

Good Questions

**A
FORMATIVE
RESEARCH
HANDBOOK**
FOR CALIFORNIA
HIV PREVENTION
PROGRAMS

Better Answers

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Northern California Grantmakers AIDS Task Force
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A C K N O W L E D G E M E N T S

This handbook was prepared for and funded by the California Department of Health Services, Office of AIDS and the Northern California Grantmakers (NCG) AIDS Task Force. The handbook was written by the Center for AIDS Prevention Studies (CAPS), University of California San Francisco. It was also written with the help of many HIV prevention organizations across California who shared their experiences conducting research and provided advice on how to make this handbook useful to agencies.

Pamela DeCarlo, Diane Binson, Maria Ekstrand and Katherine Haynes Sanstad at CAPS were responsible for the research and writing of the handbook. Guidance and review were provided by Steve Truax and Harold Rasmussen at the California Office of AIDS and John Dunn-Mortimer of NCG.

The handbook was designed by Patrick Santana, of medi8.com, who also provided invaluable review and guidance in the structure of this handbook.

Several key players in HIV prevention service, technical assistance and research provided extensive review through many stages of the writing of this handbook: Cristina Chan, Nan Corby, Ellen Goldstein, Olga Grinstead, Ann Ueda, Dan Wohlfeiler and Barry Zack.

We would also like to thank the agencies that we interviewed for this handbook, and that provided photographs and examples of research reports and forms: Tom Stubberud and Justine Tutuska at East County Community Health Services in El Cajon; Michelle Bennett at the Multicultural Education Project in San Diego; Lisa Carver at the Youth Action Project at Tri-City Health Center in Fremont; Alan Gilmore and Eric Villegas at the Fresno County Department of Community Health; Tim Reese at the Central Valley AIDS Team in Fresno; and Peggy Falk, AIDS Task Force, Humboldt County Department of Public Health.

For copies of this handbook, please call the California AIDS Clearinghouse at (213) 845-4180, FAX: (213) 845-4193, Toll Free Number: (888) 611-4CAC.

C O N T E N T S

SECTION I

Overview

- | | | |
|---|---|---|
| 1 | How to use this manual | 5 |
| 2 | What is formative research and how can it help your agency? | 6 |
| 3 | What do you want to know? | 9 |

SECTION II

Before You Begin

- | | | |
|---|------------------------------|----|
| 1 | What can your agency handle? | 11 |
| 2 | Ensuring confidentiality | 12 |
| 3 | Getting help | 12 |

SECTION III

Data Collection Toolbox

- | | | |
|---|-----------------------------|----|
| 1 | Archival data | 15 |
| | How is it used? | 15 |
| 2 | Field notes and observation | 17 |
| | How are they used? | 17 |
| | How are they analyzed? | 19 |
| | Examples | 20 |
| 3 | Focus groups | 21 |
| | How are they used? | 21 |
| | Pointers | 24 |
| | Examples | 28 |
| 4 | In-depth interviews | 33 |
| | How are they used? | 33 |
| | How are they analyzed? | 35 |
| | Pointers | 36 |
| 5 | Surveys | 41 |
| | How are they used? | 41 |
| | How are they analyzed? | 42 |
| | Using outside agencies | 42 |
| | Pointers | 44 |
| 6 | Innovative tools | 49 |

SECTION IV

Resources

51



S E C T I O N I

How to use this manual

1 The AIDS epidemic has been around for almost 20 years now, and prevention efforts have been around nearly as long. Over time, service providers and researchers have learned what it takes to help prevent HIV infections in at-risk populations. It has been shown that programs need to take place in different places besides schools and health clinics and address multiple needs besides simply using condoms and clean needles.

Agencies often know what to do, but need to understand the best way to do it. And as the epidemic changes and shifts into different populations, agencies need to understand if what they're doing still works for those at greatest risk. That's where research fits in.

In the past few years, AIDS service organizations have become much more comfortable with the idea of research, and many agencies have conducted evaluations of their programs. But research is too often seen as a "top-down" process. Funders require agencies to "prove" that their programs are effective, so agencies dutifully, if resentfully, conduct evaluations. Surveys are designed, data collected, pie charts drawn, reports written.

This manual grew from the idea that there is a need to reposition research as a tool that can actually benefit service providers, not just drain their resources. Formative research can fill that role.

This manual will define what formative research is, and show why it is helpful for AIDS prevention programs. Using case studies from actual programs throughout California, we hope to demonstrate how formative research is taking place every day in every agency working in the field. We hope to document the value of taking the time to step back and ask questions, and show how this can benefit both programs and staff.

This is not a step-by-step workbook that will tell agencies how to conduct formative research. It will, however, give agencies an understanding of what they can do, and a basic understanding of the steps needed. Each chapter includes either Pointers on the best ways to use the tools and pitfalls to watch out for or/and Examples such as sample

focus group questions. At the end of the chapters is a *Resource* section that lists helpful articles and books as well as people and agencies that specialize in conducting research or providing assistance.

Most agencies are strapped for time and money, often seemingly fighting an uphill battle in the struggle to reduce new HIV infections. With this manual we hope to begin a process where agencies, funders, researchers and policy makers can agree that, at this stage of the epidemic, it is necessary to make time for and support formative evaluation.

What is formative research and how can it help your agency?

2 Formative research looks at the community in which an agency is situated, and helps agencies understand the interests, attributes and needs of different populations and persons in their community. Formative research is research that occurs before a program is designed and implemented, or while a program is being conducted. Formative research can help

- define and understand populations at greatest risk for HIV
- create programs that are specific to the needs of those populations
- ensure programs are acceptable and feasible to clients before launching
- improve the relationship between clients and agencies.

Formative research should be an integral part of developing programs or adapting programs, and should be used while the program is on-going to help refine and improve program activities.



case study

Michelle teaches the “Be Proud, Be Responsible” curriculum to teen girls and boys in detention, probation and in alternative schools in San Diego County. Although she has a set curriculum to follow, before she starts a class, she asks the kids a few quick questions. “Usually I go through and I ask them to tell me their name, age, whether they have a child or not, if they’re gang members, something they wanted to be when they were a little boy. Some kids’ll say, ‘I always wanted to be a gangster. My daddy was, my uncle was.’ So I know what his mentality is. Another will say, ‘Well I always wanted to race cars.’ And if the whole class starts laughing, then I know that he does GTAs (grand theft auto). I’ll say, ‘Oh, so you still like that?’ I can pick up right away why he’s saying that.”

Michelle Bennett, Multicultural Education Project, Linda Vista Community Health Center, San Diego

What’s Michelle doing? Formative research. She asked a few questions of her audience to get a sense of their background and issues so that she could adapt the curriculum to their needs. Michelle conducted a very quick interview with each teenager and then used the data collected to refine and improve her program.

As in Michelle's case, a lot of "informal" formative research takes place every day in most agencies. But there are good reasons to go beyond and formalize these kinds of day-to-day research. Program staff often know what their clients' needs are and what kinds of programs will attract and help clients. They may know this through experience, intuition, common sense or observation. Formative research can add to this by:

Testing Often, intuition turns out to be wrong. In many cases, what seems to be a common sense response turns out not to make a lot of sense when it is further examined and tested.


Counting Agencies may have a general idea of what's happening in their community, but it is important to get some numbers to understand the full extent. For example, staff may know of one young gay man of color who has recently disappeared from the scene after seroconverting and has not accessed any treatment or case management resources. By conducting a survey or interviews, an agency can find out if this a problem common to all young gay men, only young gay men of color, or certain individuals. If it is a large problem, agencies may want to develop a new program to address this problem among young gay men of color. If it is a few individuals, targeted outreach may be a better and more cost-effective solution.

Writing it down Even though agencies have resources and have collected information, it is important to document it by getting it down on paper. Lessons learned can be shared with other agencies, not just in local counties or states, but across the country. As one agency director said, "Fresno is more like Kansas City than San Francisco or LA." Funding agencies need to be shown that formative research was used to shape programs. And policy makers can be more convinced by a survey of eighth graders than by staff's assurances that kids are using alcohol at younger ages.

NOTE: Formative research is not about being judgmental, or rating the competence of an agency or the performance of staff. It is not about proving that what an agency does is "right" or that programs "work." Formative research gives service providers a means to reflect and learn about their programs and their clients.

Because formative research has a different scope than that of traditional outcome research, even results that show that something doesn't make sense or isn't feasible can provide valuable feedback for an agency or program. If the goal is to prove that a pro-

case study



As part of a strategic planning process, Tim's agency in Fresno conducted surveys, focus groups and interviews about their programs. "Taking the time to do that helped us in many ways. It validated who we are and what we did, made us feel proud of the things that we're doing. It gave validity to some intuitive things we felt we needed to do for our clients. It made us realize we have a lot of expertise in these population subgroups. And it gave us a road map for the future, a guide to broadening our services."

case study

Lisa was planning an educational workshop and monthly drop-in groups for the suburban street youth their Alameda County agency serves. "I wanted to challenge this traditional way of setting up a program for youth, and I thought we'd have a lukewarm response to the drop-in groups. Surprisingly, we got no response at all. No one showed up, it just flopped."



But the youth who attended the initial workshop were full of suggestions about

what they wanted and needed in a prevention program. "We were able to then build a program from their ideas and their enthusiasm. It was great to have their buy-in." Lisa's agency expanded their drop-in center and offered a free clothes box, toiletries, information about how to find a job or a place to live. And they made sure that youth could get information without having to talk to someone if they didn't want to. "Everything that they suggested, within reason, we tried to provide for them."

Raven getting ready to teach a class on HIV prevention and safer sex. Youth Action Project, Tri-City Health Center, Fremont.

gram works so that an agency can continue to receive funding, then agencies may worry that they'll find negative or confusing results.

Not so with formative research. Negative results are also sources of information, and often one of the best learning tools for an agency. The beauty of formative research is that it can be conducted **BEFORE** implementation, as a means to avoid failure or overblown expectations once programs are in place. It also can be conducting **DURING** implementation, to correct and fine tune programs that are underway to make sure they continue to be as effective as possible.

Formative research is not so much about finding out whether or not a program works as it is about finding out how a program can work best to serve the needs of the community.

What do you want to know?

3 Agency staff may have a lot of questions about their programs. Why don't more people come to our workshops? How can we prepare our kids to make responsible decisions about drugs and sex? Are clients happy with our services? Before beginning to do research, it's important to understand and refine questions as much as possible. The questions may start out wide-reaching, but can be modified to reflect concerns for various target audiences, such as youth, substance abusers, MSM of color, as well as for geographic differences (rural, urban, suburban).

Consider the case of a program manager of a drug abuse treatment program who is concerned that her agency's clients aren't getting HIV antibody tested, despite the fact that they are at considerable risk of HIV infection and that if they find out that they are HIV positive, they can access early intervention services. Her first question is:

Why don't our clients get HIV tested?

After further reflection she realizes that her primary reason for wanting her high risk clients to be HIV tested is to enable those who test positive to obtain early intervention services for HIV infection. Her question then becomes:

Why don't our clients get HIV tested, so those who are seropositive can start early intervention treatments for HIV?

The program manager decides to ask her case managers and outreach workers this question. She brings it up at a monthly staff meeting (informal focus group) and finds out from her staff that there may be a number of reasons why certain clients have been unable or unwilling to be tested. The actual process required for HIV testing is just one of a number of barriers. One of the outreach workers also notes that barriers are different among persons who believe they might be HIV+ as compared with those who believe they are HIV-. They agree to focus on clients who believe they might be HIV+. Her question then changes to:

Among clients who believe they are HIV+, what are the barriers to getting tested and to subsequently obtaining early intervention treatment?

The program manager then asks her outreach workers to conduct brief interviews with clients to try to learn more about barriers and how the agency can help overcome them. She develops a brief series of questions for them to ask, leaving room for discussion.

