

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/232816325>

Transferring a University-Led HIV/AIDS Prevention Initiative to a Community Agency

Article in *Social Work in Mental Health* · May 2007

DOI: 10.1300/J200v05n03_02

CITATIONS

13

READS

113

14 authors, including:



Elise Cappella

New York University

70 PUBLICATIONS 2,832 CITATIONS

SEE PROFILE



Carl C. Bell

Jackson Park Hospital, Chicago, Illinois

392 PUBLICATIONS 10,404 CITATIONS

SEE PROFILE



Mary McKay

New York University

163 PUBLICATIONS 4,985 CITATIONS

SEE PROFILE

This electronic prepublication version may contain typographical errors and may be missing artwork such as charts, photographs, etc. Pagination in later versions may differ from this copy; citation references to this material may be incorrect when this prepublication edition is replaced at a later date with the finalized version.

Transferring a University-Led HIV/AIDS Prevention Initiative to a Community Agency

Donna Baptiste
Dara Blachman
Elise Cappella
Donald Dew
Karen Dixon
Carl Bell
Doris Coleman
Ida Coleman

Donna Baptiste, PhD, Dara Blachman, PhD, Elise Cappella, PhD, Carl Bell, MD, Doris Coleman, MSM, Ida Coleman, Bridgette Leachman, LaDora McKinney, Roberta L. Paikoff, PhD, and Lindyann Wright, MA, are affiliated with the Institute For Juvenile Research, University of Illinois at Chicago. Donald Dew, MSW, and Karen Dixon, EdD, are affiliated with Habilitative Systems Incorporated (HSI). Sybil Madison-Boyd, PhD, is affiliated with the University of Chicago. Mary M. McKay, PhD, is affiliated with Columbia University.

Address correspondence to: Donna R. Baptiste, PhD, Institute for Juvenile Research, 1747 West Roosevelt Road, Room 155 (MC747), Chicago IL 60608 (E-mail: baptiste@uic.edu).

The authors thank the staff of the Collaborative HIV/AIDS Prevention and Adolescent Mental Health Project (CHAMP); members of the CHAMP Collaborative Board; and the staff of Habilitative Systems Incorporated (HSI) for their extraordinary efforts. The authors are also indebted to the many families who have participated in their research.

This work is supported by the National Institute of Mental Health (5R01-MH50423; 5R01-MH55701) and the William T. Grant Foundation.

[Haworth co-indexing entry note]: "Transferring a University-Led HIV/AIDS Prevention Initiative to a Community Agency." Baptiste, Donna et al. Co-published simultaneously in *Social Work in Mental Health* (The Haworth Social Work Practice Press, an imprint of The Haworth Press, Inc.) Vol. 5, No. 3/4, 2005, pp. 263-287; and: *Community Collaborative Partnerships: The Foundation for HIV Prevention Research Efforts* (ed: Mary M. McKay and Roberta L. Paikoff) The Haworth Social Work Practice Press, an imprint of The Haworth Press, Inc., 2005, pp. 263-287. Single or multiple copies of this article are available for a fee from The Haworth Document Delivery Service [1-800-HAWORTH, 9:00 a.m. - 5:00 p.m. (EST). E-mail address: docdelivery@haworthpress.com].

Available online at <http://www.haworthpress.com/web/SWMH>

© 2005 by The Haworth Press, Inc. All rights reserved.

doi:10.1300/J200v05n03_02

263

Bridgette Leachman
LaDora McKinney
Roberta, L. Paikoff
Lindyann Wright
Sybil Madison-Boyd
Mary M. Mckay

SUMMARY. Given the urgent need for HIV/AIDS interventions that will reverse current infection trends among urban minority youth, identifying effective and socially relevant approaches is of primary concern. HIV/AIDS prevention initiatives that are housed in, and led by, communities may address the limits of laboratory-based inquiry for this complex and socially-situated health issue. In this article, we describe the process of moving a researcher-led, HIV/AIDS prevention research program—the Collaborative HIV/AIDS Adolescent Mental Health Project (CHAMP)—from a university laboratory to a community mental health agency with the goal of strengthening program access, effectiveness, and sustainability over time. We outline the framework, timeline, and responsibilities involved in moving the program, research, and technology from its original university base to a local community agency. From the challenges faced and lessons learned during this complex transfer process, we hope to enhance understanding of ways in which we can narrow the gap between academic and community leadership of HIV/AIDS prevention research. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2005 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. HIV/AIDS prevention, technology transfer, community based prevention, translational research

The unabated spread of HIV/AIDS among urban minority youth has influenced academic and community level initiatives aimed at decreasing youths' vulnerability to the virus. Community groups and agencies are implementing outreach efforts such as HIV/AIDS information and

awareness campaigns (CDC, 2000). Likewise, prevention scientists are conducting research studies to delineate factors linked to youths' HIV/AIDS risk reduction (Pequegnat & Szapocznik 2000). But despite academic and community responses to youth's HIV/AIDS prevention needs, there is a surprising lack of integration between the two. Prevention strategies detailed in scientific studies rarely find their way to community agencies and groups, and interventions shown to be efficacious under laboratory-style conditions in academic settings yield disappointing results in community-based trials (Jensen, Hoagwood & Trickett, 1999). On the other side, agencies and groups in communities hardest hit by HIV/AIDS target youth with innovative programs, but scant data are collected to document program efficacy; therefore, little is known about why these programs work or whether they will work in other contexts (Kellam & Langevin, 2003).

Given the urgent need for HIV/AIDS interventions that will reverse current infection trends among urban minority youth, identifying those that demonstrate efficacy *and* real world relevance is of primary concern (Schensul, 1999; Stevenson & White, 1996). Further, the complexities surrounding HIV/AIDS prevention and the limits of laboratory-style inquiry for a health issue that is socially situated, have highlighted the need to develop prevention approaches that are based in, and led by, communities (Mutchler, 2000; Schensul, 1999).

Clearly, community-agency driven HIV/AIDS prevention programs may lead to wider dissemination of prevention messages and strategies (Galbraith, Ricardo, Stanton et al. 1996; Schensul, 1999; Stevenson & White, 1994). Agencies can troubleshoot aspects of a program's design and delivery that affect its viability in a setting, thus leading to more effective outreach among targeted groups. Further, agencies may be more apt than academic research teams to retain proven programs within their infrastructure, enhancing the likelihood that a specific program will be sustained over time (Galbraith et al. 1996; Goark & Mccall, 1996). But many community-based agencies interested in leading HIV/AIDS prevention question whether empirically-validated information and ideas can be infused into their initiatives and how agency perspectives and control over research can be merged with a scientific approach. Academic researchers who value community input also wonder how information generated within the academy can be disseminated to agencies and groups leading HIV/AIDS prevention efforts and how a scientific approach will unfold within an agency's climate and culture (Goark & Mccall, 1996; Neumann & Sogolow, 2000; Schensul, 1999).

