ATTACHMENT 21
LIST OF EFFECTIVE BEHAVIORAL INTERVENTIONS (EBI'S) ELIGIBLE FOR FUNDING

1. Choosing Life: Empowerment! Action! Results! (CLEAR) is an evidence-based, health promotion intervention for males and females ages 16 and older living with HIV/AIDS and high-risk HIV-negative individuals. CLEAR is a client-centered program delivered one-on-one using cognitive behavioral techniques to change behavior, enables prevention counselors to individually tailor the intervention to address the unique needs of each client. CLEAR consists of 5 core skill sessions, 21 menu sessions, and a wrap-up session.

2. Community PROMISE is an effective, communitylevel HIV/STD prevention intervention that relies on role model stories and peer advocates from the community. The intervention is based on behavioral theories including Stages of Change. Community PROMISE begins with a community identification process to collect and analyze information about the community, including HIV/STD risk behaviors and influencing factors, to help agencies identify target populations and appropriately tailor the intervention. Members of the target population who have made positive HIV/STD behavior change are interviewed and role models stories are written based upon the interviews. The stories are personal accounts about how and why they took steps to practice HIV/STD prevention behaviors and the resulting positive effects on their lives. Peers advocates from the target populations are recruited and trained to distribute the role model stories and prevention materials within their social networks. New role model stories are written based on continuous formative research that reflects behavior change within the target population.

3. Connect is a six session, relationship-based intervention, intended for heterosexual men and/or women 18 years or older and their main sexual partner that teaches couples techniques and skills to enhance the quality of their relationship, communication, and shared commitment to safer behaviors. The program is based on the AIDS Risk Reduction Model, which organizes behavior change into three phases: recognizing risk, committing to change, and acting on strategies; and on the Ecological Perspective which emphasizes the personal, relational, and societal influences on behavior.

4. d-up: Defend Yourself! is a community-level intervention for Black men who have sex with men (MSM). d-up! is a cultural adaptation of the Popular Opinion Leader (POL) intervention and is designed to change social norms and perceptions of Black MSM regarding condom use. d-up! finds and enlists opinion leaders whose advice is respected and trusted by their peers. These opinion leaders are trained to change risky sexual norms in their own social networks. Opinion leaders participate in a foursession training and endorse condom use in conversations with their friends and acquaintances.

5. Healthy Relationships 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.

6. Many Men, Many Voices (3MV) is a seven-session, group-level STD/HIV prevention intervention for gay men of color. The intervention addresses behavioral influencing factors specific to gay men of color, including cultural/social norms, sexual relationship dynamics, and the social influences of racism and homophobia.

7. The Mpowerment Project was developed by and for young gay man ages 18-29. The intervention is run by a core group of 10-15 young gay men from the community and paid staff. The young gay men, along with other

volunteers, design and carry out all project activities. Ideally, the project has its own physical space where most social events and meetings are held and which serves as a drop-in center where young men can meet and socialize during specified hours.

8. Nia is a two- to four-session (six hours total), video-based, small group level intervention. The target population is African American men (ages 18 and over) who have sex with women. The goals of this intervention are to educate African American men who have sex with women about HIV/AIDS and its effect on their community, bring groups of men together, increase motivation to reduce risks, and help men learn new skills to protect themselves and others by promoting condom use and increasing intentions to use condoms. Nia is based on the Information-Motivational-Behavioral Skills (IMB) model.

9. Partnership for Health (PfH) uses message framing, repetition, and reinforcement during patient visits to increase knowledge, skills, and motivations to practice safer sex. It is intended for persons living with HIV. The program is designed to improve patient-provider communication about safer sex, disclosure of HIV serostatus, and HIV prevention.

   Popular Opinion Leader. This community-level intervention involves identifying, enlisting, and training key opinion leaders to encourage safer sexual norms and behaviors within their social networks through risk-reduction conversations. POL is directed to an identifiable target population in well-defined community venues and where the population's size can be estimated. The program teaches POLs skills for initiating HIV risk reduction messages to friends and acquaintances during everyday conversations. Groups of POLs meeting together weekly in sessions that use instruction, facilitator modeling, and extensive role play exercises to help POLs refine their skills and gain confidence in delivering effective HIV prevention messages to others. Groups are small enough to provide extensive practice opportunities for all POLs to shape their communication skills and create comfort in delivering conversational messages.

10. Real AIDS Prevention Project (RAPP): A community mobilization program, designed to reduce risk for HIV and unintended pregnancy among women in communities at high risk by increasing condom use. This intervention relies on peer-led activities, including: outreach/one-on-one brief conversations with brochures, referrals, and condom distribution; small group safer sex discussions and presentations. RAPP was developed to help women and their partners reduce their risk for HIV infection. The intervention objectives are to increase consistent condom use by women and their partners, to change community norms so that practicing safer sex is seen as the acceptable norm, and to involve as many people in the community as possible. The program has two phases: 1) community assessment, which involves finding out about the community and how to talk to women and their partners about their risk for HIV infection, and 2) getting the community involved in a combination of risk reduction activities directed toward these women and their partners.

11. Safety Counts is a client-centered intervention for users of illicit drugs that aims to reduce risk of becoming infected with or transmitting HIV and hepatitis viruses. The intervention is a behaviorally focused, seven-session intervention, including both structured and unstructured activities in group and individual settings over four to six months. The intervention can be implemented with both HIV-negative and HIV-positive clients. [Safety Counts (La Seguridad Cuenta) is also available as a Spanish-language intervention.]

12. Self-Help in Eliminating Life-threatening Diseases (SHIELD): Training Peer Educators to Conduct HIV Prevention is a group-level, six-session (plus pre-program contact) intervention that trains current and former drug users to be Peer Educators who share HIV prevention information with people in their social networks (e.g., friends, family, sex partners, etc.). The target population is male and female adults (18 years older) who are current or former "hard" drug users (heroin, cocaine, and crack) who interact with other drug users. The intervention can be delivered with clients who are HIV positive and HIV-negative. The SHIELD intervention is based on several theories – Social Cognitive Theory, Social Identity Theory, Cognitive Dissonance (or inconsistency) Theory, and Social Influence Theory.

13. Sisters Informing Sisters on Topics about AIDS (SISTA) is a group-level, gender and culturally relevant intervention, designed to increase condom use among heterosexually active African American women. Five peerled group sessions are conducted that focus on ethnic and gender pride, HIV knowledge, coping, and skills training around sexual risk reduction behaviors and decision making. The intervention is based on Social Learning Theory as well as the Theory of Gender and Power.

14. Sisters Informing Healing Living and Empowering (SIHLE) is a peer-led, social-skills training intervention aimed at reducing HIV sexual risk behavior among sexually active, African American teenage females, ages 14-18. It consists of four 3-hour sessions, delivered by two peer facilitators (ages 18-21) and one adult facilitator in a community-based setting. The sessions are gender-specific, culturally relevant and include behavioral skills practice, group discussions, lectures, role-playing, and take-home exercises.

15. Street Smart is a multi-session, skills-building program to help runaway and homeless youth practice safer sexual behaviors and reduce substance use. Sessions address improving youths' social skills, assertiveness and coping through exercises on problem solving, identifying triggers, and reducing harmful behaviors. Agency staff also provide individual counseling and trips to community health providers.

16. Together Learning Choices (TLC) is a group-level intervention based on cognitive-behavioral strategies to change behavior for young people living with HIV. This program helps young people living with HIV identify ways to increase use of health care, decrease risky sexual behavior and drug and alcohol use, and improve quality of life. It emphasizes how contextual factors influence ability to respond effectively to stressful situations, solve problems, and act effectively to reach goals.

17. VOICES/VOCES is a group-level, single-session video-based intervention designed to increase condom use among heterosexual African American and Latino men and women who visit STD clinics. Participants, grouped by gender and ethnicity, view an English or Spanish video on HIV risk behaviors and condom negotiation, take part in a facilitated discussion on barriers to and negotiation of condom use, and receive samples of condoms.

18. Women Involved in Life Learning from Other Women (WILLOW) is a social-skills building and educational intervention for adult women living with HIV. An adaptation of the SISTA intervention, WILLOW consists of four sessions which are delivered by two trained adult female facilitators, one of whom is a woman living with HIV, and emphasizes gender pride, informs women how to identify and maintain supportive social networks, teaches coping strategies to reduce life stressors and STD transmission and HIV re-infection risk behaviors, and skills training for negotiating safer sex.

ALTERNATIVE TARGET POPULATIONS FOR VOICES/VOCES:

VOICES/VOCES has been shown to be effective as an HIV prevention intervention implemented with high-risk heterosexual African-American men and women. According to the implementation manual, the intervention was piloted in STD clinics in New York, Chicago and Boston as well as a number of community-based settings. In each pilot venue, researchers conducted extensive formative evaluation and longitudinal tracking of client behaviors several months after exiting the program. When compared with a control group, VOICES/VOCES was shown to be highly effective at increasing clients' knowledge of HIV and STD transmission facts; increasing clients' ability to realistically assess their own risks; increasing clients' ability to obtain condoms and intention to utilize them; and decreasing future STD infections.

In addition to heterosexual African-American and Latino men and women, applicants may also propose to implement VOICES/VOCES with other target populations provided that the following requirements are met.

- All of the core elements of the intervention must be implemented with fidelity.
- A video appropriate for the applicant's selected target population must be utilized. The VOICES/VOCES Implementation Manual provides criteria for selecting alternative videos aimed at serving clients other than heterosexual African-American or Latino men and women (See page 24, Section 2 of the VOICES/ VOCES manual). These criteria must be followed in selecting a video.
- The video selected for use with VOICES must already be in existence. In other words, applicants cannot request funding for the purpose of creating a new video.

BACKGROUND INFORMATION

The Diffusion of Effective Behavioral Interventions (DEBI) project began in 1999 when the Centers for Disease Control and Prevention (CDC) published a Compendium of HIV Prevention Interventions with Evidence of Effectiveness to respond to prevention service providers who requested evidence-based interventions that work.

CDC now annually updates an online Compendium of Evidence-Based HIV Prevention Interventions[1] by adding newly identified evidence-based behavioral interventions (EBIs) that have been scientifically proven to significantly reduce HIV risk. CDC's Compendium now includes over sixty evidence-based individual-level, group-level and community-level behavioral interventions for HIV prevention.

The dissemination of effective HIV prevention interventions is a critical part of building capacity among organizations that implement prevention programs for populations at risk for HIV. The CDC's Division of HIV/AIDS Prevention (DHAP), Capacity Building Branch is committed to enhancing the capacity of individuals, organizations, and communities to conduct more effective and efficient HIV prevention services. Training and technical assistance (TA) are provided to ensure sustainability of these effective intervention programs.

The DEBI project was designed to bring science-based, community, group, and individual-level HIV prevention interventions to community-based service providers and state and local health departments. The goal is to enhance the capacity to implement effective interventions at the state and local levels, to reduce the spread of HIV and STDs, and to promote healthy behaviors. Under the guidance of CDC DHAP, the Center on AIDS & Community Health (COACH) at the Academy for Educational Development (AED) coordinates training on a variety of science-based, effective interventions for HIV prevention. Staff of CDC DHAP Capacity Building Branch, STD/HIV Prevention Training Centers, AED, health departments, and Capacity Building Assistance providers offer training and TA for the interventions.

[1]See http://www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm