Assessing Organizational Capacity to Deliver HIV Prevention Services Collaboratively: Tales From the Field

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Collaborative efforts between university researchers and community entities such as citizen coalitions and community-based organizations to provide health prevention programs are widespread. The authors describe their attempt to develop and implement a method for assessing whether community organizations had the organizational capacity to collaborate in a national study to prevent HIV infection among young men who have sex with men and what, if any, needs these institutions had for organizational capacity development assistance. The Feasibility, Evaluation Ability, and Sustainability Assessment (FEASA) combines qualitative methods for collecting data (interviews, organizational records, observations) from multiple sources to document an organization's capacity to provide HIV prevention services and its capacity-development needs. The authors describe experiences piloting FEASA in 13 communities and the benefits of using a systematic approach to partnership development.

Keywords: *organizational capacity building; HIV prevention; collaboration; organizational assessment*

A growing number of university-based researchers and community members believe that bringing together the unique strengths and resources of sectors throughout the community will improve the quality of health promotion programs and research.[1,2] These researchers assume that building working alliances among diverse groups within

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communities will increase the probability that they will create sustainable programs.[3] Partnerships can also encourage the dissemination of evidence-based practice because collaboratively developing, implementing, and evaluating interventions may lead researchers to cocreate interventions that are well suited to the needs and resources of prospective host organizations. In addition, the process of jointly developing and assessing interventions may provide an opportunity for reciprocal learning.[3,4] For example, through collaboration, researchers may become more knowledgeable of, and sensitized to, the day-to-day service delivery contexts in which prevention programs must function. Similarly, service providers might learn how to design theory-driven programs.

Collaborative efforts may also facilitate community-wide change. Bridging sectors within a community can result in increased social capital through the creation of new relationships. Also, collaboration can lead partners to focus their prevention activities on transforming how the community works to improve the health of its citizens, rather than simply focusing on how to help particular individuals change their behavior.[5] Collaborative work highlights the role of community systems and the interdependence among community sectors in affecting health outcomes.

Researcher-community collaborative partnerships typically bring together some combination of academic, government, and service institutions, and individuals who are part of, or are concerned about, the target population and health problem of interest. Partnerships may be top-down (e.g., government initiated) or bottom-up (community initiated).[5] Regardless of the particular sectors from which partners are drawn and which actor initiates the collaborative effort, three key characteristics of forming successful partnerships have been identified. Collaborative partnerships are believed to have a higher chance of succeeding when partners come together early to shape their joint efforts.[2-4,6-10] This does not necessarily mean that their efforts to change health outcomes will ultimately bear fruit but rather that the collaborative partnership itself is most likely to cement when partners have early involvement.

Collaborative partnerships function well when the partners share a clearly articulated mission and plan to achieve their mutual goals.[2,7,10-13] When all partners are certain of exactly what it is that their partnership effort intends to accomplish and how that mission will be carried out, the partnership can fruitfully develop. Finally, partnerships succeed when the partners bring distinct strengths and expertise to the collaboration and when the roles of each partner are clearly defined.[7,10,13-15] It is through the marriage of strengths and expertise that partnerships offer their members sufficient benefits to outweigh the cost in time and effort that their partnership will require.

What criteria can researchers use to judge the strengths and expertise of prospective partners, their needs, and the likelihood of a successful collaboration? In this article, we describe our initial experiences developing and implementing a partnership formation and organizational capacity assessment process in 13 communities in the United States. The Feasibility, Evaluation Ability, and Sustainability Assessment (FEASA) is based on

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organizational assessment and program evaluation readiness principles, as well as theoretical literatures on academic-community collaborations, organizational learning and capacity development, and program sustainability. The purpose of the FEASA process is to assess the kinds of prevention programs that an organization can implement to determine organizational strengths; what would help an organization to increase its capacity to develop, evaluate, and maintain its programs; and to establish organizations' interest in collaborative efforts.

Background

We developed FEASA as part of the Community Intervention Trial for Youth (CITY) Project, a 7-year national multisite randomized trial that is currently being implemented. The CITY Project is evaluating the effect of a multicomponent community-wide HIV prevention intervention among young men (ages 15 to 25) who have sex with men (YMSM); the target populations in the study communities are composed primarily of men of color. We have integrated several intervention strategies to promote safer sex behaviors and discourage unprotected anal intercourse among the target population. Assuming evaluation data indicate the intervention has a positive effect, we will facilitate the introduction of the intervention strategies into the comparison communities at the end of the study. We also aim to sustain the intervention activities in the intervention communities after the study ends and increase the capacity of each community to serve our target population by providing organizational capacity-building assistance.

