

HIV Behavioral Intervention: Hispanic/Latino Women

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[Announcer] This podcast is presented by the Centers for Disease Control and Prevention. CDC – safer, healthier people.

[Dr. Antonia Novello] Behavioral interventions are a critically important part of a comprehensive strategy to fight the HIV epidemic, and the Centers for Disease Control and Prevention, as well as many state and local health departments, now encourage community-based organizations and other HIV/AIDS service providers to implement evidence-based behavioral interventions. These are interventions that have been thoroughly evaluated and have shown significant effects in eliminating or reducing sex- or drug-related risk behaviors and reducing the rate of new STD infections, or even increasing HIV-protective behaviors.

While a few evidence-based interventions exist specifically for Latinos, such as Voices/Voces, Cuidate, and Connect, it is imperative that as the HIV epidemic continues to change in the U.S., that there should be a need to expedite the development of new evidence-based interventions for these populations, those ones in particular disproportionately impacted by HIV/AIDS.

One means of accelerating such a process is through adapting currently existing evidence-based interventions for at-risk Latino populations. And in a moment, we will be highlighting selected research and programs in HIV prevention, specifically with Hispanics in mind. And in the upcoming segments, you will hear some cultural concepts that impact risks of acquiring HIV for Latinos. For example, for some Hispanic and Latino men, the traditional gender role of machismo has positive implications for prevention, such as strength and protection of the family. However, when that comes to play regarding HIV, providing such masculinity through power and dominance can lead men to engage in risky behaviors, such as sex with multiple partners, unprotected sex, or even sexual coercion. So, for today's program, we have interviewed several researchers and organizations regarding their work with behavioral interventions aimed at reducing HIV among Hispanics and Latinos because it is known that HIV prevention works only if designed or customized for the particular clientele and the particular culture. So in this first segment, we will hear from the Miami-Dade County Department of Health about their adaptation of the Sista intervention for women.

[Kira Vilamizar] The Amigas intervention is an adaptation of the Sista intervention, originally developed by Dr. Gina Wingood and Dr. Ralph Diclemente from Emory University. The goal of the study is to adopt, implement, and evaluate an HIV prevention program to enhance HIV protected sexual behaviors among Latino women. The target group of the study is single, heterosexual females, ages 20 to 44. This is a randomized, controlled trial where the intervention group is exposed to five sessions and the control group is exposed to one session. Sessions include topics, such as ethnic and gender pride, condom skills, condom negotiation, communication skills, among others.

For the process of adapting Sista to Amigas, we conducted focus groups in the community, with women that resemble the target group. We used information obtained during this focus group in the adaptation process. We actually used some of these to adapt our vignettes, the scenarios that

we use in intervention, to resemble issues that we found, such as machismo, acculturation, and immigration. We adapted the poems. We did an extensive search of poems written by Hispanic women, in Spanish, to be included in the adaptation. We adapted the assertiveness model. And when you look at the facilitators that are implementing this study, they are very well versed in curriculum implementation and HIV/AIDS prevention.

To minimize cultural barriers, we used data from the community. Actually, we used surveys and focus groups to gather information, and we used this information to modify and adapt the curriculum used in the Sista intervention. We also used this data to modify the survey used in the original intervention.

In the process of adapting Amigas, we requested technical assistance from Dr. Wingood and Dr. Diclemente. They provided assistance in the development of the intervention and also in the development of the survey that we used with the study. They also provided assistance in recruitment techniques, adaptation guidelines, and they gave us feedback as far as the type of facilitators that we need to use in the intervention, and also provided assistance in terms of how can we make this study more efficient.

After those modifications and adaptations were made, we proceeded to convene a group of women and we implemented the adapted intervention and obtained feedback from them. After that, we made further changes and modifications. We also convened a second group of women to look at the survey. We were more concerned about the language than the content per se. After all the changes were made, we piloted the intervention and we made the necessary changes after the pilot. Currently, we're in the implementation phase of the intervention.

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