

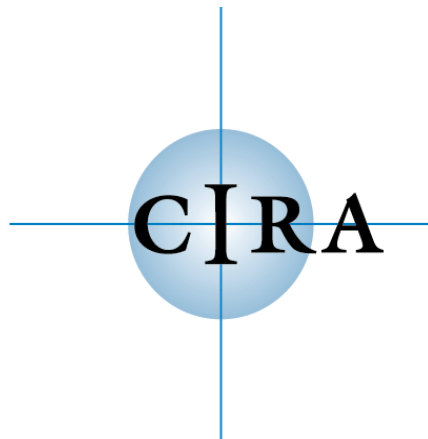
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*SELECTED ARTICLES ON DISSEMINATION &  
TRANSLATIONAL RESEARCH*

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Center for Interdisciplinary Research on AIDS  
Community Research Core

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Botwink G, Sell R, et al. (2003). "Making Waves: Systems Change on Behalf of Youth With HIV/AIDS." Journal of Adolescent Health. 33S: 46-54

**PURPOSE:** To document the effects of five Special Projects of National Significance (SPNS), funded by the Health Resources and Services Administration (HRSA), on HIV care, related service systems, policy, planning, and funding for youth with HIV/AIDS. **METHODS:** Literature on services and systems integration and technology transfer is used as a conceptual framework for the examination of HIV-informed, youth-specific changes at the local, state, and national levels. The Principal Investigator for each project and/or the Project Evaluators were interviewed several times to capture "snapshots" of evolving results from the Projects' varied activities in New York city; Newark, New Jersey; Chicago; and Miami. Some changes were consciously targeted, and others occurred serendipitously. This work covers the funding period from 1996 through 2000. **RESULTS AND CONCLUSIONS:** There were many "ripple" effects that emanated from these Projects' presence and activities. Important lessons were learned about why systems change is necessary to effectively serve youth with HIV, how to make constructive changes happen, and how to sustain changes once they are achieved. Successful strategies included, but were not limited to, consensus-building among stakeholders, participatory planning and decision-making, collaborative referral and linkage agreements, staff sharing, co-locating services, providing technical assistance, consultation, cross-training, and engaging consumers as partners in communicating new technologies and in advocating for change.

Caburnay CA, Kreuter MW, et al. (2001). "Disseminating effective health promotion programs from prevention research to community organizations." J Public Health Manag Pract. 2001; 7(2): 81-9.

Promising programs developed through health promotion and disease prevention research are not always disseminated to the agencies, organizations, and individuals that can benefit from them most. Systematic and practical approaches to dissemination are needed to ensure that effective programs more often reach end users in communities. This article describes six steps used in translation and dissemination of the ABC Immunization Calendar program to public health centers in St. Louis, Missouri. The authors discuss how one health center successfully adopted this program and provide recommendations for other researchers seeking to disseminate innovative, effective health promotion programs.

Carr A. (April 2004). "Confronting the challenges of HIV/AIDS information dissemination: report of the one-day HIV/AIDS Information Summit." J Med Libr Assoc. 92(2)

Reports discusses how attendees planned to implement some of the recommendations presented into their daily workflow. One breakout group examined information overload, disseminating information sources with the right messages, and developing electronic safer sex messages. Another group examined issues of developing strategies for increasing coordination and collaboration with Websites, accessing online full-text journal articles, improving information dissemination to rural areas, and developing a centralized HIV/AIDS information databank.

Devieux J, et al. (Summer 2004). "Context and Common Ground: Cultural Adaptation of an Intervention for Minority HIV Infected Individuals." Journal of Cultural Diversity. Vol 11, No 2. 49-57.

Understanding social contextual mediators of risk in HIV/AIDS prevention and promoting cultural adaptation of clinical interventions have evolved form new priorities set forth by the National Institutes of Health (NIH) on ecological validity and

translational research (NIH, 2001). Thus, emphasis is placed on linguistically and culturally translating promising interventions “for and with” new populations to serve the realities of the particular group. The purpose of this paper is to describe the process involved in developing culturally sensitive interventions to strengthen the ecological validity of a cognitive behavioral stress management (CBSM) intervention for HIV positive individuals.

Gabel S. (2003). “Making waves. Stages and process of organizational change.” MGMA Connex. 2003; 3(9): 31-2.

Glasgow R, et al. (August 2003). “Why Don’t We See More Translation of Health Promotion Research to Practice? Rethinking the Efficacy-to-Effectiveness Transition.” Public Health Matters. Vol 93, No.8 1261-1267.