Community-based organizations are the primary, but not sole, focus of our effort to sustain the interventions and to build community capacity. (The CITY Project's partners include bars, entertainment promoters, youth groups, health departments, community-based organizations, businesses, churches, and civic organizations.) We are focusing on community-based organizations because they have played an essential role in altering social norms, advocating for increased resources, and changing social policy to slow the spread of the HIV epidemic.[16-19] The ability of these organizations to provide services and programs, advocate for social change, and maintain the funding and organizational infrastructure to remain viable in the long term is key to each community's long-term capacity to address HIV-related problems. In addition, as is the case for most health and social services, not-for-profit organizations provide the majority of community-based services.[20,21] Although organizational capacity is not the sole source of a community's capacity, organizations' capacity to deliver and sustain programs is vital to a community's health promotion infrastructure.[22-24]

Sustainability of programs is a complex phenomenon, and no project can affect all of the many factors that might ensure it. Our working definition of sustainabilty was modest and focused primarily on seeking to help our partners continue to provide programs for YMSM after our project ended in whatever form they could. To accomplish our sustainabilty aims, our interventions were developed collaboratively with local constituents and organizations and are offered through those established local entities. Each site has a local community collaborators' council and, in some sites, a council of youth collaborators who guide and implement the project. These groups worked in partnership with us to develop the intervention protocols and evaluation tools across a 4-year period. We provided an array of capacity-building activities to these organizations in the areas of grant writing and financial development; program development, management, and evaluation; adolescent and sexual identity development; and cultural competence.

We created FEASA to ensure the most appropriate placement of intervention activities in partner organizations; to identify areas in which specific organizations might require assistance to provide HIV prevention services to young, sexual minority men; to identify assets that our prospective partners brought to bear on the project; and to measure our success in increasing organizational capacity. It was our hope to create a systematic process our sites could use to assess each prospective partner organization's infrastructure and capacity to implement programs, as well as their commitment to the health and well-being of YMSM. We also hoped to create a process that did not reinforce stereotypes of researchers as arrogant by having researchers label organizations as marginally competent.

Development of the Capacity Assessment Process

Our approach to assessment was informed by models of organizational learning and participatory organizational development.[25,26] These models emphasize collaborative and self-assessment approaches to understanding organizational capacity. These models understand assessment as an evolving and ongoing process in which organizational functioning is improved through sustained, systematic, and planned self-study. These models de-emphasize standardized approaches to measurement, such as rating tools, although such tools are also sometimes used to guide the process of organizational discovery.

Keys[25] describes organizational assessment and development as an emergent, dynamic activity in which multiple sources of data are used to determine needs, to set change-oriented goals, and to evaluate success. For example, the United States Agency for International Development (USAID) developed an interview-driven information-gathering and consultation process to assess the capacity of nongovernmental organizations in Africa along key dimensions of organizational functioning (e.g., financial management, board functioning) (J. Wycoff-Baird, personal communication, August 31, 1999). A principal component of the USAID assessment process is that it encourages self-reflection and learning within the organization while also generating ordinal ratings of competence. Organizational representatives and researchers jointly negotiate assignment of competency ratings for each area of organizational functioning after reviewing the data.

In his former roles as the director of evaluation for the Department of Health, Education, and Welfare and deputy assistant secretary of Health and Human Services, Joseph Wholey[27] developed a similar process to assess the readiness of an organization to evaluate its work and use the evaluation findings for program improvement. The process uses multiple sources and types of data collected during 5 weeks. Organizations and programs work with evaluators to develop an evaluation plan through feedback and negotiation. More recently, R. G. Schuh (personal communication, November 2001) has developed a process to stage the organizational capacity of agencies to implement new or expanded projects as part of a Robert Wood Johnson Foundation initiative to build small agencies. Schuh's instrument identifies the developmental stage of an organization's maturity in 13 areas based on observed characteristics, such as whether an organization's board meets at regular intervals or comprises members with experiences appropriate to board service. An agency without these characteristics would be at a lower level of maturity in the area of governance than an organization that produces and maintains minutes of board meetings and has qualified board members.

These assessment approaches emphasize dialogue and learning, the use of multiple sources of data collected over time, and self-reflection. The approaches were well suited

to our needs because they permit researchers and organizations to establish the feasibility and desirability of a partnership and can lead to planned action to enhance organizational capacity.

FEASA

FEASA seeks to answer three sets of questions: (1) What intervention activities are feasible for an organization to implement, and what will enhance the feasibility of their implementation? (2) Can an organization conduct and benefit from the evaluation activities associated with the project, and what will enhance an organization's readiness to conduct evaluation? and (3) What is the likelihood that the organization can sustain the interventions after the study has ended, and how can the sustainability of interventions be increased? The FEASA process provided CITY research teams with a method to inventory the assets of community collaborators. The FEASA process also assisted CITY investigators and their partners to negotiate the most successful placement of CITY programs within collaborating community organizations and to inform the process of tailoring the intervention components to the resources, skills, and organizational philosophies of partner organizations. FEASA was considered exempt from IRB review by the sites' and the CDC's committees on human subjects.

