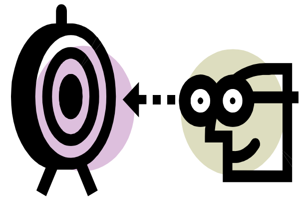
Monitoring Outcomes of HIV Prevention Programs:

Module 2 – Data Collection Methods

Participant's Manual

Training Objectives



By the end of the training, participants will be able to:

- Write clear, measurable outcome objectives
- Select objectives that are useful and easy to evaluate
- Identify and describe the advantages and disadvantages of different data collection methods
- Describe factors to consider in choosing an appropriate data collection method
- Assess readiness for outcome monitoring
- Create an outcome monitoring plan

Training Agenda

9:00 – 9:30 | I. Setting the Stage
- A. Meet the trainers
- B. Review training objectives, agenda, and manual
- C. Icebreaker *activity*

9:30 – 10:00 | II. Review of Module 1
- A. Process monitoring, process evaluation, and outcome monitoring
- B. Logic models
- C. *Activity* – Listing immediate outcomes

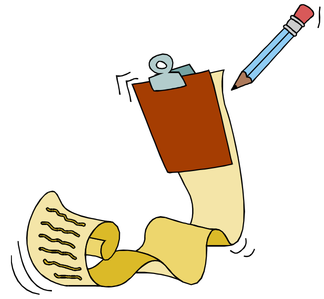
10:00 – 10:50 | III. Writing Evaluable Objectives
- A. SMART Method
- B. Process and outcome objectives
- C. *Activity* – Writing evaluable objectives

10:50 – 11:30 | IV. Selecting Objectives to Evaluate
- A. Useful vs. Easy to measure
- B. *Activity* – Prioritizing objectives to evaluate

Lunch 1 ½ hour

SMART Evaluation!

Training Agenda (cont.)



1:00 – 2:40	V. Ways to Collect Data	

1:00 – 2:40 — V. Ways to Collect Data

- A. Review of documents/records
- B. Diaries
- C. Written questionnaires
- D. *Discussion* – Review icebreaker activity
- E. Observations
- F. *Activity* – Observe Role Plays
- G. Individual interviews
- H. Focus groups and community forums
- I. Visual Techniques
  1. Access and control
  2. *Activity* – access and control
  3. Free listing
  4. *Activity* – free listing
  5. Mapping

2:40 – 3:00 — VI. Participatory Evaluation

- A. What is participatory evaluation?
- B. Why use it?
- C. How do you do it?
- D. *Discussion* – Participatory methods

3:00 – 3:50 — VII. Outcome Monitoring Plan

3:50 – 4:30 — VIII. Assessing Readiness to Evaluate

4:30 – 5:00 — IX. Summing Up

I. Setting the Stage

During this session participants will:
- Meet the trainers
- Review the training objectives, agenda, and manual
- Participate in an icebreaker *activity*

This training is the second in a three-part series to build the capacity of HIV prevention providers to implement outcome monitoring activities. *Outcome monitoring* is one of several types of evaluation.

> **Outcome Monitoring** refers to the systematic collection of information about the progress of participants of HIV interventions. At its most basic level, outcome monitoring answers the question *"Did our intervention do what it said it was going to do?" "Did our intervention meet its objectives?"*

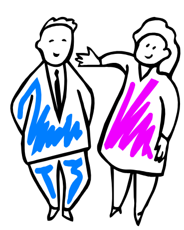
Answers to these questions not only highlight an intervention's successes but also provide information that can be used to improve the parts of an intervention that are not working well.

Module 1 defined evaluation terms and introduced logic models. You should have with you today a copy of the logic model(s) for the intervention(s) your agency is implementing. You will be given the opportunity to refer to your logic models as guides throughout the course and during activities.

This training will provide instruction to help you write clear, measurable outcome objectives for your interventions and select appropriate data collection methods to measure those objectives.

In the first section, you will have an opportunity to introduce yourself and meet your colleagues and facilitators. The facilitators will review the training objectives and go over the agenda and materials with you.

Participant notes:



II. Review of Module 1

During this session participants will:

- Review the distinctions between process monitoring, process evaluation, and outcome monitoring
- Review the definition and components of a logic model
- List the immediate outcomes of their interventions

Before moving on to the new topics and activities in this course, it is important to review the different types of evaluation that were covered in the Module 1 course. In this section, you will have a chance to refresh your memory on process versus outcomes and monitoring versus evaluation. You will review examples of each type of evaluation and discuss their importance in relation to your interventions. You will also review the definition and components of a logic model and discuss the role they play in program monitoring and evaluation. Then, you will list the immediate outcomes of your interventions.

Participant notes:

Review of Module 1
Different Types of Evaluation

Process Monitoring

Process monitoring is collecting information about the populations served, the services provided, and the resources used to deliver those services. Process monitoring data also tell us *how much* of an intervention (dosage) a program participant was exposed to or received.

Examples:

- The A-1 CBO conducted 3 two-hour group-level sessions with 8 participants. Participants practiced negotiating safer sex in role plays and placing condoms on anatomical models.

- Five members of the targeted at-risk community distributed 50 copies each of three role model stories in Southside Community Park and surrounding areas.

- Counselors at Northside Community Clinic received 30 risk reduction plans from high-risk clients participating in prevention case management in March.

Why is it essential to collect this type of information?

