The SOLAAR HIV Prevention Program for Gay and Bisexual Latino Men: Using Social Marketing to Build Capacity for Service Provision and Evaluation

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Community–researcher partnerships can be powerful mechanisms to understand and effectively address health and social problems such as HIV/AIDS prevention. When the partnership is a positive, productive one, the combined expertise and energy of both parties result in a more effective program and a better evaluation of its effects. This article describes one such partnership and how a program challenge provided the opportunity for both partners to develop new capacities and strengthen others. The program is Proyecto SOLAAR, a community–based and culturally–sensitive HIV prevention program for gay and bisexual Latino men. The program is an experiential, daylong retreat focused on personal aspects of the men (e.g., self–concept), ideas about and aspects of their relationship behavior (e.g., cultural misunderstandings, dating behavior), and HIV prevention; there is a follow–up reunion a month later to share experiences with other participants about new dating and HIV prevention behaviors. The article focuses in particular on how the partners built new capacity in the area of social marketing to address the challenge of participant recruitment and describes the components of the new campaign. These components included distinctive images in ads in publications read by the target population, a toll–free telephone number and Web site for easy initial contact with the program, phone cards and postcards featuring the specially created program image to reinforce a connection to the program, and other aspects. The article describes the partnership between the HIV service providers and the researchers and how the collaborative effort was key to understanding and addressing the recruitment problem, identifying potential solutions, and implementing the new social marketing strategy. This process resulted in four kinds of capacities that were built or strengthened, including program recruitment, program content and implementation, program evaluation, and the partnership itself. The article concludes with a discussion of the unexpected benefits of the capacity–building experience and of the antecedent conditions that fostered the positive partnership outcomes.
Community–researcher partnerships can be powerful mechanisms to understand and effectively address health and social problems. When they work together productively, communities and researchers both bring special expertise to the situation to solve these problems. Communities contribute their unique knowledge of the personal and contextual factors that should be addressed and of the best ways to work with their community members, and researchers bring their knowledge of proven approaches from past research and of how to structure and evaluate interventions. When the community–researcher partnership is a positive, productive one, the expertise of both parties results in a more effective program and a better evaluation of its effects. This article describes one such partnership and how a program challenge provided the opportunity for both partners to develop new capacities and strengthen others. The implementation and evaluation of the program involved a collaboration between three staff persons from an HIV service agency and three researchers from a local university.1 In the sections below, the program, its evaluation, and the partnership are described, along with an explanation of the challenge that catalyzed capacity building. The method that was used to address the challenge is described next, followed by a discussion of the results in terms of new capacities built or strengthened in the partnership. The article concludes with a discussion of the implications of this experience for others involved in community–researcher partnerships.

BACKGROUND

THE PROGRAM

SOLAAR was developed by and for gay and bisexual Latino men, one of the minority groups disproportionately affected by AIDS and HIV (Centers for Disease Control and Prevention, 2000, 2002). Developed by staff at the Center for Behavioral Research and Services at the California State University, Long Beach, SOLAAR is an HIV prevention program that is anchored in the multicultural worlds in which Spanish–speaking gay and bisexual men live. The name of the program provides an overview of the approach: Superacion, Orgullo y Lucha Atraves de Amor en Relaciones; un programa de prevencion y educacion del VIH para hombres Latinos (S.O.L.A.A.R) (Empowerment, Pride and Struggle Through Love in Relationships: An HIV Prevention and Education Program for Latino Men). The main focus of the program is male–male relationships and the clashing cultural norms between Latin American society (mainly Mexican), where only heterosexual relationships constitute acceptable behavior, and the modern, urban Anglo gay U.S. cultural context in which these men now find themselves.

The creators and staff of the SOLAAR program, in their previous work with this population, saw a need for a program that addressed HIV transmission in a new way, one that recognized that the contextual and cultural issues influencing these men’s behaviors were the important determinants of their HIV risk or protective attitudes and behaviors. In general, the Latin American cultures from which these men have come do not generally facilitate ready discussion of sexuality and tend to have stereotyped views of men as assertive and macho and of women as submissive and passive. Through ongoing institutional influences such as the Catholic church, Latin American

1. We acknowledge the contributions of two former members of the team: Alfredo Reyes on the service team and George Avila on the evaluation team. Both contributed substantially to design and implementation of the project.
societies are largely not accepting of homosexuality, although homosexual acts among heterosexual men commonly occur (Takahashi, 1997). Latino men who have recognized their homosexual or bisexual orientation are unique in that, first, they have made sexuality and sexual orientation a more conscious issue than is typical, and, second, they have acknowledged and acted on a sexual orientation that is clearly disfavored and stigmatized by the majority culture. Nonetheless, the outward expression of their sexuality is typically limited and confined (Diaz, 1998).

Gay and bisexual Latino men in Southern California, the location of the SOLAAR project, find themselves in a multicultural context in which newer ideas and attitudes about sexuality and homosexuality coexist with more traditional Latino attitudes. Sexuality of all types is apparent and even flaunted; many advertisements, for example, anchor their messages in sexually rich situations, and television shows and movies feature gay and bisexual characters who do not fit within the old stereotypes of flamboyant homosexuality. Latino gay and bisexual men, therefore, see a variety of new role models for themselves that are not yet accepted in the culture of their upbringing and of their parents and family. Negotiating through old and new attitudes and roles presents a challenge in developing concepts of self and making decisions about actions. It is this challenge that the SOLAAR program addresses.

The core of the SOLAAR program is an intensive retreat with small groups of men, promoting action toward HIV risk reduction through better self-understanding, changes in dating relationships that would make long-term monogamous relationships more likely. The retreat, held at a hotel, occurs on a weekend once a month and is conducted entirely in Spanish, primarily by two staff members. Participants are invited to come for a generous brunch that provides an informal opportunity for the men to get to know each other and the staff. The program begins after brunch and involves a series of sessions that have the men working and talking in small groups and in pairs on various topics. These include perceptions of what the “ideal man” is and self-assessments of what assets participants bring to a relationship and what they are looking for in relationships with other men. There are also sessions on dating practices and how these can be improved and on differences in what “dating” and “relationships” mean in Anglo and Latino culture. Using the health behavior stages of change as a framework, the staff and participants discuss the general process and challenges involved in changing actions and behaviors, like those associated with relationships or those that can put a person at risk for HIV. Before the end of the retreat, each man develops a dating plan and an HIV risk reduction plan that is tailored to his current situation and desires. The retreat concludes with dinner and ends in the early evening, when the men receive small gifts as tokens of thanks for their participation.

The retreat is followed one month later with a reunion meeting at the same hotel, beginning with lunch and concluding in the late afternoon. At this second session, the same men share their experiences in implementing their dating and HIV reduction plans, and before the day ends, they revise these plans. The day’s sessions also involve presentations and discussions on communication in relationships.

THE EVALUATION

The evaluation team developed the evaluation plan for the SOLAAR Program in collaboration with the program staff. The plan has both formative and summative components. The formative component focuses on participants’ reactions to and suggestions about components of the retreat and reunion. The program staff has used these results to make adjustments to the program, particularly in the first 2 years. The
summative component is the primary component; it involves an assessment of the short– and intermediate–term outcomes of the retreats and reunions on changes in participants’ attitudes and behaviors, related not only to their self–concept and aspects of their relationships but also to their HIV risk behaviors. These changes are measured by written surveys from the participants at the retreat (both at the beginning and at the end) and at the reunion (again, at the beginning and the end); the summative evaluation plan also includes a telephone survey follow–up 6 months later. The summative component involves a quasi–experimental comparison group design to determine the intermediate outcomes of the retreat a month after the retreat. Retreats are implemented in pairs over a 1–month period, with participants randomly assigned either to the earlier or later retreat. Men in the earlier retreat receive the program and have a month to put the program concepts into practice; men in the later retreat serve as a no–program comparison for a month, after which they receive the program. Summing over multiple pairs of retreats permits a determination of the intermediate effects of SOLAAR.2

**THE PARTNERSHIP**

There are two main partners involved in the planning, implementation, and evaluation of SOLAAR, a community–focused partner and a research–focused partner. The community–focused partner is a service delivery team of three men who are part of and have worked with the target community, gay and bisexual Latino men, on HIV prevention issues through the Center for Behavioral Research and Services (CBRS) in Long Beach, California. Since 1986, CBRS staff has worked with communities to address health threats, to develop model programs to reduce these threats, and to provide related services to underserved people. Service programs currently focus on the prevention of HIV among male and female substance users (injecting and others, both in and out of treatment), gay men, gay Latinos, and high–risk women. Two prevention programs (along with SOLAAR) focus on gay men: one for monolingual gay Latinos (Listo para accion), and one for all others (Ready for Action). CBRS staff members have participated in collaborations with other university–based research partners, such as the UCLA Department of Medicine, the UCLA School of Public Health, and the UCLA Center for HIV Identification, Prevention, and Treatment Services. Because of this experience and CBRS’ close ties to a university (California State University, Long Beach), CBRS staff members had had past experiences with university–based researchers.