The gap between research and practice is well documented. We address one of the underlying reasons for this gap: the assumption that effectiveness research naturally and logically follows from successful efficacy research. These 2 research traditions have evolved different methods and values; consequently, there are inherent differences between the characteristics of a successful efficacy intervention versus those of an effectiveness one. Moderating factors that limit robustness across settings, populations, and intervention staff need to be addressed in efficacy studies, as well as in effectiveness trials. Greater attention needs to be paid to documenting intervention reach, adoption, implementation, and maintenance. Recommendations are offered to help close the gap between efficacy and effectiveness research and to guide evaluation and possible adoption of new programs.

Goldstein E, et al. (1998). “Sources of Information for HIV Prevention Program Managers: A National Survey.” AIDS Education and Prevention. 10(1), 63-74.

This study’s objective was to find out if HIV prevention program planners seek out science in designing interventions, and if not, where they turn for prevention information. Researchers conducted a survey of 284 program managers of AIDS prevention programs across the United States. Respondents’ three most important sources of information were peers and colleagues, departments of public health (DPH) and the centers for Disease Control (CDC). The four least important sources included scientific publications and government reports. We find that most program managers do not turn to research, nor do they perceive it as an important source of information. They turn to each other, their DPH, and the CDC. Though authors have made suggestions for researchers, community-based organizations, state DPHS, and the CDC to close the gap between HIV prevention science and prevention practice. We must ensure that our efforts will not be wasted, and we can make a difference in the fight against HIV.

Green L and Mercer S. (December 2001). “Can Public Health Researchers and Agencies Reconcile the Push From Funding Bodies and the Pull From Communities?” American Journal of Public Health. Vol 91, No.12. 1926-1929.

Responding to growing impatience with the limited application of research findings to health practices and policies, both funding bodies and communities are demanding that research show greater sensitivity to communities’ perceptions, needs and unique circumstances. One way to assure this is to employ participatory research—to engage communities at least in formulating research questions and interpreting and applying research findings and possibly also in selecting methods and analyzing data. “Community” should be interpreted broadly as all who will be affected by the research results, including lay residents of a local area, practitioners, service agencies, and

policymakers. Participatory research should not be required of every project, but when results are to be used for, in, and by communities, those communities should collaborate not only in applying findings but also in determining the ways in which the findings are produced and interpreted.

Ingersoll KS, Zyl V, et al. (2006). "Publishing HIV/AIDS behavioural science reports: An author's guide." *AIDS Care*. October 2006; 18(7): 674 – 680.

Abstract: The purpose of this paper is to report on characteristics of journals that publish manuscripts in the HIV/AIDS behavioural science realm, with the goal of providing assistance to authors seeking to disseminate their work in the most appropriate outlet. Fifty journals who publish behavioural research on HIV/AIDS in English were identified through library and electronic searches. Although ten of the journals focused specifically on HIV/AIDS, the majority of journals are in related fields, including health psychology/behavioural medicine, sexual behaviour, substance abuse, public health/prevention or general medicine. Acceptance rates ranged from 8- 89% with a mean acceptance rate of 39%. Reported review times ranged from 1-12 months with three months the mode, while publication lag following acceptance averages six months. Acceptance rates were related to impact factors, with more selective journals evidencing higher impact factors. The variety of publication outlets available to authors of HIV/AIDS behavioral science studies creates ample opportunity for dissemination, as well as challenge for readers in discerning the quality of published work.

Kelly J, Somlai A, et al. (July 2000). "Bridging the Gap Between the Science and Service of HIV Prevention: Transferring Effective Research-Based HIV Prevention Interventions to Community AIDS Service Providers." *American Journal of Public Health*. Vol 90, No 7. 1092-1088.

OBJECTIVES: AIDS service organizations (ASOs) rarely have access to the information needed to implement research-based HIV prevention interventions for their clients. We compared the effectiveness of 3 dissemination strategies for transferring HIV prevention models from the research arena to community providers of HIV prevention services.

METHODS: Interviews were conducted with the directors of 74 ASOs to assess current HIV prevention services. ASOs were randomized to programs that provided (1) technical assistance manuals describing how to implement research-based HIV prevention interventions, (2) manuals plus a staff training workshop on how to conduct the implementation, or (3) manuals, the training workshop, and follow-up telephone consultation calls. Follow-up interviews determined whether the intervention model had been adopted.

RESULTS: The dissemination package that provided ASOs with implementation manuals, staff training workshops, and follow-up consultation resulted in more frequent adoption and use of the research-based HIV prevention intervention for gay men, women, and other client populations.