At the suggestion of one of her case managers, she also sets up interviews with managers from other public health agencies, such as the local clinic where many HIV+ persons are treated, the family planning clinic, the local chapter of AA and the HIV specialist at the Department of Public Health.

At the next staff meeting, they discuss the results of their interviews and agree that barriers to HIV testing are very different for men than for women who believe they are HIV+, that women who inject heroin are less likely to seek out services of any kind, and that anecdotally, more women seem to be seroconverting than men. Her question then evolves into:

What are the barriers to HIV testing and early intervention for needle-using women who believe they are seropositive?

And

What kind of intervention can best serve the needs of needle-using women who believe they are seropositive to help them access HIV testing and counseling services and subsequent early intervention treatment?

From here, the program manager puts together an intervention development team that may include: staff from her agency and outside agencies, staff from the DPH, a researcher from a local university, volunteers, and selected clients. Using the formative research already conducted, they develop and pilot test an intervention.



Before You Begin

SECTION II

What can your agency handle?

- 1** Before beginning with formative research, it is crucial to have a plan and to understand what questions you are looking to answer. Don't collect data that your agency can't or won't use. Your staff will appreciate not being burdened with work that doesn't seem to have any benefit for them. And your clients will appreciate not being asked to answer another set of questions.

A few guidelines for shaping a formative research plan for an agency:

Involve the higher-ups. Make sure to keep the executive director of your agency as well as the County Department of Public Health (DPH) apprised of your research plans, to make sure they are invested in the research and benefit from it.

Understand that research needs to be scheduled and staff need to be trained and paid. Don't assume that an outreach worker can conduct a focus group to test a brochure and still complete all his or her other duties.

Link with other agencies. The County DPH should support your agency meeting not only with other HIV prevention agencies, but with drug and alcohol treatment agencies, primary care clinics, STD and family planning clinics, and any other agency with whom you can share resources that can help make your job easier. In addition, the local or state Community Planning Group should provide linkages with agencies and assistance in conducting formative research.

Don't collect what you won't use. Remember to simplify surveys, interviews and focus groups. While you want to be sure you allow for new ideas and issues to be brought up, don't try to address more than your agency has the capacity to address.

Plan for dissemination of findings. Agency staff, clients, other agencies, the general community, DPH and funders may all be interested in the results of formative research. Make a dissemination plan, no matter how simple, before you begin the research. Agency newsletters, Town Halls, feature articles in a local paper, staff meetings, and progress reports are all ways to disseminate research findings.

Start long-term planning for funding for research, staff training and dissemination.

Start now to include these costs in your upcoming grant proposals. If an agency can describe how formative research has helped their programs, it will be easier to write in costs for research, data analysis, conference attendance and dissemination.

Ensuring confidentiality

2 The data that most agencies collect is very sensitive. When gathering information about sexual behaviors, drug use, and HIV status, it is extremely important to protect the confidentiality of your clients. Everyone involved in the formative research process must be trained and alerted to issues of confidentiality, privacy and the right to refuse participation in research.

Use of identifying data Data that personally identifies an individual, such as name and address, should NOT be collected unless an agency plans to conduct a follow-up survey, or if there is reason to contact that person at a later date for research purposes.

Discussion of data Staff should be respectful of privacy when discussing specific clients or respondents. At no time should a research subject be referred to by name during staff meetings or debriefings. For example, an outreach worker can say “one of my clients, a young gay Latino man, told me...” as opposed to saying “Oscar told me...” This is especially important in smaller towns where privacy is more difficult to maintain.

Hiring outside staff Agencies may want to hire outside interviewers on a short-term basis to protect the confidentiality of their research subjects. Clients may not feel comfortable discussing their actual risk behaviors if the interviewer is also their case manager or prevention educator.

Storing and protecting data Once the research has been conducted and written up, all papers, cassette tapes, etc. should be kept under lock and key. This could simply be a filing cabinet or desk that locks, or a special locking box. Only select staff should have access to the data, such as interviewers, supervisors, staff who record or verify the data, and data analysts. Those who should not have access to the data are: other members of the research team, executive directors or agency board members.

Getting help

3 There are many agencies in California and across the US that provide technical assistance and research support for HIV prevention organizations. Each chapter section in the *Data Collection Toolbox* has an Appendix that provides references to articles or books. In addition, at the end of each chapter are Pointers and/or Examples of that tool. For example, at the end of *Chapter 3: Focus Groups*, there are Pointers for conducting a group, as well as two Examples of focus group questions for young women and young men who have sex with men. In the Appendix, there is also a list of web sites, booklets and articles that provide more in-depth training for conducting focus groups, along with ordering information.

Appendix 6, General Resources, lists real people resources, that is, agencies and individuals that can be of help in conducting formative research.



Data Collection ToolBox

SECTION III

Everyone collects data. Every day, whether it's filling out time sheets, counting supplies for reordering, or doing head counts at workshops, we're collecting data. Most agencies probably have a fair amount of data already collected: client demographics, number of condoms/syringes/brochures handed out, schedules for outreach workers, and counseling and testing intake forms.

Archival data

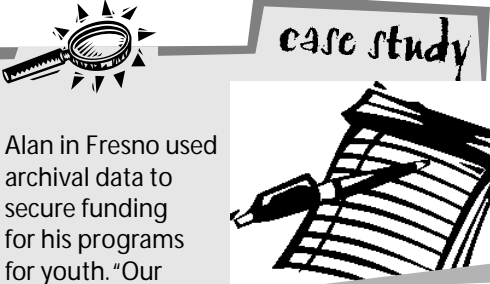
1 Archival data are data that already exist that have been collected by someone other than your agency. All kinds of agencies keep records and collect data—school districts, police departments, hospitals, STD clinics, and family planning clinics. This archival data is the simplest kind of data to gather, because someone else has already done the work for you, and you don't have to ask anyone's opinion. Yet gathering archival data is the one form of research most overlooked by many AIDS prevention agencies.

How is it used?

One agency in rural San Diego County suggested that gathering these kinds of data is an ideal task for any interns or volunteers at your agency. Contacting other social service organizations is an excellent way to forge links between agencies that can help in public relations (police departments or school boards) or in offering referrals and links to outside services (family planning clinics, substance abuse, or hospitals).

Archival data can help:

- **Refine programs.** Police reports can help outreach workers schedule at what times and in what neighborhoods to best reach clients. Immigration data can help determine if any languages or services are needed to attract high-risk immigrants.
- **Highlight a problem that may be hidden.** Data on truancy/dropout rates can show if youth are being adequately reached through school-based programs. Arrest records can highlight changes in sex work, drug selling, or other activities that might affect HIV prevention programs.
- **Monitor your program over time.** Certain data can demonstrate that your program is having an impact. Collecting information on STD rates, drug overdoses, teen pregnancies, and drug-related arrests both before and after your program is implemented can help show what changes may have occurred in your community. These data can also be cited when writing grants or reporting back to funders.
- **Make a case for your program that you can't make with agency data.**



case study

Alan in Fresno used archival data to secure funding for his programs for youth. "Our Community Planning Group plan was really well received at the state level, but the one thing we got dinged on was that we depended too much on our epidemiology. And in terms of youth, if you were to take a look at our epidemiology, typical for every other county probably in the state of California, this age group would not appear to be at high risk. But Fresno County on any given census is the highest or second highest county for teenage pregnancy rates in the state of California. So we were able to use that to indicate and prioritize why youth needed to be in one of the top categories for HIV prevention."

Types of archival data:

- HIV counseling and testing data
- AIDS case registry
- Hospital reports of drug overdoses
- School district attendance rates, including dropout rates, truancy rates, ESL rates and alternative schools
- STD rates (collected by Health Department) including syphilis and anal gonorrhea
- Epidemiological and surveillance studies done by local or state health departments or other AIDS service organizations
- Teen pregnancy and abortion rates
- Drug-related arrests
- Other arrests such as loitering and public nuisance
- Sex work arrests
- Drug treatment clinic reports
- Immigration rates

Resources for finding and accessing archival data can be found in Appendix 1 of the *Resources* section.



case study

Peggy at the Department of Public Health in Humboldt County had to conduct an epi profile for the community prevention planning process in 1995. "A lot of the information we got just reinforced what we already know, but it also forced us to look at hepatitis B and hepatitis C. We did a serosurveillance among IDUs and found very high rates of both hep B and C (60-75%). We use that information to trigger dialogue, as a teachable moment. We do outreach and start talking about hepatitis B or C and people listen because almost everyone actually has it or has a close friend or partner who has it. Then we can say if you have hep B or C, you certainly don't want HIV, and launch into a discussion about that."

Field notes and observation

2 Field notes and observation are methods of collecting data simply by watching what people do. Field notes are the comments written to record what was observed.

Observation is a special outing to watch people in various settings to note their behaviors. Every agency collects this kind of observational data. In order to meet the scope of work, most agencies keep track of phone calls made, condoms handed out, hours worked, and workshops held. Additionally, the duration of phone calls, whether people took lubricated or non-lube condoms, and how well a workshop was received can also be noted.

How are they used?

Field notes

For most agencies the problem isn't conducting the observation, it's making the time and structure to write down what they notice in formal field notes. Field notes traditionally include recording numbers of client encounters, articles handed out, and basic demographics of clients, as well as general observation of the setting of clients, history of clients, and any new or unusual activities noted.

Justine's suggestions for encouraging field notes:

- 1) Hang a chart on her office wall so she could immediately tally her numbers (safer injecting kits handed out, contacts made, referrals given, number of people at the site, etc.).
- 2) Structure time in her day to include writing up field notes. As it is, she typically goes from 12 to 1 at one site, 1:30 to 2:30 at another, attends a meeting at the office at 3:00, and there's barely time to do much else in between.
- 3) Narrow her focus. She's the only outreach worker with both IDUs and high-risk youth. It would be easier if she had only one population to target, but, barring that, it would be easier if she scheduled work with one population per day, so she would have time to focus and not mix up her notes.

case study



Justine attended a training for Community Health Outreach Workers. "After the training I was gung-ho on doing field notes, and then it dwindled off again. I need something that can keep me motivated on doing the field notes. It's so easy to keep great field notes for a week, but then you put them away and you don't do them for two or three weeks and then you pick it back up and it's hard to keep that focus. I've started on them and stopped I don't know how many times. It's hard to keep it a focus with 50 trillion other things I have to do. If it were more structured, it would be easier for me."



*Justine Tutuska,
East County
Community
Health Services,
El Cajon*

case study



In Alameda County, Lisa has developed a contact log for all youth the agency sees. The log tracks the number of times the youth come to the agency or are seen during outreach. It also notes specific information like what kinds of condoms or lube they like best, what their living situation is, etc.

"Our outreach staff hates filling out forms more than anything," said Lisa. "It does take time. We try to do it right when we get back in the car (after outreach), where the clients can't see us with our clipboards. Everyone usually moans and groans when they start, but then they get excited when they start to recite what happened during outreach. They realize the impact of their work, and they're more willing to write it down."



Lisa Carver, Youth Action Project, Tri-City Health Center and Jesus Vargas, AIDS Project in the East Bay

Observation

Observation is an effective but sometimes labor-intensive way to gather data about clients, especially about populations that are new to an agency.

Observation can be used to help gather information about individuals to develop new programs. It can also help gather information about the agency, staff or interventions to provide feedback on existing programs.

Developing a written procedure for observation BEFORE going out in the field is crucial. The procedure can consist of a checklist of things to look for, specific questions to answer, and space for writing in independent notes. This will ensure that the data is gathered in a systematic

and structured way and will make the data more useful.

(See page 20 for an example of observation procedures.)

Observation can help:

- **Determine the best way to attract clients.** Observing a local middle or high school after classes end or during lunch hours can tell you where teens go after school or at lunch, what time they

leave, what kinds of teens hang out at school, which teens leave immediately, what the ethnic mix of teens is, what kinds of music they listen to, how many take public transportation, etc.

If teens hang out for an hour after school and before football or basketball games, that might offer a window where teens have nothing to do and might look for an activity to fill the time. It could be a good time to open a drop-in center or offer a short social/educational activity.