The research–focused partner is a team of three university–based researchers who have worked with Latino populations and HIV/AIDS. The researchers are associated with the Center for Community Health Research at the University of California Irvine, California (UCI), which has as one of its goals partnering with communities to identify and address health issues and challenges. The UCI research team had worked with other communities on topics such as HIV prevention with migrant laborers, homelessness among low–income community members, and cancer control among Korean and Chinese populations.

Both partners had previous experience with other community–researcher collaborations and therefore generally understood the different kinds of expertise and different perspectives each side contributed, as well as the administrative and bureaucratic realities and challenges resulting from different institutional affiliations.

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2. This is the original evaluation plan. As explained later in the paper, changes were made in it owing to better understanding of program realities because of the social marketing campaign.
The SOLAAR service delivery team and the UCI research team, however, did not know each other before this partnership began, although they knew colleagues from their two organizations who had met and, to a limited extent, had worked together.

The catalyst for the formation of the partnership was an opportunity for funding of HIV prevention service delivery in conjunction with HIV service evaluation. The California State Office of AIDS funded a set of HIV prevention service programs aimed at high-risk populations, after competitive grant applications from community-based and community-focused service organizations. The Universitywide AIDS Research Program then made available additional funds for the evaluation of programs in this set, dependent on competitive-awarded applications. A member of the UCI research team contacted a member of the SOLAAR team to discuss the possibility of a partnership. The partnership, therefore, began before funding was assured, with a series of discussions to explore mutual interests, to learn more about the ideas each partner had related to the program, and to get to know each other better as individuals. After these positive preliminary contacts, the UCI team submitted an application and was awarded funding.

The partnership continued with periodic meetings among the members of both teams, which frequently occurred over lunch and blended official project work and unofficial friendship development. These two different aspects were both important in deepening the trust and understanding that are necessary to develop a strong relationship. The partnership also developed during a period of relative calm in the progress of program planning and implementation. The teams had time to discuss and refine the logic model and theory of change that underlay the program, and early implementations of the program provided a low-risk opportunity for the service delivery team to try out and adjust the program as necessary. Working with input from the service-delivery team, the evaluation team was also able to develop measurement surveys, and to pilot and refine these instruments.

THE PROGRAM CHALLENGE

The SOLAAR program started in mid-2000 when the first program participants were recruited. As noted above, the first sets of retreats and reunions served as opportunities to implement and adjust program components as well as to develop the evaluation measures. Consequently, the small number of participants at these retreats was not initially an issue of concern. As the first year progressed and the number of participants continued to be limited, however, more attention was given to recruitment. The program staff focused on outreach at local bars and clubs frequented by the target population, specifically “Latino nights” that occurred at these venues. The staff members set up an information table, passed out flyers and small gifts (e.g., pens with the SOLAAR logo), and discussed the program with interested men. Although this produced more participants, it did not result in the desired number of about 20 participants per retreat.

The partnership recognized that low recruitment was a potential threat to the program, and all six members of the partnership, whether service providers or researchers, began to discuss and explore new options and possible approaches to solve this problem at the beginning of the program’s second year. The partners decided that the most promising method to address the recruitment challenge required all of us to develop new capacities in the area of social marketing. The next section describes this method and the steps in its implementation.
METHOD: BUILDING CAPACITY IN SOCIAL MARKETING

BACKGROUND

Social marketing is the application of marketing techniques, like those used by advertisers of general merchandise, to promote social change campaigns or programs (Andreasen, 1995; Kotler & Roberto, 1990; Kotler & Zaltman, 1971; Lefebvre & Flora, 1988; Ling, Franklin, Lindsteadt, & Gearon, 1992; Walsh, Rudd, Moeykens, & Maloney, 1993). These marketing techniques include analysis and segmentation of the population, product and outreach development, refinement based on feedback from the population, and specially targeted advertising to the population. To learn more, the collaborative team arranged special technical assistance on social marketing for health promotion and disease prevention, funded through the Centers for Disease Control and Prevention (CDC). After reviewing information about social marketing and examining the components and costs of several recent social marketing campaigns, the team decided that social marketing was the best approach to pursue to increase recruitment into the program. This strategy suited the SOLAAR program realities, and it could be effectively undertaken with the resources that were available ($30,000 – 40,000).

The steps that were involved in increasing the community–researcher partnership’s capacity in social marketing are described in the next sections. These steps are described in detail not only to demonstrate what the partnership was required to do to build its capacity in this area but also to describe the social marketing components for the reader who is unfamiliar with this approach.

FRAMING THE PROGRAM IN A SOCIAL MARKETING CONTEXT

The first step in capacity development of the SOLAAR social marketing component was to complete two worksheets provided by the CDC social marketing technical assistant. The first worksheet focused on the issue, the target audience, the behavioral objectives of the program, and the factors that need to be addressed if the target audience is to change its behavior. These questions were fairly easy ones for the team to consider because the team had already discussed similar issues in the development of the program logic model that guided the creation of the evaluation measures.

The second worksheet focused on the intervention but from a consumer’s/participant’s standpoint. The questions focused on product, price, placement, and promotional activities or, as they are known in the marketing field, the “four Ps.” These questions were more challenging because the team had not considered the issues in this particular way, from the cost–benefit perspective of the participants. This perspective, however, resulted in new understandings about the facilitating and inhibiting factors that could affect interest and participation in the program. These understandings also proved to be particularly helpful in the development of some of the components of the social marketing campaign.

Following extensive and illuminating discussions within the team, these two worksheets were completed, in most cases with total agreement among the team members on all issues but in a few cases with varied opinions remaining on particular aspects. Reaching consensus on the critical program issues was necessary to progress to the next steps in the social marketing process, however, resolving all of the issues raised in the two worksheets was not necessary.

3. We want to thank Erika Takada for the special technical assistance she provided to us in developing the social marketing framework.
The team undertook a related task using the worksheets. Rather than focusing on the issues that are the content of the program—that is, Latino men, relationships, and HIV—the team completed the worksheets focused on the issue of recruitment. In this case, the particular issue around which all the worksheet questions were focused was low recruitment, and the desired outcome was attendance at a retreat. This exercise helped the team understand and clarify the most important recruitment issues, which was particularly helpful in explaining the team’s recruitment interests and needs to prospective social marketing firms. Drawing upon the ideas and issues in all of the worksheets, the team developed a simple summary logic model for the social marketing firms and their needs in developing a proposal.

CREATING AND DISTRIBUTING THE SOLICITATION PACKET

Using all of the insights and ideas generated in the development of the worksheets and summary logic models, the team was ready to create the solicitation packet for distribution to social marketing firms. The team created a general introductory letter and three attachments: a SOLAAR program description, focusing on aspects that social marketing firms would find most relevant; a summary logic model of the social marketing component; and a list of the desired proposal contents. The team sent early drafts of these documents to the CDC social marketing technical assistant, who provided valuable input on the suitability of the proposed activities and budget to prospective social marketing firms. Although the activities and outcomes described were realistic and appropriate according to the technical consultant, the initial budget of about $30,000 was unrealistically low. The team eventually set the budget at $40,000 with a $5,000 contingency fund for special opportunities.

For the distribution of the social marketing proposal, the CDC technical consultant suggested a list of firms that were involved specifically in social marketing, had done work with Latino and/or HIV programs, and were geographically proximate. The list included private firms in the areas of communications, public relations, marketing, and advertising. The team sent the proposal to these firms and to several additional ones, based on the suggestions of firms that were not currently able to undertake our project.

REVIEWING AND SELECTING THE APPLICANTS

The team received four responses to the proposal. All the responses addressed the topics requested but in slightly different ways and in more general terms than expected. A subgroup of the team reviewed the proposals and developed a set of questions for each applicant, in order to obtain more information about the firms’ proposed approaches, personnel, budget, and timetable. Based on the responses to these questions, the team selected two firms for final consideration. The team contacted all of the references each firm had listed and had extensive conversations with them. The conversations were long in part because the team was unfamiliar with the process and procedures of social marketing and therefore found it very useful to talk with people who had been in similar situations but now were well versed in this field.

The team held interviews (one in person and one over the telephone) and then made the final decision based on the best match between a firm’s expertise and interests and the team’s goals and needs. The firm selected was Better World Advertising (BWA), based in San Francisco but involved extensively in social marketing work in the Southern California area. BWA, founded in 1996, had undertaken extensive social marketing campaigns, with many focused on HIV prevention with gay and bisexual populations, including Latinos.
DEVELOPING THE CAMPAIGN CONCEPTS

With the selection of BWA, the team began to work with the firm to develop the general outline for the campaign. First, the social marketing firm deepened its understanding of the SOLAAR program. BWA staff met with the team to learn about and discuss the program in greater detail. During these discussions, it became clear to the team that certain aspects of the program’s implementation needed to be adjusted to maximize program benefits, particularly as recruitment and retention tools. For example, the SOLAAR program includes significant incentives for participation such as full, high-quality meals (included in the retreat and reunion) and gym bags, T-shirts, pens, mugs and a writing portfolio, all with the SOLAAR logo. During discussions with BWA, however, the team realized that prospective participants were unaware of these benefits and “thank you” gifts, negating their value as incentives. The team used these kinds of unexpected insights to adjust aspects of the program’s implementation to complement the social marketing campaign.

To learn more about the program from participants’ perspective, BWA conducted a focus group of past participants, without any of the team present. At the focus group, the past participants reported very positive assessments of the program and felt that others would benefit from it. The focus group members also suggested ways that awareness of the program could be increased, in particular using Latino gay publications.

BWA then moved to the second step of the campaign development process, focusing on a campaign that centered on advertisements in bilingual, gay Latino publications widely distributed for free each month in Southern California. The firm formulated a set of possible themes that could be used in the content and graphics in the ads (for example, sense of community, HIV prevention or sexual innuendo). BWA discussed these themes with the SOLAAR program staff, reduced the set to four, and then created 11 draft ads, with two or three examples in each of the four different themes (sense of community, sexual innuendo, relationships, and HIV prevention).

A second focus group was then convened, composed of prospective SOLAAR participants. With members of the team and the BWA staff behind a one-way mirror as silent observers, the focus group discussed each of the 11 ads. The ads with the sexual innuendo theme were the least well liked, and the ads with the relationship theme were the best liked. In particular, the relationship-focused ad example that used a humorous drawing was clearly the favorite of the group. Combining this information with other insights from their developmental activities, BWA developed the final social marketing campaign for the SOLAAR program.

DESCRIPTION OF THE CAMPAIGN

The centerpiece of the social marketing program was the ad campaign in the two monthly publications aimed at the Latino gay/bisexual population in Southern California: Adelante and Tentaciones. Two full-page ads were created by BWA, both based on the humorous, relationship-themed draft ad favored by the second focus group members. The first ad features a cartoon-like drawing of two dancing men, with the line “¡Encontrar un novio es un lío!” (Finding a boyfriend is a hassle!). The second ad, in the same general style, shows another pair of men but in two different situations: a positive one and a negative one, with the line “Relaciones. ¿Paraiso o dolor de cabeza?” (Relationships. Paradise or headache?). Both ads are visually simple, largely in black and white (apart from the small, colorful SOLAAR logo in the corner), with limited written material, in intentional contrast to the large majority of the other ads in these publica-
tions, which are multicolored and visually complex. The ad copy directs interested participants to a toll–free number or a Web site for more information.

The toll–free telephone number and Web site are additional components of the campaign. Each of these incorporated the Proyecto SOLAAR name, in order to make them easy for men to remember. Both of these information and contact options were designed to simplify initial contact for those men interested in obtaining additional information and to provide a way for men to leave their contact information. Featuring the ad images and the SOLAAR logo, phone cards (with 30 minutes of free domestic or international phone time), and postcards were other parts of the campaign. These were sent to men who, after a telephone conversation with SOLAAR project staff, were recruited into the program. The phone card, which featured a short 3–second SOLAAR project “thank you” message every time it was used, served as an incentive for men to attend the retreat. The postcard was used to keep in contact with men prior to their assigned retreat and to remind them of their upcoming retreat.

RESULTS: CAPACITY DEVELOPMENT

The capacity development results of the implementation of the social marketing method fall into four main categories: program recruitment improvement, program content and implementation improvement, program evaluation improvement, and program partnership improvement. Each of these is discussed below.