Participant notes:

Review of Module 1

Types of Evaluation

Process Evaluation

Process evaluation is an examination of the difference between what was planned and what actually happened. It basically answers the question: *Did we do what we said we were going to do?*

Example 1: Planned vs. Actual
Planned – 25 female sex workers will attend three 2-hour group sessions on negotiating safer sex.
Actual – 6 female sex workers attended all three sessions; 10 attended only two sessions; and 2 women only attended 1 session.

Example 2: Planned vs. Actual
Planned – Five members of the targeted at-risk community will distribute 50 role model stories each.
Actual – Four members of the targeted at-risk community distributed 40 role model stories each.

Example 3: Planned vs. Actual
Planned – 2 counselors will obtain 25 risk reduction plans each from individuals in prevention case management. The "*I Care*" intervention curriculum for individual-level counseling will be used.
Actual – 1 counselor obtained 25 risk reduction plans and the other obtained 10 risk reduction plans. The "*I Care"* curriculum was abandoned by one of the counselors early on in the intervention.

Process evaluation has to be completed before you can evaluate the effectiveness of an intervention. If you don't know if the intervention was implemented as planned and whether or not you reached the target audience, you aren't ready to measure the outcomes.

Participant notes:

Review of Module 1

Types of Evaluation

Outcome Monitoring

Outcome monitoring comes after process monitoring and process evaluation. It measures the immediate changes in a participant's knowledge, attitudes, skills, or behaviors after the intervention has been completed and answers the question: *Did the expected outcomes happen?*

Example:

- After participating in the Womanpower intervention, 80% of the program participants were able to demonstrate to a prevention worker the correct procedure for using a condom.

There are two very important reasons for doing outcome monitoring: 1) to determine if what you are doing works and 2) to make programmatic decisions about the intervention; i.e. determine any changes that need to be made to improve the intervention.

Participant notes:

Review of Module 1

What is a Logic Model?

A logic model is a tool for defining and describing an intervention. A logic model describes the main elements of an intervention and how they work together to achieve expected outcomes. It illustrates a program's theory of change (set of assumptions about why the program will work and why it is a good solution to an identified problem) and how specified activities connect to the results or expected outcomes.

Before you begin measuring an intervention's success in achieving outcomes, you must be able to describe the intervention in detail and define what the expected outcomes are. A clearly described intervention is easier to evaluate and modify.

Participant notes:

Review of Module 1

Components of a Logic Model

Problem statement – What is the problem? (ex. STD rates are high among a certain population)

Risk behaviors – What behaviors explain why the problem exists? (ex. lack of condom use; multiple partners)

Influencing factors – Why do individuals engage in these risky behaviors? (e.g., poor communication and negotiation skills)

Intervention/Activities – What services and materials are provided to program participants to address the influencing factors? (e.g., self-assertion skills training and safe-sex negotiation scenarios and role plays)

Outcomes

- *Immediate* – What are the immediate results of the intervention? (e.g., increased perception of risk or improved condom use skills)
- *Intermediate* – What results occur some time after the intervention is completed? (ex. increased condom use)

Impacts – What is the long-term result of one or more interventions over time? (ex. decreased HIV rates)

A logic model gives a clear description of the program or intervention being implemented. It shows the relationships between the activities you propose to do and the intended outcomes; and it helps you identify questions for your evaluation.

What are some of the immediate outcomes of some of the interventions you will be implementing?

Participant notes:

III. Writing Evaluable Objectives

During this session, participants will:

- Learn the SMART method for writing evaluable objectives
- Discuss ways to estimate appropriate targets
- Practice writing evaluable objectives

Writing clear objectives is an important part of both process and outcome monitoring and evaluation. In this section, you will learn how to write clear, evaluable objectives using the SMART method. You will also learn how to estimate appropriate targets in order to reach your objectives. Then, you will participate in an activity to practice writing evaluable outcome objectives for your own interventions.

Participant notes:

Writing Evaluable Objectives

Writing clear objectives is an important part of both process and outcome monitoring and evaluation. Objectives need to be more specific than "Distribute role model stories" (process objective) or "Decrease risk behaviors" (outcome objective). More information is needed to make these objectives easier to measure.

Consider a first attempt at defining a process objective:
"Distribute role model stories"

Without more information, it would be very difficult if not impossible to measure to what extent you met the objective of distributing role model stories. In addition, you *need to know who received stories and how many stories were distributed.* Why?

Participant notes:

The SMART Method

Specific: Does the objective clearly specify what will be accomplished and by how much?
Measurable: Is the objective measurable?
Appropriate: Does the objective make sense in terms of what the intervention is trying to accomplish?
Realistic: Is the objective achievable given the available resources and experience?
Time-based: Does the objective specify by when it will be achieved?

The SMART Method is one way to develop measurable objectives. It guides the prevention worker through a series of questions that lead to the development of clearly defined objectives.

Participant notes:

Writing Evaluable Objectives

Now, let's take a look at the revised objectives from the previous two examples:

Example 1:
Original process objective: "Distribute role model stories"

Revised: "In the first quarter of the year, each of three members of the targeted at-risk community will distribute 75 role model stories in the Southside community."

Example 2:
Original outcome objective: "Decrease risk behaviors"

Revised: "By the end of the intervention, 75% of African American male IDUs in recovery who complete 3 one-hour group-level counseling sessions will demonstrate skills for correctly using a condom."

Which parts of the revised objectives meet each requirement of the SMART Method?

Participant notes:

Estimating Appropriate Targets

Determining how many people might be reached, how much of a service might be delivered, or how much change can be expected to result from an intervention is not an easy task. If you do not reach your objectives, it might be because you did not estimate appropriate targets. In other words, your objectives might have been unrealistic.

Suggestions for estimating appropriate targets might include:

- Past experience with the intervention or similar programs
- Past experience with the targeted population
- Process monitoring data and objectives
- Discussions with staff and other experts
- Published literature
- Agency capacity (staff, resources, etc.)

In reality, you may not always meet your objectives. Through trial and error, you may learn that you have set your targets too high and may need to adjust the numbers. *This is okay.* It is one way data are used to make programmatic decisions.

Currently, how do you determine how many people you will reach with a certain type of service? How do you set goals for how many people will return for test results? For additional counseling sessions?

Participant notes:

IV. Selecting Objectives to Monitor

During this session participants will:

- Learn a technique to identify useful and easily measurable objectives to evaluate
- Practice selecting objectives to evaluate

Conducting evaluation activities is costly in terms of funds, time, and other resources. Additionally, evaluation data are worthwhile only if they are used. For these reasons, it is important that our efforts and money to collect evaluation data are wisely spent.
In this section, you will learn how to identify useful and easily measurable outcome objectives. You will also get to practice selecting objectives to measure.

Participant notes:

Selecting Outcomes to Measure

Useful versus feasible objectives:
When an intervention is ready to be evaluated, program staff has to select which objectives (whether process or outcome) it will monitor. The objectives should be relevant to the targeted population, the activities of the intervention, and changes in knowledge, attitudes, beliefs, and skills. Given available resources, however, it is usually not possible to monitor every objective. In deciding which objectives to measure, you should keep in mind how easily the information can be collected (feasibility) and how important the information is to know (usefulness).

Some objectives may provide information that is useful for improving an intervention. Similarly, some may be easier or harder to measure. How do you determine which objectives to evaluate? How can you determine which objectives, when measured, will give you the most useful information? And, how easy will it be to obtain this information from participants?

Participant notes:

V. Ways to Collect Data

During this session participants will:

- Identify different data collection methods
- Discuss the advantages and disadvantages of each method
- Discuss factors to consider in choosing an appropriate method
- Identify additional resources for each method

There are several ways to gather information on the outcomes of HIV prevention interventions. In this section, you will learn about many different methods for data collection. You may use one or a combination of various methods depending on the resources and needs of your individual agencies. We will cover methods ranging from: review of documents/records, written questionnaires to observations and focus groups. You will also be presented with tip sheets explaining the advantages and disadvantages of each method.

Participant notes:

Potential Sources of Information

Possible sources for collecting information on the outcomes of HIV prevention interventions are:

- Program participants (ILI, GLI)
- Community members (CLI)
- Prevention workers (ILI, GLI, CLI)

Depending on the target population and design of your interventions, you may be able to collect information from one or more of the sources listed above. For example, if you are implementing a group-level intervention (GLI), you could gather data from both program participants and prevention workers to find out whether the expected outcomes occurred and how they feel about the intervention itself.

Participant notes:

Ways to Collect Data

I - Review of Document/ Records

Almost all interventions involve some type of written documentation. Depending on how the intervention was designed, there could be several sources of documentation that contain program participant information. Some documents may include the following:

1) Risk reduction plans
2) PCM records
3) PCPE records
4) Medical charts or databases

The remainder of this section will provide detailed information on each of these types of documents and discuss examples of each in relation to data collection for outcome monitoring.

Participant notes:

Review of Documents

Risk Reduction Plans

1) *Risk reduction plans* – A risk reduction plan can be used to monitor outcomes. A prevention counselor along with the client can select 2-3 main issues that the client is willing to work on and document the steps taken by the client to achieve the goals of the risk reduction plan. Each time a client makes progress towards their goal(s) this info can be extracted for outcome monitoring.

In addition to the information contained in the risk reduction plan created during counseling session with your program participant, you could create your own form for outcome monitoring. Or, you could use the information contained within the risk reduction plans to fill out the form.

The following is an example of a form created to gather outcome monitoring data from risk reduction plans:

Outcome Monitoring of Risk Reduction Plans

(check appropriate boxes for each visit)

Client #:	Counselor:
Visit 1 ***Date:***	***Visit 2*** ***Date:***
☐ Low perceived risk for HIV ☐ Low perceived severity ☐ Does not perceive benefits of change ☐ Perceives inability to overcome barriers to change ☐ Negative attitudes about change ☐ Does not express intentions to change ☐ Beliefs and norms do not support changing ☐ Expectations support not changing ☐ Low self-efficacy ☐ Social support doesn't encourage change ☐ Other ________________________ *(Staging)* ☐ Pre-contemplation ☐ Contemplation ☐ Preparation ☐ Action ☐ Maintenance	☐ Increased perceived risk for HIV ☐ Increased perceived severity ☐ Perceives benefits of change ☐ Perceives ability to overcome barriers to change ☐ Improved attitudes about change ☐ Expresses intentions to change ☐ Beliefs and norms support changing ☐ Expectations support changing ☐ Improved self-efficacy ☐ Social support encourages change ☐ Other ________________________ *(Staging)* ☐ Pre-contemplation ☐ Contemplation ☐ Preparation ☐ Action ☐ Maintenance

Review of Documents

PCM Records

2) *PCM records* – Patients' case management records can provide very useful information about attendance and participation in social, recreational, and therapeutic groups. Information on patients' HIV risk reduction behaviors and associated factors that influence these risk behaviors may also be available from the progress notes of clinic and counseling staff.

