

## Locally-Developed HIV/AIDS Prevention Intervention Profile



### Florida

**Project title:** **Shawl Circle**  
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**Population served by this intervention:** American Indian women

**Length of time this intervention has been funded:** One year

#### **Goals and objectives:**

- Educate American Indian women about HIV, breast and cervical health and the importance of prevention.
- Empower American Indian women to take charge of their health and the health of their family and community.
- Increase American Indian women's knowledge of health resources available to them.
- Establish and/or strengthen relationships between Florida's American Indian population and the Florida Department of Health.

#### **Intervention specific activities:**

The Shawl Circle training program for Community Health Advocates (CHAs) is based on the constructs of the Health Belief Model and the Diffusion of Innovations Theory. The Shawl Circle training curriculum for the CHAs addresses the six elements of the Health Belief Model in the following ways:

- Examining statistics about HIV and breast and cervical cancer with their community and understanding there are, in fact, cases of HIV and breast and cervical cancer among women like them;
- Exploring health consequences of HIV transmission and breast and cervical cancer within their community;

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- Exploring the benefits of using condoms and getting regular screenings for breast and cervical cancer;
- Identifying barriers to correct and consistent condom use, routine breast and cervical exams and HIV/STD testing;
- Providing tools and resources to make breast and cervical screenings more routine, to de-stigmatize HIV/STD testing and to know where to get condoms; and
- Practicing skills needed for correct and consistent condom use, breast self-awareness and communicating with partners about condom use and HIV status.

The Shawl Circle uses concepts from the Diffusion of Innovations Theory by educating CHAs about HIV prevention and breast and cervical cancer, including the importance of screening and early detection. The CHAs act as influential “opinion leaders” in their communities, and work to spread the knowledge they have gained. As more CHAs educate other women within their social networks and promote risk reduction behaviors, then the hope is that these new behaviors will eventually become the “norm”.

The initiative is the first project specifically developed by the Florida Department of Health, Bureau of HIV/AIDS in collaboration with the Breast and Cervical Cancer Early Detection Program for American Indian women. Respectful of our American Indian communities’ sovereignty and understanding that health department staff may be viewed with fear and distrust when taking educational and preventive messages to the community, the health department brought together respected women from the tribes, bands and clans, and provided them with the education and materials related to these important health issues. Upon completion of their training, these women become CHAs and teach the information they learned to the women in their communities. As the CHA is from the community, she can present the information within the correct cultural and traditional context for her tribe, band or clan. After each woman completes the program, the Bureau of HIV/AIDS presents her with a specially-designed shawl, which serves as a visual symbol of her commitment to keep herself and her community healthy and strong.

Within the Shawl Circle manual, curriculum and training provided to all CHAs, there are intervention-specific activities such male/female condom demonstrations and practice, breast self-exam practice (on breast models) and reviewing the resource guide that displays the healthcare resources that are available in the areas in which the women live.

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

STDs  
Other:       Breast cancer  
              Cervical cancer

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

Program costs for year one of the Shawl Circle were about \$10,000. This total included: shawls, travel for women to come to Tallahassee to be trained as CHAs and printing of the manuals.

The major costs of this program are associated with the shawls that are presented to each woman after completing the Shawl Circle training. These shawls are made by hand by local American Indian women.

The main staff people who are working on this project are the Bureau of HIV/AIDS Special Projects Coordinator and the Bureau of HIV/AIDS Interventions Team Leader. The time commitment for these two key staff people includes one-to-two Shawl CHA trainings per year, monthly conference calls with all Shawl Circle CHAs, entering evaluations and pre- and post-test data from Shawl Circle classes and preparing materials to mail to CHAs.

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

As of December 31, 2010, the CHAs had trained about 88 women. Each CHA had the women from their classes fill out an evaluation on the program content and on the CHA conducting the class. All evaluations were extremely positive and many of the women were excited and grateful to have a program in the American Indian community that was culturally appropriate and created specifically for them. Pre-test and post-test data indicated that there had been a 33 percent increase in American Indian women accessing services through breast and cervical cancer screening programs since implementation of the project as well as a ten percent increase in HIV testing. Further, at pre-test, 75.6 percent of the participants correctly named all of the fluids that can transmit HIV; whereas at post-test, 98.7 percent of the participants knew the correct answer. Additionally, at pre-test, 61.8 percent of the participants indicated that anti-retroviral drugs could help prevent mother-to-child transmission; whereas at post-test, 89.4 percent knew the correct answer.

Evaluation for this program is on-going.

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### Lessons learned in developing/implementing this intervention:

With certain populations, it is not enough to just adapt an established intervention. In this case, the Bureau of HIV/AIDS had to develop the intervention with American Indian culture in the forefront from the beginning.

The women have taken great pride in the program and developed a sense of ownership because they are the ones teaching the materials to their peers, family, friends and communities.

### Other information you should know, related to this intervention:

The Shawl Circle can be adapted, keeping in mind that it is simple, flexible, can be implemented with minimal costs and has community support.

For more information, see the Bureau's [PowerPoint presentation slides](#).

### The way forward:

The health department had hoped to develop a new male-focused project. Unfortunately, due to budgetary constraints it could not be done at this time. However, the health department was able to develop a male-focused module that is part of The Shawl Circle, but also stands independently. The module for the men's project is titled: The Shawl Circle: *ESTE-HONVNTAKE YEKCE ETEPVKE (Stronger Men Together in Muscogee)* and will be taught by a man in partnership with the Shawl Circle women's classes. This initiative will focus on men joining their women in getting tested for HIV, encouraging their women to get screened for breast and cervical cancers as well as supporting safe living environments (i.e., domestic violence). It will also include education about correct condom usage. At the end of their hour-long class, the men will receive a Shawl Circle support bandana that they will wear to indicate their support for their Shawl Circle women.

The Shawl Circle has been listed in the [Indian Health Service Online Submission, Consultation and Reporting \(OSCAR\) system](#) as a "local effort" (Nashville Region).

The Bureau of HIV/AIDS plans to continue the Shawl Circle project into the second year, training new CHAs and evaluating all aspects of the program.