A review of intervention levels, new interventions, and community level interventions.
Intervention Levels

- **ILI - Individual Level Interventions** - provide ongoing health communications, health education, and risk reduction counseling to assist clients in making plans for individual behavior change and ongoing appraisals of their own behavior.

- **GLI - Group Level Interventions** - Health communications, health education, and risk reduction interventions for groups, which provide education and support, as well as promote and reinforce safer behaviors.

- **CLI - Community Level Interventions** - Community wide activities that seek to reduce risk behaviors by changing attitudes and norms through health communications, prevention marketing, community mobilization/organization, and community events.

- **SLI - Structural Level Interventions** - Targets factors outside the control of a single individual that impedes or facilitates personal efforts to avoid HIV infection (e.g., social, physical, cultural, economic, policy, etc.). Structural interventions are designed to implement or change laws, policies, physical structures, social or organizational structures, or standard operating procedures to affect environmental or societal change.
Individual Level Interventions

Strengths
• May offer more personalized response to a client’s individual needs
• May offer more depth

Issues
• May be costly to provide
• May reach fewer people than other types of interventions
Group Level Interventions

**Strengths**

- Broader reach than individual level
- Still offers some level of depth/personal attention
- Peer to peer influences

**Issues**

- May be limited attendance
- Important prevention messages may not go past the attendees the group
Community Level Intervention

**Strengths**
- May be able to reach a much larger group or population
- Engages participants to shape community norms
- People who may not come through your doors can still get messages
- Generally more cost efficient

**Issues**
- Sometimes more complex
- Reliant on participants to keep the intervention going effectively
- Doesn’t necessarily address deeper individual concerns
Structural Level Interventions

**Strengths**
- Can if implemented impact a small to a very large number of people
- May provide lasting beneficial change for low or no cost.

**Issues**
- Backlash from persons, groups, lawmakers who oppose changes
- Larger scale interventions may require large community efforts
Multilayered Approaches

• Community Level Interventions may have ILI/GLI/SLI components.
• In order to more fully meet the needs of the populations you serve you need to have multiple interventions and approaches.
What makes for a good CLI?

- Community-level intervention (CLI) an intervention intended to reduce the HIV risk of an entire community.
- Directly or indirectly influences the knowledge, attitudes, social norms, or behaviors of individuals in the targeted community.
- Provides the intervention where individuals of the targeted community are likely to be; and
- Delivers the intervention broadly (not only to those assessed) and broadly assesses community members (not only those who received the intervention).
- Community – A group of individuals that exists prior to the intervention whose members share one or more common characteristics and a common geographic area, and relate with one another in a way that may influence their HIV risk.
- Common characteristic – a shared trait or feature or quality, which may include, but is not limited to, race/ethnicity, culture, religion, social economic status, education level, behavior, identity, customary beliefs or practices, social norms, and other underlying motivators.
- Geographic area – a physical region, area, or medium (e.g., internet) where people live, congregate, or frequent.
Community-level interventions (CLI)

- **Community PROMISE** Good
- **HoMBReS** Best NEW 2010
- **Mpowerment** Good
- **POL** Good
- **RAPP** Good
- **Teen Health** Good
- D-UP!
Community PROMISE

- Promote progress toward consistent HIV prevention practices through community mobilization and
distribution of small-media materials and risk reduction supplies, such as condoms and bleach.
- The intervention consists of 4 main components:
  - community identification process
  - creating role model stories based on personal accounts from individuals in the targeted populations;
  - recruiting and training peer advocates from the target population to distribute prevention materials
    and role model stories that are appropriate to the participants’ stage of behavioral change;
  - continuous formative evaluation to capture behavior change within the target population.
- New role model stories that appeal to the target populations and reflect their culture and languages are
  produced approximately once a month.
- On-going feedback from collected data guides the selection and development of new role model stories.
- Trained peers distribute the role model stories, along with condoms and bleach kits, to their social
  networks. Peer network members who have tried to reduce their high-risk behavior are encouraged to
  share their personal stories and experience with other community members.
**HoMBReS: Hombres Manteniendo Bienestar y Relaciones Saludables (Men Maintaining Wellbeing and Health Relationships)**

- Developed for a rural Latino soccer league.
- Teams, comprised of 20 to 25 players, each elects one opinion leader who is trained as a lay health adviser, known as a *Navegante* or navigator.
- *Navegantes* complete 16 hours of training in 4 sessions which include
  - an overview of HoMBReS including the purpose, the roles and responsibilities of *Navegantes*, and how to use the HoMBReS Resource Manuals and risk-reduction materials.
  - information about common STI, correct HIV prevention information, and how to distinguish facts from misperceptions.
  - how to model correct HIV prevention behavior though activities focused on proper condom use and how to share HIV prevention resources and information with their teammates.
  - the specific roles and responsibilities of being a *Navegante* and how to evaluate program progress through activity logs and team member interviews.
- After completing the training, the *Navegantes* work to improve their community’s health
  - as lay health advisers providing HIV/STI information, condoms, and referrals and increasing condom use skills,
  - as opinion leaders bolstering positive attitudes and reframing negative attitudes about what it means to be a Latino man and changing sexual health attitudes and norms,
  - as community advocates for environmental change bringing the community voice to health service agencies.
- *Navegantes* hold monthly meetings to plan, coordinate, and evaluate their ongoing activities.
Mpowerment

- Based on an empowerment model
- Core group of 10-15 young gay men design and carry out all project activities.
- The intervention consists of four integrated activities:
  - formal and informal outreach,
  - “M-groups,”
  - an ongoing publicity campaign.
- For formal outreach, teams of young gay men go to locations frequented by young gay men to discuss and promote safer sex, deliver appealing informational literature on HIV risk reduction, and distribute condoms.
- The team also creates their own social events (e.g., dances, video parties, picnics, discussion groups) to attract young gay men.
- M-groups are peer-led, 2-3 hour meetings of 8-10 young gay men who discuss factors that contribute to unsafe sex (misconceptions, beliefs that safer sex is not enjoyable, poor sexual communication skills). Through skills-building exercises, the men practice correct condom use and safer sex negotiation.
- Participants receive free condoms and lubricant and are trained to conduct informal outreach, where they are encouraged to discuss safer sex with their friends. The ongoing publicity campaign attracts men to the project by word of mouth and through articles and advertisements in gay newspapers.
Popular Opinion Leader

- Designed to identify, enlist and train key opinion leaders to encourage safer sexual norms and behaviors within their social networks of friends and acquaintances through risk-reduction conversations.
- Cadres of trusted, well-liked men who frequent gay bars are trained to endorse safer sexual behaviors in casual, one-on-one conversations with peers at bars and other settings.
- During these conversations
  - the POL corrects misperceptions,
  - discusses the importance of HIV prevention,
  - describes strategies he uses to reduce his own risk (e.g., keeping condoms nearby, avoiding sex when intoxicated, resisting coercion for unsafe sex),
  - recommends that the peer adopt safer sex behaviors.
- Popular opinion leaders wear buttons displaying the project logo, which also is on posters around the bars, as a conversation-starting technique. Each POL agrees to have at least 14 conversations with peers and to recruit another POL.
- POLs attend four weekly 90-minute training sessions that involve didactic and group discussions, modeling of effective health promotion messages, and extensive role play.
Real AIDS Prevention Project (RAPP)

• Mobilizes the networks of community volunteers, organizations, and business. The intervention consists of 5 main components:
  – conducting community outreach using peer networkers;
  – having one-on-one, safer sex discussions based on the participants’ stage of readiness to change;
  – distributing printed stories about community members and safer sex decisions (role model stories);
  – obtaining program support from community organizations and businesses (community networking)
  – sponsoring small group activities in communities, such as safer-sex discussion parties and workshops conducted by outreach specialists.

• The role model stories describe how women in the local community overcome barriers or have learned from experience about the need to use condoms, and how they have progressed to more consistent condom use.

• The role model stories are distributed through flyers, brochures, posters, and newsletters. The community contacts, activities, and materials provide tailored prevention messages and encourage behavior change to increase condom use among women.
Teen Health Project

- Helps adolescents develop skills to enact change, and provides continued modeling, peer norm and social reinforcement for maintaining the prevention of HIV risk behavior.
- Adolescents attend two 3-hour workshops that focus on HIV/STD education and skills training on avoiding unwanted sex, sexual negotiation, and condom use, with themes of personal pride and self-respect.
- Workshops are conducted separately for males and females, who are divided by younger and older enrollees.
- Adolescents then attend 2 follow-up sessions and various community activities and events with peers from their social networks in the housing development.
- Opinion leaders are selected based on nominations and represent 15% of the total number of adolescents in each housing development.
- A Teen Health Project Leadership Council (THPLC) is established in each housing development to encourage attendance, reinforce abstinence and condom use, plan HIV prevention activities to maintain risk reduction, set norms supporting abstinence and condom use, and gain support from adults to promote activities.
- Through pledges and videotaped testimonials, adolescents are encouraged to make commitments to HIV reduction. HIV prevention messages were emphasized throughout the activities and on small media, project newsletters, and t-shirts.
- Prevention messages were also featured at community-wide social events, talent shows, musical performances, and festivals in order to establish and maintain HIV risk-reduction norms among peers, family members, and the larger community.
- In addition, parents of adolescent enrollees are offered a workshop that focuses on HIV/AIDS information and approaches to discussing issues related to abstinence and condom use with their children.
D-UP!

• Seeks to mobilize an existing social network of black men who have sex with men (MSM) to support condom use and improve their sense of self-worth.

• *d-up!* uses specific social network members, called opinion leaders, who are respected and trusted by their peers, to promote the benefits of consistent condom use and increase self-worth among their friends and acquaintances.

• *d-up!* is an evaluated cultural adaptation of the Popular Opinion Leader intervention model for social networks of black MSM;

• *d-up!* incorporates culturally relevant messages, materials, and activities throughout the intervention.

• Opinion leaders endorse condom use and deliver messages to affirm a sense of authority, pride, and confidence in themselves as black MSM by having casual one-on-one conversations with their friends and acquaintances.

• Opinion leaders are identified through the social settings of the targeted social network, where the size of social network can be estimated, friendship groups observed, and opinion leaders identified.
Interventions

• The *Compendium of Evidence-Based HIV Behavioral Interventions* now contains:
  – 23 ILIs
  – 45 GLIs
  – 6 CLIs
  – 0 SLIs

• There is a new chapter for medical adherence featuring 8 interventions that are either ILI or GLI

• Effective Interventions/DEBIs:
  – 29 Behavioral Interventions
  – 4 Public Health Strategies
    • Anti-Retroviral Treatment and Access to Services (ARTAS)
    • Counseling, Testing & Referral (CTR)
    • Comprehensive Risk Counseling Services (CRCS)
    • Partner Services (PS)
  – 1 Structural Intervention
    • Condom Distribution
What’s New in the Compendium?

• The 4 NEW Risk Reduction (RR) EBIs include:
  • 2 Best-evidence and 2 Good-evidence interventions
  • 3 individual- and group-level interventions and 1 community-level intervention
• The 3 NEW individual- and group-level EBIs are:
  • Centering Pregnancy Plus (CPP) BEST
  • Healthy Love GOOD
  • Safe on the Outs GOOD
• The 1 NEW community-level EBI is:
  • HoMBReS: Hombres Manteniendo Bienestar y Relaciones Saludables (Men Maintaining Wellbeing and Health Relationships) BEST
Safe on the Outs

• A group-level intervention
• Delivered in a single session to typically 3-5 adolescents of the same sex.
• Uses group activities, ethnically representative videos, condom demonstrations, a videogame, general HIV transmission information, and local information and health services resources to increase HIV knowledge, and develop self-efficacy, normative perceptions, and positive attitudes toward condoms.
• Uses motivational interviewing (MI)
Centering Pregnancy Plus (CPP)

• Group-level intervention
• Combines prenatal care with HIV prevention education and skills building.
• Delivered in 10 sessions of 120 minutes each to groups of 8-12 women during pregnancy.
• All prenatal care is provided in the group setting to incorporate family and peer support.
• The young women engage in self-care activities and group discussion that covers childbirth preparation and prenatal and postpartum care.
• Various Sessions devote time to
  – HIV prevention skills,
  – video testimonials of HIV infected adolescents to heighten perceptions of risks and social norms,
  – discussions of condom use barriers and benefits, and goal setting,
  – modeling and role play to develop sexual communication skills.
  – evaluating previous goals and to set new postpartum safer sex goals.
Healthy Love

• Single-session,
• Small-group (4-15 women)
• Uses pre-existing groups of black women (e.g., friends, sororities) in settings of their choosing.

• Delivers HIV prevention information and teaches condom use skills in a highly interactive, festive, and non-judgmental manner.
• Eroticizes safer sex and creates a safe space where women can connect with their sexuality in ways that are positive and self-loving, rather than shameful or degrading.
• Activities are designed to empower women to share their personal stories about heterosexual relationships and HIV risks, and to increase their capacity to take protective actions.
• This is accomplished by helping participants improve their knowledge about transmission and prevention of HIV and other sexually transmitted infections (STIs), self efficacy for condom use and negotiation, and attitudes about HIV testing.
• Components engage group members on topics such as:
  – rating their personal risks for contracting HIV and other STIs,
  – practicing correct male and female condom use,
  – negotiating condom use with male partners, and
  – demonstrating their increased knowledge concerning HIV risks and protective actions.
• At the end of the workshop, participants receive male and female condoms, dental dams, HIV risk reduction brochures, and information on where to obtain HIV counseling and testing services.
What’s New at Effective Interventions?

New DEBI Interventions & PH Strategies

- **ARTAS** is an individual-level, multi-session, time-limited intervention with the goal of linking recently diagnosed persons with HIV to medical care soon after receiving their positive test result. For more information, please visit the ARTAS homepage. [http://www.effectiveinterventions.org/en/HighImpactPrevention/PublicHealthStrategies/ARTAS.aspx](http://www.effectiveinterventions.org/en/HighImpactPrevention/PublicHealthStrategies/ARTAS.aspx)

- **Project AIM** is a group-level youth development intervention designed to reduce HIV risk behaviors among youth. It is based on the Theory of Possible Selves and encourages at-risk youth to imagine a positive future and discuss how current risk behaviors can be a barrier to a successful adulthood. For more information, please visit the Project AIM homepage. [http://www.effectiveintervention.org/en/HighImpactPrevention/Interventions/AIM.aspx](http://www.effectiveintervention.org/en/HighImpactPrevention/Interventions/AIM.aspx)

- **¡Cuídate!**, which means "take care of yourself," is a culturally-based, group-level intervention to reduce HIV sexual risk behavior among Latino youth. It is based on Social Cognitive Theory, Theory of Reasoned Action, and Theory of Planned Behavior, and incorporates cultural beliefs that are common among Latino subgroups and associated with sexual risk behavior. For more information, please visit the ¡Cuídate! homepage. [http://www.effectiveintervention.org/en/HighImpactPrevention/Interventions/Cuidate.aspx](http://www.effectiveintervention.org/en/HighImpactPrevention/Interventions/Cuidate.aspx)

- **Personalized Cognitive Counseling (PCC)** is an individual-level, single session counseling intervention designed to reduce high risk sexual behaviors among men who have sex with men (MSM) who are repeat testers for HIV. For more information, please visit the Personalized Cognitive Counseling homepage. [http://www.effectiveintervention.org/en/HighImpactPrevention/Interventions/PCC.aspx](http://www.effectiveintervention.org/en/HighImpactPrevention/Interventions/PCC.aspx)
High Impact Prevention

• Biomedical Interventions use medical, clinical, and public health approaches designed to moderate biological and physiological factors to prevent HIV infection, reduce susceptibility to HIV and/or decrease HIV infectiousness.

• 8 interventions on medical adherence have been added to a chapter in the Compendium
Useful Websites for finding Interventions

• The Home of DEBI’s: [www.effectiveinterventions.org](http://www.effectiveinterventions.org)

• CDC Prevention Research Synthesis [www.cdc.gov/hiv/topics/research/prs/index.htm](http://www.cdc.gov/hiv/topics/research/prs/index.htm)

• National Association of County and City Health Officials (NACCHO) [http://www.naccho.org/topics/modelpractices/database/index.cfm](http://www.naccho.org/topics/modelpractices/database/index.cfm)
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