

# COMMUNITY PROMISE

## Evidence-Based Structural Intervention

### Good Evidence – Risk Reduction

#### INTERVENTION DESCRIPTION

##### Goal of Intervention

- Increase consistent condom use
- Increase disinfecting of injection equipment

##### Target Population

- Underserved populations at risk for HIV infection, including: intravenous drug users (IDUs), female sex partners of male IDUs, non–gay-identified men who have sex with men (MSM), high-risk youth, female sex workers, and residents in areas with high rates of sexually transmitted diseases.

##### Brief Description

*Community Promise* is a community-level intervention to promote progress toward consistent HIV prevention practices through community mobilization and distribution of small-media materials and risk reduction supplies, such as condoms and bleach. The intervention consists of 4 main components: community identification process to collect information about the community, including HIV/STD risk behaviors and influencing factors; creating role model stories based on personal accounts from individuals in the targeted populations; recruiting and training peer advocates from the target population to distribute prevention materials and role model stories that are appropriate to the participants' stage of behavioral change; and continuous formative evaluation to capture behavior change within the target population. New role model stories that appeal to the target populations and reflect their culture and languages are produced approximately once a month. On-going feedback from collected data guides the selection and development of new role model stories. Trained peers distribute the role model stories, along with condoms and bleach kits, to their social networks (e.g., friends, neighbors, and other women in the community). Peer network members who have tried to reduce their high-risk behavior are encouraged to share their personal stories and experience with other community members.

##### Theoretical Basis

- Transtheoretical Model of Behavior Change
- Health Belief Model
- Theory of Reasoned Action
- Social Cognitive Theory

##### Intervention Duration

- Ongoing

##### Intervention Setting

- Public areas, businesses, and other areas in the community

##### Deliverer

- Outreach workers, peers, and areas business people who had regular contact with the target population

### Delivery Methods

- Outreach
- Printed materials (brochures, pamphlets, etc.)
- Risk reduction supplies (condoms, bleach)

### Structural Mechanism of Change

- Access
  - Provision of condoms and bleach kits to the social networks (e.g., friends, neighbors, and other women in the community)

## INTERVENTION PACKAGE INFORMATION

An intervention package was developed with funding from CDC's Replicating Effective Programs (REP) Project. **The intervention package and training are available through CDC's High Impact Prevention Project (HIP): [Community Promise](#).**

## EVALUATION STUDY AND RESULTS

### Study Location Information

The original evaluation was conducted in Dallas, Texas; Denver, Colorado; Long Beach, California; New York City, New York; and Seattle, Washington between 1991 and 1994.

### Key Intervention Effect

- Increased condom use

### Study Sample

The baseline study sample of 15,205 participants in 20 communities is characterized by the following:

- 54% black or African American, 22% white, 19% Hispanic/Latino, 5% other
- 55% female, 45% male
- 6% non-gay identified MSM

### Recruitment Settings

Community service organizations, local businesses, and other areas in the community

### Eligibility Criteria

- The eligibility of *communities* was based on in-depth formative research conducted in each participating city. The geographic areas where at-risk target populations congregated were assessed to determine where the intervention and evaluation could be conducted. Intervention communities were first identified and then matched communities were selected.
- *Men and women* were eligible for assessment if they had vaginal or anal intercourse in the 30 days before the interview or shared needles for drug injection in the 60 days before the interview and were members in one of the at-risk communities targeted by the local site.

### **Assignment Method**

Ten pairs of communities were assigned to 1 of 2 groups: *Community Promise* Intervention (10 communities) or Comparison (10 communities). Two pairs of communities in Dallas were randomly assigned to intervention or comparison arms. In the other eight pairs of communities, assignment to the intervention arm was determined by resources (e.g., office space for intervention activities) and the comparison communities were matched by accessibility and density of targeted community members, demographics, and physical characteristics of interview locations.

### **Comparison Group**

Previously existing HIV prevention activities, if any.

### **Relevant Outcomes Measured and Follow-up Time**

- Stage of change for condom use with main and non-main partners during past month (including pre-contemplation, contemplation, preparation, action and maintenance) were measured in 10 cross-sectional waves: 2 prior to the intervention and 8 during the 32-month intervention period.
- Stage of change for bleach use to disinfect injection equipment during past two months (including pre-contemplation, contemplation, preparation, action and maintenance) were measured in 10 cross-sectional waves: 2 prior to the intervention and 8 during the 32-month intervention period.

### **Participant Retention**

Not applicable due to cross-sectional samples<sup>1</sup>

### **Significant Findings on Relevant Outcomes**

- Over the 32-month intervention period, there was a significantly greater increase in the mean stage-of-change scores for condom use with main partner ( $p < .05$ ) and for condom use with non-main partners in the intervention communities than in the comparison communities ( $p < .05$ ).
- For condom use with non-main partners over the 32-month intervention period, there was a significantly greater increase in the percentage of participants in the action stage (i.e., used condoms every time for less than 6 months) or higher stage in the intervention communities than in the comparison communities ( $p < .05$ ).
- For condom use with non-main partners over the 32-month intervention period, there was a significantly greater increase in the percentage of participants in the maintenance stage (i.e., used condoms every time for 6 or more months) in the intervention communities than in the comparison communities ( $p < .05$ ).

### **Considerations**

- The intervention did not meet best-evidence criteria because of dropping communities due to contamination or logistic/implementation issues.

### **Funding**

Not specified

<sup>1</sup>The evaluation did not follow a cohort of participants across time, but selected a different representative sample of community members at each assessment.

## REFERENCES AND CONTACT INFORMATION

CDC AIDS Community Demonstration Projects Research Group. (1999). [Community-level HIV intervention in 5 cities: Final outcome data from the CDC AIDS Community Demonstration Projects](#). *American Journal of Public Health, 89*, 336-345.

Centers for Disease Control and Prevention. (1996). [Community-level prevention of human immunodeficiency virus infection among high-risk populations: The AIDS Community Demonstration Projects](#). *MMWR Recommendations and Report, 45*, 1-24.

**Researcher:** **Richard J. Wolitski, PhD**

Centers for Disease Control and Prevention  
National Center for Hepatitis, HIV/AIDS, STD, and Tuberculosis Prevention  
Office of the Director  
1600 Clifton Road, NE Mailstop E-07  
Atlanta, GA 30333  
Email: [rwolitski@cdc.gov](mailto:rwolitski@cdc.gov)