- **Determine needs and habits of clients.** Observing a shooting gallery or other public drug use area can tell you if users share needles, if they clean between use and how they clean, if they sell needles, if they trade drugs for sex, what kinds of drugs they use, and if there are other drugs being used.

If drug users are sharing needles and cleaning practices are inadequate, outreach workers might want to do needle cleaning demonstrations, hand out bleach, or hand out cards with times and locations of needle exchange services.

- **Determine availability of safer sex supplies.** To find out if condoms are both available and easily accessed, staff can visit a few drug stores in the community to see what brands of condoms are being sold, whether they are in an aisle or behind a counter, and if customers need to ask a clerk for them. Staff can also visit local bars or hang-outs to see if there are condom machines in the bathrooms.

If customers need to ask a clerk for condoms, a discussion with the store manager or pharmacist might alert them to the need for easy access without embarrassment.

- **Determine acceptability of programs.** Observing a peer educator conducting an intervention, or a needle exchange site, or a safer sex rave or volleyball game can tell you more about a program that's in progress. Do clients seem bored, talk eagerly with the staff, leave before the end of the activity? Do participants worry that someone might see them coming, or take off if police or adults are nearby?

If clients seem to lose interest at the end of an educational session, perhaps it needs to be shortened by 15 to 30 minutes. If clients disappear when police cruise by, perhaps a meeting with the local beat police or chief is needed to try to explain what the agency is trying to accomplish.

NOTE: Observers should be chosen and trained not to attract undue attention to themselves so that they don't influence how people behave. For example, if an outreach worker is already well known in the community, her presence might be a reminder not to drink or share needles. If an observation is being done on an existing program, it is best conducted by someone other than intervention staff so that the observation remains neutral.

How are they analyzed?

Observation and debriefing need to be structured into your time schedule. Staff can set aside a monthly meeting to discuss any field notes or observation.

- Are there any striking or surprising findings?
- What questions do they give rise to? What questions do they answer?
- What are the general patterns observed, as opposed to isolated incidents?
- Do they tell you that there might be problems in your program, or that your program is working great?
- Do they tell you about any new needs among your clients?
- Does the staff all agree?
- Are there ways you can bring this knowledge into existing programs or address it in new programs?

Further reading on field notes and observations can be found in Appendix 2 of the *Resources* section.

Example: Observation

This sample observation procedure is taken from a research study at the Center for AIDS Prevention Studies (CAPS), University of California San Francisco. Healthy Oakland Teens is a peer-led sexuality education intervention conducted in an Oakland, CA middle school. This is an observational procedure for determining how well the peer-led sessions are delivered. One of the program staff (not a peer educator or teacher) sits in on the session and fills out this form at the end. There is also space on the back for any observational notes or comments.

This observation technique is a very good way to get a feel for how an intervention is going. Agencies often use focus groups to get similar feedback, yet often it is difficult to get helpful answers in a focus group. For example, when asked "what would you change or do differently in this intervention?" respondents often say "nothing, it was great," or suggest paying more money or having better food.

HOT Peer Intervention Evaluation

(to be completed by Session Facilitator)

Session # _____ Period _____ Session Facilitator _____

Team members	Check if present
--------------	------------------

_____	_____
_____	_____
_____	_____

of 7th graders present _____

1. Were all the activities in the session covered?

Activity	Completed/ Partially completed/Omitted
----------	--

a. _____

b. _____

c. _____

2. Rate the clarity/quality of the delivery of the session overall on a scale of 1-5

(5 = Excellent, very clear; 1 = Poor, not clear): _____

3a. On a scale of 1-5, how well did the 7th graders behave? _____

- 1 = Virtually everyone in class was disruptive.
- 2 = More than half of the class was disruptive.
- 3 = About half of the class was disruptive.
- 4 = Only a few students were disruptive.
- 5 = The whole class was appropriately quiet and well-behaved.

3b. On a scale of 1-5, how well did the 7th graders pay attention and participate in class? _____

- 1 = Virtually no one paid attention or participated in activities.
- 2 = Only a few paid attention and/or participated.
- 3 = About half of the class was inattentive or did not participate.
- 4 = Almost the whole class paid attention and participated in activities.
- 5 = The whole class paid attention and participated in activities.

3c. Did the teacher/ supervisor have to have to intervene?

	yes	no
For information #	<input type="checkbox"/>	<input type="checkbox"/>
For discipline #	<input type="checkbox"/>	<input type="checkbox"/>

4. Approximate number of questions in question box _____

Focus groups

3 Focus groups are in-depth guided discussions among several individuals led by a trained moderator. Participants can be clients, prospective clients (your target audience), influencers of your clients (parents, teachers, opinion leaders) or the general public. Focus groups are used to answer a specific question, or to explore a particular problem. They can also be used as a beginning step, to gather information about a population with whom an agency may have little experience. Focus groups are also conducted among people who work with an agency's clients and not only the clients themselves.

How are they used?

Focus groups are a good way to find out about perceived norms of a certain group. They can give detailed information about people's experiences and perceptions. Focus groups can also be useful when exploring certain topics because participants get support from others in the group. For example, a focus group of female IDUs might be a safe place for women to discuss violence or housing concerns.

Focus groups, however, can sometimes deter discussion of sensitive topics and not allow for "outlier" concerns to be raised. Also, don't assume that focus group participants all need to be of similar gender, race or orientation, as this can sometimes inhibit discussion. For example, a focus group on condom use among gay male teens in a smaller community may not encourage total openness because everyone in the room may be a past or future boyfriend. This would not be the best atmosphere for admitting HIV status or condom habits.

Focus groups often:

- **Reimburse participants.** Offer incentives such as money, food, or vouchers (for food, clothes, medical care).
- **Are tape recorded.** Someone may take notes as well.
- **Are facilitated by a trained moderator.**
- **Last one to two hours.**
- **Over-invite people.** Depending on the situation, many people will not show up.
- **Take place in a private environment.** Ideally, focus groups should take place indoors in a private room.
- **Take place in specially equipped rooms** so that unseen staff members may observe.

Sometimes, a special meeting of agency staff or outreach workers can be considered a focus group. Staff meetings can be used to discuss problems or concerns noted in the field or with a particular intervention, or to generate ideas for new interventions. Combining staff from several agencies is also a good way to get a cross-section of opinions from people working in the field. In these cases, one agency member should be assigned to take notes, and the meeting should begin with a general list of questions, although diversions should be noted.



case study

The Department of Community Health in Fresno schedules a bi-monthly luncheon for all agencies doing HIV prevention work as well as the local Planned Parenthood. It started when a street outreach worker wanted to learn more about drug treatment, so he went out with the



treatment outreach worker. "There's a park in Fresno where you can find youth, sex industry workers, gay/bi men, injection drug users, homeless and transient. So we found ourselves bumping into each other in this park, and we started to think, why don't we just start working together?" That led to the luncheons where staff from all agencies talk about what they've noticed, how the programs are going, and how they can better interact. According to Eric, "with a lot of the services that we focus on now, the direction comes from the staff."

Health Fair with peer educators, Fresno County Department of Community Health

Focus groups can also be used to field test interventions or educational materials (brochures, videos, ad campaigns) **BEFORE** you've spent a lot of money.

NOTE: You might want to hire a facilitator or trade with someone from another agency to lead the focus group. Groups that are charged with giving feedback on programs should **NOT** be led by the same person who leads the program. Similarly, in groups where you would like honest feedback about an agency or materials, it might be best to **NOT** have anyone from that agency present in the group.

case study



The police department approached Tim's agency to help them start an educational program for first-time offenders, sex workers, johns and people convicted of lewd acts. They conducted a focus group of female sex workers to find out if they'd want this kind of program. "Unfortunately, most of the sex industry workers' reaction was negative. They really didn't care, they were in it for the money, and they didn't think they would change their behavior. The sex workers are very savvy about the criminal justice system and they know that there's no stick to really prevent them from plying their trade."

Did they scrap the program as a result of the focus group? No. "It brought us back to reality and caused us to re-evaluate our own expectations of the program so that we don't set ourselves up for failure. And it helped us look at it more realistically from the sex industry worker's perspective. We knew we wanted to focus more on the johns and lewd acts, but politically, the police have to sell the program as prostitute abatement."

Tim also knew from experience that the women might have different reactions in the focus group to show camaraderie and support for their friends. "A lot of time the workers put on a really tough act, yet we know from working with them privately that many of them do express a desire to quit the business."



*These workers are happy to say, "I'm HIV negative."
Central Valley AIDS Team, Fresno*

While it may seem like this focus group was unsuccessful, the agency used it to scale back expectations. Focus groups that give negative or indeterminate results can also be followed up with individual interviews to find out if the group setting hampered free discussion.

However, some settings and populations are not conducive to focus groups. Conducting a group outside, or with drug users who are waiting to shoot (or have just shot up), or with distraction close by (in a bar) may not be the best way to get information. In these cases, individual interviews or observation might be more helpful.

NOTE: Conducting more than one focus group to answer the same questions is a good way to test whether your group represented the community norms well. Groups can often be overwhelmed by one dominant person, and comparing two or three gives a more accurate picture.

Further reading on focus groups can be found in Appendix 3 of the *Resources* section.



Pointers: Conducting Focus Groups

What is not a focus group?

Because of the popularity of focus groups, many things are called focus groups when, in fact, they are not. A group is not a focus group when:

- It is not convened for the purposes of research.
- It is not focused on a particular topic of inquiry.
- It does not include a discussion but a series of questions asked sequentially to each participant.

Recruiting

To have a good focus group you need to get the right people to participate. Careful thought should be given to how certain subgroups of the population would help inform a specific question. Does age matter, is gender important, is ethnicity important? Do you want a group of strangers or a group of acquaintances? Even within subgroups, distinctions can be made. For example, if you want to pursue the question of how African American young adults perceive condoms, you might consider what factors are related to different attitudes, such as education, socio-economic class, or experience with condoms.

Once you have decided upon a specific group of people, you need to think about how to recruit them. If you want to get a broad cross-section of participants, it may be best to recruit by phone within specific zip codes. That type of recruitment may require that you hire an outside service to help recruit, and may be costly. Alternatives include recruiting via outreach on the street, putting posters in neighborhood settings where the population congregates, or putting ads in specialized local newspapers.

Try to recruit new individuals for focus groups instead of simply “rounding up the usual suspects.” Focus groups using participants that have been in groups before can become predictable and often don’t help answer the questions that your agency has. Getting new recruits can be especially difficult in rural areas or areas with very closed populations. In these cases, you might need to hire professional recruiters or consider alternate research tools, such as in-depth interviews.

Screening

You will need a brief questionnaire to screen potential participants so that you are sure of getting the people you want into your groups. For example, you’ve decided you want to know what African American males and females between the ages of 16 and 22 think about condoms. You also think you will do separate groups of men and women and, for each sex, you will speak with those who have and those who do not have experience using condoms. Your screening questionnaire will then assess age and experience with condom use. If you’re recruiting over the phone or by mail, you will need to add ethnicity and gender to the questionnaire. Ideally, the screening questions should be short and should cover the topics without offending potential participants.

Scheduling

Always invite more people than you need. It is highly likely that someone will not show up. If you have too many no-shows it will effect the quality of the group. If everyone shows up and you have promised payment, you will have to pay everyone, but release the extra people. Groups of more than 10 people can get unwieldy. Your own familiarity with the population is your best guide for estimating how many extra people to invite. But remember, you are shooting for a group of 8-10 people.

One focus group alone is generally not enough to provide adequate information. Try to conduct two or three focus groups with each population. It is also a good idea to have focus groups in different geographic locations in your community so you don't end up with results that reflect local idiosyncracies.

Discussion guide

Zero in on something and explore it in-depth. By its very nature, a focus group has a limited scope, so you need to decide beforehand what information is most important to get from the group. Start with a written set of questions, then limit the discussion to those topics.

Develop a sequence for questions. Generally you move from ice-breaking exercises and rules to general information on to more specific information. If there is one set of questions that might color future responses, leave those questions until the end. For example, when moderating a group on condom perception, you might want to start with general relationship and interpersonal questions and then proceed to specifics about condom use.

Build in a break. A break part way through a two-hour group may give the moderator time to regroup and make sure nothing was skipped, or it could give observers a chance to cue the moderator to follow up on something that was said. It may also give respondents a needed rest if the topic is particularly taxing. You can always check in with participants and observers along the way and choose to skip the break, but at least plan for one.

Consent and confidentiality

As with any other form of research, you should consider the risks that focus groups pose to participants and inform them of these risks as well as of any anticipated benefits before they participate. You can provide participants a written statement of the purposes of the research of which the focus group is part; the risks and potential benefits; the fact that participation is entirely voluntary; that the session is being taped (or otherwise documented); and that responses will be held in confidence or anonymity, if appropriate. This form can be read to participants or they may read it themselves and then they must sign it. You can also read a consent form and take a voice vote on participation in some cases.

Moderating

Being a moderator is in some ways like being a great dinner party host. The moderator's role is to ask conversation-starting questions throughout the focus group, to clarify and verify responses, and move to the group along to make sure all issues are explored. The moderator must also have the skill and knowledge to follow relevant but unexpected turns in the conversation.

Although many agencies assume that the moderator should be from the same demographic as the group participants, this doesn't always need to be the case. Generally, the skill of the moderator is more important than personal characteristics.

A good moderator should be:

A good listener. Moderators often hear sensitive or painful topics and may hear opinions they do not agree with. A good moderator listens, nods her head and maintains eye contact with all group participants. It is important also to allow for silences after a question has been asked, and allow participants time to think and form answers.

A good observer. To ensure that everyone in the group has a chance to speak, a good moderator will watch for clues that participants are ready to speak. Body language such as raising eyebrows, clearing the throat and leaning forward all indicate that someone may need to be called on if he or she is having trouble getting into the discussion.

Reactive. Occasionally, unforeseen events can happen in focus groups. Emotional outbursts, ganging up on one person, irrelevant tangents and domineering personalities can all influence a focus group and affect the outcome. A good moderator should move the conversation along, guide it back on target and bring a domineering participant under control. In extreme cases, a moderator may ask a participant to leave the group if he or she is too disruptive.

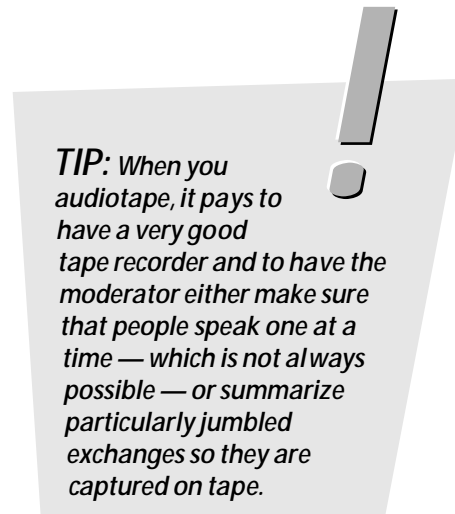
Documenting

What goes on in a group can be documented in three ways: audio or video taping the group; taking notes; or observing the group and then debriefing. Each has different benefits and different costs.

Audiotaping reproduces verbatim what happened in the group. So does videotaping. Each can be a source for transcripts that can be used to analyze the focus group. The moderator can also review the tapes themselves when preparing a focus group report. Audiotaping is much less expensive than videotaping. Audio and video tapes are also very easily shared with select members of the research group who could not observe the focus group.

Videotaping is rarely done outside of commercial settings, but it has the advantage of showing the facial expressions and interaction among participants as well as capturing verbatim responses. It can be expensive; it requires a skilled operator; and it may pose additional difficulties in protecting the confidentiality of participants.

Written notes provide a very inexpensive record of a focus group. Written notes should be taken by a staff person who attends the focus group but does not participate. They should NOT be taken by the moderator. Written notes are limited in detail and represent



one person's interpretation of what was said. Notes too can be shared with colleagues and used as the basis of a focus group report. Written notes are helpful even if the group is audio- or videotaped.

Debriefing

Sometimes, particularly when time is of the essence and resources are tight, a moderator will debrief with observers and research staff immediately after the group and no further analysis will be conducted. While this is fast, it leaves no verbatim document of what transpired in the group. Research staff can and should make a report based on a verbal debriefing with the moderator so that some record of the group is available for future reference.

Example: Focus groups

The following are two outlines of focus group questions, the first for young women who have sex with men, and the second for young men who have sex with men. They are taken from the following research study conducted at the Center for AIDS Prevention Studies (CAPS), University of California San Francisco: "Sexual Negotiations Among Young Adults in the Era of AIDS." Funded by the Universitywide AIDS Research Program, R94-SF-050.

NOTE: These questions are presented here in an effort to show what kinds of questions could be asked in a focus group. These questions can be used by any agency, but should be adapted and revised to fit the specific needs of the local community.

Focus Group Questions for Young Women

A. Introduction

Explanation of Process—talk, raise a few questions, talk about men/women, you (the participants) are the experts.

Explanation of taping, mirror, consent form (permission to interview again).

Self Introduction: Tell us where you're from, what you like to do in your spare time.

B. Experiences in Dating

Tell us your strategy for meeting new people and describe a specific time when it worked well.

What do you call it when you go out with a guy?

What was your best date?

Describe your disaster date.

What do you like about dating?

What do you fear about dating?

How has dating changed since you started dating? How has your attitude about dating changed?

How can you explain these changes?

C. Experiences with Going Out with New People

Tell me about the last time you went out with someone new. What happened?

Did the topic of sex come up? When did it come up? How did it come up? Who brought it up?

D. Definition of Sex

(Write it out) Tell me about what sex means to you. What was the most pleasurable sexual time you had with someone? Could you describe what was so pleasurable about it?

Now I would like you to think about your sex partners and of the men you know. Tell me what you think was their most pleasurable experience with sex.

How important is having intercourse compared to other kinds of sex practices?

E. Nature and Patterns of Sexual Negotiation

Did you and your partners ever talk about sex before you had sex? What did you talk about?

Who decides WHERE you are going to have sex?

Who decides WHAT you are going to do sexually?

How have you let your partner know what you wanted to do sexually?

Was this easy or hard for you to do?

What made it easy? What made it hard?

Did your partner usually do what you wanted?

How did your partner let you know what he wanted to do sexually? Did you usually do what he wanted?

What made you do that?

Did you ever do things sexually that you did not like doing?

Tell me about the time you did that.

What made you do these things?

F. Sex in Coercive Situations

Have you ever had sex with someone when you didn't want to?
Tell me about it. Tell me about the person.
Have others ever pressured you to have sex with them?
Give me some examples.
Have you ever pressured someone into having sex with you?
Give me some examples. Were you successful?

G. Use of "Protection"

When you hear the term "protection," what does it mean to you?
Do you use protection?
What kinds of protection do you use? When do you use them?
What other kinds of protection do you use?
What has been the response of men when you ask them to use a condom? Have you ever had to insist?
How have you responded when a man asked you to use a condom? Have you responded differently with different men?
Has there ever been a time when you wanted to use a condom but didn't?
Who usually supplies the condoms?
Is this something that is discussed beforehand?
What happens if you don't have a condom?
How do you feel about using condoms?
Have you had an ongoing relationship where you started off using condoms and then stopped?
Whose idea was it to stop?

H. Worries When Having Sex with a New Person

(Write out) What has been your worry when you started a sexual relationship with a new person?
Have the worries changed for you over time?
What did you do about these worries?
What kinds of worries have you had in long term relationships?
Have you ever felt judged during sex?
Have you ever found yourself trying to protect a guy's feelings when you're having sex? Tell me about it. When did it happen?
What did you do or say?
Do you think guys try to do this for women? Did anyone ever try to do this for you?

I. Denied Having Sex

Have there been times you felt turned off or uninterested in sex?
Can you explain what was going on?
Are there times when you kept yourself from having sex even though you wanted to have it?
What was going on when that happened?

J. Knowledge of Risky Behaviors

Have you ever heard the phrase "know your partner?" What does this mean to you?
Do you think it is possible to "know your partner?"
Have you tried to find out about any diseases your partner has that he could give to you through sex? Have any partners tried to find out about you?
Have you tried to find out about how many sex partners he's had? About whether he injects drugs? Are you always truthful?
Do you trust his answers?
How do you know that he is being truthful?
Do you think that any of YOUR sexual practices in the past possibly put you at some risk for HIV/AIDS or any other diseases from sex?
Have you ever had sex with someone whom you thought might be at risk for AIDS? What made you think this person might be at risk for AIDS? Did you behave differently with this person than you would have otherwise? How?

K. Knowledge of Safer Sex

What do you know about "safer sex"? Are you familiar with the term? Where have you heard about it?

How did you learn to use a condom? Do you wish you would have learned it a better way?

L. Final Question

If you could change one thing about your relationships with men, what would it be?

Focus Group Questions for Young Gay/Bisexual Men

A. Introduction

Explanation of process: talk, raise a few questions, talk about your relationships with men, you're the experts; not here to judge anyone. Rules: respect and honesty. This is one of many groups.

Explanation of taping, mirror, consent form.

Self Introduction: Tell us where you're from, what you like to do.

B. Meeting New Men

Tell us how you meet new men. Where, what kinds of places?

Are there different places for different purposes?

What are your strategies?

What kinds of things do you look for in men? What characteristics are important to you?

What are some of the things that come up when you meet someone and decide to have sex?

Tell me about the last time you met a new guy you had sex with.

How did you meet? What happened?

How did sex get started, happen? Who started it?

What did you talk about?

C. Relationships

Let's talk a little about relationships. What kinds of relationships with men have you had?

Are there differences in the way you meet men for casual sex versus for longer relationships?

How does meeting men for longer relationships happen?

How long-term are these relationships?

What are some of the problems in maintaining and breaking off long-term relationships?

What kinds of commitments are expected in these kinds of relationships?

Have you had experiences where one person is more in control than the other? (Where there are inequalities between partners?)

D. Sexual Experiences

I want you to tell me about different sexual experiences you've had.

First, what are you looking for in sex? What does sex mean to you?

What's the best sex you've had? Describe the situation.

What's the worst sex you've had? Describe the situation.

Are there some sexual activities more important to you than others? (anal/oral; top/bottom)

Where is sex in your life? How much of your life revolves around sex?

E. Nature and Patterns of Sexual Negotiation (communication, how work things out, decision-making)

Think about the last time you had sex with a man, did you and he talk about sex before having sex?

What kinds of things did you talk about? What were some of the things you thought about but didn't talk about?

In what ways do you let someone you are having sex with know what you want to do sexually?

Do you get your way?

In what ways does someone you are having sex with let you know what he wants to do sexually?
Did you want to do what he wanted you to do? Did you usually do what he wanted?
Were there times when you kept yourself from having sex even though you wanted to have it?
What was going on when that happened?

F. Coercive Situations (pressured to have sex)

Have you ever had sex with someone when you didn't want to?
Tell me about it. Tell me about the person.
Has someone pressured you to have sex with him? How did you decide what to do? Give me an example. Was he successful?
You're having sex with someone and you did things sexually that you did not like doing or didn't want to do. Tell me about the last time you did that. What was going on?
What about times when you put pressure on someone to have sex with you or do something sexually with you they didn't want to do?
Give me some examples. Were you successful?

G. Condom Use

How do you feel about using condoms?
In what situations do you feel you need to use them?
What are some of the things you consider before having unprotected anal sex? Tell me about one of those situations.
How have you responded when a partner asked you to use a condom? Do you respond differently with different men?
Think about a time you wanted to use a condom but didn't. Tell me about that time.
Have you had an ongoing relationship in which you started off using condoms and then stopped? Whose idea was it to stop? What were some of the things that may have made you (or your partner) uncomfortable about stopping?
Tell me about the last time you had sex and didn't use a condom.
Tell me about the last time you were successful in convincing someone who didn't want to use a condom to use one.

