

Community-based Approaches to Reducing STDs



*Community
Engagement Toolkit*



**Centers for Disease
Control and Prevention**
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention

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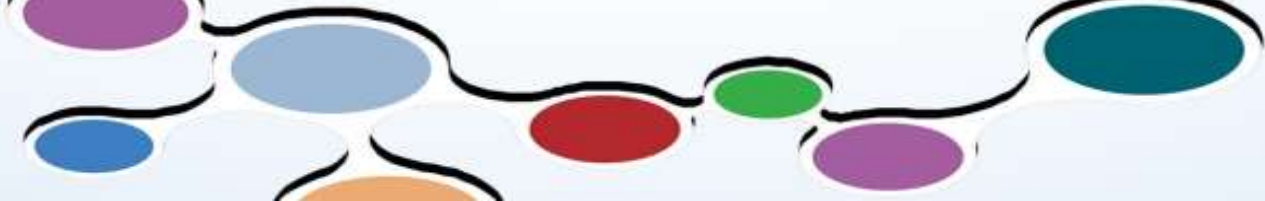
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Urban Affairs Coalition (UAC) YOACAP
Virginia State Department of Health (Richmond City Health District)
AIDS Foundation of Chicago
City of Baltimore Department of Health
Public Health Management Corporation
University of Michigan
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Capacity Builders Inc.
San Diego State University Foundation
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Suggested citation

Centers for Disease Control and Prevention. *Community Approaches to Reducing STDs: Community Engagement Toolkit*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STDs, and TB Prevention, Division of STD Prevention, Office of Health Equity; 2019.



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Foreword

Sexually Transmitted Diseases (STDs) remain one of the most critical public health challenges facing the United States (U.S.), with approximately 20 million new STD infections occurring every year. Nearly half of these new infections occur in young people ages 15-24.

Centers for Disease Control and Prevention (CDC) STD surveillance data shows that there are higher rates of reported STDs among some racial or minority populations when compared to rates among whites. Health disparities in STDs are linked to a complex blend of social determinants that influence which populations are most severely affected by these diseases. Health equity entails focused efforts to improve the health of those who experience social or economic barriers to achieving health.

The Community-based Approaches to Reducing Sexually Transmitted Diseases (CARS) initiative is funded by the Division of Sexually Transmitted Disease (STD) Prevention (DSTDP) in the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) at the Centers for Disease Control and Prevention (CDC). The program was established in 2011 to support the planning, implementation, and evaluation of innovative projects that: 1) Reduce STD disparities; 2) Promote sexual (personal) health; and 3) Advance community wellness.

The CARS initiative uses community engagement methods to achieve health equity. Health equity is achieved when everyone has an equal chance to be healthy regardless of his or her race/ethnicity, sexual orientation, or social class. Learning more about the individual and social factors that sustain STD epidemics is a vital first step in assisting affected communities to improve their health status. To prevent and control STDs, communities need quality health information and services.

By identifying and implementing systems and environmental change strategies that promote sexual (personal) health and support healthy behaviors, the CARS initiative facilitates community-clinical linkages to support interventions to prevent and reduce STD disparities. The program seeks to enhance and sustain partnerships and support communication strategies that promote STD prevention activities.

This toolkit was developed to make available the lessons learned from the CARS initiative to organizations interested in implementing community engagement as a strategy, particularly for STD prevention and control.

We encourage you to use this toolkit to identify and implement interventions tailored to the needs of your respective target communities and populations to reduce the incidence of STDs and improve their health status.

Sincerely,

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STD Prevention: Maximizing the Roles of Communities

The current U.S. epidemic of sexually transmitted diseases (STDs) disproportionately affects disadvantaged ethnic and sexual minority groups. The social marginalization of persons at risk for STDs can leave these groups suspicious and distrustful of interactions with government authorities such as health departments, which can impede their access to much needed STD prevention and control services.¹ In response, many STD programs are working to involve their respective focus populations in the development and delivery of STD prevention and control interventions, thereby better informing outreach efforts and enhancing service delivery.²⁻⁵ However, history, especially when it's recent, is not soon forgotten. Sometimes the best intentions end up paving that proverbial "road" no one wants to take.⁶ Yet, it does make sense to collaborate with communities and groups disproportionately impacted by STDs to improve STD program effectiveness.⁷ Increasingly, partnerships between health institutions and the communities they serve are regarded as essential to achieving health equity.¹ But what does that mean?

Communities burdened by STD disparities are more than the collection of statistics that describe their health problems or individual risk behaviors. The meaning of *community* varies, and not just by census tract. The definition of community entails cultural identity and social experiences (e.g., gay men, high school adolescents, or migratory farm workers).⁸ The commonly shared social determinants of health that are unique to individual communities or groups are important to understand, as they can be either barriers to or facilitators of health. Such determinants should govern the nature and scope of the community engagement effort.

So, what is *community engagement* for STD prevention and control? How can potential STD *patients* become powerful STD prevention *partners* to protect the community's health? The lessons learned from the implementation of the Community-based Approaches to Reducing STDs (CARS) Project provide a practical roadmap to engaging with communities to prevent and control STDs.

Community engagement is not only an *end*, but it is also a *means*. It is both an outcome and a dynamic process. Levels of engagement are likely to change based on content and context, and the persons involved.⁹ There will be times when community expertise will be more vital than professional expertise, but there will also be times when the reverse will be true. More often than not equal parts of both are necessary. In other words, *community engagement* usually requires a *both-and* approach as opposed to *either-or*.

As a strategy, *community engagement* is popular with a variety of health and social programs, and researchers¹⁰⁻¹². Public Health programs, in particular, increasingly rely on involving members of underserved, disadvantaged communities in the implementation of health promotion efforts. Studies show that community engagement improves intervention effectiveness and suggest that the strategy also supports intervention sustainability.¹³ The traditional sudden arrival of professional experts, implementing quick—if culturally and even contextually indifferent—fixes, usually followed by abrupt withdrawals when the funds run out, often leave the targeted communities and groups frustrated and underserved. Typically, these methods at best involve community members as staff, or in the case of research, as subjects, but rarely allow for community decision-making power in the design, delivery or

evaluation of intervention activities. A community's only *power* is usually limited to the right of refusal to participate in the program or study, all too often to the community's detriment because needed services were not utilized. Instructed by such lessons, many Public Health programs now strive to ensure that the communities they seek to serve are not merely passive consumers of services, but that they are also partners in health. *Community engagement* has become not only a strategy, but a fundamental goal. To be most effective, *community engagement* efforts should be guided by the principles of authentic partnership.¹⁴

Community engagement has to be pragmatic. What kind and how much community participation can the program reasonably accommodate? *One size will not fit all*. Programs are obliged to set realistic objectives for all of their partnerships. The level of *community engagement* is based on the degree of community- or focus-group power in relationship to the external institutions seeking to engage with them,¹⁵ and includes careful consideration of public health laws and grant management regulations.

The higher rates of STDs among some racial/ethnic and sexual minority groups are not caused by ethnicity or heritage, or sexual orientation. Moreover, the risk for infection is not exclusively a function of individual behavior. The social conditions and the community context can, and does often, play a large role in the persistence of STDs.¹⁶ In a community with high rates of endemic STDs, sexually active people are more likely to acquire a sexually transmitted infection simply because they have a greater chance of choosing a partner who is infected. Economic factors such as poverty, unemployment, and low education levels can make it more difficult for people to stay sexually healthy. People who cannot afford basic needs and do not have health insurance, for example, can have trouble accessing quality sexual health services; add to that a suspicion of the health care system due to the social discrimination they have experienced in the health care setting, and the challenge of providing accessible and acceptable STD testing and treatment services multiplies.

Successful *community engagement* in public health efforts is achieved when community members work together in equal partnership with health and social service professionals to determine program goals and objectives, the implementation methods, and the evaluation of outcomes. This is what makes community engagement a valuable strategy for the prevention and control of STDs, leading to the reduction of STD disparities, and advancing health equity.

The mission of the Division of STD Prevention is to provide national leadership, research, policy development, and scientific information to help people live safer, healthier lives by the prevention of STDs and their complications. The CARS initiative incorporates *community engagement* to collaboratively implement tailored interventions for communities and groups experiencing the highest rates of STDs. Following the CARS implementation model, individual programs have been able to work with focus their respective focus communities and groups to design, deliver, and evaluate STD prevention and control programs, leading to improved health status for those most at risk.

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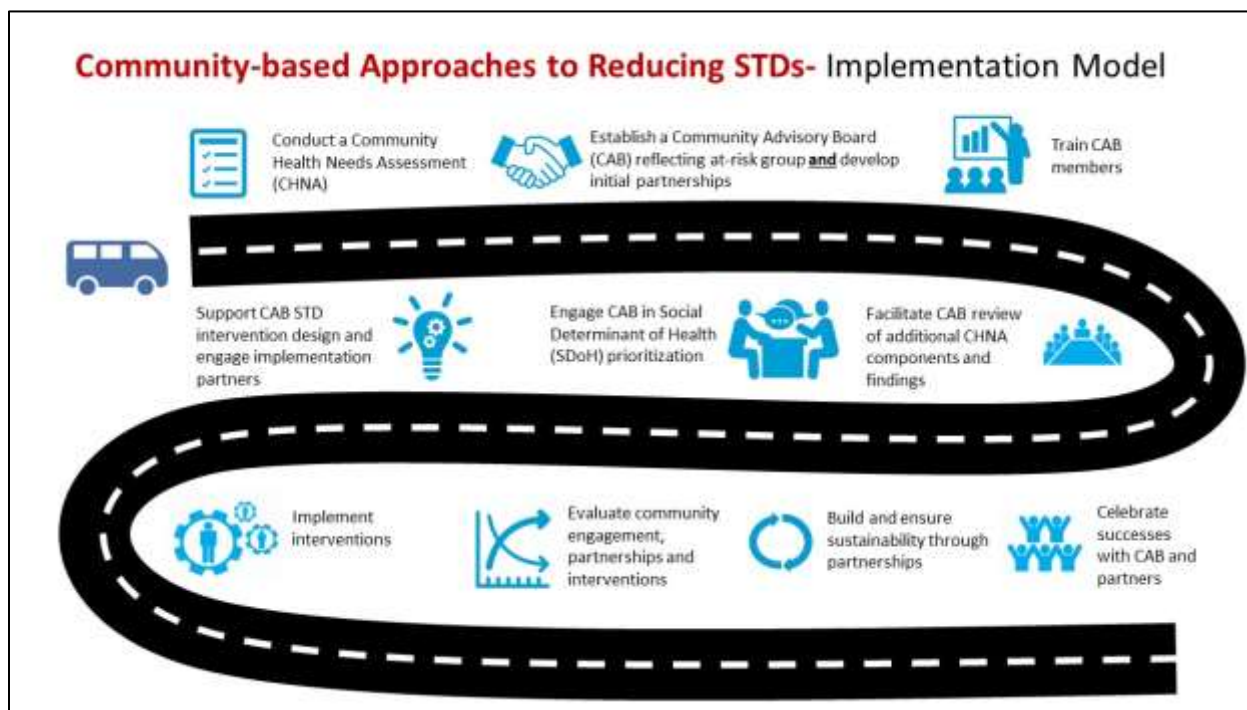
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How to Use This Toolkit

This toolkit provides a 10-point process for engaging communities and institutional partners in STD prevention and control. Using a detailed roadmap based on the best practices and lessons learned from the Community-based Approaches to Reducing STDs (CARS) Initiative, this document is a useful tool for building effective, sustainable interventions tailored to the needs of STD-impacted communities or groups. This toolkit also includes a cautionary note after each of the major milestones of the CARS Implementation Model to help readers avoid roadblocks that may occur during the process.

Although the *CARS Community Engagement Toolkit* is written with a Public Health program audience in mind, the principles and practices detailed in this document are suitable to a variety of other circumstances when community involvement in an intervention effort is desired or even essential. Most, if not all, of the CARS Implementation Model elements can work across a number of health and social issues. However, the examples included in this toolkit come from STD prevention and control.

Engaging with communities is a dynamic process. While the CARS Implementation Model may suggest a linear action flow, it is important to remember there may be instances of back-and-forth and perhaps at times circling back, when a new information is learned, or a new partner joins an effort. Effectively performing the components of the implementation model will require flexibility.



For the purposes of this toolkit, we recommend you first identify which community or group you need to work with, sometimes referred to as the *target population*. To do this you will need to conduct a community health needs assessment, often called a *formative assessment* or *formative evaluation*.^{1,2} This initial assessment is arguably the first step in the engagement process. It can be brief or comprehensive, but the manner in which a program goes about the assessment will have important

implications. These early interactions between a program and a community can set the tone of the relationship to come, and is seldom a *one-and-done* kind of activity. Programs will need to update the information in the assessment as they inevitably learn more.

Of course, many organizations will have already completed this first activity and find themselves ready for the next action—*establishing a community advisory board (CAB) and developing initial organizational partnerships*. The toolkit describes how to recruit members for the advisory board, as well as how to engage your CAB members. It also includes guidance for recruiting partner organizations.

- ✚ Once the CAB is established the implementation model moves to *training the CAB members*, followed by how to conduct an additional *CAB-review of the community health needs assessment*. These two actions prepare the CAB for the next milestone: *social determinant of health prioritization*.
- ✚ Following the prioritization activity, the CAB should be then be ready to contribute to the *design of the intervention*. To complete this action the model calls for the sustained *engagement of the organizational partners*.
- ✚ The seventh component addressed in the toolkit, and the obvious destination of the model, is the CARS process for *implementing a community-designed STD prevention intervention*. The implementation of a tailored, community- or group-centric intervention is the primary purpose of the community-engagement approach.
- ✚ The CARS toolkit includes guidance for managing the intervention in the field, and equally important provides directions for the eighth component: *evaluating the intervention, including monitoring and measuring community member engagement and organizational partnerships*. Moreover, the toolkit model offers recommendations for *building and ensuring intervention sustainability*, which is the ninth component of the model and one that provides a critical indicator of success.
- ✚ Finally, speaking of success, this brings you to the tenth component of the CARS Implementation Model, *the celebration of successes with community advisory board members and partner organizations*.

You will find several tools and templates used by CARS recipients highlighted throughout the toolkit. These tools are examples of the types of templates you can use and can be tailored to feed the needs of your program and community engagement efforts. The journey begins on the next page where you will find the first mile marker: *conduct a community health needs assessment*.

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Conduct a Community Health Needs Assessment

The community health needs assessment (CHNA) is a way for you to get a snapshot of local policy, systems and environmental change strategies.^{1,2} The CARS needs assessments are used to make improvements in the community, with the help of community members and partner organizations. You can use several different data sources to conduct the needs assessment, some of which may include:

- STD morbidity analysis by zip code
- GIS mapping
- Census data
- Community survey
- Town hall meetings
- STD clinical resource mapping
- Focus groups
- Photovoice.

Steps

Most community needs assessments use the following process.³⁻⁵

- 1. Plan needs assessment.** This step involves selecting and convening a planning team who will decide what community components to assess. During this step, you will also determine data sources and data collection methods. In addition, your planning team will decide whether to use new or existing data sources, or a combination thereof.
- 2. Conduct needs assessment.** You should use multiple data sources, some of which are listed above, to identify where STD morbidity is highest, which specific geographical area(s) to focus your efforts, and which population will be the focus. Please see the [listing of community needs assessment resources](#) and [CHNA component checklist](#) for more CHNA guidance.
- 3. Review data and assess data quality.** This is where you will make decisions about what data to include in your assessment and assess the data quality. You will revise the process to ensure that you are collecting the data that will inform decision-making.
- 4. Analyze data.** In this step, you will enter, total, and summarize the data.
- 5. Draft an action plan.** Here, you will finalize the population of interest and identify potential partner organizations that work with that population. The intervention components of the action plan will be drafted later with your CAB.

