POPULAR OPINION LEADER

DESCRIPTION

Popular Opinion Leader (POL) is an HIV/AIDS risk-reduction program in which groups of trusted, well-liked people are recruited and trained to conduct a novel and particular type of outreach. This outreach focuses on a specific risk-influencing factor, a community norm, such as endorsement of safer-sex behaviors. Opinion leaders endorse targeted risk-reduction behaviors by having casual, 1-on-1 conversations with their friends and acquaintances (peers) in their own social network (friendship group).[1] Only specific peers in social networks are opinion leaders, those who are the most popular, credible, and trusted in their social network. The settings are those in which social networks can be counted or estimated and shared attitudes about HIV risk can be described. Gay bars and community centers used by women in low-income housing have been successful settings. Although originally for men who have sex with men, the POL intervention techniques have been successfully adapted to a variety of risk populations and settings.

POL has been packaged by CDC's Diffusion of Effective Behavioral Interventions project; information on obtaining the intervention training and materials is available at www.effectiveinterventions.org.

Goals

POL aims to spread messages about a variety of health behaviors (e.g., adopting safer-sex behaviors, seeking HIV antibody testing, disclosing HIV status to sex partners, seeking prevention and medical services) throughout a community. Usually, 1 risk influencing factor, or community norm, is targeted.

How It Works

The community changes the way it thinks about protecting itself from HIV as a result of efforts of community members. During peer-to-peer conversations, opinion leaders correct misperceptions, discuss the importance of HIV prevention, and describe strategies they use to reduce risk (e.g., keeping condoms nearby, avoiding sex when intoxicated, resisting coercion for unsafe sex). They communicate their personal approval of the targeted risk-reduction behavior, using "I" statements to emphasize personal endorsement. For example, if the targeted risk-reduction norm is routine testing, the opinion leader may say, "I think that routine testing is best; routine testing is what I intend to do. I think it is possible for me to test routinely, and I think it is possible for you to test routinely too." Effective behavior change communication is that which targets risk-reduction attitudes, norms, intentions, and self-efficacy. Factual information is limited to that which directly promotes the targeted risk-reduction norm.

Each opinion leader may recruit new opinion leaders, thereby increasing opinion leaders and conversations. The CBO does the preparatory work, including identification and recruitment of opinion leaders, and teaches vital communications skills; as the number of trained opinion leaders increases, the number of conversations in the community that endorse HIV prevention and care also increases.

Theories behind the Intervention

POL is based on the social diffusion theory. The premise is that behavior change in a population can be initiated and will then diffuse to others if enough opinion leaders within the population are known to adopt, endorse, and support the behavior. For POL, this opinion leaders shape changes in safer-sex norms to make it easier for others to start and maintain risk-reduction behavior changes.

Research Findings

POL was initially shown to increase condom use by men who have sex with men (MSM).

CORE ELEMENTS, KEY CHARACTERISTICS, AND PROCEDURES

Core elements

Core elements are those parts of an intervention that must be done and cannot be changed. They come from the behavioral theory upon which the intervention or strategy is based; they are thought to be responsible for the intervention's effectiveness. **Core elements are essential and cannot be ignored, added to, or changed.**

POL has the following 9 core elements:

- Direct the intervention to an identifiable target population in well-defined community venues and where the population's size can be estimated.
- Use ethnographic techniques systematically to identify segments of the target population and to identify in each population segment those persons who are most popular, well-liked, and trusted by others (i.e., conduct community identification).
- Over the life of the program, train 15% of the target population size found in intervention venues as opinion leaders.
- Teach opinion leaders skills for initiating HIV risk-reduction messages to friends and acquaintances during everyday conversations.
- Teach opinion leaders the characteristics of effective behavior change communication targeting risk-reduction attitudes, norms, intentions, and self efficacy. Have opinion leaders endorse, in conversations, the benefits of safer behavior and recommend practical steps needed to implement change.
- Hold weekly meetings of groups of opinion leaders in sessions that use instruction, facilitator modeling, and extensive role-playing exercises to help opinion leaders refine their skills and gain confidence in delivering effective HIV prevention messages to others. Groups should be small enough to provide extensive practice opportunities for all opinion leaders to shape their communication skills and create comfort in delivering conversational messages.

- Have opinion leaders set goals to engage in risk-reduction conversations with friends and acquaintances in the target population between weekly sessions.
- Review, discuss, and reinforce, at subsequent training sessions, the outcomes of the opinion leaders' conversations.
- Use logos, symbols, or other devices as conversation starters between the opinion leaders and others.

Key Characteristics

Key characteristics are those parts of an intervention (activities and delivery methods) that can be adapted to meet the needs of the CBO or target population.

POL has the following key characteristics:

- Elicit the involvement, support, and cooperation of community gatekeepers.
- Identify and characterize the various social networks within the target population.
- Use key informants to identify opinion leaders from each social network in the population. The number of opinion leaders should equal at least 15% of each social network (e.g., 15 opinion leaders per 100 in the network). This percentage has been documented as the point at which social norms begin to shift.
- Train opinion leaders with regard to
    - theory and philosophy of the intervention
    - accurate information about HIV risk reduction
    - practical advice on how to implement HIV risk-reduction behavior changes
    - communication skills (e.g., modeling and role-playing) for imparting HIV risk-reduction information to others
    - initiation of effective peer risk-reduction conversations
- Seek the agreement of each opinion leader to have a specified number of conversations (e.g., 14) within a specified period with peers who are at risk.
- Place posters at intervention settings, and give opinion leaders items with logo (buttons, caps, jackets, t-shirts, key chains, or temporary tattoos) to wear while at the settings.
- Recruit additional opinion leaders by asking each current opinion leader to bring friends to participate in the next wave of the intervention.
- Train a new wave of opinion leaders, to maintain program momentum.
- Organize reunion meetings with all opinion leaders (first and successive waves) and community gatekeepers to discuss maintenance of POL.

Procedures

Procedures are detailed descriptions of how to do some of the above-listed elements and activities.

Some of the procedures for POL are as follows:

Training Opinion Leaders

An important aspect of POL training sessions is building the communication skills of the opinion leaders to help them effectively communicate HIV risk-reduction information to

others in spontaneously initiated conversations. Newly recruited opinion leaders attend 4 training sessions, during which they learn communication skills and factual information. They model the conversations during training and then providing opportunities for clients to role-play and receive feedback on their conversations. Because risk-reduction topics do not typically arise in casual conversations, training must focus on how each opinion leader will initiate these conversations. This is done through group problem solving and by allowing each person ample time to discuss issues particularly relevant to him or her.

Communication skills include how to

- give practical advice for changing behaviors and seeking HIV antibody testing
- reinforce safer-sex norms through risk-reduction conversations with their peers
- endorse HIV antibody testing
- emphasize the desirability of knowing one's HIV antibody status
- describe their experiences in getting tested for HIV
- encourage peers who are HIV infected to participate in partner counseling and referral services, disclose their HIV status to future sex partners, and seek medical care

Factual information includes

- HIV/AIDS facts and myths
- HIV risk reduction
- antibody testing technologies, including rapid testing
- the importance of partner counseling and referral services as a prevention strategy
- the importance of disclosing HIV status to sex partners
- the importance of seeking medical care if a person learns he or she is HIV infected

Maintaining Opinion Leaders

At the end of the POL training sessions, each opinion leader is asked to invite 2 or more friends to attend the next training cycle. A second group of opinion leaders begins the training as the first group finishes. When the second group completes the training, it helps recruit a third group of opinion leaders. In this way, each group of opinion leaders invites the next, and the intervention continues to diffuse health norms. Reunions are held to support opinion leaders.

ADAPTING

Adapting means modifying the intervention to appropriately fit the local context in a way that does not violate the core elements of the intervention. The adapting of POL is done during the background or formative research preimplementation phase. The formative research for POL is like mapping (or drawing a map of) the target community and culture. It is similar to the community identification process used in the DEBI intervention named Community PROMISE.

POL has been successfully implemented and evaluated with risk populations other than men who have sex with men. POL has wide potential for adaptation to risk populations defined by the need for promotion of a risk-reduction supportive norm in the context of shared social networks clustered around popular, credible, and trusted individuals (opinion leaders).

