INTERVENTIONS COMMITTEE NARRATIVE

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Edited and approved by the Interventions Committee

According to the Centers for Disease Control and Prevention (CDC), *HIV Prevention Community Planning Guide, 2003-2008*, an intervention is a specific activity (or set of related activities) intended to change the knowledge, attitudes, beliefs, behaviors, or practices of individuals and populations to reduce their health risk, that carries a distinct process and outcome objectives, and a protocol outlining the steps for implementation (43).

In late 2010, the interventions committee began researching and becoming familiarized with various evidence-based interventions. The committee utilized resources made available by the CDC known as the *Compendium of HIV prevention Interventions with Evidence of Effectiveness* along with the *Diffusion of Evidence Based Interventions* (DEBI) located at http://effectiveinterventions.org. Given that it is the role of the interventions committee to research and identify population specific interventions that correlate with the priorities set forth by the epidemiology/populations committee, it was crucial for the committee to educate themselves fully on all available interventions.

There are several evidence-based interventions that The **CDC** via **The HIV/AIDS Prevention Research Synthesis (PRS) Project** has identified through a series of efficacy reviews. (For more information go to http://www.cdc.gov/hiv/topics/research/prs/efficacy_overview.htm)
The current ongoing PRS efficacy review process has catalogued evidence-based interventions as best-evidence, good-evidence, or promising-evidence.

Following the approval of the priority populations recommended by the Epidemiology/populations committee, this committee began to examine and distinguish which interventions would be most feasible and most effective in Indiana. The committee extensively researched the following types of interventions, as defined by *Setting HIV Prevention Priorities: A Guide for Community Planning Groups* (2005):

Community-level interventions (CLI): Programs designed to reach a defined community and to increase community support of the behaviors known to reduce the risk for HIV infection and transmission by working with the social norms or shared beliefs and values held by members of the community. CLIs aim to reduce risky behaviors by changing attitudes, norms, and practices through community mobilization and organization, including community-wide events.

Group Level Interventions (GLI): Health education and risk-reduction counseling that shifts the delivery of service from the individual to groups of carrying sizes. These use peer and non-peer models involving a wide-range of skills, information, education, and support.

Individual Level Interventions (ILI): Health education and risk-reduction counseling provided to one person at a time. ILIs assist clients in making plans to change individual behavior and to appraise regularly their own behavior. These interventions also facilitate linkages to services in both clinic and community settings (i.e. substance abuse treatment settings) in support of behaviors and practices that prevent transmission of HIV. Interventions also help clients plan to obtain these services.

Structural Interventions (SIs): Structural interventions aim at modifying the social, economic, and political structures and systems in which we live. These may affect legislation, media, health care, and the market place. Structural interventions directly alter the physical environments in which people live, work, play, and have sex, to help reduce risk.

Effectiveness Characteristics of Interventions other than DEBI's

While the Interventions Committee recognizes the effectiveness of EBI interventions, the viability of interventions other than DEBI's cannot be discredited. Therefore, the Interventions Committee recommends the following criteria be met for intervention other than DEBI's.

When providing **CLI's** and/or outreach, the goal and objectives should include the following:

- Provide HIV Prevention Educational Material in a language easily understood.
- Reach hard to access risks populations in their communities/environments at times when that population is readily accessible.

When providing **GLI's** the goal and objectives should include the following:

- Minimum four (two hour) sessions; may be expanded if access to target group available.
- Information on transmission; association of HIV to drugs and alcohol.
- Methods of prevention: condoms, abstinence, counseling and testing, mutual monogamy.
- Skills practice; assertive communication, sexual decision making, coping skills, condom use.
- Personal responsibility; developing social networks for sustained healthy behaviors.

When providing **ILI's** the goal and objectives should include the following:

- Minimum four (thirty minute) sessions.
- Assessing personal risk; referrals if necessary.
- Exploration of condom/abstinence attitudes; practice condom and assertiveness skills.
- Goal setting for risk reduction.
- Discussion of barriers and supports for behavior change.

INTERVENTIONS TABLE

PRIORITY POPULATION ONE: PEOPLE LIVING WITH HIV/AIDS (PLWH/A)

Title	Type of Intervention	Brief Description	Research Setting	Detailed Population
Choosing Life: Empowerment, Actions, Results (CLEAR)	Individual	An individual level intervention designed to both reduce sexual and substance use risk behaviors and improve mental and physical health. Intervention is delivered by a licensed therapists or clinical social worker in a total 18 sessions (6 sessions per module).	Coffee Shops, community agencies, private rooms at collaborating sites, parks, or participants' residents.	Young HIV-positive substance abusers
Directly Administered Antiretroviral Therapy (DAART)	Individual	An individual level intervention designed to improve adherence to antiretroviral therapy along with the virologic and immunologic responses to such. Delivered by a nurse or medical assistant in whom the nurse or medical assistant observes client consuming his/her HIV medications daily.	Methadone Clinic	HIV-positive injection drug users in treatment who are antiretroviral treatment experienced or naïve
Healthy Living Project (HLP)	Individual	An individual level intervention designed to eliminate or reduce sexual transmission and injection drug use risk behavior, and to improve health care practices and quality of life. Delivered by ethnically diverse, gender-matched female and male facilitators with experience as social workers, counselors, therapists, or community-based service providers with a total of fifteen 90-minute sessions delivered over 2 months.	Private settings in community-based organizations and clinics	HIV-positive persons at risk of transmitting HIV

Healthy Relationships	Group	Small group intervention designed specifically for men and women living with HIV/AIDS. Intervention found to be effective for men who have sex with men and heterosexual men and women. Based on social-cognitive theory with focus on skills building.	Room large enough to accommodate circular seating to enhance communication. 5-12 clients and members cannot join once groups are established.	People living with HIV
Partnership for Health-Medication Adherence	Individual	This individual intervention is designed to improve adherence to antiretroviral therapy for the purposes of achieving undetectable viral loads. Intervention is delivered by the client's primary care provider through brief discussion, printed materials, and problem solving.	HIV primary care outpatient clinics	HIV-positive clinic patients who are antiretroviral treatment-experienced.
Positive Choice: Interactive Video Doctor	Individual	An individual level intervention intended to eliminate or reduce sex risk behaviors and illicit drug use. Delivered through an interactive computer-based video while waiting to see his/her care coordinator.	Outpatient HIV clinics	HIV-positive clinic patients
Together Learning Choices (TLC)	Group	Group level intervention for young people living with HIV to identify ways to increase use of health care, decrease risky sexual behavior and drug and alcohol use, and improve quality of life. Intervention is delivered in 3 sequential modules, each containing 8 sessions.	Private area or room, to ensure confidentiality. Enough space and privacy for small groups of young people living with HIV.	Young (aged 13-29) HIV-positive persons

Seropositive Urban Men's Intervention Trial (SUMIT) Enhanced Peer-Lead Intervention	Community	This intervention is delivered to groups of gay or bisexual men living HIV in order to reduce risky sexual behavior. Intervention is delivered in 6 weekly 3-hour group sessions by two HIV-seropositive MSM peer facilitators.	Research Facility	HIV-seropositive MSM
Women Involved in Life Learning from Other Women (WiLLOW)	Group	A small group intervention intended to reduce HIV transmission risk behaviors, reduce sexually transmitted diseases (STDs), and enhance HIV-prevention psychosocial and structural factors. Intervention is delivered by a trained female health educator and female peer educator living with HIV in four 4-hour sessions delivered over 4 consecutive weeks.	A community site set up to deliver the intervention and an HIV service clinic.	Sexually-active, female clinic patients living with HIV.

POPULATION TWO: BLACK MSM

Title	Type of Intervention	Brief Description	Research Setting	Detailed Population
Community PROMISE	Community	Community level intervention to increase condom use with main and non-main partners and/or to increase disinfection of injection equipment for high-risk populations where there are established peer influences.	Street settings, public sex environment, and other community venues.	Persons or groups who practice HIV risk behaviors.
d-up: Defend Yourself!	Community	This intervention seeks to mobilize an existing social network of black men who have sex with men to support condom use and improve their sense of self worth. Specific social network members, called opinion leaders promote the benefits of consistent condom use and increase self-worth among their friends and acquaintances.	Locations and areas already frequented by opinion leader's friends and/or acquaintances.	Black MSM
Explore	Individual	This one-on-one intervention is designed to prevent the acquisition of new HIV infection and to reduce unprotected anal intercourse, serodiscordant unprotected anal intercourse, and serodiscordant unprotected receptive anal intercourse. Intervention is intended to establish rapport between the counselor and the participant, and to provide personalized risk assessments.	HIV prevention Trials Network sites, in the field or by telephone.	HIV-seronegative MSM

Mpowerment Project	Community	A community level intervention to reduce HIV risk behaviors. Intended for participants to bring about communitywide change by carrying out a set of 4 integrated activities that convey safer sex as the norm.	Mpowerment Center and other community venues where gay men congregate.	MSM aged 12-20
Personalized Cognitive Counseling (PCC)	Individual	A single-session counseling intervention designed to reduce unprotected anal intercourse. Consists of a 30-to-50 minute session that is part of the counseling component required in *Counseling, Testing, and Referral Services (CTRS)*.	HIV testing clinic	MSM who are repeat testers for HIV
Personalized Cognitive Risk-Reduction Counseling	Individual	A single counseling session delivered to clients during the 1-to2- week period between standard “pre-test” (risk-assessment) and “post-test” (results disclosure) HIV counseling. This intervention is designed to reduce high risk sexual behavior.	HIV testing clinic	MSM who are seronegative and have undergone repeat HIV testing
Popular Opinion Leaders (POL)	Community	A community level risk reduction program using casual, 1 on 1 conversation with peers in their own social network. Intervention to reduce high-risk behaviors. Program is based on affecting change to existing social norms about HIV prevention. Sessions can be from 4 - 90 minutes in length.	Well defined community venue. Weekly sessions held with opinion leaders in order to refine their skills and gain confidence in delivery of HIV prevention message to others.	MSM (can also be adapted for other populations)
Seropositive Urban Men’s Intervention Trial (SUMIT) Enhanced Peer-Lead Intervention	Community	This intervention is delivered to groups of gay or bisexual men living HIV in order to reduce risky sexual behavior. Intervention is delivered in 6 weekly 3-hour group sessions by two HIV-seropositive MSM peer facilitators.	Research Facility	HIV-seropositive MSM

POPULATION THREE: WHITE MSM

Title	Type of Intervention	Brief Description	Research Setting	Detailed Population
Community PROMISE	Community	Community level intervention to increase condom use with main and non-main partners and/or to increase disinfection of injection equipment for high-risk populations where there are established peer influences.	Street settings, public sex environment, and other community venues.	Persons or groups who practice HIV risk behaviors.
Explore	Individual	This one-on-one intervention is designed to prevent the acquisition of new HIV infection and to reduce unprotected anal intercourse, serodiscordant unprotected anal intercourse, and serodiscordant unprotected receptive anal intercourse. Intervention is intended to establish rapport between the counselor and the participant, and to provide personalized risk assessments.	HIV prevention Trials Network sites, in the field or by telephone.	HIV-seronegative MSM

Mpowerment Project	Community	A community level intervention to reduce HIV risk behaviors. Intended for participants to bring about communitywide change by carrying out a set of 4 integrated activities that convey safer sex as the norm.	Mpowerment Center and other community venues where gay men congregate.	MSM aged 12-20
Personalized Cognitive Counseling (PCC)	Individual	A single-session counseling intervention designed to reduce unprotected anal intercourse. Consists of a 30-to-50 minute session that is part of the counseling component required in *Counseling, Testing, and Referral Services (CTRS)*.	HIV testing clinic	MSM who are repeat testers for HIV
Personalized Cognitive Risk-Reduction Counseling	Individual	A single counseling session delivered to clients during the 1-to2- week period between standard “pre-test” (risk-assessment) and “post-test” (results disclosure) HIV counseling. This intervention is designed to reduce high risk sexual behavior.	HIV testing clinic	MSM who are seronegative and have undergone repeat HIV testing
Popular Opinion Leaders (POL)	Community	A community level risk reduction program using casual, 1 on 1 conversation with peers in their own social network. Intervention to reduce high-risk behaviors. Program is based on affecting change to existing social norms about HIV prevention. Sessions can be from 4 - 90 minutes in length.	Well defined community venue. Weekly sessions held with opinion leaders in order to refine their skills and gain confidence in delivery of HIV prevention message to others.	MSM (can also be adapted for other populations)
Seropositive Urban Men’s Intervention Trial (SUMIT) Enhanced Peer-Lead Intervention	Community	This intervention is delivered to groups of gay or bisexual men living HIV in order to reduce risky sexual behavior. Intervention is delivered in 6 weekly 3-hour group sessions by two HIV-seropositive MSM peer facilitators.	Research Facility	HIV-seropositive MSM

POPULATION FOUR: HISPANIC MSM

Title	Type of Intervention	Brief Description	Research Setting	Detailed Population
Community PROMISE	Community	Community level intervention to increase condom use with main and non-main partners and/or to increase disinfection of injection equipment for high-risk populations where there are established peer influences.	Street settings, public sex environment, and other community venues.	Persons or groups who practice HIV risk behaviors.
Explore	Individual	This one-on-one intervention is designed to prevent the acquisition of new HIV infection and to reduce unprotected anal intercourse, serodiscordant unprotected anal intercourse, and serodiscordant unprotected receptive anal intercourse. Intervention is intended to establish rapport between the counselor and the participant, and to provide personalized risk assessments.	HIV prevention Trials Network sites, in the field or by telephone.	HIV-seronegative MSM
Mpowerment Project	Community	A community level intervention to reduce HIV risk behaviors. Intended for participants to bring about communitywide change by carrying out a set of 4 integrated activities that convey safer sex as the norm.	Mpowerment Center and other community venues where gay men congregate.	MSM aged 12-20
Personalized Cognitive Counseling (PCC)	Individual	A single-session counseling intervention designed to reduce unprotected anal intercourse. Consists of a 30-to-50 minute session that is part of the counseling component required in *Counseling, Testing, and Referral Services (CTRS)*.	HIV testing clinic	MSM who are repeat testers for HIV

Personalized Cognitive Risk-Reduction Counseling	Individual	A single counseling session delivered to clients during the 1-to2- week period between standard "pre-test" (risk-assessment) and "post-test" (results disclosure) HIV counseling. This intervention is designed to reduce high risk sexual behavior.	HIV testing clinic	MSM who are seronegative and have undergone repeat HIV testing
Popular Opinion Leaders (POL)	Community	A community level risk reduction program using casual, 1 on 1 conversation with peers in their own social network. Intervention to reduce high-risk behaviors. Program is based on affecting change to existing social norms about HIV prevention. Sessions can be from 4 - 90 minutes in length.	Well defined community venue. Weekly sessions held with opinion leaders in order to refine their skills and gain confidence in delivery of HIV prevention message to others.	MSM (can also be adapted for other populations)
Seropositive Urban Men's Intervention Trial (SUMIT) Enhanced Peer-Lead Intervention	Community	This intervention is delivered to groups of gay or bisexual men living HIV in order to reduce risky sexual behavior. Intervention is delivered in 6 weekly 3-hour group sessions by two HIV-seropositive MSM peer facilitators.	Research Facility	HIV-seropositive MSM