Cautionary Note

Getting Started

You should be sure to use more than one data source to inform your CHNA. Some programs get overwhelmed with the amount of data and possible data sources, so you should prioritize the most relevant and reliable data sources that reveal the disparities in your target population and identify the determinants of health. This will NOT be your only CHNA since you will need to revisit this data once you convene and train your community advisory board. You will want their feedback and reflections on this assessment, as well as their feedback on any additional assessments they may need to make decisions about social determinants and potential interventions.



Upon completing the initial community needs assessment, you should identify additional partners that may be able to help you address the issues revealed in the community needs assessment, which moves us to the next milestone: Partnership Engagement.

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Establish a Community Advisory Board (CAB) reflecting at-risk group and develop initial partnerships

A major milestone in the CARS implementation model is the establishment of a community advisory board (CAB) that reflects the at-risk group. Creating a format or structure to facilitate community input, contribution, and participation is essential to community engagement. These boards are comprised of individuals and stakeholders from within the community, each providing first-hand insight on community concerns. This unique perspective helps to understand an individual community's issues and underlying social determinants related to STDs in ways that are not likely to be available through data sources alone.¹⁻⁴ Below, we list key steps that CARS recipients have used to establish their CABs and develop initial partnerships.

Establish CAB

- 1. Identify the population that you will engage for the project, based on the community health needs assessment.** This should be the actual community members, not organizations that represent or serve the community members. You should have a separate group for partner organizations.
- 2. Identify potential partner organizations.** Guided by the findings from the community health needs assessment, identify the key organizations, such as community based organizations, health departments, schools, and universities/colleges that serve the population of interest and have a stake in assisting with intervention implementation.
- 3. Work with a community champions or organizations with good relationships with the community of interest to identify potential CAB members.** You may find your champions through partner organizations, word of mouth, or other avenues. Champions should have a good relationship with community members and be able to help garner the support and energy necessary to recruit CAB members.
- 4. Develop an application/vetting process for accepting new CAB members.** You do not want the application/vetting process to be so rigorous that it curtails community member participation. You also do not want the process to be so loose that there are no parameters to becoming and remaining a CAB member. The application process that asks the appropriate questions can lead to the selection of CAB members with a stake in the community's well being, filtering out those with unwanted motives.
- 5. Develop and implement an onboarding process for new CAB members.** This process should be complete with a [new member packet](#) (including CAB charter, CAB contract, CAB consent form, and contact information for staff).

Your CAB does not need to be a large group, as it is difficult to manage larger groups and facilitate decision-making processes. The average CAB membership for CARS recipients is 15 community members (range of 9 to 21 community members). Because you will share decision-making power with your CAB members, it is important for you to assess CAB member satisfaction and perceived decision-making power. This is discussed further in the [evaluation section](#) of the CARS implementation model.

Next, you will need to engage potential partner organization. The table below describes the process used by CARS recipients.

Develop initial partnerships

1. Identify potential partner organizations. Guided by the findings from the community health needs assessment, identify the key organizations, such as community based organizations, health departments, schools, and universities/colleges that serve your population of interest and have a stake in assisting with intervention implementation.

2. Engage partner organizations that may have a high level of interest. Once you have identified a list of potential partners, you should review their mission and purpose to help determine those that may have a high level of interest in the project. Next, you will need to meet with those partners and gauge their level of interest in the project. Be sure to emphasize the community based nature of the project and that CAB members will share in decision making regarding community interventions and social determinants of health (SDoH) that need to be addressed.^{5 8}

3. Convene follow-up meetings with potential partner organizations and conduct a partnership assessment. Talk with the leadership and staff of potential partnering organizations, describing your project's methods and objectives, and ensuring you understand theirs. Can your organizations work together? Do you share common goals? Do potential partners have a good history with the focus community or group? Are the potential partners vested in the health and well being of the focus community or group? If the partnerships are a go, how will the partnerships work?

4. Execute agreements with each partner. Once partners have agreed to participate, you need to develop an agreement with them. This can be a formal agreement such as a Memorandum of Agreement (MOA), or it can be a simple partner agreement that states their commitment to assist with the project and provide resources for community engagement efforts.

There are challenges to cultivating partnerships when the intervention design has not been developed. Some partner organizations may be eager to work with the project, but may have poor infrastructure, high turnover, or poor data systems. This can be a major roadblock in the cultivation of partnerships, so be sure to manage the expectations and keep the communication open and honest. It is also important for you to distinguish the community engagement process and roles of the CAB members, program team, and partner organizations so that everyone involved has clear roles and expectations. Once you have identified the CAB and initial partner organizations, you can start training your CAB members.

Cautionary Note

Dual Citizenship Committees

In our experience, the two groups: CAB members and the partner organization group, need to be separate entities. This helps with autonomy and power dynamics. CARS CAB members typically have less perceived decision-making power if organizational staff and partner organizations are members of the CAB. Some CARS recipients have had one CAB member attend meetings with partner organizations so that partners can receive CAB updates from an actual CAB member. You may want to keep these two groups separate to ensure shared power and bring the two groups together as needed.



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Train CAB members

Once you have recruited your CAB members, you will want to assess the training needs of CAB members to identify what specific skills your members need, in addition to the CAB orientation training of course. Using the skills information collected from the CAB application and interview, you can determine CAB members' training needs. As you plan for the training activities, be sure to involve CAB members in selecting and prioritizing the training topics and content to ensure that the training activities are meaningful to them.¹⁻³

Steps

- 1. Provide initial CAB orientation training.** You should conduct the [CAB orientation](#) at the beginning of the project for the full CAB and within the first 30 days of membership for new CAB members. For CARS, orientation topics typically include community-based participatory research (CBPR) purpose, group norms (attendance at meetings, expectations for each other, sharing and decision-making), communication, and STD/HIV 101.
- 2. Assess CAB members' skills and identify opportunities for additional trainings.** You should do this regularly throughout the life of the intervention project, but especially at the onset of the CAB meetings. CAB members come with diverse backgrounds and skillsets. It is important to utilize their existing skills and help them to develop new skills that they can use beyond this project.
- 3. Provide a list of options for potential additional trainings.** Based on knowledge and skill gaps, provide a listing of potential trainings to offer CAB members. Solicit CAB member feedback regarding the topics, prioritizing trainings and asking for additional training ideas. Additional trainings conducted by CARS recipients have included street interview/field training, data analysis, program evaluation, action planning, advocacy, outreach, and professional development.
- 4. Conduct trainings.** Trainings should help to 'level the playing field' for those members who may not have a lot of experience on advisory boards, or familiarity with STD/HIV and other topics covered during the trainings. Trainings should be offered during a time in which most, if not all, CAB members are available to participate.
- 5. Evaluate trainings.** You should evaluate training sessions to ensure fidelity and to determine whether CAB members consider the training as time well spent. Garner feedback from CAB members regarding training improvements, future training topics, and training frequency.

Cautionary Note

Fueling CAB Members

You should keep in mind that CAB members have varying levels of experience with community engagement and decision-making, especially youth and young adults who are not typically accustomed to leadership positions. Trainings help to ensure that everyone hears the same message, in the same format. You may be inclined to jump right into "drive"; but as any experienced road traveler can tell you, proper preparation is the key to a successful trip. CAB trainings enable CAB members to be better passengers, and yes, at times, relief drivers.



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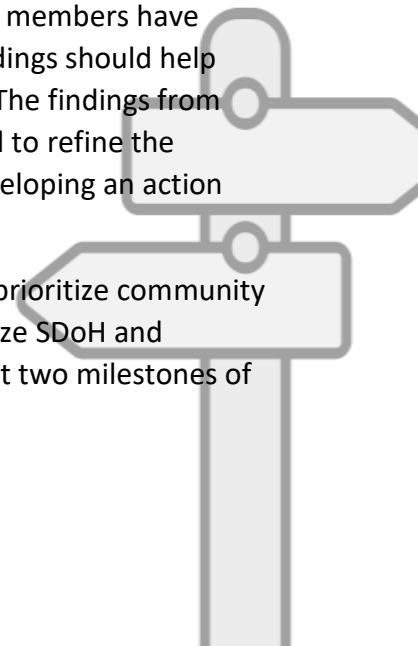


Facilitate CAB review of additional CHNA components and findings

Once CAB members have been trained, you should facilitate a second CHNA. This will help to ensure that your CAB members have an opportunity to determine whether additional CHNA data should be collected to inform their prioritization of SDoH and intervention development.

Steps

- 1. Plan additional community health needs assessment components with CAB members.** This step involves reviewing the existing needs assessment methods and data with CAB members to determine additional data elements to explore, additional questions to answer, and/or any other data sources they would like to use.¹⁻⁵ For CARS, many of the CAB members worked with program staff to develop street interviews and community needs assessments. You will need to work with your CAB members to determine what additional information they need to make informed decisions about SDoH.
- 2. Conduct needs assessment.** If possible, you should involve community members in the data collection process for additional [needs assessment components](#) to help with their professional development and skillset. In some CARS projects, CAB members themselves who were trained successfully participated in the data collection processes (e.g. [community street surveys](#), [community assignments](#), [root cause worksheet](#), and Photovoice).
- 3. Review data and assess data quality.** In a few CARS projects, the program staff trained some of their CAB members in data analysis to provide them with skills to help them analyze community health needs assessment findings. As you are reviewing the data, you should assess the data quality. The data review should be iterative to allot time to make the necessary revisions to the data collection process. This may help to ensure that you are collecting the data that will inform decision-making, instead of waiting until all of the data are collected, only to find out that there were major flaws in data collection or the instrument itself. Keep CAB members involved in this process as they may have insight to improve efforts such as the completion rates of the survey/assessment and identification of high-traffic neighborhoods/areas.
- 4. Analyze data.** In this step, you will analyze all of the data that you and your CAB members have collected. You can look for frequencies, trends, correlations, and outliers. Your findings should help answer any additional questions identified by CAB members in the planning step. The findings from this second CHNA can be combined with the initial assessment that you conducted to refine the population of focus to help you and your CAB members start on the next step: developing an action plan.
- 5. Revise action plan.** During this step, you will work with the CAB to identify and prioritize community needs and assets. This commences the process whereby CAB members will prioritize SDoH and contribute to the development of strategies for STD prevention, which are the next two milestones of the CARS Implementation Model.



You will also engage partner organizations during this process to ensure buy-in and feasibility of the intervention options under consideration by CAB members. These process are discussed in further detail in the next two sections entitled Engage CAB in SDoH prioritization and Support CAB STD intervention design and engage implementation partners.

Cautionary Note

Full Speed Ahead

Conducting an additional CHNA can be seen as an unnecessary extra step; however, you want to make sure that CAB members are involved in the needs assessment process. Keep timelines in mind as many programs experience delays during this secondary data collection. Setting a timeframe for data collection helps with this. You do not want this secondary data collection process to detour the project. Instead, charge with full speed ahead as you collect additional data that CAB members need to successfully identify and prioritize social determinants of health.



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Engage CAB in Social Determinant of Health (SDoH) prioritization

An essential part of the journey to an effective community-informed STD prevention and control program is the social determinants of health (SDoH) prioritization process.¹⁻³ In an effort to ensure shared power, it is vital that you work with your CAB to determine which SDoH are most important to address.⁴⁻⁶

Steps

- 1. Conduct brief SDoH refresher training with CAB members.** You need to ensure that CAB members understand SDoH enough to prioritize the ones that are most important to them. They also need to make sure that they understand SDoH enough to brainstorm, and subsequently design potential STD prevention intervention to address the top SDoH identified by the group.
- 2. Share findings from the community needs assessment with CAB members.** In doing this, make sure that your CAB knows how to interpret community needs assessment data.⁷⁻¹⁰ You can use a variety of presentation formats. CARS recipients typically use GIS maps, STD morbidity maps, infographics, written reports, and limited PowerPoint slides. Provide any additional support and training needed to aid in better understanding of the data.
- 3. Facilitate idea-generating sessions.** Facilitate several brainstorming sessions with CAB members regarding prioritization of the SDoH that impact STDs, encouraging CAB members to tap into their lived experience along with findings from the needs assessment to think through the priorities.
- 4. Prioritize SDoH.** [Outline SDoH prioritization process](#) with CAB members and prepare to have a think tank to look at ways to address the top SDoH. Use a variety of facilitation approaches to engage CAB members in prioritizing so that the process does not become redundant or mundane. It is especially important, particularly when working with youth and young adults, that you keep the prioritization fun and interactive. During this process, you should work with CAB members to determine a voting procedure. For example, will it be by consensus or by simple majority?

Strategies used by the CARS recipients have included gallery walks, SWOT analyses, assets/needs exercises, feasibility assessments, force field analysis, brainstorming, round robin discussions, bucket clustering and voting (dot and consensus).

Successful community- or group-focused interventions are grounded in strategies and activities that capture the attention of the intended audience and inspire participation in the health-improving process. Recognizing the impact of SDoH on STDs enhances our understanding of the factors associated with the persistent STD disparities. You want the CAB members' full participation in the SDoH priority-setting process.

Cautionary Note

Voting Fatigue and Setting Expectations

It is important outline how decisions will be made at the beginning of the prioritization process. You can use a variety of voting methods so that voting does not become mundane. Also, it is important to note that CAB members are involved in the decision-making process; however, they are not the final decision-makers as partner organizations will be using their resources to implement the interventions. This may be a roadblock as the power dynamics and shifts need to be fluid and flexible. Program staff must balance between professional expertise of partner organizations and the lived experience of CAB members.



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Support CAB STD intervention design and engage implementation partners

Now that your CAB has identified the top SDoH, the CAB members are ready to help design the STD prevention interventions that the partners will work with your project to implement.

Steps

- 1. List top SDoH selected by CAB members.** Recap top SDoH that the CAB members identified. This will be your starting point for intervention design. It is also important to remind the CAB members of the STD prevention outcomes for the project to ensure that both STD screening and treatment are included as a component of any proposed intervention activities, keeping the reduction in STD burden as part of project outcomes. Also highlight that partner organizations will play a key role in final decision-making as their resources and staff will be used to implement interventions.^{1,2}
- 2. Facilitate brainstorming for STD prevention intervention design.** You will need to facilitate discussions with CAB members regarding possible interventions, which would address the identified determinants.³ Like your process of prioritizing SDoH, you can use a variety of methods to brainstorm with your CAB about intervention design in an engaging and efficient way.
- 3. Conduct intervention feasibility assessment.** As part of the brainstorming process, you should have CAB members consider whether the intervention is [feasible](#), whether outcomes can be measured, and whether there are partner organizations that can aid in the intervention implementation. You can also have them identify if other resources are needed for implementation. It is imperative that you involve the partner organizations in this feasibility assessment and keep them informed.
- 4. Select 3 to 5 possible STD prevention interventions and finalize the action plan.** You will take this list to your partner organization group to see if/how partners can assist with implementation. An example of this would be to create a table of the [potential STD prevention interventions](#). You will also want to assess whether you need additional partners to implement potential interventions.

