

GENERATIONS | Strengthening Women and Families Affected by HIV/AIDS



“Support from AIDS United has allowed Chicano Federation to invest in innovative projects like De Mujer a Mujer; it has provided the opportunity to bridge the gap between HIV research and the social services it provides to the community.”

—Veronica Tovar, Chicano Federation

GENERATIONS: Strengthening Women and Families Affected by HIV/AIDS is AIDS United’s groundbreaking community-science partnership with Johnson & Johnson and the Health Equity Institute at San Francisco State University focused on reaching women in the United States at high risk for HIV infection. Using a combination of cash grants, evidence-based prevention models, technical assistance and evaluation support, *GENERATIONS* has cultivated the development or adaptation of evidence-based programming that meets the needs of one of our nation’s most highly impacted populations. The program has combined AIDS United’s strengths of community-focused grantmaking and technical assistance and Health Equity Institute’s expertise in prevention science with Johnson & Johnson’s commitment to supporting HIV prevention efforts for at-risk women and their families.

This report presents the outcomes of our third cohort of *GENERATIONS* grantees (GEN III), a group of six inspiring community-based organizations serving the most vulnerable and hard-to-reach populations, including African-American women, Latina women, women recently released from incarceration, women seeking substance abuse treatment, and women and girls from resource-poor communities.

The power of the *GENERATIONS* collaboration multiplies the unique strengths of each partner, as you will see in this report. By helping to provide our country’s most at-risk populations of women with a vital, comprehensive, culturally-appropriate system of HIV prevention and care services, we have helped not only them, but their sons and daughters, brothers and sisters, mothers and fathers, friends and communities.

It is the best kind of return on our investment, which brings us even closer to an AIDS-Free generation in our lifetimes.

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ABOUT THE PARTNERS

The creation of **AIDS United** combines private-sector fundraising, philanthropy, coalition building, public policy expertise, and advocacy—as well as a network of local and state partners—to most effectively and efficiently respond to the epidemic in the communities most impacted by it. Through its strategic grantmaking initiatives and Community Partnerships program AIDS United supports more than 400 grassroots organizations annually that provide HIV prevention, care and support services to underserved individuals and populations most impacted by the HIV/AIDS epidemic including communities of color, women and people living with HIV/AIDS in the U.S. South.

AIDS United advocates for people living with or affected by HIV/AIDS and the organizations that serve them. AIDS United's policy staff has been instrumental in the development and implementation of major public health policies that improve the quality of life for those living with HIV/AIDS and ensure evidence based prevention programs to stop the spread of new infections.

Johnson & Johnson partners with more than 100 organizations in 50 countries to prevent HIV and reduce the burden of HIV among women and families. The company's prevention efforts expand education and services to prevent mother-to-child transmission and reduce the spread of HIV among at-risk women and young people. Johnson & Johnson's care and support efforts focus on building management capacity among community AIDS service organizations, and helping people affected by HIV/AIDS access services—education, food, shelter and psychosocial support—to improve their health and quality of life.

The **Health Equity Institute's** mission is to create an intellectual environment that encourages diversity of perspectives, challenges conventional approaches, and produces innovative action-oriented research in the biomedical and behavioral sciences in order to improve health, eliminate health disparities, and establish equity in health.

HEI stimulates and integrates SF State research activities, community engagement, health communications and training activities to both improve health and eliminate health disparities by:

- Conducting local, state, and national research on health and health disparities.
- Fostering high-impact health and health disparity research by expanding the number of well trained researchers from diverse backgrounds.
- Engaging community residents, community-based organizations and other community partners in all aspects of our work.
- Synthesizing and disseminating research findings for public use.



Top row: Beauty In Knowing, Women's Leadership and HIV/AIDS Prevention Training Institute, Inside Out.
Bottom row: Phenomenal Woman, Arte con Salud, De Mujer a Mujer.

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GENERATIONS: STRENGTHENING WOMEN AND FAMILIES AFFECTED BY HIV/AIDS

In the third decade of the HIV/AIDS epidemic, women are increasingly affected by the disease. The vast majority (88%) of women who are infected with HIV are infected via heterosexual sex¹. Women of color are disproportionately burdened: black and Latina women comprise 81% of new female AIDS diagnoses² and the rate of new HIV infections for black women is 20 times higher than for white women.³

With more than 20 years of experience directing resources to communities in need, AIDS United understands that some of the most successful prevention research does not always trickle down to individual communities and at-risk populations. When it does, communities are often ill-equipped to effectively implement evidence-based programs. AIDS United is committed to ensuring that community-based organizations on the frontline of HIV prevention are equipped with the latest prevention science and research as well as the resources they need to effectively utilize this research. To that end, we partnered with Johnson & Johnson to create the *GENERATIONS* Initiative, a unique model of support for community-based organizations (CBOs) with the goal of building CBOs' capacity to access and use cutting-edge prevention science to reach at-risk women in their communities.

GENERATIONS Background

The *GENERATIONS* Initiative began in 2005 with funding from Johnson & Johnson and a commitment to serving at-risk populations of women of color and building community-based organizations' capacity. Between 2005 and today, 21 organizations have benefited from cash grants, specialized technical assistance,

and local evaluation to adapt evidence-based programs for women and girls. These 21 organizations represent geographic diversity, with representation from places such as Alabama, Atlanta, Detroit, Oakland, Puerto Rico, and Washington, DC. Communities served included incarcerated women, Chinese-American sex workers, and African American cosmetology students. This initiative has had an impact at all levels: building organizational capacity, strengthening staff skills, and behavioral impact on women and girls served.

Along with providing program support for twenty-eight (28) months, the *GENERATIONS* grants enable a team of HIV prevention experts, led by Dr. Cynthia Gómez, Director of the Health Equity Institute at San Francisco State University, to guide grantees as they pilot and implement their interventions. In addition, grantees are matched with a local evaluator to help them assess their interventions' progress towards achieving stated goals and objectives and to build long-term evaluation capacity in their organizations.

