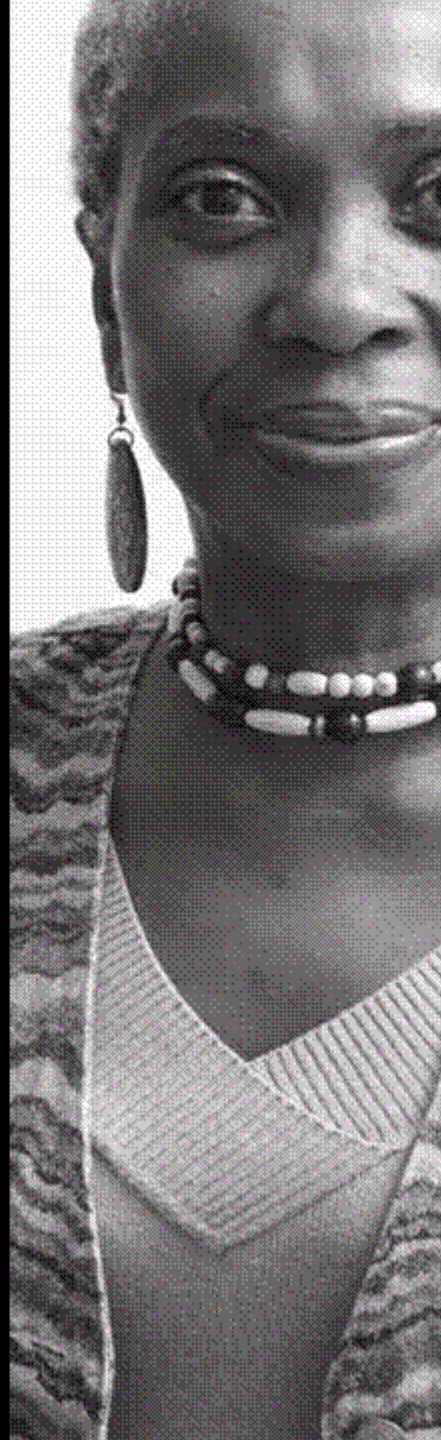





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June 20, 2009



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**CONNECT: A Couples-level
intervention for heterosexual
couples at risk for HIV/STIs**

Katie Potocnik Medina, MSW

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**Columbia University
Social Intervention Group**

<http://www.socialwork.columbia.edu/sig>

Project Connect Summary

Project Connect: A Relationship-Based HIV/STI Intervention for Heterosexual Couples



What is Connect?



A theoretically-supported, “relationship-based” approach to HIV/STI prevention

- Six session intervention (orientation and five couple’s sessions)
- Focuses on the couple as the unit of change
- Encourages couple-level appraisal of risk and behavior change
- Addresses the context of gender and power in the relationship, cited frequently as key barriers to risk reduction
- Reframes risk reduction as an act of support, collaboration and intimacy between partners

Project Connect

- Randomized, controlled clinical trial with 217 couples ($N=434$)
- 4-year study funded by the National Institute of Mental Health to PI Nabila El-Bassel (R01AI40883)
- Carried out 1997 – 2002

Intervention Components/Goals

- Increase perceived vulnerability for HIV infection
- Increase motivation to stay healthy
- Shared responsibility for safer sex
- Increase safer sex communication
- Increase male and female condom use and alternatives to unprotected intercourse
- Increase joint HIV testing
- Promote safer sex among family, friends, and community
- Maintain safer sex behavior changes over time

CONNECT CORE Elements

1. Working with male and female partners together in 3-5 facilitated sessions emphasizing the relationship as the target of change.
2. Redefining sexual risk reduction from individual protection to protecting and preserving the relationship between two intimate partners: protecting us.
3. Discussing ideas about relationship fidelity and the need to reduce HIV/STI risk among couples.
4. Identifying how gender differences, stereotypes and power imbalances influence safer sex decision-making and behaviors.

CONNECT CORE Elements (cont.)

5. Using video-based scenarios to model good communication and negotiation of safer sex to stimulate discussions and role-plays.
6. Using modeling, role-play, and feedback to teach, practice and promote mastery in couple communication, negotiation, problem-solving, and social support enhancement.
7. Applying couple communication, negotiation, problem-solving and goal-setting skills to the learning, performance, and maintenance of behaviors to reduce HIV/STI risk.

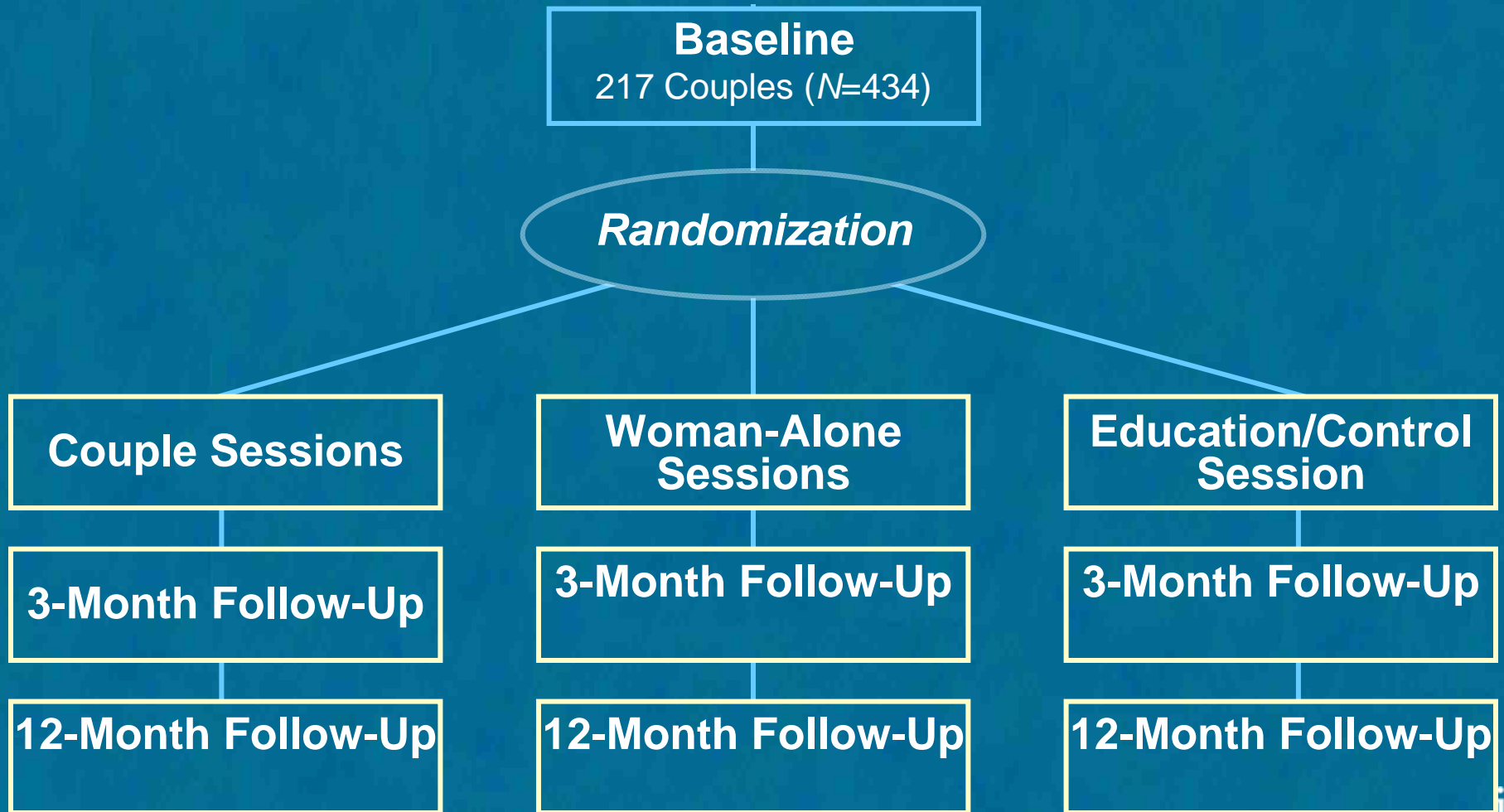
CONNECT Key Characteristics

1. Couples meet in sessions lasting 90-120 minutes.
2. Sessions are held at least 3-5 days apart so that participants can meet their goals and practice skills to build self-efficacy.
3. The facilitator has experience working with couples.
4. The individual orientation sessions are conducted by a facilitator who is not the same person who conducts the sessions 1-5 with the couple.

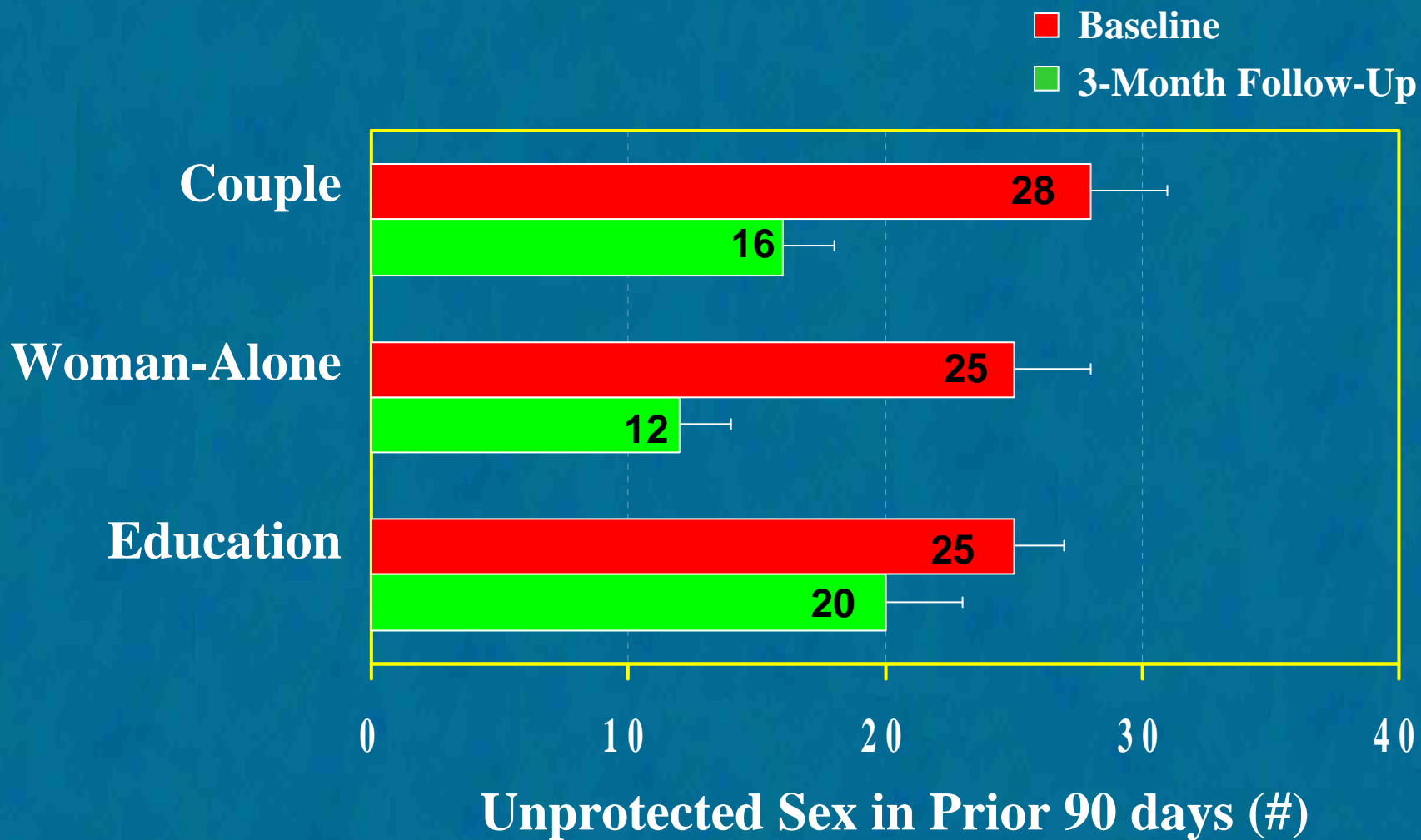
CONNECT Key Characteristics (cont.)

5. The same facilitator conducts sessions 1-5 with the same couple.
6. At each session couples receive a take-home condom packet with assorted male and female condoms and lubricants. (Contents may be locally adapted.)
7. The facilitator asks couples for the terms they use for sexual behaviors and to refer to each other, and uses these terms in the sessions, as appropriate.

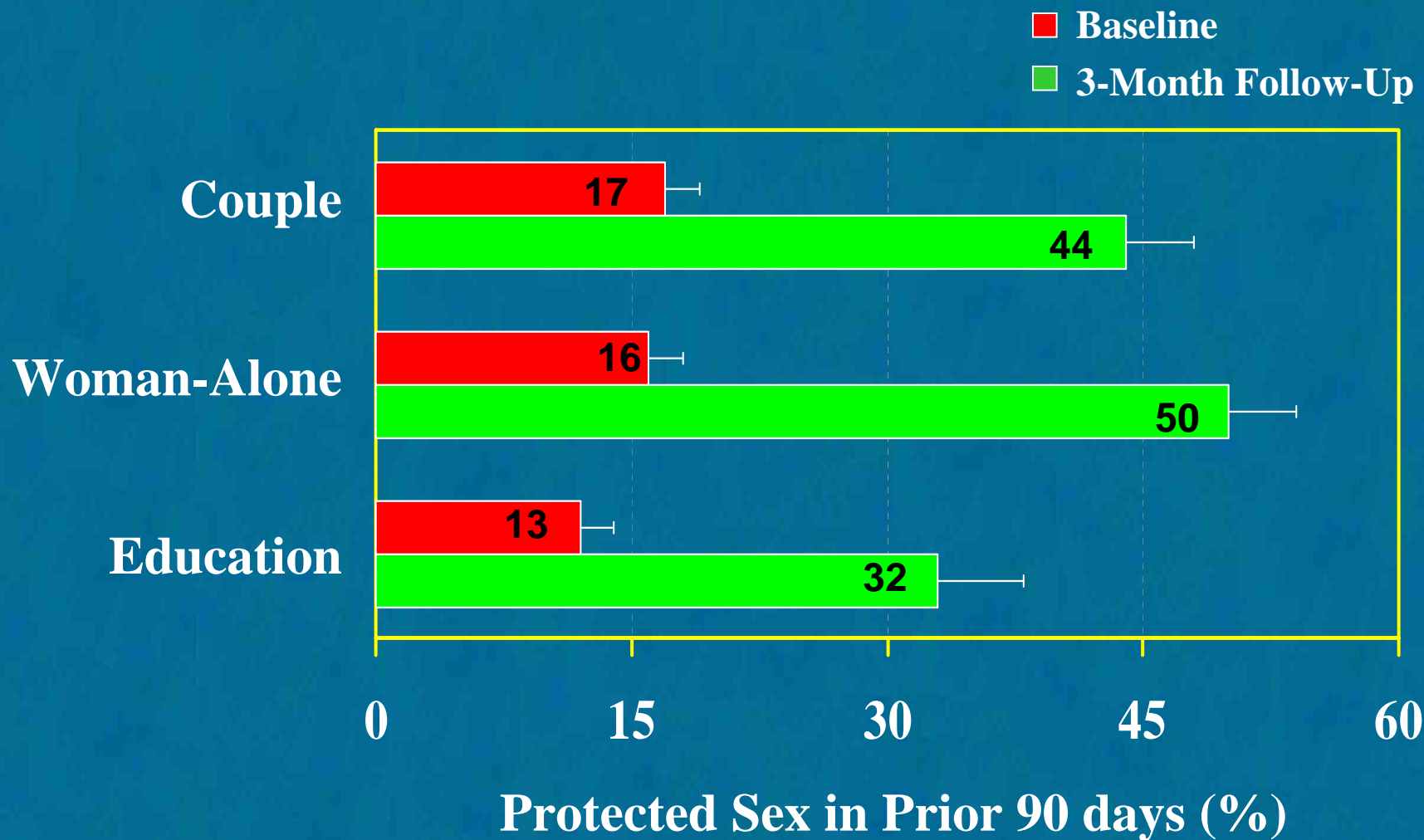
Project Connect: Design



Unprotected Sex Acts: Baseline & 3-Month Follow-Up



% Protected Sex: Baseline & 3-Month Follow-Up



Conclusions and Implications

- Project Connect was efficacious in reducing HIV/STI risk behaviors among heterosexual couples
- HIV/STI risk reduction behavioral change was maintained over time (3 and 12 months)

Traditional Connect (DEBI)

- Selected by CDC as “Best Evidence” intervention
- CDC funded package 2006-2008
- Ready for dissemination in 2008:
 - Implementation Manual
 - Training of Facilitators (TOF) Curriculum
 - Starter Kit
 - Technical Assistance Guide
 - Marketing Video

Multimedia Connect

- Prototype developed between 2004-2006
- R01 study application for testing dissemination of Traditional versus MM submitted 2006, funded 2007
- All components web-based
- Not self-directed, but requires a trained facilitator/educator

Multimedia Highlights

- Interactive exercises
- Animations
- Modeling videos
- Recording mechanism
 - Print journal

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Thank You For Your Attention!

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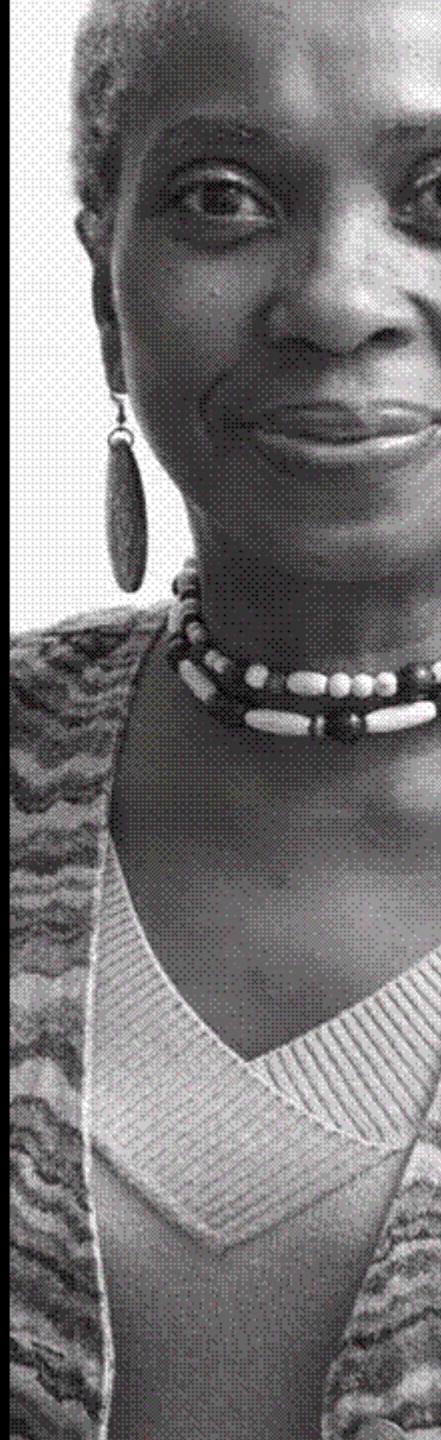


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Family Talk Program
Fourth Annual Iris House Summit
Women as the Face of AIDS
June 20, 2009

Blakeley Lowry, MPH
Evaluation and QA Manager, Iris House

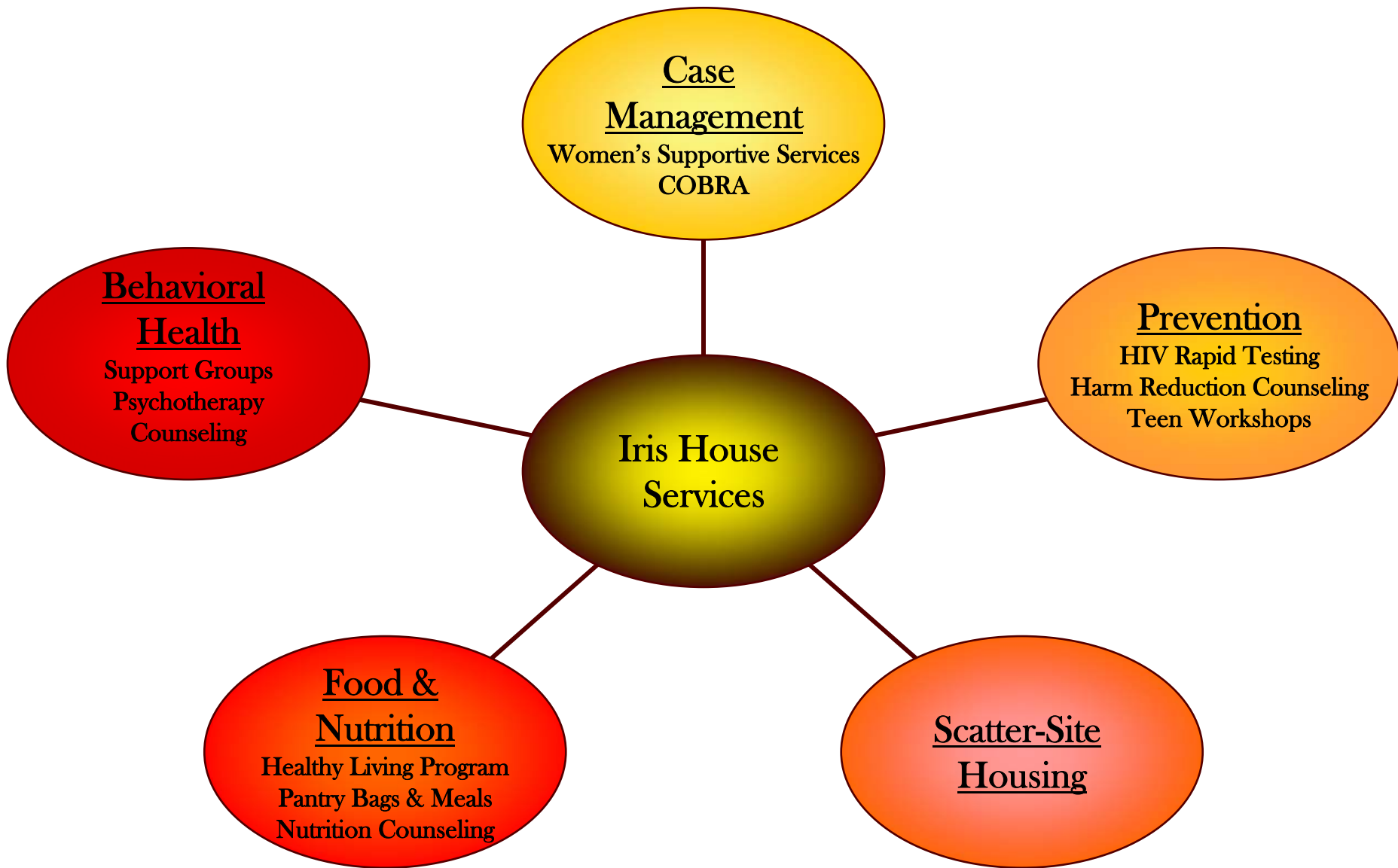


Overview

- Iris House's Family Talk Intervention
- Strategies for developing an intervention
- Harlem United's Blocks Program
- Using data to improve the program



Iris House provides comprehensive services and advocacy for women, families, and communities infected with and affected by HIV/AIDS, while simultaneously providing prevention and education services for our clients and at-risk communities





History of Evaluation

- Government Performance and Results Act of 1993
- CDC prevention programs
- Funders prioritizing outcomes
- Using data to improve programs as well as increase chances of funding





From Idea to Program Development



- Rising incidence of HIV/STIs among youth
- Lack of accurate sex education in schools
- IH experience working with teens and families
- Importance of parent-adolescent communication
- How do we increase communication in families about sex and HIV prevention?





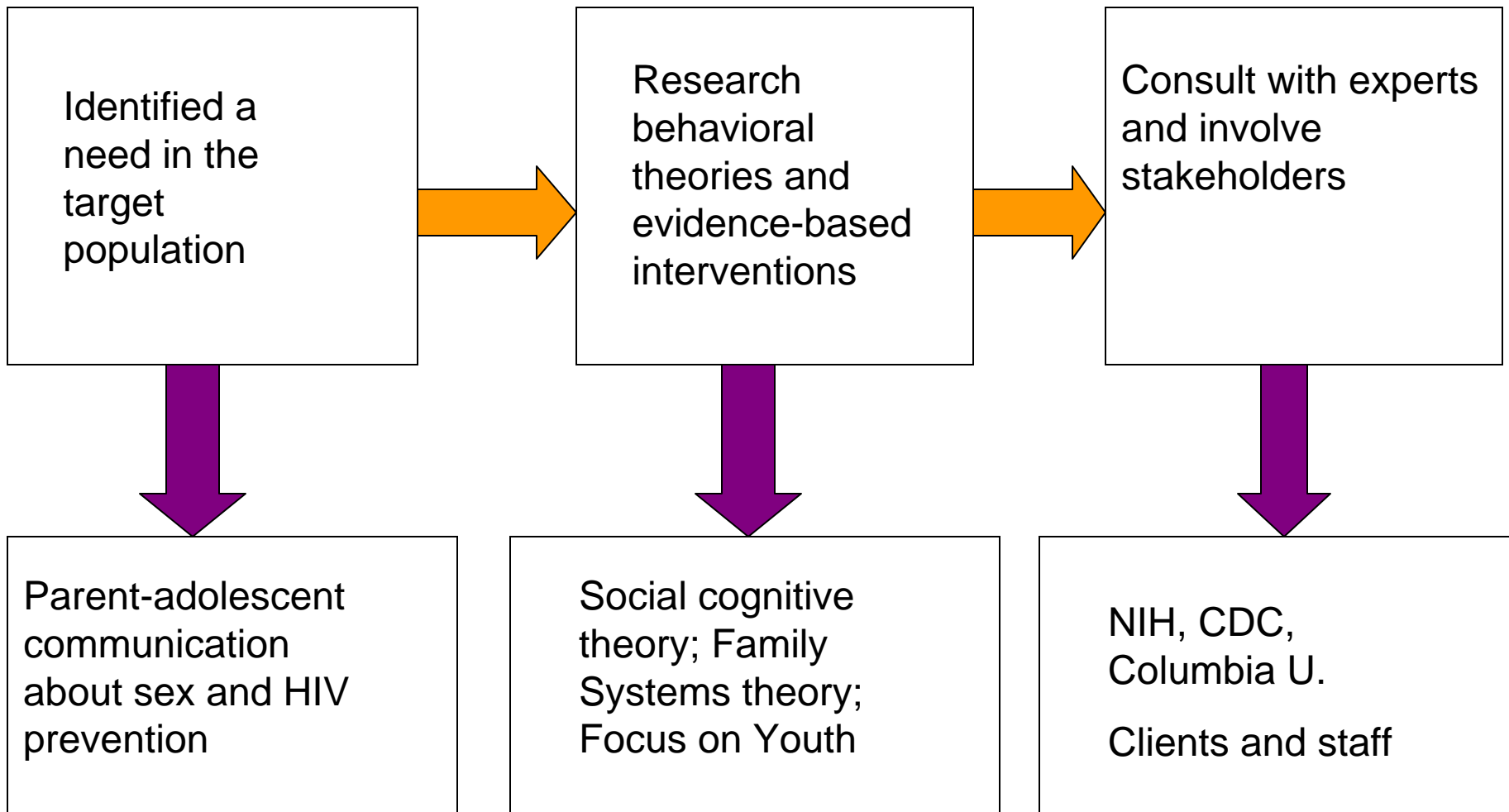
From Idea to Program Development

- Research
- Concept development
- Formative, process, and outcome evaluation
- Funding





From Idea to Program Development





From Idea to Program Development

Benefits of formative data and consultations with experts:

- Program design
 - Selecting indicators
 - Evaluation instruments
 - Funding
-



Family Talk Program

A 3 session, facilitator-led group level intervention for parents and teens 14-17

- A facilitator is paired with each family to led activities during first and last session
 - Second session separates teens and parents into their own workshop led by a health educator
 - Booster at 90 days post-intervention
-



Expected Outcomes

- **Improved knowledge** of HIV and STI prevention
 - **Enhanced comfort** when discussing sex, HIV, STIs
 - **Increased self-efficacy** among parents and teens to communicate about sex, HIV and STI prevention
-



Challenges

- Funding source
- Participant recruitment and retention
- Limited resources





Key Steps for Success

- Research social science/behavioral theories
- Draw from evidence-based practice
- Collaborate with experts
- Include stakeholders
- Use data to improve the program





Low Cost Evaluation

- Include evaluation in grant proposal
- Limit number of evaluation questions
- Use interns for data collection
- Use free capacity building assistance





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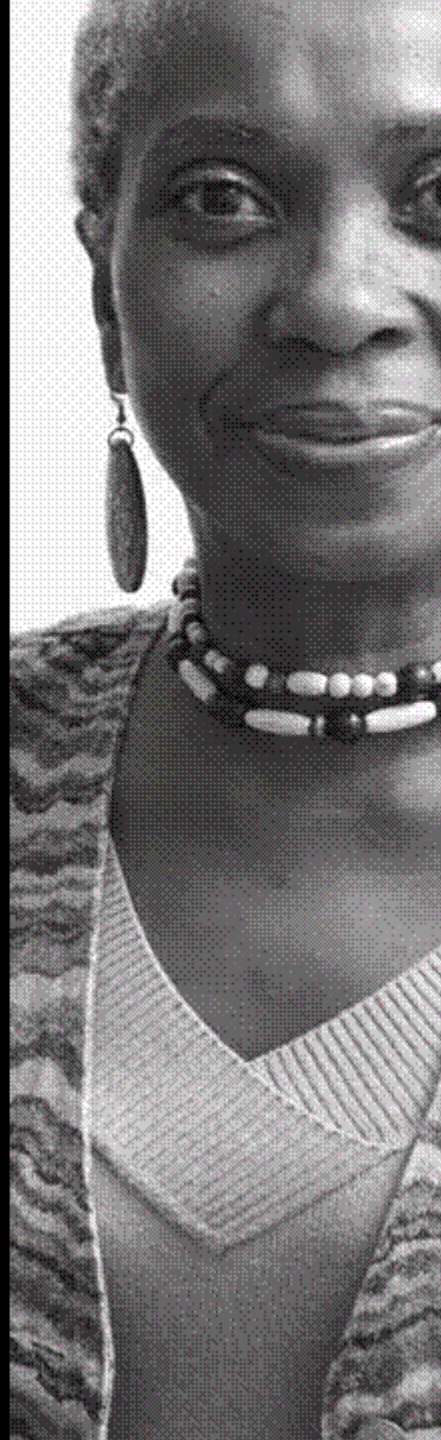


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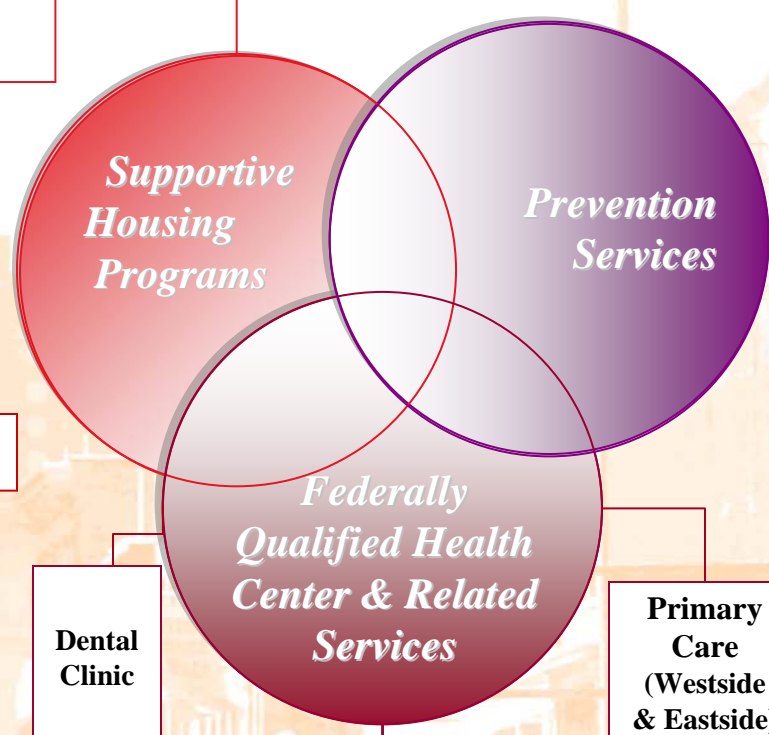
*Harlem United's
Blocks Project: A Geographic Approach to HIV
Testing and Prevention*

*Fourth Annual Iris House Summit
June 20, 2009*

*Prepared by:
Sara Gillen,
Vice President of Prevention
sgillen@harlemunited.org*

*Presented by:
Margaretta Fox
mfox@harlemunited.org
646.784.2346*





Supportive Housing Programs
Case Management, Primary Care Support, Treatment Education, Mental Health Services, Substance Use Counseling, Advocacy, Structured Socialization

HRA Housing (Scatter-Site)

Women's Housing (Scatter-Site)

HUD Housing (Scatter-Site)

Transitional Housing (Scatter-Site)

Emergency Congregate Housing (Foundation House North & South)

Permanent Congregate Housing

Building Bridges Mental Health Program

Vocational Education Program

Dental Clinic

Primary Care (Westside & Eastside)

The Blocks Project
 • Innovative prevention initiative
 • Targets neighborhoods with high HIV prevalence, not high-risk sub-groups
 • HIV education, testing and connection to care
 • Additional social services via partners

FROST'D @ Harlem United
 ♦ Injection Drug User Care ♦ Harm Reduction ♦ Syringe Exchange ♦ Testing and Linkage to Healthcare

Education and Training
 ♦ HIV Education and Community Awareness events ♦ African Immigrants Services ♦ Black Men's Initiative
 Delivery of CDC-sponsored effective behavioral interventions ♦ Healthy Relationships ♦ Many Men, Many Voices ♦ Youth Space

Testing Services
 ♦ Rapid HIV testing ♦ Innovative recruitment strategies ♦ Evaluation of testing strategies ♦ Connection to primary care services ♦ Access to HIV care through ADAP enrollment ♦ Uptown Health Link

Adult Day Health Center West
Medical Care, Adherence Support, Nutrition Counseling, Substance Use Counseling, Structured Socialization, Pastoral Care, Expanded Syringe Access Program

Adult Day Health Center East
Fully Bilingual (Spanish/English) Case Management, Treatment Education, Support Groups, Harm Reduction Counseling, Auricular Acupuncture, Primary Care Support

Healthcare for the Homeless
Healthcare & related services for the homeless in Central & East Harlem

COBRA Case Management
Assessment, Intensive Case Management, Advocacy, Crisis Intervention

Evening Food & Nutrition
Nutritional Assessment and Support, Treatment Education, Psycho-Social Support

Mental Health Services
Crisis Intervention, Individual and Group Psychotherapy, Medication Management, Expressive Therapies

FROST'D at Harlem United

- ◆ *Injection Drug User Health Promotion via mobile units*
- ◆ *Harm Reduction Counseling for HIV+ substance users*
 - ◆ *Syringe Exchange*
- ◆ *HIV & HCV Testing and Linkage to Healthcare, Drug Treatment, and Support Services*
- ◆ *Overdose prevention education (Narcan distribution coming soon)*

Prevention Services

Testing Services

- ◆ *Rapid HIV Testing & HCV/STI Screening, on-site, mobile units and alternative venues*
 - ◆ *Blocks Project*
- ◆ *Innovative Recruitment Strategies, including Social Networks Targeting AA Women and AA MSM*
- ◆ *Evaluation of Testing Strategies*
 - ◆ *Connection to Primary Care Services and ADAP Enrollment*
- ◆ *Peer Training and HIV Testing and Prevention for West African Immigrants*

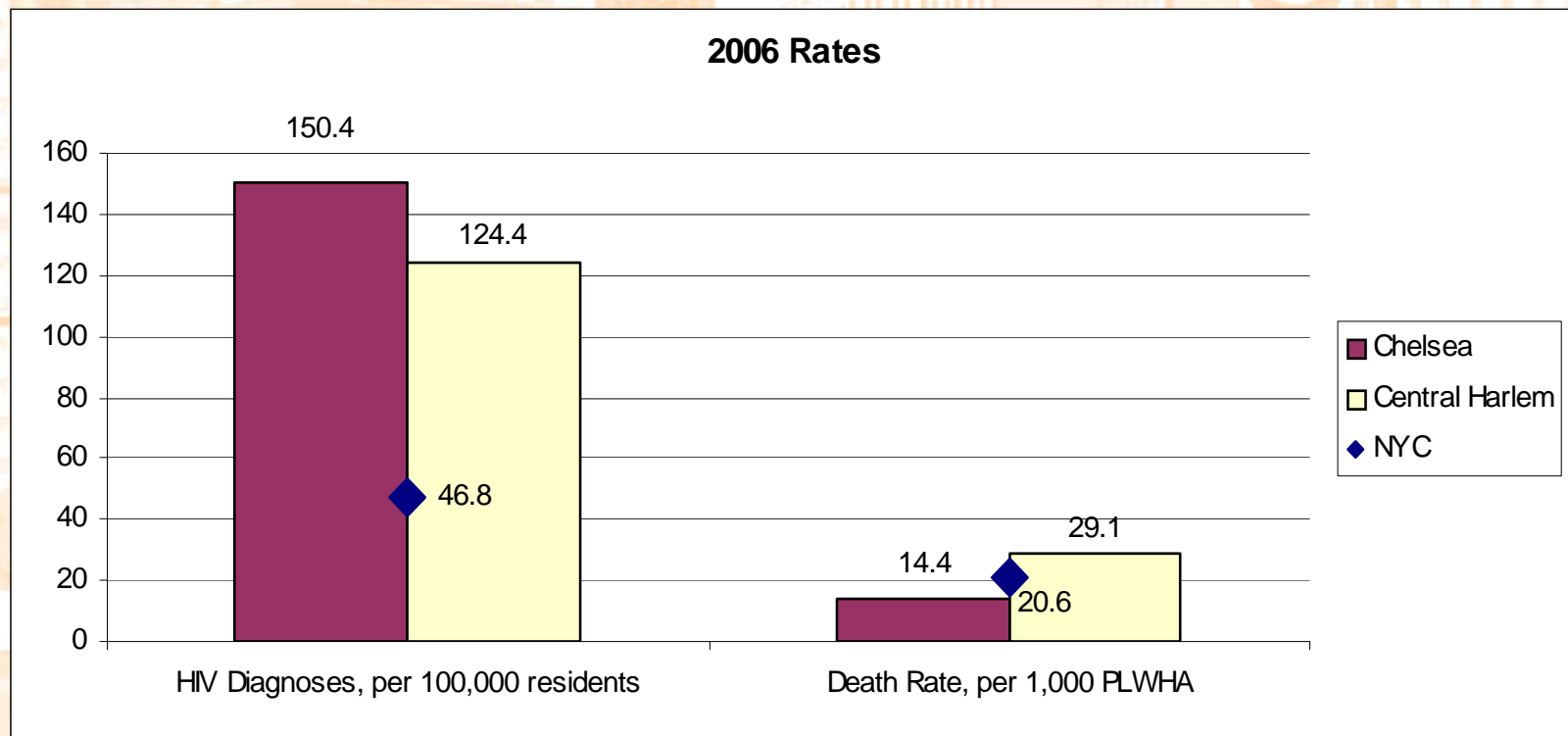
Black Men's Initiative

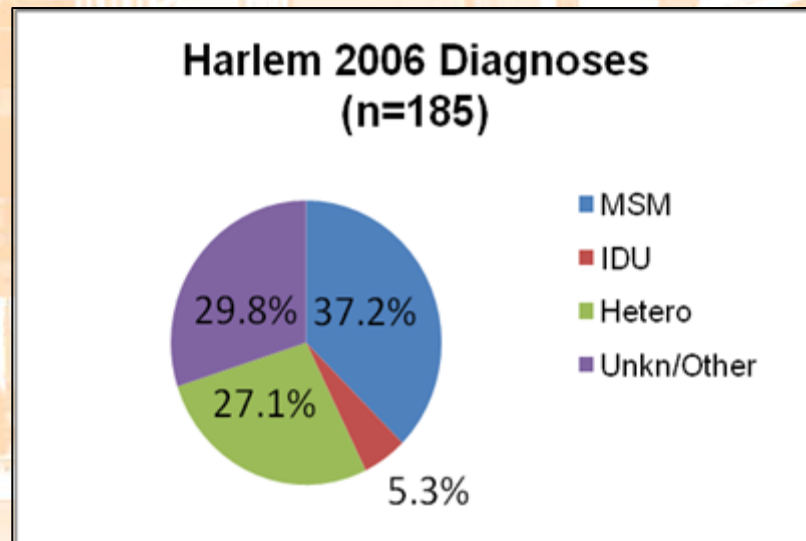
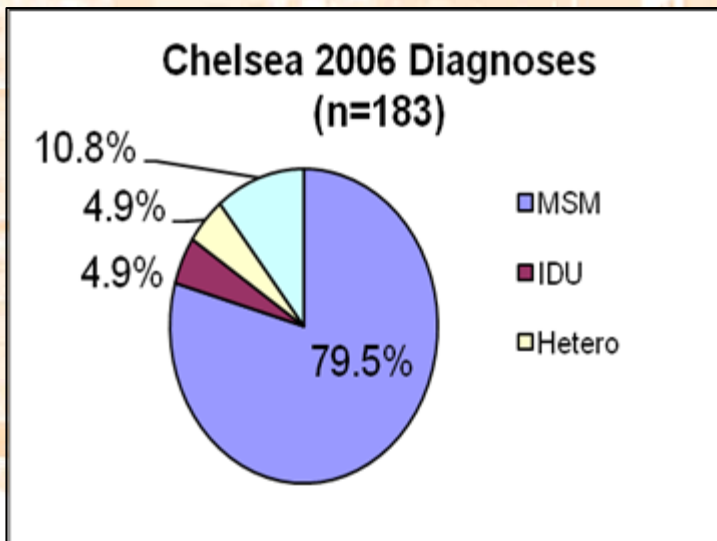
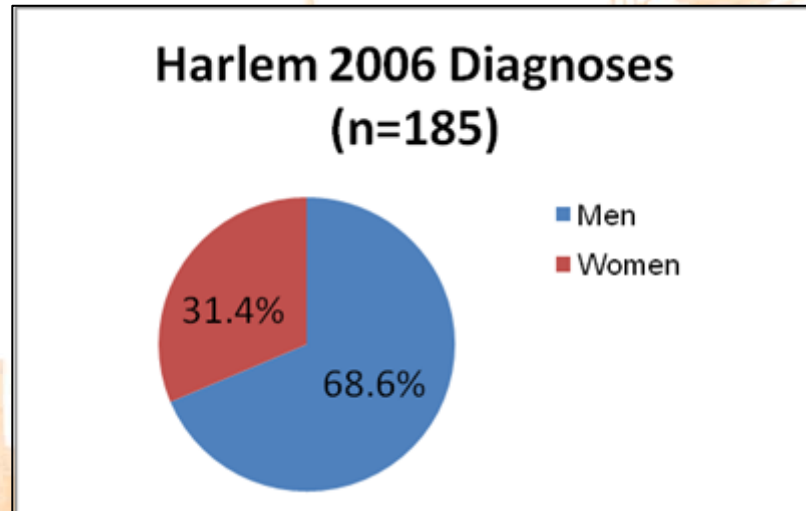
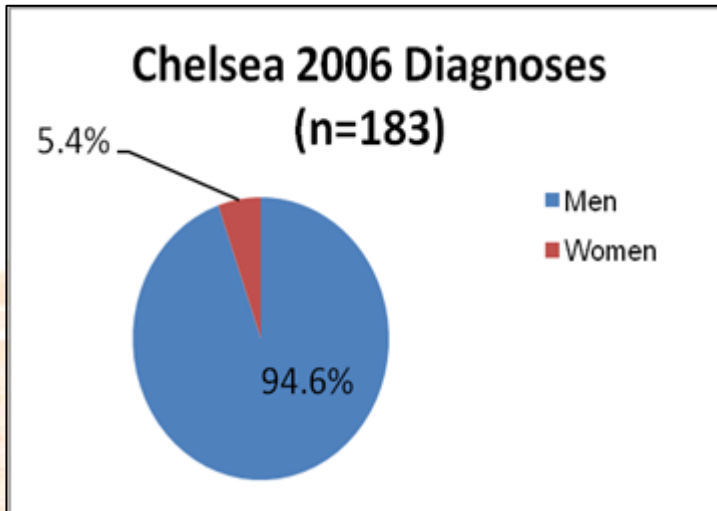
- ◆ *HIV & STD screening targeting young MSM of color*
- ◆ *Delivery of adapted CDC-sponsored effective behavioral interventions - Healthy Relationships; Many Men, Many Voices; Community PROMISE, POL on the Internet; CRCS*
 - ◆ *Young MSM Development Program: HOME (Helping Our Men Evolve) – individual and group education & counseling, internship program, Internet Café, Film/Video Groups*

In 2006: **Central Harlem ranks second in the rate of HIV diagnosis**, second only to Chelsea/Clinton (124.4 cases vs. 150.4 per 100,000, respectively), and **it is more than 2.5 times higher than the NYC rate.**

While our diagnosis rate is comparable, **our HIV-positive residents die at twice the rate of Chelsea residents** living with HIV (29.1 versus 14.4, per 1,000 people living with HIV/AIDS).

**1 in every 81 New Yorkers is HIV positive.
In Harlem, that number changes to 1 in every 38.**



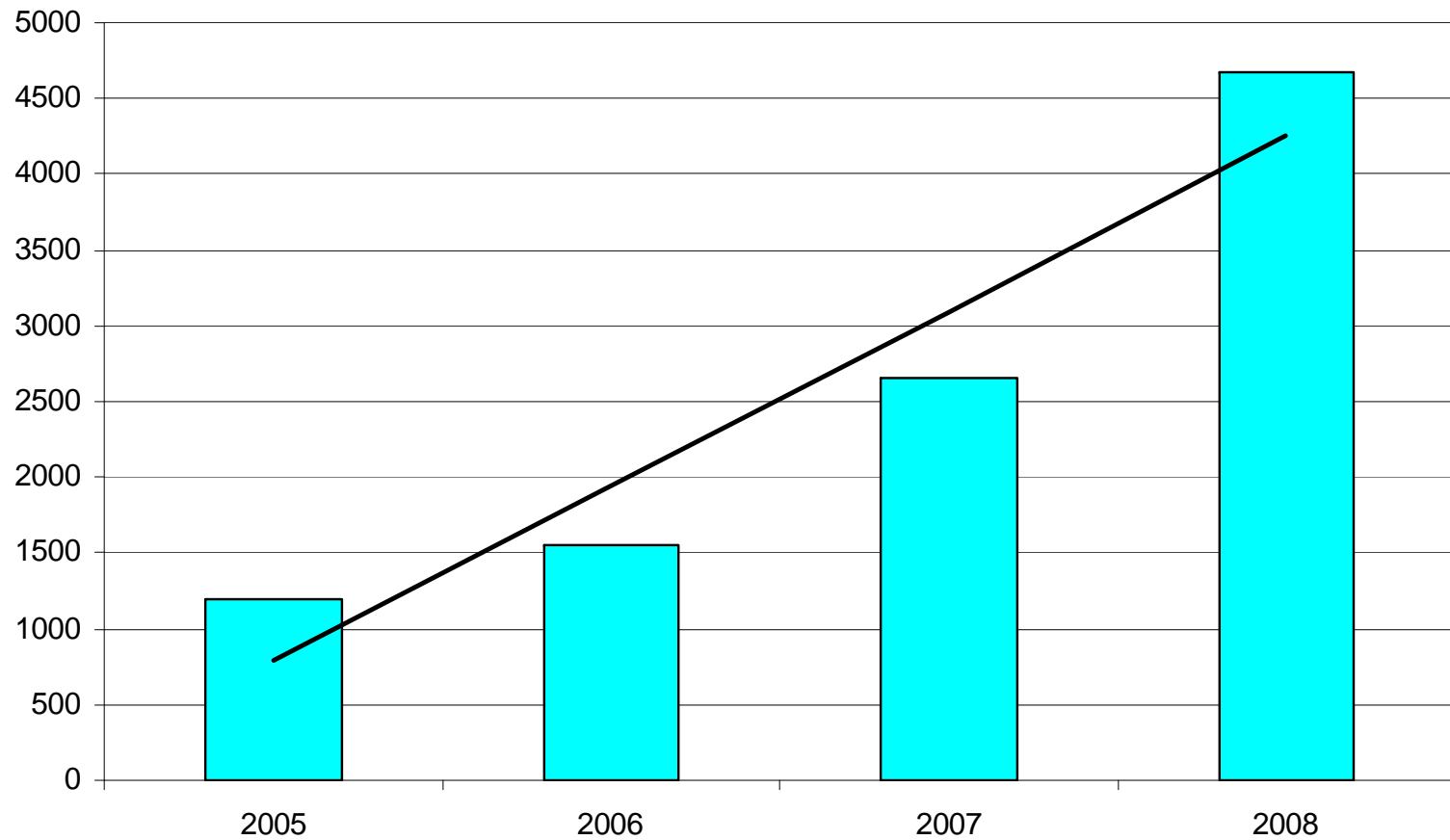


- Comprehensive *geographic* approach; HIV infection is as much a product of where you live as who you are or what you do.
- Designed to improve early detection and treatment of HIV in high-prevalence neighborhoods through awareness campaigns coupled with accessible testing services.
- Primary service objectives include: increase HIV awareness; reduce HIV stigma; increase access to HIV/HCV/other STI testing; connect and maintain residents in primary medical care and other supportive services.
- Formal research project: includes formative, process, and outcome monitoring

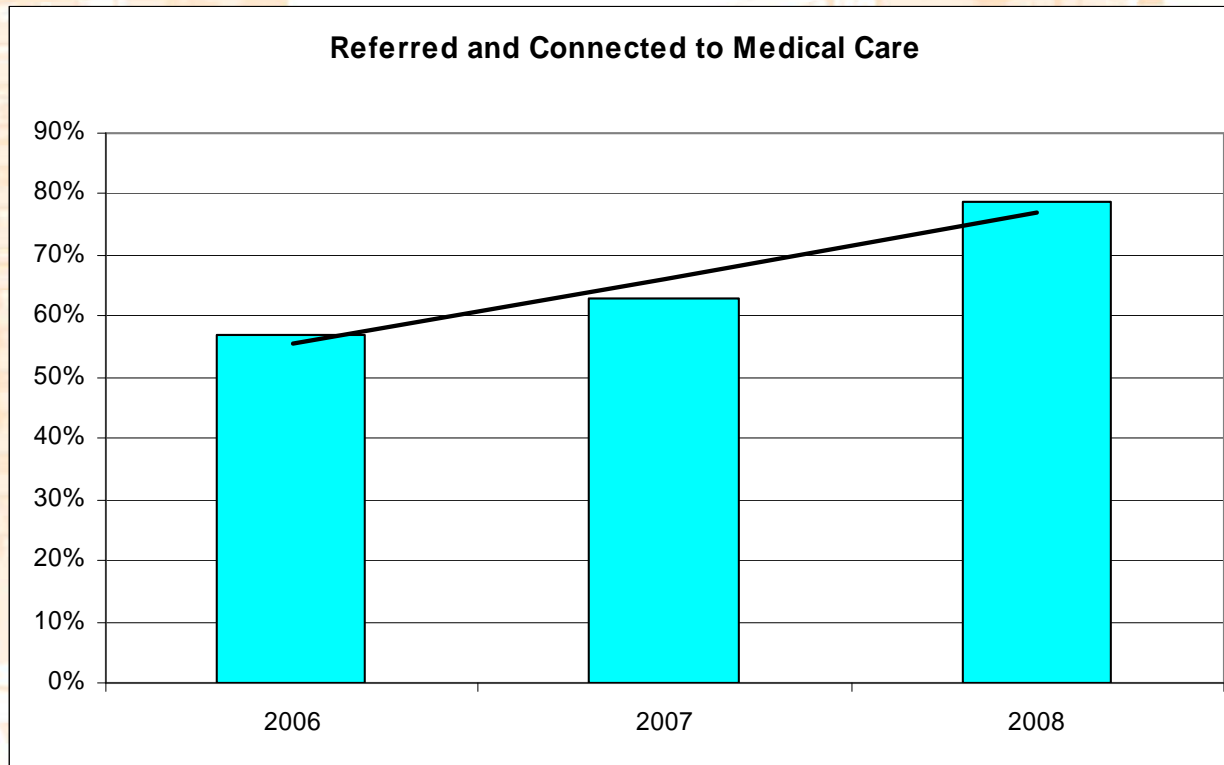
- Blankets the identified zone with messages and promotional materials
- Uses guerilla marketing techniques to prompt interest in our services and promote testing (i.e., “Let’s Do It” blitz)
- Sponsors and promotes community-wide and local HIV awareness & outreach events
- Door-by-door surveys and outreach
- Provides testing in a mobile unit and community center, up to 20 hours per week



Reducing the Barriers to Testing: Blocks Increases Access to Harlem United Testing Services



Through a patient navigation program, we increased our connection to primary care for HIV positive clients to 78.7%, surpassing the NYC Department of Health and Mental Hygiene's connection to care rate for Harlem (57.7%).



Comparing Harlem United Testing Outcomes to National Data (2005-2008)

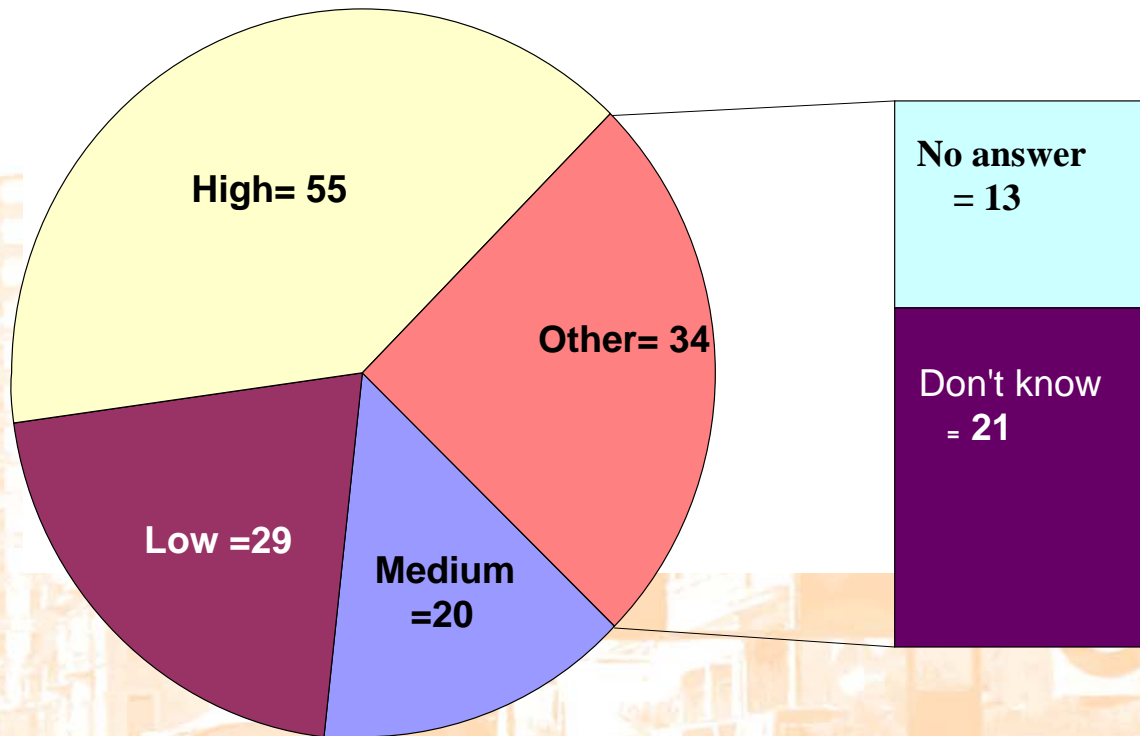
	January- October '05	January- October '06	January- October '07	January- October '08	8 CDC funded testing sites
Number of HIV Tests Conducted	1,207	1,550	2,662	4,587	1,494* (average tested per site/yr)
Number of Clients Routinely Tested in Past Year	1% (12)	8% (111/1,411)	7% (161/2,418)	8% (326/4,261)	Not Reported
Number of HIV Cases Identified	4.3% (52)	3.9% (61)	4.2% (111)	3.0% (138)	1.1%** (267/23,900)
A. Newly Diagnosed	3.7% (45)	2.8% (44)	2.9% (77)	1.6%(74)	1.1% (267/23,900)
B. Previously Diagnosed	0.6% (7)	1.2% (18)	1.3% (34)	1.4%(64)	Excluded previously diagnosed from analysis

Strategy	Tests	Positive	Positivity (all dx)	Proportion of Total Diagnoses
Social Networks: Men	41	6	14.6%	35% of total
Social Networks: Women	64	4	6.3%	
Risk: Women	800	16	2.1%	
Risk: Men	386	22	5.7%	
Geographic Based	3351	90	2.7%	65% of total
Total	4642	138	3.0%	

All strategies work, for different populations.

However, the geographic approach is responsible for the larger proportion of the total number of HIV+ individuals identified.

Self-Perceived HIV Risk among HIV+ Clients (n=138)



Older adults (>40 yr old) and women make up the majority in the “low,” “medium,” and “other” categories.

How We've Used Data to Make Blocks Better

Started with *experience* providing prevention services in our communities

Analyzed the *epidemiological data*

Committed resources to developing a different model that includes *best practice* and addresses an *identified need*

Committed resources to evaluating this new model: *formative, process, and outcome evaluation* – utilized data from these activities to better understand the community and tailor services to their needs

Reviewed *benchmarks* and used them to better understand and demonstrate impact (e.g., Blocks vs risk-based seropositivity, connection to care rates from the City)

Used *outside research* and *cost data* to infer other practical implications (e.g., HIV cases averted and cost-savings)

NYC Department of Health interested in scaling up routine testing, regardless of HIV risk. Possible funding in the future. Agencies with data (qualitative and quantitative) strengthen their applications.

Multiple Risk-Based Contracts (from your agency or collaborative events with other agencies) can be worked together to create a Blocks-style project: one outreach and testing event targeting a zone can recruit people you identify as high risk MSM, women, IDU.

- You don't recruit community residents based on risk – you assess risk after the test.

Foundation support is critical to fund innovative programs like Blocks. Solid data analysis and formative work ensure foundation support, and can make the difference between a \$10,000 award and a \$100,000 grant.

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