POPULATION FIVE: HETERSEXUAL BLACK FEMALE

Title	Type of Intervention	Brief Description	Research Setting	Detailed Population
Becoming a Responsible Teen (BART)	Group	This group level intervention is designed to increase information and skills to make sound choices, increase abstinence, and eliminate or reduce sex risk behaviors. Intervention is delivered in eight 90 to 120 minute sessions over 8 weeks by two co-facilitators.	A public health clinic serving low-income families.	African American Adolescents
CLEAR: Choosing Life: Empowerment! Action! Results!	Individual	CLEAR is a client-centered program delivered one-on-one using cognitive behavioral techniques to change behavior. This intervention is designed to provide the necessary skills to be able to make healthy choices for their lives. Intervention may be integrated into CRCS programs.	HIV testing clinic	African American females 16 and older.
Connect	"Couple"- level	This intervention is a six-session, relationship-based that teaches couples techniques and skills to enhance the quality of their relationship, communication, and shared commitment to safer behaviors.	Hospital outpatient clinic	Minority, inner-city heterosexual couples (can also be delivered to woman alone)

Female and Culturally Specific Negotiation Intervention	Individual	This intervention includes 4 individual sessions that focus on the social context of women's daily lives. It is designed to reduce HIV risk behaviors among African American women who use crack or inject drugs. These four 20 – to 40 minute sessions are delivered by female health interventionist and counselor over a 3-to-4 week time span.	HIV testing site, treatment housing, safe locations	Inner city, HIV-negative, heterosexually active, African American female drug injectors and crack cocaine smokers.
Female Condom Skills Training (FEMIT)	Individual and Group	This 4-session intervention is designed to increase knowledge about safer sexual practices, condom use skills, and ability to negotiate condom use. The four sessions are delivered over 6 weeks, including 2 individual and 1 group session ranging from 2 to 2.5 hours and a 30-minute telephone follow-up session.	Family Planning clinics	HIV-negative heterosexual women attending family planning clinics
Healthy Love	Group	Healthy Love is a single-session, small group intervention delivered to pre-existing groups of black women (e.g. friends, sororities) in settings of their choosing. This intervention is designed to increase consistent condom use and other latex barriers, reduce unprotected sex with male partners, reduce the number of sex partners, increase sexual abstinence, and promote HIV testing and receipt of test results.	Settings of participants choosing including their homes, college campuses, churches, and community centers.	Black Women.

Horizons	Group	This intervention is designed to reduce sexually transmitted diseases, increase condom use, increase communication with male partners about safer sex and STDs, and increase male partners accessing STD services. This intervention is delivered in two 4-hour group sessions on 2 consecutive Saturdays, followed by 4 (15-minute) telephone contacts approximately every 2.5 months over approximately 9 months.	Public community clinic	Heterosexually active African-American adolescent females seeking health services.
Motivational Interviewing-based HIV Risk Reduction	Individual	An individual level intervention designed to reduce HIV sex risk behavior, reduce HIV injection risk behavior, reduce intimate partner violence risk, and establish or improve life stability issues (food, housing, education, employment, legal services). Delivered up to 12 sessions, each consisting of 30 – 45 minute sessions over 3 consecutive months.	Client choice	Recently incarcerated, HIV-negative women at risk for HIV.
Real AIDS Prevention Project (RAAP)	Community	A community level intervention that consists of 2 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. This intervention is designed to help women and their partners reduce	Based on community.	Sexually active women of reproductive age and their male partners.

		their risk for HIV infection by increasing condom use by women and their partners, changing community norms so that practicing safer sex is seen as the acceptable norm, and involving as many people in the community as possible.		
Respect	Individual	An individual level, client-focused HIV prevention intervention, consisting of two brief interactive counseling sessions. Uses "teachable moments" to motivate a person to change her behavior. Can be easily incorporated into an HIV counseling/testing program.	STD and/or HIV testing clinics	HIV negative women
Safe in the City	Group	Safe in the City is a 23-minute HIV/STD prevention video for STD clinic waiting rooms aimed to increase condom use and other safer sex behaviors.	STD clinic waiting rooms	Women
Safer Sex Skills Building (SSSB)	Group	This group level intervention consists of 5 sessions, approximately 90-minutes each, designed to increase HIV.STD risk awareness, condom use, and partner negotiation skills of women attending community outpatient drug treatment programs.	Community-based methadone programs and outpatient psychological treatment programs.	Heterosexually active women in drug treatment.

