THE SAVED SISTA PROJECT: A FAITH-BASED HIV PREVENTION PROGRAM FOR BLACK WOMEN IN ADDICTION RECOVERY

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Abstract: HIV/AIDS as well as substance use disorders continue to devastate the African American community. Black women have the highest rate of new HIV infections among all groups of American women, with more than twice the prevalence rate of white or Hispanic women. Substance use and its correlation to HIV is well documented, particularly within America's urban settings. As a result, multiple approaches to reducing HIV infection among inner-city substance users have been developed and operationalized. The SAVED SISTA Project, a program of Recovery Consultants of Atlanta, Inc., is a faith-based adaptation of the evidence based intervention "Sisters Informing Sisters About Topics On AIDS (SISTA)." Its goal is to reduce HIV-infection and high risk behaviors among Atlanta's homeless female drug using population, utilizing the black church as a key component in this process.

More than twenty-five years into the HIV/AIDS epidemic, prevention models utilizing peer educators are still proving to be effective intervention strategies, incessantly promoting healthy behaviors, practices and lifestyles, leading to a reduction in HIV and other sexually transmitted infections (National Institute on Drug Abuse [NIDA], 2006; Centers for Disease Control and Prevention [CDC], 2003). An innovative peer-led HIV prevention strategy, one requiring a slight increase in sophistication when compared to "traditional models" is the "peer-led addiction recovery model." This intervention utilizes well-trained peer-educators from the 12-step and/or faith-based addiction recovery community as change agents, engaging active and newly recovering substance users in dialogue aimed at linking them with drug treatment and peer-led addiction recovery support services as a strategy for reducing substance use as well as HIV and hepatitis C (HCV) infections (White & Whiters, 2005; Whiters, Santibanez, Dennison, & Clark, 2006, in press). This model also reduces drug related-high risk behaviors such as trading sex for drugs and/or money and sharing infected syringes, both factors contributing to HIV, HCV, and sexually transmitted infections (STI) among substance users and their drug and sex sharing partners (NIDA, 2006). This article discusses the implementation of a faith-based HIV prevention and peer-led addiction recovery model for African American women who are pursuing or in need of addiction recovery. The intervention is appropriately titled, "The *SAVED SISTA*" project.

THE SISTA PROJECT

In 1999, the CDC published a comprehensive group of evidenced based HIV prevention interventions referred to as the Diffusion of Effective Behavioral Interventions (DEBI). These strategies were developed in response to national pressure from prevention providers seeking science-based interventions that would produce positive outcomes, leading to a reduction in HIV-infection. *Sisters Informing Sisters on Topics about AIDS* (SISTA), a peer-led HIV prevention program originally implemented in 1993 in the Bayview Hunter Point neighborhood in San Francisco, is a gender and culturally relevant DEBI designed to reduce HIV risk factors among sexually active, drug free, heterosexual, African American

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women (DiClemente & Wingood, 1995). It is a social-skills intervention aimed at building esteem, gender pride, and resiliency among its participants; leading to a reduction in behaviors considered high risk for HIV-infection.

SISTA projects are five week interventions offered in a group setting and facilitated by well-prepared African American female peer educators. Facilitators are required to complete an intensive training as a prerequisite for serving as an instructor or group leader. The training is based on the adult learning model and includes a thorough review of all program logistics, materials, plans, and training techniques. A major component of the training covers an insightful educational session on cultural sensitivity, highlighting the history, struggles and accomplishments of African Americans, while simultaneously focusing on gender pride, as well as institutional, racial and socio-economical barriers facing African American women. This training component enhances facilitators' skill set and knowledge base; both necessary requirements for interacting with group participants.

Upon completion of the training, peers are prepared to facilitate 2-hour weekly group sessions. Recommended group size range between 6 and 15 participants, helping to assure participant interaction and minimizing challenges related to "group overload." This allows for true optimization and interaction, insuring that group members serve as the primary change agents.

As it relates to appropriate settings and venues, it is strongly suggested that *SISTA* projects, when possible, take place in community environments offering privacy and easy access to public transportation. This is for obvious reasons including increased comfort, non-restrictive access, minimal traveling challenges and confidentiality. Agencies and venues conducive to African American history, culture, art, music, beliefs and of course HIV prevention practices such as condom use and safer sex practices in addition to abstinence should be given priority for consideration when seeking host facilities.

Incentives, though not required, may be offered in *SISTA* projects as a strategy for retaining participant involvement. Studies have demonstrated the effectiveness in retaining participants in HIV prevention projects when offering incentives (Broadhead et al., 1998; Kamb et al., 1998). Participants who attend each of the 5 sessions greatly enhance their knowledge and skill base, improving the likelihood of reduced high risk behaviors; suggesting the need for strategies, including incentives, which help insure maximum attendance. A short list of suggested incentives includes inexpensive gift cards, moderate weekly cash disbursements, childcare for participants, public transit tokens, and light meals or snacks at each session.

