

## Locally-Developed HIV/AIDS Prevention Intervention Profile



### Missouri

**Project Title:** Developing Inner Voices to Action (DIVA)  
**Contact:** Sandra Hentges  
Missouri Department of Health and Human Services  
930 Wildwood Drive  
P.O. Box 570  
Jefferson City, Missouri, 65102-0570  
Phone: 573-751-6439  
Email: Sandra.Hentges@dhss.mo.gov

**Population(s) served by this intervention:** African-American women 13-24 years of age

**Length of time this intervention has been funded:** 12 months

#### Goals and objectives:

Developing Inner Voices to Action (DIVA) offers girls the opportunity to educate themselves and gain the psycho-social and behavioral skills necessary to develop as healthy young adults.

More specifically, DIVA is designed to prevent high risk behavior that puts girls at risk for HIV/STD, drug & alcohol abuse, unplanned pregnancies and unhealthy relationships while building levels of self-worth/purpose, assertiveness, effective sexual negotiation skills and goal setting.

Girls participating in this program will:

- Learn methods of reducing their risk for HIV, STDs and unplanned pregnancy
- Discover healthier methods to cope with stress and reduce risk of alcohol and drug addiction
- Learn essential life skills they need to live a productive, healthy and balanced life
- Have a better understanding of their special skills, talents and traits that make them unique
- Discover their purpose, establish an exciting life vision and set goals to achieve their vision

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- Have fun making new friends and socializing with like-minded peers

### **Intervention specific activities:**

DIVA is an 8-10 week educational and social skills-building group-level intervention, guided by Social Cognitive Theory.

Each session is 2 hours in length and uses the cultural norms of the target population (e.g. the hip-hop culture), role plays, group discussions, music videos, testimonials and interactive activities, as well as “info-tainment” (a coin phrase meaning combining entertainment and education) as the structural foundation of each session. The sessions include the following:

- Session 1: Phenomenal Woman/Empowerment
- Sessions 2 and 3: Knowledge/Prevention (Sexual Health 101)
- Session 4: Healthy Ways to Cope with Life v. Drugs and Alcohol-Risk Factors for Depression
- Session 5: Healthy Relationships
- Session 6: I Am Not my Hair – Beauty and Body Image (Media and Self-Perception)
- Session 7: Imma Diva/Self-Esteem Part 2
- Session 8: Assertive Communication
- Session 9: Visioning and Goal Setting
- Session 10: Graduation

### **Social determinants of health/co-morbidities addressed by this intervention:**

STD  
Viral hepatitis  
Poverty  
Substance use/abuse  
Domestic violence (partner violence)

### **Costs of developing and implementing this intervention:**

*Development Costs:* DIVA was piloted using supplemental HIV prevention funds awarded by the local health department. Those funds covered the costs of the lead facilitator (who also developed the program and is assisting in the evaluation of the intervention), as well as all other related group expenses (e.g. food, transportation, supplies). A Masters-level student was utilized in the curriculum development and evaluation as well.

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*Future Costs:* The next cycle has been funded by the Office on Women's Health. Those funds will cover a .25 FTE and the other related expenses. The lead facilitator will still be covered through the supplemental HIV prevention funding through the health department. We will also continue to utilize a Masters-level student to assist in the curriculum development and evaluation process.

\*The overall anticipated budget for one 8-10 week cycle is approximately \$8,000-\$10,000.

### **Evaluation findings related to this intervention:**

*Participant Attendance:* Ten young women attended the inaugural session of DIVA with 14 present the following week. However, typical of most community-based interventions, attrition occurred during the course of the nine-week program which resulted in 9 young women completing the intervention with 88 percent or greater attendance.

*Session Evaluations:* Throughout the nine-week intervention, quantitative and qualitative responses collected were positive and reflective of changes in attitudes and beliefs, acquired knowledge and application of skills learned.

*Case Example - Teen Pregnancy and Drug and Alcohol Use:* Of particular note is the influence that this session had on participant attitudes and behaviors. Following the presentation on teen pregnancy, 76 percent of the young women completely agreed that pregnancy prevention is easier to deal with than an unplanned pregnancy. The long-term influence that the pregnancy prevention curriculum had on behavior change is demonstrated in the results of an assessment administered one-month later where participants were asked if they had started using condoms since participating in DIVA. One hundred percent of participants who participated in DIVA from the beginning indicated that they were using condoms during sexual activity. Additionally, 100 percent of participants indicated that they spoke to a friend about the importance of using condoms or birth control since participating in DIVA. Finally, 43 percent of participants indicated that they began using birth control since starting DIVA.

*Case Example - Illicit Drug and Alcohol Use and its Effects on Decision-Making:* Through literature and role-play activities, participants learned techniques for how to refuse peer influences encouraging substance use. Evaluation responses from 92 percent of the young women in attendance indicated that they learned at least three ways to refuse peer pressure to engage in substance use. During a follow-up evaluation, 86 percent of young women participating indicated that they stopped using alcohol or

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drugs since starting the DIVA program and 75 percent mentioned that they had talked to a peer about the importance of abstaining from drug and alcohol abuse.

### **Lessons Learned:**

*Recruitment Challenges:* Recruitment of a captured audience led to inconsistent group membership. For example, even though the substance abuse treatment center transported their clients to each group as part of their agency programming, on-going discharging and enrolling of clients at that agency made it impossible to have a consistent group of DIVA participants. However, even though each session is designed to build upon the previous session, evaluation results showed each session to be a successful stand alone/one-time session as well.

*Transportation Challenges:* As with other interventions targeting young females living in urban areas, transportation was a barrier. In this region, most females attend programming in their immediate neighborhoods. Due to the limited routes throughout the city, public transportation adds 2-4 hours to the amount of time one would have to commit to if wanting to participate in any program activities outside of their immediate neighborhood (e.g. add 2-4 hours of travel time onto the 2-hour session, if using public transportation). While offering bus tickets and dinner was helpful to some, the issue of not getting home until 9PM or 10PM from a group that started at 5PM was a hardship for participants. As a result, offering the program in the summer may prove to be a possible solution.

### **The Way Forward:**

So far, there has been only one cycle of DIVA implemented (a pilot). The first non-pilot implementation will occur in a school district in the St. Louis, Missouri metropolitan area. The plan is to hire a part-time employee (on a contractual basis) to assist the lead facilitator (who currently serves as the Women of Color Prevention Program Coordinator) and a graduate-level student who would be interested in coordinating the DIVA evaluation activities. We will use this implementation to continue to address as many issues as possible so that we can move toward a more defined curriculum and facilitator's guide.