SMART Objectives & Logic Modeling

HIV Prevention Section
Bureau of HIV/AIDS
Typing a Question in the Chat Box

Type question in here...
Completing the Webinar Evaluation
(opened at end of webinar)
SMART Objectives
Goals vs. Objectives

• Goals:
  – Broad statements that explain what the program is ultimately trying to achieve
  – Provide the “why” or reasoning behind a task
  – Set long-term direction
  – Achieved when the objectives are fully met

• Objectives:
  – Provide specific targets toward goals
  – Are measurable and use action verbs to describe what needs to be done
  – Provide guidelines for how a goal can be accomplished

Adaptation of original slide set “Writing SMART Objectives” created by Leah White, Bureau of HIV/AIDS, Evaluation Consortium Member, 2010
Goals vs. Objectives

• Sample Goal:
  – There will be no disproportionate disparity in the number of new infections among black MSM when compared to those among white MSM.

• Sample Objectives:
  – By December 2013, 100 high-risk black MSM will successfully complete the six sessions of the intervention 3MV.
  – By December, 2013, there will be a 10% increase in the number of black MSM that report readiness to use condoms during anal sex (as reported from the KAB Survey* pre and post the full cycle of 3MV).

* KAB Survey = Knowledge, Attitudes & Beliefs (KAB) Survey given to 3MV participants at beginning and completion of a full 3MV cycle.
Goals vs. Objectives

• Objectives and action steps are used to bridge the gap between where we are (current situation) and where we want to be (vision and goal).
SMART Objectives

GOAL SETTING

SPECIFIC
MEASURABLE
ATTAINABLE
RELEVANT
TIME-BOUND
Specific

- Is the outcome precise?
  - State what you want to achieve.
  - State your specific audience.
  - Be concrete.
  - Use action words.
  - Use outcomes stated in numbers, percentages, scientific outcome, frequency, etc.
Measurable

• Can we measure it?
  – Describe what is going to be achieved in quantitative terms
    • “We will serve 90% of the affected population.”

• This is one of the most important considerations
  – By making sure that it is measurable, you will know that you met your objective because there is evidence
Attainable

• Can this actually be accomplished?
  – Your objectives must be realistic based on the timeframe, money available, resources etc.
  – Be sure to assess the potential limitations to determine if the objective is attainable
Do the objectives lead to the program goal?

- The achievements must be meaningful to the organization and related to the goals.
- Know that the data is being used to reach the set goals.
Time-Bound

• Do you have a specific time in which you want to achieve your objective?
  – It must be stated clearly when the objective will be attained.
Sample SMART Objectives

• By the end of a 3MV cycle, 90% of intervention participants will have an increase in knowledge about transmission of HIV and STDs.

• By the end of a 3MV cycle, 25% of intervention participants will have an increase in intention to use condoms regularly during anal sex.

• By the end of the project period, 25% of intervention participants will have an increase in requesting/obtaining HIV testing services.
Logic Modeling

“It may be a model, Captain, but it’s highly illogical.”

www.FieldstoneAlliance.org
In Simple Terms, What is a Logic Model?

- A map (diagram) that usually outlines a path to a desired result
- A graphic that illustrates a series of cause-and-effect relationships
What a logic model is NOT...

1. It is not reality. It is a simple model that represents program intention.
2. It is not complete. It does not display many cultural, social, and environmental factors that influence process and outcomes outside the program.
3. Does not prove causal attribution of the intervention to the change.
4. It is not a Theory of Change. But it relies on a social or behavioral theory or other theory of change.
5. Doesn’t address: Are we doing the right thing?

Source: Capacity for Health, Asian & Pacific Islander American Health Forum; California STD/HIV Prevention Training Center
Everyday Logic Model

Headache gone; Return to work

Get pills → Take pills

Source: Capacity for Health, Asian & Pacific Islander American Health Forum; California STD/HIV Prevention Training Center; Example from Dr. James Glasnapp
Why Use a Logic Model?

- It’s a tool to promote understanding of:
  - Where we are
    - Defines the issue of interest
  - Where we want to be
    - Clearly establishes the intended outcomes
  - How we get there
    - Outlines the program components and the sequence of activities
Why Use a Logic Model?

- It’s results-based; focuses on accountability
- Describes the intended outcomes
  - Immediate (short-term)
  - Intermediate (medium-range)
  - Long-term/Impact
Why Use a Logic Model?

- It’s a tool that visually organizes a program to help:
  - Secure funding (by clearly presenting a strong program design and goals)
  - Facilitate buy-in, commitment, and understanding among staff and community partners
Why Use a Logic Model?

- It’s a tool used to describe the effectiveness of a program
  - Describes the implementation of a program (e.g., program components, sequence of activities)
  - Describes outcomes (e.g., goals, objectives, and impact)
Why Use a Logic Model?

- It’s a vital tool for promoting program planning, quality assurance, and quality improvement
  - Keeps a focus on what you originally intended to do and accomplish
  - Promotes ongoing assessment
  - Facilitates course correction
Logic Models Show a Chain of “What If... Then” Relationships

For example,

- **What if** we identify and invest time, money, and other resources…
  - **Then** we faithfully implement a 3MV program.
- **What if** 200 high-risk gay, bisexual, and other MSM complete the program…
  - **Then** these men will have the necessary knowledge and skills to reduce their risk for HIV/STD infection.
- **What if** these men change behaviors that put them at risk…
  - **Then** the HIV infection rate among the target population will decrease.
Logic Model: Simple Form

Resources/Inputs

If you have access to them, then you can use them to accomplish your planned activities.

Activities

If you accomplish your planned activities, then you hopefully deliver the amount of product or service that you intended.

Outputs

If you accomplish your planned activities to the extent you intended, then your participants will benefit in certain ways.

Outcomes

If these benefits to participants are achieved, then certain changes in organizations, communities, or systems might be expected to occur.

Impact

Monitoring & Evaluation

Definition of a Logic Model

- A logic model is a graphic representation of a project that illustrates a sequence of cause-and-effect relationships.
Components of a Logic Model: **Inputs**

- **Inputs** = resources that are invested
  - Time
  - Money
  - Community Partnerships
  - Equipment
  - Personnel
  - Facilities
Components of a Logic Model: Outputs

- Outputs = activities (what happens with the resources)
  - Outreach
  - Recruitment
  - Intervention sessions, cycles
  - Education
  - Skills building
- In addition, outputs = whom we reach
  - Target population
  - Program participants
  - Community at large
**Programs with Face-to-Face Contact**

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<thead>
<tr>
<th>SHORT</th>
<th>MEDIUM</th>
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<tbody>
<tr>
<td><strong>Changes in:</strong> [Head, heart, and gut]</td>
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<tr>
<td>• Awareness</td>
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<td><strong>Changes in:</strong> [Actions]</td>
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<td><strong>Changes in:</strong> [Well-being]</td>
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<td>• Financial stability</td>
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<td>• Legal condition</td>
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<td>• Addiction condition</td>
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Components of a Logic Model: Immediate (Short-Term) Outcomes

- Immediate outcomes = results occurring immediately following program completion/exposure
  - Changes in:
    - Knowledge
    - Skills
    - Attitudes
    - Awareness
    - Beliefs
    - Motivation/Intentions to change risk behaviors
Components of a Logic Model: Intermediate (Medium-Range) Outcomes

- Intermediate outcomes = results occurring or maintained at least several months (3-6 mos.) following program completion/exposure
  - Changes in:
    - Behaviors
    - Practices/Procedures
    - Community Outlook
Components of a Logic Model: Long-Term Outcomes

- Long-term outcomes = results occurring or maintained many months or even years (9 mos., 1-2 yrs.) following program completion/exposure

  - Changes in:
    - Community Norms
    - Social environment
    - Health conditions
    - Political environment
    - Economic situation
    - Health indicators
### Many Men, Many Voices (3MV) Program Implementation Logic Model

#### Statement of Problem: What is needed to implement the Many Men, Many Voices (3MV) HIV & STD prevention intervention program? How does this intervention work?