In this paper, we describe a program of HIV/AIDS research, the Collaborative HIV/AIDS Adolescent Mental Health Project (CHAMP) that is designed to address questions such as those listed above and to narrow the gap between academic and community leadership of HIV/AIDS prevention. One view guiding our work is that academic and community HIV/AIDS initiatives are not inherently incompatible nor are they necessarily synergistic. We believe that a scientific focus can be integrated into community-driven programs and that the merger is a valuable goal for the field of HIV/AIDS prevention research.

More recently, there has been increasing interest in fostering community leadership of prevention research, and some researchers have provided theoretical overviews and important themes and recommendations for facilitating this goal (e.g., Altman, 1995; Everhart & Wandersman, 2000). Still, there is a dearth of information about community leadership of research programs specifically focused on preventing HIV/AIDS. In prior publications we have described our efforts to work along these lines. Madison, McKay, Paikoff & Bell (2000) and McKay et al. (2000) discuss the framework for the academic-community collaborative approach in HIV/AIDS risk reduction with urban adolescents. This was the starting point for infusing community leadership at the “ground floor” in the CHAMP initiative. Further, Baptiste et al. (2005) describe how researcher and community ideas and values have been blended to create and implement the CHAMP interventions in urban neighborhoods in Chicago.

As necessary as these steps have been, they have been insufficient in facilitating full community leadership of this HIV/AIDS prevention program. Whereas community members have been involved in a high-intensity collaboration with researchers, the work has been centered within a university’s walls and shaped by its culture. Specifically, in many university settings, individual initiative and work flexibility are likely to be valued, rules and procedures are often more implicit than explicit, the power structure is not strictly hierarchical, and the bottom line is often knowledge rather than sustainability or effectiveness. CHAMP has not been led by or adapted to fit the format, pattern, and cadence of a community agency, which is likely to have different structures, values, and expectations (Swisher, 2000). In this article, we discuss our attempts to take this additional step—moving CHAMP from a university to a community setting—a phase critical to the evolution of our ideas about HIV/AIDS prevention initiative.

In sum, this article describes our efforts to transfer CHAMP from its base at the University of Illinois at Chicago to Habilitative Systems In-

corporated (HSI), a community mental health center in urban Chicago. We begin by providing brief overviews of both CHAMP and HSI. Then, we discuss our framework for transfer, along with the timeline, constituents, roles, and responsibilities in the planning process. Finally, we summarize the challenges we experienced in this undertaking and offer recommendations that, we hope, will help to guide others.

OVERVIEW OF CHAMP

CHAMP is a research program designed to identify factors related to HIV/AIDS risk exposure among youth living in high sero-prevalent urban communities, with the aim of implementing preventive interventions that can increase youths' protection against the virus. The CHAMP research program involves three studies: (a) a longitudinal survey of family and contextual factors related to youths' HIV/AIDS risk in a low-income community in Southside Chicago (Paikoff et al., 1993; 1998); (b) a longitudinal evaluation of a family-based intervention involving 4th-7th graders and their families in the same community (Paikoff et al., 1995); and, (c) a replication/transfer study involving two new communities, one in the Bronx, New York, and the other on Chicago's Westside (McKay et al., 2000). Two international research studies have been derived from CHAMP, an efficacy trial of a CHAMP-style intervention in Trinidad and Tobago in the Caribbean (Baptiste et al., in review; Voisin et al., in review) and a similar research project in urban and rural communities in South Africa (Bhana et al., in press; Paruk et al., 2002). In this article, we focus on our Chicago work—more specifically the study designed to transfer leadership of CHAMP Family Program to a community agency.

A core element underlying all CHAMP studies is *academic-community collaboration*. In keeping with this principle, we have followed a series of steps to ensure intensive community involvement. First, we established a Community Collaborative Board comprised of members of the academic research team, as well as community constituents. Community members on the board include such individuals as staff and parents within selected schools, staff of mental health and other youth-serving agencies in the community, residents-at large, and clergy (Madison, McKay, Paikoff & Bell, 2000). Second, we designed an intervention using both basic research and a synergy of academic and community ideas. A temporary board subcommittee comprising researchers and community members distilled and refined the core ideas

to be packaged into a manualized curriculum (Baptiste et al., in press). Third, facilitator teams involving both university and community members delivered the program and collected intervention and process data from youth and parents. Prior to implementation and while the program was underway, facilitators were jointly trained to negotiate the complexities of this collaborative relationship. Fourth, the Community Collaborative Board oversees ongoing dissemination activities. Notably, board members are involved with researchers in drafting and/or reviewing papers, such as this one, and presenting at professional meetings. Our Collaborative Board and/or specific members are named as co-authors on most of our publications (e.g., McKay et al., in press).

TRANSFERRING CHAMP

We identified the goal of transferring CHAMP to a community agency early in the development of the first study on Chicago's Southside. The first CHAMP Collaborative Board recognized this goal in its mission statement: "If a community likes the program, the research staff will help the community find ways to continue the program on its own" (CHAMP mission statement, May 1996). Thus, in the early stages of this study, we began to pave the way for the transfer. For example, we received grant funding to enhance leadership development among community board members (Madison, McKay & the CHAMP Board, 1998). Academic leaders of the project identified a list of "tangible and intangible skills" required for key roles and responsibilities, and community members shadowed these leaders to learn these skills. Selected board members were trained as supervisors or team coordinators in anticipation of future leadership roles in CHAMP. Finally, early in the fourth year of the study, we submitted a grant proposal to secure funding for replication/transfer in two new communities. The grant proposal included a plan to mentor and train community members to assume full responsibility for delivering the intervention as it was being replicated in the new setting. We expected community leaders to be responsible for the day-to-day research operation (with consultation from university researchers) and envisioned that the last year of the study would involve preparations to move the entire initiative to a community agency—in particular, Habilitative Systems Incorporated (HSI).

OVERVIEW OF HSI

Habilitative Systems, Incorporated (HSI) is a human service agency on the West Side of Chicago involved in the development and implementation of a range of programs serving African-American adults and children. HSI was founded in 1978 by several church members and has grown to incorporate over 50 programs serving more than 7,000 people in 14 sites across Chicago. The mission of HSI is to be the “premier behavioral health and human service organization, providing an array of responsive services that promote consumer self-sufficiency” (HSI Annual Report, 2002, p. 1). The overarching purpose is to work toward the alleviation of human suffering through the development and delivery of resources that foster “dignity, self-sufficiency, and empowerment.” HSI seeks to promote such independence and responsibility among mentally, physically, socially, and emotionally disabled persons in order that they may become fully contributing members of society. HSI also endeavors to provide a continuum of care that appears seamless, as clients are moved through a comprehensive and broad range of services across four divisions. Table 1 describes HSI’s divisions and programs and notes the division in which CHAMP will be situated.

OUR FRAMEWORK FOR TRANSFER

Models for integrating academically-driven prevention programs into community agencies are discussed within a range of fields and/or movements (e.g., prevention science, translation research, technology transfer) with the goal to broaden the impact of efficacious prevention programs through large-scale dissemination and implementation of such programs. A review of these approaches is beyond the scope of this paper. However, we highlight common themes (irrespective of the differences in terminology, framework, and content area) and indicate how these themes have played out in our work.

Ensuring a good academic-agency fit. Common across many frameworks is the notion that effective transfer of programs involves ensuring a good fit between the academic program and the mission, goals, and needs of the community agency. For example, Swisher (2000) argues that successful adoption of an academic program by an agency involves considering how the program can be integrated into the agency’s central mission and adapted to the “usual pattern and cadence of the activities” rather than included as a separate project (p. 971). Similarly, Olds

TABLE 1. Habilitative Systems Incorporated (HSI) Programs and Services

Children and Family Services Care Center **	Behavioral Health Care Center	Residential Services Care Center	Disabilities Management Care Center
Teen Parenting	Case Management	Community Individual Living Arrangements	SBC Bill Payment Center
Youth Enhancement Services? • Delinquency Prevention? • Safe Nights/Finish Lines? • Target Ready	Child and Adolescent Mental Health Services	Assertive Community Treatment Programs	Developmental Training Work Services
Day Care Program	HIV Education/Prevention	Emergency Housing	Supported Employment
Extended Family Services	Residential and Outpatient	Transitional Homeless Shelter	Employment Training
Housing Advocacy	Substance Abuse	MISA Services	Vocational Evaluation
Child Protective Services	Client/Family Support Services	Extended Treatment Residential Program	Earnfare Placement Services
**CHAMP	Case Coordination		Sheltered Employment

**Division where CHAMP is located

(2002) suggests that the program must fit the community's needs as well as the agency's mission and goals, and that the community and agency must be "fully knowledgeable and supportive of the program" (p. 169). This issue, the goodness-of-fit between CHAMP and HSI, also has been important in our work. CHAMP researchers approached HSI—an agency located in the targeted community—in part because it articulated HIV/AIDS prevention as an aspect of its core mission (HSI Annual Report, 2003). In addition, HSI recently had altered its service philosophy to include evidence-based treatments designed to maximize accountability and improve client outcomes. In a related vein, the organization already was involved in partnerships with academic researchers. Finally, the Chief Executive Director (CEO) of HSI has focused attention on the health risks for urban children and has strengthened the organization's commitment to providing quality services to urban children and their families through a variety of school- and community-based programs. Thus, HSI welcomed CHAMP's family-based approach to prevention, one emphasizing ongoing collection of evaluation data to assess the program's efficacy/effectiveness. The agency expressed a view that, with a few changes, CHAMP would fit comfortably within the agency's Children and Family Services Care Division whose mission is "to help urban children, youth, and families stay together, become independent, and develop to their full potential" (HSI annual report, 2002, pg. 1).

Early planning for sustainability within the agency. Researchers (e.g., Neumann & Sogolow, 2000) have noted that successful transfer

requires investments in people, relationships, and time, as well as coordination around such critical issues as staffing and funding. These issues are viewed as affecting an agency's ability to sustain a transferred program within its infrastructure. But agencies often lack the technical assistance, staff support, and implementation resources that are available in well-funded prevention trials (Spoth, Kavanagh, & Dishion, 2002). They also may grapple with issues such as high staff turnover and lack of adequate space, facilities, and equipment, which can undermine a program's long-term viability (Kellam & Langevin, 2003; Swisher, 2000).

These issues were relevant to our process. It was clear to us that, apart from outside consultation, a well-trained, supervised, and supported staff was a necessary prerequisite to maintaining a program within an agency's service delivery model (Olds, 2002; Swisher, 2000). Accordingly, over a three-year period, researchers and academic staff mentored and trained three community members to assume leadership roles at the agency. Our training and mentorship was via a hands-on method. Community leaders ran a small replication study and performed all leadership tasks. Although HSI's staff will decide the scope of training and support offered community members as they lead CHAMP at the agency, researchers will continue to provide both support and some training, especially during the transition period, as community leaders acclimate to the agency culture.

Heller (1990) and Swisher (2000) also advise that funding options should be sorted out early to prevent interruptions once transfer occurs. Along these lines, Kellam and Langevin (2003) recommend conducting long-term cost-benefit analyses of transferred programs to match resource allocation to service delivery needs. Although this latter aspect—long-term budgeting for CHAMP—is still unresolved, we have made financial and budgetary arrangements for the short-term. Undoubtedly, HSI needs time to establish a secure financial base for the CHAMP program. Therefore, we moved the program to the agency approximately 18 months before the end of grant funding. All grant monies to fund salary, wages, benefits, program delivery, and data collection then move from the university to the agency to underwrite agency expenses for those 18 months. Although HSI will direct some of its own resources to sustain the program, we fully expect the agency to seek external support to keep it going. In fact, HSI's leaders already have begun to do this.

Build in continuous quality improvement. Elias (1997) notes that an ongoing and iterative cycle of implementation, monitoring, evaluation,

feedback, and adaptation of an intervention can help to assure its sustainability in a transfer process. Thus, a preventive intervention is transferred with a specific set of principles and practices related to continuous evaluation and modification of the program, with the ultimate goal of improving impact on health and social behavior. Olds (2002) recommends collecting “real-time information” on implementation of the intervention and its achievement of benchmarks to guide continuous quality improvement (p. 169). Schoenwald and Hoagwood (2001) provide a useful framework for moving evidence-based practices into real world use at a community site. They suggest researchers investigate how aspects of the intervention, those delivering it, those participating in it, the delivery mode, and the organization itself must be modified for effective implementation in a community setting.

We also believe that continuous quality improvement is key to CHAMP’s sustainability within HSI; thus, we are transferring the technology to make programming improvements over time. For example, community leaders recently have adapted our 12-session intervention, usually delivered mid-week, into four Saturday sessions of longer duration. This adaptation was in response to the reality that parents in our population have returned to the workforce and are not available for mid-week sessions. We also felt a shortened program would better fit the agency’s infrastructure. The capacity that community leaders have demonstrated to distill and condense core program components into a format that better fits population and agency demands is an example of a “quality control” approach. Community leaders piloted the adapted version of the CHAMP intervention and made refinements to the program manual and assessments. The knowledge gained from these experiences will move with them to the agency.

Balancing program adaptation with fidelity. Researchers (e.g., Kelly et al., 2000) suggest that the “core elements” driving a program’s effectiveness should be identified prior to transferring it to another setting. Core elements are best identified empirically but, at the least, should be readily apparent from the theoretical model that guides the research. In a similar vein, others have offered guidelines for balancing program fidelity with program adaptation or program tailoring for another setting. For example, Domitrovich and Greenberg (2000) suggest that researchers specify active ingredients and change mechanisms. Once these mechanisms have been identified, other aspects of the intervention may be more flexible and adaptable based on the needs of the setting and population in which the intervention is being delivered. A related recommendation is that intervention adaptations and revisions should be

carefully documented in order to determine their impact on the design and effectiveness of programs (Domitrovich & Greenberg, 2000).

We have attempted to identify both core and flexible aspects of our program while training and mentoring community leaders to grasp CHAMP's theoretical model of change. Within the four-session adaptation of the program developed to match parents' schedules and agency resources, community leaders evaluated ways to retain the core elements while adapting the program structure. Core elements of our intervention include: (a) a structure involving multiple family groups and breakout components for parents and youth, (b) content involving attention to family supports and parental monitoring, HIV/AIDS information, a discussion of family rules, attention to increasing parent/child comfort in discussions of sensitive issues, and (c) research involving careful data collection (Baptiste et al., in press).

A common theme in all of the above areas is the necessity for academic researchers to pursue true collaboration with community partners—ideally from the beginning of the process to the end. Indeed, we agree that insufficient community ownership leads to a model of *doing for* instead of *doing with* the community (Everhart & Wandersman, 2000; Kellam & Langevin, 2003). As suggested by others, the interpersonal relationships behind our partnership have been key to facilitating honest discussion and reconciliation of differences with respect to timelines, priorities, and logistics (Rotheram-Borus, Rebchook, Kelly et al., 2000). We have held extensive discussions to plan for the transfer of CHAMP. These meetings have helped to ensure that all constituents are active participants in decision-making. In the pages that follow we provide a detailed summary of our planning process.

PLANNING TO TRANSFER CHAMP

Timeline

Our efforts to transfer CHAMP from the university to a community agency began five years after we first launched the program. We spent an additional six years in planning CHAMP's move from the University to the agency. Notwithstanding the challenges we encountered over the six years, as evident from the timeline below, we achieved significant milestones that brought us closer to this end goal.

Year 1: The Southside Community Collaborative Board identifies transfer of the CHAMP research initiative from the University of Illi-

nois at Chicago to a community agency as a concrete goal, and a decision is made to apply for grant funding to pursue it. The Board discusses and ratifies the idea, and over a 12-month period the grant application is developed. This includes finding a suitable host agency for CHAMP (HSI); reviewing literature about transfer of programs, and preparation of a RO1 application that includes parallel goals of (a) replicating the CHAMP program in the Bronx, New York, and (b) transferring CHAMP out of the university to the agency in Chicago. The proposal is written and submitted to the National Institute of Mental Health (NIMH) Office on AIDS, and it identifies a primary strategy to effect program transfer that is, mentorship and training of community members who can join agency as leaders of the initiative.

Year 2: Funding is successful and administrative and budgetary structure is developed to achieve specific aims of the research. One aim is to replicate the CHAMP in New York and that operation is launched as a parallel but separate initiative. In relation to the second aim, program transfer in Chicago, researchers submit the Institutional Review Board (IRB) application. This IRB requests that researchers submit three distinct applications to oversee human subject protections for the multi-layered research activities. These applications spell out procedures collection of both qualitative and quantitative research aspects, an appropriate and ethical structure for mentorship of community leaders, and methods and measures related to conducting the small replication study. The IRB applications require multiple revisions that delay the start of program activities. However, recruitment and selection of potential community leaders begins. The Southside Community Collaborative Board determines the appropriate entry-level education and experience for Project Director (PD) and Co-community leader positions. The PD is expected to train and mentor four community members slated to become the future leaders of CHAMP at the agency. The training arena will be implementation of a small replication of the CHAMP program on Chicago's West Side in close proximity to the agency. A personnel sub-committee of the board prepares job descriptions, advertises the PD community leader positions, and recruits and selects applicants. At the end of the recruitment process, IRB approvals are secured.

Year 3: The replication study that is the training ground for community leaders is scheduled to begin, but multiple obstacles are encountered that further delays plans for transfer. These include: (a) competing researcher priorities including critical carry-over tasks from the initial CHAMP research;¹ (b) researchers' inexperience in developing an ade-

quate framework for the training/mentorship of community members; (c) a lack of clarity on roles and responsibilities in the initiative, especially those related to mentorship (d) illness of the Project Director; (e) interpersonal conflicts, and (e) personnel turnover. In a series of conflict resolution sessions, we contemplate an early transfer of the project to the agency. However, this is not feasible because community leaders are inadequately trained to assume leadership of CHAMP; the agency is not yet ready to incorporate CHAMP within its infrastructure; and the fiscal and budgetary resources for transfer are not in place. Instead, researchers and community leaders develop an alternative training/mentoring plan involving various individuals and including researchers in mentorship/roles.

A framework begins for mentorship of community leaders via hands-on involvement in the intervention replication. The replication includes most aspects related to adapting and delivering the CHAMP pre-adolescent family intervention. These include (a) development of a Westside Community Board, (b) recruitment of schools and participants (4th/5th grade students and their parents), (c) a pilot to refine the intervention for the Chicago Westside community, (d) revisions to the program manual, and (e) preparation for data collection.

The Chief Executive Director (CEO) of HSI is selected to chair the CHAMP Westside Board and this marks the first concrete step towards transfer. In the role of chairperson, the agency's director is orientated to all aspects of the CHAMP initiative, including to the community leaders who will eventually join the agency.

Year 4: Community leaders continue their involvement in every aspect of program replication. Each Co Project Director (CPD) has increasing responsibility for leading one primary and one secondary aspect of managing CHAMP (e.g., coordinating the Community Collaborative Board; subject recruitment). Under the oversight of the PD and/or researchers' CPDs are immersed in setting up overall and specific project goals and activities; establishing timelines; developing contingency plans; and evaluating progress. This process involves iterative action-reflection cycles. The impending goal of moving the program to the agency is an underlying theme that causes some tensions; as yet, no formal meetings are planned to discuss it.

Year 5: The goal of transfer is now a regular part of discussions among researchers and academic staff. There is a fair amount of consensus among this group that transfer will occur, but disagreement as to the timing and pacing of it. There are even some concerns about whether it should occur at all.

The CPDs are not active participants in the discussion about transfer and continue to receive mentorship and training via the replication. Their knowledge and skills related to managing the program is increasing. For example, community leaders display sound knowledge and skills in developing relationships with selected schools; recruiting early adolescents and parents for the study; and recruiting, selecting and training facilitators. However, they seem less prepared to lead other key aspects of CHAMP, for example, training facilitators in data collection; archiving collected data; supervising facilitators to competently deliver the intervention; and independently handling unordinary interpersonal situations that occur during the conduct of the research. There is a recognition of a need for more intensive training and mentorship of community leaders around “less concrete” tasks related to leading CHAMP and discussions are held to determine the best methods to achieve this. However, the resignations of two key mentors within CHAMP affect morale of all and threatens the project’s stability. The feeling that the project should move to the agency resurfaces but there are still tensions and conflicts about the timing and pacing of transfer.

An external event—a confirmed date for the move of faculty, clinical and research staff, and university research labs, including CHAMP, to a newly-acquired building—becomes the catalyst that propels the board, researchers, agency staff, and CPDs to enter the active phase of transfer planning. Whereas many issues are as yet unresolved, there is consensus among all that CHAMP’s move to HSI is close.

Year 6: The first of several project-wide meetings are held to begin formal discussions related to transferring CHAMP to HSI. Although there are still disagreements as to exactly when staff and infrastructure will move out of the university, there is consensus that formal planning should begin and involve all stakeholders—agency staff, board members, community leaders, and research staff. Community leaders remain involved in the program’s replication and have acquired advanced skills related to its operation; however, they face recruitment challenges that illuminate questions about the program’s viability, especially in light of its prospective transfer to the agency. A decision is made to revise the program to better fit agency resources and community needs. A curriculum sub-committee, led by a community member, adapts and pilots a shortened version of the CHAMP intervention.

The Westside Community Collaborative Board ratifies transfer to HSI and the agency’s Executive Board of Directors discusses how CHAMP can be incorporated into its programs. Monthly transfer planning meetings involving the primary constituents (agency staff, re-

searchers, community leaders, and board members) begin at the agency. Early meetings focus on broad issues such as overall mission and philosophy, level of board involvement in the process, processes of decision-making, and the fit between agency and program goals. Later meetings focus on the logistical issues of transfer such as moving staff, fiscal restructuring, and IRB revisions, along with a specific action plan and timeline for the move. Approximately eight months after formal planning sessions begin, community leaders, equipment, supplies, and other CHAMP resources are relocated to the agency and post-transfer planning begins.

Constituents, Roles, and Responsibilities

The timeline above indicates that transferring CHAMP to HSI has been both *time* and *labor* intensive, involving more than 70 individuals over an sustained period in discussions and negotiations on a variety of levels. There were clear constituents that have been critical to the process; and, multiple roles and responsibilities have emerged throughout.

We needed an effective chairperson of our transfer planning group and HSI's CEO assumed this role. Key agency officials served as an integral supporting cast. These officials included the following: (a) HSI's Chief Operating Officer, responsible for hammering out the details related to moving personnel and resources, and securing the agency's IRB approval; (b) HSI's Director of Budgets, who worked with CHAMP's Budget Administrator to effect a transfer of fiscal resources; (c) HSI's Clinical Director of the Child and Family Services Care Center, slated to become the direct supervisor of the community leaders; and (d) HSI's human resources manager, who oriented community leaders to the agency's employee policies, salary and benefits, and requisite employment paperwork.

CHAMP researchers and academic staff, usually only indirectly responsible for human resource and fiscal aspects of grants/contracts, took on matching roles to those at the agency. There were three broad roles with concomitant responsibilities. First, researchers provided general oversight over the transfer process on the University's side. This involved securing IRB approvals related to moving the project, transferring existing data, and communicating with the funding source (National Institute of Mental Health) and University officials about the impending change in the project's status. Second, researchers helped to prepare community leaders for the psychological and pragmatic issues related to leaving the university culture and forming new attachments

with agency personnel (Glisson, 2002). These discussions focused on areas such as community leaders' readiness to assume leadership of the project, to work with increased autonomy, and to move the resources needed to run the program at the agency. Third, CHAMP's budget administrator arranged for the transfer of fiscal and budgetary aspects of the project, moving CHAMP's assets and resources (money, equipment, etc.) out of the university and into the agency.

Finally, the community leaders themselves were critical players in planning for their move to HSI. Their perspectives illuminated the personal impact of moving from one organizational culture to another. Early in the planning process, community leaders developed a list of questions that helped to organize transfer planning discussions. We include a sample of unedited questions here as an example of latent issues that were a significant part of our discussions:

1. What will the CHAMP model look like at HSI?
2. What elements will be kept and what will be given up?
3. Does HSI have another plan for CHAMP (e.g., will it be combined with some of their other programs?)
4. How will HSI ensure that CHAMP is recognizable when at the agency? (suggested name CHAMP HSI)
5. What will be staff's pay rate, will it be higher, the same or lower as at the University?
6. What type of benefit plan would be at HSI? Specifically, how would benefits like medical insurance, retirement, dental, vacation, and sick, rate of employee's contribution compare to the University's?
7. What type of training/mentoring would staff get at HSI? Who will do the training/mentoring?
8. Which IRB will be in charge of CHAMP if it moves?
9. How would university staff be involved when the project moves?
10. What role will the CHAMP board playing in transfer? How will Board members continue to be involved after transfer?

Members of the Westside Community Collaborative Board also attended planning meetings and helped to reconcile the various interests and agendas of other constituents. Board members' observations led to refinement of our ideas. Although some of these issues are not fully resolved, our initial contemplation of them has enhanced the philosophical and logistical perspectives related to transferring CHAMP. For

example, Board members who were not involved at the time HSI was selected as the permanent home for the project pressed for additional details about why the agency was selected. This had been a “taken-for-granted” decision, but the inquiry facilitated new discussions about the compatibility between CHAMP and HSI, bringing even greater insight into the goodness-of-fit.

Similarly, board members asked about the role of a Community Collaborative Board under HSI’s leadership. Because the Community Board has been a highly celebrated aspect of CHAMP’s work, this question facilitated discussion on the potential involvement of community members at the agency. HSI’s administrators agreed to establish a research committee as part of its Quality Assurance Coordinating Committee (QACC), an internal, employee-based committee that oversees organizational functioning and reports to the governing board of directors. (Figure 1 details QACC’s structure and potential placement of CHAMP staff. Figure 2 describes HSI’s Board of Directors and where CHAMP Board members may be incorporated.) Notably, as part of both of these boards, CHAMP staff and community board members have the opportunity to oversee other agency initiatives in addition to continuing their involvement with CHAMP.

In sum, planning to transfer CHAMP to HSI has, by no means, been a linear process unfolding smoothly over time. On the contrary, we have experienced major interpersonal conflicts, terminations and resignations, and multiple and ongoing disagreements related to transplanting community leaders to a new setting. Our planning process has been fraught with inconsistencies and ambiguities, many of which are yet to be resolved. Despite challenges, we have been united by a commitment to finding a permanent home for CHAMP, involving families in HIV/AIDS prevention, and supporting HSI as it leads these efforts. In the section below, we further highlight specific tensions as well as offer recommendations to those contemplating similar initiatives.