Assessment Content

The content of our assessment was drawn from the literatures on community-based, HIV-related organizations,[16-19,28,29] sustainability of public health programs,[3,23,30-36] organizational capacity building,[37-43] and public health administration.[44] We also assembled a team of CITY Project staff from across the study communities, most of whom were former employees of HIV-related community-based organizations or were in direct contact with the community partner organizations, to brainstorm the elements of strong HIV-related organizations. As we show in Table 1, the group identified core organizational competencies that correspond to the domains commonly identified in models of organizational capacity. We have organized our presentation of the domains that we sought to measure as the CITY Project team thought they best relate to the concepts of feasibility, evaluation ability, and program sustainability, although we recognize that many of these elements contribute to all three concepts.

Feasibility. An organization's *mission* reflects its guiding philosophy and its public face. In most models of organizational capacity, the mission domain reflects vision at the highest level of the organization and organizational commitment to a well-defined vision. To have a viable partnership, there must be some degree of congruence in the missions of the researchers and the community organizations. The FEASA process assessed an organization's stated and enacted vision with respect to the CITY Project mission of serving male adolescents who are sexual minorities, in particular those who are also racial/ethnic minorities. To provide competent services to our target populations, partner organizations would have to provide a welcoming climate for these youths as well as have the expertise to promote their mental and physical health. Organizations that are openly hostile toward gay youths or ethnic minorities would have difficulty implementing our interventions and would make poor partners for our project. Alternatively, an organization might welcome gay youths but have little knowledge about how to respond to such youths in developmen-

Table 1. Conceptualizations of Organizational Capacity

Labonte and Laverack, 2001	Fredericksen and London, 2002	Schuh, 2001[a]	USAID READ Project, 1996	FEASA
Leadership, participation, problem assessment, and asking why (e.g., critical thinking, systematic reflection)	Leadership and vision (e.g., articulated mission, community representation)	Governance (e.g., active and qualified board of directors)	Strategic learning and board (e.g., articulated mission, systematic reflection, active and qualified board of directors)	Mission, leadership development, and board development and management
Program management	Management and planning (e.g., policies and procedures)	Operations and social service maturity (e.g., evaluation, planning, management information system)	Program performance (e.g., planning, monitoring, evaluation)	Program development, management, and evaluation
Resource mobilization	Fiscal planning	Financial maturity	Financial systems	Fiscal development and grant writing
Organizational structures	Operational support (e.g., human resources, fiscal plant)	Human resource maturity (e.g., administration, personnel competence)	Administration and management systems (e.g., human resources)	Human resource and volunteer management
Links with others			Links to external environment	Access to information

NOTE: USAID = United States Agency for International Development; FEASA = Feasability, Evaluation Ability, and Sustainability Assessment.
a. R. G. Schuh, personal communication, November 2001.

tally appropriate ways. The former organization might prove an unfeasible collaborator, whereas the latter, with capacity-building assistance, might prove feasible. FEASA assessed each organization's competence with, and commitment to, sexual minorities, adolescents, and people of color.

Organizations must be able to act on their mission, values, and commitment to solve a problem by converting their motivation into a well-reasoned plan of action. *Program development* skills—the ability to use information and to conceptualize plausible activities—are essential to service provision and program evaluation.[27,45] The ability of organizations to respond to new information and adjust programs accordingly is also essential to sustaining the benefits that can accrue to participants in the programs.[3,30,32]

Designing high-quality programs is important, but so is the ability to implement and manage such programs.[44,45] Organizations must have the skills to translate program designs into day-to-day activities and assign and manage personnel resources in the conduct of such programs. *Program management* skills are fundamental to the feasibility of implementing programs and to sustaining them over time. The best designed program will fail if it is poorly implemented and managed.

Evaluation Ability. Strong organizations collect and apply evaluation data to improve programs.[26,45-47] Skills in designing, implementing, and using evaluation data are therefore an essential part of sustaining effective programs. *Program evaluation* skills also facilitate incorporating research into the organization's activities. Strong organizations regularly access information and continually scan the environment for new ideas. Staff who monitor information about successful prevention approaches and changes in the epidemiology of the HIV epidemic improve the long-term sustainability of programs by making program adjustments to suit the changing environment. *Access to information* and effective use of that information can also support program longevity. The FEASA process assessed programmatic skills in developing, managing, and evaluating programs and accessing external information.