Detailed information for POL is collected and analyzed for

- the target population in the targeted community setting or context
- the subgroups (social networks) therein
- the popular and credible opinion leaders in these subgroups
- the HIV risk-reduction opinion or norm in need of promotion
- an appealing and relevant intervention marketing strategy, including materials

A variety of methods can be used, depending on the task. Abbreviated and expeditious use of a variety of methods to establish social health promotion programs is called rapid ethnographic assessment. Methods that are appropriate for the formative work to establish a POL intervention program include

- sociometric surveys or community member ratings of other members in terms of popularity
- observational studies of community venues, social networks, popular individuals in networks, and HIV risk attitudes and opinions
- interviews of and support from gatekeepers and key informants
- focus groups to develop social marketing devices
- community surveys of members' knowledge, attitudes, and behaviors
- secondary analysis of existing reports and data sets (e.g., existing needs assessments, risk assessments, market studies, and census studies)

RESOURCE REQUIREMENTS

People

POL needs paid staff members and volunteers.

Paid Staff Members

Estimates of the amount of time needed by paid staff members depends on the number of opinion leaders. An example of staff time needed for 43 opinion leaders can be found at www.effectiveinterventions.org/interventions/tools/polbudget.pdf.

- senior staff (project coordinators), 4.6 hours per opinion leader
- junior staff (program workers), 4.7 hours per opinion leader
- administrative assistant 0.4 hours per opinion leader

Paid staff members will

- satisfactorily complete trainings offered by their regional STD/HIV Prevention Training Center: "Bridging Theory and Practice" and "Group Facilitation"
- possess skills in group facilitation and social science related to community-level HIV prevention interventions
- find out where the target population meets
- identify social networks and potential opinion leaders
- collect information about the target population, setting, and risk norms
- recruit and train each wave of opinion leaders
- provide materials with the logo
- hold reunion meetings for opinion leaders and gatekeepers
- be sure the intervention meets quality assurance standards
- conduct background research and ongoing creative efforts to market POL

Opinion Leaders
Opinion leaders are volunteers, but they may be paid stipends to help compensate them for costs they may incur.

Gatekeepers
These people are also volunteers.

Space
POL needs space for trainings and staff meetings (may be the CBO's office space) and the opinion leaders' conversations with peers (where the target population lives, works, and congregates). Training and meeting space should

- have comfortable seating for having discussions and watching videos
- be in the same place for each session (e.g., meeting at a business during the hour before it opens)
- be convenient to where opinion leaders live, work, and socialize
- be easy to get to using public transportation

Supplies
- Video equipment
- Incentives (e.g., transportation passes, snacks)
- Copies of prevention materials

RECRUITMENT

The original target population for POL was gay men in mid-size cities, but the intervention can be adapted to reach a broad range of populations and groups at risk. Initial recruitment of opinion leaders is based on the preimplementation, background research, or formative phase mapping and identification of opinion leaders in their social networks to ensure representation across and within social networks at the required level

of 15% in each network. Initial recruitment of opinion leaders is supplemented by referrals of new opinion leaders by existing opinion leaders.

Review Recruitment in this document to choose a recruitment strategy that will work in the setting in which the CBO plans to implement POL.

POLICIES AND STANDARDS

Before a CBO attempts to implement POL, the following policies and standards should be in place to protect clients, the CBO, and opinion leaders:

Confidentiality

A system must be in place to ensure that confidentiality is maintained for all participants in the program. Before sharing any information with another agency to which a client is referred, signed informed consent from the client or his or her legal guardian must be obtained.

Cultural Competence

CBOs must strive to offer culturally competent services by being aware of the demographic, cultural, and epidemiologic profile of their communities. CBOs should hire, promote, and train all staff to be representative of and sensitive to these different cultures. In addition, they should offer materials and services in the preferred language of clients, if possible, or make translation available, if appropriate. CBOs should facilitate community and client involvement in designing and implementing prevention services to ensure that important cultural issues are incorporated. The Office of Minority Health of the Department of Health and Human Services has published the *National Standards for Culturally and Linguistically Appropriate Services in Health Care*, which should be used as a guide for ensuring cultural competence in programs and services. (Please see Ensuring Cultural Competence in the Introduction of this document for standards for developing culturally and linguistically competent programs and services.)

