

# **Behavioral Interventions in an Era of High Impact Prevention**

HIV Prevention Section  
Bureau of HIV/AIDS

# “Intervention”

## In-ter-vene:

1. To interfere with the outcome or course especially of a condition or process

*Or...in our case, interrupting HIV disease transmission.*

# High Impact Prevention (HIP)

## Scientifically proven HIV prevention interventions

This DOES NOT mean *only* DEBIs. What it *does* mean is the following:

- HIV testing and linkage to care
- Antiretroviral therapy
- Access to condoms and sterile syringes\*
- **Prevention programs for people living with HIV and their partners**
- **Prevention programs for people at high risk of HIV infection**
- Substance abuse treatment
- Screening and treatment for other STIs

\*Syringe exchange is currently prohibited in FL due to certain paraphernalia laws.

# HIV Prevention Interventions

- 1. Biomedical**
- 2. Behavioral**
- 3. Structural**

All types of interventions have a role to play in terms of comprehensive HIV prevention programs that follow the High Impact Prevention model. Identification of interventions and strategies that complement each other is key to maximizing the impact of HIV prevention efforts.

# 1. Biomedical Interventions

- Pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP)
- Medication adherence strategies

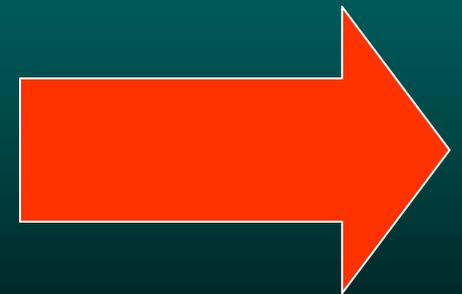
## 2. Behavioral Interventions

- **DEBI (Diffusion of Effective Behavioral Interventions) Project-** interventions that fall under this umbrella have been proven effective through research studies, i.e., showed positive behavioral and/or health outcomes
- **EBIs-** all other evidence-based interventions that show efficacy but are not part of the DEBI project (e.g., LIFE, Blood Lines, BART, MACVIH, and other locally-developed projects)

# POLL TIME!

How would you describe your knowledge of behavioral interventions?

- Just developed
- Basic
- Strong
- Expert



## 3. Structural Interventions

- Designed to implement or change laws, policies, physical structures, social or organizational structures, or standard operating procedures to affect environmental or societal change.
- E.g., Condom Distribution
- Increases the **3 As: Availability, Accessibility, and Acceptability**

# Components of High Impact Prevention (HIP)

Within High Impact Prevention, HIV prevention efforts are guided by FIVE major considerations:

- Effectiveness and cost
- Feasibility of full-scale implementation
- Coverage in the target populations
- Interaction and targeting
- Prioritization

*“More must be done to ensure that new prevention methods are identified and that prevention resources are more strategically concentrated in specific communities at high risk for HIV infection.”*

# HIP: Evidence-based Behavioral Interventions

## Greater emphasis on:

- EBIs for people living with HIV/AIDS (PLWHs)
- EBIs for MSM of all race/ethnicities
- EBIs that are community-level and can be scaled up to reach large numbers
- Single session interventions, particularly those which can be delivered in a clinic setting

# HIP: Evidence-based Behavioral Interventions

## Lesser emphasis on:

- Interventions that serve populations at lower risk for HIV infection
- Interventions with large number of sessions
- *Example:* interventions that are time- and resource-intensive that serve lower risk populations

# HIP: Greater emphasis on EBIs for HIV-infected populations

- CLEAR
- Healthy Relationships
- Partnership for Health
- WILLOW
- LIFE (not under “DEBI” umbrella but evidence-based)
- Interdiction Project (locally-developed)
- Other adaptations that could serve PLWH

# HIP: Greater emphasis on EBIs for MSM of all races/ethnicities

- Popular Opinion Leader (POL)
- d-Up! Defend Yourself
- Many Men, Many Voices (3MV)
- Mpowerment
- Personalized Cognitive Counseling (PCC)
- Other adaptations that could serve MSM

# HIP: Greater emphasis on EBIs that are community level and can scale up to reach larger numbers

- Real AIDS Prevention Project (RAPP)
- Community PROMISE
- POL\*
- Other adaptations that could serve communities

\* POL can be adapted for use with populations other than MSM and combines both group and community-level components.