Sustainability. For an organization to remain viable, adequate structures must be in place so the organization can function effectively and efficiently in the face of a dynamic environment. Effectively *developing and managing a board of directors* is essential to long-term organizational health. Boards of directors set policy and carry primary responsibility for fiscal health. A board that lacks competence in patronage and attracting donors may lack the essential expertise to maintain a fiscal base. Boards also set the long-term vision for organizations and are responsible for making sure that organizations act in ways that are consistent with their missions.

Grant writing and financial management are related but separate areas of competence. Although boards may set policy regarding financial well-being and assist by recruiting large donors or hosting special donor events, it is staff members who bear primary responsibility for fund-raising activities and the day-to-day work of obtaining and managing money. Staff must be competent in tasks such as event planning, grant writing, and developing campaigns.

The primary costs of providing HIV prevention programs are those related to human capital. Developing and managing the organization's *human resources*, including volunteers, and *cultivating leadership* promote the organization's ability to function well (feasibility) and its ability to survive and evolve over time (sustainability). Competent organizations can cultivate and marshal their human resources effectively. Through FEASA, we assessed an organization's competence in board development and management, fiscal

development, grant writing, leadership development, human resource management, and volunteer management.

The Data Collection Protocol

Because relationships between research teams and community partners varied across the communities, with some research teams already very familiar with their community partners and others relatively unfamiliar with their partners' history, infrastructure, resources, and programs, the multisite investigators believed it was inappropriate for the research teams to administer a uniform cross-site interview to staff in the community organizations. Instead, we developed a guide to the kind of information the research teams ought to have about their partners and the intent or purpose of our having each piece of data, based on the criteria for assessing organizational competencies described above. This 'intents' guide was used by each research team to determine the most appropriate data collection methods for gathering the needed information and how and when to ask specific questions. The guide suggested potential sources of information for each substantive area of inquiry (e.g., board members, line staff, clients) as well as potential means of obtaining information (e.g., observation, interviews, archival documents). Thus, the guide conveyed to CITY staff why it might be useful to know about each of the FEASA domains; described how the data might be used to plan feasible, evaluable, and sustainable activities; and allowed staff to collect data that were consistent with the intent of the FEASA process in ways that were locally appropriate. For example, the guide recommends that staff members use a combination of observation, interviews, and document review to assess who current programs are aimed to affect, to what extent YMSM are among the populations served, how staff members feel about topics such as adolescent sex and homosexuality, and what organizational policies are on sexual minorities. The guide also recommends that the FEASA process be conducted in stages (see Figure 1) to allow sites that are at different stages of evolving partnerships to proceed through FEASA in an appropriate way.

Summative Rating Tool

We also developed an ordinal rating tool, modeled on the tool developed by USAID,[24] to provide a summary judgment of competence for each of the domains described above. We used the USAID tool as a model because it provides a face-valid tool that could be used as easily by program staff as it could be used by researchers. Because capacity within specific programs may differ from capacity within the organization overall, the FEASA rating tool contains ratings of competence at the level of the organization and the level of the prevention programs. For example, an organization may have an extensive track record of obtaining funding, but a systematically poor record of success in obtaining funds for prevention with sexual minority youths. Conversely, an organization might have a very strong program of prevention services, but little organizational infrastructure to support those efforts. The FEASA rating system reflects assets at both levels of the organization.

The FEASA rating tool also distinguishes between an organization's effectiveness in meeting its objectives and its efficiency in meeting its objectives. For example, an organization might be highly effective at developing HIV prevention programs that are likely to lead to behavior change: The programs are theory based or have a coherent logic model underlying them, they are informed by existing knowledge, and the core concepts are well

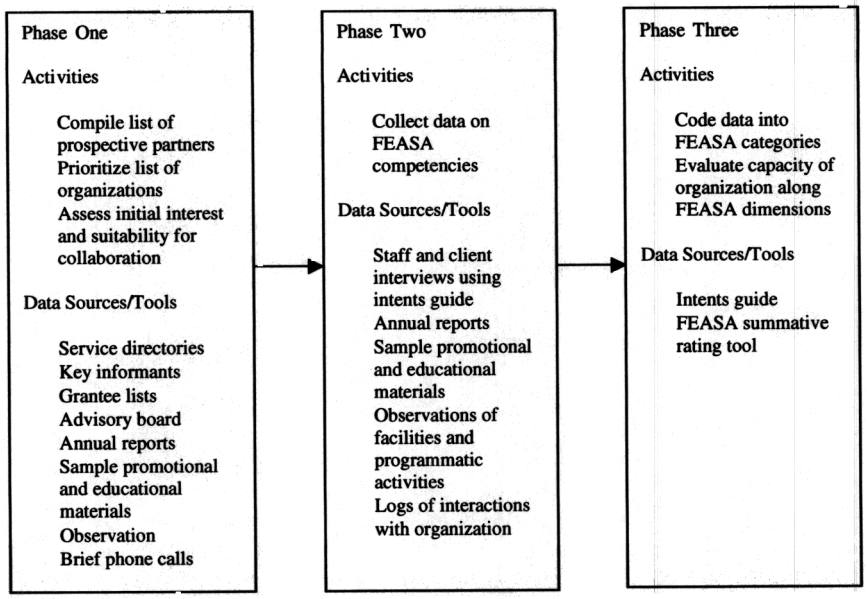

Figure 1. Stages of the FEASA process.
NOTE: FEASA = Feasibility, Evaluation Ability, and Sustainability Assessment.

operationalized into intervention activities. An organization might judiciously use its personnel resources in its programmatic efforts. Although it is likely that a highly efficient organization would also be highly effective, this might not always be the case. Effectiveness and efficiency criteria for each domain of capacity are rated on a 5-point scale. Assignment of scores is based on review of data collected in Phases 1 and 2 (see Figure 1).[8] Staff members code data into each of the major FEASA categories and then assign the organization a numeric rating for the particular FEASA domain. For example, an organization's self-designed HIV-prevention curriculum might provide relevant information on program development and management skills, and on elements of the organization's mission (e.g., Is male-to-male sexual behavior addressed? How is it discussed?). In addition to the numeric rating, staff members provide a written justification for the assignment of the score on the rating tool.

COLLECTING FEASA DATA

Phase 1

The FEASA process was designed to proceed in phases and use multiple sources of information. Phase 1 of FEASA was conducted by those teams that had not established partnerships prior to the start of the project (Birmingham, Chicago, Minneapolis, Orange County, San Diego, Seattle, West Hollywood) and by sites with core partners who wanted

to seek additional collaborators (Milwaukee, Detroit). The first step in Phase 1 is to compile a list of potential partners. Staff members use several sources to generate these lists, including local HIV service directories, key informant interviews with individuals who are knowledgeable of or are members of the target population, recommendations from project advisory board members, and contractor lists from departments of health. Criteria for putting an organization on the list include that it provides HIV prevention services and focuses on men who have sex with other men who are in the target age range, ethnic population, and community of interest.

In many of the Phase 1 study communities, these criteria resulted in identifying a manageable number of organizations to assess. For example, in Minneapolis, 10 organizations met all of the criteria for inclusion on the list. In Seattle, 7 organizations met criteria for inclusion. In communities such as Chicago and Birmingham, few organizations, if any, met all of these criteria, and a partial matching strategy was used. In Chicago, we put organizations on our list that met more than one rather than all inclusion criteria, resulting in an initial list of 160 organizations. In Birmingham, 24 organizations were identified using partial matching criteria.

The second step in Phase 1 is to narrow the list to those organizations most likely to produce HIV prevention programs that serve the target populations' needs. Lists were prioritized into tiers by analyzing previously collected key informant data from people such as health department officials and members of the target population and by discussing what was known about each organization with the local CITY Project community councils.

Step 2 often resulted in rich information regarding the historical dynamics of relationships among organizations and the predisposition of organizations toward sexual minorities. For example, an organization in Chicago that met nearly all of our matching criteria sponsored a homophobic forum during the period of time when we were narrowing our list. Many of our board members planned to protest the keynote speaker, a conservative minister who had argued that heterosexual marriage was the best strategy to eliminate HIV. The organization's endorsement of the forum suggested that it was not a feasible partner for the CITY Project and for organizations that were supportive of gay, bisexual, lesbian, and transgendered communities.

After establishing a list of priority organizations, research staff made introductory phone calls and visits to each organization's chief executive and senior staff. When staff had an internal contact other than the chief executive, these internal allies were asked to facilitate setting up an initial meeting or to provide the initial FEASA data. The initial meeting was designed to introduce the CITY Project to the organization and to gather basic information about each organization. The initial meeting focused largely on feasibility issues, particularly those concerned with how welcoming the organization is to our target population.

Before the visit, a letter of introduction describing the CITY Project was sent to the chief executive, accompanied by a list of questions about the organization that we hoped to discuss at the meeting. Our initial questions were about the organization's mission, history, programs, experience with the target population, and interest in the CITY Project. In addition to discussing these questions, we gathered annual reports and sample promotional and educational materials (e.g., brochures). Field notes documenting the meeting included observations about the organization's facilities and the presence of HIV-related materials or posters. Notes also documented the attitudes, values, and language used to discuss HIV and sexual minorities. The initial meeting lasted about 2 hours. Several brief

follow-up meetings and phone conversations were often necessary to complete the initial data collection.