H. Safer Sex

How do you think about "safe sex"?
What are some of the most difficult parts of practicing safer sex?
How easy is it to be safe?
What are the different problems you have with maintaining safe sex with different men?
Have you had experiences where drugs or alcohol were an issue in trying to have safe sex?

I. Gay Community/Identity Networks, Friendship Network

How do you feel about the gay community? What about differences between San Francisco and the East Bay?
What are the messages that come out of the gay community related to sex?
Are there pressures in the community to have sex?
How does age work in the gay community?
How would you define yourself (gay/bisexual/queer)? Are most of your friends gay/bisexual/straight/women/men?
How out are you? How involved are you in the gay community?
How out are you to friends, family, people at work?

J. Final Question

If you could change one thing about your relationships with men, what would it be?

In-depth interviews

4 An in-depth interview is a conversation with an individual conducted by trained staff that usually collects specific information about one person. Every agency conducts some kinds of interviews, whether it's talking to a colleague about their job, conducting client intake, chatting with friends at the AIDS Update Conference, talking with clients before or after a workshop, or checking in with the high school nurse.

In-depth interviews are often used when an agency doesn't know much about a population and wants to get preliminary ideas from the participants. Some agencies use in-depth interviews to obtain information that they can then use to develop quantitative surveys once they have a better handle on what's going on with their participants. Others find that interviews give them all the information they need without conducting a later survey.

When you obtain your data via in-depth interviews you usually have a smaller sample and do not use random methods to select your participants. As a result, the results may not generalize to people who were not interviewed.

How are they used?

In-depth interviews can help:

- **Provide a history of behavior.** When conducted more than once or when conducted with someone who has been in the community for a long time, interviews can show if any change has occurred over time.
- **Highlight individual versus group concerns.** Topics that may not arise in a group situation can be addressed in individual interviews.
- **Reveal divergent experiences and “outlier” attitudes.** Groups often do not allow you to see that experiences may vary person to person.
- **Provide a shortcut to community norms.** Interviewing key community leaders (bartenders, favorite teachers, police officers, sex club managers) can give a fast overview of a community and its needs and concerns.
- **Develop other research tools.** Results from an interview can be used to generate focus group questions or help form questions for a survey.

In-depth interviews can be different from focus groups in several ways:

- **Easier.** It is often easier to speak to one person and keep her attention than to address a group. You can also avoid major scheduling hassles with only one person.
- **More detailed.** In an interview you have a chance to follow-up on questions and probe for meaning.

In-depth interviews can be more appropriate than focus groups in certain cases, even if agencies are looking for community norms. For example, some men who have sex with men (MSM) may not be used to speaking openly in a group. To get input on a program designed for Vietnamese MSM, for example, individual interviews might be the best solution.

NOTE: Often interviews are the best way to engage low-literacy populations. Structured interviews can take the place of questionnaires for clients who may have difficulty filling out forms.



case study



Peggy in rural Humboldt County uses interviews to help gain a better understanding of how her programs are working. Staff travel to different drug treatment programs and give a 2-3 hour HIV education/prevention workshop. "We hand out a short questionnaire with process measures to participants after the workshop, but that's mostly used to give numbers back to the state. To get better feedback on what happened after we did our program, we go back after three months and six months to do a follow-up interview with the contact person on site. For example, one staff member told us 'After you came, lots of people went and got HIV tested.' It's a better way for us to learn about the real effects of our program."

Interviews often:

- Are arranged in advance via a letter, phone call, fax or e-mail.
- Last one to two hours.
- Are conducted in a location convenient to the person being interviewed.
- Are conducted away from distractions (preferably indoors).
- Are tape recorded. The interviewer may take notes as well.

In-depth interviews generally begin with a written set of questions, but do not limit the person being interviewed to a set of possible answers. Questions are written to elicit in-depth answers, and the interviewer should allow the person to bring up topics not on the list of questions, and be prepared to follow his or her train of thought. Unstructured interviews are more like having a conversation. Interviewers should be trained to be able to allow for exploration while making sure the initial questions are answered.

In-depth interviews can also be used as marketing or public relations tools.

However, it must be clearly agreed before

beginning the interview, that the information will remain confidential or will be used with permission. If, during an interview, the chief of police mentions he's concerned about young teens hanging out in dangerous neighborhoods at night, use that in your grant proposal for the drop-in center. If the mayor says she decided she supports needle exchange programs after visiting babies born with AIDS, find out if she'd be interested in talking to a journalist for a feature article in the local newspaper. If a teacher says she thinks students should get condoms in schools, ask if you can rely on her (by name or anonymously) to help convince the school board.

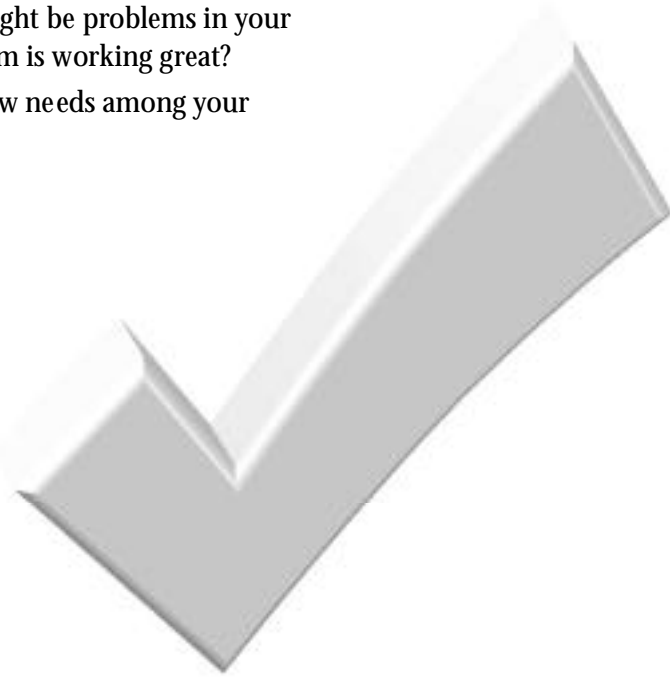
How are they analyzed?

Interviews, like focus groups, can be used to help develop programs or fine-tune existing programs. But once you have conducted and transcribed or written up your interviews, what do you do with them?

Make time for key staffers to read through the interviews and come together to discuss.

- Are there any striking or surprising findings?
- What questions do they give rise to? What questions do they answer?
- Do they tell you that there might be problems in your program, or that your program is working great?
- Do they tell you about any new needs among your clients?
- How can what you've learned translate into existing programs or new programs being developed?

Further reading on in-depth interviews can be found in Appendix 4 of the *Resources* section.





Interviews: Conducting in-depth interviews

The interviewer

The role of the interviewer is to help motivate participants to share their thoughts and feelings on the topic you are studying. He or she needs to be able to listen carefully, to know when to seek clarifying information, and to pay attention to non-verbal as well as verbal responses.

- **Be interested:** It is crucial that the interviewer is genuinely interested in both the subject matter and in the participants. Participants can easily detect an interviewer who appears “phony.”
- **Be polite:** Don't forget to greet the participants, and don't forget to thank the participants for their time and help.
- **Explain what you are doing:** Tell participants what will happen during the interview and how the information will be used. Make sure the participants understand that any information collected will be kept confidential.
- **Take notes:** It can be very helpful to ask the interviewer to rate the participant and the responses in some way that is meaningful to you. This may include putting a star in the margin next to questions about which the participant seems to feel particularly strongly. It may also include developing some kind of rating system to be completed at the end of the interview. Items may include issues such as whether the participant appeared comfortable or anxious, truthful or dishonest, sober or under the influence of drugs, etc. This will help you make decisions later during the analysis phase about the validity of a given interview, and can be invaluable especially if the data do not “make sense” upon careful reading.

The questions

The bottom line is that you want rich, in-depth information, so it is important that the questions are developed to encourage this. For this reason, in-depth interview questions are usually open-ended, while quantitative survey interview questions are typically closed-ended. Below is an example of each type:

Closed-ended: “How helpful did you find the group facilitator?”

4=Very helpful;

3=somewhat helpful;

2= somewhat unhelpful,

1=very unhelpful”

Open-ended: “What did you find most helpful about the facilitator?” “What did you find least helpful?”



Other suggestions:

- **Keep the questions simple**, and ask about only one thing at a time:

More helpful: “What makes it difficult for you to insist on condom use?”

Less helpful: “Thinking about all your past sexual relationships, what are the three things that have made it difficult for you to insist on condom use at times when you or your partner have been drunk, especially if this has been a casual partner?”

- **Avoid yes/no questions**, by asking “how?” or “what?” rather than “do you?” or other such questions that elicit yes/no or other one-word answers

More helpful: “What was the most helpful part of the group you attended?”

Less helpful: “Did you find the group useful?”

- **Avoid asking leading questions**

More helpful: “What do you think of school-based sex education programs?”

Less helpful: “Do you think sex education programs make more kids have sex?”

- **Make sure the person is able to answer the question**, that is, the question should address a topic he or she knows something about, so that they don’t have to make too many assumptions or guesses.

More helpful: “How did you find out about needle exchange?”

Less helpful: “Do most IDUs in California know about needle exchange programs?”

- **Help people come up with ideas**. Sometimes people feel put on the spot by your question or simply find it difficult to come up with ideas. If they really draw a blank, you can help them in a non-leading way by suggesting a wide range of alternative responses. For example, when asking about what aspects of an intervention the client might want to change, you can say, “Sometimes people suggest that it should be shorter or longer, that there be more peer educators, or more games and activities, or that a different teacher should be used.”

- **Use introductions to “normalize” answers** when asking questions about stigmatized behaviors. When you ask about sensitive or stigmatized behaviors, people are often reluctant to answer you. Sometimes it helps to preface your question with a brief statement such as, “Many people tell us that it is challenging always to insist on condom use; in what situations do you find that most difficult?”

The process

- People conducting in-depth interviews often **use follow up questions** (also referred to as “probing”) to get more information or to clarify statements already made by the participants. For example,

“Please tell me more about that.” or

“How did that make you feel?”

Stay away from questions that can be answered yes/no.

- **Body language.** Show that you're interested by maintaining eye contact and making sounds indicating you're listening, such as "um hum, I see, yes".
Don't cross your arms, doodle on your interview form, or check the time repeatedly. Those behaviors will signal that you are not interested in what the participant has to say and may decrease the amount of information you are able to obtain.
- **Silence can also be important.** Some interviewers feel uncomfortable when participants don't say anything. However, the participants may simply be composing their answers. Give them time. If you interrupt them, you may miss a thoughtful response.
- **Don't insist on an answer if the participant seems uncomfortable.** Forcing a response may simply make him or her even more reluctant to answer future questions. It may also make the responses less valid.
- **Try to keep the participant focused on the subject.** A little drifting may be acceptable, but try to gently bring them back in a positive way (e.g., "I understand that you think teachers need to be paid more, and that's an important issue. But right now let's focus on the role of sex education in classrooms, OK?").