<table>
<thead>
<tr>
<th>Resources/Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Intended Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>To address problem or asset, activities conducted</strong></td>
<td><strong>As a result of activities conducted, evidence of service delivery, examples:</strong></td>
<td><strong>As a result of outputs (service delivery), expected changes in target population in specified period(s) of time</strong></td>
<td></td>
</tr>
<tr>
<td>Knowledge of and skills related to the intervention, group facilitation, program planning, prevention theory &amp; science, sexually transmitted infections, and the target population, etc.</td>
<td>Schedule 3MV group intervention consisting of 6 - 7 sessions</td>
<td>Six or seven (3) hour group sessions conducted</td>
<td>Immediate Outcomes (e.g., immediately after intervention, within 1-2 weeks of intervention)</td>
</tr>
<tr>
<td>Existing data</td>
<td>See core elements and tasks and activities listed on the agency planning tool for conducting the 3MV intervention</td>
<td>STD and HIV knowledge increased, risk information conveyed, perception of risk enhanced, options for risk reduction selected, risk reduction skills built.</td>
<td>Knowledge, skills and attitudes, examples:</td>
</tr>
<tr>
<td>Funding</td>
<td>Educate clients about risks and sensitize clients to risk</td>
<td>Written Implementation plan, tailored to target population, including measureable program objectives</td>
<td>Increase in # participants’ about transmission of HIV and STDs by % in [timeframe]</td>
</tr>
<tr>
<td>Staff</td>
<td>Develop risk reduction strategies in group</td>
<td>Written process/procedures to integrate 3MV into flow of agency services and programs</td>
<td>Increase in # participants’ knowledge about risk reduction for HIV and STDs by % in [timeframe]</td>
</tr>
<tr>
<td>Trainings</td>
<td>Coach participants regarding capacity for change</td>
<td>Written 3MV recruitment process</td>
<td>Increase % participants able to realistically assess their personal risk for HIV/STDs in [timeframe]</td>
</tr>
<tr>
<td>Intervention Box with materials like the intervention manual, the implementation planning tool, posters and flyers for recruitment, budget worksheet</td>
<td>Train participants in partner selection, communication and negotiation</td>
<td>Evaluation plan including tools, evaluation data, data analyses, and summary reports with interpretation</td>
<td>Increase % of participants’ intention to obtain condoms in [timeframe]</td>
</tr>
<tr>
<td>Technical assistance (planning, tailoring/adaptation, evaluation)</td>
<td>Provide support and relapse prevention</td>
<td>Documentation of regular program monitoring and program improvement in accordance with monitoring plan</td>
<td>Increase % of participants’ intention to use condoms regularly in [timeframe]</td>
</tr>
<tr>
<td>Space to run group sessions</td>
<td><strong>Intermediate Outcomes (e.g., 1, 3, or 6 months after intervention)</strong></td>
<td>Example program monitoring (program objectives met) and process evaluation indicators, examples:</td>
<td>(insert site or program specific outcomes)</td>
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<tr>
<td>Agency commitment</td>
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<td>% of planned # of clients recruited/approached for 3MV in [timeframe]</td>
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<tr>
<td>Community partners like the population at risk and population in need of intervention services, support from agency, health department and community leaders.</td>
<td>% of planned # 3MV sessions held in [timeframe]</td>
<td>% of planned # of participants in each 3MV sessions in [timeframe]</td>
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<tr>
<td></td>
<td>% of planned # of participants in [timeframe]</td>
<td>% of planned # of participants who satisfy target population characteristics [risk group or demographics] in [timeframe]</td>
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## Social Marketing Programs

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<th>SHORT</th>
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<tbody>
<tr>
<td><strong>Changes in:</strong></td>
<td><strong>Changes in:</strong></td>
<td><strong>Changes in:</strong></td>
</tr>
<tr>
<td>• Awareness of campaign</td>
<td>• Attitudes</td>
<td>• Behaviors</td>
</tr>
<tr>
<td>• Understanding of message</td>
<td>• Opinion</td>
<td>• Group norms</td>
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<td>• Aspirations</td>
<td>• Health</td>
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## Policy and Advocacy Programs

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<tr>
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<tbody>
<tr>
<td>• Media contacts</td>
<td>• Media reps come to our org for back story</td>
<td>• Regulations or laws passed and enforced</td>
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<tr>
<td>• Messages and materials</td>
<td>• Media coverage of issues</td>
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<tr>
<td>developed</td>
<td>• Coalition builds capacity and skills</td>
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<tr>
<td>• Coalition developed</td>
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Source: [http://www.planning.continuousprogress.org/](http://www.planning.continuousprogress.org/)
Sample Logic Model - Healthy Relationships

Problem Statement

Individuals engage in unprotected sex because of these behavioral risk determinants:

- Low social support
- Low perception of risk to self and others
- Low self-efficacy for appropriate disclosure to family and friends
- Low self-efficacy for appropriate disclosure to sex partners
- Low self-efficacy for communication around disclosure
- Poor emotional-based problem solving skills
- Negative outcome expectancies
- Low self-efficacy for negotiation of safer sex
- Low self-efficacy for condom use

Activities

Participants engage in these HR activities to address the behavioral risk determinants:

- Participate in all 5 small group HR sessions
- Complete and review Personal Feedback Reports (PFRs)
- Risk continuum exercises
- Decision-making skills exercises
- Watch and discuss movie clips that show characters dealing with issues of stress, communication, assertiveness, identifying and dealing with triggers and barriers, and disclosure
- Role-play how they might handle the situation portrayed in movie clips
- Condom demonstration and practice (male and female condoms)

Expected changes as a result of activities targeting the behavioral risk determinants:

Immediate Outcomes (immediately following or within 1-2 weeks of the intervention):

- Perceived increase in social support
- Risk perception will covary with risk behavior

Intermediate Outcomes (e.g., 1, 3, or 6 months following the intervention):

- Increased self-efficacy for decision making in disclosing HIV status to family and friends
- Increased self-efficacy for decision making in disclosing HIV status to sex partners
- Increased comfort level in disclosure, deciding to disclose, and beliefs in positive outcomes
- Improved problem-solving skills

Long Term Outcomes (e.g., 6, 9, or 12 months following the intervention):

- Decrease in stress related to making decisions about disclosure
- Decrease in unprotected sex acts
- Decrease in stress related to unprotected sex
- Consistent use of safer sex practices
- Correct and consistent condom use
- Decrease in new HIV/STD infections

Impact

Decrease in new HIV/STD infections
Sample Logic Model - Community PROMISE

**Problem Statement**
Members of target community are engaging in unsafe sex and/or drug behaviors that place them at risk for HIV because of the following behavioral determinants:
- Lack of or low perception of personal risk for HIV (perceived susceptibility)
- Lack of or low perception of severity of HIV
- Lack of belief that safer behaviors (e.g., condom use, cleaning or using new needles) will be protective (response efficacy)
- Limited or low self-efficacy to engage in safer behaviors
- Personal belief that people important to them do not support safer behaviors (subjective norm)
- Beliefs that peers are engaging in and support high risk behaviors (perceived social norm)
- Associate positive consequences with performing high risk behaviors
- Associate negative consequences with protective behaviors

**Activities**
- Community PROMISE staff and peer advocates engage members of the target community in the following activities to address the behavioral determinants that increase their risk of acquiring HIV.
  - Community Mobilization
    - Conduct Community Identification (CID) process
    - Recruit and screen potential participants for role model stories
    - Peer advocates and community target identified areas
    - Community-specific HIV risk behavior and influencing factors identified
    - Baseline stage of change for target population established
  - Role models screened and recruited and stories produced
  - Develop and publish theory-based role model stories
  - Peer advocates recruited and trained
  - Peer advocates disseminate stories and risk reduction supplies
  - Target group receive tailored messages and risk reduction supplies
  - Gather and analyze process and outcome data