PROGRAM RECRUITMENT IMPROVEMENT

The social marketing campaign is still in process so these conclusions about its effectiveness are still preliminary. It is already clear, however, that the ad campaign has attracted the attention of the target group: gay and bisexual Latino men. During its first year, more men and a more diverse group of men expressed an interest in participating in the program. Whereas the previous recruitment campaign (via one–on–one personal contacts) had targeted a particular club and its regular patrons, the new social marketing campaign (via Spanish–language media directed at the target population) reached beyond the confines of one locale into the general geographic area. The toll–free telephone number was particularly effective as a way for interested men to learn more and leave their contact information.

Program capacities, therefore, were built in increasing interest in and contacts with the program. The program’s capacity to convert this greater interest in the program into action, namely attending a retreat, has also been built but to a lesser degree. The recent retreats have been larger than past retreats, with about double the numbers of men in attendance, and these men have come from a larger, more diverse geographical area. Not every man who expresses an interest in attending a retreat, however, shows up for the retreat. Typically, men are assigned to a retreat that occurs about a month later. A new component of the evaluation is investigating the reasons for this, but preliminary contacts with some of the no–show men indicate that the reasons are unrelated to the retreat’s focus or the staff’s outreach efforts. Instead, the reasons relate to uncontrollable changes in the men’s schedules, unexpected obligations and other events beyond the men’s control that occur in the weeks between their assignment and the actual retreat session. Because the number of recruited attendees has nearly reached the optimal level, however, the program staff members are not overly concerned that some men scheduled for a retreat do not attend. From their perspective, which is the most critical perspective, the program staff is satisfied that the capacity to recruit participants has improved sufficiently.
PROGRAM CONTENT AND IMPLEMENTATION IMPROVEMENT

In the process of developing the social marketing campaign, several steps required that the program itself be closely examined. The staff had to think again about questions such as: What are the program’s outcomes and objectives? What components of the program are intended to make changes in the participants and cause specific outcomes?

This reexamination process, catalyzed by the social marketing campaign and continued in discussions with the social marketing firm staff, was particularly useful in analyzing the optimal implementation of the program components. This resulted in several improvements to the program. One example was the arrangement of the components of the retreat and reunion. The distribution of the program components between the retreat and the reunion was rearranged so that each session could be more effective and better fit the time available. A second example of an implementation improvement was the use of gifts and incentives. Small gifts to the participants had been part of the program, but their use was not strategic or, in some cases, not even recognized by the participants. Because of the increased focus on these gifts and incentives and their use, the distribution plan for them was revised so that they clearly served as both expressions of appreciation at appropriate times and incentives for continued participation.

These two examples illustrate how the social marketing campaign resulted in capacity building related to the program. It is important to note that when the social marketing campaign began, we did not anticipate these kinds of capacity improvements in the program itself. Instead, we believed that the program was basically sound and that the problem to be solved was solely in increasing recruitment. The social marketing method required us to see the recruitment challenge in a larger context, which resulted in these kinds of unexpected benefits for a better program.

PROGRAM EVALUATION IMPROVEMENT

Under the previous recruitment method, the limited number of program participants meant that the evaluation planned for the program could not be implemented. The design required a sufficient number of men to track pretest and posttest changes and then to compare these both for those men in the program and for men in a comparison group. With only a small number of men to choose from, all those recruited were needed as program participants; it was not possible or ethical to give some men the program and deny, even temporarily, the program to other men. The evaluation design, therefore, had to be suspended until sufficient numbers of men were available.

The improvements in recruitment capacity made it possible to start the implementation of the evaluation plan. This benefit from the social marketing campaign also provided the opportunity to test the viability of the evaluation plan. The first trials of the plan revealed several unexpected constraints, in particular that it was difficult to maintain the randomly assigned treatment or comparison group status of men due to the unexpected developments in their schedules that restricted their attendance at their assigned retreats. In addition, it was clear that the pretest assessments of participants, in both the treatment and comparison groups, could only be done just prior to the start of the program, on the day of the program for each group. This reality meant that the comparability of the treatment and comparison group members (who received the program a month later) could not be checked at the same point in time.
These new understandings prompted a revision of the evaluation plan that adjusted to these realities and capitalized on some others. Another comparison group became available: men who were assigned to a retreat but did not show up. Although these men are self-selected, it appears from preliminary analysis that they are very similar to those who attend, because the reasons for nonattendance, as discussed earlier, are unrelated to the program or its components. Consequently, the possibility arose for an evaluation design involving a treatment group and a control group, which did not receive the program at all. Although the control group is not randomly composed and is self-selected, it appears that it will be similar enough to provide a more useful control than the originally planned comparison group, particularly in terms of the longer term outcomes from the program.

PROGRAM PARTNERSHIP IMPROVEMENT

Finally, there were improvements in the partnership relationships. The process of working through, addressing, and solving a program challenge strengthened our capacity to work together as a unified team. It deepened our understanding and trust of each other and allowed us to take bolder moves together. For example, as we are beginning the new year of program implementation, we have discussed adding new program components that are more challenging and could significantly improve participants’ HIV risk protective behaviors, thereby significantly decreasing their exposure (e.g., discussions of the reality that HIV-positive men tend not to disclose their serostatus to sex partners and of the implications for condom use at all times with all new partners whatever they may or may not disclose). A year ago, before the stronger bonds that have grown among the partners owing to the social marketing work, it would have been unlikely that considerations of these kinds of program changes would have occurred among the two teams; this would have been the purview of just the service team.

As a unified team, we were able to recognize a problem (i.e., low recruitment) and address it together, with a critical attitude toward the problem and its causes, not a critical attitude toward the people involved. In partnerships that are more superficial, more diverse, or not as well developed, it would be easy for the individuals involved to blame each other for programmatic setbacks. In this latter case, attention and energy are directed at blaming instead of analyzing the entire situation. In contrast, the team intensively analyzed the reasons for and possible solutions to the low recruitment, drawing on the knowledge, strengths, and varied perspectives of everyone on the team. This gave the team a fuller understanding of the issue and opened up more options for solutions.

On the topic of social marketing, none of the team members, neither researchers nor service providers, had special expertise. The social marketing perspective, therefore, was a neutral lens through which we could view the program. This provided a new, mutually built context from which to reframe the program and its elements, as well as to rethink the evaluation and its components. Consequently, this new context presented valuable opportunities for us to deepen and extend our partnership.

Another benefit of the well-established partnership was clear in the implementation of the social marketing campaign steps. The team members, particularly the service providers, were confident and comfortable enough with each other to open the program and its components to scrutiny by outsiders, the social marketing firm’s staff. The team’s discussions with the social marketing firm were honest and nondefensive, and the team welcomed the closed-door session with past participants and the social
marketing firm staff. This type of openness to possible criticism, as well as to new suggestions and ideas, is necessary for partnership growth and sustainability.

CONCLUSIONS
The positive results of the capacity–building method in four areas have been described in the previous section. To conclude our article, we want to focus on several of the unexpected aspects of the capacity building experience and also on the antecedents in the partnership relationship and experience that may have facilitated a positive outcome. These antecedents might be useful to other community–researcher collaborations as they begin to develop their partnerships.

UNEXPECTED ASPECTS OF THE CAPACITY-BUILDING EXPERIENCE
At the time of confronting the recruitment challenge, we did not see ourselves explicitly involved in capacity building. Instead, we were aware of a problem that we needed to address and resolve if the program and its evaluation were to continue to move forward. Probably because our partnership was a positive one where we saw ourselves involved together in the situation on the long term, our automatic approach to the recruitment problem was not so much to look backward and find fault but instead to look forward and add new opportunities. In a partnership that was less positive and less trusting, and particularly in a partnership with problematic, antagonistic relationships, the automatic approach probably would have tended toward looking for blame, with finger–pointing among the partners. Instead, our positive partnership fostered, almost automatically and unconsciously, a tendency to assume the best about the partners’ efforts and to look for ways to advance the situation to address the challenge. Capacity building can be a proactive, productive way to make these kinds of advances that help everyone. Although engaged in capacity building, the partners are focused on learning new skills and seeing new perspectives—behaviors that add to or change the current situation without having to explicitly identify problems or fault people. There are some situations where the problems are so serious that no amount of new capacity development will overcome deficiencies, so capacity building is not a panacea. In many situations, however, it may be easier, quicker and more supportive of continued partnership development to move forward with capacity building than to move backward with blame.

