

PROSPER! An Intervention for HIV+ African American Women

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PROSPER! Staff

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Main Findings

- DEBI projects should be adapted and enhanced to make them more responsive to the needs of African American women.
- Using a women-focused, peer based and culturally appropriate approach builds empowerment and facilitates behavior change.
- Women who complete the PROSPER! intervention report increases in risk reduction behaviors.

The Women's Collective (TWC) implemented PROSPER!—an innovative intervention designed to provide comprehensive risk counseling and services (CRCS) in conjunction with group level interventions (GLI) to help African American women living with HIV/AIDS prevent or delay adverse health outcomes. PROSPER! targeted both newly diagnosed HIV+ African American women ages 18 and up and those who had been out of a system of care and were engaging in high-risk behaviors. The goal of the project was to enhance the quality of life of African American women living with HIV/AIDS in the District of Columbia by providing multi-tiered, integrated health care options and support services. The project was funded through the GENERATIONS: Strengthening Women and Families Affected by HIV/AIDS initiative with support from Johnson & Johnson and the National AIDS Fund in collaboration with the Washington AIDS Partnership.

Background

The District of Columbia's population is largely made up of people of color: African Americans account for 60% of the population, Whites 33%, and Hispanics 8%. Black women make up 61% of the female population. From 2003 to 2004, African Americans comprised 86.8% of the new HIV cases in the District and in 2004, African Americans made up approximately 82% of persons living with HIV or AIDS in the District. Since 1993, AIDS cases reported among women have grown at a faster rate than among men in the District of Columbia. Of the 2,392 cumulative cases of women with AIDS in the District from 1995 to 2004, 95% were African American.

The work of TWC began in 1993 and grew out of the life experience of our founder/executive director, Patricia Nalls, a woman living with HIV/AIDS. She used her personal experiences to create TWC, a community-based organization run by and for women living with and at risk for HIV/AIDS in the Washington, DC area. TWC provides a broad range of services through its

HIV Care Management and HIV Prevention programs, which include family-centered case management services; peer outreach; mental health therapies; counseling, testing and referral services; prevention with positives; peer-based support groups; and emergency assistance, among others.

Why this project?

Prevention with African American women who are living with HIV/AIDS is critical in reducing the transmission of HIV while simultaneously protecting their health. Approaches to prevention in this population must consider that: 1) African American women living with HIV/AIDS have unique and complex psychosocial, cultural, legal and financial needs, and 2) in order to increase condom use and disclosure, HIV+ women need to be empowered to protect themselves against re-infection and co-infections.

The Centers for Disease Control and Prevention created the Effective Behavioral Interventions project to bring science-based HIV prevention interventions to service providers. TWC used the scientifically-proven project Healthy Relationships (HR) program for HIV+ women, but knew that the intervention needed to be adapted to address the particular needs of African American women. TWC also recognized the importance of providing CRCS in order to further support women in their risk reduction and behavior change efforts during the program.

PROSPER! addressed complex issues such as sexual abuse, self-perception, domestic violence and economic status. We also considered various health concerns that affect African American women in greater proportion than other women, such as high blood pressure, heart disease, diabetes and other illnesses unrelated to HIV. We utilized a variety of approaches to ensure PROSPER! was woman-focused, family-centered and peer-based.

Intervention

PROSPER! utilized HR as its core intervention. HR is a five-session, small-group intervention for men and women living with HIV/AIDS. It is based on Social Cognitive Theory and focuses on developing skills and building self-efficacy and positive expectations about new behaviors through modeling behaviors and practicing new skills. TWC added five group sessions specifically designed to meet the prevention needs of African American women that focus on: gender and ethnic pride, self-healing, empowerment, treatment adherence, mother-to-child transmis-



Case Study: Ms C

Ms. C is single with no dependents in her late 30's.

She described herself as someone who enjoyed life, traveled to different islands, worked for the government and owned her own home.

Ms. C was diagnosed with AIDS in 2003. At that time she was diagnosed with cryptococcus infection, PCP pneumonia, pancreatitis, encephalitis and multiple medication reactions.

When she first walked through our doors that day in May she was very weak. She could hardly see; she walked with the aid of a walker. She lived at home with her parents because she was too weak to take care of herself. Her mother brought her to TWC where she was referred to Mental Health Services and to PROSPER!.