CONCLUSIONS: Strategies are needed to quickly transfer research-based prevention methods to community providers of HIV prevention services. Active collaboration between researchers and service agencies results in more successful program adoption than distribution of implementation packages alone.

Kelly J, et al. (2000). "Transfer of Research-Based HIV Prevention Interventions to Community Service Providers: Fidelity and Adaptation." *AIDS Education and Prevention*. 12. Supplement A, 87-98.

HIV prevention research interventions usually follow protocols with specific procedures. If a community-delivered intervention uses the same procedures with the same populations as those in the original research, the behavior change effects should be

similar. However, community-based providers may not replicate an intervention exactly as it was conducted in the effectiveness study. Adaptation may be needed to better meet the needs of the clients, community, or organization. We propose that interventions can be defined in terms of core elements likely to be responsible for effectiveness. These core elements cannot be changed without fundamentally changing the intervention, whereas other characteristics may be modified without altering effectiveness. HIV prevention researchers and service providers can collaborate to develop interventions that not only are effective but can also be successfully implemented by service organizations. If researchers actively involve service providers and community members in intervention planning, technology transfer goals can be better achieved.

Kelly J, Somlai A, et al. (September 24, 2004). "Distance Communication Transfer of HIV Prevention Interventions to Service Providers." Science. Vol 305. 1953-1955.

Most acquired immunodeficiency syndrome (AIDS) service providers are in countries with little access to scientific developments relevant to their programs. It is critical to transfer advances from the scientific arena to service providers on a global scale. Human immunodeficiency virus (HIV) prevention organizations in 78 countries were randomized to receive either a control condition or a technology transfer condition with an interactive distance learning computer training curriculum and individualized distance consultation. Of 2 nongovernmental organizations in the technology transfer condition, 29 adopted the science-based program in their communities or trained other agencies to use it. Advanced communication technologies can create a cost-effective infrastructure to disseminate new intervention models to service providers worldwide.

Martin E, McDaniel C, et al. (1997). "Delivering health information services and technologies to urban community health centers: the Chicago AIDS Outreach Project." Bull Med Libr Assoc. 85(4)356-361.

Health professionals cannot address public health issues effectively unless they have immediate access to current biomedical information. This paper reports on one mode of access, the Chicago AIDS Outreach Project, which was supported by the National Library of Medicine through outreach awards in 1995 and 1996. The three-year project is an effort to link the programs and services of the University of Illinois at Chicago Library of the Health Sciences and the Midwest AIDS Training and Education Center with the clinic services of community-based organizations in Chicago. The project was designed to provide electronic access to AIDS-related information for AIDS patients, the affected community, and their caregivers. The project also provided Internet access and training and continued access to library resources. The successful initiative suggests a working model for outreach to health professionals in an urban setting.

Neumann M and Sogolow E. (2000). "Replicating Effective Programs: HIV/AIDS Prevention Technology Transfer." AIDS Education and Prevention. 12, Supplement A, 35-48.

The Centers for Disease Control and Prevention (CDC) works to prevent HIV infection in collaboration with community and state partners. CDC is identifying effective interventions from the research literature and disseminating those interventions to its prevention partners. This article presents the methods used by CDC scientists and original intervention researchers in CDC's Replicating Effective Programs (REP) project to (a) translate some HIV prevention behavioral intervention research into materials with enough detail and clarity that state and community partners can select and implement effective interventions and (b) transfer and support these technologies so that they can be implemented successfully. The experience of the REP project indicates that technology transfer is complex. Interventions need to be adapted to local circumstances.

Prevention partners need written materials, training, and technical assistance. Researchers need to collaborate with prevention program providers to develop interventions that are feasible for preventing partners to conduct.

Rebchook GM, Kegeles SM, et al. (2006). "Translating Research Into Practice: The Dissemination and Initial Implementation of an Evidence-Based HIV Prevention Program." *AIDS Educ Prev*. 18(Suppl A): 119-136.

Substantial effort has gone into scientifically developing and evaluating HIV prevention interventions. These programs make only minor contributions to HIV prevention efforts until they are widely put into practice; however, little research has been conducted to study how evidence-based, community-level HIV prevention interventions diffuse from research into practice. This article explores how one such evidence-based intervention for young MSM, the Mpowerment Project (MP), is scaling up in the US. The goals of this article are threefold: (a) to describe our longitudinal study, currently underway, concerning issues regarding translating research to practice; (b) present detailed data from 69 CBOs that are implementing the MP regarding characteristics of their communities, agencies, and target populations; and (c) to present baseline data on how these agencies are attempting to implement the MP, focusing on which intervention components CBOs decided to implement, modify, or delete and the implications of these modifications.