Sisters Informing, Healing, Living, and Empowering (SIHLE)	Group	This peer-led, social skills training intervention is aimed at reducing HIV sexual risk behavior among sexually active African-American teenage females, aged 14-18. This intervention consists of four 3-hour sessions, delivered by two peer facilitators (aged 18-21) and one adult facilitator in a community-based setting.	Quiet, accessible meeting space for 10-12 women.	Sexually active African-American females aged 14-18
Sisters Informing Sisters about Topics on AIDS (SISTA)	Group	A peer-led small group social skills intervention to prevent HIV infection to African American women. Information is delivered in 5 sessions on 5 specific topics.	Quiet, accessible meeting space for 10-12 women.	African American Women

PUBLIC HEALTH STRATEGIES

Counseling, Testing, and Referral (CTR)

The CDC estimates that approximately 1.1 million adults and adolescents in the United States are living with HIV and many are unaware of their infection. The primary purpose of CTR is to increase clients' knowledge of their HIV status; encourage and support risk reduction; and secure needed referrals for appropriate services (medical, social, prevention, and partner services).

There are crucial activities that may be tailored to fit different agencies and at-risk populations. These are parts of the strategy that can be adapted to meet the needs of the organization or target population:

- Provide information and education about testing in 1 of 3 ways.
    - Individual face-to-face reason.
    - Small or large group sessions.
    - Brochures, handouts, videos, or audiotape, or other non-personalized information.
- Deliver client-focused counseling and test results in an individual, face-to-face session.
- Use a variety of specimen types and test types for HIV antibody testing, depending on the setting in which testing is conducted and the needs of the organization and the client.
- Provide service referrals to client's self-identified priority needs (increases likelihood that referrals will be completed), if possible.
- For clients whose test results are positive, place priority on referrals for medical care, ***partner services,*** and other prevention and support services.

Partner Services (PS)

The goal of PS is to notify the sex and/or needle-sharing partners, including spouses, of HIV-infected individuals of their possible exposure to HIV and to recommend that they seek health care to include counseling and testing. The goal of this is to help prevent HIV transmission and to ensure that partners have the opportunity to implement prevention strategies while gaining access to counseling, testing, and other services as appropriate.

Comprehensive Risk Counseling and Services (CRCS)

The goal of CRCS is to promote the adoption and maintenance of HIV risk-reduction behaviors by clients who have multiple, complex problems and risk-reduction needs. The ISDH has set the following guidelines for those individuals who should be referred to this public health strategy:

1. Any HIV- client who presents for repeated testing with no signs of change in behavior.
2. Any HIV+ client who demonstrates an unwillingness to adhere to the "duty to warn" law.
3. Any client who demonstrates an unwillingness to engage in some level of risk reduction behavior.
4. Any client who is in a serodiscordant relationship and expresses a desire to learn more about transmission prevention or is putting themselves or their partner at risk.

5. Any client who reports wanting or needing assistance or additional support to make behavior change associated with risk.

6. Any client who reports having been diagnosed with two or more sexually transmitted infections in the last 12 months.

This public health strategy provides several sessions of client-centered HIV risk-reduction counseling. CRCS helps clients initiate and maintain behavior change toward HIV prevention while addressing competing needs that may make HIV prevention a lower priority. This strategy addresses the relationship between HIV risk and other issues such as substance abuse, mental health, social and cultural factors, and physical health.