Common challenges/problems

- **Interviewer anxiety.** It is important that you get plenty of practice so that you are comfortable with the questions. Practice with a co-worker or friend at least 2-3 times before meeting with a participant. If you are still anxious, you could do your first interview together with a co-worker who is more experienced.
- **Interviewer doesn't like the participant.** It is all right not to like everyone you are interviewing. However, you also need to remember that you are not interviewing the person to establish a personal relationship, but because you are interested in his or her thoughts and feelings about your program. Since most people doing this type of interviewing are likely to be outreach workers it may be useful for them to take a moment and think about what pushes their buttons. If they really feel it impossible to work with a particular kind of participant, it may be possible to reassign those participants to other interviewers. Otherwise, their attitudes may limit the usefulness of the data they collect.
- **Interviewer has emotional reactions to the responses.** It is important to realize that an in-depth interview is different from a counseling or education session. Interviewers may find themselves shocked or alarmed at what they hear, but it is important that they keep the goals of the interview in mind. Phrases like, "You had how many partners?" are not likely to encourage the participant to provide you with additional valuable and sensitive information. If you are really concerned with the welfare of a participant, wait until the interview is over and then provide him or her with referral information to a person or agency where the participant can receive help.
- **Interviewer talks too much/ tries to influence participant.** This can happen almost unconsciously. Therefore, you may need to carefully pay attention to your own speech. It can be difficult to keep your opinion to yourself, especially if you are interviewing someone about a topic you really care about. Again, however, please remember that the focus here is to solicit information, rather than have a discussion or a debate about the topic.

What do the data mean?

When you analyze the transcripts from in-depth interviews, you place less emphasis on statistics than you would when analyzing the results from a quantitative survey. To help analyze in-depth interview data:

- Read through the interview responses and look for patterns or themes among the participants.
- If you get a variety of themes, you may want to see if you can cluster them in any meaningful way, such as by type of participant. You may, for example, find that younger participants tend to think and feel differently from older ones or that men and women respond differently. All of these pieces of information may be very important as you make decisions about who to target with your program.
- It is often useful to jot down some initial ideas about what you think participants will say before you have read any of the transcripts. Then you can compare these with the themes that emerge when reading the responses.
- You can also identify the responses that seem to have been given with enthusiasm, as opposed to those that the participants answered in only a few words. The notations by the interviewer can be very helpful in this process.

Surveys

5 A survey is a highly structured series of written questions that is administered to a large number of persons. Surveys require data analysis using some statistical methods. Surveys result in numbers, percentages, averages and other mathematical devices that show how a population looks, behaves, thinks, or reacts.

Surveys and questionnaires are some of the most often used methods of doing research. Certain curricula come with standard questionnaires to be used. Surveys are often borrowed from another agency and adapted. Surveys can be filled out by the client alone or filled out by an interviewer asking the questions of the client (good for low-literacy or disabled clients).

Surveys begin with a written questionnaire and are conducted in a systematic manner. For example, the same survey is conducted with many different persons. Most questions in a survey are close-ended, that is, they require a simple answer such as yes/no, often/never, or age/sex/ethnicity. Often, at the end of a survey, time is left for open-ended questions that may elicit longer responses.

While surveys are the most common tool for evaluation, they are also expensive, time-intensive, and practically useless if not done well. The number one rule of conducting surveys is: don't collect what you can't use. This will not only ease the burden on participants, it will also help with staff efficiency. Agencies should have a clear idea of what exactly they want to measure and whether or not they have realistic expectations from their clients and program.

If you do conduct surveys, have a plan and resources to analyze and disseminate the results. Agencies should have data analysis expertise or have the funds to hire an outside analyst. Agencies also sometimes secure in-kind donations of analysis from local universities or research firms.

NOTE: If you do a good job developing and using a survey, you ought to find out something you didn't know.

How are they used?

Surveys can help:

- **Describe populations** (demographics such as age, race, education, etc).
- **Show prevalence of behaviors.** How many clients are having sex under the influence of alcohol or drugs? How many regularly attend public sex/cruising spots?
- **Determine level of knowledge of clients/populations.** Do they understand about the HIV testing window period? Do women know that the pill does not protect against HIV?

Surveys should never be developed without the input of the target audience. Focus groups or in-depth interviews can help come up with questions and issues that are important to your clients. In addition, pilot-testing the survey will tell you if the questions are understandable and if any questions should be added or deleted.

case study



Michelle's program has shown some remarkable results with the 12-18 year old population, including substantial increases in condom use and discussing safer sex with their partners before sexual activity. She uses a one-page questionnaire that is a part of the curriculum. But if she could add any questions, what would they be?



Flyer produced by Linda Vista Health Center, San Diego

"General things I think might be helpful in measuring behavioral change for the risk for HIV/AIDS would be: Are they gang members? Who taught them about sex? Have they ever been molested? Do they have sex alone or with their friends (trains, intimidation, peer pressure)? Are they allowed to have sex at home? With or without parental knowledge? I would ask directly, have you ever shot up before? What is your drug of choice? That could definitely be helpful in a kid that originally said their drug of choice was shooting up, and then three months later finding out that their drug of choice was marijuana. It would have definitely decreased their chance of contracting HIV. Outside of HIV/AIDS, I'd ask are you a victim of violence? Is your Daddy living at home? Are there drugs in the house? I could go on and on."

Often agencies get "stuck" in the traditional questions of behavior change measures: condom use, drug or alcohol use, number of partners, sexual activity while using drugs or alcohol, needle sharing, etc. But there are many questions that can be asked that go beyond the "standard" questions and explore important underlying issues in staying safe.

How are they analyzed?

One of the complications for using surveys is doing the resulting data entry and analysis. Too many agencies have participated in county-wide surveys, had clients fill out forms, handed them in to the research team, and never heard anything back. Conducting surveys simply to fulfill a scope of work, or to please funders will practically guarantee that the results will not be useful to the agency.

Data also needs to be cleaned, which means that someone needs to go through and make sure the responses make sense and are reliable. Data cleaning is especially important if surveys are self-administered by youth or low literacy folks.

Using outside agencies

There are basically three ways to go for inputting, cleaning and analyzing data: do it by yourself; use technical assistance to help as you do it; and hire someone else to do it. Any outside

agency should be involved from the beginning of the project, from design or adaptation of the survey to pilot testing to implementation.

If you conduct data entry and analysis by yourself, there are several books and manuals that can help you in the process (see Appendix 5 of the *Resources* section). Agencies should consider supporting staff training in order to have someone on board who can handle data analysis. Classes can be found at the local college, at conferences or through technical assistance agencies (see Appendix 6 of the *Resources* section).

Agencies can also use technical assistance resources to problem-solve or give advice during the process. If the survey is not overly complicated and a staff member has experi-

ence in or is willing to learn data analysis, technical assistance can provide supervision and help on specific rough spots (see Appendix 6 of the *Resources* section).

Agencies can also hire an outside researcher or negotiate for a pro-bono donation of time. Researchers in many universities are eager to work with community service providers. The American Psychological Association (APA), Office on AIDS has a special program that links researchers with agencies (see Appendix 6 of the *Resources* section for a further description of this program). There are also many private organizations that provide research and data analysis (also listed in Appendix 6).

Some agencies use graduate students in Public Health or other social or behavioral sciences as interns to input and analyze data collected. Most Public Health candidates are required to work at an agency as part of their education. Graduate students need to be trained and supervised when working with community-based agencies.

If you are using an outside agency to do the data analysis, clarity and communication are essential.

- **Make sure the jobs are clearly defined before starting.** Who will input the data? Who will code it? Will there be a written final report? How detailed will it be?
- **Make your data needs known.** If you are interested in ethnic differences in respondents, or comments on what didn't work in your program, let them know ahead of time. Most data can be analyzed any number of ways, and you need to make sure that the outside agency and your own agency agree on what you're looking for.
- **Discuss preliminary findings together.** This step is most often overlooked. Often, researchers and service providers can interpret the same findings in different ways. If you both agree on what the preliminary data suggests, then further, more in-depth analysis can address the same questions.

Further reading on surveys can be found in Appendix 5 of the *Resources* section.

case study



In San Diego, the technical assistance team conducts a community-wide evaluation every year focusing on different target audiences.

Each agency fills out surveys among their clients and submits them to the TA team. Tom's agency didn't hear anything back after the survey in 1996, and he plans to make sure they get a report back from the 1998 survey on injection drug users. "I won't have the data. It's being compiled by consultants, so they'll have it all. But we'll ask for copies of what the findings are. And we'll ask for them to split out the data according to where the surveys were collected. Because our injection drug use population is very different from say, South Bay, where you get a lot of Hispanics using heroin. We have a lot of white males shooting crystal out here, so it's going to be a real different psychographic makeup of these people. They could do a separate analysis for all six counties and it would be helpful."

Park in El Cajon where injection drug users hang out.





Pointers: Conducting surveys

Surveys provide information in a systematic and quantitative manner, which facilitates statistical analysis. Surveys may be targeted toward specific population groups defined in various ways. For example, surveys may target particular neighborhoods or communities to facilitate outreach efforts and plans for new programs and services by identifying persons with unmet needs. Surveys provide information that is current, and, in certain situations, data may be collected and analyzed during a short time period (two to four weeks). In addition, one major advantage of surveys is that they can collect otherwise unavailable data directly from potential users of the types of services and programs with which the agency is concerned. For example, the only way to obtain data about a person's attitudes, opinions, future plans, expectations, and behaviors that are not directly observable is to ask the person about these issues.

- The key to successfully designing and conducting surveys is to begin with small-scale, well-focused surveys.
- Obtain professional consultation whenever necessary. This is especially important when attempting a new survey method or when performing an aspect of survey work with which you have not had previous experience.
- Smaller is better. If your agency does not have access to a statistician, keep your questionnaire simple and short.

Questionnaire hints

Survey questionnaires are standardized in the sense that they present a uniform stimulus to each respondent. The wording and ordering of all questions are determined in advance and all questions are asked of all respondents in exactly the same way. Except for questions that are contingent on the respondent's answer to a previous question, the questions are asked of each respondent in exactly the same order. These characteristics of survey questionnaires provide for the collection of data that are comparable across all subjects.

Question wording

The goal of writing questions is to use words that everyone understands and that impart only the meaning that the researcher intends. One guide is to consider the educational level of the least educated respondent that will be part of the survey and write questions using language that will be understood by that person. Questions should be polite and written in a conversational tone.

Question order

The placement of questions is an important aspect of questionnaire design. Consideration should be given to making the questionnaire interesting and convenient to use with a logical flow of topics. The opening questions should capture the respondent's interest and motivate him or her to continue to answer the remaining questions. It's a good idea to start with questions that are important and have relevance to the topics of the survey, and that are easy for the respondent to answer. Sensitive and threatening

questions are generally asked later on in the questionnaire. The last questions asked are demographic questions.

Closed vs. open questions

Although survey questions are commonly referred to as being “closed” or “open,” it is actually the *response* to a question that is treated in either a closed or open manner. Open questions provide respondents more freedom of expression and allow the researcher to obtain unanticipated responses. Closed questions provide a convenience to both the respondent and the researcher. They are generally quick and easy to answer, there is less margin for error in recording and processing responses, and they are less costly to process than open questions.

Closed question: In the past 6 months, how often did you use drugs like marijuana, cocaine, crack or heroin before having vaginal or anal intercourse with (SEX PARTNER #1)? Would you say. . .(READ)

- Never,1
- Sometimes,2
- About half the time,3
- Almost all the time, or4
- Every time?5

Open question: What did you do when you realized that (SEX PARTNER #1) did not want to use a condom? (INTERVIEWER, PROBE OFTEN: “What else did you do?”)

Demographic questions

Most surveys contain demographic questions appropriate to the population you’re interested in learning about. Demographic characteristics may be important to distinguish differences in behaviors or attitudes reported by males and females, or young adults and middle-aged persons. Such information may be valuable both for interpreting the results and for making policy decisions regarding what services to offer, in what format, and in what quantity. Here are some examples of demographic questions:

*age:

How old were you on your last birthday? _____ years

*race/ethnicity. There are lots of ways to ask this question. One typical way:

Do you consider yourself to be. . .

White

African American or Black

Hispanic or Latino

Asian or Pacific Islander

American Indian

Other (please specify_____)

*marital status:

Are you currently. . .

Married

Widowed

Divorced

Separated

Never Married

*education:

What is the highest grade or schooling you have completed?

1st, 2nd, 3rd, or 4th grade

5th, 6th, 7th, or 8th grade

9th grade

10th

11th

12th, no diploma

High school graduate (or GED)

Some college but no degree

Associate degree in college - Occupational program

Associate degree in college - Academic program

Bachelor's degree

Master's degree

Professional school degree

Doctorate degree

Time frames

Ask questions with reasonable time frames. For example, if you want to ask questions related to HIV-related sexual risk behaviors, it is important to ask for those behaviors within a time frame that the respondent will be able to remember. Most survey questions ask respondents to report sexual behavior in the last 12 months, 6 months, 3 months, 30 days, or "last encounter". When you're asking about sexual activity, you may want to use a shorter time frame than when you are asking about numbers of partners.

Examples

In the past 12 months how many of the women you had sex with were one-night-stands or someone you had sex with only once?

_____ women

(for men who have sex with men)

These next questions ask about different sexual activities you may have engaged in with other men. In the past 30 days, with how times have had insertive anal intercourse with (MAN #1)?

_____ times

Scales

Two basic approaches to scaling often used in surveys are rating and ranking. Rating questions ask the respondent to make an evaluation according to a pre-coded set of ordered response choices. For example:

Rating question: In general, do you rate your health at the present time as very poor, poor, good, or very good?

- Very poor1
- Poor.....2
- Good3
- Very good4

Another common scaling technique is to ask the respondent to make an evaluation by ranking a group of items.

Ranking question: Please rank the following items in order of how important you think they are to receiving adequate health care. Assign a value of 1 to the item you think is the most important and 2 to the item you think is the second most important, and so on, for all seven items.

- a. Convenience of location
- b. Convenience of hours
- c. Ease in getting an appointment
- d. Your out-of-pocket costs
- e. Quality of treatment or care
- f. Length of waiting time in the office
- g. Explanation of diagnosis and treatment

.....

NOTE: The following manual was helpful in the development of portions of this section on survey pointers: "Design and conduct of community sample surveys: a manual of principles and techniques." Prepared by Survey Research Laboratory, University of Illinois, for the City of Chicago Department of Human Services. November 1982.

Innovative tools

6

Responding to the varied HIV prevention needs in a community using varied programs is challenging to do and even more challenging to document. Service agencies can often have different means for measuring what's happening with their clients or programs than do funders or researchers.

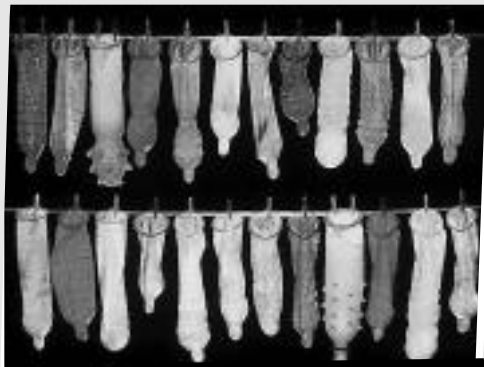
A lot of these measures of success are just stories, just one person's tale of behavior

case study



Lee, also known as "Dr. Sex," conducts custom condom consultations in sex clubs. "For us, our major success is repeat contacts. At our custom condom consultations we actually sit down and talk to a person about their sexual practices, what they do, what they don't do. Then we ask, for the men, about penis size, rough sex, the types of condoms they like to use. Based on that, we carry an outreach kit that carries about 60 different condoms, and we sit there and we put together a prescription package tailored to their needs. And I'll say field test them, then come back. They will tell me, based on my assessment of their condom needs, which ones I gave them that worked. Then they come back and get refills on their prescriptions. So that's a way that I see that we're being effective."

"Part of the repeat contacts is developing a relationship. Communication, people come back and will talk to you about more personal and intimate things because they have established a trust level with you. And the fact that you gave them positive and good information to go out and have sex and improve what they're doing or give them an opportunity to be safe."



case study

Michelle teaches a sexuality education program to girls in detention, rehab, probation and alternative schools. "I think that monitoring behavior change with self observation is the best way to (measure success). I can talk to an individual in my class one day and she may be down and talking about 'well, my boyfriend wants me to get pregnant and I don't want to get pregnant.' And I might see her three months from now and I'll say, so what are you doing? 'I'm going to school.' Well, where's your boyfriend? 'We're still kicking it but you know, he's doing his thing and I'm doing my thing.' What about the baby? 'I don't have time for a baby.' Basically, just dialoging with them and seeing them change from the person that I remember to the person they've become."



case study

Tim's outreach workers have the tough job of targeting sex industry workers where behavior change is a slow process. "How do you qualify incremental behavior change in a standardized assessment? We've not found anything that is a good HIV negative assessment tool that we can use to actually plot improvement over time in knowledge, attitudes and behaviors. In order to measure improvement and progress, the steps under a standardized assessment tool were too big. To move from level 1 to level 2 was impossible for a high-risk client. It would take them maybe years. But they could move from step 1A to B in a month, and then from B to C in a couple of weeks. We have the entire alphabet to go through before we get to level 2.

"For example, you're on the street trying to do outreach to a prostitute and she basically says "fuck off." OK, that's your baseline. Then, an improvement is when she finally no longer says "fuck off" but "why are you guys out here hassling me when I'm trying to make money?" That's an improvement. Her attitude has changed. And you can count that as a victory. Then that usually leads to "What are you guys doing down here all the time? What is all this about?" That's an improvement because now she's curious. And then we can lead that person further in terms of attitude, knowledge and behavior."

change. And that's not enough to convince a funder that a program is effective, right? Well, maybe it can be. Many agencies are starting to take these "stories" and put them into a form that can tell the story to a larger audience. Comic books, 'zines and booklets are popular.

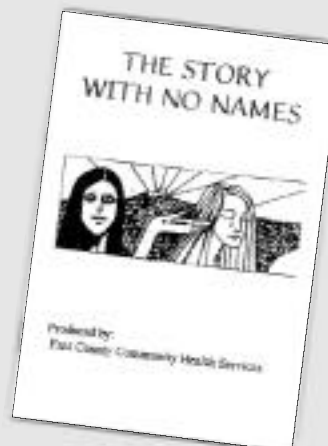
Some agencies have told these "stories" via videotape – giving video cameras to participants and having them go into their communities and tape other people's stories.

In each of these cases, the end product – the stories – not only document the program, but are also interventions in and of themselves. The act of telling your life story and having someone listen and care may be a great catalyst for behavior change. Reading the stories can also prompt change if the stories include the necessary elements for stimulating such change.



case study

In El Cajon, "The Story With No Names" is a small pamphlet (3"X 5") that tells the story of one person and her experience with shooting up. These booklets are handed out to street-based IDUs as part of a safer injecting/hygiene kit. Sometimes the stories end hopefully: "So far now I have been clean for 3 years, except methadone, which saved my life. No lie." Sometimes they end cautiously: "We buy new needles every chance we get. But sometimes it's impossible to find them. So if we have to acquire someone's used needles we make sure we clean it: three times water, three times bleach, three times water."





Resources

SECTION IV

1

APPENDIX 1

Archival data samples and resources

The first place to look for archival data should be at the local Department of Public Health. The DPH should have statistics on STDs, drug use, pregnancies and other health-related matters.



California Department of Health Services

Center for Health Statistics
304 S Street, Third Floor
P. O. Box 942732
Sacramento, CA 94234-7320
(916) 445-6355
<http://www.dhs.cahwnet.gov/org/hisp/chs/chsindex.htm>



National Center for Health Statistics

6525 Belcrest Road
Hyattsville, Maryland 20782
(301) 436-8500
e-mail: nchsquery@cdc.gov
<http://www.cdc.gov/nchswwww/>

Their web site contains FASTATS, a quick guide to a number of health-related statistics.



FEDSTATS

<http://www.fedstats.gov/>

A web site that links to a host of federal statistics listed by region, such as health education, crime and economic statistics.



US Census Bureau

<http://www.census.gov>

This web site lists not only population, but health, economic status, and many other statistics, with interactive maps and diagrams. Good for writing reports or presentations.



Centers for Disease Control and Prevention (CDC)

Division on HIV/AIDS Prevention
http://www.cdc.gov/nchstp/hiv_aids/dhap.htm

This web site has basic HIV/AIDS statistics for the US (not broken down into state or region) as well as copies of CDC slides that provide charts and graphs of US AIDS trends among different populations

Field notes and observation resources

The Management Group is a consulting firm in Los Angeles that has created an excellent web site with copies of surveys used in the HRSA SPNS projects. There are field note/intake forms online. (<http://www.tmg-web.com/evalbttn.htm>)

Participant Observation: A Methodology for Human Studies. By Jorgensen, D.L. 1989. Sage Publications.

Analyzing Field Reality. By Gubrium, J. 1988. Sage Publications.

Available through Sage Publications, 2455 Teller Road, Thousand Oaks, California, 91320. Tel: (805) 499-0721, Fax: (805) 499-0871, E-mail: order@sagepub.com. Internet: <http://www.sagepub.com>.

Participant Observation. By Spradley, J. P. 1980. Holt, Rinehart and Winston.

Available through Holt, Rinehart and Winston. 577 Airport Blvd., Ste. 185, Burlingame, CA 94010. Tel: (800) 228-4658, (650) 579-3993, Fax: (650) 579-0640

Focus groups resources

Focus Group Interview: an underutilized research technique for improving theory and practice in health education. By Basch, Charles E. 1987 Health Education Quarterly, Vol.14(4):411-448 (Winter).

A Handbook for Excellence in Focus Group Research. By Mary Debus, Academy for Educational Development.

Available free of charge through Basics (703) 312-6806.

The Focus Group Kit. You've just been asked to run a focus group, but you don't know where to start. How do you get the right mix of people together? How many people should be in your group? What kind of questions should you ask? How do you phrase them? What do you do with the information you've gathered? How do you put it all together into one cohesive report? These are but a few of the issues that are covered in The Focus Group Kit. The kit provides you with all you'll need to know to run a successful focus group, from the initial planning stages to asking questions to moderating to the final analyzing and reporting of your research – it's all here!

The Focus Group Guidebook by David L. Morgan

Planning Focus Groups by David L. Morgan

Developing Questions for Focus Groups by Richard A. Krueger

Moderating Focus Groups by Richard A. Krueger

Involving Community Members in Focus Groups by Richard A. Krueger & Jean A. King

Analyzing and Reporting Focus Group Results by Richard A. Krueger

Available through Sage Publications, 2455 Teller Road, Thousand Oaks, California, 91320. Tel: (805) 499-0721, Fax: (805) 499-0871, E-mail: order@sagepub.com. Internet: <http://www.sagepub.com>.

In-depth interviews resources

Qualitative Interviewing, In *Qualitative Evaluation and Research Methods* (2nd ed.); Chapter 7. By Michael Quinn Patton. 1990. Sage Publications.

Research Methods in Anthropology: Qualitative and Quantitative Approaches (2nd ed.); Chapters 10, 11, 12, 13. By Bernard, H.R. 1994. Sage Publications.

Qualitative Data Analysis: A Sourcebook of New Methods. By Miles, M.B. and Huberman, A.M. 1994. Sage Publications.

Writing up Qualitative Research. By Wolcott, H.F. 1990. Sage Publications.

Available through Sage Publications, 2455 Teller Road, Thousand Oaks, California, 91320. Tel: (805) 499-0721, Fax: (805) 499-0871, E-mail: order@sagepub.com, Internet: <http://www.sagepub.com>.

Research Interviewing: Context and Narrative. By Mishler, E.G. 1986. Harvard University Press.

Available through Harvard University Press, 79 Garden Street, Cambridge, MA 02138. Tel: (800) 448-2242, (617) 495-2480/2577, Fax: (617) 495-5898, E-mail: jws@hup.harvard.edu, Internet: <http://www.hup.harvard.edu/>.

Qualitative Research: Analysis Types and Software Tools. By Tesch, R. 1990. Falmer Press.

Available through Falmer Press. Order Department, Taylor & Francis, 1900 Frost Road, Suite 101, Bristol, PA 19007-1598. Tel: (800) 821-8312, Fax: (215) 785-5515, E-mail: bkorders@tandfpa.com, Internet: <http://www.tandf.co.uk/Falmer/Falhome.htm>.

Surveys resources

The Management Group is a consulting firm in Los Angeles that has created an excellent web site with copies of surveys used in the HRSA SPNS projects. Mostly care-related, but there are several good intake and behavioral questionnaires on-line. (<http://www.tmg-web.com/evalbtn.htm>)

Survey questions:handcrafting the standardized questionnaire, by Jean M. Converse and Stanley Presser, #63.

Introduction to survey sampling, by Graham Kalton,#35. Sage series.

Available through Sage Publications, 2455 Teller Road, Thousand Oaks, California,91320. Tel:(805) 499-0721, Fax:(805) 499-0871,E-mail:order@sagepub.com.Internet: <http://www.sagepub.com>.

Mail and telephone surveys :the total design method by Don A. Dillman. John Wiley & Sons, Inc.

Describes step-by-step details of how researchers can conduct mail and telephone surveys. Compares mail surveys with telephone and face-to-face interviews and discusses in detail constructing mail and telephone questionnaires and implementing mail and telephone surveys.

How to Conduct Your Own Survey. By Priscilla Salant and Don A. Dillman, New York: John Wiley & Sons, Inc. 1994.

Available through John Wiley & Sons, Inc. Distribution Center, 1 Wiley Drive, Somerset, NJ 08875-1272. Tel: (732) 469-4400 or (800) 225-5945, Fax:(732) 302-2300,E-mail: bookinfo@wiley.com,Internet: <http://catalog.wiley.com/>.

Asking questions by Seymour Sudman, Norman M. Bradburn.1st ed. San Francisco : Jossey-Bass, 1982. Series title: Jossey-Bass social and behavioral science series.

A useful guide describing the entire process of questionnaire design from formulating the research problem to testing and revising the questionnaire. Discusses issues to be considered in writing questions or constructing scales for mail, telephone and personal surveys. Consideration is given to methods of asking threatening and non-threatening questions, knowledge questions, attitude questions, and standard demographic items. Checklists provide helpful overviews of material covered in each chapter.

Available through Jossey-Bass, Inc. Publisher, 350 Sansome Street, Fifth Floor, San Francisco, CA 94104. Tel: (800) 956-7739, Fax:(800) 605-2665 or (415) 433-0499,E-mail: webperson@jbp.com,Internet: <http://www.jbp.com/>.

Designing surveys:a guide to decisions and procedures, by Ronald Czaja and Johnny Blair. Pine Forge Press, Thousand Oaks, CA,1996.

A good overview of how survey research is conducted with the needs and goals of a novice researcher in mind. Contains practical guidelines in survey design,pre-testing, selecting a data collection method, designing questions, designing the sample, and selecting the sample.

Available through Pine Forge Press, 2455 Teller Road, Thousand Oaks, CA 91320. Tel:(805) 499-4224, Fax: (805) 499-7881,E-mail:sales@pfp.sagepub.com,Internet: http://www.sagepub.com/pineforge/Czaja_designing.htm.

General resources

Strategic Planning for AIDS Service Organizations: A Practical Guide and Workbook. This workbook offers a framework and detailed suggestions for conducting strategic planning for ASOs. The workbook is organized around getting ready; articulating mission and vision; situation assessment; developing strategies, goals and objectives; and writing the strategic plan—a valuable resource in today’s rapidly changing environment.

Available through the National Minority AIDS Council (NMAC) for \$15 per copy. Call (202) 483-NMAC.

The Program Development Puzzle: How to Make the Pieces Fit. This will provide CBOs with a comprehensive tool which may be used to design an HIV prevention program from start to finish. It will enable your organization to cater to the specific needs of the community, respond better to client needs, and incorporate the constantly changing political and financial situations around HIV/AIDS work.

Available through the National Minority AIDS Council (NMAC) for \$15 per copy. Call (202) 483-NMAC.

Evaluating HIV/AIDS Prevention Programs in Community-Based Organizations. This workbook provides detailed explanations of different kinds of evaluation techniques for interventions.

Written by the National AIDS Fund (formerly National Community AIDS Partnership). Call (888) 234-AIDS and ask for the publications department

Prevention Plus III: Assessing Alcohol and Other Drug Prevention Programs at the School and Community Level. This workbook provides a step-by-step guide to assessing prevention programs. The focus is not on HIV/AIDS, but it provides interesting drug prevention information and tips on evaluating school programs.

Available through the National Clearinghouse for Alcohol and Drug Information (800) 729-6686.

Using Formative Research to Lay the Foundation for Community Level HIV Prevention Efforts: An Example from the AIDS Community Demonstration Projects. Donna Higgins, Kevin O’Reilly, Nathaniel Tashima, et al. Article from Public Health Reports, Volume III, Supplement 1, 1996.

For copies of the article, please contact Donna Higgins, Division of HIV/AIDS Prevention, CDC at (404) 639-4475, Fax: (404) 639-8623.

American Psychological Association (APA), Office on AIDS Behavioral and Social Science Volunteer Program (BSSVP)

Contact: E. Duane Wilkerson, M.P.H., Program Director
(360) 754-1404 Fax: (360) 943-5770
2520 Kempton St., S.E., Olympia, WA 98501
DWilkerson@avhome.com

Contact: Lara Frumkin, M.A., Program Coordinator
(202) 218-3993 Fax: (202) 336-6198
750 First Street, NE, Washington, DC 20002-4242
Lfrumkin@apa.org

In January 1996, the APA Office on AIDS established the BSSV Program to promote and assist the involvement of behavioral and social scientists in HIV prevention efforts at the local level. It is funded by CDC as part of the Technical Assistance Team for HIV Prevention Community Planning. In addition the BSSV Program provides technical assistance for all Program Announcement 704 agencies. This collaborative, capacity-building initiative involving APA, the Academy for Educational Development (AED), CDC, and the National Alliance of State and Territorial AIDS Directors (NASTAD) has focused on the identification and preparation of qualified scientists who are interested in offering their expertise and time to enhance HIV prevention efforts in their community.

The BSSV Program has been organized to assist HIV prevention efforts in the following ways:

- (1) By recruiting qualified behavioral and social scientists from several disciplines for volunteer participation in HIV prevention planning and implementation activities in their respective communities;
- (2) By orienting behavioral and social scientists to the HIV Prevention Community Planning process and issues involved in establishing successful working relationships with community planning groups (CPGs) and community-based organizations (CBOs);
- (3) By linking behavioral and social scientists with prevention planners and implementers in their respective communities in collaboration with NASTAD, CDC Program Consultants, the CDC Behavioral Intervention Research Branch, the CDC Training and Technical Support System Branch, and national technical assistance providers.

Technical assistance resources

The Quick Start Guide to HIV/AIDS Prevention Technical Assistance and Training. Prepared by the California State Office of AIDS. For copies, please call David Hubbard at (916) 323-7282.

Academy for Educational Development
HIV Prevention Community Planning Technical Assistance
3315 Club Drive
Los Angeles, CA 90064
Contact: Carol Nina Marshal
(202) 884-8862
<http://www.aed.org>

Los Angeles Gay and Lesbian Center
California AIDS Clearinghouse
Computerized AIDS Information Network (CAIN)
1443 North Martel Avenue
Los Angeles, CA 90046
Contact: Russ Toth
(213) 845-4180 Fax:(213) 845-4193
e-mail: LACAIN@aol.com
<http://www.gay-lesbian-center.org>

California State University, Long Beach
Center for Behavioral Research and Services
1090 Atlantic Avenue
Long Beach, CA 90813
Contact: Ann Ueda
(562) 495-2330 Fax:(562) 983-1421

Institute for Community Health Outreach
507 Divisadero Street, Suite B
San Francisco, CA 94117
Contact: Pat Norman
(415) 922-6135 Fax:(415) 922-3932

Polaris Research and Development
Multicultural AIDS Resource Center of California
Chine Basin Suite 4300
185 Berry Street
San Francisco, CA 94107
Contact: Chris Sandoval
(415) 777-3229 Fax:(415) 512-0212
TA Hotline:(800) 871-8688
Contact: Marta Ashley
e-mail:marcc@polarisinc.com

California Department of Health Services
State Office of AIDS
P.O. Box 942732
Sacramento, CA 94234-7320
Contact: Your Program Consultant
(916) 445-0553 Fax:(916) 323-4642

Research/evaluation resources

Support Center for Nonprofit Management
706 Mission Street, 5th floor
San Francisco, CA 94103-3113
Contact: Cristina Chan
(415) 541-9000 Fax:(415) 541-7708
<http://www.supportcenter.org/sf>

Communication Technologies, Inc.
140 Second Street, Suite 600
San Francisco, CA 94105
Contact:Larry Bye
(415) 541-9551 Fax:(415) 995-8196

Centers for Disease Control and Prevention (CDC)
National Prevention Information Network
(formerly the National AIDS Clearinghouse)
P.O. Box 6003
Rockville, MD 20849-6003
(800) 458-5231
<http://www.cdcnpin.org/>

National Minority AIDS Council
1931 13th Street, NW
Washington,DC 20009-4432
(202) 483-6622 Fax:(202) 483-1135
Contact: Bruce Holmes
e-mail:bholmes@nmac.org
<http://www.nmac.org/>

National Technical Assistance and Research Program
Asian & Pacific Islander Wellness Center
730 Polk Street, 4th Floor
San Francisco, CA 94109
(415) 292-3400 Fax:(415) 292-3404
e-mail:national@apiwellness.org

United States Conference of Mayors
1620 Eye Street, NW
Washington,DC 20006
(202) 293-7330 Fax:(202) 293-2352
<http://www.usmayors.org/>

California academic and not-for-profit survey research organizations

Public Health Institute-CATI Unit
Department of Health Services/CSS
P.O. Box 942732
Sacramento, CA 95814
Bonnie D. Davis, Chief
Phone:(916) 327-2768
Fax:(916) 327-4657
bonnie@ccr.ca.gov

Center for Policy Research and Evaluation
SBS F 117
California State University, Dominguez Hills
1000 E. Victoria St.
Carson, CA 90747
Edith F. Neumann, Director
Phone:(310) 516-3343
Fax:(310) 516-3547
eneumann@research.csudh.edu

Higher Education Research Institute
Cooperative Institutional Research Program
University of California, Los Angeles
GSE and IS
P.O. Box 951521
Los Angeles, CA 90095-1521
Alexander Astin, Director
Phone:(310) 825-1925
Fax:(310) 206-2228

RAND (Research and Development)
Survey Research Group
1700 Main St.
Santa Monica, CA 90401
Sandra Berry, Director
Phone:(310) 393-0411 ext.7779
Fax:(310) 451-6921
sandra_berry@rand.org

Survey Research Center
California State University, Chico
Chico, CA 95929-0201
James Fletcher, Director
Phone:(530) 898-4332
Fax:(530) 898-5095
Src@campuspo.csuchico.edu

Survey Research Center
University of California at Berkeley
2538 Channing Way, #5100
Berkeley, CA 94720-5100
Karen A. Garrett, Manager of Survey Services
Phone:(510) 642-6578
Fax:(510) 643-8292
karen@csm.berkeley.edu
<http://srcweb.berkeley.edu:4229/>

Survey Research Center
Institute for Social Science Research
University of California, Los Angeles
P.O. Box 951484
Los Angeles, CA 90095-1484
Eve P. Fielder, Director
Phone:(310) 825-0713
Fax:(310) 206-4453
efielder@issr.ucla.edu
<http://www.sscnet.ucla.edu/issr/src/index.html>

Social Science Research Laboratory
College of Arts and Letters
San Diego State University
5500 Campanile Dr.
San Diego, CA 92182-4540
Douglas S. Coe, Director
Phone:(619) 594-2280
Fax:(619) 594-1358
doug.coe@sdsu.edu
<http://ssrl.sdsu.edu>

