

## Community PROMISE: An Evaluation of Six Florida Programs

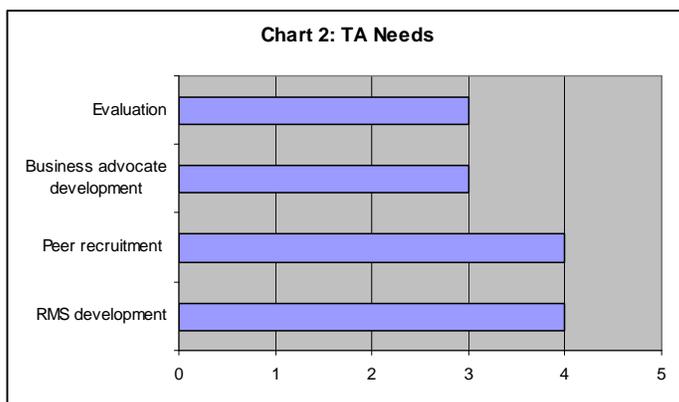
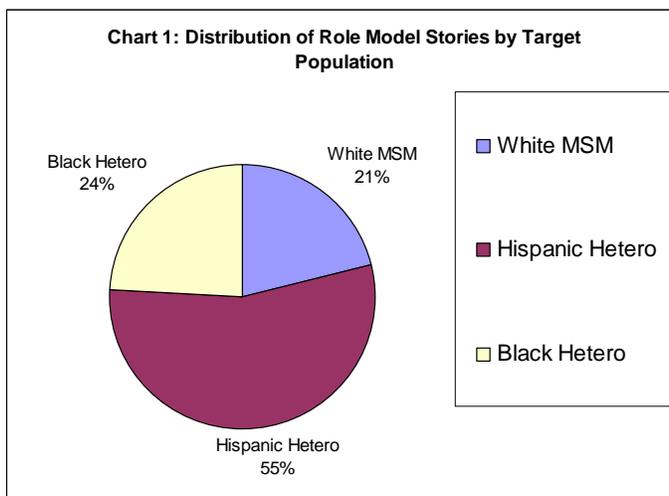
In December 2009, the Bureau of HIV/AIDS Prevention section asked the Prevention Evaluation Team to study the implementation of Community PROMISE (CP) in Florida. CP is a community-level, evidence-based intervention designed to change risk behavior norms in a community through the use of role model stories (RMS) which are disseminated by trained peer advocates.<sup>1</sup> CP utilizes a community assessment process that allows the intervention to target any risk population. In comparison to individual and group-level interventions, this strategy has the potential to bring highly effective, locally produced prevention messages to much greater numbers of high risk individuals. The purpose of the study was to document the ways CP is being utilized in Florida, to examine the need for technical assistance, and to explore challenges and success experienced by Florida providers.

In 2010, the bureau provided funding to six agencies (through various funding sources) to implement CP. Three agencies were in South Florida, one in Central Florida, and two in Northeast Florida. This evaluation was limited to those agencies funded by the bureau in 2010. Five of the programs had previous experience with CP or were in at least the second year of the intervention cycle; one had just begun formative work.

Chart 1 displays the distribution of RMS by target population (as listed in the contract).<sup>2</sup> Hispanic heterosexuals are the most frequently served population with more than 6,802 RMS disseminated annually<sup>3</sup>. Black heterosexuals received more than 3,000 RMS annually and white MSM received more than 2,640 RMS annually.

One of the interesting findings is the significant reliance on business advocates.<sup>4</sup> The 5 active programs had a total of 73 business advocates, exceeding the total number of peer advocates (n = 63).<sup>5</sup> Another finding was the tendency to develop innovative packaging for RMS. Four of the 6 agencies distributed RMS as part of a color, glossy booklet or “safe-sex” condom kit. Another common pattern was the utilization of innovative channels for RMS dissemination. These innovations include Internet chat rooms, cab drivers, and substance abuse treatment facility residents.

Of the 6 agencies funded to perform CP in 2010, 5 expressed interest in additional technical assistance or otherwise indicated need for technical assistance.<sup>6</sup> The most frequent need was in developing RMS. Agencies varied widely in their strategies for RMS development and adherence to the technical guidance. The need to implement timely evaluation consistent with the technical guidance was also a pattern of need (3 of 6 agencies).



Most expressed concern regarding the materials approval processes, and indicated difficulty in finding the balance between authenticity within the target population and readability to those seeking to evaluate fidelity of RMS.

Overall, evaluation findings affirm the ability of CP to deliver effective, customized prevention messages to high numbers of target population members. The extent of innovative channels for RMS dissemination and the reliance on business advocates may point to the need for evolution in CP or other community-level interventions. Additional investigation should examine the potential for changing risk behavior norms through more systemic integration of community resources and social structures.

<sup>1</sup> See <http://www.effectiveinterventions.org/en/Interventions/PROMISE.aspx> for more information on Community Promise.

<sup>2</sup> Data source: Contract file and 2010 CP program Staff Questionnaire (April 30, 2010).

<sup>3</sup> Data source: Contract file and 2010 CP program Staff Questionnaire (April 30, 2010).

<sup>4</sup> See module 4 of Community Promise Implementation manual for more information.

<sup>5</sup> Data source: 2010 CP program Staff Questionnaire (April 30, 2010).

<sup>6</sup> Data Source: 2010 CP program field observations.