Rosenstock L and Lee L. (January 14, 2002). "Attacks on Science: The Risks to Evidence-Based Policy." *American Journal of Public Health*. 92 No 1.

As government agencies, academic centers, and researchers affiliated with them provide an increasing share of the science base for policy decisions, they are also subject to efforts to politicize or silence objective scientific research. Such actions increasingly use sophisticated and complex strategies that put evidence-based policy making at risk. To assure the appropriate use of scientific evidence and the protection of the scientists who provide it, institutions and individuals must grow more vigilant against these tactics. Maintaining the capacity for evidence-based policy requires differentiating between honest scientific challenge and evident vested interest and responding accordingly, building and diversifying partnerships, assuring the transparency of funding sources, agreeing on rules for publication, and distinguishing the point where science ends and policy begins.

Rotheram-Borus M and Duan N. (May 2003). "Next Generation of Preventive Interventions." *J. Am. Acad. Child Adolesc Psychiatry* 42:5. 518 – 530

**OBJECTIVE:** With increasing numbers of efficacious prevention programs, the field needs strategies to disseminate the interventions broadly.

**METHOD:** The authors examined the life course of prevention programs, identified barriers to dissemination, and outlined an alternative dissemination model.

**RESULTS:** Private enterprise models of product development can be viable strategies for increasing the dissemination of the intervention to the general public. Market principles suggest that the next generation of interventions would be facilitated if interventions are initiated by teams committed to a specific problem and investigators receive training in management; if the acceptability of the program's design features to consumers, providers, and funding agencies is established prior to the development and evaluation of the program; if data from national marketing surveys are used to tailor intervention designs and delivery formats for different subgroups; if essential ingredients of the intervention are identified to facilitate adaptation of the program; if the program is implemented with a goal to maintain change over extended periods of time; if their

implementation plan includes program evolution over time, rather than replication with fidelity; and if interventions are branded and certified by a credible agency.

**CONCLUSIONS:** Private enterprise models may be useful; however, investigators are likely to be resistant given a priori biases, potential ethical conflicts of interest, and the challenges presented by new technologies (e.g., the Internet and Human Genome Project).

Sanstad K, et al (1999). "Collaborative Community Research Consortium: A Model for HIV Prevention." *Health Education & Behavior*, Vol. 26, No. 2, 171-184

In 1991, the Center for AIDS Prevention Studies (CAPS) at the University of California, San Francisco, set out to develop a model of community collaborative research that would bring the skills of science to the service of HIV prevention and the knowledge of service providers into the domain of research. Essential elements of the model were training for community-based organizations (CBOs) in research protocol writing, partnership between CBOs and CAPS researchers, program research funding, support to implement studies and analyze results, and a program manager to oversee the effort and foster the relationships between CBOs and researchers. In this article the authors describe the CAPS model of consortium-based community collaborative research. They also introduce a set of papers, written by researchers and service providers, that describes collaborative research projects conducted by research institutions and CBOs and illustrates how collaboration can change both HIV prevention research and service.

Scullion P. (2002). "Effective Dissemination Strategies." *Nurse Researcher*. Vol 10, Number 1. 65 – 77.

Dissemination of research findings or other key messages is increasingly acknowledged as a vital yet complex process. In this paper, Philip Scullion sets out to explore and disentangle some of these complexities, examine examples of successful dissemination strategies and provide valuable insights. It is argued that the process of dissemination needs to be afforded greater emphasis by project-funding bodies, research supervisors, researchers, and those responsible for implementing changes in clinical practice. Important initiatives are acknowledged before the concept of dissemination is explored. The source, message, medium and target groups, all key elements in the dissemination process, are then examined. It is argued that dissemination needs to be carefully considered at the design stage of research projects in relation to each of these elements. This paper concludes that the current commitment to research and evidence-based practice will have limited impact on patient care until a similar commitment to dissemination is evident at both corporate and individual levels.

Sheehan N, et al. (November 2003). "Evaluation of HIV Drug Interaction Web Sites." *The Annals of Pharmacotherapy*. Vol 37, 1577- 1586

**BACKGROUND:** Clinicians frequently consult HIV drug interaction Web sites of unknown quality. **OBJECTIVE:** To systematically review and identify HIV drug interaction Web sites of high quality and usefulness for healthcare professionals. **METHODS:** Relevant Web sites were identified through a structured search on commonly used search engines. An assessment tool containing 4 domains (content, reliability, access restrictions, ease of navigation) was developed. English and French Web sites were selected for review if they included HIV drug interaction information directed to healthcare professionals. Web sites were excluded if antiretroviral interaction data were not available or were out of date. Commercial online databases and sites that required payment were not included. Seventeen HIV pharmacists from across Canada participated in the review. The Web sites were ranked with a total mean score. Mean

scores for each domain were then analyzed. Interrater agreement and ANOVA using the rater as a covariate were determined.