The data collected in Phase 1 were used to assess the feasibility of a partnership with the CITY Project and gain a preliminary sense of each organization's prevention programming capacity. For each organization, we reviewed its mission, commitment to our local target population, current and desired prevention activities, and basic infrastructure. For example, the Phase 1 data helped the Seattle research team to shorten its list from seven to four agencies; Birmingham focused on three agencies, and Chicago focused on nine agencies. Most of the agencies that were eliminated from our list were those that were unwilling to begin or expand efforts to serve YMSM, were unwilling to help other organizations meet this mission, or were unwilling to work with us for reasons that included the racial composition of the research team being too White and the organization being too busy to take on new efforts. Finally, the Phase 1 data helped us to draw initial conclusions about the capacity of our various study communities to serve its YMSM constituents, with some cities demonstrating relatively high capacity to serve the YMSM community (e.g., West Hollywood, Minneapolis, New York) and others showing modest capacity (e.g., Birmingham, Chicago), as indicated by the number of providers and current and historical depth of their prevention programming efforts for the particular subgroup of MSM of focus in that city. Phase 1 of FEASA was conducted in 1998. Forty-four organizations were identified as viable prospective partners at that time. In 2002, 35 of the organizations identified as prospective partners in this initial phase of assessment are still active partners in the project.

Phase 2

If the data gathered at the initial meeting suggested that a partnership had the potential to be mutually worthwhile, the researchers began the second phase of assessment. In Phase 2 of FEASA, we obtained in-depth information about the community organization, its finances, and its HIV prevention programs. We also gathered information about organizational needs for capacity development assistance. The research teams that had previously established partnerships also conducted Phase 2 of FEASA.

Data were collected from multiple sources, including observation, document review, and guided conversations with representatives at all levels of the organization (since different organization members may be knowledgeable about particular topics). These data were gathered during multiple interactions, typically covering a 6-month period. For those sites with longstanding partnerships, the intents guide provided an organizing framework for sorting through what was already known about each community partner. For example, the New York research team had obtained extensive information about their partners during the 2.5 years before FEASA was conducted. The researchers used the intents guide to create a grid documenting what they knew about each community partner, how they knew it, the gaps in their knowledge, and the ways in which a community partner might have substantially changed since the partnership began. Research staff used the completed grid to target data-gathering efforts around the information gaps, using diverse methods to create a complete profile of each partner organization's competencies.

The data resulting from Phase 2 were used in a variety of ways by the sites. In Seattle, a strengths and weaknesses map was created for the study community, providing an overall picture of the HIV prevention capacity to serve Asian/Pacific Islander YMSM, the target population for the Seattle project. The map was used to prioritize capacity-building train-

ing activities and to inform decisions about which organizations were best suited to conduct particular intervention activities. In West Hollywood, a community assets database was created. The database is a referral resource for YMSM who call the West Hollywood project office. The database also provided the project and its partners with valuable information about service gaps for YMSM. The data about service gaps were used to plan local activities and advocacy efforts to fill those gaps. In Chicago, case study notebooks were created for each organization. A detailed index guides the reader through the various pieces of data in each notebook. Notebooks are regularly updated to document changes in the organizations over time. The notebooks informed the design of tailored capacity-building activities for partner organizations. Chicago staff used the data to tailor interventions to suit local capacity and to place interventions within organizations. Chicago staff also used the FEASA data to identify three organizations with distinct strengths that were brought together to form an alliance that could further the goals of all three organizations. These organizations have since evolved a successful partnership and have been awarded several large grants. In 2001, the coalition was awarded a very sizable grant from the Centers for Disease Control and Prevention to provide a comprehensive array of HIV-prevention services to young African American MSM and to build the capacity of other south-side organizations to work effectively with these young men. Milwaukee staff similarly used their FEASA data to guide several organizational development efforts resulting in increased service capacity for YMSM.

Phase 3

The final step in FEASA was to review all of the information collected about an organization to inform the summary judgments made on the FEASA summative rating tool. Raters coded the data into the categories represented on the FEASA rating tool (e.g., program development, leadership development, organizational mission). Raters were asked to review data relevant to each rating dimension, to apply a rating to the organization, and to document the rationale for the assigned rating. To foster self-learning and collaboration, research teams in the intervention communities were encouraged to have organizational representatives complete the rating of themselves or with the researchers. We hoped that this would form the basis for prioritizing capacity-building activities and monitoring changes in capacity.

The rating tool component of FEASA was only used in three cities, including a comparison city. In Minneapolis, a comparison city, the research team used FEASA to deepen their knowledge of, and relationships with, community organizations. This site's ratings of organizations ($n = 9$) suggested strong existing capacity to provide HIV prevention services to young men, although not all programs were high on their capacity to meet the needs of youth of color, and that all of the interventions that were to be implemented in intervention cities were already ongoing programs in local organizations in Minneapolis. The descriptive data collected about these organizations suggested that our intervention would need to be quite powerful if it were to accrue more benefits to young men than what was already being offered.