Cautionary Note

Keeping Your Partners Up to Speed

It is important to update your partner organization group as your CAB designs and finalizes the STD prevention interventions to address SDoH. You do not want the first time that the partner hears about the intervention to be at the end of the process. Partner organizations may be able to provide valuable input for the CAB to consider, as far as a feasibility of implementation, data collection, and required resources. You can provide these updates in-person during your partner organization meetings. You may want to have a liaison from the CAB who will observe some of the partner meetings and provide updates from the CAB's STD intervention designing process.

Navigating New Partners

During this exercise, you may need to pull over on the side of the road and pick up additional partners to fully implement and sustain the CAB-designed STD prevention interventions. You can ask for initial suggestions from your partner organization group as they may have insight regarding other organizations that can assist. You can also engage the CAB members to glean any new potential partners. You will want to ensure that potential partners are favorable with community members, with CAB approval of new partners.



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Implement Interventions

Intervention implementation is action. The gear moves from PARK to DRIVE, as you have stopped to have your CAB members reflect on SDoH and STD prevention design and now you are ready to drive ahead and implement the CAB-designed interventions.

This milestone overlaps with [evaluation](#), as you will plan your evaluation prior to implementing the intervention. For community engagement, this step involves partner organizations that can assist with various implementation components, thereby improving the likelihood of sustainability of the efforts. Since you have kept the partner organizations informed throughout the process and engaged them in the development of your evaluation, they should have a clear understanding of the anticipated CAB-designed STD prevention interventions and SDoH that the interventions address.

Steps

1. Share proposed interventions with partners. You will want to meet with partners to obtain buy-in, resources, and support for intervention implementation. CARS recipients have used several methods to share intervention ideas, including a [table of possible interventions](#), resources needed, and a space for partners to insert their organization's name and resources/funding they can provide.

2. Collaborate with partners to develop intervention plan. You need to ensure fidelity and effectiveness of community-designed interventions, so a proper roadmap is necessary. This roadmap should align with your logic model, which is discussed in the next section. Work with your partners to determine changes in data systems, protocols and procedures, and staffing required for intervention implementation.¹ You can create a flow chart for the intervention or develop an intervention map/timeline to outline the intervention plan and forecast STD screening activities. The intervention plan should include a budget with a list of supplies needed for intervention implementation. Coordinate with partner organizations to ensure that there are no competing schedules/events or duplicative efforts.

3. Leverage partner resources. Use partner resources to implement interventions. At this point, you may need to revise the MOUs if there are huge changes to the contributions of the partner organization. However, if the partner is willing to provide resources yet they are reluctant about the MOU, you should proceed with leveraging the partner organization's resources.

4. Develop and disseminate STD prevention intervention marketing and communication materials. Involve CAB members, partner organizations, and program staff in the development of STD prevention intervention marketing and communication materials. CAB members can also provide insight regarding best modes to reach community members to improve intervention uptake and attendance at STD screening events.

5. Draft and finalize intervention implementation/STD screening event checklist and materials. You will need to collaborate with CAB members and partner organizations to develop intervention materials, such as [community event reflection questions and surveys](#), [clinic visit post survey](#), [STD prevention swag bags](#), videos/testimonials, and other intervention materials.

6. Collect intervention process and outcome data. This step will require you to have some sort of [data sharing agreement or arrangement](#) with your partners who are collecting the [process and outcome](#)

data.²⁻⁴ Collecting intervention process and outcome data is essential to not only the fidelity of the intervention, but also the sustainability of intervention efforts.

7. Share intervention results and revise approach as needed. You should share implementation data with partners and CAB members regularly. You do not want any surprises at the end of the project. This will give you an opportunity to troubleshoot and course-correct issues that arise. If something is not working, you have time to make changes instead of waiting until the end of the project.

Cautionary Note

Working with Partners to Obtain Intervention Data

It is important for you to work with your partners to ensure that you are able to receive intervention outcome data in a timely manner. Many CARS programs have had challenges with collecting intervention outcome data or they have experienced long delays in getting access to intervention data. Be sure to let your partners know prior to intervention implementation when you will need the data. Will you collect it monthly, quarterly, or a different frequency? Whatever you decide, make sure that you get a commitment from your partner organization to support data sharing.



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Evaluate community engagement, partnerships and interventions

Evaluation is a vital component in assessing the effectiveness of community engagement efforts and determining whether there is improvement in public health outcomes associated with community engagement activities.¹⁻⁴ It is important to effectively engage the CAB and ensure fidelity and effectiveness of community-designed interventions. Evaluation serves as a method to determine program effectiveness.⁵ CARS recipients conduct evaluation activities throughout the planning and implementation of the interventions by evaluating community engagement, partnerships, and intervention execution. The CDC Evaluation Framework also provides a practical approach for evaluating community engagement which involves engaging stakeholders, describing the program, designing the evaluation, gathering credible evidence, justifying evaluation conclusions/findings, and ensuring the utility of and sharing evaluation results.⁶

Steps

- 1. Develop a logic model.** Work with your CAB and partner organizations to develop a [logic model](#) for the project that describes the inputs/resources, activities, and outcomes (short, intermediate, and long-term). This should be done prior to intervention implementation.
- 2. Conduct an evaluability assessment.** An evaluability assessment and [evaluation plan matrix](#) will help you determine whether the evaluation is feasible, whether the data elements can be collected, and whether you have the appropriate resources to implement the evaluation as designed. You should involve partners and CAB members in this process- especially when developing the interventions.
- 3. Evaluate [partnerships](#).** Conduct a partnership assessment and evaluate [partnership satisfaction and contribution](#). Collect partnership data regularly and improve partnership engagement with evaluation results.
- 4. Evaluate the community engagement process and outcomes.** Perform ongoing evaluation of community engagement through [CAB surveys](#), meeting participation rates, [post-meeting pulse checks](#), and [CAB member STAY tool](#) to determine CAB satisfaction. Also, evaluate your communication methods that you use to engage CAB members to ensure that they are effective. Use your evaluation findings to make changes and improve your engagement with the CAB.
- 5. Assess sustainability.** Conduct a sustainability assessment to determine what aspects, if any, of the project you can sustain after the project period ends. You will want to include the following [components](#) listed in the next section.
- 6. Disseminate evaluation findings.** Share your evaluation findings with CAB members, partner organizations, and other key stakeholders. Use a variety of approaches (data walks, mind mapping, presentations, executive summary, evaluation report, cartoons, etc.) tailored to each audience to share findings in an impactful way. Try to avoid long evaluation reports that may sit on the stakeholders' shelf or desk. If you must have a lengthy report, be sure to put the main findings and recommendations at the front in case the reader does not have time to view the report in its entirety. Evaluation is a key element to your community engagement effort. Starting with a logic model helps to not only think through your strategies, activities, and anticipated outcomes, but it also aids in keeping

outcomes at the forefront throughout the intervention development and implementation process. You can also use evaluation results to determine what aspects of the intervention you should continue to offer after the project period (if your initiative has time-restricted funding). Evaluation results may also assist in garnering continued support for interventions from partner organizations and other funding streams.

Do not be intimidated by evaluation. You should not take on more than you can reasonably evaluate. Use your evaluability assessment to help you avoid roadblocks associated with 'pie in the sky' evaluation plans. Revisit the logic model often to keep the activities and outcomes linked to evaluation efforts.

Cautionary Note

Evaluating Outcomes

Be specific with partners regarding the data elements that you need to successfully evaluate the effort. Keep the outcome in mind and ensure that you can collect outcome measure in addition to process measures. You do not want to miss the opportunity to demonstrate outcomes. Also, make sure that you fully understand how the partners collect their data so that you are not creating too much burden. The partnership should be mutually beneficial, so you should make efforts to ensure that the partner is getting something out of the partnership while contributing to the implementation of the STD prevention interventions.



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Build and ensure sustainability through partnerships

A sustainability assessment is an appraisal methodology that programs use to gauge the sustainability of their program. There are some concerns with whether or not these assessments adequately calculate sustainability; however, programs should not shy away from the exercise.¹ At minimum, sustainability assessment exercises help program staff, organizational partners, and community members obtain a view of potential issues related to sustainability and determine whether the program *can* be sustained at or below full-scale. Sustainability is not simply about ensuring there is enough money to keep the program/intervention going. It is about developing, cultivating and propelling community change through mobilization and maximization of community assets and resources. Sustainability efforts help institutionalize policies and procedures within the community and program/intervention that can extend beyond a particular funding period.

If the community-designed intervention cannot be sustained at full scale, the program should assess whether it can be maintained at a reduced scale and identify organizational partners and additional funding sources to support the program/intervention. Components that you should incorporate into the sustainability assessment are listed in table 1 and include environmental support, funding stability, partnerships, organizational capacity, program evaluation, program adaptation, communications, and program planning.²

Table 1- Sustainability Assessment Components

Sustainability Assessment Components	Description
Environmental support	Possessing a supportive environment for your program or intervention
Funding stability	Securing a reliable, consistent financial base for your program or intervention
Partnerships	Cultivating relationships and connections between your program and community and organizational stakeholders
Organizational capacity	Possessing adequate inter-organizational support and resources necessary to manage and implement programmatic activities
Program evaluation	Assessing program effectiveness to inform planning and document outcomes
Program adaptation	Making changes to your program to ensure effectiveness
Communications	Intentional, strategic communication with community and organizational stakeholders about the program or intervention
Program planning	Utilizing a process to guide your program's vision, goals, and strategies

At the beginning of your project, planning for sustainability requires that the program develop a network of organizational partners that understand the project goals and the community the project serves. A multi-disciplinary cadre of organizational partners who buy-in to the program's mission and

goals and support the program/interventions with their resources supports sustainability. CDC has outlined [ten essential steps](#) to assessing sustainability to ensuring long-term change.³ CARS recipients have worked to simplify this [process](#) and have used the [Sustainability Assessment Tool](#) and [sustainability-planning matrix](#) to help with sustainability planning.

Cautionary Note

Avoiding the Intimidation Factor

Don't be intimidated by the sustainability assessments and methods that we've outlined in this section. You can keep the sustainability assessment process as simple as needed. It is more important that you do some type of sustainability assessment. If you are feeling overwhelmed at the thought of assessing sustainability, we suggest that you conduct a small-scale assessment that provides meaningful information about the likelihood of intervention sustainability. You can adapt the tools mentioned in this section to fit your needs.



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Celebrate successes with CAB and partners

The road of community engagement is full of twists and turns. However, it is also marked with small wins, committed community members and partners, and devoted staff who work tirelessly to ensure the authentic community engagement. Celebration activities offer a time for reflection of successes and are the culminating marker in the CARS Implementation Model. It is important to recognize all of the hard work and efforts of CAB members and partner organizations in a way that is meaningful and fun. CARS recipients not only host celebrations at the end of the project's funding period, but many of them provide annual and special event celebrations.

During celebrations, CARS program staff recognize CAB members and partner organizations. Oftentimes, certificates and superlatives are awarded. There may be door prizes, music, and fun activities to aid in the celebratory atmosphere. CARS recipients use slide shows, [ripple effect mapping exercises](#), galleries, videos, and/or storyboards of goal achievement to depict successes.

Some CARS recipients have CAB retreats as well as [retreats](#) for their partner organization group. This provides an opportunity for groups to bond, build trust, and plan for future events.

Cautionary Note

Incorporating Small Celebrations

Because experiencing success with community engagement efforts can be a slow process, it is important to know when to celebrate small wins and successes. Celebrations are not always a grand event. For example, you can bring in small treats when the CAB members complete the community health needs assessment, or maybe raffle a small gift card or prize as an incentive for CAB members who have attended 90% of the CAB meetings.



Community Health Needs Assessment Resource Listing

CDC Community Health Assessment: <https://www.cdc.gov/publichealthgateway/cha/index.html>

CDC Community Needs Assessment:
https://www.cdc.gov/globalhealth/healthprotection/fetp/training_modules/15/community-needs_fguidelines_final_09252013.pdf

Community Tool Box: <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conducting-needs-assessment-surveys/main>

Community Commons: <http://www.communitycommons.org/home>

Community Solutions Planning & Evaluation: <http://www.communitysolutions.ca/pdf/needs-assessments-6ds.pdf>

Needs Assessment Component Checklist

A community needs assessment should focus on:

- a selected community as defined by the team, such as a region or neighborhood
- sectors within that area, such as health care and work sites
- community components to assess within each sector, such as STD prevention, HIV prevention, nutrition, chronic disease management and tobacco use

Considerations for needs assessment components:

- ✓ Community disease burden
- ✓ Community resources and needs
- ✓ Existing data and additional data needed
- ✓ Resources are available to conduct needs assessment
- ✓ How will the information gathered be used and for what purpose?
- ✓ Decide on data collection methods (a few examples are below)
 - Conduct knowledge/attitude and/or other surveys
 - Key informant interviews & observations
 - Community forums
 - Focus groups
- ✓ Collect and examine existing data
- ✓ Data analysis and interpretation
- ✓ Results dissemination method

Community Advisory Board Application

Courtesy of CAI-Hope Buffalo

COMPLETED APPLICATIONS DUE [ADD DATE HERE]

Date: _____

Applicant Information

Full Name: _____

Last

First

M.I.

Age: _____ School: _____ (if applicable)

Address: _____

Street Address

Apartment/ Unit

City

State

Zip Code

Home Phone: _____ Cell Phone: _____

E-mail: _____ Race/Ethnicity: _____ Gender: _____

Preferred Gender Pronouns: _____

Best way to contact you (circle): Call (home or cell) Text E-mail

(Please note that we will be using this method to contact you about the program, but we will not share your information with anyone.)

When would you be available to start? _____

Please answer the below questions to the best of your knowledge. You may use examples from previous work, volunteer or personal experience.

What attracted you to be a member of the Community Advisory Board?

How would your experience and skills benefit the Community Advisory Board?

What do you hope to learn and/or accomplish as a Community Advisory Board?

Questions? Want to submit an application?

Contact *[Add name here]*

[Add email here]

Text: *[Add here]* or **Call:** *[Add here]*

Applicant Print Name

Date

Applicant Signature

Date

CAB Member Interview Questions

Courtesy of CAI- Hope Buffalo

Community Approaches to Reducing STDs

Community Advisory Board

Interview Questions

- 1) Tell me about yourself.
- 2) Why are you interested in joining the CAB? What about it seems worthwhile?
- 3) What skills/knowledge/expertise/passion do you possess that could help make the CAB successful?
- 4) What do you see happening within your community/communities that motivates you to take action and create change?
- 5) If you had unlimited resources and power, what would you do to make a difference in your community?
- 6) We will be discussing many different sensitive subject matters including, race, health issues, sexual health, sexually transmitted diseases, sexual orientation, gender fluidity, social justice, and Buffalo neighborhoods. Tell me about any experience you've had discussing these types of subject matters with people with different viewpoints.
- 7) What does diversity mean to you?
- 8) What experience have you had working with diverse groups?
- 9) What unique perspectives do you think you would bring to the CAB based on your identities and your life experience?
- 10) If I gave you a project and a due date, would you prefer to complete it alone or convene a team to help you?

New CAB Member Packet
Community Advisory Board Charter
Courtesy of CAI-Hope Buffalo

Our **Vision** is Healthy Community: Better Life.

Our **mission** is to create a sustainable model that is intentional and understanding of all identities, intersections and cultural backgrounds.

