Colorado HIV/AIDS Prevention Program:

Year 2: Cross-Site Evaluation

Executive Summary

JULY 1, 2008 – JUNE 30, 2009

Submitted to Richard Weinert
Colorado HIV/AIDS Prevention Program Coordinator
Colorado Department of Public Health and Environment,
Colorado HIV/AIDS Prevention Program

July 30, 2009
By OMNI Institute

EXECUTIVE SUMMARY

The Colorado HIV/AIDS Prevention Program (CHAPP) is a competitive grants program administered by the Colorado Department of Public Health and Environment (CDPHE) that provides funding for HIV-prevention programs across the state of Colorado. As part of CHAPP, 24 projects across 18 agencies were awarded two- or three-year grants to address the prevention of HIV/AIDS in Colorado. As a requirement of their funding, agencies worked with OMNI Institute (OMNI) as a part of a cross-site evaluation. During the first year of the evaluation, OMNI met with agencies and in collaboration created project logic models, developed instruments and wrote evaluation plans. In Year Two of the evaluation (July 1, 2008 – June 30, 2009), OMNI focused on the following activities:

- Continuing Partnerships
- Conducting a Community Integration Assessment
- Providing Technical Assistance and Training
- Submitting Data
- Providing Data Analysis at the Program and Cross-Site Level
- Collaborating with CDPHE

These activities helped OMNI work towards the goals of building agency evaluation capacity and determining the collective effectiveness of the CHAPP grants program in reducing HIV transmission. At the end of Year Two, all CHAPP grantees submitted data collected throughout the year, with the exception of one agency, the Colorado AIDS Project (CAP), B-HIP program, that decided to withdraw their CHAPP grant. OMNI analyzed the data submitted at year-end at both the project and aggregate (cross-site) levels and provided agencies with project-level data reports. In addition, OMNI wrote a comprehensive year-end report, which included information on the evaluation activities from Year Two as well as the aggregate data analysis results.

In Year Two, grantees implemented sixteen programs targeting adult participants, five programs for youth, eight peer-to-peer outreach and four community events or testing outreach. In total, data was submitted for 3,395 adults served through CHAPP programs, 415 youth and approximately 5,000 individuals served through outreach projects. Across the program and outreach data, some general themes in the demographic data emerged. The majority of all participants were males and White, although individuals from all racial and ethnic categories were reached and a relatively large portion identified as Black or African-American. In addition, outreach programs reached a high percentage of individuals identifying as Hispanic or Latino. The most commonly-identified risk category was men who have sex with men (MSM) and, of those who were asked to report their sexual orientation, the majority reported being heterosexual or straight, although a portion reported being homosexual, gay or lesbian.

Significant shifts from pre-program assessments to post-program assessments were seen in multiple outcome areas for adult programs. Specifically, the percentages of participants with access to resources regarding HIV/AIDS and STDs showed a significant increase. There was an increase in participants' perception of risk (see Table A) and participants' HIV-related knowledge (see Table B).

Table A: Adult HIV-Related Attitudes and Beliefs

HIV Related Attitudes and Beliefs	Range	N	Pre Mean	Post Mean	Shift	Significance*
Perception of Risk	1-4 (higher scores = greater risk)	494	3.76	3.8	Positive	0.001

* Paired-samples t-tests were conducted to determine statistically significant differences in mean responses from pre-survey to post-survey on the Perception of Risk Scale.

Table B: Adult HIV-Related Knowledge

HIV Related Knowledge	N	Pre % Correct	Post % Correct	Significant*
Only people who look sick can spread the HIV/AIDS virus.	2656	92	95	Yes
Only people who have sexual intercourse with gay (homosexual) people get HIV/AIDS.	2670	92	94	Yes
Birth control pills protect women from getting the HIV/AIDS virus.	2657	94	96	Yes
There are drugs available to treat HIV that can lengthen the life of a person infected with the virus.	2673	83	91	Yes
There is no cure for AIDS.	2598	84	92	Yes
Young people under age 18 need their parents' permission to get an HIV test.	2601	55	74	Yes
Pulling out the penis before a man ejaculates keeps his partner from getting HIV during sex.	2677	90	93	Yes
Having anal sex without using a condom is only a risk to the receiving partner.	2672	82	87	Yes

*McNemar's chi-square test was conducted to assess changes in responses from pre to post.

In addition, there was a positive increase in the number of individuals getting an HIV test as a part of adult programming (nearly 28%) and through specific HIV-testing outreach (nearly 40%). The percentage of those disclosing their HIV status to all sexual partners, having all of their partners disclose their HIV status and in disclosing multiple sexual partners to all partners also increased from before program participation to after. There was also a demonstrated slight

decrease in high-risk sexual behaviors from pre to post and a significant increase in the frequency of condom use during sex and a significant decrease in the frequency of being drunk or high during sex from pre-programs to post. For the adult programs that assessed hepatitis-related knowledge, there was also a significant increase in overall knowledge.

For youth programs, many of the outcomes were not analyzed in the aggregate because only one youth program assessed the outcome. However, sexual self-efficacy, a domain of HIV-related attitudes and beliefs that was assessed by three of the youth programs, significantly increased from pre-programming to post (see Table C).

Table C: Youth HIV-Related Attitudes and Beliefs

HIV Related Attitudes and Beliefs	Range	N	Pre	Post	Shift	Significance
			Mean	Mean		
Sexual Self-Efficacy	1-4 (higher scores = greater confidence)	118	3.31	3.44	Pos	0.01

*Note: Missing data not included.

There was also a significant shift on nearly all HIV-related knowledge items (see Table D), which was an outcome assessed by four youth programs.

Table D: Youth HIV-Related Knowledge

HIV Related Knowledge	N	Pre	Post	Significant*
		% Correct	% Correct	
Only people who look sick can spread the HIV/AIDS virus.	175	83	98	Yes
Only people who have sexual intercourse with gay (homosexual) people get HIV/AIDS.	90	82	94	Yes
Birth control pills protect women from getting the HIV/AIDS virus.	90	83	92	No
There are drugs available to treat HIV that can lengthen the life of a person infected with the virus.	177	52	81	Yes
There is no cure for AIDS.	175	63	89	Yes
Young people under age 18 need their parents' permission to get an HIV test.	176	58	82	Yes
You can get HIV from drinking from the same glass or water fountain that a person with AIDS drank from.	164	60	92	Yes
You can get HIV from a mosquito bite.	163	52	90	Yes

*McNemar's chi-square test was conducted to assess changes in responses from pre to post.

Most documented peer-to-peer contact occurred in person, lasting an average of 19 minutes. General support and referrals were the most common topics discussed and educational materials and safe sex kits were the most common resources distributed during peer-to-peer outreach.

Projects were responsible for addressing at least one CHAPP outcome; some projects addressed multiple CHAPP outcomes and others only addressed one. Across adult and youth programs and all types of outreach, there was demonstrated progress towards most CHAPP-defined outcomes, including progress toward: increased early detection of HIV (for adults); increased personal knowledge of HIV status; increased partner disclosure of HIV status (for adults); improved HIV-related attitudes and beliefs; improved HIV-related knowledge; and, decreased the number of high-risk transmission behaviors, within the sexual risk domain (for adults). Decreased high-risk drug transmission behaviors did not show the progress that was demonstrated in the other domains. It is the hope that in future years, there will be adequate data available so that analyses by program-implementation type (e.g. Street Smart) as well as targeted population (e.g. MSM) might be possible. This would allow for analysis of all CHAPP outcomes in the aggregate, including for youth programs, and would allow for results to better demonstrate impact. In order to augment the analysis in Year Three, there will be a stronger focus on utilizing common measures (across programs) for CHAPP outcomes in order to enhance the data and have more robust analyses.