The combination of cash grants, evidence-based prevention programs, technical assistance, grantee convenings and evaluation support all promote the development of new evidence-based interventions or the adaptation of existing prevention models for specific populations of women and girls at high risk for HIV infection.

GEN III GRANTEES

Recognizing that effective innovation and adaptation takes time and resources, *GENERATIONS* is designed as a multi-year, multi-phase grantmaking initiative. AIDS United has refined the model through three cohorts of *GENERATIONS* grantees

Organization Name	Location	Project Name	Target Population
AIDS Alabama	Birmingham, AL	Beauty In Knowing	African-American women enrolled in cosmetology school
Boston Public Health Commission	Boston, MA	The Women's Leadership and HIV/AIDS Prevention Training Institute (WLTI-HIV/AIDS)	Women seeking treatment within the Boston Public Health Commission's substance abuse program
Bronx AIDS Services	New York, NY	Inside Out	Young African-American and Latina women, ages 14-18
Chicano Federation of San Diego	San Diego, CA	De Mujer a Mujer	Latinas, ages 18 and over from five San Diego-area ZIP codes
Greenhope Services for Women	New York, NY	Phenomenal Woman	Women recently released from incarceration
Taller Salud	Loíza, PR	¡Arte con Salud!	Women ages 18-40 in resource-limited communities

(GEN I, 2005-2007; GEN II, 2007-2009; GEN III, 2010-2012). For the recently completed GEN III cohort, grantee organizations were funded to complete a four-month Formative Phase, a four-month Pilot Phase, and a subsequent twenty-month Implementation Phase. The three-Phase structure is a critical piece of the GEN model.

In the Formative Phase, grantees engaged in a deliberate, thoughtful, and constructive process to fully develop, adopt, or adapt an evidence-based HIV prevention intervention to meet the needs of their target population. This was an opportunity for grantees to collaborate intensively with their technical assistance providers to examine their concepts and ideas in relation to current HIV prevention science, determine the appropriateness of certain interventions for their target population, and conduct focus group and research. The data and evidence gathered during this time directly impacted the design of the grantees' interventions. The Formative Phase also provided time for planning program evaluations.

In the Pilot Phase, grantees piloted two cohorts of their interventions. Staff were able to determine if their curriculum addressed the needs of their target population, to receive feedback from intervention participants and to test evaluation instruments created during the Formative Phase. At the end of the Pilot Phase, grantees made changes to their curricu-

lum based on feedback and finalized their intervention for implementation.

In the Implementation Phase, grantees conducted their programs within their target community, guiding cohorts of women through their interventions. During this time, agencies continued to have access to their TA provider and evaluator to measure the impact of their intervention strategies and make small refinements to maximize success.

The *GENERATIONS* model contributes to efforts to prevent the spread of HIV among women by systematically increasing the capacity of community-based organizations and staff to integrate HIV prevention science into their local prevention efforts. At the conclusion of the grant period, GEN III has produced six innovative evidence-based HIV prevention models and reached over 650 at-risk women.

WHY THIS MODEL WORKS

The *GENERATIONS* model has evolved over time as a result of our experiences with GEN I and GEN II, and our growing understanding of what organizations need to be successful in creating and implementing innovative prevention interventions. Elements of the GEN II cohort—specifically, the Formative Phase, more systematic and proactive technical assistance, and managing evaluation contracts at

1 Centers for Disease Control and Prevention. HIV/AIDS Surveillance in Women, 2010. <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/women/index.htm><http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>.

2 Kaiser Family Foundation. Women and HIV/AIDS in the United States; July 2012.

3 Centers for Disease Control and Prevention. HIV/AIDS Surveillance in Women, 2010.

the national level—were implemented in response to recommendations and learnings from the GEN I cohort. The GEN II cohort strongly recommended a structured Pilot Phase as opposed to including it in the Formative Phase. In response to their feedback, a Pilot Phase was incorporated into the GEN III model and organizations had the opportunity to pilot two cohorts prior to finalizing their intervention.

Formative & Pilot Support

Including a Formative Phase is critical when asking organizations to create or adapt an intervention. With the epidemic increasingly concentrated in marginalized and isolated at-risk populations, organizations need the time and resources to thoughtfully tailor an intervention to their unique target community. As part of this process, organizations conduct research, involve the target population in program design, and create detailed action plans. In the Pilot Phase, organizations pilot test both their

lessons learned from the first year. Additionally, multi-year funding allows grantees to collect more process and outcome data, which can be used to demonstrate impact when they are seeking funding for sustainability.

Technical Assistance

Pairing grantee organizations with a TA provider who has expertise in HIV prevention, behavioral science, and curriculum development created a rare, but invaluable, opportunity. Intensive, structured TA during the Formative Phase provided grantees with the skills necessary to conduct formative research and design an intervention. Throughout the Implementation Phase, TA providers continued regular contact with grantees, providing support and guidance as grantees executed their programs with their target population. TA providers used their expertise to suggest solutions to challenges that threatened to slow or derail an intervention and also helped grant-

Organizations need the time and resources to thoughtfully tailor an intervention to their unique target community.

intervention and program evaluations before commencing full implementation of their program. Staff receive real-time feedback from their evaluator, which can be incorporated into the final version of their intervention's curriculum.

Unfortunately, this type of work is rare despite its benefits to funders and grantees alike. In addition to ensuring a more solidly constructed and fully tested intervention, splitting the grant period into three distinct phases allows the funder to assess the viability of the funded project and grantee organization in the Formative & Pilot Phases before awarding full Implementation Phase funding.

Multi-Year Funding

Multi-year funding is critical because it gives organizations the chance to assess the feasibility of ongoing implementation and learn more about what it takes to sustain their interventions. With support for two full years, grantees have an opportunity to make programmatic and organizational improvements in the second year based on the

ees continue to improve their interventions throughout the grant period.

