The Azalea Project: A Collaborative Effort to Prevent HIV Among Women of Childbearing Age and Their Families

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For other organizations/cities/states that may want to replicate this practice, the approximate annual budget was: $350,000.00 p/y X 3 years

**What resources did you use to cover these costs?** (Please check all that apply)

- [ ] City/County/Local government funds
- [ ] General state funds
- [ ] MCH block grant funds
- [ ] SPRANS funds
- [ ] 330 funds
- [x] Other Federal funds
- [ ] Third party reimbursement (Medicaid, insurance)
- [x] Other: Please specify:
  - CSAP Minority Initiative grant

**BACKGROUND/OBJECTIVES:**

Please describe the specific problem(s)/issue(s) that your “Promising Practice” is designed to address. What are the objectives (specific, measurable) of this “Promising Practice?” What were the results you expected to achieve with implementing this “Promising Practice?”

Substance abuse among women of childbearing age places them at a disproportionate risk for acquiring HIV. African American women account for 87% of AIDS cases and 80% of HIV cases in Jacksonville, Florida. More than 90% of female HIV cases and 75% of AIDS cases in Jacksonville are in women age 15-44. Citywide, 40% of female HIV cases reported during the last 18 months involved pregnant women.

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A community planning effort was undertaken in 2001-02 to pinpoint needs and identify gaps in services for at-risk pregnant women. Funded by a CSAP Minority HIV Prevention Initiative Planning Grant, this effort resulted in the development of the Azalea Project, a collaborative prevention initiative targeting African American women of childbearing age and their families. The Azalea Project focuses on the window of opportunity created by pregnancy to address substance abuse and other behavior that places women at-risk for HIV.

Measurable Objectives include the number of participants delivering a drug and HIV free baby; reductions in identified health, social risk factors; improvements in knowledge, negotiation skills, and safer sex practices among participants; and increase in protective factors among participating youth.

The goals or results of this project are (1) to reduce the risk taking behavior in substance involved pregnant and parenting women and increase protective factors in their children by providing case management and other supportive services, and (2) to increase the linkages between substance abuse/HIV prevention and maternal and child health care providers.

**METHODS:**

Please describe the initiative/approach developed and implemented to address this problem/issue.

Who have been key partners involved in this practice or strategy in your city?

In planning, implementing and evaluating this activity, what has been your organization’s role?

Targeted case management and risk reduction: A multidisciplinary teamwork to link pregnant and parenting substance abusing women with prenatal care and family planning services, as well as treatment available in the community. The team addresses the woman's need for housing, child care, domestic abuse counseling, parenting child care, education, employment and other needs identified through the multidisciplinary assessment process. HIV and risk taking behavior are also addressed as part of case management. Social skills training, using science based curricula, is integrated with on-going professional and peer support.

Outreach, case finding and peer support: Specialized outreach staff, with experience in working with the community and target population, functions as part of the case management team. The outreach staff functions as a peer support network for the participating women. They work with the case managers to ensure women complete treatment and provide support during the recovery process. They also serve as advocates for program participants.

Specialized case management for youth: The case management team includes staff with particular expertise in working with at-risk youth. Family case managers assess the needs of children in the household and link them with available youth development programs in the community. They also implement science-based life skills training to reduce subsequent substance abuse and HIV risks.

Provider training: Provider training on effective screening for substance abuse and HIV, counseling and appropriate referral will be implemented as part of the Azalea Project. The target audience for the training is prenatal and primary health care providers who come into contact with at-risk women, as well as Healthy Start, WIC and other agency staff that provide case management services.

Community coordination activities: Screening and referral protocols will be developed to link substance abuse and HIV providers, hospitals, domestic violence centers, police, the judicial system, prenatal care providers and clinics, and other community agencies to reduce the likelihood of at-risk women and families falling through the cracks.

Collaborating partners include the Northeast Florida Healthy Start Coalition, River Region Human Services, Minority AIDS Coalition, and the Duval County Health Department. The Center for Community Initiatives at the University of North Florida is responsible for the project evaluation. Project success will be assessed using participants risk assessment and resolution data; birth outcome reports; surveys (e.g. Youth Risk Survey, GPRA survey) pre- and post-tests.

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RESULTS:

What are the major accomplishments of this “Promising Practice” to date? Please use quantitative and qualitative data to document your results.

Since the program was initiated in February, 2003, 41 pregnant and parenting women have been enrolled in case management services. An additional 27 women have been referred to the program and are in the process of completing assessment and engagement. Eleven adolescent girls, who reside in the households of participants, have been enrolled in the youth component of this program. Nearly 60% of participants have been identified through project outreach efforts; the remainder have been referred by community agencies. There has been one delivery since February, 2003. The baby was born drug and HIV free. It is anticipated that 60 women and 40 youth will complete an 18-month intervention over the next two years. At least three times that number will receive some portion of project services.

CONCLUSIONS:

What are the lessons learned? What works? What doesn’t? What would your group do differently in the future? What is/are the greatest barrier(s) facing implementation? How are these barriers being overcome?

The collaborative planning process was successful in bringing key planners (substance abuse, HIV and MCH) together to address the need for targeted prevention services for women of childbearing age and their families in Jacksonville, Florida. This process led to the development and implementation of a collaborative intervention involving substance abuse, HIV and MCH providers. Although implementation of The Azalea Project has just begun, it has successfully identified, engaged and enrolled pregnant and parenting women and adolescents at-risk of HIV because of substance abuse and other high risk behaviors. This collaboration has stimulated additional cross-programmatic efforts to prevent HIV in vulnerable populations.

The greatest challenge to the planning and implementation of this project—as with all collaborations—was overcoming "turf" issues. This problem was mitigated by devoting time to a year-long planning effort prior to implementation and through ongoing monthly meetings of the project partners. The project promotes a "sharing of ownership" and "glory" among all partner agencies. The bigger the tent, the better the results. Collaboration is worth the effort, working with other organization is time consuming but a better product is produced when multiple agencies are in the process.

PUBLIC HEALTH IMPLICATIONS:

What is the take home message from this promising practice?

1. Through linking and partnering we are able to reach a broader range of people and have more of an impact on the community.
2. Better comprehensive health service delivery among providers.
3. To reduce subsequent HIV, substance abuse risk and teen pregnancy in adolescent girls.

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