The following is an example of a form created to gather data for outcome monitoring from PCM records:

PREVENTION CASE MANAGEMENT
PROGRESS NOTES

<table>
<tr><td colspan="4">Client Name: Roger Thompson</td><td>ID Number: 5698</td></tr>
<tr><td colspan="3">1. Index each progress note to correspond with the most recent problem/goal/intervention strategy:

1=Health/Drug Use
2=Legal
3=Employment
4=Educational
5=Psychological
6=Prevention Case Management</td><td colspan="2">2. Write progress note in problem oriented format:

S=Subjective
O=Objective -OR- D=Data
A=Assessment
P=Plan</td></tr>
<tr><td>Date</td><td>Time Spent</td><td>Index Number</td><td colspan="2">Notes</td></tr>
<tr><td>3/20/03</td><td>1 hr</td><td>223</td><td colspan="2">Roger has not been able to talk to main partner (seronegative)</td></tr>
<tr><td></td><td></td><td></td><td colspan="2">about using condoms; we conducted role play on how to talk</td></tr>
<tr><td></td><td></td><td></td><td colspan="2">to partner.</td></tr>
<tr><td></td><td></td><td></td><td colspan="2"></td></tr>
<tr><td>3/27/03</td><td>1 hr</td><td></td><td colspan="2">Roger came in very happy; said his partner "opened up" about</td></tr>
<tr><td></td><td></td><td></td><td colspan="2">a lot of things and they are now using condoms.</td></tr>
<tr><td></td><td></td><td></td><td colspan="2"></td></tr>
</table>

Participant notes:

Review of Documents

PCPE Records

3) *PCPE records* - The standardized HIV Counseling and Testing form for Texas includes several areas where data may be extracted for outcome monitoring purposes. Categorization of risk for patient and partner(s) and frequency of condom/barrier use are examples of data that can be collected from this form, along with drug use.

Example of data collected for outcome monitoring from PCPE records:

Consistency of Barrier Use:

	Vaginal Sex	Anal Sex	Oral Sex
Always	□	□	□
Almost Always	□	□	□
Sometimes	□	□	□
Almost Never	□	□	□
Never	□	□	□
Unknown	□	□	□

Counselor notes for 10 clients on unsafe sex triggers. Eight of the ten report moving from "sometimes" to "always" using condoms for anal sex.

In addition to data that are already available, it may be preferable to include an additional form for outcome monitoring that can be completed at the same time. These forms need not be long and time consuming. They could be as simple as a checklist (like the previous example for risk reduction plans) or involve short fill-in responses that provide more detailed information. *Also, you can find a sample outcome monitoring form attached to the back of this manual.*

Participant notes:

Review of Documents

Medical Charts and Databases

4) *Medical charts and databases* – In a clinic setting, patients' medical records can provide data to measure short-term program outcomes. Whether a patient returned to the clinic with a new infection and nurses' notes at follow up on condom use or partner communication are just a few examples of the different types of data that can be extracted from a chart review for outcome monitoring purposes.

See "Progress Notes" (p. 23) under PCM for an example.

Participant notes:

Ways to Collect Data

II - Diaries

Diaries are data collection tools that may be kept by 1) program participants themselves or 2) by prevention workers or program staff as part of the evaluation process. Either way, diaries can provide very important, detailed information on how an intervention is implemented, how it is perceived by program participants, and can serve as a log of any changes by participants over the period of their participation in an intervention.

You will now go over each of these types of diaries in more detail and discuss examples of each in relation to data collection for outcome monitoring.

Diaries

Self-report diary

1) *Self-report diary* – Also called 'behavioral logs', self-report diaries are formatted data collection tools that are given to program participants to record and monitor a specific behavior over a period of time. Both the participant and evaluator can identify and track knowledge and behavioral change recorded in the participant's own words. The following is an example of a self-report diary used to monitor weekly

Example of a self-report diary:

Have you had a sexual experience of any kind this week?
[ ] Yes [ ] No
If YES ↓
How many?
How many of them were with someone other than your main partner?
How many different people?

Think about any one of these sexual encounters. In the space below, write about it. Include things such as: Where were you before you had sex? What were you doing? How were you feeling before you had sex? Were any substances involved (e.g. alcohol)? Did you find the experience satisfying? Did you know your partner well? What did you do to prevent getting a disease? What, if anything, could you have changed about this experience?
(Adapted from: *Evaluating HIV Prevention Interventions*, Mantell et al., 1997)

Diaries

Program diary

2) *Program diary* – Another way to gather detailed information on the implementation of an intervention is by having program staff or prevention workers keep their own diary. A program diary may involve keeping a detailed log of activities/interventions and include notes about participants' experiences. You can collect information about the participants in a variety of ways. Upon analysis, you may be able to connect behavior changes to specific activities.

Examples of program diary entries:

…After we practiced refusal skills in a role play during his previous PCM visit, John related to me in his third meeting how he disclosed his HIV status to his current partner two nights before our meeting. We talked about some of the things that would have made that easier for him…

…Jane and Mary both told me how they'd been able to refuse sex with a partner in the week after the group practiced refusal skills. Maria told them that she was impressed with their experience and wanted to revisit the activity so that she could try it herself…

…One of the people living in the neighborhood came up to me and asked me for a bleach kit. He said he'd seen the role model story where Trey told them that he felt a lot better when he cleaned his works…

Participant notes:

Ways to Collect Data

III - Written Questionnaires

There are various ways to fill out written questionnaires. The two that we will concentrate on are below:

1) *Self-administered* – Questionnaires are given to respondents to be completed and returned in a way most convenient for them.

2) *Interviewer-administered* – Questions are asked by an interviewer to the respondent in person or over the telephone.

Written questionnaires are data collection instruments that typically involve the use of structured questions to obtain consistent information from a sample of people (e.g. prevention workers or program participants). The responses are tabulated and analyzed to provide statistical information about a particular group. The instruments use a combination of open-ended (responses are given in participant's own words) and closed-ended questions (respondents can choose from a limited set of predetermined responses), and everyone in the sample is asked the same questions.

Participant notes:

Question Development

Types of questions

The manner in which questions are asked on a survey instrument will determine the type of information the response will elicit. If the survey instrument is being created in order to later perform statistical analysis, then closed-ended questions may predominate the survey tool. Or, if the survey instrument is being created to elicit thoughts, perceptions and opinions, then open-ended questions may predominate the survey tool. Before creating a survey instrument careful thought and consideration must be put into the desired outcome of the survey and what information is desired before creating survey questions.

There are two types of questions that we will cover:

1) *Closed-ended questions* – These types of questions have a predetermined set of responses and a respondent is forced to choose among those options. Some examples of closed-ended questions are:

- <u>Multiple-choice</u> – questions that involve answer selections where one, or more than one correct answer may apply.
- <u>Dichotomous scales</u> – respondents choose between 2 responses either affirming (agreeing with) or negating (disagreeing with) the statement or question. Examples include: T/F and Y/N.
- <u>Likert scales</u> – An alternative to ‘yes’ or ‘no’ questions. You can set up a scale to measure the program participants’ beliefs or attitudes on a certain topic (ex. strongly agree to strongly disagree). Using a Likert Scale to measure change, you may want to see how program participants’ opinions on a certain topic change differ before and after an intervention; (e.g., change from agreeing to how easy it is to talk to a partner about condoms to strongly agreeing.)

2) *Open-ended questions* – These types of questions allow program participants to write out answers in their own words. Responses can provide specific information with minimal writing (short answer) or a lot of detailed information involving a substantial amount of writing (long answer). Although open-ended questions can provide very valuable information not easily elicited by closed-ended standardized questions, they should probably be used very strategically and kept to a minimum in written questionnaires to avoid getting too much information that you have to interpret as a change in outcomes related to the intervention.

Participant notes:

Question Sources

The UT Southwestern Medical Center CPIU has developed a question bank for evaluating outcomes of HIV prevention programs. The Question Bank contains questions that have been compiled and catalogued into sections according to the behaviors they address. The Question Bank is accessible online at: http://www3.utsouthwestern.edu/preventiontoolbox/

Using pre-established evaluation instruments can save time and money. The questions from instruments developed by institutions such as the Centers for Disease Control or the National Institutes of Health have been carefully researched and tested for reliability and validity. In other words, they have already been pre-tested with target populations. Other sources are evaluation instruments provided by developers of intervention packages.

If you feel the need to develop your own questions, see UT Southwestern's *Community Based Assessment for HIV Prevention Workers*, pp. 60-62, for detailed examples and the pros and cons of different types of questions.

Questions can also be adapted to address intervention-specific needs. Keep in mind, however, that they should still be used as they were originally intended—in the same way that the original authors meant for them to be used. Also remember that the interpretation of the responses may not be the same in your population as in the original target population.

Participant notes:

Using the “Stages of Change” to Monitor Outcomes

For those participants who’ve attended the “Bridging Theory and Practice” course, they may be familiar with the Transtheoretical Model, also known as the “Stages of Change” model.

As a review,

Precontemplation: not thinking about a change
Contemplation: thinking about a change but not doing it
Preparation: trying a change out (e.g., bought condoms, have used them occasionally)
Action: made the change, but for less than six months
Maintenance: change that’s being going on for more than six months

When selecting questions to measure outcomes, a set of questions exist that help in “staging” an individual, group, or community around a behavior. Monitoring whether people move from a lower to higher stage is one approach to outcome monitoring. More about staging questions are found in the Question Bank.

Participant notes:

Ways to Collect Data

IV - Observations

Observing individuals, watching and listening to what they say and do, is one way to collect information. Observations are useful in a number of different situations in HIV prevention work.

There are a couple of ways that observations can be used to monitor outcomes of HIV Prevention interventions:

1) Observing demonstrations, such as condom and bleach kit demos
2) Observing role plays (vignettes)

You will now go over each of these types of observations in more detail and discuss examples of each in relation to data collection for outcome monitoring.

Participant notes:

Observations

Observing demonstrations

a) Condom use skills – Many interventions include activities to address program participants' lack of condom use skills. One way to determine if program participants have acquired this new skill and to rate their ability in using condoms correctly is to observe them placing a condom on an anatomical model and choosing an appropriate lubricant from a selection of appropriate and inappropriate options. A checklist like the one below can be used as a rating sheet. This rating can be used before and after the intervention to measure the success of this part of the program or intervention.

b) Clean works skills – You can also use an activity similar to the condom demonstration to measure a participant's ability to correctly clean his/her works.