Once we embarked on the capacity–building experience, we expected it to improve our skills and abilities in one area, recruitment. As discussed in the Results section, there were indeed benefits in that area, and the program is now more skillful at recruitment. We discovered, however, that building capacity in one area had potential benefits in other, unexpected areas as well. When we began our social marketing capacity building, we did not envision these other benefits. Now, as we look back, we see that they fit together. In thinking through recruitment issues with the social marketing firm and among the team members, we had to look closely at the other program components. This “closer look” resulted in new insights and ideas about program changes and resulted in program implementation and content improvements. The newly implemented recruitment campaign also improved the evaluation plan because we were finally able to put the plan into effect, discover unexpected limitations in it, and re–think the evaluation design. We were able to capitalize on a new reality, the availability of “no show” participants, to compose a no–treatment control group that will likely provide a better baseline for shorter and longer term changes than the originally conceived delayed–treatment comparison group.
Finally, there was one additional unexpected benefit of the capacity building we undertook in social marketing: It strengthened and deepened our partnership. By starting at the same stage together on our social marketing skill building (that is, with no knowledge at Step 1) and moving together to a demonstrable improvement in recruitment, the team members had a positive experience of learning and succeeding together. This unexpectedly provided the kind of team-building experience and opportunity that organizations and corporations pay large sums to create for their team members, with the hope of building team esprit de corps, trust, and positive relationships. We know now that should new challenges confront us in the future, we have a stronger base from which to address these challenges and keep the program and its evaluation moving forward.

**ANTECEDENTS IN THE PARTNERSHIP RELATIONSHIP AND EXPERIENCE**

Will other community–researcher partnerships have the same positive outcomes that we experienced? We believe that there were three important antecedents in the partnership relationship or experience that facilitated a positive outcome. To the extent that other partnerships have or can produce these factors, we expect that they would have a similarly positive outcome.

The three factors are interrelated and therefore best described together: positive initial contacts, experiences (initially low–pressure ones) that develop the partnership, and sufficient time to develop a relationship before a serious challenge arises. As an initial way to understand these factors, consider the metaphor of dating before marriage. Two people meet first in a positive circumstance, then develop their relationship through dates and experiences (generally low pressure at the outset) that are natural and appropriate for them. The length of the dating period varies and depends on the two people, but generally the period extends over months or years, instead of days or weeks.

Our partnership experienced all three of these factors, and we are confident that they contributed to a positive relationship. Although the partners did not know each other at the outset, they had heard positive things about each other and their organizations from colleagues and so were predisposed to a positive start. The positive expectations were turned into positive experiences through a series of initial meetings among the partners, usually involving meals and time to socialize. The fact that the first year became, in effect, a pilot-test year provided a lengthy, low-stress period that was ideal for the partnership relations to develop. When the partners confronted their first serious challenge, that is, the low recruitment numbers, their relationship was firm and positive enough that it could serve as a secure base from which to undertake new action in an unknown area to address the challenge.

The antecedent conditions that fostered this partnership may not be present in many current community–researcher contexts. As an introduction to this situation and its sharp contrast with our partnership, consider the metaphor of a “shotgun” marriage. In this type of marriage, under negative circumstances, two people are wed quickly and with the treat of a gun pointing at their heads (literally in the past, figuratively in the present). Too often, community groups and researchers unknown to each other come together confronted with a figurative shotgun: work together or receive no funds. There is little time for “dating”—getting to know each other in low-stress circumstances—because the partners are in a competitive process that requires detailed action plans and a convincing explanation of how the partnership will be effective in
carrying it out. Given these circumstances, it is not surprising that many community–researcher relationships do not develop in positive directions.

The SOLAAR program experience demonstrates that with the correct antecedents, community–researcher partnerships can develop and grow. Then, when they confront challenges to their work, they can address these challenges together and in ways that expand the skill set of all the partners. The capacity building that the SOLAAR partners experienced not only increased their skills in providing program service and evaluating it, but it also provided an opportunity to strengthen the partnership.

The “community laboratory” is a complex one in which to work but is the best available one for those who want to address and solve important issues such as the spread of HIV among special, hard–to–reach populations like gay and bisexual Latino men. When community–based service providers and researchers work in positive partnership over a long period of time, a latent capacity is developed among the collaborators to deal proactively with problems when they arise, as they inevitably do in community–based projects. Drawing on the partnership, it is easier to find creative solutions to problems that will facilitate both the implementation and evaluation of the program, thereby advancing scholarly, practitioner, and policy understanding of the best ways to address pressing social problems.

REFERENCES