# **HIP: Greater emphasis on single-session EBIs, particularly those which can be delivered in clinic settings**

- RESPECT\*
- VOICES/VOCES
- Sister to Sister
- Safe in the City
- PCC (Personalized Cognitive Counseling)
- Other adaptations that could serve clinic patients

\*Usually consists of 2 single sessions (one at pre-test and one at post-test; since many providers have switched to rapid testing, it has been adapted to be used as a single-session intervention as well.

## HIP: Examples of EBIs to be de-emphasized (per CDC)

- Adult Identity Mentoring (AIM)
- Cuidaté
- Focus on Youth (FoY)
- NIA
- SiHLE
- SISTA
- Street Smart

# HIP: Examples of EBIs that meet High Impact Prevention Goals

- **CONNECT**- intervention for black and Hispanic hetero couples where 25% of the couples were sero-discordant
- **Modelo Intervencion Psychomedica (MIP)**- intervention for active IDUs; used outreach to recruit into the intervention; approx. 25% of IDUs were HIV-infected; linkage to care was an outcome of the original study.
- **Project START**- intervention for prisoners with pre-release sessions and sessions after release; used to ensure linkage of HIV-infected prisoners to care upon release.
- **Safety Counts**- intervention for IDU/crack cocaine smokers; uses outreach team to bring clients into HIV/Hep testing and engage them in individual and group sessions.

# HIP: Examples of EBIs that meet High Impact Prevention Goals

- **SHIELD**- similar to POL, group-level component with community-level strategy; focuses on current and former drug users that interact with other drug users
- **RESPECT**
- **Community PROMISE**
- **POL**
- **Mpowerment**
- **3MV**
- **d-Up!**
- **RAPP**



This intervention was developed for a certain target population...can we use it with a different one?

Just use packaged intervention materials?

Can we use our locally-developed intervention?

Should we adapt an intervention?

Do we need to adjust some intervention activities to fit our population?

Implement a DEBI intervention?

Does our current intervention address the needs of our population?

Have we assessed “agency readiness”?

Have we assessed “population readiness”?



# Choosing/Adapting an Intervention

## Step 1 (Selection\*)

Collect information on:

- Population HIV behavioral risk
- HIV behavior change interventions
- Population “readiness”
- Agency “readiness”

\* Assess and select an intervention (based on information collected in Step 1- see *Organize & Match Tool* and *Assessing Interventions Tool*)

### The Hope AIDS Project's Organize and Match Information Tool

	Population ↓	HIV Transmission Behavior ↓	Behavioral Determinants of HIV Transmission Behavior ↓	Population "Readiness" ↓	Agency "Readiness" ↓
Information Collected	Black gay men with a history of STDs	Unprotected anal sex	Low self-efficacy for condom use; low-self-efficacy for condom negotiation; low perception of risk; poor communication skills; lack of knowledge about how HIV/STDs interact; low or no social support; rejection from family, friends, and religious community	Will take part in activities that happen online or on the weekend; will not come to the agency because it is known as "the clinic;" will take part in activities where they can interact with men who "get down" or "are in the life."	Experience working with the Black community and with Black gay men; limited experience implementing HIV behavior change interventions; strong community partnerships; has space to conduct meetings and provide interventions; has office and computer equipment.
Interventions That Address These Things	<i>d-up!</i> <i>Mpowerment</i> , <i>Popular Opinion Leader RESPECT</i> <i>Many Men, Many Voices Healthy Relationships</i> <i>VOICES/VOCES</i> <i>Community PROMISE</i>	<i>d-up!</i> <i>Many Men, Many Voices Healthy Relationships</i> <i>VOICES/VOCES</i>	<i>d-up!</i> <i>Many Men, Many Voices Healthy Relationships</i> <i>VOICES/VOCES</i>	<i>d-up!</i> <i>Many Men, Many Voices Healthy Relationships</i> <i>VOICES/VOCES</i>	<i>d-up!</i> (not sure if we have the resources or capacity) <i>Many Men, Many Voices Healthy Relationships</i> <i>VOICES/VOCES</i>
Rationale for Interventions Listed	All interventions were designed for and/or tested with men who have sex with men.	We learned our population's HIV transmission behavior is unprotected anal intercourse. These interventions all address this HIV transmission behavior in some way. Some of them also cover the relationship between HIV and STDs, which is important for our population. This is why this list is shorter.	We list only the interventions that best address our population's most common reasons for engaging in risk behavior. This is why this list is shorter.	These interventions match our population's readiness. The interventions listed look like they have activities we can modify to meet our population's needs.	These interventions seem to best match our agency's capacity. We have experience working with the Black community and with Black gay men. We also have experience with STDs. The one that would be a "stretch" for us is <i>d-up!</i> This is a community level intervention. We do not have a lot of experience with this type of intervention.



**The Hope AIDS Project's Assessing Interventions Tool for *Many Men, Many Voices***

**Intervention Name and Brief Description:** *Many Men, Many Voices* is an intervention to prevent HIV and STDs among Black men who have sex with men. It addresses factors that influence behaviors of Black men who have sex with men including cultural, social and religious norms; interactions between HIV and STDs; sexual relationship dynamics; and social influences that racism and homophobia have on HIV risk behavior. This individual level intervention is delivered to small groups of men who have sex with men.

	Original Intervention	Your Population	Match or Adapt
Population	Gay men of color; men who have sex with men, bisexual men (including men who do not self identify as gay)	Black gay men who have sex with men with a history of STDs	Was the intervention designed for your population? Yes No  Describe what changes you may need to make so that it is a better fit.
HIV Transmission Behavior	Unprotected sex, specifically unprotected anal intercourse	Unprotected anal intercourse	Was the intervention designed to change the HIV risk behavior in your population? Yes No  Describe what changes you may need to make so that it is a better fit.
Behavioral Determinants	Intentions and skills to use condoms; interactions between HIV and other STDs; sexual relationship dynamics; attitudes and coping with cultural, social and religious norms; and the social influences that racism and homophobia have on HIV risk behaviors	Low self-efficacy for condom use and condom negotiation; low or no social support; rejection from family, friends and religious community	Was the intervention designed to change the behavioral determinants of HIV transmission behavior in your population? Yes No  Describe what changes you may need to make so that it is a better fit.
Population Readiness		Will participate in activities that happen online or on the weekend; will not come to the agency because it is known as "the clinic;" will take part in activities where they can interact with men who "get down" or "are in the life"	Was the intervention designed for and tested with your population? Yes No  Describe what changes you may need to make so that it is a better fit.  We will need to adapt activities to have the sessions take place at a site to be determined during a weekend retreat, and not at the agency's clinic during the week.
Agency Readiness and Resource Requirements	Knowledge of and skills related to the intervention: group facilitation; STDs; 2 facilitators, one of whom is a Black gay man; space to run group sessions; community partners like the population at risk/in need of intervention services; agency administrator to supervise facilitators; TV/ VCR; outreach materials	Experience working with the Black community and with Black gay men; limited experience implementing HIV behavior change interventions; strong community partnerships; has space to conduct meetings and provide interventions; has office and computer equipment	Do you have the time, resources, staff and funds? Yes No  Describe what you need to implement the intervention.  We have the time and skills, but some of our staff will need training on group facilitation. We will also need to find space for holding a weekend retreat.



# Choosing/Adapting an Intervention

## Step 2 (Adapt intervention activities\*)

- Who, What, When, Where, and How
- TEST adaptations
- REVISE adaptations
- IMPLEMENT intervention activities
- EVALUATE intervention activities
- REVISE intervention activities

*\*see Decision Tool for Adapting Interventions*

## The Hope AIDS Project's Decision Tool for Adapting interventions: *Many Men, Many Voices*

Activity	"What"	"Who," "When," "Where," "How"	"Why" (Intent)	How the Activity Will Be Adapted	Justification for Adaptation
<p>Exercise 7.3 – How Can I Build On This Experience. The purpose of the exercise is for men to discuss their growth (emotional and personal) during <i>Many Men, Many Voices</i>.</p>	<p>Men's personal growth, self-development, and emotional development as a result of taking part in <i>Many Men, Many Voices</i>.</p>	<p>Men talk about their personal growth, self-development, and emotional development. The men are introduced to a Mental Health professional who tells them about his services.</p>	<p>The exercise increases men's awareness of how much they have grown and developed as a result of <i>Many Men, Many Voices</i>. Also, the exercise makes it okay to talk to a Mental Health professional and continue to grow and develop after the intervention is over.</p>	<p>Instead of a Mental Health professional talking to the men, a pastor from a local church (who is openly gay and whose church supports the Black gay community) will talk about the importance of spirituality and faith for self-development. He will also talk about the counseling services and other mental health services offered by his church.</p>	<p>When we looked at the information we collected, we learned our population felt rejected from church leaders because they are gay and/or bisexual. This rejection results in a poor self-image and leads to risky behaviors such as unprotected anal intercourse. We want to teach the men that there are churches that support them. This should help the men find churches that meet their spiritual needs.</p>
<p>Deliver <i>Many Men, Many Voices</i> over 7 weeks (one session per week).</p>	<p>Men meet once a week to talk, practice skills, get feedback on skills practice, and do role-plays.</p>	<p>Two staff persons that the population can relate to give 7 weekly sessions to HIV-negative Black gay and/or bisexual men.</p>	<p>Meeting in session with other HIV-negative Black gay and/or bisexual men increases the men's STD/HIV knowledge, perception of HIV/STD risk, skills and self-efficacy for condom use, negotiation skills, and ability to communicate with partners.</p>	<p><i>Many Men, Many Voices</i> will be done as a weekend retreat format. Session 1 will be done Friday night, Sessions 2 and 3 will be done Saturday, Sessions 4, 5, and 6 will be done Sunday. Session 7 will happen 2 weeks later as a follow-up. Men will meet at a local gay church to talk about how the intervention changed their lives.</p>	<p>We know our men like weekend activities better than coming to 7 weekly sessions.</p> <p>Having a weekend retreat will also reduce drop out rates of the men.</p>

Sample Decision Table for Adapting Interventions and Instructions

Activity	"What"	"Who," "When," "Where," "How"	"Why" (Intent)	How the Activity Will Be Adapted	Justification for Adaptation
<p>Specific or overall activities such as:</p> <p>Conducting observations of potential target venues.</p> <p>Implementing recruitment activities.</p> <p>Facilitating an interactive exercise.</p> <p>Recruiting and/or hiring appropriate facilitators (race, gender, sexual orientation, professional background).</p> <p>Delivering intervention sessions; duration of sessions.</p>	<p>Topic of the activity (observing recruitment venues; recruiting peer educators; providing HIV rapid tests); topic areas covered; images used.</p>	<p>"Who" is the intervention population (Latino bisexual men, Black bisexual men with HIV transmission risk behavior), or the facilitators who deliver the intervention.</p> <p>"When" is the session frequency and duration.</p> <p>"Where" are the locations the intervention is delivered or done (e.g., clinic, community setting, Internet, or in everyday relations between friends).</p> <p>"How" the activity is implemented; how the content is delivered. Includes mode of delivery (group discussion, lecture, role-play, demonstration, and outreach) as well as other action approaches or methods (observations; focus groups; administering a pre/post test questionnaire).</p>	<p>Purpose of the activity; the specific behavioral determinants of the HIV transmission behavior it affects.</p>	<p>Description of how you would like to change the activity to better address the needs of your intervention population and/or agency.</p> <p>You can make changes to the activity's "Who," "What," "When," "Where," and "How," as long as the intent (the "Why") does not change.</p>	<p>State why you think it is necessary to make changes to an intervention activity based on your understanding of the determinants impacting the intervention population's HIV transmission behavior, "readiness," and preferences as well as your agency's "readiness."</p>

EXAMPLE

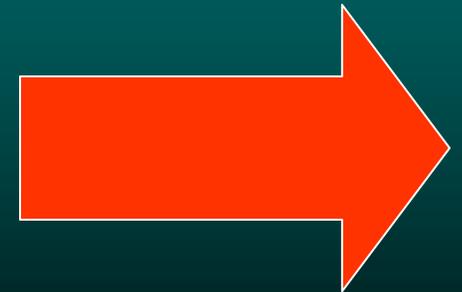
<p>Add an activity to build the self-efficacy of Black gay men to negotiate condom use with casual partners.</p>	<p>The new role-play will build self-efficacy and skills to negotiate condom use with casual partners.</p>	<p>The men will act out role-play scenarios where they are negotiating condom use with casual partners.</p>	<p>Self-efficacy will increase ability (skills and confidence) to negotiate condom use with casual partners.</p>	<p>After discussing the importance of using condoms with casual partners, the men will do a role-play to build skills to negotiate condom use with casual partners.</p>	<p>We are adding this role-play since our intervention population does not have the self-efficacy to negotiate condom use with casual partners. The original intervention role-plays did not address this area. In order for our population to use condoms with casual partners, they need to build skills to negotiate condom use. The role-play will build skills to negotiate condom use.</p>
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# Common Elements Across Interventions

*Common Factors (CF) Essential to HIV Prevention Interventions
<b>CF1:</b> Involve multiple people with different backgrounds in theory, research and HIV prevention education to develop the intervention. <b>e.g., peers, focus groups, interviews, local university students/faculty</b>
<b>CF2:</b> Secure support from target community, and where necessary, appropriate authorities such as prisons, school districts or community organizations. <b>e.g., community forums, town hall mtgs., local businesses</b>
<b>CF3:</b> Know target risk group and their behaviors and make sure intervention targets those behaviors.
<b>CF4:</b> Create a safe social environment for individuals to participate.
<b>CF5:</b> Convey issue-specific and population-specific information necessary for health actions.
<b>CF6:</b> Build cognitive, affective, and behavioral self-management skills. <b>e.g., condom negotiation skills</b>
<b>CF7:</b> Address multiple psychosocial risk and protective factors affecting risk behaviors (e.g., knowledge, perceived risks, values attitudes, perceived norms, and self-efficacy).
<b>CF8:</b> Include multiple activities to change each targeted risk and protective factor. <b>e.g., role-plays, demonstrations</b>
<b>CF9:</b> Employ instructionally sound teaching methods that actively involve the participants that help participants personalize the information, and that were designed to change each group of risk and protective factors.
<b>CF10:</b> Address environmental barriers to implementing health behaviors. <b>e.g., transportation issues, daycare</b>
<b>CF11:</b> Design activities consistent with available resources (e.g., staff time, staff skills, facility space, and supplies).
<b>CF12:</b> Select educators with desired characteristics (whenever possible), train them and provide monitoring, supervision and support.
<b>CF13:</b> If needed, implement activities to recruit and retain participants and overcome barriers to their involvement, e.g., publicize the program, offer food, or obtain consent.
<b>CF14:</b> Sufficient intensity to achieve behavior change and maintenance of change. <b>e.g., how long is a session, # of sessions?</b>
<b>CF15:</b> Incorporate data collection strategies for process and outcome data, to inform program delivery and future action, and to demonstrate program is effective as delivered.

# Webinar Evaluation

- Before you leave the webinar, please take a moment to complete the evaluation in the polling section (to the right of your screen)
- Your feedback is extremely important to us and will help improve on current and future trainings
- The more feedback the better!



# Resources

**High Impact Prevention: CDC's Approach to Reducing HIV Infections in the United States**

<http://www.cdc.gov/hiv/strategy/>

**The Adaptation Guide: Adapting HIV Behavior Change Interventions for Gay and Bisexual Latino and Black Men (CDC, 2010)** [http://www.effectiveinterventions.org/Libraries/General\\_Docs/CS218684\\_CDC\\_Adapt\\_Guide\\_v1.sflb.ashx](http://www.effectiveinterventions.org/Libraries/General_Docs/CS218684_CDC_Adapt_Guide_v1.sflb.ashx)

***Guiding Principles: Translation and Implementation of Evidence-Based Behavioral Interventions.*** New York State Department of Health, AIDS Institute, June 21, 2010.

**Incorporating HIV prevention into medical care of persons living with HIV**

[http://www.effectiveinterventions.org/Libraries/Public\\_Health\\_Strategies\\_Docs/INCORPORATING\\_HIV\\_PREVENTION\\_INTO\\_THE\\_MEDICAL\\_CARE\\_OF\\_PERSONS\\_Procedural\\_Guide\\_8-09.sflb.ashx](http://www.effectiveinterventions.org/Libraries/Public_Health_Strategies_Docs/INCORPORATING_HIV_PREVENTION_INTO_THE_MEDICAL_CARE_OF_PERSONS_Procedural_Guide_8-09.sflb.ashx)

**Effective Interventions Website (CDC)**

<http://www.effectiveinterventions.org/en/Home.aspx>

**Compendium of Evidence-based HIV Behavioral Interventions**

<http://www.cdc.gov/hiv/topics/research/prs/compendium-evidence-based-interventions.htm>

**FL HIV Prevention Section Website, Interventions Team Pages**

<http://www.preventhivflorida.org/Interventions.htm>

**Condom Distribution as a Structural Level Intervention**

[http://www.cdc.gov/hiv/resources/factsheets/condom\\_distribution.htm](http://www.cdc.gov/hiv/resources/factsheets/condom_distribution.htm)

**FL HIV Prevention Section Website (slides from today's webinar will be available here, under *Resources & Materials*)**

<http://www.preventhivflorida.org/>

**FL Bureau of HIV/AIDS & Hepatitis Website**

<http://www.floridaaids.org/>

# Questions/Comments



# Contact Information

**Mara Michniewicz, MPH, CHES**  
Interventions Team Lead

[Mara\\_Michniewicz@doh.state.fl.us](mailto:Mara_Michniewicz@doh.state.fl.us)

**Bureau of HIV/AIDS, Prevention Section**

Florida Department of Health  
4052 Bald Cypress Way, Bin A-09  
Tallahassee, FL 32399  
(850) 245-4336



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