Challenges

Individually, and as a group, we have experienced many conflicts in our efforts to place CHAMP under HSI’s leadership. Heuristically, these tensions can be grouped into four broad categories: (a) a struggle to balance a collaborative process with achievement of concrete project outcomes; (b) transfer of the scientific principles and practices underlying CHAMP; (c) transplanting of community leaders to a new organiza-

FIGURE 1. Habilitative Systems Incorporated (HSI) Internal Agency Committee Structure

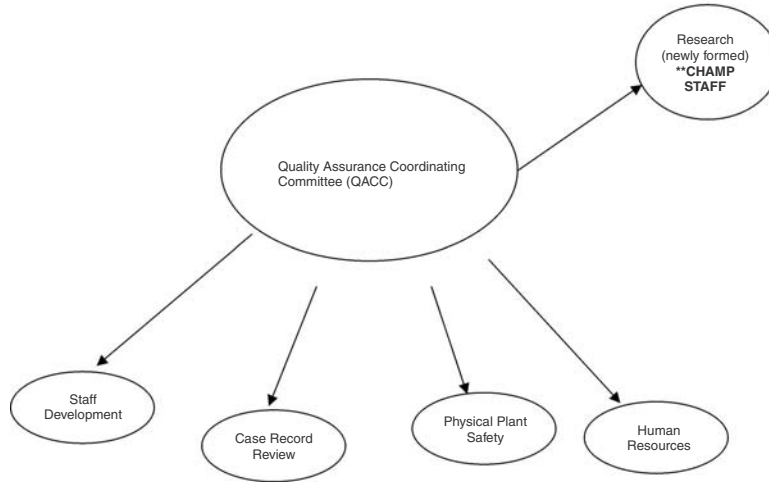
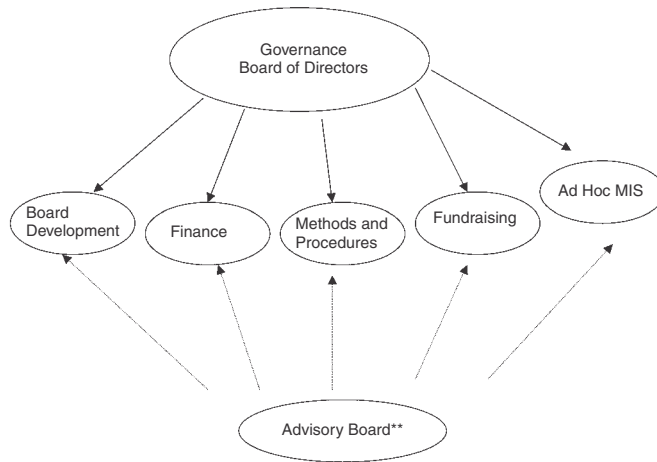


FIGURE 2. Habilitative Systems Incorporated (HSI) External Governance Board Structure



tional culture; and (d) negotiating of multiple logistics related to moving the program to a new setting.

Balancing a collaborative process with outcome goals. At various points in our planning we felt stuck, unable to achieve significant milestones in transferring the program. At one of these junctures, we stopped to reflect and, in particular, to identify barriers in our process. Two individuals who served as “*process observers*” during planning meetings conducted interviews with a majority of constituents, including agency staff, researchers, and community leaders. A pervasive theme that emerged from these conversations was the differential weights individuals placed on achieving *process* and *outcome* goals in decision-making.

For example, relationships within CHAMP have been constructed based on the core value of “working collaboratively.” For many of us, this meant adopting an open and inclusive posture in planning. In our view, a collaborative posture ensured that everyone’s “voice” would be heard and a consultative approach would be used in decision-making. Although we all ascribed to this value in theory, in practice there were tensions. Community leaders, in particular, who often voiced feeling “less powerful” than researchers, questioned the way in which decisions were made and ideas were prioritized. In essence, there was a schism between the goal of inclusiveness and democracy in decision-making on the one hand, and achieving of benchmark tasks, on the other.

The act of reflecting on and illuminating our individual values and styles, and re-affirming a commitment to both process and outcome goals, was helpful in diminishing tensions such that planning could proceed. Although our attempts to balance these goals are ongoing, we recognized that the two are not mutually exclusive. Collaborative conversations contain symbolic features, such as attention to the structure of conversations, indicating whose voices and views are prioritized. Time spent to reflect on these features of discussions can be worthwhile. However, collaborative conversations can co-exist with urgency and accountability around task accomplishment, thus simultaneously emphasizing the achievement of critical project milestones.

Transferring the scientific basis of CHAMP. In moving CHAMP to HSI, we actually are transferring a scientific approach to HIV/AIDS prevention that is centered in community knowledge and leadership. This includes a process for ensuring that the HIV/AIDS preventive intervention can be refined with community input to match the population and agency dynamics. But the CHAMP intervention is delivered as a

component of prevention research. Accordingly, evaluation of the intervention's impact is a critical consideration. We have utilized an experimental research design with randomization of families to intervention and comparison conditions. Data are collected from youth and parents, and complex data analytic techniques are used to determine the longitudinal impact of the intervention in decreasing HIV/AIDS risk exposure (McKay et al., 2000; Paikoff et al., 1995). All of these aspects underlie the empirical base of CHAMP and must be transferred along with its tangible resources. Transfer of these scientific aspects has been more difficult than we first envisioned.

First, community leaders are not currently equipped to conduct full-scale evaluations of the intervention. Whereas they grasp the basic tenets of a research study, community members are unfamiliar with more technical aspects of research, such as data analytic strategies and procedures. Second, unlike the CHAMP research lab, HSI is not a research facility and its primary mission is broader than HIV/AIDS prevention. Issues such as design of a randomized trial, program fidelity, analysis of complex datasets, and longitudinal follow-up of intervention participants is not part of the normative terrain of the agency's operation. Finally, HSI is not accustomed to the regular dissemination—through publications and presentations—of research findings and process papers related to the interventions they develop, implement, and evaluate within their organization.

Transplanting community leaders. It should be clear from prior discussions that we view community leaders as the bearers of CHAMP technology. However, we made the decision to mentor/train community leaders within the university walls without full appreciation of how its culture would affect their work styles and aspirations. We also did not consider the impact of a move on their career goals, aspirations, and quality of life.

In our view, the culture of our academic lab within the University varies significantly from the culture of the agency. Our lab has been comprised of research faculty, full-time academic staff, civil servants, and graduate student workers. Overall, we maintained flexible working hours in a relatively unstructured setting in which work was mostly self-directed. Wider university values also trickled down to the lab, such as pursuit of educational opportunities as a route to social mobility. Thus, community leaders have been encouraged to taking advantage of the university's many opportunities for learning and self-advancement. Finally, as employees of a grant-funded initiative, CHAMP employees received an attractive compensation and benefit package.

Although appealing, many of the above features are idiosyncratic to the organizational culture of a large, state-funded university. A relatively small community agency like HSI, with limited financial resources, cannot offer the volume and range of opportunities a university can offer its employees. Further, like many other community agencies, HSI's workplace may be structured with more hierarchical working relationships and lower priority for self-direction in determining and prioritizing daily tasks. Thus, community leaders' move from the University involves an adjustment to a new organizational culture. In and of itself, this is not problematic. But, as is evident from the list of questions discussed above, community leaders have many anxieties about how the moving to the agency will impact their lives. For example, community leaders raised questions about their status within HSI's hierarchy, their level of pay and benefits, their opportunities to work autonomously, and other intangibles such as educational opportunities to help promote career growth. Notably, many of these issues may affect their day-to-day lives and future aspirations.

Our approach to resolving perceived discrepancies in organizational cultures has been to talk about differences openly, as well as to hold HSI accountable to the highest standards of ethical practices in terms of work climate and provision of opportunities for community leaders. At the same time, we acknowledge that the culture and practices of a grant-funded university lab seldom represent the "real world." Although we are still uncertain as to how community leaders will weather the transition, we are optimistic that their best interests will remain paramount in our process.

Attending to multiple logistical tasks. The genesis of the transfer idea to the final stage when staff and resources moved to the agency has taken several years. The process has involved many individuals working on multiple and varied tasks over time. Although the process has unfolded in phases, each stage has generated a large number of logistical tasks—and the volume of work has been daunting. Maintaining continuity as priorities shift and key players leave our initiative also has been challenging. We have found it helpful to focus not only on the "endgame" of transfer, but also on the critical milestones pointing to a growing knowledge- and asset-base that would be transferred to the agency. For example, the relatively tedious tasks involved in blending academic and community ideas into an intervention helped us to refine a process model for collaborative program development that we have been able to use in later stages with greater efficiency. This knowledge will be passed on to the agency. Similarly, the years spent mentoring and training community leaders in major

aspects related to running CHAMP has paid off in their expanded leadership capacity, also transferred to the agency.

Notwithstanding our accomplishments related to transferring the program, we learned many lessons that will shape our future efforts, particularly efforts to build international coalitions to conduct HIV/AIDS prevention research in developing regions. We summarize some of our observations and recommendations below.

Recommendations

First, HSI came on board six years after CHAMP began its mission of HIV/AIDS prevention; yet, it may have been helpful to involve the agency from the inception of the CHAMP research program, even prior to crafting the first grant application. Notably, the latter approach has been described by Baptiste (2000; 2003), Voisin et al. (in press), and Bell et al. (2000) in the Caribbean and South Africa studies. Second, we have lost valuable opportunities to systematically observe and evaluate our transfer processes. We have struggled to find adequate methods for collecting process-level, qualitative data. We have been dependant on retrospective accounts to document our transfer approach, and while these data are useful, direct observation (e.g., via audiotapes, videotapes, and/or process logs) may have captured the nuances of the rich collaborative transactions related to transfer. Third, whereas we have begun discussions of long-term sustainability of the program, the reality is that it will take time to find an appropriate level of funding to maintain the program at HSI. We advise others to embed this consideration into early planning stages, perhaps two-three years prior to moving the program to a new setting. Fourth, we are in the post-transfer stage of our planning, but the roles of academic researchers in the agency's efforts to lead CHAMP are as yet unspecified. We left this task to the later stages of our process but if it were to take place earlier, it might facilitate a smoother transition. Finally, whereas community collaborative HIV/AIDS prevention is meaningful, the work contains many ambiguities. One of these is the question: Is this a better way to conduct HIV/AIDS prevention? This is the question that all on CHAMP are committed to answering.

CONCLUSION

We believe that our approach to HIV/AIDS prevention departs from more traditional prevention research initiatives in both the *depth and*

breath of the community's involvement in shaping CHAMP from its inception. Community input has shaped the "message"—that is, the ideas and opinions that determined the intervention's structure and content. Community members have been the "messengers"—delivering the intervention to youth and families in their neighborhoods (McKay et al., 2000; Baptiste et al., in press). Finally, community members will oversee implementation as the entire initiative is housed within an agency, which itself is a stable "citizen" of the community. All of these aspects enhance the likelihood that CHAMP will be sustained over time.

NOTE

1. During the initial 5-year CHAMP study all research activities at the University were suspended due to alleged IRB violations. Some carry-over tasks related to re-consenting all former research subjects under new and improved new IRB procedures.

REFERENCES

- Baptiste, D., Paikoff, P., McKay, M., Madison, S., Bell, C., Coleman, D. & The CHAMP Board. (2005). Collaborating with an urban community to develop and deliver an HIV/AIDS Prevention program for Black youth. *Behavior Modification*, 29, 370-416.
- Baptiste, D.R. (2000). *The Trinidad and Tobago HIV Prevention Project*. NIMH-funded Minority Supplement Proposal. Available from the first author, University of Illinois, Chicago.
- Baptiste, D.R. (2003). *Family Intervention for Caribbean Youth HIV/AIDS Risks*. NIMH-funded Career Development Award (K01) Proposal. Available from the first author at the University of Illinois, Chicago.
- Bell, C.C., Bhana, A., Paruk, B., McKay, M. M., Mock, L., & Baptiste, D. (2000). *The CHAMP/South Africa Community Collaborative HIV/AIDS Project*. NIMH Grant Proposal. Available from the first author at the Community Mental Health Council, (CMHC), Chicago
- Bhana A, Petersen I, Mason A, Mahintsho Z, Bell C, McKay M. (in press). Children and youth at risk: Adaptation and pilot study of the CHAMP (Amaqhawé) programme in South Africa," *African Journal of AIDS Research (AJAR)*.
- Centers For Disease Control and Prevention (2000). The Prevention Marketing Initiative. www.cdc.gov/hiv/projects/pmi (last updated Oct 17, 2000).
- Domitrovich, C. E. & Greenberg, M.T. (2000). The study of implementation: Current findings from effective programs that prevent mental disorders in school-aged children, *Journal of Educational and Psychological Consultation*, 11, 193-221.
- Elias, M. J. (1997). Reinterpreting dissemination of prevention programs as widespread implementation with effectiveness and fidelity. In R. P. Weissberg (Ed.)

