Viiv Positive Action For Women Final Report

January 2025

Background

In 2024, Provide was awarded a 12-month Viiv Positive Action for Women grant to develop an intervention that contains messages, resources, training, and other tools to shift the sexual and reproductive health conversations that social service and healthcare providers have with Black women and Black transgender and nonbinary people who can get pregnant. This intervention developed a digital tool using Viiv's Risks to Reasons framework to support providers and clients in having empowering, person-centered, destigmatizing conversations about sexual health and wellbeing. Both a provider-facing and client-facing version were developed, and staff at 4 participating sites were trained on using the tool.

The evaluation for this pilot project was both formative and summative, incorporating a focus group and stakeholder survey to collect feedback and guidance from the target population, and a pre/post survey for staff participants to learn about the outcomes of the training and value of the tool. While the project timeline led to some limitations in the scope of participation and data collection, valuable insights from both stakeholder feedback and staff participants indicate that this pilot project was successful, and the innovative tool developed is needed and has significant potential to improve equity of access to holistic sexual health care that thwarts stigma, empowers clients, and centers Black women and transgender people who can get pregnant. With more funding and a longer grant period, this promising intervention could be scaled up and more robust evidence could be collected to measure effectiveness and impact.

Summary

This report is split into 2 sections - the first highlights participation and insights identified through the client stakeholder engagement process, and the second shares key insights from staff training evaluations. Provide was able to engage a robust sample of 25 stakeholders to provide early feedback on the tool. While the staff pre and post survey response was challenging due to the end of the grant period falling over the holidays, we were still able to gain valuable insights into outcomes for providers.

Top-line highlights from the evaluation:

- Client stakeholders expressed a **high-level of satisfaction and positive feedback** on the tool in their review
- **95%** of stakeholders rated the tool as somewhat or very effective at centering the client, reducing stigma in conversations about PrEP and PEP, abortion, and emergency contraception, and helping providers make effective referrals
- **86%** of stakeholders somewhat (29%) or strongly (57%) agreed that the tool emphasized bodily autonomy
- **100%** of staff participants indicated that this tool was somewhat (67%) or very (33%) needed in their profession
- Pre and post evaluation of staff sessions indicated **positive change in all categories**

42 client stakeholders and staff engaged in the project

4 sites participated in piloting the tool in TN and NC

Client Data - Demographics

Client stakeholders were invited to participate initially in a focus group, which had 3 total participants. Those stakeholders supported us in then disseminating a survey to elicit further feedback from a greater number of stakeholders (n=22). For these, we recruited Black women living with HIV or vulnerable to HIV, some of whom were also providers, to gather insights about how to meaningfully support Black women and other people who can get pregnant in accessing sexual and reproductive health care, as well as to share critical resources. In total, we had 25 stakeholders participate, which was critical in improving and developing the tool. Only 7 participants completed further demographics at the end of the survey, but of those 100% identified as heterosexual and 71% were located in rural areas.

100%

Of stakeholder participants identified as cisgender Black women.

52% of stakeholders were People Living with HIV

48% of stakeholders were vulnerable to HIV

Client Data - Key Insights

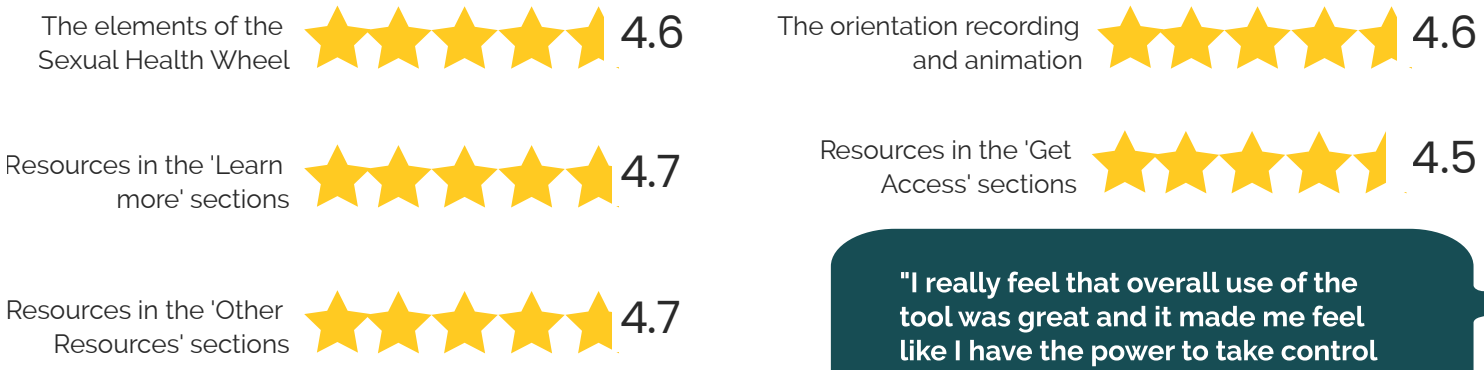
Summary

The key insights to highlight from stakeholder data was that the response to the tool from an in-depth review was overwhelmingly positive, with all elements highly rated and valuable write-in data sharing participants' praise. In focus groups, participants shared excitement about the tool and the value it holds, while offering helpful critical feedback to help tailor it to best serve needs.

All elements of the tool were rated very high by stakeholders

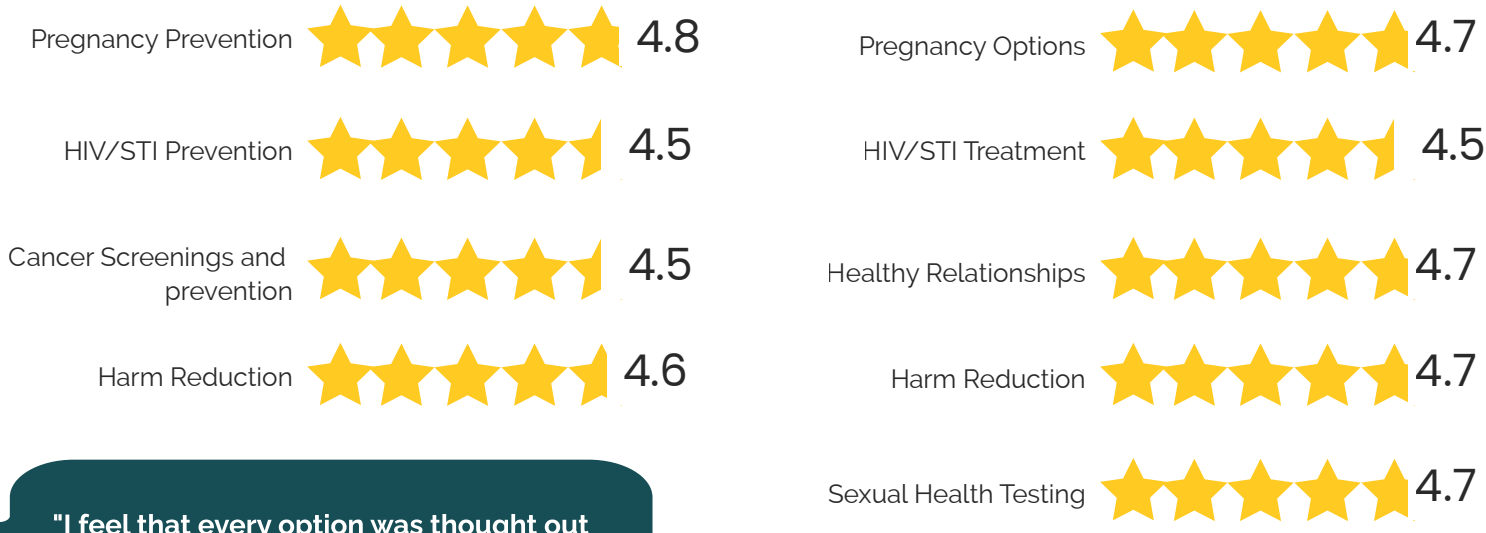
The below data highlights the core ratings from the stakeholder feedback survey, measured as mean rating across all responses. Overall, 62%-77% of respondents gave 5 star ratings for all questions.