Expectations of each CAB member and CAI staff member:

- Effective communication
- Be accountable
- Be trustworthy
- Respect each other's identities, including pronouns.
- Be approachable
- Be focused and stay on track
- Be accessible

Meeting Norms:

- **Stories stay and lessons leave:** when we share our stories to illustrate our experiences, the CAB may share the knowledge gained, but keep personal information confidential.
- **Have fun and laugh**
- **Keep an open mind**
- **Throw glitter not shade:** be supportive of one another.
- **Show respect**
- **Step up step back:** we all have a voice. Let's make space and time for everyone to share. If we find it easy to talk, make sure we monitor the time we occupy. If we find it more difficult, make certain we stretch to make ourselves heard.
- **Oops ouch:** if someone offends us, let's respectfully speak up so that person understands what they say, and why it carries such weight. Also, if someone speaks up, we will not be defensive, We'll hear them out.
- **Build trust:** trust is earned and built. Let's show ourselves trustworthy to one another to build strong working relationships.
- **Confidentiality:** personal things that are said here stay here.

New CAB Member Packet

Youth Advisory Board (YAB) Member Contract

Courtesy of San Diego State University

As a CAB member, I _____ agree that:

Print full name

1. I will attend and be on time to all scheduled meetings and sessions.
2. I will not share any personal information about CAB members with others; everything will remain confidential (unless it is required by law to report).
3. I will give my full attention and respectfully listen to others without interruption.
4. I will learn with an open mind, even if ideas are different than my own.
5. I have right to disagree with someone's opinion, but if I disagree, I will express my opinion without putting the person down and in a nonjudgmental manner.
6. I have the right to pass when I am not ready to speak.
7. I will keep in mind that the program consists of people from different cultural backgrounds, sexual orientation, gender identity, and gender expression, therefore will be sensitive and accepting of diversity.
8. I will discuss problems, concerns, suggestions, or questions with a CARS Staff Member.
9. I will have fun and commit to creating a healthy and safe space for everyone.
10. As a CAB Member, I will represent CAB and all partner organizations in a positive manner.

The YAB program staff agree that:

1. The vetting process for identifying CAB membership ensures that each member would be a good fit.
2. I will receive CAB orientation training within the first 30 days of my CAB membership.
3. I will have opportunities to provide feedback.
4. I will have access to future training opportunities.
5. I will receive a certificate of service for my time and commitment to the YAB.
6. I can speak openly and share freely with CAB members.
7. CAB members receive monthly reports or other relevant material(s) in order to provide valuable feedback and recommendations.
8. CAB meetings and events are safe spaces for me to freely share my experiences and be myself.
9. I will be respected for my lived experience and expertise in youth matters.
10. CAB members are compensated for their service.

My signature below affirms that I have read and agree to the above statements.

YAB members who complete 80% of the CAB program will receive incentives.

YAB member

Date

YAB Program Staff Member

Date

New CAB Member Packet

CAB Consent Form

Courtesy of San Diego State University

Date

Dear New CAB Member and Parents/Guardians,

You have been selected to take part in the CARS CAB. Before you give your consent to participate, it is important that you read the following information so you get a full understanding about the program.

Program Information

[Organization Name] developed the CARS CAB that will focus on reducing Sexually Transmitted Infections (STIs) in [target area]. The program will span the next 3 years, with members committing to participate for at least 1 year. Members can choose to renew their contract after the one-year time frame.

The program began [add date here]. In this time we conducted trainings, created rules and began research for the project. Meetings will take place on a bi/tri monthly basis and are important for productivity and group participation. Some of the personal benefits for participants include: Community service hours, letters of recommendations, experience in Public Health & and Social Advocacy, and monetary incentives.

Attendance & Incentives

Meetings are held [add frequency], and will be planned two months ahead of time. This will give CAB members enough time to arrange their schedules. If members cannot attend a meeting, they will have to contact facilitating staff at least 24 hours before the session. Members have 4 excused absences per quarter. Each quarter consists of roughly three months. Excused absences include school events, work events, and family emergencies and will not affect eligibility to receive an incentive for that quarter. Members with 3 or more unexcused absences or no-call-no-show (when a member doesn't attend a meeting and does not notify facilitation staff) will automatically not qualify for an incentive that quarter.

Participation

Participation in this program is voluntary; you are free to withdraw your consent and to stop your participation at any time without penalty. All information received will remain confidential to the extent allowed by law. Data collected may include survey satisfaction data, address, phone number, and other demographic information. It will be kept private and not be shared with anyone outside the program. If you have any questions about the program, please contact [staff's name] at [add staff's phone number here].

Your signature below indicates that you have read the information in this document. Your signature also indicates that you agree to participate in the program for at least 1 year.

Name of Participant

Signature of Participant

Date

Signature of Parent/Guardian

Date

Signature of Program Representative

Date

Memorandum of Agreement (MOA)

Courtesy of YOACAP-Philadelphia

I. Purpose of the Agreement

This memorandum of Agreement (MOA) set out the terms which the [add lead organization's and partner organization's name here] will work together to provide services as part of the cooperative agreement with the Centers for Disease Control and Prevention (CDC) to implement the Community-based Approaches to Reduce Sexually Transmitted Diseases (CARS) in {City, State}. The cooperative agreement with CDC began [date] to [date] if funding is available. The [Lead organization] will use ACTION Research to better understand how social determinants of health impact STDs in [City, State]. Findings from the research will be used to identify which partners are needed to support the interventions, where to engage the highest risk individuals within the target areas and provide interventions, as well as develop the evaluation plan for the entire project.

The agreement will remain in effect from [date] to [date]. [Program manager's name] will be the key contact for this project from [Lead organization's name]. [Partner organization's lead contact] will be the key contact from [Partner organization]. These individuals are responsible for ensuring the conduct of the activities listed below.

Through the agreement the [Partner organization] agrees to the provide technical assistance with on-going evaluation services, including data analysis and mapping.

II. Roles and Responsibilities of [Lead organization] and [Partner organization]

- 1) The [Partner organization] will provide [Lead organization] with Statistical Package for the Social Sciences (SPSS) for data analysis.
- 2) The [Partner organization] will assist with data analysis when requested.
- 3) The [Partner organization] will provide GIS mapping for [Lead organization].
- 4) The [Partner organization] will provide [Lead organization] access to its many libraries and electronic journals.
- 5) The [Partner organization] will provide technical assistance to [Lead organization] evaluation team to assist with the overall assessment of the project.

In return for the above, [the Lead organization] agrees to do the following:

- 1) [Lead organization] will comply with instructions and policies of the [Partner organization] regarding SPSS, use of their libraries, and access to any other needed services.
- 2) [Lead organization] will provide raw data for data analysis in the way that it is requested to aid in timely data completion.
- 3) [Lead organization] will provide bi-monthly CARS partner updates by email.
- 4) [Lead organization] when requested will provide prevention data to the [Partner organization] to help with their studies or services.
- 5) [Lead organization] will pay [Partner organization] invoices within 30 days of the invoice date.

III. Duration of the Agreement

This agreement will be in effect from [date] to [date] and may be revised at any time through written agreement of either [Lead organization] or [Partner organization]. Either party can terminate the agreement with a 60 day written notice.

IV. Signatures of the Parties' Representatives

If the terms of the MOA are acceptable, please sign and date the agreement to [Lead organization]. [Lead organization] will send a signed copy of the agreement for your records.

[Lead organization representative's signature]

Date

[Partner organization representative's signature]

Date

Partnership Agreement

CARS Organizational Membership Agreement

Courtesy of San Diego State University

This agreement is made and entered on [DATE] between [Lead Organization] and Organizational Member.

1. Purpose

The CARS Community Advisory Board (CAB) was founded upon community engagement and collaboration as the driving forces to serve the [population of focus] community in [City, State]. Organizational membership helps to ensure continued participation and sustainability of mission of [add mission here]. Each member organization contributes unique and valuable resources to the partnership, fostering greater possibilities for the community in the context of improving health outcomes.

2. Organizational Partners

- [Lead organization] is committed to creating health equity for South Bay youth through community-driven innovations.
- [Lead organization] uses a community-based participatory research approach to engaging the [population of focus] community, both guiding and providing necessary trainings to its members and the community.
- Through its diverse and committed organizational members, [Lead organization] offers abundant, unique resources directed toward improving the quality of life of [population of focus], specifically in the area of sexual and reproductive health and other issues affecting the [population of focus] community.

Partner Name:

- Brief description of the organization
- Approach to and commitment regarding working with youth
- 3 strengths the agency/organization brings to the community to help support [Lead organization]

3. Member Expectations and Benefits

The parties to this agreement have separate missions for which they are committed; however, each party's individual mission hinges together with shared responsibility. These responsibilities include but are not limited to:

- Sending a designated representative to CARS meetings (usually on a monthly basis).
- If the designated representative is unable to attend CARS meetings, then an alternate representative will attend in place.

- Organization attends 70% of the scheduled meetings in a calendar year.
- Agree to support the mission of CARS.
- Leverage organizational resources to do the work of CARS (e.g., provide space for meetings, copies for agendas/meeting evaluations, expertise for trainings).

The parties to this agreement also have rights to membership benefits. These benefits include but are not limited to:

- Getting a vote to guide CARS activities and initiatives.
- Formalized partnerships for funded and un-funded projects.
- Participation on community-based projects.
- Access to data stemming from community needs assessments and related activities.

4. Timing

The term of this Membership Agreement is for a period of 3 years from the effective date of this agreement and may be extended upon written mutual agreement. It shall be reviewed at least annually to ensure that it is fulfilling its purpose and to make any necessary revisions.

Either party may terminate this agreement upon thirty (30) days written notice.

5. Authorization

The signing of this Membership Agreement is not a formal undertaking. It implies that the signatories will strive to reach, to the best of their ability, the objectives stated above.

Signatures on this Membership Agreement represent a commitment to the mission of CARS.

Program Leadership's Name	Signature	Date

Program Manager's Name	Signature	Date

Name, Organization	Signature	Date

Sample 2-Day CAB Orientation Training Outline

Courtesy of San Diego State University

Day 1

10:00am-10:30am: Introductions & Ropes

- Survey
- Have staff/students introduce themselves
- Give small overview of training and materials/supplies provided
- ROPES: Involve students in creating ropes & safe space
- Introduce question box & how to use it, encouraging confidentiality
 - Students will be asked to submit a question/comment in question box at the end of every section**
- Introduce Parking Lot and discuss its purpose

10:30am-11:15am: Ice breaker

11:15am-11:45am: Overview of Project

- Discuss additional member coming on 2nd day toward end of section

11:45am-12pm: Break

12pm-12:45pm: Things in Daily Life That Keep Us Healthy or Make Us Sick [Social Det. of Health]

12:45pm-1:15pm: Lunch

1:15pm-2:30pm: Sexually Transmitted Infections

- Facilitate condom race activity

2:30pm-2:45pm: Break

2:45pm-3:45pm: Sexual Health Q&A

3:45pm-4:00pm: Question Box & Closing

- Answer questions in question box

Day 2

10:00am-10:30am: Check-In / Review

- Ask students for feedback on Day 1 of training/Do quick review of topics discussed Day 1
- Remind students of ROPES/safe space/question box

10:30am-12:30pm: Multiple Intelligences & Communication

12:30pm-1:15pm: Lunch [Lunch to be picked up at 12pm]

1:15pm-3:15pm: YPAR

3:15pm-4:00pm: Availability Discussion / Question Box / Closing

- Discuss questions in question box
- Review availability and plans moving forward (bimonthly meetings): Schedule 1 for the month
- Provide post-survey

Sample 1-Day CAB Orientation

Courtesy of Sentient Research

Itinerary for Youth Workgroup Orientation – [Date, Time]

[Add Location]

[Add Address]

Everyone arrive at 12:30 to set up. Some will be at registration; some will be outside directing youth in. Food will arrive at 1:15.

Facilitator: [Add name here]

1:30-2:00 Youth Arrive, Welcome and Register and have Lunch (30 minutes) (Presenter's Name)

2:00-2:20 Opening Activity (20 mins.) – (Presenter's Name)

Candy game with wrapped candies in **9 colors** (starburst, tootsie rolls, etc. to represent chlamydia, Gonorrhea, abstinence, condom, condom broke, herpes, HIV, HPV, teen parent). Candy will be given to youth when they arrive, post its can be on each candy bag with instructions)

2:20-2:30 Break

2:30-2:50 STDs in the 2nd District (20 mins) – Need for Youth Role - (Presenter's Name)

[Presenter's Name] will give a presentation and talk about STDs in [Target Area]- include I Know and other things that have been done, but stress that there has to be a youth voice in process and it's needed; [Presenter's Name] will talk about 2nd District's role.

(Use Street Team presentation and show the I Know video)

2:50-3:00 Q&A (10 mins)

3:00-3:10 Description of Youth Role – Why we're forming a Youth Council

3:10-3:40 Brainstorm Activity (20 mins) – (Presenter's Name)

Talk about youth's role in this program – what they want to do. Brainstorm with youth and get youth's ideas. Have youth write on post-its in smaller groups to ensure everyone is comfortable

3:40-4:00 Raffle and Application Process and Role of Youth Sub-Committee (20 mins) - (Presenter's Name)

Tell youth their role in sub-committee and go over application process. Give out applications and collect them. Include short essays. **APPLICATIONS ARE DUE [Date here]!!**

Supplies:

- *Computer PPT and projector to type ideas for Brainstorm Activity
- *9 colors of candy, brown paper bags
- *Bring name tags (shipping labels), pens, print out registration list, paper for brainstorm activity, paper for web address of application
- *Make/Find a directional sign (and pom poms) so youth can find the room

Sample CARS CAB Orientation Facilitation Guide

Courtesy of CAI-Hope Buffalo

Orientation Objectives:

By the end of this meeting participants will have...

- Described the goals of the CARS initiative
- Described the Sankofa Principle
- Discussed how the principles of social justice will inform our work
- Identified 3 signs of a motivated CAB member
- Developed a set of shared group norms (e.g., frequency of and attendance at meetings, expectations for each other, sharing and decision making)

Welcome and Introduction (10am-10:30am)

Purpose: to introduce everyone in the room, create a safe, inclusive environment, and set the tone for the day.

Training method: Large group discussion

Materials required: Jolly Rancher candy, flip chart, Markers

- a. Who we are
- b. Jolly Rancher Introduction
 - i. CAI Staff/ CAB introduce
- c. Group norms for the orientation
- d. Expectations/Goals/Objectives

Where have we been? Where are we going? *Inspire* (10:30-11:15am)

Purpose: Using an African principle Sankofa which is “the need to search through the groves of the past and to bring back its lessons, principles and stories as seeds for the future” participants will survey historical events to explore how they have impacted our community, and what we can learn from them.

Training method: lecturette, gallery walk, small group discussion, large group discussion.

Materials required: flip chart, printed historical events to hang, markers

- e. Introduction of Sankofa Principle: “Looking back to move forward” or “Go back and Collect”. (lecturette)



- i.
- ii. Definition
- iii. Historical background
- iv. Gallery walk (Activity)
 1. Participants will walk around and view 10-15 historical events pictures with small descriptions. Each event will be shown connected to three time periods: slavery, segregation/Jim Crow, and integration.

