

# Case Studies of HIV Prevention Interventions in Canada: Informal Knowledge and Community-Based Evaluation

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# Take-Home Message

Community-based HIV prevention programs create evaluation processes that are evidence-based, but in ways that are community-relevant, responsive and user-driven.

These community-based evaluation processes often surpass funder-driven requirements in their relevance, reflexivity and creativity.

# Purpose

- To understand community-based ways of knowing if community-based HIV prevention programs work (i.e., evaluation)
- To understand community-based ways of describing the essential ingredients of these programs (i.e., theoretical basis)

# Guiding Questions

1. How do CBO staff involved in a prevention program know it to be good or useful?
2. What forms of evaluation do they draw on to make judgments about the value of their programs?
3. What shapes or influences the approach to evaluation they take?
4. How do CBOs communicate the knowledge they have about their programs and to whom?
5. What key challenges and issues arise in evaluating CBO HIV prevention programs?

# Methods

- Four case studies of innovative HIV prevention programs
  - Orchid, ASIA (Vancouver)
  - VIP, AIDS Calgary (Calgary)
  - Many Men, Many Voices (3MV), Black CAP (Toronto)
  - Mano en Mano, Centre for Spanish Speaking Peoples (Toronto)
- Site visits and 13 ethnographic interviews

# Key Finding: the purpose of evaluation

- There is a meaningful distinction between measuring outputs and outcomes, **versus** understanding how a program works and being able to make responsive changes.
- Accountability for proving “effectiveness” was seen as a limited and distracting process and provided less learning value than workers’ own local, informal knowledge.

# Key Finding: the epistemology of evaluation

- Program staff engage in curiosity-driven inquiry about their work and how clients experience the program.
- All informants spoke of informal evaluation practices that build on their own intuitive knowledge about their clients and programs.

# Local Informal Knowledge

- Curiosity
- Immersion
- Embodied
- Creativity
- Storytelling
- Questioning
- Proximal/  
Distal
- Reflexivity

## Key Finding: strong evaluation practices require supports

- Specialized evaluation processes require additional research/academic supports or a strong agency-wide culture of evaluation.
- Program managers, Executive Directors, and funders should recognize and incorporate the local informal knowledge of frontline workers

# Expanding how we measure effectiveness...

“Social transformation is not amenable to experiment because effectiveness is the contingent outcome of the collective activity of a diverse range of actors both human and non-human, including the prevention technologies themselves; scientific practices; clinical services; cultural, political and social environments; and the norms, values, and discourses that animate human behaviour or practice.”

(Kippax, S. 2012. Effective HIV Prevention: the indispensable role of social science. Kippax S. Journal of the International AIDS Society 2012, 15:17357)

# Conclusions

- We need to value both formal and informal ways of knowing
- This means expanding the boundaries of what counts as evaluation
- Local informal knowledge is perhaps the most meaningful and responsive form of evidence in community-based evaluation
- Epistemological crossroads: need to expand the definition of legitimate evaluation to include the embodied, informal and reflexive knowledge described by HIV prevention workers

# Question for us to ponder:

- What counts as evaluation?
- How do we expand the boundaries of evaluation?

# Thank you to:

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