Overall ratings: How would you rate the following elements of the tool?



"I really feel that overall use of the tool was great and it made me feel like I have the power to take control over my well being"

Core area ratings: How would you rate each of the following content areas?



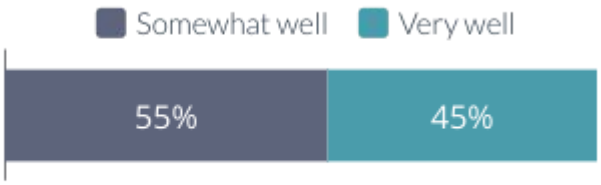
"I feel that every option was thought out and touched on with every woman's situation in mind" (*Pregnancy Options*)

"This to me is wonderful I wish I had this to go to" *(HIV/STI Prevention)*

"I feel that this gives great information and also let's a person test what they may know or think they may know" *(HIV/STI Prevention)*

Stakeholders indicated that the tool centered Black women, emphasized bodily autonomy, was respectful, and reflected their needs.

How well do you feel this tool reflects how you would want a healthcare or social service provider to discuss sexual and reproductive wellbeing with you, if you were their client?



71% agreed (33%) or strongly agreed (38%) that tool centered Black women or transgender people who can get pregnant

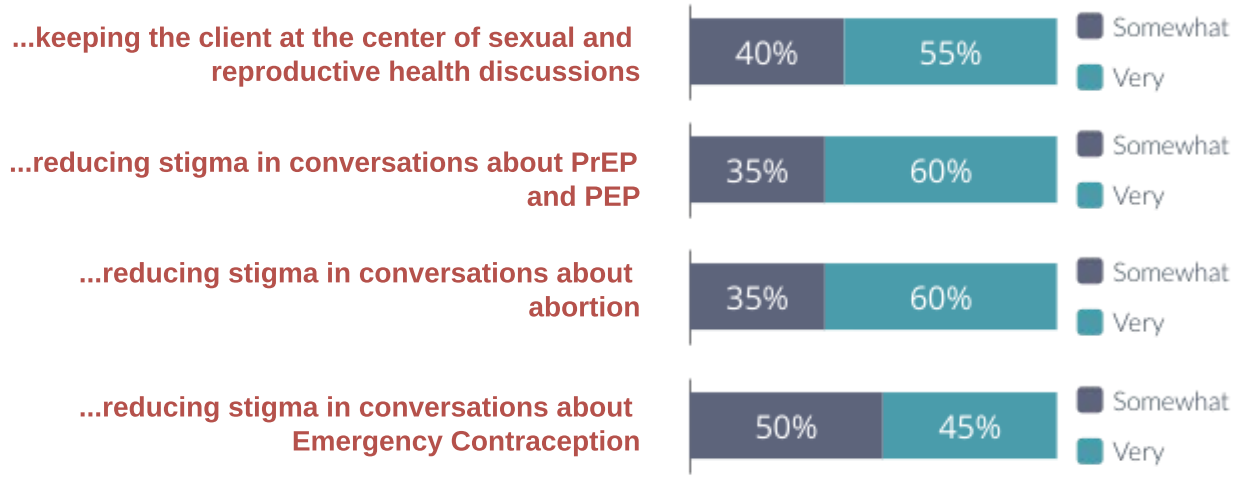
86% agreed (29%) or strongly agreed (57%) that the tool emphasized the clients' ability to make their own decisions about their bodies

71% agreed (24%) or strongly agreed (47%) that the language used was respectful

> **"I think the video of people sharing what they have gone through helps an individual really see that they are not alone"** *(Pregnancy Prevention Resources)*

Stakeholders indicated they found the tool effective for reducing stigma, centering clients, and supporting providers in making referrals

95% found the tool to be somewhat or very effective in achieving the goal of...



