

## **Author's response to reviews**

**Title:** Interviews With Staff Adapting Evidence-Based Interventions for HIV Prevention

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### **Author's response to reviews:**

February 23, 2009

Brian S. Mittman, Ph.D.

Editor-in-Chief, Implementation Science

Dear Dr. Mittman,

Thank you and the reviewers for allowing me and my co-authors to address the concerns raised regarding the manuscript submission 1168250114245635 "Interviews With Staff Adapting Evidence-Based Interventions for HIV Prevention." We have attempted to address all of the comments and suggestions in order to focus and to improve the manuscript. Below please find detailed the efforts to address each reviewer's recommendations.

Reviewer Chris Carroll

Minor essential revisions

1. Additional detail needed regarding the recruitment of the sample, issue of self-selection.

We have added additional detail on the methods of recruitment from public listings and via listservs of HIV/AIDS service organizations in Los Angeles County. An analysis of the specific interventions being conducted by the 34 participants is now included in the Methods section.

2. Reasons why three participants declined participation.

Of the three individuals who declined participation two declined because they did not consider themselves to be the appropriate person for the interviews and one person was not interested in participating.

### 3. Analysis of similar programs being implemented by participants.

We have listed the interventions on which participants' indicated they spent the most time. To protect participants' confidentiality we chose not to list interventions mentioned by four individuals as they were the only staff believed to be working on that intervention in Los Angeles County and could possibly be identified. We also chose not to report how many staff at each agency were working on specific interventions as this could also lead to identification of individuals.

#### Discretionary revisions

##### 1. Revise title of manuscript.

The title has been slightly modified to reference practice settings. The recommended sentence has been added to the abstract.

##### 2. Reporting of percentages in Methods.

We have replaced the percentages with raw numbers.

##### 3. Inclusion of additional quotations.

We have added additional diverse examples of modifications in each phase including the inclusion of quotations regarding client and community engagement and social activism.

Reviewer Shawna J. Lee

#### Overall

##### 1. Lack of explanation and depth regarding the types of program adaptations and the process by which program administrators decided to undertake certain adaptations.

The text now includes additional detail regarding the CDC guidance for the specific interventions which are referenced in the participant quotations. We agree with the reviewer that knowing how administrators make specific modifications would be illuminating. However, the interview was not structured to address such an important process question. The relevant questions regarding decisions about interventions were focused at the level of program selection rather than at program modification "Describe the typical decision-making process for identifying new HIV prevention programs. Who is involved in making decisions about adding new HIV prevention programs or making major changes to existing programs? How does it work? How are internal or external stakeholders involved? What information is used to make decisions?" We did review the transcript segments for reinventions during pre-implementation and implementation phases to examine whether staff sought out technical assistance to make significant changes. Text was added noting that none of the staff sought

such assistance during these phases.

2. Explanation of how “core” components were defined by implementers or by authors.

The introduction now includes a new section describing the core components for 2 of the most widely disseminated interventions, Mpowerment and SISTA. Definitions of the core components for all other interventions referenced are defined in the CDC guidance for organizations using evidence-based interventions. Staff were not asked to list the core components for each intervention, but they were asked to describe the types of changes they made to the interventions. These responses were coded as adaptations or reinventions by the authors based on the context of the transcript segments. For example, five of the eight the staff who were implementing Mpowerment said they were required to add new sessions and trainings which they perceived as contradictory to the intervention. A 2009 presentation by Mpowerment developer Dr. Kegeles corroborate such staff comments.

3. Changes to number of sessions constitutes modification to core elements.

CDC guidance allows for some flexibility in session duration and number for such interventions as the Holistic Health Recovery Program, Many Men Many Voices, SISTA and Together Learning Choices. We have indicated in the revised manuscript whether CDC guidance does or does not address the issue of session duration/length and minimum number of sessions for the specific intervention referenced.

4. Need for program monitoring/fidelity data to corroborate results.

We agree with the reviewer that the addition of program monitoring/fidelity data would support the statements made regarding efforts by staff to adhere to the core elements. We have proposed a follow up study in conjunction with the Los Angeles County Office of AIDS Programs and Policy to address such a concern by monitoring both program fidelity to core elements and also the overall process of making adaptations.

5. Statement of core components of each program.

We have included the names of the specific interventions being conducted by staff so that the core elements and key characteristics of these interventions can be compared to the comments made by staff. Given the number of interventions being conducted by the staff in this study we decided to not include the core elements of all the interventions. Such information is publicly available in the CDC guidance. For those interventions where confidentiality concerns prevented us from naming the specific intervention we have included only a reference to the intended target population, e.g. “intervention for women at sexual risk” or “intervention for ethnic minority men”.

Methods & Tables

1. Additional information needed on how participants were selected into the study.

We have added additional detail regarding the methods of and eligibility for recruitment from public listings and via listservs of HIV/AIDS service organizations in Los Angeles County.

2. Additional information needed on the close-ended codes and the open-ended codes.

We have added rationale and three citations supporting the close-ended and open-ended coding methods. The codes were based on the authors' review of literature on HIV prevention and technology transfer.

3. Table 1 present percentages rather than raw numbers.

We have included both the raw numbers and percentages for this table.

4. Present Table 2 more efficiently so that it can serve as a stand-alone table.

We have shortened the listing of open-codes by combining highly similar codes together, e.g., open codes regarding adaptations to the number of sessions and open codes regarding recruitment strategies. The revised Table 2 now lists 2 close-ended and 16 open-ended codes as well as definitions for the 2 close-ended codes. This listing is comparable to a published article on program fidelity describing 13 types of adaptation activities made to a single substance abuse prevention program disseminated in Washington State (Hill, Maucione and Hood, 2007). Our intent is to use the listing in Table 2 as a checklist for a future program and implementation fidelity study.

We appreciate the guidance of the reviewers and look forward to the final editorial decision.

Sincerely,

Rosemary C. Veniegas