In most study communities, however, the use of the rating tool was not politically viable. Staff in the Los Angeles area and in New York, Milwaukee, and Detroit chose not to use the summary rating tool because they did not want to create the perception that they were judging their partners. In three of these sites, partners were actually subcontractors on the research grant from the beginning, and relationship norms were well established. In the Los Angeles area, the project had a politically embattled start. Community organi-

zational representatives were dismayed that the project was largely Latino focused but did not have Latino leadership. FEASA was one of several means to bridge political divides. FEASA opened a dialogue between the researchers and the organizations, allowing each side insight into the other's point of view and providing the opportunity for the two groups to develop a joint plan to develop a strong community of Los Angeles–based Latino researchers to compete for future initiatives such as CITY.

In one site, no FEASA data were collected because of political tensions surrounding the project. This site was a control site in which community members had strong negative feelings about having been randomized to nonintervention status. Here, the principal investigator was concerned that conducting FEASA would exacerbate the tensions already created by marrying research and collaborative efforts to prevent HIV. The research staff has decided to postpone conducting FEASA until the end of the study, when, if the intervention is effective, intervention and capacity-building activities will be initiated with comparison community partners.

A final issue for all sites concerned our ability to protect the identity of the organizations with whom we worked in publishing even aggregate ratings of our findings or descriptive profiles of the organizations. In most of our cities, so few organizations actually work with our target population that we believe it might be possible to infer organizations' identities. For example, at the time at which we conducted our initial FEASA, Chicago contained only one organization that had as its exclusive mission HIV prevention for MSM of color; two other organizations had African American MSM HIV prevention programs. Birmingham contained one HIV prevention program for African American MSM. Atlanta contained three HIV prevention programs for African American MSM. We ultimately decided that protecting our partners and our relationships to them was more important than rating the organizations with whom we were working, so we decided to use the data descriptively and in ways that protected the identities of our partner organizations.

Lessons Learned From Developing and Pilot Testing the FEASA Process

The research teams' pilot experiences with FEASA revealed several limitations of the process. Perhaps most obvious, FEASA is time-consuming. It is an emergent process and one that requires substantial give-and-take. As in any dynamic and interactive research endeavor, it takes considerable time to establish trust and rapport between collaborators.[6] It also takes time to fully appreciate how best to approach understanding each organization, its unique history, and from whose perspective data ought to be collected and interpreted. However, because the process is flexible regarding how and when areas of interest are pursued, and in-depth information is gathered only for organizations with whom a long-term partnership is feasible, FEASA can be tailored to the resource and time constraints of the organization and research team conducting it.

A second limitation of the FEASA process is that it can generate substantial amounts of data. Although our coding categories are simple, coding multiple pieces of information including observational notes, archival documents, and interview data can seem daunting, particularly when conducting FEASA is not the research itself but a means to facilitate it. In our experience, the overwhelming nature of the task can be reduced through several means. First, one may select key pieces of evidence such as interviews as the primary data source. Data from other sources are then used to verify and support information from the primary source. Second, we coded and indexed data as they were collected according

to the framework represented in the rating tool. Indexing data as they come back from the field increased the precision of our subsequent information-gathering efforts. Third, involving the community organization partner in the data analysis and rating process can redistribute the burden. However, the vast amount of rich data that can be generated and the complexity of accurately reducing these data to a set of ratings cannot be overstated.

Third, as noted above, the business of rating organizations' capacity must be undertaken carefully. In our case, understanding capacity in a respectful consultation was consistent with our ultimate aim to work together to develop appropriate local efforts to prevent HIV among YMSM.

Despite the challenges and burdens of carefully, respectfully, and systematically seeking to learn about organizations in each of our cities, our initial experiences with FEASA suggest that it has been a valuable process and that assessment methods such as FEASA may have many potential uses. FEASA could be used by researchers to assess organizational capacity and, by implementing it in a participatory manner, facilitate organizational learning and change efforts. FEASA assisted our research teams to establish rapport with community partners, in part by changing the traditional dynamic between researcher and community. Rather than encourage the researcher to enter an organization with the goal of selling his or her interventions, FEASA asks the researcher to enter settings as a learner.

The research teams were able to obtain information on the needs and abilities of community organizations through FEASA. Research teams that had established relationships reported that FEASA assisted them to understand partner organizations' current capacities. The process also assisted the researchers to identify what additional information about their partners would be useful. Significantly, the research teams discovered that many organizations were already providing interventions similar to those we planned. Learning about these programs changed the nature of the conversation with these organizations from discussing the feasibility of integrating our interventions into the organization to discussing how our study protocol would affect the staff, existing programs, and organization. FEASA forced us to consider seriously how our protocol might be changed to ensure the success of the organizations, as well as of our research. Perhaps most obviously, FEASA helped the researchers learn how they could work more effectively with community organizations and how to tailor interventions meaningfully.

Uses of FEASA for Practitioners

FEASA might be used by organizations as a self-assessment guide. Feedback from the research teams suggested that FEASA facilitated self-learning among some of the partner organizations. It provided organizations an opportunity to step back from day-to-day service delivery and take stock. Organizations identified new goals and areas in which they wanted to grow. Organizations used the data to obtain an in-depth picture of local assets. In some cases, FEASA permitted the creation of new linkages between organizations that proved mutually beneficial.

CONCLUSION

Our initial experiences piloting the FEASA process in 13 communities suggest that FEASA has potential as a respectful and collaborative method for evaluating the capacity of community organizations to provide prevention services and act as research partners.

Although our experiences with FEASA are promising, we have not fully explored the FEASA process. Methods such as FEASA may have merit as tools for making systematic comparisons between aggregates of organizations. By pairing FEASA with research techniques such as systematic sampling, FEASA could be used to quantify the organizational capacity of a geographic region or to assess increases in organizational capacity following an intervention. The research teams continue to collaborate with community partners to implement intervention activities; we do not yet know how successfully these interventions will be sustained by the community partners. The research teams are also exploring ways to enhance the capacity of partners in the competency domains assessed through FEASA. We will continue to monitor the researcher-community organization partnerships during the life of this study to see if FEASA helped the researchers to assess the needs of their partners accurately and if FEASA can capture changes in organizational capacity over time.

APPENDIX
FEASA Rating Scale Items

Mission

The organization is welcoming toward YMSM, including those of color, as reflected in staff, volunteer, and client composition and mission, philosophy, and actions.

Program Development

The organization's programs are designed to be of significant benefit to recipients (e.g., desired outcomes might plausibly result from program activities, outcomes are likely to be socially beneficial, activities are well conceived, empirical evidence and relevant theory have informed the design of programs).

The organization's programs are designed to obtain maximum benefit from available personnel and nonpersonnel resources.

Program Management

The organization has procedures for routine monitoring of ongoing activities and mechanisms in place to establish that process objectives are met as planned (e.g., staff supervision and support efforts are routine, ongoing outcome monitoring systems are in place).

The organization's systems for monitoring activities use resources judiciously and consume a reasonable part of the work day.

Program Evaluation

The organization's evaluative efforts consistently lead to improvements in the quality and delivery of service.

The organization has adequate resources to conduct beneficial evaluations (e.g., there are dedicated and trained evaluators on staff or relationships with professional evaluators, there are adequate funds to conduct evaluation).

Access to Information

The organization uses data and information from external sources to improve existing services and inform the development of new programs.

The organization obtains data and information efficiently (e.g., data and information are timely, reliable, inexpensive, and easy for staff to obtain and use).

Board Development and Management

The organization is continuously cultivating new board membership and leadership within the existing board. Board members represent diverse and appropriate expertise for service, and board recruitment is a strategic, ongoing process.

The organization's board is active and has a clear purpose. It effectively set policies and manages the fiscal health of the organization. It acts in a timely manner and works together productively. Board members understand and fulfill their roles. The board and its committees meet regularly, and their time is wisely used.

Financial Development and Management

The organization has an agency-wide accounting system that includes policies and procedures for accounts receivable, accounts payable, petty cash, purchasing, payroll, and other relevant accounting domains.

Monthly cash flow and departmental expenditure reports are routinely available to managers. Bills are paid in a timely fashion. The organization capitalizes on economies of scale whenever possible (e.g., consolidated purchasing agreements).

Organization development efforts follow a strategic plan that has both long- and short-term objectives, is specific, and is aimed at diversification (e.g., capital and annual giving, small and major donor, government and private donors). The organization does not pursue or accept funding that is unrelated to its mission.

Development efforts are the full-time occupation of trained individuals.

Human Resources and Leadership Development

The organization has clear and well-developed personnel policies and procedures, job descriptions, staff training and appreciation efforts, systems for employee performance review, and systems for handing employees' complaints and concerns. Staff vacancies are infrequent, and positions are filled in a reasonable time period. Rates of employee tenure and internal promotion are high.

Volunteers have clear and rewarding roles within the organization.

Volunteers are effectively recruited, screened, and trained, and their efforts are well coordinated.

Volunteers receive clear instruction and adequate oversight.

Volunteers are well used.

Programs accomplish the goals of nurturing, mentoring, and grooming future leaders of the organization.

Opportunities for leadership training or mentoring are provided and endorsed within the organization. These programs are easily accessible and used by staff.

NOTE: FEASA = Feasability, Evaluation Ability, and Sustainability Assessment; YMSM = young men who have sex with men.

1. The summative rating tool, intents guide, and instruction packet are available from the first author.

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