Ms. C reports that the first PROSPER! group changed her life. She never thought she would be one of "those women" who she now saw as saving her life. As she sat in the room and listened to the stories of triumph and victory from the other women, she felt like she "got a piece of her life back." She felt hope for the first time. The women rallied around her with unconditional love and support. They exchanged numbers and really loved her and empathized with her new diagnosis.

At each new appointment, the staff could see a visible change in Ms. C. The first time she came in without her walker, she walked slowly and held on to the walls for support. She now walks on her own and has gained weight, confidence and lots of education regarding HIV.

sion, biological markers, family coping and co-infections. These sessions supported women as a whole and were intended to improve their overall physical and mental health.

PROSPER! was provided within the context of all TWC services—participants had access to mental health therapy, peer counseling, support groups, skills building groups and complementary therapies, among our many services. TWC provided Metro/bus tokens for all interventions, snacks/meals for office visits, and incentives and child care on-site during GLI activities. We also offered counseling, testing and referral services (CTR) for partner(s) and family members.

Each participant in PROSPER! received seven individual CRCS sessions and ten GLI sessions.

Comprehensive Risk Counseling and Services (CRCS)

CRCS is a client driven form of individual counseling that integrates, reinforces or builds upon topic areas such as disclosure and safer sex. Referrals to STD treatment, substance abuse treatment or mental health services, among others, are likely to occur during CRCS sessions. Issues that arise at the group level can be addressed comprehensively in CRCS sessions to further support women and enhance their behavior change efforts.

Initially, CRCS consisted of a series of five sessions for each woman. However, after review of CRCS records and outcomes and considering the intensive needs of women, we increased a series to seven sessions. The rationale for this change was the strong desire to ensure women were receiving substantive support for their risk reduction and prevention efforts, in addition to reinforcing information learned in CRCS sessions over time.

Group Level Intervention (GLI)

Sessions 1-5 are from Healthy Relationships. Sessions 6-10 are TWC's added sessions.

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| Session 1 | Stress Factors and Communicating Effectively |
| Session 2 | Triggers and Barriers |
| Session 3 | Disclosure to Partners |
| Session 4 | Safer Sex/Risk Reduction |
| Session 5 | Condom Skills/Problem Solving |
| Session 6 | Gender and Ethnic Pride |
| Session 7 | Co-Infections |
| Session 8 | Adherence |
| Session 9 | OB/GYN issues, Mother-to-Child Transmission |
| Session 10 | Empowerment |

The groups were structured so that ten sessions were held for five consecutive weeks with two sessions each week. The weekly groups were held at an attractive, confidential location close to the TWC offices. In the past, groups were held at

Cada-Vez, a local restaurant located next door to TWC. The entire restaurant was reserved by TWC at the time of the groups for complete privacy and to ensure the confidentiality of the participants.

Women received personalized service in an atmosphere that was plush and full of beautiful floral arrangements. Women were greeted by soft music when they walked into the restaurant. Tables were adorned with chocolates and rose petals, adding to the ambiance. Each week, women reported feeling special as they received support from their sisters on how to have healthy relationships and take care of themselves.

Two physicians offered presentations to the group. One presented on mother-to-child transmission and OB/GYN issues. The other covered co-infections, re-infection and adherence to medical regimens, including medical appointments.

These sessions were co-facilitated by Patricia Nalls, founder and executive director of TWC. We also created questions for women to ask their physicians when they attended the doctor.

At the end of each GLI session, every woman received a beautifully wrapped gift that camouflaged the safer sex contents: condoms, dental dams and lubricants. It also included products from stores such as Victoria's Secret, Bath and Body Works, and items such as decorative plates, CDs, journals, inspirational books and other products that they looked forward to receiving weekly.

At the end of the ten sessions, participants received a certificate and a cash incentive for the completion of the group series. TWC found that distributing this incentive upon completion of the program was an extra bonus for the women and assisted with retention of women throughout the life of the program. Participants also received incentives for every other CRCS session since the CRCS sessions continued after the group had ended. It is important to note that many of the women reported that the incentive was not their primary reason for participating.

Empowerment

PROSPER! was very successful in empowering women who completed the program. For some of the PROSPER! participants, the certificate of completion that they received at the end of the GLI was the only tangible acknowledgement of

"I've been drugging for so many years, I missed a lot out of life, not caring and not knowing that there could be a life like this. It's like WOW! The program helped me find me. It helped me understand that I'm important and that I matter."

success they had ever received. The certificate empowered the women to believe that they could accomplish something.

Little could compare to the empowerment the women received when they were among their peers receiving support. The feelings of isolation and hopelessness were shattered as they shared their stories and learned of their sisters' struggles and victories over the very thing they thought was impossible to overcome. Some participants reported that the group helped them learn how to survive by observing others surviving. Others benefited from teaching their fellow sisters how to live. The women shared in each others pain, fear, grief and joy. They created a bond of sisterhood that has lasted far beyond the 10 weeks of the program.

For example, the first group at TWC to complete the curriculum decided they did not want to stop meeting. They started a "Prospering" group that met bi-weekly. Women have maintained the bond of sisterhood created in their PROSPER! group and have supported each other in obtaining GEDs, in relationships and by accompanying each other to court and doctors visits.

Staffing

The program was spearheaded by the PROSPER! program coordinator who conducted CRCS sessions, and was responsible for implementation, monitoring and assessment of the program. The coordinator ensured quality program delivery. The GLI sessions were co-facilitated by the clinical supervisor and the PROSPER! program associate. The program associate, supervised by the coordinator, facilitated GLI sessions, documented women's participation, conducted some CRCS sessions, collected data, performed data entry and conducted other programmatic activities. The founder/executive director, accountant and development director worked to ensure appropriate accountability with program implementation, monitoring, accounting, and record keeping.

Evaluation

An independent evaluator conducted evaluation of the program through data analysis, observation of some group sessions and participant interviews at the completion of each series.

Comprehensive Risk Counseling Services

Each PROSPER! participant was required to complete a pre- and post-risk assessment form to measure their risk and knowledge about HIV/AIDS upon entering the CRCS program and at the end of the program. The program coordinator read the pre-risk assessment questions and women responded orally. Staff members also utilized a qualitative tool that tracked the clients' stage of change for their target behaviors throughout the sessions.

Group Level Intervention

Group sessions were evaluated using pre- and post-test measures. The HR curriculum had its own evaluation tools that assessed participants' knowledge and behaviors at the start of the Session 1 and at the completion of Session 5. The TWC five week curriculum also used evaluations at the beginning of Session 6 and at the end of Session 10.

Findings

PROSPER! is a promising adaptation to a DEBI project that was culturally tailored for HIV+ African American women. Using a woman-centered approach builds empowerment and facilitates behavior change. Combining group and individual sessions appeared to be an effective strategy for behavior change.

As of December 2006, TWC completed the PROSPER! intervention with five different groups of women. TWC:

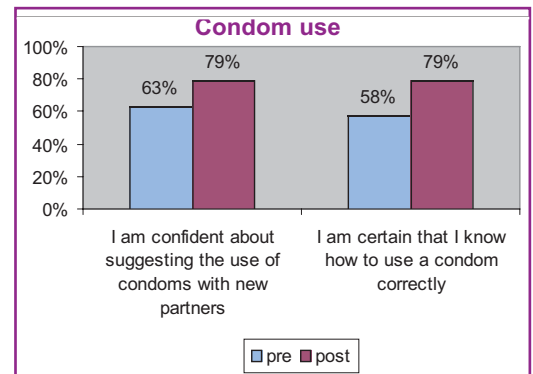
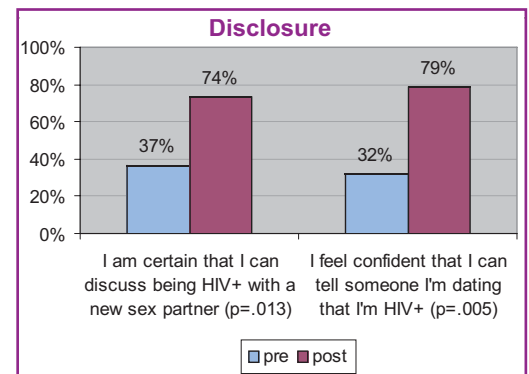
- Enrolled 96 women in CRCS and conducted 556 individual CRCS sessions;
- Enrolled 86 women in GLI and completed 5 series with 10 group sessions each;
- Graduated 56 women from GLI completing all required CRCS sessions.

Demographics

Ethnicity: African American (96%)
 Mean age: 46
 Average income: \$436/month
 no income (16%)
 Education: No high school (37%)
 High school (37%)
 Some college (25%)
 Partners: Not married (53%)
 HIV+ partner (31%)
 HIV- partner (31%)
 Sexual activity: Heterosexual (93%)
 Sexually active (78%)
 History: Sexual abuse (50%)
 Mental illness (66%)
 Alcohol problem (47%)
 Drug treatment (47%)

Acceptance and self-perception related to HIV

Participants reported that they gained a sense of empowerment about disclosing their status, practicing safe sex, valuing their life more and feeling less isolated.



Disclosure

PROSPER! provided women with the tools necessary to disclose to friends, family and sexual partners and make decisions about disclosing.

Safer Sex and Sexual Health

PROSPER! increased women's knowledge about re-infection and co-infections.

Thirty-nine percent (39%) of participants reported at post-test that they used condoms every time they had vaginal, anal, and/or oral sex compared with 11% at pre-test.

PROSPER! is a promising prevention program for HIV+ African American women. The program demonstrated its ability to increase knowledge and awareness of the risks associated with unsafe sex (re-infection, co-infections) and the importance of adhering to HIV medication. It also increased participant confidence to disclose, use a condom and avoid sharing needles. PROSPER! was a holistic program that addressed related issues such as mother-to-child-transmission, self-perception and substance abuse recovery.

Lessons Learned

PROSPER! learned to assess challenges and make changes when needed to improve our program.

Number of CRCS sessions increased: CRCS sessions were optional during the first two cohorts of the PROSPER! program and only five were necessary to complete this part of the intervention. For the last three cohorts, CRCS was required for completion of the entire program. Participants requested more sessions to address their targeted behaviors, so PROSPER! staff increased the number of CRCS sessions to seven to ensure the experience was substantive.

Reorganizing GLI Sessions: For the first two PROSPER! group series, GLI sessions occurred once a week over a ten-week period. However it was difficult to retain participants. Beginning with series three, staff scheduled the GLI sessions twice a week over five weeks. Women showed increased enthusiasm for the groups and retention rates seemed to support this change.

Low literacy rates: After assessing evaluation tools, we discovered that many questions assumed to be simple were in fact difficult for the women to understand and interpret. We revised forms for lower literacy levels and staff read evaluation forms aloud for GLI and CRCS sessions.

Adjust screening criteria: After the initial evaluation, staff learned that the project would have more impact if it dealt with women who were at higher risk and possibly women who were not a part of the TWC system. For series four and five, staff expanded recruitment to outside the agency.

Capturing GLI information: It was challenging for facilitators to capture on paper all of the insightful issues discussed and still stay engaged in the group process. In the first series, one person facilitated and another person recorded notes. We later used a tape recorder so both facilitators could be active in the group process while capturing more complete details of the sessions.

Strengths of PROSPER!

Culturally appropriate programming for women by women- TWC prides itself on being sensitive to the needs of women and plans programs based on what women have said they will benefit from or need. Women living with HIV/AIDS were involved in the planning and execution of the program.

Nurturing staff- Women in the program were always met by compassionate women on staff who supported them at all levels of the program.

Women-friendly incentives- TWC purchased items that were nurturing and made women feel special, such as bath and body products, inspirational books and CDs. The incentives were also wrapped in beautifully colored gift-wrap.

Non-judgmental environment- TWC's curriculum and staff were not judgmental when dealing with disclosure, safer sex or substance abuse. As a holistic curriculum, it included material that was also empowering and gender-focused.

Personalized follow up- When a woman was absent from the group she received a friendly call along with a personalized hand written note with expressions of compassionate concern.

Expert presenters in the field- Delivered important and timely information and helped women increase their comfort around doctors and other professionals.

Private dining in quaint setting- Providing nutritious meals was important as women were on limited budgets that did not often enable healthy eating habits. In addition, a restaurant setting made the women feel special and nurtured.

Transportation and childcare- Women reported that they often did not attend other programs due to lack of transportation or childcare. Both were provided to women to ensure participation.

Experienced facilitators- Groups were co-facilitated by experienced staff with knowledge of group dynamics, women's issues and HIV/AIDS. Staff also identified group discussions that had the potential for triggering trauma and provided the appropriate referrals to the in-house mental health therapy program and other crisis interventions.

Ready resources and referrals- PROSPER! benefited from having all of TWC's holistic services and resources available to women when they needed them.



At graduation, women receive certificates of completion

For more information on TWC and PROSPER! please contact:
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