. Identification of the immediate and intermediate results of the intervention (outcomes)
4. Identification of the long-term effect of the intervention (impacts).

It will definitively be very useful for me in my work as a BSSV because the logic model is simple and practical and focuses on the most important aspect of a program.

It was also helpful to me that this presentation was very interactive and dynamic, and we were given the opportunity to put into practice the concepts described in this model. David Napp was an excellent choice for presenting this at the training.

Overall, I found this training to be very practical and focused on those areas most relevant for BSSVs. I hope this training can be offered to BSSVs that did not have the opportunity to attend this pilot. I also hope that in the future participants will have more chances during the training to share what they are doing so we can learn more from each other’s experiences. ▼

BSSV Advanced Training Pilot: Basic Lessons

By David Baronov, PhD
Rochester, NY

Last month's 3-day BSSV Advanced Training pilot provided a valuable opportunity to gather with fellow volunteers to share experiences and to deepen our understanding of the CDC's HIV-prevention philosophy and strategies. Because of the scattered nature of volunteers, this is a rare chance to catch up with one another's work and to learn from each other directly. Furthermore, it can provide a unique opportunity to consider certain issues in greater detail. In this regard, I would actually suggest possibly treating future gatherings as advanced special topic seminars, rather than advanced training. The proposed seminars/training could organize around two or three special topics (e.g., needle exchange, adaptation of HIV prevention models across cultures, migration patterns and HIV).

One of the primary benefits of these trainings is gaining an appreciation for the interaction of the CDC and community-based organizations (CBOs)—the language they use, the

expectations, the models, etc. This points to the much-neglected topic of pedagogy in HIV/AIDS prevention. It is important to distinguish between talking about specific techniques (content issues) and talking about how to explain techniques to CBOs (pedagogical issues). The former should be very limited at the training. The latter is presumably the expertise of the volunteers. Organizing a discussion regarding what has worked for others in explaining data collection, for example, could be quite useful.

Given the diverse backgrounds of volunteers in the BSSV program, our interaction provides a unique learning environment. Differences between the perspectives of clinicians versus program evaluators or between those trained in psychology versus sociology can be productively examined in future trainings. This could be done, for example, in the context of a discussion of triangulating methods, which often has different implications for different disciplines. In conclusion, the BSSV Advanced Training has great potential for exploring timely prevention issues and for integrating volunteers more thoroughly into the CDC model of HIV prevention. ▼

A BSSV Changes Roles

One of our own BSSVs, Dr. Joseph "Buzz" Prejean has moved to Atlanta to become a behavioral and social scientist for the Centers for Disease Control (CDC) and Prevention. He works directly with Dr. Charles Collins as a member of the Science Application Team (SAT) of the Capacity Building Branch. Dr. Collins and the SAT team are coordinating the Diffusion of Effective Behavioral Interventions (DEBI) Project.

Specifically, Buzz has been assigned to the following:

- The HIV/STD Prevention Technical Guidance for MSM,
- The DEBI Project (but his specific tasks have not yet been determined), and
- The Prevention for Positives TA to the states and community-based organizations.

Behavioral and Social Scientist Honored for Expanding Access to Health Care and Social Services



Dr. Melanie Spector

Each year, the Robert Wood Johnson Community Health Leadership Program (CHLP) honors 10 outstanding individuals who overcome daunting odds to expand access to health care and social services to underserved and isolated populations in communities across the United States. Each is awarded \$120,000: \$105,000 for program support and \$15,000 as a personal stipend. Behavioral and Social Scientist Dr. Melanie Spector is one of the health leaders chosen from a field of 463 nominees. Her program is the C.A.R.E.S. Prison project, a program that enables incarcerated women to teach HIV-prevention strategies to their peers in Oklahoma's prisons. Nearly 250 inmates have earned college credit for helping develop the course, produce materials, instruct 6,500 fellow inmates, and recruit future educators and participants. Congratulations, Dr. Melanie Spector, on a job well done.

BSSV Advanced Training Pilot Met Primary Training Objectives

By Susan Walch, PhD
Pensacola Florida

The BSSV Advanced Training in New Orleans was geared toward giving BSSVs greater understanding of and skill in handling the most common types of TA requests: needs assessment and evaluation. As a participant in the pilot training, I would have to say that the primary objectives of the training were met. Needs assessment, rapid assessment, program evaluation, prevention for PLWH/PLWAs, and an introduction to the DEBI (Diffusion of Effective Behavioral Interventions) Project, a new CDC initiative, were covered in this 3-day training.

As with previous trainings, the presentations and the presenters were exceptional. The needs assessment and evaluation presentations were valuable as a primer, for those who were new to such activities, or as a refresher, for those who were experienced in these activities. The presentations on CDC initiatives, such as prevention for positives and the DEBI Project, were great forums for discussion of CDC priorities and goals. The presenters were knowledgeable about their areas, and they were also familiar with the role of a BSSV, tailoring the material and exercises to BSSV-relevant applications. Each presentation included great written and overhead materials, a dynamic presenter, and excellent experiential activities and exercises.

At least as valuable as the presentations, if not more, was the opportunity to get to know other BSSVs. With 20-25 participants in



The Behavioral and Social Science Advanced Training Participants in the foyer of the training room of Le Meridien Hotel, New Orleans, LA. • Back row (from left to right): Nancy Brown; Sonja Grant Arreola; Scott Clair; Timothy Moragne; John Anderson, Director, Office on AIDS, APA; David Perez-Jimenez; Randy Rowel; Rebecca Hage-Thomley; Scott Rhodes, and Peter Vik. • Next row from back (from left to right) Walter Senterfitt, CDC visiting professor; Jim Lagattuta; Kate Tyndall; Claudia Moreno; Louis Marcelin; Melanie Spector; David Baronov; and Beatrice Green. • Front row (from left to right) Susan Walch; Jaime Calderon Soto; Ann O'Connell; Ellen Goldstein, University of San Francisco Center for AIDS Prevention Studies; and Robin T. Kelley, BSSV Program staff

attendance, it was possible to connect with all of the other attendees. I found these interactions to be tremendously valuable. The other participants provided great examples of their TA experiences,

It was exciting to be around so many people with such similar interests in the application of science to HIV prevention.

including challenges and successes, and this reinforced my own efforts as a BSSV. It was exciting to be around so many people with such similar interests in the application of

science to HIV prevention. This was especially interesting because participants came from so many different disciplines, including sociology, anthropology, statistics, psychology, public health, social work, and more. While it is inevitable that a group with such similar interests will share information, I am hopeful that future trainings will include some kind of structured forum for the BSSVs themselves to share their experiences. I would strongly encourage BSSVs to attend the BSSV Advanced Training. While most of us are quite able to find the technical resources we need, nothing quite compares with the experience of learning in a group environment. ▼

The Diffusion of Effective Behavioral Interventions (DEBI) Project

From the CDC Science Application Team, Capacity Building Branch

This is an initiative from the Centers for Disease Control and Prevention (CDC) in which the Behavioral and Social Science Volunteer Program will have an active role in working over the years to come.

Fact Sheet

Introduction

In 1999, the Centers for Disease Control and Prevention (CDC) developed the Compendium of HIV Prevention Interventions with evidence of effectiveness to respond to prevention service providers, planners, and others who request science-based interventions that work. HIV prevention technology transfer is a process by which these interventions that have been identified as effective are disseminated for implementation and used in programmatic applications.

Transfer of technologies related to effective HIV-prevention interventions is a critical part of building capacity among organizations that implement prevention programs for populations at risk of HIV. The Division of HIV/AIDS Prevention (DHAP), Capacity Building Branch is committed to enhancing the capacity of individuals, organizations, and communities to conduct more effective and efficient HIV prevention services.

Diffusion of Effective Behavioral Interventions Project

Under the guidance and direction of CDC/DHAP, the Academy for Educational Development (AED) Center for Community-Based Health Strategies (CCHS) will coordinate the Diffusion of Effective Behavioral Interventions Project (DEBI), a national-level strategy to provide high-quality training and ongoing technical assistance (TA) on selected science-based, community, and group-level HIV/STD interventions to state and community HIV/STD program staff. In addition, the CDC/DHAP Capacity Building Branch staff, Capacity Building Assistance (CBA) providers, CDC-funded HIV/STD Prevention Training Centers (PTCs) staff, state-level health department staff, and others will also provide training and TA for the interventions.

Brief Descriptions of Interventions

- **Popular Opinion Leader (POL):** This community-level intervention involves identifying, enlisting, and training key opinion leaders to encourage safer sexual norms and behaviors in

their social networks. POL targets men who have sex with men, but it can be adapted for use with other at-risk populations.

- **Voices/Voces:** This is a group-level, single-session video-based intervention designed to increase condom use among heterosexual African American and Latino men and women who visit STD clinics. Participants, grouped by gender and ethnicity, view an English or Spanish video on HIV risk behaviors and condom use and take part in facilitated discussions.
- **Promise:** This is a community-level intervention based on several behavior change theories. A community identification process is conducted, role model stories are written from target population interviews, and these stories are distributed along with other risk-reduction materials to target audiences to help people move toward safer sex or risk reduction practices. The intervention can be adapted for various population groups (such as IDUs, MSM, sex workers, or high-risk youth).
- **RAPP:** This community mobilization program, based on the transtheoretical model of behavior change, is designed to reduce risk for HIV and unintended pregnancy among women in high-risk communities by increasing condom use. This intervention relies on peer-led activities, including outreach— one-on-one brief conversations with brochures, referrals, and condom distribution; small group safer-sex discussions and presentations; and peer interaction with community businesses to participate in media campaign with distribution of role model stories and prevention and health information newsletters and brochures.
- **Street Smart:** This is a multisession, skills-building program to help runaway and homeless youth practice safer sexual behaviors and reduce substance use. Sessions address improving youths' social skills, assertiveness and coping through exercises on problem solving, identifying triggers, and reducing harmful behaviors. Agency staff also provide individual counseling and trips to community health providers.

Diffusion,
continued on page 12

Upcoming Conference

March 12-15, 2003

Community Planning Leadership Summit (CPLS) for HIV Prevention, New York City

Diffusion,

continued from page 11

- **SISTA:** This group-level, gender-relevant, and culturally sensitive intervention is designed to decrease the risk of acquiring HIV/AIDS among with young African American women. The intervention is based on social learning theory as well as the theory of gender and power. Five peer-led group sessions are conducted that focus on ethnic and gender pride, HIV knowledge, and skills training around sexual risk reduction behaviors and decision making.

Location of Trainings

Trainings will be regionally distributed to enhance access for participants from various geographical areas.

To obtain additional information about the DEBI training and TA system and/or to get your name on a list for a future training, please call (800) 462-9521 or e-mail interventions@aed.org. ▼



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