Example of collecting data for outcome monitoring by way of observing a demonstration:

<u>Sample Checklist for Rating Competency in Condom Use</u>

- ☐ Opens package without damaging condom (does not use teeth, scissors, or other sharp objects)
- ☐ Determines correct size of the condom
- ☐ Applies a drop of lubricant inside the tip of the condom
- ☐ Places condom on top of erect dildo, allowing for .5" space at tip
- ☐ Rolls the condom to the base of the dildo
- ☐ Removes air bubbles from the condom
- ☐ Lubricates the outside of the condom with the correct lubricant
- ☐ Rolls down condom carefully to remove it

(Total points: 8)

Source: Adapted from Mantell et al, (1997).

The score from the second demonstration can then be compared to the score from the first demonstration and differences noted.

Participant notes:

Observations

Observing role plays (vignettes)

Observing role plays (vignettes)

Condom negotiation – – Interventions often target behaviors related to self-perceptions which encompasses the internal thought processes that influence risk behavior, interest in adopting safer behaviors, belief in the value of those behaviors, and a sense of a person's ability to enact them. Several key questions about a participant's self-perception is: Can s/he do it (self-efficacy)? Does s/he feel like s/he's worth it (self-esteem)? Does s/he intend to be safer (intentions)? Does s/he feel that someone like her can/should do it (self-standards/self-identity)? A common approach to monitoring these behaviors with program participants is by allowing them to role play.

a) Role plays can also be used to demonstrate targeted behaviors for:

b) Drug or substance use (refusal of consuming or injecting a substance or sharing equipment)
c) Disclosure of HIV status

Example of collecting data for outcome monitoring by way of observing a role play:

Condom Negotiation role play from *Be Proud! Be Responsible!*

Yvonne and Carlos

The goal of this role play is for Yvonne to talk Carlos into using condoms and convince him that using condoms can be fun and pleasurable. You are to observe Yvonne using the SWAT technique:

S – say 'no' to unsafe behavior
W – be prepared to explain 'why' you want to be safe
A – provide safe 'alternatives'
T – talk it out

The steps may be used in any order, as long as all steps are used.

Yvonne:

- You and your partner Carlos are in his living room with the lights down low.
- You are starting to get physical.
- You have just started to tell him that you want to use a condom.
- He begins to get angry.
- Your health is important to you and you want to protect yourself.
- You need to persuade him that sex can be as pleasurable with condoms.

Carlos:

- You and your girlfriend Yvonne are at your place and things are getting intimate.
- She starts to discuss condoms.
- You get angry at her because you think she thinks you have been sleeping around and you haven't.
- You don't think condoms could ever be pleasurable.
- You believe that condoms will ruin the mood.

Did Yvonne demonstrate the targeted behaviors? How do you know?

Participant notes:

Ways to Collect Data

V - Individual Interviews

Individual Interviews
For the purposes of this training we will concentrate on a "mixed-method" of individual interviewing for outcome monitoring. Structured individual interviews involve questions and answers that have already been established and all questions are worded in the same way when asked of all program participants interviewed.

Just as with written questionnaires, interview questions can come from the Question Bank, pre-set questionnaires or can be created by the program staff. The advantage of conducting individual interviews for outcome monitoring purposes is that during the interview, the program participants may give clues as to why an intervention worked or didn't work. If the participants don't provide that information when the questions are asked, additional questions (probes) can be built into the survey beforehand to try and get out why aspects of the intervention worked or failed to work.

Individual interviews can be carried out with participants in a variety of different settings, such as a group intervention or a sample of participants receiving PCM or PCPE services; e.g., a brief interview can follow each session. Community level interventions can benefit from interviews done randomly through street intercepts (see Community Based Assessment guide, p. 71-72). Or a sample of community members can be interviewed before the intervention occurs (pre-test) and the interviews repeated afterwards (post-test).

Participant notes:

Ways to Collect Data

VI - Focus Groups and Community Forums

Focus groups can be formal or informal discussions used to develop a better understanding of the attitudes and opinions of group members on a specific issue. With a trained facilitator, in-depth information can be elicited and insights gained into the perspectives of group members and their community. The facilitator leads a discussion with a small group of about 8-12 respondents.

Focus groups usually last between 1 and 2 hours and the proceedings are recorded electronically and by handwritten notes.

When conducting focus groups for outcome monitoring, questions to measure outcomes can come from the Question Bank, pre-established questionnaires, or you may decide to make up your own. Either way, questions can be asked prior to an intervention to help with adaptation issues or after an intervention to help understand what worked and what didn't. Just remember, it is important to keep in mind the relationship between planning, implementation and evaluation throughout the entire process.

Examples of conducting focus groups to gather data for outcome monitoring:

A group of individuals who are about to begin PCM can be recruited for a focus group. These same individuals will be asked to come together once again for a focus group following completion of a set number of PCM sessions.

A group about to start a multi-session intervention can first convene as a focus group. These same individuals are then asked to meet for one additional session as a follow-up.

A group of community members come together in a focus group prior to the inception of an intervention. They later meet to discuss intervention outcomes.

Participant notes:

Ways to Collect Data

Community forums

Another small-group method of collecting information is the *community forum* or public meeting. Community forums are carefully planned, facilitated meetings involving a group of 15-30 individuals of all ages, genders, sexual orientations, and racial/ethnic backgrounds. One or two facilitators promote the discussion following an interview guide and proceedings are generally recorded in writing and by tape recorder.

By arranging the community forums in specific locations where participants feel comfortable and scheduling one or more forums, it's possible to obtain useful input from hard-to-reach populations, such as the homeless, IDUs, specific racial/ethnic groups, and non-English speaking populations, if the forums are conducted in the appropriate language. For instance, a community forum may involve clients of a particular outpatient substance abuse treatment center or among gay men of color.

Community forums are particularly appropriate to look at outcomes from a community-level when community-level interventions (CLI) are being evaluated.

Participant notes:

Ways to Collect Data

VII - Visual techniques

a) Access and control

Access and control – is a technique used to analyze power relations. This activity can be used to measure differences in beliefs about assertiveness for an intervention that seeks to improve assertiveness in participants.

Steps to create an access and control chart (male and female example) Source – *Community Based Assessment* guide (p. 46):

- Assemble a balanced group of men and women, or do the activity in gender specific groups and then bring them together to analyze what they found.
- Identify issues that are important to people; list them vertically (see below for male/female example).
- Create four columns for "Who decides?" (access) and "Who makes it happen?" (control), with "male" and "female" under each. Along the left, list whatever issues will be explored. You could add to the example below of "where and when to have sex" and "safer sex" a line for "contraception" or even "sexual positions" or "oral sex." If you do have an activity exploring gender in female-male relationships, make sure to consider those who have same-gender relationships as well.
- Use marks on the paper or points to allocate across columns, with ten marks or points per issue per "access" or "control"; the points given to males and the points given to females should add up to ten. The more control is given to males versus females; the more marks or "points" are put under that column. For example, the group may give seven points to women under contraception for "who decides?" and three to men, but if she's counting on him for transportation to the clinic, he may receive seven points under "who makes it happen?" and she gets only three.
- Pay attention to what is being said more than the numbers. Simply doing the exercise reveals a great deal about relationships and power within relationships.
- Always follow with an activity arriving at solutions, such as identifying the top three difficulties or conflicts identified during the activity and carrying out a problem-solving session around these issues.

Examples of other situations that can be examined are: (1) same gender relationships (2) relationships with age differences, (2) relationships with unequal economic power, and (3) sex worker/client relationships.

Participant notes:

Ways to Collect Data

Visual techniques

b) Free-listing

Free listing – Free listing is another tool that can reveal a great deal of important information. Free-listing can be used to discover cultural, gender and age differences regarding attitudes about substance use, STDs and/or HIV. The activity can also be used to make connections between STDs/HIV and related issues. For example, a free-list on condom use can help educators tease out gender differences on condom use barriers.

A simple free list exercise involves asking people the health problems they think are most common in their community. They can do this individually or in groups. They then determine the top five of most concern, again individually or in groups. Do HIV/AIDS or STDs appear among the top five?

For outcome monitoring purposes, free listing can be done both before and after an intervention takes place to determine whether a targeted behavior is important to a particular population.

Example from the real world:

One contractor in Texas used free listing with group of female commercial sex workers. The women revealed that concerns about HIV and other sexually transmitted diseases were not high on their list of priority concerns. This organization chose a community-level intervention strategy to address this issue. Their question in the future: where will HIV and sexually transmitted diseases appear on the list following the intervention?

Participant notes:

Ways to Collect Data

Visual techniques

b) Mapping

Maps can be made of any area, such as a neighborhood, or even the human body. Mapping tells a lot about where to find something in a community, such as a shooting gallery or other places where people gather to engage in risky behaviors and can reveal a great deal about how much a person knows about a particular disease process and how it affects the human body.

You will now learn about two different mapping techniques: community mapping and body mapping.

Community Mapping

Community Mapping—Community mapping is a way of monitoring change in a geographic area. Below is a way to get community members involved.

Steps to creating a community map:

- Develop contacts with knowledgeable community members and ask them what part of the community should be mapped.
- Find a good place to create the map and gather several community members together to create it.
- The process of creating the map should be participatory (collaborative).
- Be patient as the map is developed; facilitators shouldn't interfere in the process.
- Give the map a title and list (if possible) the names of the participants who created it.

A caution: Mapping should only be done once trust is set up between the community members and the evaluators.

Example of Community Mapping of Outcomes:

As part of the outcome monitoring process initiated in an area reporting high gonorrhea rates, the Any Community AIDS Network (ACAN) outcome monitoring team developed a map of the area with area residents before an intervention targeting risk reduction took place. They were able to find out where people get together to drink or do drugs, where anonymous sex was taking place, and points where risk reduction materials could be distributed.

Six months after the intervention took place, they remapped the same area with a different group of residents. They were interested in finding out if the desired changes in behavior were being seen in the community. For example, they found used condoms in garbage cans. They also stopped finding used needles on the ground. By discussing what the residents had seen in the community and comparing the two maps, they were able to determine what changes occurred during the intervention period.

Participant notes:

Body Mapping

Body Mapping—Body mapping is a way to monitor an individual or group of individuals' knowledge of body or disease processes.

Example of Body Mapping to Monitor Outcomes:

Jim worked with a group of adolescents using the *Healthy Teen* curriculum. Before the intervention started, he had the group draw a map of what sexually transmitted infections do to the body. When the four-session intervention was completed, he had the same group of teens draw a new body map. He then had them discuss the differences between the two maps and what they'd learned. He kept notes of their discussion along with the map itself. He found improvement in their knowledge and, in their discussion, heard them talk about having confidence in their ability to abstain from intercourse.