THEORETICAL FRAMEWORK

The *SISTA* Project is based on two theoretical foundations, the Social Cognitive Theory (SCT) and the Theory of Gender and Power. SCT is based on a belief that education must match ability in order to be effective. Therefore, *SISTA* project participants need both culturally appropriate education for self empowerment and for discovering value in behavioral change and appropriate social skill sets necessary for implementing change. In essence, SCT postulates that education without ability may render one powerless, or only partially able to meet objectives. Based on this perception, the *SISTA* project educates participants on how to take pride in their heritage, culture, ethnicity and gender and how to use the pride that results from this education to build esteem, enhance efficacy, and practice new behaviors. This new found pride is subsequently interwoven with a set of newly acquired skills focusing on assertiveness training, safer-sex practices, condom negotiation, and self-management. Together they formulate the education and skill set necessary for enhancing self-esteem, increasing gender and ethnic pride, and for implementing new behaviors leading to a reduction in HIV infection.

The second theoretical foundation of the *SISTA* project is the Theory of Gender and Power. Developed by R.W. Connell, this theory focuses on gender and power imbalance and postulates that a woman's ability to protect herself (both physically and mentally) are compromised by socialization, sexual passiveness, sexual abuse, and misinformation. This theory can help guide interventions for both men and women, and therefore incorporates the structure of gender relations, societal definitions of masculinity and femininity, and economic power (Cornell, 1987). Essentially, this theory suggest that freedom (mental, physical and spiritual) for women requires re-socialization, a kind that focuses on power sharing among genders and highlighting equal existence in an inherently male dominated society. This experience creates an environment of parity among genders and an environment where women have the appropriate tools for surviving and thriving.

WEEKLY GROUP SESSIONS AND CONTENT:

- Session I: Ethnic and Gender Pride: This session begins the intervention and its goal is to raise cultural and gender pride as a strategy for building esteem and efficacy among participants
- Session II: HIV/AIDS Education: This session provides and in-depth educational forum focusing on dispelling myths and

providing correct information regarding HIV/AIDS

- Session III: Assertiveness Skills Training: This session educates participants on assertiveness development, focusing on effective partner communication skills
- Session IV: Behavioral Self-Management Training: This session focuses on consistent and correct use of latex barriers, including both male and female condoms
- Session V: Coping Skills: This session educates participants on how to effectively cope with life's realities without acting out sexually or through other self-destructive behaviors

THE SAVED SISTA PROJECT

The *SAVED SISTA* project is an adaptation of the *SISTA Project.* Its target group has been modified and focuses exclusively on African American women in or seeking recovery from drug and alcohol addiction. This is a major adaptation considering *SISTA* focuses on drug free participants. Though a primary focus of the adapted version includes women in early addiction recovery (within their first 12 months), several participants have been living drug and alcohol free for more than one year. The project also includes participants who are both HIV negative and positive, as well as women suffering from untreated trauma caused by sexual assault and domestic violence - another adaptation to the *SISTA* model. A review of the literature clearly identifies and articulates a correlation among domestic violence/ sexual assault and HIV infection (Beadnell, Baker, Morrison & Knox, 2000; Wingood, DiClemente, & Raj, 2000). The literature also reports that African American women are more likely than their white counterparts to report domestic violence and sexual assault (Sorenso, Upchurch, & Shen, 1996). The five weekly sessions offered in the *SAVED SISTA* project have been modified to include interventions that reduce high risk behaviors for HIV, substance use, and domestic violence.

SAVED SISTA PROJECT PEER-LEADERS

Each of the six peer-educators in this program has completed a three day CDC training on *SISTA.* In addition, they each have extensive experience working in peer-led addiction recovery support programs and in HIV prevention programs. Three of the six peer-educators are in addiction recovery, ranging in length of sobriety from 2 years to 14 years. The three facilitators not in recovery have substantial experience working with substance users. One of the three non-recovering facilitators is very open about her HIV positive status and on occasion will self-disclose during sessions, but only when she feels it will benefit the group. Another important element worthy of mentioning as it relates to the characteristics of the facilitators is that they each share a belief that both 12-step and faith-based approaches, more specifically Christian-centered approaches to addiction recovery and HIV prevention are important options that should be offered to the participants in this project.

The *SAVED SISTA* project is a program of Recovery Consultants of Atlanta, Inc. (RCA, Inc.). RCA, Inc. is a faith-based, peer-led addiction recovery and HIV prevention program funded by the federal Center for Substance Abuse Treatment, a division of the Substance Abuse Mental Health Services Administration. Lead by individuals in addiction recovery (both 12 step and faith-based), RCA, Inc., in collaboration with a coalition of six Atlanta-based African American churches offer rapid HIV testing to inner-city Atlanta substance users utilizing the OraQuick ADVANCE® rapid testing method. This relatively new testing procedure produces an HIV test result in 20 minutes. In addition to HIV testing, the coalition provides an array of addiction recovery support services that include but are not limited to linking clients in addiction recovery with treatment services, transitional housing, job training, 12-step, faith-based, HIV, Hepatitis C, and parenting support groups. During the period January 2004 to July 2006, 5,013 inner-city Atlanta substance users were tested for HIV through RCA, Inc.'s rapid testing initiative. This is an average of 167 tests per month. Of this total, 226 individuals discovered for the first time that they were living with HIV. This is a positivity rate of 4.5%. Of the total number of individuals tested in this initiative, 1,114 (22.2%) were African American females, of which 55 discovered for the first time that were living with HIV. This is a positivity rate of 4.9%. Utilizing a chi-square test for HIV positivity rates among gender, it was determined that a statistical difference exist between males and females, with females reporting a significantly higher positivity rate compared to their male counterparts (χ^2=4.8, p=0.028). All individuals with an HIV test result and a reported gender were included in the analysis (n=5013). Even though this statistical analysis did not control for race, 96% of those tested in our initiative are African American. By default, this analyses results in a comparison between black males and black females. It is this statistical reality that lead to the creation of the *SAVED SISTA* project.

FAITH INFLUENCE

The word SAVED in our title is a term referencing a communion or commitment to a very specific faith-centered lifestyle, Christianity. It is added to inform our audience of this obvious influence on our adapted *SISTA* project. An example of this influence

Table 1. Gender * HIV +/- Crosstabulation
Count

		HIV -	HIV +	Total
Gender	Female	1207	91	1298
	Male	3517	198	3715
Total		4724	289	5013

Chi-Square

Value df	Asymp. Sig. (2-sided)	Exact Sig. (2 sided)	Exact Sig. (1-sided)
Sig. (1-sided)			
Pearson Chi-Square	5.004(b)	1	.025
Continuity Correction(a)	4.699	1	.030
Likelihood	4.809	1	.028
Fisher's Exact test		.027	.016
Linear-by-Linear Association	5.003	1	.025
N of Valid Cases	5013		

a. Computed only for 2x2 table
b. 0 cells (0%) have expected count less than 5; The minimum expected count is 74.83

is made clear in our project's pre-amble forbidding the use of profanity by either peer-leaders or participants during group facilitations. This is revolutionary since a significantly large portion of the women we serve are inner-city substance users whose use of profanity is very common. Because we expect participants to learn new behaviors that reduce their risk for HIV infection, relapse to substance use and domestic violence, we also expect them to expand their vocabularies replacing profanity with inspiring words of encouragement and motivation. This can also be a sign of a person's willingness and ability to change behaviors. The Christian influence woven throughout the fabric of our adapted version of the *SISTA* project is also evident in our incessant practice of approaching African American churches and seeking collaborative partnerships for hosting the *SAVED SISTA* project. To some, this may seem a contradiction to a previously stated requirement of the *SISTA* project which is to seek out community-based venues that are open to practices such as condom use and other safe sex practices. Historically, the black church has been slow to adopt this philosophy (Brown, 2003) leading some to place the blame of rising HIV rates in the black community on the black church's reluctance to take the lead in addressing this epidemic and on their unyielding willingness to join mainstream approaches to HIV and substance use prevention. However, we have discovered that many among Atlanta's homeless-substance using community, the community that produces the largest percentage of our *SAVED SISTA* participants, view the black church as the community-based institution they trust and utilize the most. For many among this group the church is the institution that provides most if not all of their basic needs, including daily free meals (breakfast, lunch and dinner), clothing, temporary shelter (particularly during inclement weather), and spiritual guidance when requested. This reality has left our agency with the dilemma of trying to close the gap between the theology of Atlanta's African American church, which makes collaborating with our *SAVED SISTA* project difficult and at times impossible, and an underserved population that holds this institution in high esteem.

This effort has resulted in an excellent working relationship with an east-Atlanta African American church, located in a community where substance use and HIV-infection are rampant. We have established this site as a venue for one of our *SAVED SISTA* projects. The church leadership has agreed to respect our federal stipulation prohibiting proselytization; meaning that neither the church nor any of its members or affiliates will offer unsolicited prayer, distribute religious materials, or lecture from Christian-based literature to our participants. They are only allowed to provide use of their church as a venue for hosting our weekly sessions. They also allow us to openly discuss condom use with our participants, though they have made it clear that their preference would be that our conversations regarding sex center on abstinence and sex between married-heterosexual couples. We do not view this as a compromise in the church's convictions but instead a reflection of their open-mindedness and their ability to adjust their normal practices in order to be a part of this very important work.

When we seek church partnerships our discus-

sions center on (1) HIV and its impact on African American women (2) our interpretation of our roles as faith believers working in HIV prevention (3) utilization of their church as a host site for a *SAVED SISTA* project, (4) use of their vans as a resource for transporting participants back and forth from their place of residence and the church (usually drug treatment centers, transitional housing programs, or shelters) and (5) possible financial assistance to help offset the costs of each project. Though we have six church partners on our rapid HIV testing initiatives, only one is involved in the *SAVED SISTA* project. Our unwillingness to compromise session number four which focuses on correct and consistent condom use is usually the barrier that makes collaboration most challenging. Because we understand the value of having the black church involved in HIV prevention (White & Whiters, 2005; Whiters, Santibanez, Dennison, & Clark, 2006), we continue to seek partnerships with Atlanta's African American Christian community. Though we are not always successful at times our efforts result in other wonderful experiences as evidenced by our recent one day symposium held in partnership with the Concerned Black Clergy of Atlanta, Inc., a very influential group of black ministers, recognizing National Black HIV/AIDS Awareness day. This symposium, entitled "*The role of the Black church in combating HIV/AIDS in the African American community*" was designed specifically for clergy, church leaders and others interested in learning and sharing strategies on how the black church can become more involved in addressing HIV and AIDS in the African American community.

CONCLUSION

We have hosted a total of 6 *SAVED SISTA* projects during the period July 2006 through September 2006. Three projects took place at Atlanta-based drug and alcohol treatment centers, one was hosted by a local 12-step recovery center, two were hosted by a female addiction recovery transitional housing program, and one at the site of our east-Atlanta faith-based partner.

The first project began with 9 participants and finished with 8. The second project began with 5 participants and finished with 2. The third session began with 21 participants and finished with 17. The fourth session began with 12 participants and finished with 11. The fifth project began with 4 participants but ended up with 10. The final project, held at the church, started and finished with 11 participants.

During the final week of each session, participants were offered an HIV test. Of the 59 total participants remaining at the end of all the projects, nine self-disclosed that they were living with HIV, 10 choose not to participate in the testing initiative and 40 choose to be tested. Of the women who tested, one (1) discovered for the first time that she was living with HIV-infection. Participants whose last date of high risk exposure (unprotected sex or sharing syringes) was within 90 days prior to being tested made a commitment to eliminate their high risk behaviors and re-test in 90 days in order to be certain of their HIV status.

At 3 and 6 months participants are required to complete post-test follow-up surveys that help determine the frequency and level of reduction in their high risk behaviors. At the time of this submission, we had not reached the post-test period. Pre-test surveys focused on questions related to the number of unprotected sex experiences in a 6 month period prior to beginning the *SAVED SISTA* project, frequency of condom use during the same period, drug use history, including history of injection drug use, and comfort level in ability to negotiate condom use with partners. Neither drug screening nor new HIV testing is provided during the follow-up sessions, relying totally on self-reporting data. Though self-report data can be fairly accurate it is not without its limitations. Concerns regarding the limitation, accuracy and reliability of self-report data have been highlighted throughout the literature (Rindskopf et al., 2003; Rindskopf and Strauss, 2004; Scandell et al., 2004).

The feedback from participants completing our *SAVED SISTA* projects has been extremely positive. They report increases in their knowledge of HIV, substance use and domestic violence prevention techniques as well as increase in self-worth and self-esteem. Facilitators have reported improvements in participant attitudes toward safer sex practices, drug use and domestic violence prevention. Participants have become the best marketers of our project, sharing their successes and excitement with counselors and peers, resulting in continuous requests for RCA, Inc. to facilitate additional *SAVED SISTA* projects. Our primary challenge at this time continues to be identifying churches that will collaborate with us on our project. Because we understand the value of partnering with churches on this project, we will continue our efforts.

ACKNOWLEDGEMENTS

We would like to acknowledge the Southeaset Addiction Technology Transfer Center and the Center for Substance Abuse Treatment, a division of the Substance Abuse and Mental Health Services Administration for their contributions to this article.

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RESPONSIBILITIES AND COMPETENCIES OF HEALTH EDUCATION

Responsibility I - Assessing Individual and Community Needs for Health Education
Responsibility II - Planning Effective Health Education Programs
Responsibility III - Implementing Health Education Programs