- Healthy Children 2010: Establishing preventive services*. Thousand Oaks, CA: Sage, 253-289.
- Everhart, K. & Wandersman, A. (2000). Applying comprehensive quality programming and empowerment evaluation to reduce implementation barriers. *Journal of Educational and Psychological Consultation*, 11, 177-191.
- Galbraith, J., Ricardo, I., Stanton, B., Black, M., Feigelman, S., & Kaljee, L. (1996). Challenges and rewards of involving community in research: An overview of the "Focus on Kids" HIV risk reduction program. *Health Education Quarterly*, 23, 383-394.
- Glisson, C. (2002). The organizational context of children's mental health services. *Clinical Child and Family Psychology Review*, 5, 233-253.
- Goark, C.J. & McCall, R.B. (1996). Building successful university-community human service agency collaborations. In C.D. Fisher J.P. Murray, & I.E. Sigel (eds.), *Applied developmental science: Graduate training for diverse disciplines and educational settings* (pp. 28-49. Norwood, NJ: Ablex.
- Habilitative Systems Incorporated (HSI) (2003) *Annual Report 2003*. Available from HSI: 415 South Kilpatrick Street, Chicago, IL 60644.
- Hatch, J., Moss, N., & Saran, A., Presley-Cantrell, L., & Mallory, C. (1993). Community research: Partnership in black communities. *American Journal of Preventive Medicine*, 9, 27-31.
- Heller, K (1990). Social and community intervention. *Annual review of Psychology*, 41, 141-168.
- Jensen, P., Hoagwood, K., & Trickett, E. (1999). Ivory towers or earthen trenches? Community collaborations to foster "real world" research. *Applied Developmental Psychology*, 3(4), 206-212.
- Kellam, S. G. & Langevin, D. J. (2003). A framework for understanding "evidence" in prevention research and programs. *Prevention Science*, 4 (3), 137-153.
- Kelly JA, Heckman TG, Stevenson LY, Williams PN, Ertl T, Hays RB, Leonard NR, O'Donnell L., Terry MA, Sogolow ED, & Neumann MS. (2000). Transfer of research-based HIV prevention interventions to community service providers: Fidelity and adaptation. *AIDS Education and Prevention*, 12(Suppl. A), 87-98.
- Madison, S., McKay, S & the CHAMP Collaborative Board (1998). *Parents on the Move*. Funded grant proposal, Center For Urban Educational Research and Development (CUERD). Available from the second author at Mount Sinai Hospital, New York.
- Madison, S. M., McKay, M. M., Paikoff, R. L., & Bell, C.C. (2000). Basic research and community collaboration: Necessary ingredients for the development of a family-based HIV prevention program. *AIDS Education and Prevention*. 12, 281-298.
- McKay, M., Paikoff, R., Baptiste, D., Bell, C., Coleman, D., Madison, S., McKinney, L. & CHAMP Collaborative Board (in press). "Family-level impact of the CHAMP Family Program: A community collaborative effort to support urban families and reduce youth HIV risk exposure." *Family Process*.
- McKay, M., Baptiste, D., Paikoff, R.; Madison, S., & CHAMP Collaborative Board Preventing HIV Risk Exposure in Urban Communities: The CHAMP Family Program. In W. Pequegnat & Szapocznik (Eds). *Working with Families in the Era of HIV/AIDS*. Sage: CA.

- McKay, M.M., Paikoff, R.L., Bell, C.C., Madison, S. M., & Baptiste, D.R. (1999). *Community Partnerships to Prevent HIV/AIDS-New York & Chicago*. NIMH-funded Grant Proposal. Available from the first author at Mount Sinai Hospital. NY.
- Neumann, M.S. & Sogolow ED. (2000). Replicating effective programs: HIV/AIDS prevention technology transfer. *AIDS Education and Prevention*, 12(Suppl. A), 35-48.
- Neumann M,S, Sogolow E,D, & Holtgrave D,R. (2000). Introduction: Supporting the transfer of HIV prevention behavioral research to public health practice. *AIDS Education and Prevention*, 12(Suppl. A), 1-3.
- Olds, D. L. (2002). Prenatal and infancy home visiting by nurses: From randomized trials to community replication. *Prevention Science*, 3 (3), 153-172.
- Paikoff, R. L., Parfenoff, S.H., Greenwood, G. L., & McCormick, A. (1997). Parenting, parent-child relationships, and sexual possibility situations among urban African American preadolescents: Preliminary findings and implications for HIV prevention. *Journal of Family Psychology*. 11, 11-22.
- Paikoff, R. L. (1995). Early heterosexual debut: Situations of sexual possibility during the transition to adolescence. *American Journal of Orthopsychiatry*. 65, 389-401.
- Paikoff, R. L. & McKay, M., Bell, C. et al. (1995). *Family-based intervention to prevent HIV risk exposure for urban adolescents*. NIMH-funded grant proposal. Available from the first author at the University of Illinois, Chicago.
- Paruk Z, Peterson I, Bhana A, Bell C, & McKay M. (2002). A Focused Ethnographic Study to Inform the Adaptation of the NIMH Funded CHAMP Project in South Africa. In Manfredi R (Ed). *XIV International AIDS Conference*. Bologna, Italy: Monduzzi Editore S.P.A.
- Pequegnat. W. & Szapocznik, J. (Eds.). (2000). *Working with Families in the Era of HIV/AIDS*. CA: Sage publications.
- Rotheram-Borus MJ, Rebchook GM, Kelly JA, Adams J, & Neumann MS. (2000). Bridging research and practice: Community-researcher partnerships for replicating effective interventions. *AIDS Education and Prevention*, 12(Suppl. A), 49-61.
- Roussos, S. T. & Fawcett, S. B. (2000). A review of collaborative partnerships as a strategy for improving community health. *Annual Review of Public Health*., 21, 369-402.
- Schensul, J.J. (1999). Organizing community research partnerships in the struggle against AIDS. *Health Education & Behavior*, 26, 266-283.
- Schoenwald, S.K. & Hoagwood, K. (2001). Effectiveness, transportability, and dissemination of interventions: What Matters When? *Psychiatric Service*, 52, 1190-1197.
- Spoth, R. L., Kavanagh, K. A., & Dishion, T. J. (2002). Family-centered preventive intervention science: Toward benefits to larger populations of children, youth, and families. *Prevention Science*, 3 (3), 145-151.
- Swisher, J.D. (2000). Sustainability of prevention. *Addictive Behaviors*, 25, 965-973.
- Stevenson, H.C., & White, J.J. (1994). AIDS prevention struggles in ethno-cultural neighborhoods: Why research partnerships with community based organizations can't wait. *AIDS education and Prevention*, 6, 126-139.
- Voisin, D., Baptiste, D., Martinez, D., & Henderson, G. (In review). Exporting a US-HIV/AIDS prevention program to a Caribbean-island nation: Lessons from the field. *International Social Work*.