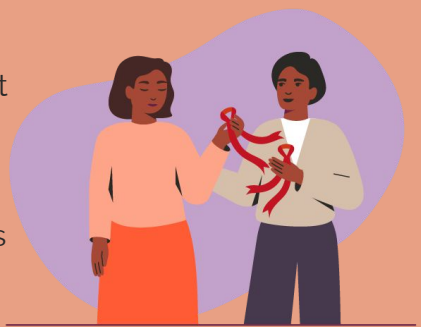
90% found the tool to be somewhat or very effective in achieving the goal of...

Additional Feedback from Focus Group Participants

The stakeholder focus group was a key part of the tool development process, allowing project staff to learn more about needs and get targeted feedback. Participants held dual identities as both providers as well as Black women living with or vulnerable to HIV. While the full analysis is beyond the scope of this report, below are a few meaningful quotes from the focus group.

> As a healthcare provider, we should be comfortable in having those conversations with clients that we cross with. And again, not assuming that the way I have sex is like the way someone else assumes.

> How innovative to create something that works very well in that space here. I love that it was user friendly. I loved it. I saw black people like, it was very representative. I like that.



Staff Training Evaluations

Summary

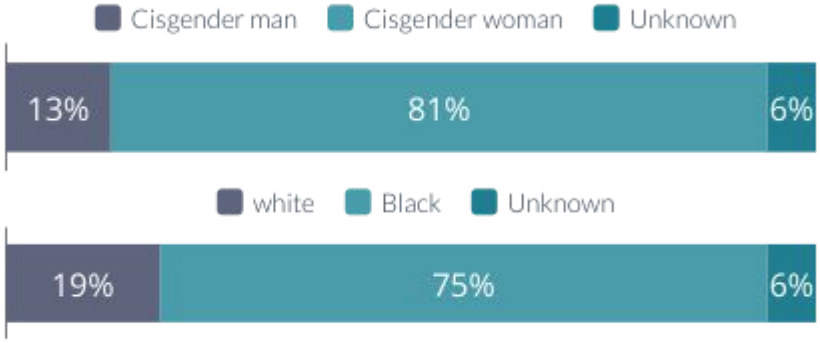
Staff who participated in the training sessions on the tool were asked to complete a pre-survey prior to the session, and a post-survey immediately after the session. Of the responses to the pre-survey, 9 were from NC (56%), 5 from TN (31%), 1 from VA (6%), and 1 from SC (6%). Of the 7 post-surveys completed, 5 were from NC (71%) and 2 from TN (29%). The response rate to post-surveys was low given that the project timeline was such that the TN training post-survey period was near the end of the year during the holiday season, a difficult time for follow-up response collection. With additional funding and a longer timeline, more robust data with improved response rates could be collected.

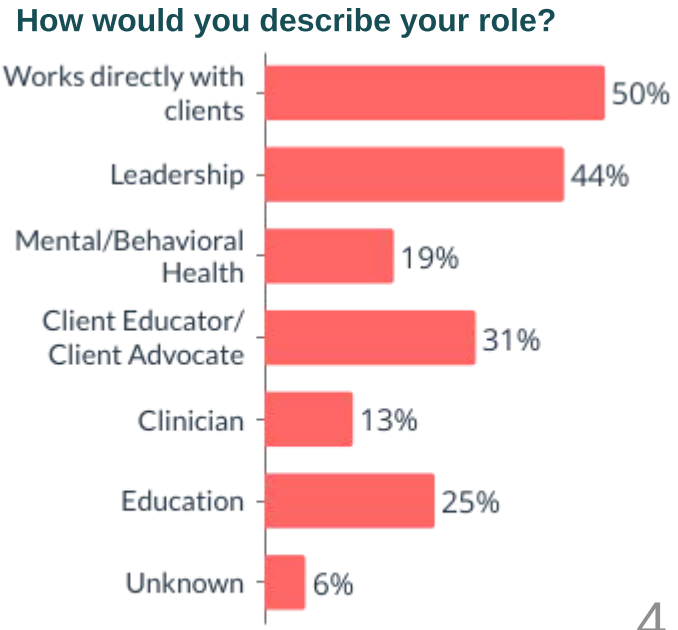
Despite this, the data available indicated some important successes of this pilot intervention, and has offered the program development team insight into what worked well and what could be improved in future iterations of this process, and remaining needs of site partners. Importantly, the evaluation data highlights that the training and tool helped:

- increased providers' likelihood of discussing sexual health topics like HIV testing and treatment, pregnancy options and abortion, and emergency contraception with clients
- reduced barriers providers expressed that made it difficult to have these conversations with clients
- improved confidence in centering the client in conversations about sexual and reproductive health, normalized conversations about sexual health, and normalize sexual health management as an act of self-care

Staff Data - Demographics

Staff participant demographics were majority Black cisgender women identified, with a smaller portion identifying as white or as cisgender men. One participant did not answer demographics questions (6%). Half of participants worked directly with clients, and nearly half were leadership. Of those who worked with clients directly, 3 were client educators/advocates, 3 in mental/behavioral health, one was a clinician, and one was also in leadership.





Staff Data - Key Insights

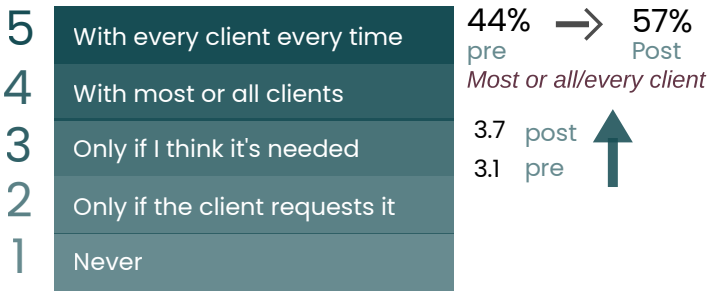
Staff reported increases in their future intended practice compared to current practice when discussing sexual health topics with clients

While no changes were significant, there was an increase seen in each of the categories under the question of how often providers typically (pretest) or intend in the future (posttest) to talk about a range of sexual health topics with clients. Looking at the mean score below in pre and posttest, we see varying levels of change in each question (for brevity, a selection of options are depicted here, but increases were seen across the board).

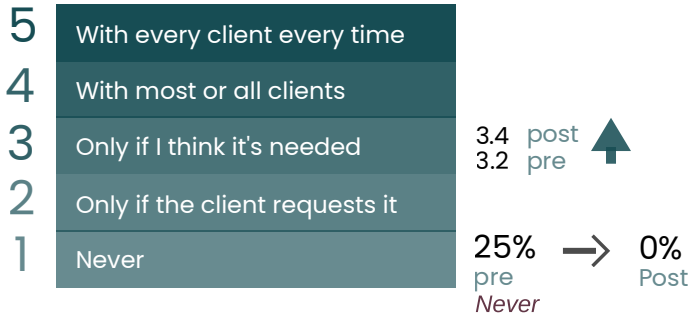
How often have you in the past (pre) or will you in the future (post) talk about the following topics with clients?