Data Security

To ensure data security and client confidentiality, data must be collected and reported according to CDC requirements.

Personnel Policies

CBOs conducting outreach must establish a code of conduct. This code should include, but not be limited to, the following: do not use drugs or alcohol, do use appropriate behavior with clients, and do not loan or borrow money.

Safety

CBO policies must exist for maintaining safety of workers and clients. Plans for dealing with medical or psychological emergencies must be documented.

Selection of Target Populations

CBOs must establish criteria for, and justify the selection of, the target populations. Selection of target populations must be based on epidemiologic data, behavioral and clinical surveillance data, and the state or local HIV prevention plan created with input from state or local community planning groups.

Volunteers

CBO should know and disclose how their liability insurance and worker's compensation applies to volunteers. All training should be documented. CBOs must also ensure that volunteers sign and adhere to a confidentiality statement.

QUALITY ASSURANCE

The following quality assurance activities should be in place when implementing POL:

CBOs

Implementation Plan

Have an implementation plan to ensure that all of POL's core elements and key characteristics are included and followed. CBOs conducting POL are encouraged to complete and use the POL Implementation Planning and Program Objectives tool, available at www.effectiveinterventions.org/interventions/POL_tools.cfm.

Leadership and Guidance

Provide hands-on guidance to improve opinion leaders' skill and comfort in initiating and having risk-reduction conversations with peers within their social networks.

Training

Train staff to ensure that they

- thoroughly understand the intervention and its underlying theory
- know correct risk-reduction information
- identify social networks and their opinion leaders
- have group facilitation skills
- recruit and train successive waves of opinion leaders
- maintain and evaluate the intervention

Fidelity to Core Elements and Key Characteristics

Ensure fidelity to core elements to ensure program effectiveness. Have a quality assurance fidelity checklist to track whether all of POL's key characteristics were followed.

Clients

Feedback loops should be used to improve delivery of the intervention. Information should be shared with opinion leaders, whenever possible, to encourage their continued involvement.

MONITORING AND EVALUATION

Specific guidance on the collection and reporting of program information, client-level data, and the program performance indicators will be distributed to agencies after notification of award.

General monitoring and evaluation reporting requirements for the programs listed in the procedural guidance will include the collection of standardized process and outcome measures. Specific data reporting requirements will be provided to agencies after notification of award. For their convenience, grantees may utilize PEMS software for data management and reporting. PEMS is a national data reporting system that includes a standardized set of HIV prevention data variables, web-based software for data entry and management. CDC will also provide data collection and evaluation guidance and training and PEMS implementation support services.

Funded agencies will be required to enter, manage, and submit data to CDC by using PEMS or other software that transmits data to CDC according to data requirements. Furthermore, agencies may be requested to collaborate with CDC in the implementation of special studies designed to assess the effect of HIV prevention activities on at-risk populations.

KEY ARTICLES AND RESOURCES

Kelly JA. Popular opinion leaders and HIV prevention peer education: resolving discrepant findings and implications for the development of effective community programmes. AIDS CARE. 2004;16(2):139–150.

Kelly JA, Murphy DA, Sikkema KJ, et al. Randomized controlled community-level HIV-prevention intervention for sexual risk behavior among homosexual men in US cities. The Lancet. 1997;350:1500–1505.

Kelly JA, St. Lawrence JS, Stevenson Y, et al. Community AIDS/HIV risk reduction: The effects of endorsement by popular people in three cities. American Journal of Public Health. 1992;82(11):1483–1489.

Miller RL, Klotz D, Eckholdt HM. HIV prevention with male prostitutes and patrons of hustler bars: replication of an HIV prevention intervention. American Journal of Community Psychology. 1998; 26(1):97–131.

For more information on technical assistance and training for this intervention or to get your name on a list for a future training, please go to www.effectiveinterventions.org.

Implementation materials and training and technical assistance for POL are available through the Dissemination of Effective Behavioral Interventions (DEBI) program and are also available at www.effectiveinterventions.org.

REFERENCES

1. Kelly JA, St. Lawrence JS, Diaz YE, et al. HIV risk behavior reduction following intervention with key opinion leaders of population: an experimental analysis. American Journal of Public Health. 1991;81(2):168–171.