FACT SHEET

Introduction

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

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.

Diffusion of Effective Behavioral Interventions (DEBI) Project

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.

Brief Description of Interventions

NEW! Adult Identity Mentoring (AIM) is a ten-session, group-level, school-based intervention targeting African American (and, potentially, Latino) youth designed to promote abstinence through the identification of possible future selves. The intervention, which encourages students to articulate personal goals and then teaches them the skills required to achieve those goals, can be effective in helping at-risk youth delay the initiation of sex.

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.

Community PROMISE is a community-level HIV prevention intervention that relies on peer advocates to distribute role model stories of positive behavior change to members of the target population. The intervention is based on Stages of Change and other behavioral theories, and can be implemented with various populations including IDUs, MSM, sex workers, and partners of high risk individuals. [Community PROMISE is also available as a Spanish-language intervention.]
NEW! **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.

NEW! **¡Cuídate! (Take Care of Yourself)** is a small-group, culturally based intervention to reduce HIV sexual risk among Latino youth. The intervention consists of six 60-minute modules delivered to small, mixed-gender groups. ¡Cuídate! incorporates salient aspects of Latino culture, including familialism (i.e., the importance of family) and gender-role expectations (i.e., *machismo*, which is described as the man's responsibility in caring for and protecting one's partner and family). These cultural beliefs are used to frame abstinence and condom use as culturally accepted and effective ways to prevent sexually transmitted diseases, including HIV. Through the use of role plays, videos, music, interactive games and hands-on practice, ¡Cuídate! addresses the building of HIV knowledge, understanding vulnerability to HIV infection, identifying attitudes and beliefs about HIV and safe sex, and increasing self-efficacy and skills for correct condom use, negotiating abstinence, and negotiating safer sex practices. The intervention curriculum is available in English and Spanish.

**d-up: Defend Yourself!** is a community-level intervention designed for and developed by Black men who have sex with men (MSM). *d-up!* is a cultural adaptation of the POL intervention and is designed to promote social norms of condom use and assist Black MSM to recognize and handle risk-related racial and sexual bias.

**Focus on Youth with Informed Parents and Children Together (FOY+ImPACT)** is a community-based, eight session group intervention that provides youth with the skills and knowledge they need to protect themselves from HIV and other STDs. The curriculum, founded on the Protection Motivation Theory, uses fun, interactive activities such as games, role plays and discussions to convey prevention knowledge and skills.

**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.

**Holistic Health Recovery Program (HHRP)** is a 12-session, manual-guided, group-level intervention for HIV positive and HIV negative injection drug users. The intervention is based on the Information, Motivation, Behavior (IMB) model of behavior change to promote health, and improve quality of life. CDC does not offer trainings for HHRP; however, the intervention implementation materials are available for download at www.effectiveinterventions.org.

**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.

**Modelo de Intervención Psicomédica (MIP)** is a holistic behavioral intervention for reducing high-risk behaviors for infection and transmission of HIV among intravenous drug users (IDUs). The intervention is theory-driven and intensive, combining individualized counseling and comprehensive case management over a 3-6-month period. The strategies of motivational counseling, self-efficacy, and role induction are used.

**MPowerment** is a community-level intervention for young men who have sex with men. The intervention combines informal and formal outreach, discussion groups, creation of safe spaces, social opportunities, and social marketing to reach a broad range of young gay men with HIV prevention, safer sex, and risk reduction messages.

NEW! **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.

**Partnership for Health (PfH)** uses message framing, repetition, and reinforcement during patient visits to increase HIV positive patients' knowledge, skills, and motivations to practice safer sex. The program is designed to improve patient-provider communication about safer sex, disclosure of HIV serostatus, and HIV prevention.

**NEW! Personalized Cognitive Counseling (PCC)** (previously referred to as Self-Justifications Counseling) involves a single counseling session delivered to clients during the 1- to 2-week period between standard “pre-test” (risk-assessment) and “post-test” (results disclosure) HIV counseling. During the session, counselors ask the client to recall a recent encounter of unprotected anal sex with another man of unknown or serodiscordant HIV status. The client describes the encounter with as much detail as possible. The client is then encouraged to identify and express the thoughts, feelings, or attitudes that might have led to the high-risk behavior. Together, the client and the counselor examine the encounter to identify any thoughts that may have led the client to make a decision to engage in high transmission risk sex. Finally, the client and the counselor agree on strategies that can be used to deal with similar situations in the future.

**Popular Opinion Leader (POL)** is a community-level HIV prevention intervention designed to identify, enlist, and train opinion leaders to encourage safer sexual norms and behaviors within their social networks of friends and acquaintances through risk reduction conversations.

**Project START** is an individual-level, multi-session intervention for people being released from a correctional facility and returning to the community. It is based on the conceptual framework of Incremental Risk Reduction, and focuses on increasing clients' awareness of their HIV, STI, and Hepatitis risk behaviors after release and providing them with tools and resources to reduce their risk.

**Real AIDS Prevention Project (RAPP)** is a community mobilization program designed to reduce risk for HIV and unintended pregnancies among women in communities at high risk by increasing condom use. This intervention relies on peer-led outreach activities, including: stage based encounters, role model stories and brochures, community networking, referrals, safer sex discussions and condom distribution. RAPP is based on the transtheoretical model of behavior change.

**RESPECT** is the first individual level intervention to be added to the DEBI project. The RESPECT intervention utilizes a client-focused, interactive HIV risk reduction counseling model based on Project RESPECT. The intervention is designed to support risk reduction behaviors by increasing the client’s perception of his/her personal risks and by emphasizing incremental risk-reduction strategies. [RESPECT is also available as a Spanish-language intervention.]