CRCS has the following 6 Core elements:

- Provide CRCS as intensive, client-centered HIV risk-reduction counseling, and include conventional case management services only when the client does not have access to those services.
- Base CRCS services on the premise that some people may not be able to prioritize HIV prevention when they face problems perceived to be more important and immediate.

For HIV +

- Focus on persons living with HIV who have multiple, complex problems and risk-reduction needs who are having, or are likely to have, difficulty initiating or sustain practices that reduce or prevent HIV transmission.

For HIV –

- Consider persons whose HIV status is negative or unknown to be eligible if they have a recent history (past 6 months) of 1 or more of the following:
    - unprotected sex with a person who is living with HIV.
    - unprotected sex in exchange for money or sex.
    - multiple (e.g., more than 5) or anonymous sex partners.
    - multiple or anonymous needle-sharing partners.
    - a diagnosis of a sexually transmitted disease.

- Recruit persons who expressed some degree of commitment to participating in ongoing risk-reduction counseling.
- Hire prevention counselors with the appropriate training and skills to complete the CRCS activities within their job description.
- Develop clear procedures and protocol manuals for the CRCS program to ensure effective delivery of CRCS services and minimum standards of care.

Routine HIV Testing in Medical Settings

In September 2007, Wishard and Methodist Hospitals, both urban inner city hospitals located in Indianapolis, began collaborating with MATEC (Midwest AIDS Training and Education Center). A combined task force comprised of hospital staff, including physicians, nurses, and representatives from community based organization were formed in an effort to implement an Emergency Department based routine HIV screening pilot project. Execution of routine HIV testing in the Wishard Emergency room became official in September of 2008. Since that time, Wishard has identified forty-five (45) new positives, 2 in 2008, 5 in 2009, 17 in 2010, and 19 in 2011. For more information surrounding routine testing in a medical setting or initiating a similar project in your area contact the Indiana State Department of Health, Division of HIV/STD/Viral Hepatitis.

SELECTING THE BEST INTERVENTION FOR YOUR AGENCY

In September of 2011, an interventions committee member had the privilege of attending a training that was hosted by the Denver STD/HIV Prevention Training Center. The course objectives of this two-day training were as follows:

- To describe how behavioral interventions work to change behavior.
- To list the four steps in selecting a behavioral intervention.
- To use the community assessment results to identify HIV risk factors and an intervention population.
- To examine intervention-specific behavior change logic models to assess interventions.
- To assess agency capacity for intervention-specific implementation plans.
- To match the results of community assessment, intervention examination, and agency capacity assessment to select an appropriate behavioral intervention.
- To identify resources for training and technical assistance.

Given that the committee members found this information helpful when recommending interventions for Indiana, the committee decided to provide organizations with the tools to assist them in selecting the best intervention for their agency. Any agency that is interested in implementing any of the above listed interventions should first decide the specific priority population(s) that your organization will be targeting. In addition to the population, agencies should also consider the following: Race, ethnicity, and age of the population, Specific community (i.e. northwest or southwest region), risk behaviors (i.e. sharing needles, unprotected sex), risk factors (i.e. unemployment, “sex parties”, low socio-economic status, multiple partners), and behavioral determinants[3] (i.e. social norms, attitudes and beliefs, intentions, values, knowledge, self-efficacy).

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[3] Behavioral determinants that have been proven to influence behavior change. A definition of these factors is included as an attachment to this prevention plan.

Following both the population and additional factors selection your agency should consider the following factors regarding their organizations capabilities in executing an intervention.

Agency Strengths: Such as, but not limited to, is the agency “well established”, maintains a good community reputation, provides HIV testing, trained staff, availability of counselors on site, staff buy-in, diversity, linguistics, equipment, data capabilities, collaborations with other agencies, availability of focus groups.

Agency Weaknesses: Availability of staff training to the specific intervention, experience with the targeted priority population, hesitation from staff members, location of agency.

Recruitments: Referral capabilities, advertisement availabilities, networking potentials, relationships with other local agencies.

Retainment: Completion certificates, client commitment agreements, social events, incentives.