Evaluation

The collaborative relationship between grantees and their independent evaluators empowered grantee staff to take ownership over the evaluation and its results. Instead of feeling “graded” or understanding evaluation numbers as simply a means to raise funding, grantees learned how to craft useful evaluation questions and apply evaluation answers to refine and strengthen their programs. In turn, working with CBOs provided a chance for evaluators to work outside of a research setting and experience “real world” HIV prevention, strengthening them as public health and behavioral researchers.

Learning Community

Unique to this funding model is the opportunity for peer-to-peer learning across the cohort of grantees. Although each intervention was unique in focus and design, the structure and process of adapta-

tion and implementation was the same for all and there were shared or similar intervention elements among grantees. National convenings as well as regular conference calls kept grantees up-to-date on each others' programs and progress and provided the opportunity for grantees to voice challenges and receive feedback and suggestions from the others. This peer-to-peer interaction emerged as a critical element of support to the GEN III grantees.

Collaboration

With *GENERATIONS*, AIDS United focused on strong, collaborative partnerships among funder, grantee, TA provider, and evaluator rather than the “traditional” funder-grantee dynamic. AIDS United recognizes that “real world” challenges, sometimes completely unrelated to the funded program, can impact the intended delivery of the intervention. When grantee organizations shared these inevitable challenges with AIDS United and the support team we were able to marshal expertise and resources and collectively problem-solve.

Capacity

Although the capacity-building elements of GEN III were focused on the specific GEN III interventions, the skills and experiences gained often transferred to other organizational programs and strengthened overall agency capacities, in both large and small ways. New ideas or activities that were developed for GEN III interventions—such as a client referral system or systematic evaluation protocols—were expanded to all of the agencies' programs. Agencies realized the value of formative research in GEN III and advocated for formative support from other funders. They examined the information and results from their GEN III work, recognized other unmet needs, and developed new programs that better served their communities.

LESSONS LEARNED

In addition to providing important lessons about the effectiveness of the structure of the *GENERATIONS* model, GEN III presented lessons about the field of HIV prevention for women as a whole:

Staff Capacity

Organizational staff capacity can significantly impact the organization's ability to implement their program as intended. Grantees agreed that the skill level and commitment of a program's facilitator or educator—the person in direct contact with participants—were the key to a successful intervention. But if this primary staff person leaves, either permanently or temporarily (due to parental leave or illness), the impact is felt on multiple levels. In general, grantee organizations that were most transparent with AIDS United and the TA providers about their progress and that had commitment and buy-in from organizational leadership were best able to maintain programmatic consistency in the event of a key staff departure. Funders should work with grantees to ensure that all levels of management are engaged with the project and that key staff have appropriate support and supervision. They should also ensure that alternative staffing plans are considered from the outset.

Relationships

Interventions often depended on the grantee organization's relationship with an implementation site, such as another service agency, a school, or a jail. Circumstances at these sites—usually out of the grantee's control—often impacted the intervention's implementation. Memoranda of Understanding, open communication, and flexibility were essential to navigating these associations. Grantees who worked with populations in or related to prisons or jails found relationships with these settings especially formidable to navigate, as seemingly idiosyncratic rules and ever-changing leadership continually threatened grantees' access to their target population. In the same way that alternative staffing plans are needed, alternative implementation venues or modalities should be considered and planned from the outset to maintain programmatic progress.

Peer involvement

Peer educators or peer facilitators—proved effective for several GEN III grantees. Though using peers is not feasible for every situation or target population, HIV prevention messages are often more palatable coming from peers rather

than program staff. However, the use of peers has its caveats and cautions, as some grantees had to experiment with a variety of methods to maintain peer accountability and quality of instruction. Successful models included: pairing a peer with a staff instructor; hiring the peer as a part-time or stipended staff member; and using a peer to recruit and screen participants but turning instruction and facilitation over to a staff member.

Creative Incentives

Creative use of incentives to attract or retain participants proved key with GEN III grantees' target populations. Often the incentive was the factor that convinced women to agree to participate in the intervention. Progressive incentives (such as an increase in the incentive amount per each subsequent session attended) helped retain women throughout the entire intervention (although many grantees also found that the content of the intervention proved a strong enough retention tool by the end of the program). Finally, incentives were important in getting women to return for

Prevention Conference and the International AIDS Conference that highlighted ways to maximize attendance at a national or international conference. Grantees reported that this was extremely helpful for their professional development. This is a tool we are working to finalize and disseminate more broadly across AU grantees.

- In addition to the regular grantee convenings, staff organized a convening for facilitators only. In response to grantee requests from previous GEN cohorts and the advice of the TA team, GEN III was the inaugural cohort to host a convening dedicated to skill-building for facilitators. The convening was beneficial to participants and the facilitators recommended additional skill-building opportunities throughout the grant period.

Linkages to Mental Health and Domestic Violence

Grantee organizations reported that these issues do not exist separately from HIV. Many of the

Service Integration

Many project staff felt that they lacked the skills to provide individual counseling or alternatively, did not have time funded for such counseling or for following on referrals provided to women during the intervention. There are multiple lessons learned on this topic: 1) Organizations should budget appropriately for staff in this intensive grant program, and 2) Funders must realize the amount of resources it takes to support women who are at-risk for HIV but also competing with multiple priorities in their lives and that service integration can be very helpful in aiding the process for women to receive all of the services they need in a timely manner with full support.

Cross-Cohort Evaluation

As the Pilot Phase concluded in November 2010, it was decided that a cross-cohort evaluation of *GENERATIONS* would be a beneficial addition to measuring overall outcomes of *GENERATIONS*. In early 2011, the TA team worked with AIDS United to determine a set of common variables that each site included in its evaluation instruments. This data was analyzed by the TA team after the completion of the GEN III grant. During this process, we learned that this would be more efficient to implement in the Pilot Phase, before evaluators had developed and finalized evaluation instruments. It was difficult in some cases to ask evaluators to re-word certain questions or add additional questions into a survey that may not have resonated with the target population. Our recommendation for future projects would be to ensure that cross-cohort analysis is planned out well in-advance of the implementation of the project.

Creative use of incentives to attract or retain participants proved key with GEN III grantees' target populations.

follow-up sessions and/or evaluations. Many GEN III grantees used the Formative and Pilot Phases to research and test appropriate incentives for their target population. Some found that their target populations preferred a gift card or a symbolic incentive such as a bracelet, as opposed to money. Grantees continued to assess the appropriateness of their incentives throughout the Implementation Phase and made adjustments as necessary.

Professional Development

- A welcome addition to GEN III was the opportunity for "conference coaching." Previous GEN grantees have expressed being overwhelmed when attending conferences or meetings that are designed to advance the field and provide opportunities for knowledge- and network- building. In response to this, the TA team designed a tool for the National HIV

at-risk women who participated in the GEN III interventions had histories of substance abuse, mental health issues, and/or domestic violence. The major lesson learned is that these issues should be incorporated into the messaging around HIV prevention. Not addressing these issues leaves out a crucial piece of the puzzle for women to be empowered to make decisions around their sexual health and protection.

Ability to Scale-up

Innovative adapted or homegrown interventions that begin at the local level effectively reach those women most at-risk for HIV, but also have potential to be scaled up and rigorously evaluated. Promising evaluation results indicate that the GEN-funded programs showed positive movement in HIV/AIDS knowledge, risk-reduction, condom negotiation, self-efficacy and empowerment.

AIDS ALABAMA BEAUTY IN KNOWING



Intervention Background

AIDS Alabama's **Beauty In Knowing (BIK)** is a multi-session HIV prevention intervention targeting African-American Women, ages 18-45, enrolled in cosmetology school in Jefferson County, Alabama. Cosmetology students participate in a pre-test/orientation and five 90-minute sessions held weekly at the cosmetology school during school hours.

BIK includes elements of the *SISTA* (Sisters Informing Sisters about Topics on AIDS) curriculum as well as curriculum from a previous *GENERATIONS* grantee *My Children, My Sisters, Myself*. The core elements of BIK include:

- Group Sessions in a Cosmetology School Setting

- Examining the historic role of stylists as change agents in the African-American community;
- Exploring the evolving image of Black beauty (pre-slavery to the present);
- Discussing the connection between beauty, self-image and sexual health;
- Role-playing scenarios that are specific to a beauty salon setting;
- Educating participants about HIV & STI prevention, sexual anatomy, condom negotiation and assertiveness; and
- HIV Testing and/or Community Resources for HIV/STI Screening.

Goals and Objectives:

- Increase participants' knowledge regarding HIV/STI Transmission, Sexual Anatomy, Safer sex practices and their current HIV status;

- Increase participants' perceived condom use, negotiation skills and perceived ability to assertively communicate with partners regarding sexual issues;
- Increase condom use and HIV screening;
- Decrease perceived barriers to condom use, frequency of unprotected sex and other sexual behaviors that place participants at risk for HIV/STIs;
- Increase perceived communication skills with clients and other women regarding sexual topics;
- Decrease perceived barriers to communication with clients about sexual topics; and
- Increase acceptance of role as community health educator.

Activities

Though originally conceived as a salon-based intervention, *Beauty In Knowing* evolved into a program for cosmetology students when interviews with cosmetology school administrators and student surveys revealed students' lack of knowledge regarding sexual health and behaviors that were placing them at risk for HIV/STIs. AIDS Alabama staff developed role plays, presentations and other materials to address hair stylists' role definition and to illustrate the historic role of beauty professionals as change agents in the African-American community.

Process Data

One hundred twenty (120) women from three different cosmetology schools were enrolled in *Beauty In Knowing* during *GENERATIONS*. A typical BIK participant is a 23-year-old Black (non-

Hispanic) female who is heterosexual and has never married. She most likely lives with her family or a boyfriend/spouse. Approximately half of the participants have financial responsibility in the home and all report living in stable housing. Many participants were at risk for HIV/STIs due to unprotected sex with male partners.

Outcome Data

When cosmetology students in the target demographic participate in BIK, their:

- Perceived condom use and negotiation skills increases;
- Perceived importance of stylists providing health-related advice increases;
- Ability to overcome perceived barriers to communicate with clients about sexual topics increases; and
- Perceived participation in making decisions about condoms with partner increases.

Lessons Learned

Providing education to the cosmetology instructors and administration is key to obtaining school buy-in and support. For example, BIK staff meet with the instructors whose students compose the BIK cohorts. This relationship gives instructors insight into what their students are learning through BIK—and the instructors typically learn something as well.

Many students study cosmetology as a means of gaining access to further educational achievement. For this reason, BIK staff has added a discussion of par-

ticipants' career goals early in the sessions. This allows for the program facilitators to have a clear understanding of how to relate to the students.

BIK staff should be prepared to address issues of domestic violence and other intersecting issues during counseling sessions with participants. Staff encountered a number of students who were dealing with issues of domestic violence and substance abuse.

Next Steps

Beauty In Knowing is being expanded to include additional sessions addressing health issues that are impacting the target population (e.g., domestic violence, nutrition, tobacco use). Additionally, participants who have completed the intervention during *GENERATIONS* have been invited to participate in a coalition of hair stylists that will plan educational programs for the communities they serve.

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“As a stylist I have to help my clients feel beautiful on the inside too—not just the outside. *Beauty in Knowing* has taught me information that I could use to make my clients feel beautiful on the inside too.”

—a *Beauty in Knowing* Participant

BOSTON PUBLIC HEALTH COMMISSION

WOMEN'S LEADERSHIP AND HIV/AIDS PREVENTION TRAINING INSTITUTE (WLTI-HIV/AIDS)



Intervention Background

The Women's Leadership and HIV/AIDS Prevention Training Institute (WLTI-HIV/AIDS) is an empowerment-based leadership training program designed to reduce risky sexual behavior among women with co-occurring substance abuse and mental health disorders and history of trauma.

The program was developed and implemented among women receiving treatment within the Boston Public Health Commission's (BPHC) outpatient substance abuse treatment programs. Based in Boston, MA, the program is a five session, 4.5 hours/session

program that aims to build leadership qualities and skills including self-efficacy/advocacy skills, problem solving and negotiation to reduce sexual risk behaviors and ultimately HIV/AIDS. It is an adaptation of an earlier version originally developed and implemented by the Boston Consortium of Services for Families in Recovery at the BPHC.

The goals of WLTI-HIV/AIDS are to:

- Increase women's knowledge of and skills in HIV/STI prevention, including safer sex practices and relapse prevention to promote engagement in protected sex and effective communication with their partners around these issues.

- Train women in recovery to become effective leaders so they can advocate for themselves and others about HIV/AIDS-related issues.
- Reduce risky sexual behavior including sex with risky partners, alcohol or drug use before or during sex, and inconsistent condom use.

The core elements of the intervention include:

- Leadership development;
- Communication skills;
- Condom use negotiation;
- Self-esteem building;
- Problem solving; and
- HIV/AIDS/STI knowledge.

Activities

Staff conducted a literature review to better understand the HIV prevention needs and challenges for the target population and developed a conceptual framework, goals and objectives based on this. Mini focus group and interviews with prior intervention facilitators served as feedback mechanisms on the existing curriculum and potential areas for improvement. As a result of these activities, BPHC updated program information, tailored intervention materials to an appropriate literacy level, and improved the linkage between leadership and HIV prevention in the intervention's curriculum.

Process Data

Based on demographic data collected during the implementation phase, 88% of participants in the WLTI intervention (and 70% in the attention control intervention) identified as Black and/

or Latina. The average age for participants was 36.5 years old. At baseline, women reported engaging in a variety of HIV risk behaviors including using alcohol or drugs before sex, sex with a risky partner (i.e. a partner who injects drugs or is HIV positive), and inconsistent condom use.

Outcome Data

- WLTI participants showed significant improvement in HIV knowledge from baseline to three-month follow-up.
- From baseline to three-month follow-up, WLTI participants felt they had more of a voice in their relationships.
- WLTI participants reported less sex at three-month follow-up compared to baseline. At six months, they reported less risky sexual behavior.
- A trend was noted such that WLTI participants had greater reductions in perceived risks for HIV than comparison participants.
- Sixty-six percent (66%) of WLTI participants attended four or five sessions compared to 28% of comparison participants. WLTI participants were highly satisfied with the program and indicated the program helped them find their voice in their relationships and make changes in their lives to reduce risky sexual behavior.

Lessons Learned

- Women reported feeling more empowered to make healthier decisions and increased self awareness about their own behaviors and relationships after having completed the

intervention. This reinforces that incorporating leadership into HIV education may be a promising strategy to reduce HIV risk among women with co-occurring substance abuse and mental health disorders.

- The process of adapting, implementing, and evaluating an HIV prevention intervention is time intensive, requires support from staff at all levels, and should incorporate consumer input and participation at every step in the process.

Next Steps

The adapted WLTI intervention will be integrated into the standard of care in BPHC women's substance abuse treatment programs. We will also produce and disseminate both print and electronic copies of the adapted WLTI-HIV/AIDS curriculum and disseminate at low or no cost.

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“Before the group, I knew I had leadership in me, but that was something I hid deep down behind my dark side...But after the group it brought out that little part of me that was hidden.”

—a WLTI participant.

BRONX AIDS SERVICES INSIDE OUT



Intervention Background

Inside Out is an 8-week, 16-session HIV prevention intervention designed for young women of color ages 14-18. The curriculum consists of eight group sessions and eight individual sessions.

- The eight group sessions focus on maintaining optimal sexual health: assertive communication, sexual readiness, sexual coercion, healthy relationships, coping skills/resiliency, self-esteem building, goal setting, and gender roles and expectations. Group sessions incorporate activities from Girl Smart and POWERR curricula (GEN II grantees), in addition to new exercises developed by Bronx AIDS Services (BAS) staff.
- Participants meet with a licensed clinical social worker for eight individual sessions to

reinforce concepts from group and to discuss ongoing personal issues that may affect their ability to implement safer sex strategies into their lives.

Activities

- Participant eligibility for the Inside Out project initially proposed to be high risk adolescent females (ages 12-17). After careful deliberation with the AIDS United TA team during the Formative Phase, BAS staff adjusted the target population to adolescent females in the Bronx ages 14-18.
- During the Pilot Phase, it became clear that the best way to ensure that accurate data was being collected was to administer the pre-post test survey as an interview during the orientation and final individual session. Making this change

proved to be helpful as simple errors decreased during the pre-post test data collection.

Process Data

Throughout the life of the Inside Out intervention, BAS reached 70 single, young women of color ages 14-18. The mean age of participants was 15.9 years old at the time of enrollment. Fifty-one percent (36) of participants described themselves as “Black or African American, 47% (33) considered themselves Latina, and 1.4% (1) was classified as “other.”

The young women participating in the Inside Out intervention were screened prior to enrollment. The data paints a troubling picture of young women in the Bronx. Approximately 50% of young women screened have had unprotected sex, and 10.5% had been pregnant. A majority of young women had smoked marijuana and had experienced drinking alcohol (60% and 71.4%, respectively). Depression and trauma are also prevalent in these young women’s lives—61.4% had experienced depression and 22.6% had violence in their homes directed towards them.

Participants consistently reported severely dysfunctional family systems and that those systems contributed to their decisions to engage in negative behaviors. Many of the young women come from single-parent households where the primary caregiver was not seen as a reliable source of ongoing support.

Outcome Data

Participants reported statistically significant improvements in clarifying their sexual values and boundaries between pre- and post-test. Specifically, there were mean score improvements in the girls’ confidence in asking their current partners to get tested for STDs, talking to their partners about why they want to use protection against HIV, convincing their current partners about getting tested together for HIV, actually getting tested for HIV, deciding to remain abstinent, and going to get tested for STDs.

Perceptions of risk increased over the course of the intervention as well. Between pre- and post-test, there was a statistically significant increase in reported perception of risk for HIV and other STDs.

Lessons Learned

- Prevention strategies for this particular population must include an avenue for safe and individual disclosure of experiences that might set the tone for their current risky sexual behaviors as the needs of the target population grossly outweigh the resources available to them. Namely, many of their root issues are caused by severe crises in family units and sexual trauma that have not been addressed or discussed with anyone.

- Mandating young people to speak one-on-one about their personal issues as part of the intervention is not the best strategy for success. Rather, making the individual counseling sessions available, but not mandatory, might prove to be a more effective strategy.

Next Steps

Bronx AIDS Services will be continuing the Inside Out intervention through a one-year \$50,000 grant from the New York Women’s Foundation. Additionally, BAS is excited to share the Inside Out intervention and the lessons learned in its development with fellow providers, consumers, and funders. BAS plans to submit abstracts that focus specifically on the Inside Out intervention for conferences that focus on sexual health, HIV prevention, mental health, and youth development.

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“Inside Out has afforded BAS the opportunity to have those difficult conversations with young people and aid them in identifying their personal barriers to protecting their greatest resource... their health.”

—Traci Callender
Program Coordinator

CHICANO FEDERATION OF SAN DIEGO COUNTY, INC. DE MUJER A MUJER



Intervention Background

De Mujer a Mujer is an intervention that targets monolingual Spanish-speaking Latinas that live in five high-risk zip codes in the central region of San Diego. Many are in relationships and come from traditional Latino backgrounds. Participants attend seven (7) weekly, 2-hour sessions, where they can discuss HIV in a safe environment, and learn about the factors that affect their personal health. They are given incentives, offered childcare, and enjoy the culturally sensitive environment.

The main goals of De Mujer a Mujer are:

- To increase gender empowerment;
- To improve communications skills; and
- To improve safe sex practices.

Instead of adapting SISTA (Sisters Informing Sisters about Topics on AIDS) for Latinas, the team explored an ideal intervention that encompassed overall themes that at-risk Latinas faced. Among those themes are poverty, unhealthy relationships, cultural norms, communication with children, low educational levels, and unequal access to care.

The core elements of De Mujer a Mujer include:

- Family oriented environment (childcare provided);
- Culturally appropriate (Latina women-centered);
- Interactive approach (adult education techniques); and
- Focus on encompassing and overall needs (factors that affect overall sexual health).

Activities

- Literacy and educational levels were major factors in curriculum changes.
- Originally, the program consisted of six sessions; however, the pre-evaluation took more time than anticipated. An additional session was added to help participants complete the pre-evaluation, and prepare them for the upcoming sessions.
- Activities were made less theoretical and more interactive to accommodate learning needs. Writing assignments were minimal, and “homework” activities focused on reflection and practice rather than submitting materials.

Process Data

Participant demographics from pre-evaluation demonstrated that: 42.2% were between the ages of 31 and 40 years (the range was 18-58), 48.6% had never used condoms, 72.1% had educational levels less than high school diploma, 68.2% did not have an HIV test in the past 30 days, 84.4% of their male partners had not been tested for HIV, and 81.2% were married or living with their male partners.

Outcome Data

- The women who completed the intervention left with more confidence, higher self-esteem, and increased knowledge about HIV, STIs, and safe sexual practices.
- Statistically significant improvements were found for:
 - Self efficacy/self-empowerment;

- Communication Skills; and
- Intent to engage in the critical health behaviors of getting an HIV test, getting a pap smear, and using a condom.

Lessons Learned

- Staff learned that the target population prefers to participate in sessions with other family members (e.g., mothers, daughters, aunts). A family-centered program simulates Latino values, making the participants feel more comfortable.
- Setting the standards at the beginning of the intervention for time commitment, childcare guidelines, and expectations around incentives is important for retention purposes. The women responded well after learning what was expected of them as participants, and the program experienced higher retention rates as a result.
- Literacy levels can be huge challenges working with this target population. Low literacy levels mean greater assistance filling out evaluations and assignments. Therefore, activities should be more interactive and promote reflection versus an emphasis on theory or assigning difficult writing tasks.

Next Steps

Chicano Federation would like to continue providing this intervention to Latinas at-risk, using income levels as determinants of risk. The curriculum will be packaged so that other agencies can provide this intervention in their communities.

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Thank you to the following individuals for their help in creating this intervention: Cynthia A. Gómez, Rita M. Melendez, Al Velasco, Veronica Tovar, Karla Torres, Rosalinda Cano-Hays, Monica León, and Sharon Morrison-Velasco.

“I believed that just because I lived with my partner for many years, I was not at risk to contract HIV and other infections. So, after learning about HIV transmission, I decided to ask him to take an HIV test, and, thankfully, everything went well.”

—De Mujer a Mujer participant

GREENHOPE SERVICES FOR WOMEN

PHENOMENAL WOMAN



Intervention Background

Phenomenal Woman is an HIV prevention intervention targeting women recently released from incarceration with a history of substance abuse. The intervention is delivered monthly over the course of one week (5 sessions), one (1) session per day, and is two (2) hours in length. Post intervention (between 35 and 45 days), there is a booster session that reinforces the key intervention messages and measures changes in the prevention indicators.

The overall goal of the Phenomenal Woman Intervention is to reduce HIV risk behaviors and substance abuse relapse among program participants. The specific objectives of the Phenomenal Woman Intervention are to:

- Enhance sense of self;
- Increase sexual health knowledge (sexual anatomy, STI and HIV knowledge and risk perception);
- Improve self-efficacy and positive attitudes related to sober and safe sex behaviors; and
- Increase awareness and use of spirituality and/or relaxation techniques.

Phenomenal Woman integrates HIV prevention elements of the evidence-based intervention SISTA (Sisters Informing Sisters about Topics on AIDS) with the “Helping Women Recover” substance abuse intervention. Its current core elements include affirmation sheets, condom demonstration and negotiation techniques, Female Anatomy and HIV/

STI Education, Use of Music and Meditation/Spirituality Exercises, Poetry Readings, and a 45-Day Goal Action Plan.

Activities

Phenomenal Woman was originally developed for implementation at correctional facilities in addition to Greenhope’s Residential Facility. After participating in the Formative Phase and working with the technical assistance team, Greenhope staff decided to focus solely on clients of Greenhope because of their likeliness to engage in sexual behavior in the near future and have the opportunity to practice learned HIV/STI prevention skills. Staff also made it mandatory for women to participate during the first 30 days in residence as they are more engaged during initial stages of treatment.

Process Data

A total of 164 women were reached during the two-year period, 160 of those participants completed both the pre and post test. Participants were racially diverse as 60% were African American/Black, 29% Hispanic, and 25% White/Caucasian with an average age of 36 (Range 18-72). In regards to risky sexual behaviors, 65% reported that they have had unprotected sex with a male partner and 68% reported engaging in sexual activity while high on drugs.

Outcome Data

The Phenomenal Woman HIV Education Curriculum addressed various predictors of safe and sober sex behaviors and was

effective in increasing knowledge, improving attitudes and promoting safe and sober sex behaviors in this population. With respect to the program goals, the data suggest that the program goals were met and the women who participated in the Phenomenal Woman program:

- Enhanced their sense of self and their awareness about decision making while under the influence of drugs;
- Increased their knowledge about sexual health (sexual anatomy, STI and HIV knowledge);
- Improved their self-efficacy and attitudes related to sober and safe sex behaviors, specifically as it relates to perceived risk and barriers to condom use as well as self-efficacy in condom use negotiation and personal use;
- Increased their awareness and attitudes about spirituality, specifically its role and usefulness in recovery and sexual decision-making.

These findings were statistically significant and reflect the effectiveness of the program’s content and activities in achieving the goals. Moreover, the Phenomenal Woman HIV Education Curriculum was able to demonstrate increased safe and sober sex behaviors.

Lessons Learned

- Prior to the implementation of the intervention, staff were aware that some participants would have a history of domestic violence; however, during this process, they learned about how traumatic experi-

ences established or changed the participants’ perception of sex and self.

- This target population also shared that they rarely had sex for pleasure during their addiction. They would engage in sex primarily for financial gain. Given these circumstances, many participants were unaware of their sexual likes and dislikes.
- Given the many needs of this population, staff responsible for facilitation and implementation should be trained and well-versed in areas of trauma, substance abuse counseling, and mental health.

Next Steps

Greenhope Services for Women has been awarded a 5-year Substance Abuse and Mental Health Services Administration (SAMHSA) grant to expand their HIV programming and continue this HIV prevention program. This SAMHSA grant also includes funds for an evaluator through a local college.

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“I learned how to communicate more about having safer sex with my partner.”

—Phenomenal Woman
Participant 2

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TALLER SALUD ARTE CON SALUD



Intervention Background

The **Arte con Salud** HIV prevention intervention is designed for women ages 18 to 40 who are sexually active with men and who mentor younger women ages 15 to 20. The intervention consists of seven (7) workshops of three (3) hours each and is facilitated entirely in Spanish. The program consists of three (3) parts: art education, psychological exercises, and sexual education components.

Expected outcomes are to:

- Increase knowledge about HIV and STI transmission and prevention;

- Increase risk perception of becoming infected with STIs and HIV;
- Increase knowledge on the proper way to use a condom;
- Increase frequency of condom use in vaginal and anal intercourse; and
- Increase communication between participants and female youth.

The core elements of the intervention are:

- HIV/STI sexual education;
- Mentorship, homework discussion and greeting the figure; and
- Art.

Activities

Staff learned how to define a target population and identify what educational tools are adequate in order to achieve the objectives of the intervention. By reducing the amount of time dedicated to the art projects, facilitators were able to focus more time on the intervention's educational component. Additionally, using a video to guide the vaginal health component of the intervention helped women to better understand the information from that session. Lastly, staff considered conducting the intervention with fewer than three (3) facilitators in order to maximize and coordinate the number of interventions.

Process Data

During the implementation phase there were a total of 63 participants through 8 cohorts. Participants ranged from 17-52 years of age, with the mean age being 29 years old. The majority of women (66.7%) were unemployed and had 1-3 children (79.5%). Most women reported having a primary partner, with the majority of those relationships lasting less than one year, or between 1-5 years (42.8% and 26.7%, respectively).

Outcome Data

- Women increased their knowledge of STI and HIV transmission and prevention.
- Women increased their knowledge of condom use by 28%.
- As a mentor to young women, participants increased their discussions around HIV/STI and women's bodies.

- Women increased the use of condoms in their sexual relations in vaginal sex (from 20% to 30.3%) and anal sex (from 12.5% to 42.9%).
- More women demonstrated intent to take an HIV test (from 39.7% to 74.4%) and an STI test (from 39% to 68%) and got tested for HIV (from 23.8% to 65.9%) and an STI (overall) (from 23.8% to 35.7%).

Lessons Learned

- Creating a secure atmosphere first is paramount.
- Using the evaluation tools for monitoring proved a valuable tool to note which topics should be strengthened.
- Piloting the intervention is important in order to make necessary modifications and to eliminate components that did not result as initially conceptualized.
- HIV-related stigma and taboos around open discussion of sexuality caused much of the difficulty in implementation.

Next Steps

Arte con Salud is looking forward collaborating on a research investigation and intervention with the Medical Sciences Campus in Puerto Rico, in order to study the impact of the implementation with a different background population. We may also exchange and interact with other art projects, as well as share our experience as an innovative prevention intervention with women.

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“I want to let you know that the topics of women's sexuality and STIs are easier to address with art. Those topics are very difficult and here, the process of interweaving, sharing information while we worked on our figure, it made this process so easy, so comfortable. Addressing difficult topics through art makes them easier.”

—Arte con Salud participant

GENERATIONS III Cross-cohort Evaluation of Shared Variables

The TA Team worked with all site evaluators to include a small number of shared variables that would allow for some overview of the profile of women that were reached through the initiative and any potential intervention impact. Below are the results of this cross-site evaluation.

There are some limitations to the comparison across sites. For example, there was some variation in how each site preferred to ask certain questions. Adjustments were made when possible to insure comparability.

Profile

The combined *GENERATIONS III* Initiative delivered HIV prevention interventions to 614 women, primarily women of color at risk for HIV in multiple urban regions of the country as well as in a rural town in Puerto Rico. These programs included one focused on youth and two tailored specifically to Latina women, while another was tailored primarily to African American women. One site specifically focused on substance abusers, and another on women in a residential program following release from incarceration.

The combined samples resulted in a group of women with a mean age of 31, 54% Latina and 43% Black. The majority had never been married (62%) and most had only a high school education or less (63%) when the school-aged youth program is omitted (Bronx AIDS Services), but up to 70% when the youth site was included.

Sexual Partners

A total of 435 women (71%) reported having a sexual partner in the previous 90 days at baseline. These women reported a mean of 2.4 male sexual partners in the previous 90 days. Forty six percent of women in the combined sample reported having a main male partner (MMP) (e.g., husband, boyfriend).

Risky Sexual Partners: Among those with main male partners (MMP), 3% reported having a MMP with HIV; 3% had a MMP who had other STIs; 3%

had a drug-injecting partner; 10% had an MMP who had sex with other female sexual partners; and 1% reported a MMP who also had sex with men. These results underscore the fact that many participants have a main partner who is putting them at much greater risk for acquiring HIV, based on partner's sexual and drug using behavior.

Intervention Outcomes

The combined sample demonstrated statistically significant intervention effects across all outcome measures reviewed including:

- Increased HIV testing,
- Increased condom use during vaginal and anal sex
- Decrease in number of unprotected sex acts with a main male partner, and
- Increase in future intentions to use condoms during sex.

Table 3 demonstrates pre and post- test values along with level of change and statistical significance of change. The scope and strength of these effects are noteworthy.

Limitations of Cross-Site Evaluation

It is important to understand that not all sites contributed equally to these outcome effects. For example, Greenhope could not measure post-test condom use since women are in a residential program without access to male partners for sexual acts involving condoms. Therefore these results do not suggest that all GEN III interventions had significant outcomes in all areas, but most had significant impact in at least one area. For example all sites increased the number of women who tested for HIV, and most increased women's intention to use condoms.

As mentioned in the "Lessons Learned" section of this report, the introduction of a cross-site analysis did not occur until the Pilot Phase and the process was initiated once evaluation tools were already created by each site. This cross-site evaluation would have been strengthened by a more formal a priori process that would insure a core set of variables for use across all sites.

Table 3. Summary of Intervention Outcomes with Combined Sample (N=614)

Variable	Pre-test	Post-test	Change	Chi-Square/ t-tests/ Wilcoxon Paired	Significance
Had an HIV Test (N=470)	32%	49%	17%	X ² =32.3276	p = .0000
Mean # unprotected sex acts with MMP in past 30 days (N=281)	9	7	2	t= 2.01	p = .046
Condom Use- Vaginal Sex (N=260)	Never 37% Sometimes 40% Always 23%	Never 25% Sometimes 43% Always 32%	-12% 3% 9%	Z = -4.9182	p = .0000
Condom Use- Anal Sex (N=93)	Never 71% Sometimes 16% Always 13%	Never 57% Sometimes 20% Always 23%	14% 4% 10%	Z = -2.0604	p = .0394
Intention to Use Condoms (N=342)	Very Unlikely 24% Somewhat Un 8% Neither 12% Somewhat Li 20% Very Likely 36%	Very Unlikely 9% Somewhat Un 3% Neither 8% Somewhat Li 20% Very Likely 61%	-15% -5% -4% 0% 25%	Z = -8.2994	p = .0000



Acknowledgments

The *GENERATIONS* Initiative would not be possible without the significant contribution of multiple individuals. Specifically, AIDS United would like to recognize Anu Gupta, Director, Corporate Contributions at Johnson & Johnson, and Cynthia Gómez, Director of the Health Equity Institute at San Francisco State University, for helping to conceptualize the Initiative. They have played vital roles in implementing GEN I, GEN II, and GEN III. Dr. Gupta has offered her unwavering support for this important initiative and has championed both AIDS United and the grantee organizations each step of our respective journeys from one *GENERATIONS* cohort to the next. Dr. Gómez provided skilled leadership of the technical assistance team of Drs. Rita Melendez, Sonja Mackenzie, and Constance West. The technical assistance team is an invaluable component of the *GENERATIONS* model and all of the TA providers had a special rapport with community-based organizations and skillfully assisted them in the creation or adaptation of their interventions.

AIDS United would also like to thank the *GENERATIONS* grantee organizations and staff for their incredibly hard work and dedication to their projects. Creating or adapting an HIV prevention intervention is no easy task, and the six organizations in GEN III spent a great deal of time laying the groundwork during the Formative and Pilot phases, and persevered through challenges in the Implementation Phase. Their dedication to the women in their community is impressive and we are honored to have worked with these organizations.

Finally, we would like to recognize all of the women who have attended and participated in *GENERATIONS* interventions. The prevention of HIV transmission begins and ends with individuals and we appreciate participants' willingness to share with fellow women details about their lives and openly and honestly discuss factors that put them at risk of contracting HIV.

MISSION OF AIDS UNITED

The mission of AIDS United is to end the AIDS epidemic in the United States, through national, regional and local policy/advocacy, strategic grantmaking, and organizational capacity building. With partners throughout the country, AIDS United works to ensure that people living with and affected by HIV/AIDS have access to the prevention and care services they need and deserve.



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