2. Divide participants into two small groups to discuss the following:
 - a. How does this make you feel?
 - b. What is your reaction?
 - c. What did they do to move forward? (resiliency/persistence)
 - d. How does this impact us today?
 - e. What it means for our work.
- v. *Trainer's notes: Think of some historical figures that have made a difference within our GLOBAL community? (Local, national, worldwide)*
 1. What did they do?
 2. How has it impacted you? (capture on flip chart)
- vi. *Trainer's notes: Our Hopes for you after participating in this activity is that you are proud of our strength, determination, creativity, determination, and be unapologetically Black.*

CARS overview and Epidemiology (EPI) (11:30am-Noon)

Purpose: to use STI EPI to illustrate the challenge in front of the CAB, and motivate them to take action. Also to the goals and expectations of the CARS initiative as described by the CDC.

Training method: Lecturette, large group discussion

Materials required: PowerPoint slides, flip chart, markers

- f. Facilitator will frame the next slides by telling CAB members, "This is [Add City Here] in Public Health." Show EPI slides featuring [City] adolescent and Black/AA STI rates.
 - i. Process (capture on flipchart)
 1. What are you thinking?
 2. What are your reactions?
 3. Why do you think this is happening with us?
 - ii. Why is it important to address STIs?
 1. Infection pool (on flip chart)
 - a. Not about "you have more sex"
 2. Doctors don't screen, asymptomatic
 3. What is missing in our community? What are the gaps?
- g. Facilitator will share that the CDC recognizes over 40 years of challenges connecting with the community by Health Departments, and this is an opportunity to address these issues. The partnership with the community is the answer to more successful programs. YOU can identify what we need to address. You are here to change this, this is your call to action.
- h. Show CDC slide CARS overview slide

Break (11:15-11:30am)

The Importance of CARS (the spirit of CARS) (11:30am-12:15pm) (lecturette)

Purpose: Building upon the goals of the CARS initiative, participants will explore using the concept of social justice to address health disparities.

Training method: Lecturette, large group discussion, video clip

Materials required: Video clip

- i. What's the value of tapping into the communities that are disproportionately affected?
 1. *Trainers' note: Be transparent about where the money originated: Tuskegee*
- ii. Why this is so important to overcome injustice?
- iii. What may be the barriers or challenges? (record on flipchart)
- b. Obama Video (History doesn't move in a straight line)
 - i. After watching this video, what are you taking away from this?
 - ii. What does that suggest to you about yourself/your group?
 - iii. How was that significant?
- c. How do we address these issues?
 - i. *Trainer's note: Let's fight strategically and intelligently*

Debriefing Lunch (12:15-12:45pm)

How will we work together? What are we working toward?

Purpose: The purpose of this section is to develop a set of shared group norms
Training method: Large Group discussion

Materials required: flip chart, Markers

- a. Develop a Vision
 - i. Ask group "what's a vision?" (capture on flip chart)
 - ii. Define vision statement/give example (PowerPoint slide)
- b. Roles of CAB members
 1. What part do you play in the Vision?
- c. CREATE OUR CONTRACT
 - i. Group will answer these questions
 1. When and how often will we meet?
 2. What are your expectations for the group?
 3. How would you describe a motivated CAB member?
 4. What do we need from each other to be successful?
- d. What are our HOPES for our work?

Wrap up and Evaluation

CAB Orientation Training Evaluation Form

Date: _____

Instructions: Please select your level of agreement with the statements listed below in #1-11.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The objectives of the training were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Participation and interaction were encouraged.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The topics covered were relevant to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The content was organized and easy to follow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The materials distributed were helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. This training experience will be useful in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The trainer was knowledgeable about the training topics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The trainer was well prepared.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The training objectives were met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The time allotted for the training was sufficient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The meeting room and facilities were adequate and comfortable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. What did you like most about this training?

13. What aspects of the training could be improved?

14. How do you hope to use what you learned from this training?

15. What additional CAB trainings would you like to have in the future?

16. Please share other comments or expand on previous responses below.

Thank you for your feedback!

Community Needs Assessment Elevator Speech

Courtesy of CAI- Hope Buffalo

Hello,

My name is _____ (Tell them a little about yourself)

In addition, I sit on the advisory board for CARS (Community Approaches to Reducing STI), a community-led initiative that addresses STI disparities and social determinants of health among the city of Buffalo's adolescents and young adults; with a focus on African American/Black and LGBTQI identifying young adults ages 18-24.

Currently, with CARS we're conducting a Community Needs Assessment and reaching out to stakeholders who are directly influencing, engaging and supporting these communities. With this phase, we hope to interview and establish focus groups with these gatekeepers, in order to properly access and comprehend the link between STI transmissions with LGBTQ+/POC communities.

Our ultimate goal is to design an STI prevention intervention that will expand pass educating folks on condoms and where to get tested, but actually address the social determinants that affect our community – such as homelessness, inability to access healthcare, homophobia, racism, incarceration, transportation, etc.

I'm reaching out to you to see if you'd be interested in aiding me with this mission. Involvement would be us scheduling a meeting in the form of an interview or focus group. The reason why I reached out to you, is because I knew you either did or still do have some involvement with the **[insert community]**. A community that is often excluded when it comes down to research and one that holds some of the groups that are drastically, disproportionately affected by STI/HIV transmission.

Sample Community Street Survey

Courtesy of University of Texas San Antonio- Community STORM

Hi my name is/our names are_____. We are with the University of Texas Health Science Center and San Antonio Housing Authority. We are knocking on doors and talking with your neighbors today for a couple of reasons:

“First, we are handing out free resource materials about the City and County services so folks will have easy access to them.

We are conducting a survey that asks questions about how you feel about your neighborhood. We would like to ask you questions about what you think about your neighborhood in terms of how safe and connected you feel to your neighbors, what sort of health problems affect the people in your neighborhood and what you might know about our program called [program name here].

If it is okay with you, we would like ask you a couple of questions to see whether you or someone in your household is eligible to take the survey. It takes about 10 minutes.”

Can we get your input now? _____

If **yes**, go on to screen for age and gender and whether the person actually lives in the household or is just visiting.

If **no or some hesitation**,

- “I understand (you may be busy) or (this takes some time) or (there are a lot of people going door to door)...
- But this is your chance to tell the powers that be how and where to spend resources to make your neighborhood better. Everything you tell us will be confidential and it really won’t take that long. Once you complete it, you get a gift card. Can we get your input now?”

If **yes**, “Great, thanks you so much.”

If **no**, “Okay, I understand. You know we are going to be here a few more hours—would it be better if we come back a little later?”

If **yes**, “Oh great, what time would be good? We will be here until the sun goes down.”

If **no**, “Well thanks for your time. I hope the resource materials are helpful. Have a great day.”

The first set of questions ask about your health and your health habits and practices

1. Would you say that in general your health is:

Please read:

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

Do not read but fill out if applicable:

- 7 Don’t know / Not sure
- 9 Refused

2. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Services?

Please read:

- 1 Yes
- 2 No

Do not read but fill out if applicable:

- 7 Don't know / Not sure
- 9 Refused

3. Do you have one person you think of as your personal doctor or health care provider?

Please read:

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

4. During the past month, not counting juice, how many times per day, week, or month did you eat fruit? count fresh, frozen, or canned fruit:

Read only if necessary: "Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries."

INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins if respondent tells you - but due to their small serving size they are not included in the prompt.

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 Never
- 7 Don't know / Not sure
- 9 Refused

5. About how many times per day, week, or month do you eat vegetables? Examples of vegetables include tomatoes, spinach, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."

INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

INTERVIEWER INSTRUCTION: If respondent does not have a "regular job duty" or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 Never
- 7 Don't know / Not sure
- 9 Refused

6. Do you exercise regularly?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Please Read:

The next set of questions asks about your neighborhood environment. If you do not want to answer a question you may skip it. Your answers will be kept private, and your name and address will not be mentioned with the information you give to us.

7. How long have you lived in this neighborhood?

- Years _____ months _____
- 7 Don't know / Not sure
 - 9 Refused

Please Read:

Now, for the next questions, I am going to ask how much you agree or disagree with each of these statements about your neighborhood or community.

8. "People in this neighborhood help each other out."

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

9. "We watch out for each other in this neighborhood."

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

10. There are people I can count on in this neighborhood."

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Neighborhood condition

11. In your neighborhood, is there litter or garbage on the street or sidewalk?

READ IF NECESSARY: "Does that exist in your neighborhood?"

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12. How about poorly kept or rundown housing?

READ IF NECESSARY: "Does that exist in your neighborhood?"

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

13. How about vandalism such as broken windows or graffiti?

READ IF NECESSARY: "Does that exist in your neighborhood?"

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

14. How often do you feel safe in your community or neighborhood? Would you say never, sometimes, usually, or always?

- 1 NEVER
- 2 SOMETIMES
- 3 USUALLY
- 4 ALWAYS
- 7 Don't know / Not sure
- 9 Refused

The next questions are about the national health problem of HIV, the virus that causes AIDS, STDS and your personal sexual behavior. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to.

15. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

16. Have you ever been tested for other sexually transmitted diseases (STDs) such as chlamydia, gonorrhea, syphilis or HPV?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

And now we have a few questions which ask about personal sexual behavior

CONDOM USE QUESTIONS:

17. The last time you had sex with your (main/other) partner, was a condom used?

- 1 Yes
- 2 No
- 3 Have not had vaginal sex
- 7 Don't know / Not sure
- 9 Refused

18. When you have sex with your (main/other) partner, how often do you use a condom?"

- 1 Always
- 2 Sometimes
- 3 Hardly ever
- 3 Never
- 7 Don't know / Not sure
- 9 Refused

19. In the past 30 days, have you ever tried to get your (main/other) partner to use a condom?"

- 1 Yes
- 2 No
- 3 Have not had sex in the past 30 days
- 7 Don't know / Not sure
- 9 Refused

20. How sure are you that you could talk a main partner into using a condom when you have sexual intercourse?

- 1 Very unsure
- 2 Unsure
- 3 Somewhat sure
- 4 Sure
- 5 Very sure
- 7 Don't know / Not sure
- 9 Refused

Condom Availability

21. Do you have condoms available to you right now, like at home or in your car/on your motorcycle?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

EXPOSURE TO THE INTERVENTION

22. In the past 3 months, have you seen or heard anything around here in the community about condoms or how to protect yourself from STDs or HIV?

- 1 Yes
- If Yes, What did you see or hear? _____
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Show them a Role Model story example:

23. Have you seen this type of story before?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

24. **What does STORM mean?**

- 1 Satellite Temperature, Ozone, and Rain Meter
- 2 STI Teaching and Outreach with Role Models
- 3 Stop Texting Outrageous Racial Messages

-7 Don't know / Not sure
-9 Refused

25. **Select the graphic artwork you have seen in your community; check all that apply [use this if you have a program logo]:**



26. **Have you ever heard or seen anything having to do with [program name here]?**

- 1 Yes
 - 2 No
- 7 Don't know / Not sure
-9 Refused

27a. If yes, what? _____

27. **Have you ever received a text message from [program name here]?**

- 1 Yes
 - 2 No
- 7 Don't know / Not sure
-9 Refused

28. **Have you ever been to a [program name here] sponsored gathering such as a [add event name here] or workshop?**

- 1 Yes
 - 2 No (Skip to Q.30)
- 7 Don't know / Not sure
-9 Refused

29. **If yes, was it in the.....**

- 1 Past month
 - 2 Past 3 months
 - 3 Past 6 months
 - 4 Past year
 - 5 More than a year ago
- 7 Don't know / Not sure
-9 Refused

30. **Have you ever taken part as a [program name here] volunteer (that is given your time to help with [program name here] activities without getting paid)?**

- 1 Yes
 - 2 No
- 7 Don't know / Not sure
-9 Refused

Now I am going to ask you some questions about yourself. (DEMOGRAPHICS)

31. What is your age?

- _____ (Code age in years)
-7 Don't know / Not sure
-9 Refused

32. Are you Hispanic or Latino?

- 1 Yes
2 No
-7 Don't know / Not sure
-9 Refused

33. Which one or more of the following would you say is your race?

- 1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian or Alaska Native
6 Other [specify] _____
Do not read:
8 No additional choices
-7 Don't know / Not sure
-9 Refused

34. Are you...?

Please read:

- 1 Married
2 Divorced
3 Widowed
4 Separated
5 Never married
6 A member of an unmarried couple

Do not read:

- 7 Don't know / Not sure
-9 Refused

35. What is the highest grade or year of school you completed?

Read only if necessary:

- 1 Never attended school or only attended kindergarten
2 Grades 1 through 8 (Elementary)
3 Grades 9 through 11 (Some high school)
4 Grade 12 or GED (High school graduate)
5 College 1 year to 3 years (Some college or technical school)
6 College 4 years or more (College graduate)

Do not read:

- 7 Don't know / Not sure
-9 Refused

36. Are you currently...?

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- 8 Unable to work

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Thank you for your time and input. We are going to tally the results of what you and your neighbors say tell us and report back to the neighborhood with a brief summary and at a community meeting. We will also use these findings to help us make sure that [program name here] is as helpful to the neighborhood as it can be.

(PLACE COMPLETED SURVEY IN SURVEY ENVELOPE)

Sample Youth Advisory Board Community Assignment

Courtesy of Sentient Research

Youth CAB members in Los Angeles completed community assignments to assess gaps in service delivery, condom access, and sexual health resource availability. Below is an example of one of the “Community Assignments”.

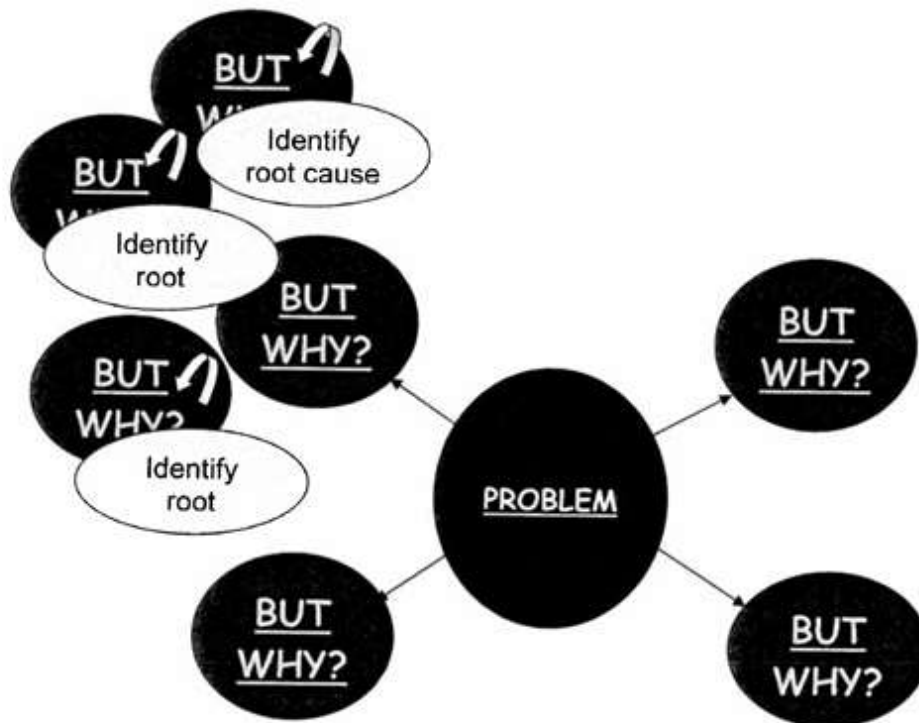
Community Assignment #3:

- 1) In your community, where can people access services and/or get protection?
- 2) At your school, where can students get information and services
- 3) If you did the Secret Shopper activity, what was the experience like? Were you able to access condoms?
- 4) What resources are lacking in your community/school? What are the services and information that students need the most?
- 5) From your observation, what is one major sexual health issue that affects teens at your school/in your community the most?
- 6) What are all the factors you believe contribute to this issue?

Community Needs Assessment: “But Why” Root Cause Analysis Worksheet

Courtesy of Baltimore City Health Department

“But Why?” Brainstorming Identifying the Root Causes to a Problem



Process

1. Facilitator begins drawing a circle in the middle of the paper and filling in the problem statement.
2. Brainstorm reasons “Why?” this problem exists.
3. Continue to ask “But Why?” at least 3 layers deep for each reason identified to uncover the root causes of the problem.
4. When the group feels content with the brainstorm, consider the following questions:
 - ✓ How well does this group seem to understand the problem(s), necessary solution(s) and how we are going to bring about the changes?
 - ✓ How much do members seem to know about the systems and resources that can facilitate change or potential barriers to change?
 - ✓ Are there people present that can speak to the problem, the agency or sector being considered for the change?
 - ✓ Can we think of others that we can invite to help move this forward?

CAB SDoH Prioritization Outline

Courtesy of AIDS Foundation of Chicago

Step 1 – Create Community Advisory Board with a focus on cis and trans women of color

- a. Outreach & Recruitment
- b. Application
- c. Orientation

Step 2 – Focus on understanding the Social Determinants of Health (SDoH)

- a. Training & Education

Step 3 – Assess the SDoH

- a. Review epi data
- b. Research
- c. Focus groups
- d. Survey
- e. Interviews

Step 4 – Develop a Vision and Mission

Step 5 – Identify and prioritize goals

- a. Gallery Walks

Step 6 – Review and approve with partners

- a. Meetings

Step 7 – Build Community Capacity

- a. Events
- b. Trainings

Step 8 – Select approach to create change

- a. Select Interventions and plan

Step 9 – Conduct Health Promotion

- a. Health education
- b. Outreach
- c. Mobilization

Step 10 – Move to Action and Implementation

Step 11 – Evaluate Efforts

- a. Assessments

- b. Surveys
- c. Key Indicators

Step 12 – Make Adjustments as needed

Step 13 – Disseminate information

- a. Local and National Conference
- b. Community Planning Groups

Step 14 – Maintain Momentum

Step 15 – Sustain the Partnership

- a. New programs to assist in keeping momentum

Step 16 – Plan for Sustainability

Progression of Decision-Making Process in Determining Structural Strategies to Address Social Determinants and STD Prevention

Courtesy of University of Michigan- MFIERCE

October 2014

- ✦ This list of SDoH was developed from activities in our Kick Off event on 10/10/2014 and informed by our CAB and SC.
- ✦ Economic disadvantage; health care costs and coverage; limited funding climate; social stigma: racism, homophobia, transphobia; HIV disclosure laws and HIV Stigma; state laws limiting sex education; limited community and government stakeholders; housing instability; limited transportation; issues with police and law enforcement; lack of culturally competent medical providers; problems with intake forms and state surveillance of STIs and HIV; challenging political climate; limited access to education.

November 2014-February 2015

- ✦ This list of strategies was refined by the CAB and SC from the SDoH list gathered at the Kick Off event. This list was then used to inform and shape the scope and activities of our 12 Community Dialogues (Town Halls).
- ✦ Education systems; community knowledge and street sense; legal systems; safety nets and public resources; economic opportunities and disadvantages; health departments and health policy.

March 2015-May 2015

- ✦ This list of strategies to address SDoH was refined by the CAB and SC and presented at our Community Summit in roundtable discussions to local providers and policy makers.
- ✦ Increasing primary care access; strengthening sex education; augmenting existing safe spaces; trans-centric strategies; improving financial capacity; promoting cultural competency and humility; increasing housing resources.

August 2015

- ✦ Potential interventions were developed by the CAB and SC in subcommittees where draft logic models and ballpark budgets were developed.
- ✦ Promoting cultural competence and humility of providers; Addressing Financial Capability; Augmenting existing LGBT Safe Spaces; Creation of LGBT youth consultancy to provide TA for organizations and agencies.

September 2015

- ✦ The coalition voted and moved to further develop these two intervention: Promoting Cultural competence and humility of providers (known as Medical Homes); Creation of LGBT youth consultancy to provide TA for organizations and agencies (Known as YAB Advocacy Collective).

Feasibility Assessment Checklist

Courtesy of CDC CARS Evaluation Team

We developed these questions to help guide your discussion of feasible STD prevention intervention options with Community Advisory Board (CAB) members, offering some additional potential probes.



Description of the proposal

A first step is to provide a brief description of the proposed project/intervention. The facilitator should engage stakeholders in answering the following questions:

- If you had to give an “elevator speech” of the project, 20-30 seconds, how would you describe the project?

Potential probes:

- What is the purpose of the project/intervention?
- What is the ultimate outcome (e.g., increase STD screening, increase awareness of STDs, improve access to STD clinical services)? [**Remember:** one of the interventions must have an STD screening component as you will report the total tested, positivity rates, and treatment rates as outcome data.]



Technical feasibility

Next, the facilitator can help the group assess the technical feasibility of the proposed project/intervention. The group should ascertain what it takes to implement the proposed intervention and ensure that it is within scope and aligns with the purpose outlined in the previous exercise.

The group should consider the following:

- How will the project/intervention be delivered?
- What partner organizations are needed to implement the intervention? Are new partners needed?

Potential probes:

- What will be the location of the intervention? Does this location provide easy access for the population that will be utilizing it?
- What, if any, technology is needed to implement the intervention? Do we have access to the technology?
- What materials are needed to implement the intervention? Who will provide those materials?
- What structural changes, if any, need to be made to implement the intervention?
 - Is the selected location in a position to make those structural changes?
- What labor is needed for intervention implementation? Are additional staff/volunteers required?
- Are there additional transportation needs in order for the population of interest to receive the intervention? If so, what are those needs and is the lead program prepared to provide those needs?
- What challenges can we anticipate? (You can also explore ways to overcome challenges)



Financial feasibility

Once the group assesses the technical aspects, they should consider the financial feasibility of the intervention. There are numerous to facilitate discussions. A few questions for consideration are below.

- What is the intervention budget?
- What would be the intervention costs? Do the costs fit within the intervention budget?
- How much, if any, additional funding is needed to implement the intervention (consider all aspects)?
- Are we able to obtain in-kind resources/labor to help offset costs? If so, how much? If not, do we need new partners to assist?
- Are there ways to use free or nearly free resources to achieve intervention goals—this may lead to alternate/scaled-down intervention options?
 - Are there other organizations already doing this that we can partner with to scale up or add a CAB-developed components?
- Is there a billing option that can help offset costs and increase the likelihood of sustainability?
- What challenges can we anticipate? (You can also explore ways to overcome challenges)



Organizational feasibility

One of the final assessments can review the organizational (and partner organization's) feasibility. Questions for consideration include:

- Would it be difficult to obtain buy-in from organizational leadership?
 - Is leadership supportive of this type of intervention?
- Does the organization possess the resources, skills, and labor necessary to implement the intervention?
 - Are additional staff needed or can the leading program staff assist with some of the additional duties?
- Is there a structural change component that the organization needs to consider?
 - What organizational changes would be needed for intervention implementation?
 - If the intervention requires structural change, can the organization (or a partner) provide training- if necessary?
 - Do intake forms, data systems, and/or other processes need revision?
- What is the intervention timeline and how does it align with the partner organization's schedule?
- What challenges can we anticipate? (You can also explore ways to overcome challenges)

Potential STD Prevention Intervention Table

Thank you for collaborating with [Add Program Name Here]. As you know, CAB members have been working diligently to prioritize Social Determinants of Health (SDoH) and identify STD prevention interventions to address those SDoH. Please review the listing of potential STD prevention interventions and items needed for implementation and determine which interventions your organization is interested in supporting. We appreciate your commitment to and support of this project.

Potential Intervention	Intervention Description	Timeline	Implementation Needs (include in kind)	Interested Partners
Community CT/GC Testing	<i>Incorporate and pilot CT/GC testing during point-of-contact (community-based) BCHD HIV/STD outreach and testing.</i>	<i>1/16: Finalization of protocol; training of data entry staff 1/16-2/16: Review of testing cards and instructions by YAB 2/16: Training of testing staff; initiation of testing 5/16: Check-in meeting with staff 6/16: YAB review of edited testing instructions 6/16-8/16: Development of outreach materials to assist testers during outreach (STI postcard) 6/16-8/16: Creation of maps to improve outreach location identification 7/16: Check-in meeting with staff; review of materials and maps</i>	<i>Test kits Lab testing Testing information cards Youth-friendly STD education materials (STD postcards and maps to identify testing locations) Artwork for marketing materials Mobile van Data entry staff Testing staff Evaluation staff</i>	

Sample Community Event Reflection Questions

Courtesy of CAI-Hope Buffalo

1. On a scale from 1-10. 1 being not good and 10 very good. How do you think [Add intervention name here] went overall? Why did you rank it this number?
2. If you could, change anything about the event, what would it be and why?
3. What did you (if anything) contribute (as a CAB member) to [Add intervention name here]?
4. Did you feel as if your contributions were effective? If so, in what ways?
5. Do you think we accomplished what we set out to do? Yes/No why?
6. What (if anything) do you think we could add to enhance the [Add intervention name here]?
7. Was this an event, an intervention or both? In what ways?
8. Is there anything that you think we missed the mark on regarding our event?
9. How well did everyone work as a team? (CAB, Staff, volunteers)
10. What would you like to add?

Community Testing Event Survey Questions

Courtesy of Public Health Management Corporation

Thank you for coming out and supporting the CARS Project! Please take a few minutes to fill out this survey.	
Please rate your enjoyment of the Community Testing Event :	<input type="checkbox"/> Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
How did you hear about today's event?	
Other than today's event, do you know where you can get tested for an STD or HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you get tested for a STD (for example: Chlamydia and Gonorrhea) at today's event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you did get tested, why did you get tested today?	<input type="checkbox"/> I didn't get tested <input type="checkbox"/> I think I may have an STD <input type="checkbox"/> The gift card <input type="checkbox"/> My friends got tested <input type="checkbox"/> Other:
If you didn't get tested, why didn't you get tested today?	<input type="checkbox"/> I don't think I am at risk for an STD <input type="checkbox"/> I am not sexually active <input type="checkbox"/> I was not comfortable getting tested at the event <input type="checkbox"/> Other:
If you did get tested today, do you think you would have gotten tested within the next month anyway?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you didn't get tested today, do you think you will get tested in the next month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you referred to any health services at today's event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you think you can effectively prevent yourself from getting an STD after today's event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently a CARS Community Advisory Board member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How old are you?	
How do you identify your gender?	
What is your race/ ethnicity?	
What zip code do you live in?	
Do you go to any of the following zip codes to hang out or get any services? (circle all that apply)	Add zip codes here
Are you interested in learning more about CARS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you attend another CARS Project event?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Clinic Visit Post Survey

Courtesy of Public Health Management Corporation

The Public Health Management Corporation (PHMC) provided STD testing wristbands during CARS event in an effort to account for attendees who visited STD clinics for testing after the event.

How did you receive the CARS project STD testing wristband?

I attended a CARS event

My friend attended a CARS event

I found the wristband

Other: _____

What brings you to the health center today? (circle all that apply)

Pregnancy test

STD test

HIV test

Birth control

Other: _____

Have you ever been tested for an STD or HIV before?

Yes

No

Not sure

How old are you? _____

How do you identify your gender? _____

What is your race/ ethnicity? _____

What zip code do you live in? _____

Do you go to any of the following zip codes to hang out or get any services? (circle all that apply)

[Add zip codes here]

Swag Bag Content Listing

Courtesy of Capacity Builders, Inc. and Public Health Management Corporation

You can include a variety of items in a swag bag. CARS recipients have included the following in their event swag bags:

- ✚ Trifold condom wallet
- ✚ Postcard of free/low cost STD/HIV screening locations
- ✚ Condoms
- ✚ Lubricant
- ✚ STD info cards
- ✚ T-shirts
- ✚ Promotional items (water bottles, key chains, etc.)
- ✚ Flyers for the next STD testing event
- ✚ Social media contact cards for project



Sample Data Sharing Agreement Language

Adapted from National Neighborhood Indicators Partnership Data Sharing Examples

This agreement establishes the terms and conditions under which the [Add organization name] and [Add organization name] can acquire and use data from the other party. Either party may be a provider of data to the other, or a recipient of data from the other.

1. The confidentiality of data pertaining to individuals will be protected as follows:
 - a. The data recipient will not release the names of individuals, or information that could be linked to an individual, nor will the recipient present the results of data analysis (including maps) in any manner that would reveal the identity of individuals.
 - b. The data recipient will not release individual addresses, nor will the recipient present the results of data analysis (including maps) in any manner that would reveal individual addresses.
 - c. Both parties shall comply with all Federal and State laws and regulations governing the confidentiality of the information that is the subject of this Agreement.
2. The data recipient will not release data to a third party without prior approval from the data provider.
3. Other than the reporting of aggregate data to the Centers for Disease Control and Prevention, the data recipient will not share, publish, or otherwise release any findings or conclusions derived from analysis of data obtained from the data provider without prior approval from the data provider.
4. Data transferred pursuant to the terms of this Agreement shall be utilized solely for the purposes set forth in the Memorandum of Understanding.
5. All data transferred to [Add organization name] by [Add organization name] shall remain the property of [Add organization name] and shall be returned to [Add organization name] upon termination of the Agreements.
6. Any third party granted access to data, as permitted under condition #2, above, shall be subject to the terms and conditions of this agreement. Acceptance of these terms must be provided in writing by the third party before data will be released.

IN WITNESS WHEREOF, [Add organization name], through its duly authorized representative, and [Add organization name], through its duly authorized representative, have hereunto executed this Data Sharing Agreement as of the last date below written.

[Title, Department Name]

[Organization Name]

Date: _____

[Title, Department Name]

[Organization Name]

Date: _____

Sample Intervention Process and Outcome Measures

Community Engagement

Process:

- ✚ Number of members from priority population attending Community Advisory Board (CAB) meetings
- ✚ Level of satisfaction of Community Advisory Board members
- ✚ Number of interventions/strategies that address social determinants of health impacting health equity within affected communities STI disparities identified by CAB
- ✚ Perceived power of CAB members; perceived ownership of membership structure; perceived sustainability of community engagement methods
- ✚ Improved skill in advocacy among CAB members.

Outcome:

- ✚ CAB membership sustained over project period
- ✚ Increased satisfaction among CAB members over project period
- ✚ Increased access to target groups over project period

Interventions

Process:

- ✚ Existing clinical resources identified
- ✚ Number of trainings available;
- ✚ Increased adoption of community-designed STI prevention strategies

Outcome:

- ✚ Community priorities and effective community-designed interventions are identified, implemented and evaluated using partner resources and influence
- ✚ Increased access to/use of community health and resources and support services by target groups
- ✚ Increased access to/use of educational and economic opportunities by target groups
- ✚ Improved availability and accessibility of sexual health education, training, and resources for STI, HIV, and viral hepatitis prevention and control
- ✚ Increased capacity to raise awareness of sexual health and healthy behaviors; enhanced capacity to implement public health interventions through purposed and deliberate partnership activities
- ✚ Decreased exposure to social disorder (i.e., presence of trash and lack of cooperation in a community)

Partnerships

Process:

- ✚ Multi-sector partner participation rate

- ✚ Proportion of partners engaged in community and intervention activities
- ✚ Value of leveraged resources
- ✚ Policies adopted or refined;

Outcome:

- ✚ New stable partnerships are formed
- ✚ Extent of environmental change.

Communication

Process:

- ✚ Level of existing communication
- ✚ Social media analytics

Outcome:

- ✚ Increased awareness of STD disparities (e.g. adolescents, and YMSM), sexual health issues and community resources
- ✚ Increased access to and use of community health resources and support services by target groups
- ✚ Increased access to and use of educational opportunities by target groups
- ✚ Implementation of effective health equity and sexual health communication methods

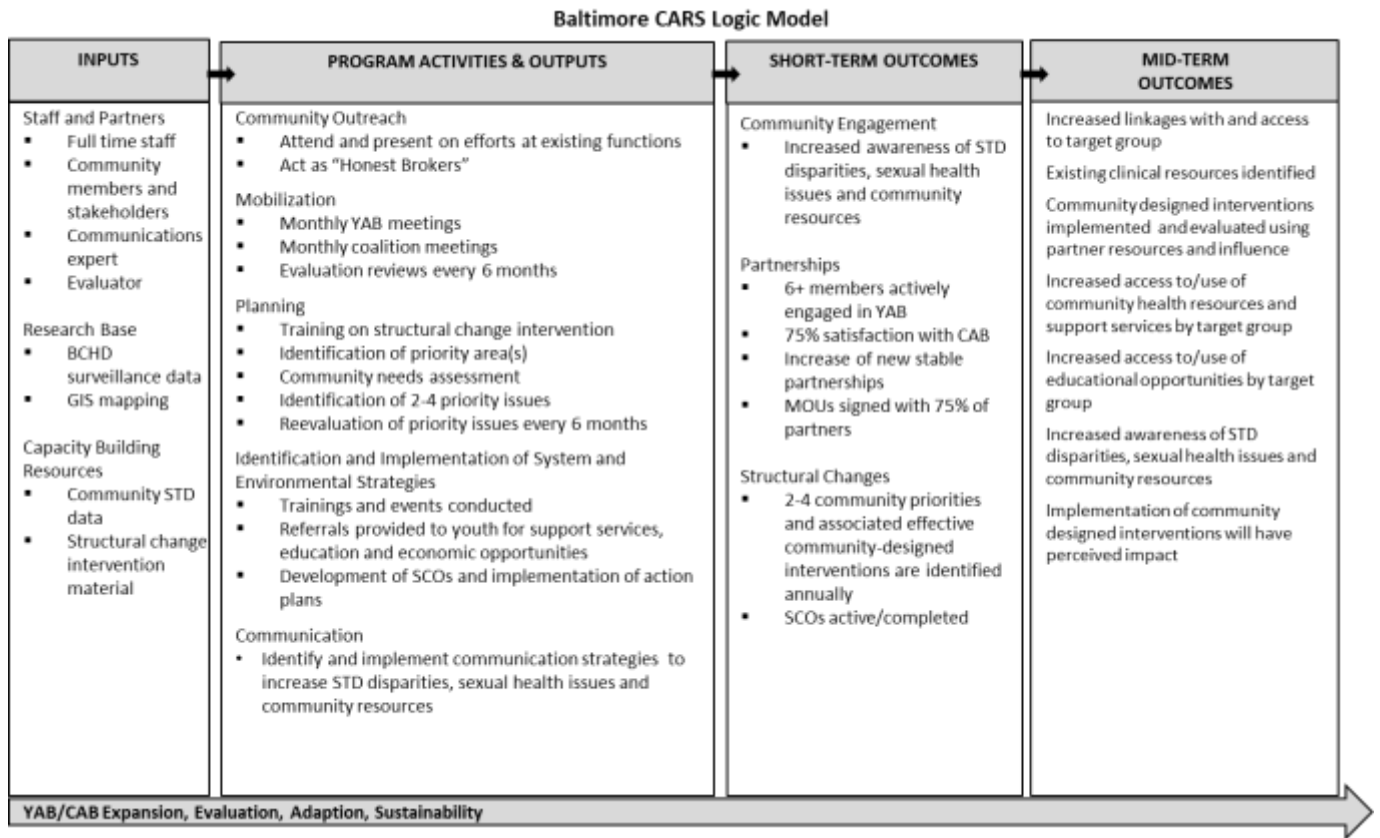
School-based CT/GC testing pilot in a high school

Courtesy of Baltimore City Health Department

Evaluation Question	Outcome Measure	Outcome Findings
How many information (rack) cards have been distributed in schools?	# cards distributed	
How many schools are distributing the information (rack) cards?	# schools distributing cards	
What proportion of Baltimore City public schools are distributing information (rack) cards?	% schools distributing cards	
How many testing cards have been distributed in schools?	# cards distributed	
How many schools are distributing the information (rack) cards?	# schools distributing cards	
What proportion of Baltimore City public schools are distributing testing cards?	% schools distributing cards	
How many students tested for CT/GC?	# students tested	
What proportion of students tested for CT/GC?	% students tested	
What is the positivity rate?	% samples testing positive	

Sample CARS Logic Model

Courtesy of Baltimore City Health Department



CARS Evaluation Plan Matrix Template

Courtesy of Wake Forest University School of Medicine

Evaluation Questions	Indicators	Data Sources	Data collection methods	Data Collection Procedures		Data Analysis		
				Person Responsible	Timeframe	Procedure	Person Responsible	Timeframe
<i>How engaged were the members of the CAB?</i>	<i>By 9/30/2020, Wake Forest School of Medicine and Triad Health Project will have an average CAB meeting participation rate of at least 75%, based on a total membership of 14 individuals.</i>	<i>CAB meeting sign-in sheets</i>	<i>Paper survey, sign-in sheets</i>		<i>At each CAB meeting (monthly for first 6 months, then quarterly)</i>	<i>Data will be entered into REDCap and frequencies and percentages will be calculated using SPSS</i>		<i>By 9/30/2020</i>

CARS Partner Satisfaction Tool

Courtesy of Capacity Builders Inc.

Please answer all questions. THANK YOU FOR TAKING THIS SURVEY!

1. What is today's date? _____

2. Please specify what site/location you are delivering STD, HIV/AIDS screening, treatment, and/or prevention medication services at?

3. How old are you?

4. How do you identify yourself?
 - Male
 - Female
 - Transgender
 - Undecided

5. Are you?
 - African American (Black)
 - Caucasian (White)
 - Hispanic/Latino
 - American Indian or Alaskan Native: TRIBE _____
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - Mixed Race
 - Other

To what extent do you agree or disagree with the following statements about the Community Approaches to Reducing Sexually Transmitted Diseases Project with [Your Program Name Here]?)

6. The MOU process with [Program Name] went smoothly and you are excited about the Project?
 - Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree

7. You are familiar with the Multidisciplinary Team working on this Project and what their role is?
 - Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree

8. The Screening process agreed to in your MOU with [Program Name] works well for your patients?
- Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - N/A
9. The Screening process agreed to in your MOU with [Program Name] works well for the staff and your agency?
- Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - N/A
10. Your agency received adequate information and training on the data collection and reporting process required of your agency by [Program Name] for this Project?
- Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - N/A
11. You are aware of what data elements your agency needs to report to [Program Name] and what the timeline for submission is?
- Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
12. The data collection and reporting process is a smooth process with [Program Name] for this Project?
- Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - N/A
13. You are aware of the Awareness and Prevention Campaign that [Program Name] and the Multidisciplinary Team will conduct to increase awareness of STD disparities on the Navajo Nation and awareness of available STD services and Mobile Clinic events?
- Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree

14. You are aware that [Program Name] and the Multidisciplinary Team will plan and implement at least five Mobile Clinic Outreach and Awareness Events in the first year of the Project?
- Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - N/A
15. The Staff at [Program Name] has treated you and your staff with respect?
- Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - N/A
16. You believe that this Project is helping the community and the specific patients we treat?
- Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - N/A
17. I enjoy(ed) working in partnership with [Program Name] and the Multidisciplinary Team on this Project?
- Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - N/A
18. Overall how satisfied are you with your partnership with [Program Name] and the Multidisciplinary Team on this Project?
- Very Dissatisfied
 - Dissatisfied
 - Neutral
 - Satisfied
 - Very Satisfied
 - This Program Is Amazing?
19. Please provide any feedback you feel will improve the Project logistically or for the patients that you provide care to. THANK YOU!

Sample CAB Baseline Survey

Courtesy of AIDS Foundation of Chicago

We would like to ask you questions about your life and your experience with the CARS CAB. Please answer each question to the best of your ability. We will ask you to complete this survey every six months so that we can track changes in your answers over time.

For the first section, we'd like you to think about how you relate to your community. Please indicate how much you agree or disagree with the following statements. (Please check only one box for each statement.)

	Strongly Agree	Agree	Disagree	Strongly Disagree
My community has influence over choices that involve my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can control decisions that involve my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel good with the amount of control I have over decisions that involve my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the next section, we'd like to know your feelings toward the Community Advisory Board (CAB). Please indicate how much you agree or disagree with the following statements (Please check only one box for each statement.)

	Strongly Agree	Agree	Disagree	Strongly Disagree
I am committed to the work of the CAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I have a voice in what the CAB decides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel a sense of pride in what the CAB accomplishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I really care about the future of this CAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My abilities are used effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually clear about my role in the CAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My time is well spent on with the CAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with what the CAB has accomplished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAB meetings run smoothly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict is handled effectively in the CAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CAB team is tolerant of differences disagreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAB members have a shared vision of what they would like to accomplish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CAB has a feeling of togetherness and teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the next section, we'd like you to think about the ability of the CAB to make changes throughout [target area]. Please indicate your level of certainty with the following statements (Please check only one box for each question.)

	Totally Certain	Moderately Certain	Not at All Certain
How certain are you that the CAB's activities will increase community awareness of adolescent sexual health issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How certain are you that the CAB will improve [target population] sexual health in [target area]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How certain are you that [target area] is better off today because of the CAB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the next section, we'd like know your feelings toward the program staff. Please select yes or no for each of the following statements. (Please check only one box for each statement)

The CARS program staff:	Yes	No
provides me with a lot of good information	<input type="checkbox"/>	<input type="checkbox"/>
makes me feel welcome at meetings	<input type="checkbox"/>	<input type="checkbox"/>
gives praise/ recognition at meetings	<input type="checkbox"/>	<input type="checkbox"/>
don't listen to my ideas	<input type="checkbox"/>	<input type="checkbox"/>
intentionally seeks out and welcomes my views	<input type="checkbox"/>	<input type="checkbox"/>
provides me with continuing education opportunities	<input type="checkbox"/>	<input type="checkbox"/>
holds social gatherings for CAB members	<input type="checkbox"/>	<input type="checkbox"/>
are too controlling	<input type="checkbox"/>	<input type="checkbox"/>
encourages participation in decision making	<input type="checkbox"/>	<input type="checkbox"/>
are committed to building and sustaining a diverse membership	<input type="checkbox"/>	<input type="checkbox"/>
provide opportunities for YEAB members to take leadership roles	<input type="checkbox"/>	<input type="checkbox"/>
maintain a good balance of power with the YEAB members	<input type="checkbox"/>	<input type="checkbox"/>
are not well organized	<input type="checkbox"/>	<input type="checkbox"/>
hold meetings at a time and place that are good for me	<input type="checkbox"/>	<input type="checkbox"/>

For the next section, we would like to get a better understanding of your knowledge and awareness of STIs, specifically within [target area]. Please indicate whether the following statements are true or false. (Please check only one box for each statement.)

	True	False
In [target area], rates of chlamydia are highest among non-Hispanic Blacks	<input type="checkbox"/>	<input type="checkbox"/>
In [target area], rates of gonorrhea are highest among non-Hispanic Whites	<input type="checkbox"/>	<input type="checkbox"/>
In [target area], the rates of syphilis, gonorrhea and chlamydia are higher than the national rate	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia is the most common reportable communicable disease in [target area]	<input type="checkbox"/>	<input type="checkbox"/>
In [target area], the majority of STI diagnoses are concentrated among adolescents and young adults (13 to 24 years old)	<input type="checkbox"/>	<input type="checkbox"/>
Medical providers are not required to report syphilis, gonorrhea and chlamydia infections to the [target area] Department of Public Health	<input type="checkbox"/>	<input type="checkbox"/>
If you are 12 years or older, you can get an HIV test without your parental consent or notification.	<input type="checkbox"/>	<input type="checkbox"/>
It is illegal to disclose another person's HIV+ status without their permission.	<input type="checkbox"/>	<input type="checkbox"/>

For the next section, we'd like to know more about how you communicate with sexual partners. The following questions are a list of things that people often talk about before they have sex with a new partner. **IF YOU HAVE NOT HAD A NEW SEXUAL PARTNER IN THE PAST 6 MONTHS, CHECK N/A (Not Applicable) FOR EACH QUESTION.**

In the past 6 months, how often have you... (Please check only one box for each question.)

	Always	Almost Always	Sometimes	Never	N/A
Asked a new sex partner how they felt about using condoms before you had sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked a new sex partner about the number of past sex partners they have had?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Told a new sex partner about the number of sex partners you have had?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Told a new sex partner that you won't have sex unless a condom is used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed with a new sex partner the need for both of you to get tested for HIV & STIs before you have sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talked with a new sex partner about not having sex until you have known each other longer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked a new sex partner if they have ever had some type of STD like herpes, chlamydia, syphilis, or gonorrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked a new sex partner if they ever shot drugs like heroin, cocaine, or speed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the next section, we'd like to know how often you share sexual health information with the people around you. Please indicate how many times you have had the following experiences in the past six months. (Please circle only one answer for each question.)

In the past 6 months, how many times have you talked to a friend about sexual health? (For example, you had a discussion about condoms, contraception, STI tests, HIV/AIDS, etc.)

Never 1-3 times 4-7 times 8-12 times More than 12 times

In the past 6 months, how many times have taught or explained any sexual health topic to a friend? (For example, you explained proper techniques for condom use)

Never 1-3 times 4-7 times 8-12 times More than 12 times

In the past 6 months, how many times have you corrected misinformation you may have heard about sexual health? (For example, you heard someone say it is possible to transmit HIV through hugging, and you explained that was incorrect)

Never 1-3 times 4-7 times 8-12 times More than 12 times

In the past 6 months, how many times has anyone asked you for sexual health information? (For example, someone asked for your advice about getting an STI test or where to get condoms, etc.)

Never 1-3 times 4-7 times 8-12 times More than 12 times

For the last section, we'd like to know your opinions about YEAB representation and additional questions we should be asking. Please write in your answers. (Additional space is available on the back of this survey)

In your opinion, which groups/people are not well - represented on the CAB that should be? (Please list as many as you would like.)

In your opinion, which questions should we be asking members of the CAB that we have not asked?
(Please list AT LEAST ONE question to ask on follow-up questionnaires.)

THANK YOU for completing this survey. Your answers are very important to monitor and ensure the success of
CARS.

CAB Members Satisfaction Check-in

Courtesy of Wake Forest University

This tool can be used monthly as a brief way to check in with CAB members, assessing their satisfaction with board participation. You may use this between your major quarterly CAB surveys.

	Strongly disagree	Disagree	Agree	Strongly agree
1. I feel included and welcome at CAB meetings.				
2. My opinions and ideas are taken into consideration by other CAB members.				
3. My opinions and ideas are taken into consideration when the CAB has to make a decision.				
4. I feel that I can express myself freely at CAB meetings.				
5. CAB meetings are well run.				
6. CAB meetings are a good use of my time.				
7. I am satisfied with what we have accomplished as a CAB.				
8. This project will contribute to positive change in my community.				
9. I am satisfied with my ability to advocate on behalf of my community.				
10. I am satisfied with the ability of other CAB members to advocate on behalf of our community.				
11. We have a strategy for sustaining interventions and activities that address issues important to my community in the long-term.				
12. I plan to attend future CAB meetings.				

13. What, if anything, should we do differently for the next CAB meeting?

CAB STAY Retention Interview Guide

Courtesy of CAI-Hope Buffalo

A “stay interview” is a retention strategy. It is similar to an exit interview, however, it allows participants an opportunity to discuss their experiences and provide valuable feedback while being a part of the initiative.

The purpose of the interview is to accomplish two things: 1) Rejuvenate/reenergize their reasoning for wanting to be involved in this initiative, 2) Identify concerns and suggestions for improvement, so they can be addressed moving forward.

Suggestions for implementation

- 30 to 45 minutes per interview.
- Stay interviews can be conducted in person or virtually (Phone call, SKYPE etc.)
- Active listening is a critical part of the interview. This may be the first time participants have the opportunity to speak their truths.
- Conduct them before any milestones for your project (i.e. end of project year and new participants joining etc.)

Suggested interview questions

1. Is this project what you expected? In what ways?
2. What (if anything) are you getting from this initiative?
3. What are your expectations moving forward?
4. Does the day, time and length of meetings work for you?
5. What are the barriers (if any) which prevent you from attending meetings?
6. What motivates you to attend the meetings?
7. What suggestions (if any) do you have for making the meetings more trauma informed?
8. What would you like to see incorporated in the meetings?
9. Do you feel like you are part of the team? Why or why not? If not, how can we assist you with this?
10. In what ways, do you practice self-care?
11. What do you need from staff?
12. Are the current ways we communicate effective for you? (Remind App, email) If not, any suggestions?
13. Any questions, comments, concerns?

Steps to Creating and Implementing a Sustainability Plan

Adapted from CDC's Division of Community Health

Steps

CDC's Division of Community Health outlines 10 steps to creating and implementing a sustainability plan:

- 1. Create a shared understanding of sustainability.** This is where you will highlight the importance of sustainability, define what sustainability means for your effort, and determine what types partner organizations can be of assistance long-term. You will include CAB members and your partner organization group in this process.
- 2. Create a plan to work through the process.** Determine who you need to carry out this process, including a coordinator, facilitator, and planning team. Your planning team will include CAB members, partner organization, and internal staff.
- 3. Position coalition efforts to increase the odds of sustainability.** You have already made some sustainability plans during intervention design. Now, it is time for you to think about how you can build upon those plans. You will need consider infrastructure needs, operational practices, and fiscal resources to keep the effort going after the project period ends (see full listing of sustainability assessment components in table 1).
- 4. Look at the current picture and pending items.** Create a table of the current projects/intervention components and the resources needed to continue implementation (see template section for sample table). Work with your planning team and others involved to ensure that all of the pertinent items are captured. You can also include whether any duplicative or complementary efforts are in the community should you need to scale down implementation efforts and allow other organizations to implement the other components.
- 5. Develop criteria to help determine which efforts to continue.** You will need to develop the selection criteria for which STD intervention efforts or components of the efforts to continue. It is important to do this so that everyone involved has clear knowledge of how decisions are being made. You should use your evaluation data to inform the selection criteria. The [Sustainability Assessment Tool](#) and [sustainability-planning matrix](#) have been useful for CARS recipients.
- 6. Decide what to continue and prioritize.** This is straightforward. Use the selection criteria to determine what interventions or intervention components to continue and prioritize. Again, you should use your evaluation data along with the selection criteria to make decisions about what you will continue.
- 7. Create options for maintaining your priority efforts.** During this process, you will need to think creatively about your resources and develop a plan A, B, and possibly C. You should think about seeking alternative financial resources as a way to maintain interventions, including local city and county government, local development organizations, nonprofits, and grant-making agencies.

8. Develop a sustainability plan. This step is a compilation of the previous seven steps. A sustainability plan should include the following: executive summary, situational analysis/background, criteria to determine program value-added benefits, sustainability planning goals, sustainability strategies, and action plan for each of the sustainability strategies.

9. Implement the sustainability plan. You will need to make sure that you have the action plan for all of the sustainability strategies that you identified in the sustainability plan. In addition, your partner organizations' contributions should be clear. Then, you are ready to implement to sustainability plan. You should continue your regular meetings with partners and community members to keep the momentum going and make any detours should your resource commitment level change.

10. Evaluate outcomes and revise as needed. You have been evaluating your process and outcomes throughout the project, so you will continue to look at your evaluation outcomes and make program improvements as needed. Iterative evaluation and program improvement may help you realize your goals more efficiently and demonstrate programmatic success to your partner organizations, CAB members, program staff, and funders³.

Sample Sustainability Planning Process

Courtesy of AIDS Foundation of Chicago- Project Elevate

Step 1. Define the purpose of the program

Step 2. Know the purpose of the program

- a. List highlights

Step 3. What has our program done?

- a. What are the accomplishments and achievements?

Step 4. What publicity has our program received?

- a. Social Marketing Campaign
- b. Events
- c. Articles

Step 5. Be able to explain how the program is structured?

- a. Community Participatory Project
- b. Meetings
- c. Agendas
- d. Policies

Step 6: What are the staffing resources?

- a. Funding For Staff
- b. Interns
- c. AmeriCorps

Step 7. Knowing the challenges and barriers for program implementation

Step 8. Budget sufficient to cover our expected costs now and in the future?

- a. Apply for Similar Funding Opportunities
- b. Program Expansion

Sustainability Assessment Tool

Courtesy of CAI-Hope Buffalo

Adapted from The Program Sustainability Assessment Tool, Washington University, St. Louis MO 2013

Please answer the questions in this assessment to help us better understand whether the CAB-designed interventions are sustainable.

	Little or no extent				Very great extent	
Environmental Support						
1. Key advocates/champions support the program. (People with influence support the program.)	1	2	3	4	5	N/A
2. The program has strong advocates with the ability to obtain additional resources, both in-kind and monetary. (The people/organizations who are able to apply their existing staff and current funding are willing to make sure the program keeps going.)	1	2	3	4	5	N/A
3. The program has leadership support from the larger organization in which it resides.	1	2	3	4	5	N/A
4. The program has leadership support from leaders and decision-makers outside of the organization.	1	2	3	4	5	N/A
5. The program has strong support from the community in which it is aiming to assist.	1	2	3	4	5	N/A
Funding Stability						
1. The fiscal climate of the program supports the intervention. (People/funders are financially supporting programs like ours.)	1	2	3	4	5	N/A
2. The program institutes policies and strategies to ensure sustained funding. (The CARS program is creating policies and strategies to keep or bring in more funding.)	1	2	3	4	5	N/A
3. The program has diversified funding (funding from various resources).	1	2	3	4	5	N/A
4. The program has a both stable funding and funding that is flexible.	1	2	3	4	5	N/A
5. The program has sustained funding for the program/intervention. (The program has stable funding for the program/intervention.)	1	2	3	4	5	N/A

Partnerships						
1. Diverse multi-sectoral community organizations are invested in the program's success.	1	2	3	4	5	N/A
2. The program effectively communicates with leaders in the community.	1	2	3	4	5	N/A
3. Community leaders are actively involved in program activities.	1	2	3	4	5	N/A
4. Community members have a sense of ownership and are committed to the program.	1	2	3	4	5	N/A
5. Community members are engaged in the design of community interventions.	1	2	3	4	5	N/A
Organizational Capacity						
1. The program integrates into the organization's operation as a key element. (The CARS program is an important part of our work.)	1	2	3	4	5	N/A
2. Organizational systems contain the necessary components to support the program's needs. (We have what is necessary to support what the CARS program needs.)	1	2	3	4	5	N/A
3. Organizational leadership accurately and effectively articulates the program's visions to external organizational partners. (Program staff accurately and effectively explains the program's visions to community partners)	1	2	3	4	5	N/A
4. Organizational leadership efficiently manages fiscal and human resources. (Program efficiently manages money and staff well)	1	2	3	4	5	N/A
5. The program has sufficient staff to complete program activities and achieve programmatic/intervention goals. (The CARS program has sufficient staff to complete program activities and reach its goals.)	1	2	3	4	5	N/A
Program Evaluation						
1. The program has the capacity (fiscal and human resources) to conduct quality program evaluation.	1	2	3	4	5	N/A
2. The program reports short-term and intermediate outcomes in a usable format.	1	2	3	4	5	N/A
3. Evaluation results are shared with community members and other key stakeholders and inform program planning and implementation.	1	2	3	4	5	N/A
4. Evaluation results are used to demonstrate successes and opportunities for improvement	1	2	3	4	5	N/A

to funders, key stakeholders, and community members.						
5. The program provides compelling evidence to community members and public audiences that the program works.	1	2	3	4	5	N/A
Program Adaptation/Scalability						
1. The program reviews the evidence base frequently.	1	2	3	4	5	N/A
2. The program adapts strategies as needed, based on evaluation results and new evidence.	1	2	3	4	5	N/A
3. The program adapts appropriately to new scientific findings.	1	2	3	4	5	N/A
4. The program proactively adapts to environmental changes, organizational and community-level. (We proactively adjust our program to deal with environmental changes, within organizations we work with and with the community we serve and live.)	1	2	3	4	5	N/A
5. The program makes data-driven decisions about which approaches/intervention components are ineffective and should discontinue. (We make data-driven decisions about which strategies or intervention components are ineffective and should discontinue.)	1	2	3	4	5	N/A
Communication/Marketing						
1. The program has a communication plan and strategies to garner community support. (CARS has a communication plan and strategies to gather community support)	1	2	3	4	5	N/A
2. Program staff effectively communicate the need for the program to the community. (CARS staff effectively communicate the need for the program to the community)	1	2	3	4	5	N/A
3. The program is effectively marketed to the community in a way that generates interest. (The intervention is effectively marketed to the community in a way that generates interest.)	1	2	3	4	5	N/A
4. The program increases the community's awareness of social determinants affecting health issues. (The intervention increases the community's awareness of stigma affecting health issues.)	1	2	3	4	5	N/A
5. The community values the program. (The community values the intervention.)	1	2	3	4	5	N/A
Program Planning						

1. The program plans for resource needs (fiscal and human resources). (Financial and staffing)	1	2	3	4	5	N/A
2. The program has a long-term financial plan to sustain the program/intervention.	1	2	3	4	5	N/A
3. The program has written a sustainability plan.	1	2	3	4	5	N/A
4. The program's goals are understood and can be accurately described by community advisory board members and organizational partners.	1	2	3	4	5	N/A
5. The program clearly outlines all roles and responsibilities for community advisory board members and organizational partners.	1	2	3	4	5	N/A

*Adapted from The *Program Sustainability Assessment Tool*, Washington University, St. Louis MO 2013.

Sustainability Planning Matrix

This matrix helps to identify whether intervention programs or program components have the appropriate resources for sustainability. This includes the identification of action steps necessary to continue the intervention, staffing, contributing partners, timeframes, and associated funding.

Intervention/ Program Component	Action Steps <i>(What specific steps need to be taken to continue the intervention/progra m)</i>	Responsibility <i>(Who will make it happen?)</i>	Additional Partners <i>(What additional partners can be engaged to assist with sustainability)</i>	Timeframe <i>(When will it happen?)</i>	Funding

Sample Ripple Effect Mapping Exercise

Adapted from the Washington State University Extension's "Ripple Effects Mapping"

CARS recipients have used the Ripple Effects Evaluation process as a participatory method to highlight successes during CAB Retreat Meetings. It is a good way to have CAB members highlight successes and success factors through their lens. The steps are outlined in detail at

<https://naaee.org/sites/default/files/rem.complete.pdf>.

Steps

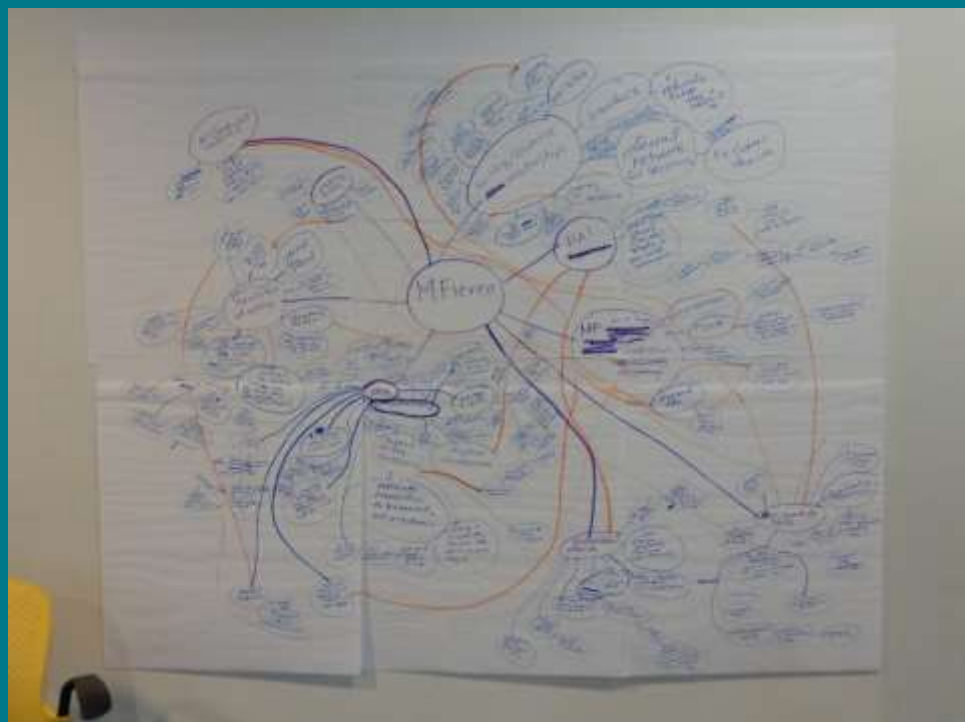
Time Frame:

45-90 minutes

Items Needed:

Large easel pad paper, masking tape, blank paper or notecards for participants to write.

- ✚ Introductions and ground rule establishment (5 minutes)
- ✚ Appreciative Inquiry Interview (5-10 minutes)
- ✚ Mapping Your Impacts (30-60 minutes)
- ✚ Reflection (5-15 minutes)
- ✚ Coding



Sample Board Retreat Agenda

Community Advisory Board Retreat and Planning Meeting Meeting Agenda

8:30am	Breakfast
9:00am	Welcome and Overview
9:10am	Team Building Exercise
9:45am	Brainstorm and Identify Community Key Priorities/ Key Areas of Focus
10:45am	Break
11:00am	Small Group Exercise (Ripple Effect Mapping or other exercise)
12:00pm	Lunch/Discussion CAB Service Recognition Awards Small Group Presentation
1:20pm	Next Steps and Closing Remarks
1:30 pm	Meeting Adjourned