RESULTS: Nine web sites met the criteria for review. Web sites from Toronto General Hospital (Canada), HIVinSite (beta version) (US), and the University of Liverpool (UK) ranked highest for total mean scores and for content. Other Web sites were found to be reliable, accessible, and easy to navigate; however, they did not consistently include unpublished data or data on herbal preparations, recreational drugs, or multiple interactions.

CONCLUSIONS: Three HIV interaction Web sites of high quality were identified that can be valuable tools for HIV and non-HIV healthcare professionals. Regular reviews are necessary in order to keep pace with the growing body of HIV interaction data and the constant evolution of Websites.

Solomon J, Card J, et al. (2006). "Adapting Efficacious Interventions Advancing Translational Research in HIV Prevention." *Eval & Health Professions*. 2006 June; 29(2): 162-194.

The Human Immunodeficiency Virus (HIV) has infected approximately 1.5 million people in the United States. Type 1 translation research (basic research, methods development, and efficacy trials) has yielded multiple efficacious behavioral HIV prevention programs. Type 2 translation research (dissemination and effectiveness studies) has been less prevalent or successful. Adaptation of efficacious interventions for culturally diverse populations has received increasing researcher attention, and empirical validation of adaptation procedures promises to help bridge the gap between Type 1 and Type 2 studies. In this article, the authors briefly discuss the development, testing, and dissemination of efficacious HIV prevention programs and then focus on research-based principles and processes that can guide researchers' adaptation efforts and steps that researchers can take to help empower practitioners to conduct science-based adaptation. Greater collaboration between researchers and service providers to test adaptation frameworks promises to benefit both research and practice.

Telleen S and Martin E. (December 2002). "Improving Information Access for Public Health Professionals." *Journal of Medical Systems*. Vol 25, No 6.

The bioterrorism anthrax attack in fall 2001 reminded us all of the importance of communication systems in a time of disaster. The Internet and the World Wide Web were developed initially with funding from the U.S. Department of Defense, Advanced Research Projects Agency (ARPA) in order to aid our nation's communication infrastructure in a period of nuclear conflict, Improved electronic communications between local, state, and federal public health agencies provide a way for health officials to share information on unusual disease outbreaks and provide important health alert information.

An improved public health infrastructure that can detect disease outbreaks early and provide treatment and disease control is important not only for issues related to bioterrorism but also for all infectious diseases. This paper describes a model that can be used by NLM and CDC for systematically building a public health information infrastructure for local public health agencies The model provides for on-going technology assistance information access training of public health personnel in federally qualified community health centers delivering comprehensive primary care in urban health centers. The model provides a systematic methodology for upgrading and sustaining high-speed, continuous, secure connections to the Internet; access to public health information; and the training of frontline staff skilled in the use of electronic information and communications technology.

Vera P, et al. (December 2002). "Building Partnerships to Respond to HIV/AIDS: non-governmental organizations and universities." *AIDS*. Vol 16 Supplement 3. S76-S82.

**BACKGROUND:** In the second decade of the AIDS epidemic in Brazil, public sector and non-governmental organization (NG) initiatives multiplied, fostered by state AIDS Control Programs. A growing gap between capacity and a need for program evaluation and the dissemination of findings from experience in the field, combined with the failure of traditional training approaches to bridge this gap adequately, inspired this non-degree research training program at a major Brazilian university.

**OBJECTIVES:** To train health professionals and activists working with HIV/AIDS prevention and services to evaluate and disseminate their experiences, and to enable them to multiply this training in their organizations, working in a collaborative process with graduate students and senior researchers.

**PROCEDURES:** As part of a 9-month research methods course, 52 representatives from NGO and public health services produced research protocols that were reviewed and strengthened through a formal peer review process. Eleven protocols judged to be the best received funding and close mentorship over the next 21 months for their implementation, analysis, and dissemination.

**LESSONS LEARNED:** Participants increased their ability to master and review critically the AIDS literature, to conduct a research protocol and to disseminate the results of their studies. After completion of the 30-month process, many participants were able to present their findings at scientific conferences or publish their results in peer-reviewed scientific journals. This model of close NGO-university successful collaboration may inspire other models of research training for those in the front lines of the fight against the epidemic.