**Safe in the City (SITC)** is a 23-minute HIV/STD prevention video for STD clinic waiting rooms that aims to increase condom use and other safer sex behaviors. This video has been shown to be effective in reducing STDs among diverse groups of STD clinic patients. SITC also can be used as an alternate video in the VOICES/VOCES intervention. SITC does not require training to implement. Materials can be found on the DEBI website at www.effectiveinterventions.org.

**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.]

**NEW! 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.

**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 peer-led 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.

**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.

**NEW! Sister-to-Sister** is a brief (20-minute), one-on-one, skill-based HIV/STD risk-reduction behavioral intervention for sexually active African American women 18 to 45 years old that is delivered during the course of a routine medical visit. Sister-to-Sister is designed to provide intensive, culturally sensitive health information to empower and educate women in a clinical setting; help women understand HIV/STD risk behaviors; and enhance women’s knowledge, beliefs, motivation, confidence, and skills to help them make behavioral changes that will reduce their risk.

**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.

**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.

**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.

**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.

More to come…visit [www.effectiveinterventions.org](http://www.effectiveinterventions.org) for up-to-date intervention information.

**How to Obtain Additional Information**
To obtain additional information and/or to apply for a training, please visit our website at [www.effectiveinterventions.org](http://www.effectiveinterventions.org). You may also call (800) 462-9521, or email interventions@aed.org.
For more information, or to apply for a training, visit:

www.effectiveinterventions.org

AED Center on AIDS & Community Health
Updated October 22, 2010
Overview of the Teen Pregnancy Prevention Research Evidence Review

http://www.hhs.gov/ash/oah/prevention/research/index.html

In fiscal year (FY) 2010 appropriations, Congress funded the President’s proposed new Teen Pregnancy Prevention Initiative. Of the funds made available, not less than $75 million is for funding the replication of programs that have been proven effective through rigorous evaluation and not less than $25 million is for funding demonstration programs to develop and test additional models and innovative strategies.

Under a contract with the Department of Health and Human Services (HHS), Mathematica Policy Research conducted an independent systematic review of the evidence base for programs to prevent teen pregnancy. This review defined the criteria for the quality of an evaluation study and the strength of evidence for a particular intervention. Based on these criteria, the Department has defined a set of rigorous standards an evaluation must meet in order for a program to be considered effective and therefore eligible for funding as an evidence-based program. The review had four steps:

1. **Find Potentially Relevant Studies.** Studies were identified by a review of reference lists from earlier research syntheses, a public call for studies to solicit new and unpublished research, a search of relevant research and policy organizations’ websites, and keyword searches of electronic databases. Nearly 1,000 potentially relevant studies were identified.

2. **Screen Studies to Review.** To be eligible for review, a study had to examine the effects of an intervention using quantitative data and statistical analysis. It had to estimate program impacts on a relevant outcome—sexual activity (for example, delayed sexual initiation), contraceptive use, sexually transmitted infections (STIs), or pregnancy or births. The study had to focus on United States youth ages 19 or younger and have been conducted or published since 1989. A total of 199 studies met these screening criteria.

3. **Assess Quality of Studies.** Impact studies that met the screening criteria were reviewed by trained staff and assigned a rating of high, moderate, or low based on the rigor and thorough execution of their research designs. The high rating was reserved for random assignment studies with low attrition of sample members and no sample reassignment. The moderate rating was given to quasi-experimental designs with well-matched comparison groups at baseline, and to certain random assignment studies that did not meet all the criteria for the high rating. Quasi-experimental and random assignment impact studies that did not meet the criteria for either a high or moderate rating were assigned the low rating.

4. **Assess Evidence of Effectiveness.** A framework was developed for grouping programs into different evidence categories, based on the impact findings of studies meeting the criteria for a high or moderate rating. HHS then defined which of these categories would be eligible for funding. To qualify for funding, a program had to be supported by at least one high- or moderate-rated impact study showing a positive, statistically significant impact on at least one priority outcome (sexual activity, contraceptive use, STIs, or pregnancy or births), for either the full study sample or key subgroup (defined by gender or baseline sexual experience).
In total, 28 programs met the funding criteria, reflecting a range of program models and target populations. Of those programs, 20 had evidence of impacts on sexual activity (for example, sexual initiation, number of partners, or frequency of sexual activity), 9 on contraceptive use, 4 on STIs, and 5 on pregnancy or births.

**Programs for Replication - Intervention Implementation Reports**

[Link](http://www.hhs.gov/ash/oah/prevention/research/index.html)

The table below lists the interventions meeting the review's criteria for programs with evidence of effectiveness. [How the Review Was Conducted](http://www.hhs.gov/ash/oah/prevention/research/index.html) provides more information on the review's criteria. The table also provides links to summary information about the implementation of each program and its supporting research evidence. The information is based on the research studies reviewed and on publicly available online sources. The implementation information is not exhaustive and may not reflect the most recent experience with each intervention.

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<td>Middle schools</td>
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<td>Assisting in Rehabilitating Kids (ARK) (PDF)</td>
<td>Substance use treatment facilities</td>
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<td>Be Proud! Be Responsible! Be Protective! (PDF)</td>
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Project TALC (PDF)
Promoting Health Among Teens! (PDF)
Reducing the Risk (PDF)
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Seattle Social Development Project (PDF)
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Teen Health Project (PDF)
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What Could You Do? (PDF)

CBOs
Middle schools or CBOs
High schools
CBOs or youth detention facilities
CBOs or clinics
Elementary schools
CBOs or clinics
CBOs
Middle schools, high schools, or CBOs
High schools, CBOs, or clinics
* CBOs = Community-Based Organizations