**Outcomes**
Expected changes as a result of activities targeting the behavioral risk determinants:
- **Immediate Outcomes** (immediately following or within 1-2 weeks of the intervention)
  - Increased condom use, communication, and other risk-reduction skills
  - Increased knowledge of and skills for overcoming behavior change barriers
  - Increased perception of personal risk
  - Increased perception of risk reduction and safer sex social norms
  - Increased self-efficacy to practice risk reduction and safer sex

- **Intermediate Outcomes** (e.g., 1, 3, or 6 months following the intervention)
  - Decrease in high-risk behaviors (e.g., unprotected sex, sharing needles/works)
  - Increased intention to perform risk reduction and safer sex behaviors
  - Improved attitudes towards risk reduction and safer sex
  - Increased perception of risk reduction and safer sex behaviors

- **Long-Term Outcomes** (e.g., 6, 9, or 12 months following the intervention)
  - Increased reach of intervention
  - Safer sex and risk reduction messages diffused through social networks
  - Revisions of intervention protocol to increase reach and effectiveness
  - Advancement to next stage of behavior change

**Monitoring and Evaluation**
Sample Logic Model - Mpowerment

**Assumptions:**
- Young gay/bisexual men engage in high sexual risk-taking because they:
  - Are exploring their sexuality
  - Are not part of a constituency with power and influence
  - Feel disenfranchised because of their age and their sexual orientation/preference
  - Have peer norms around taking sexual risks

**Outputs:**
- Participants organized and ran intervention activities, structures, and components
  - Provided information, discussions, and opportunities to practice risk reduction, safer sex, and negotiation skills
  - Provided information about project, risk behaviors, and safer sex
  - Provided opportunities to practice safer sex communication skills
  - Established space for project to conduct meetings and activities

**Immediate Outcomes:**
- Increased empowerment and self-worth
  - Increased condom negotiation and safer sex skills
  - Improved knowledge HIV transmission and risk reduction strategies
  - Increased safer sex communication skills
  - Increased perception of peer and community support for risk reduction and safer sex practices

**Intermediate Outcomes:**
- Increased self-efficacy to practice & negotiate safer sex
  - Improved attitudes and increased intentions to reduce high risk sexual behaviors
  - Established community norms supportive of risk reduction and safer sex
  - Increased access to settings and activities that support safer sex and young gay/bisexual males

**Long-Term Outcomes:**
- Increased condom use and decreased unprotected sex
  - Increased risk reduction behaviors
  - Increased community support for HIV prevention activities

**Impact:**
- Decrease STD and HIV incidence rates

Selecting Prevention Activities Using Logic Modeling
There are six steps involved in constructing a theory-based logic model:

1. Identify the problem or issue statement
2. Conduct a community needs assessment
3. Identify the desired results of prevention activities
4. Identify the factors that influence behavior change
5. Identify strategies that will address the factors that influence behavior
6. Describe the assumptions behind why your program will work in your community
Developing a Program/Logic Model
A Practical Tip: Work Backwards

- Consider the following questions:
  
  A. What is the current issue that you would like to impact?
  B. What are the causes of this issue?
  C. What change would you like to occur with this issue?
  D. What behaviors have to change (communal or individual)?
  E. What knowledge, skills, policies, or procedures must change in order to change these behaviors?
  F. How can we promote or implement these changes?
  G. What resources are needed to accomplish these tasks?
Assumptions:
Why will your approach be effective?

• Helps agencies clearly explain to funders **HOW** and **WHY** they feel strategies will work in their community

• Can be based on:
  - Experience working with target population/community
  - Trend data/statistics
  - Peer-reviewed publications/research literature
Community Need/Assets:

What needs or assets led you to address the problem statement?

- Community assessments provide a systematic process for identifying population needs and priorities
- Community assessment data should be used to make a strong case for addressing problem statement
- Provides more specific data on target population and their activities
Community assessments help agencies identify:

- Target populations/subgroups
- Needs and assets of a community
- Where, when, and how to reach target population
- Risk behaviors and factors
- Behavioral determinants
The following are resources and methods that can be used for community assessment:

- Community Planning Data
- Census Data
- Epidemiologic profiles/data
- Focus Groups
- Key Informant Interviews
- Surveys
- Community Mapping
Desired Results:  
(Outputs, Outcomes, and Impacts)  
*What do you want to accomplish?*

- **Immediate outcomes:** Immediate results of the activities  
  – Increased knowledge and skills, increased perception of HIV risk, increased condom use self efficacy, increased intention to change risk behaviors
- **Intermediate outcomes:** Results that occur some time after the activity is completed  
  – Increased condom use
- **Impact:** Long term results of activities over time  
  – Decreased HIV rates
Influential Factors:
What factors could influence behavior change in your target population?

• Explain why individuals engage in risky behaviors
• Can be barriers or supporters of behavior change
• To reduce behaviors associated with the problems statements, prevention activities have to address influencing factors
Examples of Influential Factors:

- Multiple sex partners, unprotected sex
- Mental health issues
- Prevalence of HIV in a community
- Internet dating, partner seeking
- Poverty
- Substance abuse/use
- Demographic characteristics
- Low self efficacy (e.g., condom use, negotiation skills)
Strategies/Interventions:

What activities will address the influential factors linked to the behavior(s) responsible for the problem statement?

- Research prevention activities and evidence-based interventions that have been identified to address the problems, behaviors, influential factors, and have the same outcomes that you have identified.
- Select the most appropriate strategy for your agency that is in line with the identified needs of the target population.
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<tbody>
<tr>
<td>Black gay men with a history of STDs</td>
<td>Unprotected anal sex</td>
<td>Low self-efficacy for condom use; low-self-efficacy for condom negotiation; low perception of risk; poor communication skills; lack of knowledge about how HIV/STDs interact; low or no social support; rejection from family, friends, and religious community</td>
<td>Will take part in activities that happen online or on the weekend; will not come to the agency because it is known as “the clinic;” will take part in activities where they can interact with men who “get down” or “are in the life.”</td>
<td>Experience working with the Black community and with Black gay men; limited experience implementing HIV behavior change interventions; strong community partnerships; has space to conduct meetings and provide interventions; has office and computer equipment.</td>
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<tr>
<th>Interventions That Address These Things</th>
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<tr>
<td>dup!</td>
<td>Movement, Popular Opinion Leader RESPECT Many Men, Many Voices Healthy Relationships VOICES/VOICES Community PROMISE</td>
<td>Many Men, Many Voices Healthy Relationships VOICES/VOICES</td>
<td>Many Men, Many Voices Healthy Relationships VOICES/VOICES</td>
<td>Many Men, Many Voices Healthy Relationships VOICES/VOICES</td>
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| Rationale for Interventions Listed | All interventions were designed for and/or tested with men who have sex with men. | We learned our population’s HIV transmission behavior is unprotected anal intercourse. These interventions all address this HIV transmission behavior in some way. Some of them also cover the relationship between HIV and STDs, which is important for our population. This is why this list is shorter. | We list only the interventions that best address our population’s most common reasons for engaging in risk behavior. This is why this list is shorter. | These interventions match our population’s readiness. The interventions listed look like they have activities we can modify to meet our population’s needs. These interventions seem to best match our agency’s capacity. We have experience working with the Black community and with Black gay men. We also have experience with STDs. The one that would be a “stretch” for us is d-up! This is a community level intervention. We do not have a lot of experience with this type of intervention. |

### The Hope AIDS Project’s Assessing Interventions Tool for Many Men, Many Voices

**Intervention Name and Brief Description:** Many Men, Many Voices is an intervention to prevent HIV and STDs among Black men who have sex with men. It addresses factors that influence behaviors of Black men who have sex with men including cultural, social and religious norms; interactions between HIV and STDs; sexual relationship dynamics; and social influences that racism and homophobia have on HIV risk behavior. This individual level intervention is delivered to small groups of men who have sex with men.

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<tr>
<th>Population</th>
<th>Original Intervention</th>
<th>Your Population</th>
<th>Match or Adapt</th>
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<tbody>
<tr>
<td>Gay men of color; men who have sex with men, bisexual men (including men who do not self identify as gay)</td>
<td>Black gay men who have sex with men with a history of STDs</td>
<td>Was the intervention designed for your population? Yes No</td>
<td>Describe what changes you may need to make so that it is a better fit.</td>
</tr>
<tr>
<td>HIV Transmission Behavior</td>
<td>Unprotected sex, specifically unprotected anal intercourse</td>
<td>Unprotected anal intercourse</td>
<td>Was the intervention designed to change the HIV risk behavior in your population? Yes No</td>
</tr>
<tr>
<td>Behavioral Determinants</td>
<td>Intentions and skills to use condoms; interactions between HIV and other STDs; sexual relationship dynamics; attitudes and coping with cultural, social and religious norms; and the social influences that racism and homophobia have on HIV risk behaviors</td>
<td>Low self-efficacy for condom use and condom negotiation; low or no social support; rejection from family; friends and religious community</td>
<td>Was the intervention designed to change the behavioral determinants of HIV transmission behavior in your population? Yes No</td>
</tr>
<tr>
<td>Population Readiness</td>
<td>Will participate in activities that happen online or on the weekend; will not come to the agency because it is known as “the clinic,” will take part in activities where they can interact with men who “get down” or “are in the life”</td>
<td></td>
<td>Was the intervention designed for and tested with your population? Yes No</td>
</tr>
<tr>
<td>Agency Readiness and Resource Requirements</td>
<td>Knowledge of and skills related to the intervention: group facilitation; STDs; 2 facilitators, one of whom is a Black gay man; space to run group sessions; community partners like the population at risk in need of intervention services; agency administrator to supervise facilitators; TV/VCR; outreach materials</td>
<td>Experience working with the Black community and with Black gay men; limited experience implementing HIV behavior change interventions; strong community partnerships; has space to conduct meetings and provide interventions; has office and computer equipment</td>
<td>Do you have the time, resources, staff and funds? Yes No</td>
</tr>
</tbody>
</table>

We will need to adapt activities to have the sessions take place at a site to be determined during a weekend retreat, and not at the agency’s clinic during the week.

We have the time and skills, but some of our staff will need training on group facilitation. We will also need to find space for holding a weekend retreat.

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**Source:** The Adaptation Guide: Adapting HIV Behavior Change Interventions for Gay and Bisexual Latino and Black Men. August 2010. Division of HIV and AIDS Prevention, CDC, Atlanta, GA.
Webinar Evaluation

• **Before you leave the webinar**, please take a moment to complete the evaluation in the polling section (to the right of your screen)

• Your feedback is extremely important to us and will help improve on current and future trainings

• The more feedback the better!
Resources

High Impact Prevention: CDC’s Approach to Reducing HIV Infections in the United States
http://www.cdc.gov/hiv/strategy/

Monitoring & Evaluation, FL HIV Prevention Section Website
http://www.preventhivflorida.org/Data_Eval/Monitoring_Evaluation.html

http://www.effectiveinterventions.org/Libraries/General_Docs/CS218684_CDC_Adapt_Guide_v1.sflb.a shx

Effective Interventions Website (CDC)

W.K. Kellogg Foundation Logic Model Development Guide

FL HIV Prevention Section Website (slides from today’s webinar will be available here, under Resources & Materials) http://www.preventhivflorida.org/

FL Bureau of HIV/AIDS & Hepatitis Website
http://www.floridaaids.org/
Contact Information

M. Maximillion Wilson, Ph.D.
Prevention Programs Coordinator & Statewide Evaluation Consultant
Area 4 AIDS Program Office
Max_Wilson@doh.state.fl.us

Mara Michniewicz, MPH, CHES
Interventions Team Lead
Mara_Michniewicz@doh.state.fl.us

Bureau of HIV/AIDS, Prevention Section
Florida Department of Health
4052 Bald Cypress Way, Bin A-09
Tallahassee, FL 32399
(850) 245-4336

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