HIV and STI Testing

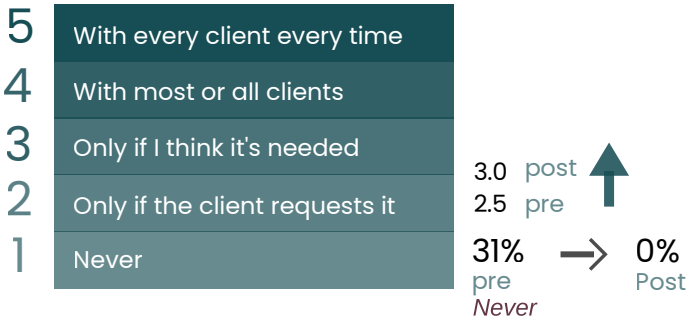
HIV Prevention and Treatment



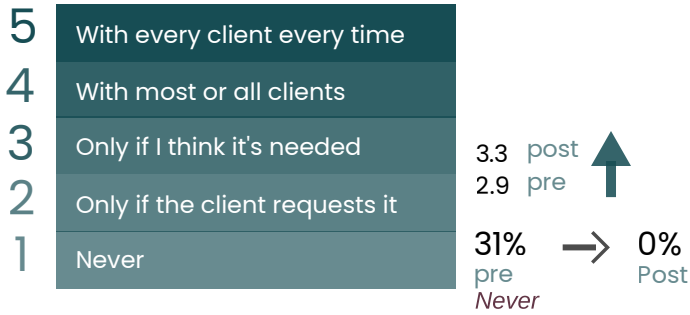
Sexual History



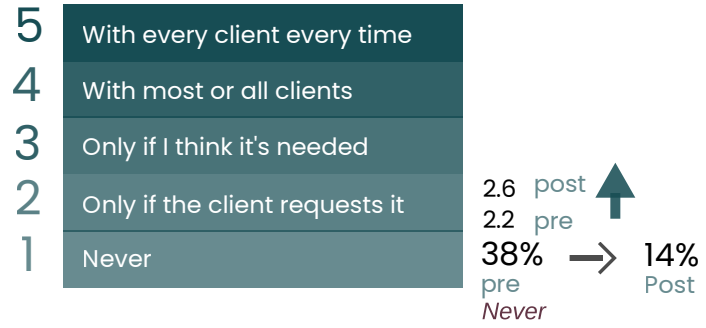
Sexual Pleasure and Intimacy



Pregnancy Prevention (Including Emergency Contraception)

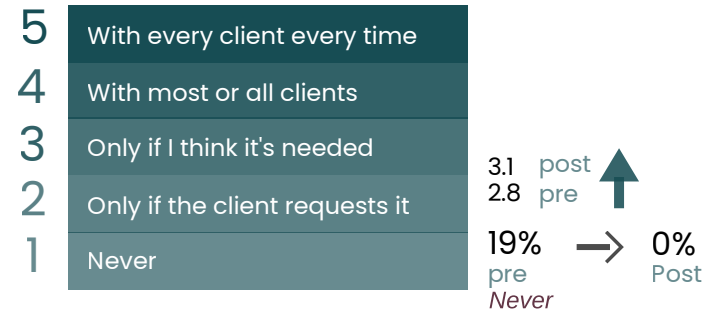


All-Options Pregnancy Counseling (Including Abortion)



Abortion Education and Referral

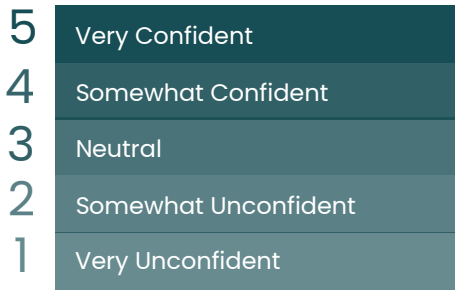
Harm Reduction Resources



The training increased confidence in discussing HIV, pregnancy options (including abortion), and emergency contraception with clients

Similarly to current and future intended practice, none of the differences found were significant, likely due to small sample size. However, changes were still found, giving an idea of the outcomes the training had for staff participants and the potential value for clients. The biggest change was found in the mean score of confidence discussing sexual health and wellbeing with Black women clients in a way that was empowering, affirming, and supported client autonomy, with posttest scores being 11 points higher than pretest. When asked in the pretest what would make staff more confident having these conversations with clients, the most commonly selected items were having access to more learning opportunities they could access on their own time, and having up-to-date local resources or each topic.

How confident are you in your ability to discuss sexual health and wellbeing with Black women in a way that is empowering, affirming, and supports client autonomy?

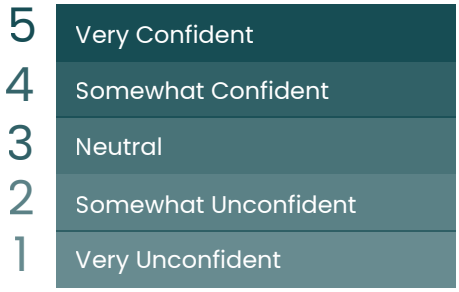


44% pre → 58% Post
Somewhat/Very Confident
4.0 post
2.9 pre

> **"It's a great tool. Recommended for health departments and primary care. A catchy flyer and QR code for public areas."**

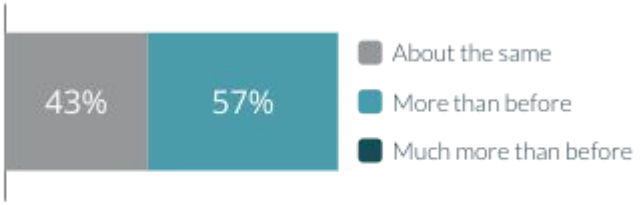
How confident are you, with your current level of knowledge and skills, in having a discussion with your clients about the following?

All pregnancy options, including abortion

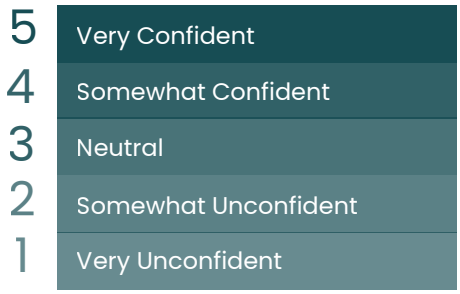


44% pre → 58% Post
Somewhat/Very Confident
4.0 post
3.3 pre

Compared to before the training, how has your confidence changed in having conversations with clients about **all pregnancy options, including abortion?**

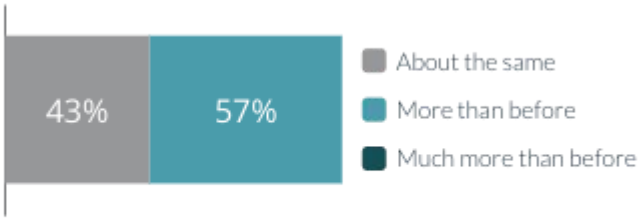


HIV prevention, screening, and treatment (including PrEP and PEP)

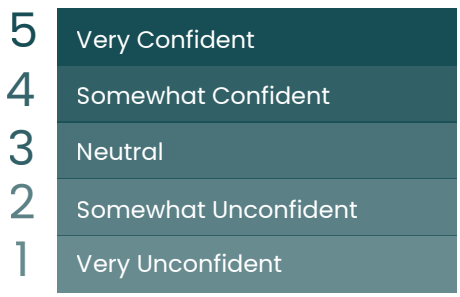


63% pre → 72% Post
Somewhat/Very Confident
4.3 post
4.1 pre

Compared to before the training, how has your confidence changed in having conversations with clients about **HIV prevention, screening, and treatment (including PrEP and PEP)?**

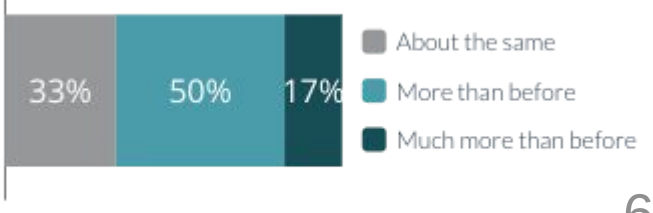


Emergency Contraception



44% pre → 58% Post
Somewhat/Very Confident
4.2 post
3.5 pre

Compared to before the training, how has your confidence changed in having conversations with clients about **Emergency Contraception?**



How confident are you in your ability to have conversations with clients that achieve the following outcomes?

Help clients connect sexual health management with intimacy and desire

5 Very Confident
4 Somewhat Confident
3 Neutral
2 Somewhat Unconfident
1 Very Unconfident

26% pre → 67% Post
Somewhat/Very Confident

3.7 post
2.7 pre

Normalize sexual health management as an important part of self-care and self-love

5 Very Confident
4 Somewhat Confident
3 Neutral
2 Somewhat Unconfident
1 Very Unconfident

46% pre → 83% Post
Somewhat/Very Confident

3.8 post
3.0 pre

Help clients identify sexual health management as a means of increasing their control and bodily autonomy

5 Very Confident
4 Somewhat Confident
3 Neutral
2 Somewhat Unconfident
1 Very Unconfident

40% pre → 83% Post
Somewhat/Very Confident

3.8 post
2.9 pre

Normalize conversations around HIV, emergency contraception, and abortion

5 Very Confident
4 Somewhat Confident
3 Neutral
2 Somewhat Unconfident
1 Very Unconfident

67% pre → 67% Post
Somewhat/Very Confident

3.8 post
3.0 pre

Discuss sexual health management using the language of sexual pleasure, desire, and freedom

5 Very Confident
4 Somewhat Confident
3 Neutral
2 Somewhat Unconfident
1 Very Unconfident

40% pre → 67% Post
Somewhat/Very Confident

3.7 post
2.9 pre

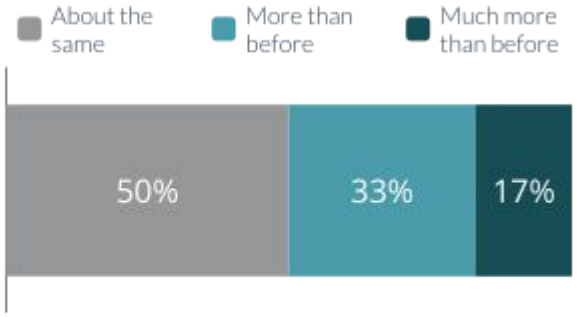
Keep the client and their needs and interests at the center of the discussion

5 Very Confident
4 Somewhat Confident
3 Neutral
2 Somewhat Unconfident
1 Very Unconfident

73% pre → 83% Post
Somewhat/Very Confident

4.0 post
3.5 pre

Compared to before the training, how has ability to have conversations with clients that achieve the above outcomes changed?



Staff said that more regular learning opportunities and updated resource lists would increase confidence having discussions about the following:

The training appeared to address some key barriers preventing staff from having more robust and empowering conversations about sexual health with clients

While some barriers remained immediately post training, the number of barriers selected and proportion of staff experiencing barriers was reduced substantially. The maximum amount of barriers listed at baseline was 4, while at post it was 2. The person who selected 2 barriers marked 'other' and wrote in 'time'.

Change in top barriers listed:

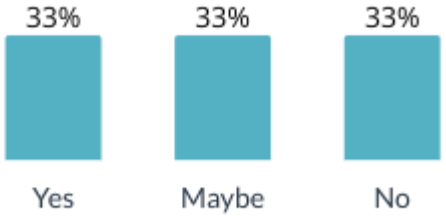
88% pre → 50% Post	Staff who selected 1 or more barriers
41% pre → 29% Post	I need to learn more about how to have empowering and affirming sexual and reproductive health conversations
24% pre → 0% Post	I don't have resources I can share with clients about sexual and reproductive health
24% pre → 0% Post	I need more practice having the kinds of conversations that will help my client feel empowered and affirmed
18% pre → 0% Post	I am not confident having these conversations with any of my clients regardless of racial identity
18% pre → 0% Post	I don't know where to refer clients for sexual and reproductive health needs

Write-in about barriers removed from training:

> It's a quick resource that if I am running out of time in an office visit and they have questions, I can provide this resource and schedule a follow up and say "let's talk about any questions this may have not fully answered at the next appointment" so not a replacement to a conversation but something to bridge them to it

> Understanding the law for our state and abortion options such as emergency

Did the training reduce any barriers you were experiencing to discuss sexual health and wellbeing with Black clients who can get pregnant in a way that is empowering, affirming, and supports client autonomy?



Most staff were likely to use the tool and/or information they learned in the training

- 83% were somewhat (50%) or very likely (33%) to **use the skills they learned** in the training/from the tool
- 67% were somewhat (50%) or very likely (17%) to **use the Risks to Reasons Sexual Health Wheel tool** in their daily work

Staff found the tool useful and would recommend it to a colleague

- 83% said the tool was somewhat (67%) or very (17%) **useful in helping navigate conversations about sexual health**
- 83% would **recommend this tool to a colleague**

100% felt this tool was somewhat (67%) or very (33%) **needed in their field of work to** support providers in having sexual health conversations with clients