NOTE: more visual techniques can be found in the *Community-Based Assessment Guide*

Participant notes:

VI. Participatory Evaluation

During this session participants will:

- Discuss participatory techniques for measuring outcomes
- Discuss how to assess what members of the community think about measuring the success of an intervention

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In this section, you will learn about participatory evaluation, which involves eliciting information directly from a group or community in their own words. These methods are particularly useful for community-level interventions (CLI). You will also explore different ways to elicit ideas and suggestions from members of a community on how to address certain barriers to behavior change with a particular population.

Participant notes:

Participatory Evaluation

"One of the negative connotations often associated with evaluation is that it is something that is done *to* people. Participatory evaluation, in contrast, is a process controlled by the people in the program or community. It is something they undertake as a formal, reflective process for their own development and empowerment. In this sense, they do it (evaluation) unto themselves, rather than having it done to them."

Source: *Qualitative Evaluation and Research Methods 2nd Ed.,* Michael Quinn Patton, 1990

Participatory evaluation is an approach you can use that incorporates the voice of program participants in determining outcomes.

One way you can do this is by gathering a group of members from the community that will be receiving the intervention and talk to them about what you hope your intervention will accomplish; e.g., an increase in self-efficacy. Then, ask them for ideas on how you can find out if the intervention is working to help the people participating in it feel more comfortable with using condoms. They may come up with some very interesting answers for you. For example, if peer pressure is a problem for adolescents and using condoms, what are ways that adolescents would suggest for finding out what could bring about a change in peer pressure and condom use for adolescents? They may be very creative in their suggestions. Feel free, also, as the facilitator to ask them questions around the methods they suggest and any complications in implementing their suggestions.

Participant notes:

VII. Outcome Monitoring Plan

During this session participants will:

- Review the components of an outcome monitoring plan
- Create an outcome monitoring plan for their interventions following the *Project Form for Outcome Monitoring*

In this section, you will learn how to create an outcome monitoring plan for your intervention. You can use your logic model as a guide! A *Project Form for Outcome Monitoring* will be provided, but you will also be given the opportunity to explore your own ideas on how to create an outcome monitoring plan for your intervention.

Participant notes:

Outcome Monitoring Plan

The components of an outcome monitoring plan include:

- Deciding which outcomes to monitor
- Writing evaluable objectives (one for each outcome you plan to measure)
- Choosing the appropriate data collection method
- Determine that you are ready to evaluate your intervention

Using the form provided, you will now construct an outcome monitoring plan for your intervention.

Participant notes:

VIII. Assessing Readiness to Evaluate

During this session participants will:

- Review a framework for assessing readiness to evaluate
- Brainstorm ideas for getting ready to evaluate

In this section, you will learn how to determine if your intervention is ready to be evaluated. You will also discuss ideas on what can be done to further your program or intervention along.

Participant notes:

Readiness to Evaluate

Intervention outcomes should not be measured "before their time." That is, the intervention has to be ready. How do you know if it's ready? The checklist below will help you determine whether or not your intervention is ready to be evaluated.

Check one:	**Readiness to Evaluate Checklist**
□ Yes □ No *If yes, continue to Question 2↓* *If no, answer →*	1. *A process has been established. In other words, everything's happening like it's supposed to. Your routine QA shows that staff members are implementing the intervention as planned, following curriculum (if appropriate).* If a process has not been established: Why not? Identify the problem. ____ ____ ____ What can you do to help establish a process and further your intervention along? ____ ____ ____ By when do you anticipate this happening?______________________
□ Yes □ No *If yes, continue to Question 3↓* *If no, answer →*	2. *Members of the population are taking advantage of the intervention—you are meeting contact goals, clients aren't dropping out.* If members of the target population are not taking advantage of the intervention: Why not? Identify the problem. ____ ____ ____ What can you do to recruit more eligible participants? ____ ____ ____ By when do you plan to accomplish this?______________________

□ Yes □ No *If yes, continue to Question 4↓* *If no, answer →*	*3. You're "proud" of the intervention; the staff feels good about it.* If program staff do no feel good about the intervention? Why not? Identify the problem. ____ ____ What can be done to improve how the program staff feels about the intervention – to make them "proud" of it? ____ ____ ____ By when do you anticipate this happening?______________________
□ Yes □ No *If no, answer →*	*4. It's routine.* If the intervention is not routine: Why? Identify the problem. ____ ____ ____ What can be done to establish a routine with the intervention? ____ ____ ____ By when do you plan to accomplish this?______________________

Outcome monitoring isn't done to create a "gotcha" opportunity. If all of the above are taking place and the outcomes don't change, then it's time to revise or rethink the intervention. *Monitor the intervention continuously until it shows consistent results.*

Remember that evaluation should not occur unless it has been determined that the intervention has been delivered as planned and has reached the *targeted audience*.

Participant notes:

IX. Summing Up

During this session participants will:

- Review what they've learned about writing and selecting evaluable objectives
- Review what they've learned about the different types of data collection methods presented in this course
- Discuss their feelings on gathering outcome monitoring data
- Make suggestions for implementing certain data collection measures in their own interventions

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In the final section, you will review the data collection methods discussed in this course and brainstorm on how to apply these methods in your own interventions. Finally, you will relate these suggestions to the outcome monitoring plan that you created for your intervention in the previous section.

Participant notes: