EMPOWER-HER PROGRAM

A program and curriculum plan that aims to educate Black women on the different aspects of HIV and its various prevention methods

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Mission Statement, Goals, & Objectives

Mission Statement: The aim of this program is to help African American women in Georgia understand and cope with the physical, emotional, and sociocultural factors surrounding HIV and the usage of prevention medication such as PrEP. The program seeks to create and progress the foundational knowledge around HIV and its prevention medication by increasing awareness and providing clear, culturally tailored education and resources. Through community engagement and open dialogue, the program will also address the stigma or misconceptions that act as barriers for seeking or continuing PrEP. The program seeks to empower women through informed decision making about their health and create a supportive environment where PrEP is seen as a tool for a healthier life.

Goals & Objectives:

- **Goal 1:** Increase awareness, knowledge and understanding of PrEP amongst adult African American women (18-64) living in Fulton County, Atlanta, Georgia.
    - 1.1 - At the start of the program, the participants will take a pre-test to assess their knowledge of PrEP.
    - 1.2 - Conduct a one-hour session once a week where participants will be taught basic information about HIV and PrEP prevention methods.
    - 1.3 - Provide educational information and education in other languages, if needed.
    - 1.4 - By the end of the program, participants will retake the pre-test as a post-test assessment and be able to answer at least 80% of the test correctly.
- **Goal 2:** Reduce the sociocultural and personal misconceptions and barriers around HIV prevention methods and PrEP.
    - 2.1 - Invite Black women living with HIV to speak to the participants about their experience living with HIV.
    - 2.2 - Share the experience and stories of women who have positive experiences with PrEP.
    - 2.3 - Develop PowerPoints that correct common misconceptions about PrEP and HIV.
- **Goal 3:** Engage trusted community figures to build supportive spaces that will encourage the usage and continued education of PrEP.
    - 3.1 - Host 5 community workshop events throughout the year in different Fulton County neighborhoods where HIV prevalence is high.
        - 3.1.1 – One event would include an education night within a school that teaches HIV prevention methods and PrEP (similar to sex-ed talks).
    - 3.2 - Partner with community figures to have culturally tailored information placed within churches, salons, and other frequented shops.
- **Goal 4:** Create safe, open spaces for women to discuss personal beliefs, sexual health, PrEP, and topics surrounding HIV without the fear of judgement.
    - 4.1 - Develop monthly Black women support circles where the main topic of discussion will be surrounding sexual health.
    - 4.2 - Develop an anonymous discussion site where participants can ask providers questions they may not feel comfortable discussing in person.
    - 4.3 - Host private Q&A sessions with local providers.

Needs Assessment

A.1. African Americans living within the United States are impacted by the human immunodeficiency virus (HIV) at a much higher rate compared to other races and ethnicities (Small et al., 2023). Within the US, Black Americans are disproportionately affected by HIV than other groups, making up the largest proportion of individuals newly diagnosed in 2020 (Small et al., 2023). Black Americans contract this disease at a rate that is 8.1 times that of White Americans (Small et al., 2023). This group nearly comprises 40% of the estimated one million people living with HIV within the United States (Small et al., 2023). Black women and girls experience more burden with this disease compared to women of other racial groups as they are the largest proportion of diagnoses between the years of 2015 and 2020 (Small et al., 2023).

A.2. Adult Black women within the United States are disproportionately affected with HIV and are underrepresented in terms of treatment (Campbell & Stockman, 2024). The National HIV/AIDS Strategy shifted their focus to prioritize the reduction of disparities and improve the health outcomes for Black Women (Campbell & Stockman, 2024). In 2021, while being less than 15% of the female population, Black women were found to account for 54% of the new HIV diagnoses and 57% of the mortality rates due to HIV (Campbell & Stockman, 2024). Despite these numbers, Black women have lower rates of retention in HIV care, viral suppression, and uptake of pre-exposure prophylaxis (PrEP) (Campbell & Stockman, 2024). This could be due to a lack of awareness and Black women who live with HIV (BWLH) experiencing multilevel stigma and discrimination, therefore impacting perceptions of HIV-related care and treatment (Small et al., 2023). These negative experiences are further expounded by intersectional stigmas - primarily regional differences (Scott et al., 2025).

A.3. Adult Black women (18-64) living in the southern United States, primarily Atlanta, Georgia, are more likely to be affected with HIV compared to Black women living in urban areas. Black women who are newly diagnosed with HIV are more likely to live in the South than other regions (Scott et al., 2025). In Atlanta alone, the rate of new HIV diagnoses was 44 per 100,000 compared to the new HIV diagnoses in Georgia of 28 per 100,000 and the rate of 19 per 100,000 for the United States as a whole (Anderson et al., 2025). The four counties comprising the Atlanta metro area are considered to be priority counties in need of more prevention efforts as they have high transmission rates (Anderson et al., 2025). The sociocultural factors of living in the South impact Black women's likelihood of contraction and influences the stigma they face in a unique and persistent way (Scott et al., 2025). Structural racism shaped Black women's communities as they are often characterized with higher rates of poverty and inequitable access to housing, employment, and transportation (Scott et al., 2025). Having limited access to employment and transportation can affect one's ability to access affordable and quality health care coverage (Scott et al., 2025). This limited coverage excludes Black women from the ability to receive HIV screenings, care, and prevention services (Scott et al., 2025). The need for testing that can be done at home, or mobile clinic testing sites is high, but hasn't been met. (Piske et al., 2024). Alongside these barriers, living in the South comes with higher levels of stigma and the highest levels of discomfort regarding people living with HIV (Scott et al., 2025). Because the South holds more socially conservative values and higher levels of religiosity, the common belief is that the contraction of HIV is due to deviant behavior and promiscuity, causing social isolation and rejection, further perpetuating stigmas, the avoidance of HIV treatment, and prevention medications such as PrEP (Scott et al., 2025).

Black Americans are also more likely to entertain negative beliefs about the use of PrEP compared to any other racial or ethnic group (Ayangeakaa et al., 2023). These stigmas and personal perceptions affect the way rural Black women look at HIV preventative measures such as PrEP. Despite the effectiveness of PrEP, the use and uptake amongst Black women meets suboptimal levels (Irie et al., 2024). In the deep South, Black women have the lowest PrEP uptake amongst all the US regions (Irie et al., 2024). For some Black women, stigma is a dominant concern and barrier to PrEP uptake (Irie et al., 2024). The possibility of being seen with a pill would stir thoughts within the community about sexual behaviors, HIV status, how status was contracted, or even HIV status of sexual partners (Irie et al., 2024). Some expressed that the targeted promotion of PrEP towards "gay" individuals further perpetuated the stigma that any association with the medication would equate being "gay" (Ayangeakaa et al., 2023). Personal perception of PrEP may also be low or non-existent because of the lack of accessible knowledge (Irie et al., 2024). Many Black women expressed that the limited information surrounding PrEP's side effects made them hesitant to pursue the medication (Irie et al., 2024). The idea of PrEP being a long-term use medication, or the specific consequences of using a long-term medication, is another deterrent for some women (Irie et al., 2024). The limited information surrounding how one would pay for the medication, or where they could access it, also caused barriers to some who were interested (Ayangeakaa et al., 2023). Medical mistrust is still prevalent within the Black community. Conspiracies related to providers denying access to treatment, or a cure, and the idea of at-home remedies to treat or prevent HIV due to mistrust within the medical community continue to delay the HIV care within this group (Irie et al., 2024). These factors all contribute to the reason the Atlanta metro areas continue to be an 'Ending the HIV Epidemic' (EHE) priority for researchers (Piske et al., 2024).

A.4. The four heavily populated counties that comprise the central Atlanta metropolitan region - Clayton, DeKalb, Fulton, and Gwinnett - have some of the highest incidence rates of HIV within the state of Georgia (Hixson et al., 2011). These four EHE counties accounted for 77% of the new HIV cases and 80% of people living with HIV (Piske et al., 2024). Of these four counties, Fulton County has the highest incidence and concentration of HIV (Hixson et al., 2011). The incidence of HIV cases within Fulton County is 58 per 100,000 individuals (Piske et al., 2024). The majority of the population in Fulton is African Americans and a large number of the people within the city of Atlanta have an income level that falls below the poverty level (Hixson et al., 2011). Residents living in impoverished areas have a greater chance of encountering individuals who participate in illegal drug activities, engage in prostitution, or other activities that increase the likelihood of them acquiring HIV (Hixson et al., 2011). The Center of Disease Control and Prevention issued the recommendation of a routine opt-out for HIV testing within the healthcare setting, yet despite its recommendation, Grady Memorial Hospital, located in Atlanta, is the only hospital that has implemented the advice (Piske et al., 2024). Without the option of opting out of routine screenings, the likelihood of individuals opting in is low, whether because of stigma or a lack of awareness. Because of this, the incidence of HIV cases will increase due to transmission from individuals who have yet to be diagnosed (Hutchinson et al., 2021).

A.5. The Ponce de Leon Center serves over 4,000 HIV-infected patients within the Atlanta area (Hixson et al., 2011). The Grady Health System operates one of the largest comprehensive centers for the care and treatment of infectious diseases and HIV diagnosed persons within the United States, and it is located in Fulton County (Hixson et al., 2011). Within this clinic, there is

an extensive network of resources for patients (Hixson et al., 2011). The Center offers referring agencies such as those that represent AIDS services, faith-based organizations, or community-based organizations (Hixson et al., 2011). They also provide HIV testing and counseling services throughout Atlanta's metro areas to identify those who may benefit from the clinic's treatment services (Hixson et al., 2011). The Georgia Department of Human Resources has estimated that over 70% of those infected with HIV and live in Atlanta, live within two miles of the clinic (Hixson et al., 2011). Despite its comprehensive ability to care for and treat PrEP, the Center does not offer much in terms of preventive care. Grady Hospital offers free access to PrEP for Fulton and DeKalb County residents, but the Center scarcely mentions prevention efforts.

A.6. To reduce the HIV contraction amongst adult Black women living in Fulton County, research has shown that making culturally tailored interventions is an effective route. One study aimed to determine if a culturally relevant, multilevel intervention could aid in the feasibility, acceptability, and adoption of point-of-care HIV testing within African American churches in Atlanta (Wingood et al., 2019). The implemented individual and leadership-level interventions, as well as promotions from key African American political leaders (Wingood et al., 2019). The result of this culturally-tailored intervention was 56.6% of the participants receiving point-of-care HIV testing (Wingood et al., 2019). A study located in New York focused exclusively on Black women from community supervision programs with their "Empowering African American Women on the Road to Health" (E-WORTH) intervention (Goddard-Eckrich et al., 2024). The results of this study indicated Black women who participated in the E-WORTH intervention had greater odds of being aware of PrEP being used as an HIV prevention and reported a higher willingness in using PrEP (Goddard-Eckrich et al., 2024). Based on these two studies, regardless of the location or targeted gender, the interventions that catered to the culture of African Americans were more likely to bring about the awareness of PrEP.

A.7. Less than 30% of individuals who have not been diagnosed with HIV live within two miles of the Ponce de Leon Center. Though the center does not specialize in prevention methods, there is an opportunity to implement a tailored, culturally-sound intervention program designed to reach the even smaller percentage of Black women within this radius who have not been exposed to HIV. To maximize the community reach, the intervention could look at local fast-food establishments that are commonly frequented due to economic barriers. Placing flyers and brochures in these spaces would provide the intervention with consistent visibility and start normalizing the conversation around HIV and the use of PrEP. In addition, there is a church near the Center, presenting another point of outreach. If the church has community groups - such as women's fellowships - these could be great opportunities for sharing information. A key component of both strategies would be education, primarily revolving around the de-stigmatization of PrEP. By framing the usage of PrEP as a tool for health and empowerment, the proposed intervention could aid in changing perceptions of the local community and beyond. The main goal of this program is to educate the adult Black women of Fulton County on HIV and the various prevention methods, including PrEP.

Logic Model

Situation & Priorities

Situations:
Fulton County needs a program that will educate on HIV, its consequences, and ways to prevent its contraction.

Problem: Adult Black women in Fulton County are disproportionately affected by HIV compared to female counterparts.

Priorities:
Mission: Create and progress foundational knowledge of HIV and prevention methods.

Address stigmas and misconceptions through open dialogue and community engagement.

Empower and support women through aiding in informed decision making.

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Inputs

What is invested:
Budget: $200k over two-year period.

Staff: MPH program director, three health educators, one social worker, one program evaluator, and volunteers.

Materials: HIV rapid testing kits, wipes, gloves, red paint, pencils, paper, markers.

Access to computers, Canva account, PowerPoint, and projector.

Partner with local health department.

Venue: Pay rent to local church near the Ponce de Leon center.

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Activities

Activities:
Hire and train staff on relevant information, protocol, and cultural proceedings.

Facilitate groups discussions.

Administer pre- and post-assessments.

"Transmission game."

HIV factsheet.

Awareness campaign/activity.

Deliver program.

Participants:
-15-30 adult Black women from Fulton County
-Black women living with HIV
-Black women on PrEP

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Outputs

What is produced:
Participants create a factsheet of information they learned after the second session.

After each session involving a presentation, participants will create a summary sheet to take home.

Participants will be able to tell how and how quickly the transmission of HIV occurs without using preventative measures.

At the end of the program, participants will create their own campaign to inform those around them.

Participants will be able to communicate their thoughts and beliefs effectively regarding HIV and preventative measures.

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Outcomes

Short Term:
Increased knowledge of HIV and prevention methods.

Increase perceived susceptibility and severity.

Learn the benefits of using prevention methods.

Intermediate:
Decrease anxiety concerning lifestyle and sexual health behaviors.

Long Term:
Make informed and safe sexual health decisions.

Adhere to medications and protective sexual measures.

Decrease HIV transmission around Fulton County.

Assumptions:
-All participants will be available at the same time.
-Participants will all be back for the six-, nine- and twelve-month mark evaluations.
-The church is receptive to allowing their space to be used once a week for two years
-Fulton communities are receptive to workshops and recruitment.

External Factors:
-The staff and participants will be available when needed.
-All fiscal resources will be used for their designated and allotted categories.

Program Theory

The foundational framework in most health behavior research is found within the Health Belief Model (HBM) (Alyafei & Easton-Carr, 2024). This conceptual framework was created by social psychologists working for the United States Public Health Service (USPHS) in the 1950s, with its main contributors being Irwin M. Rosenstock, Godfrey M. Hochbaum, S. Stephen Kegels, and Howard Leventhal (Alyafei & Easton-Carr, 2024). Its purpose was to aid in understanding the reason behind the widespread failure of people accepting disease preventatives or the usage of screening tests for early detection of asymptomatic diseases (Alyafei & Easton-Carr, 2024). The model focuses on how people perceive certain health threats and decide to act based on the value in which they place it at (Alyafei & Easton-Carr, 2024). It also examines the likelihood that certain actions will be taken towards a certain goal, and whether it will be achieved (Alyafei & Easton-Carr, 2024). Some have deviated from the scope of understanding preventative health behaviors and used this model to describe the influences on adherence to different treatments for chronic conditions (Dagmar et al., 2008). The main dimensions of HBM are perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy, and cues to action (Alyafei & Easton-Carr, 2024). The EmpowerHER program aims to utilize all six dimensions within its intervention.

The first dimension is the perceived susceptibility. Perceived susceptibility, or vulnerability, is the expected likelihood of a disease or health condition occurring (Taflinger & Sattler, 2024). Within this case, the perceived susceptibility is the likelihood that the participants believe they are likely to contract HIV without the use of preventative medications such as PrEP. With the EmpowerHER program, the aim is to increase the perceived susceptibility of participants by taking time to educate on the risk factors of condomless sex, multiple partners, and sharing needles (CDC, n.d.). The first educational session will be showing data on how many people are affected within their specific area. This will allow the participants to see that HIV is very prevalent and not something that is out of reach. The second educational session will be personal anecdotes of people who contracted HIV from condomless sex, multiple partners, or sharing needles. This will show participants that there were people who believed they were not susceptible to HIV, but unfortunately, still contracted it.

The second dimension is the perceived severity. Perceived severity, or seriousness, is the expected negative health or non-medical consequences of the disease (Taflinger & Sattler, 2024). Within this case, perceived severity is how serious participants believe the contraction of HIV will be if they continue their activities without use of preventative measures such as PrEP, or even condom use. With the EmpowerHER program, the aim is to increase the perceived severity of participants by highlighting the long-term consequences and risk factors. This educational session will have more anecdotal stories, but have the anecdotes be from those who are at the height of their diagnoses. To perceive the severity of what HIV could be like, rather than those who have suppressed their viral load.

The third dimension is the perceived benefits. Perceived benefits are the perceived positive medical or non-medical consequences for engaging in a particular health behavior (Taflinger & Sattler, 2024). In this case, the perceived benefits would include preventing HIV infection, reducing the anxiety that comes with sexual encounters, and having more control over personal sexual health (Bond & Gunn, 2016). Within the EmpowerHER program, the first educational session will include these benefits. There will be open discussions where the participants will

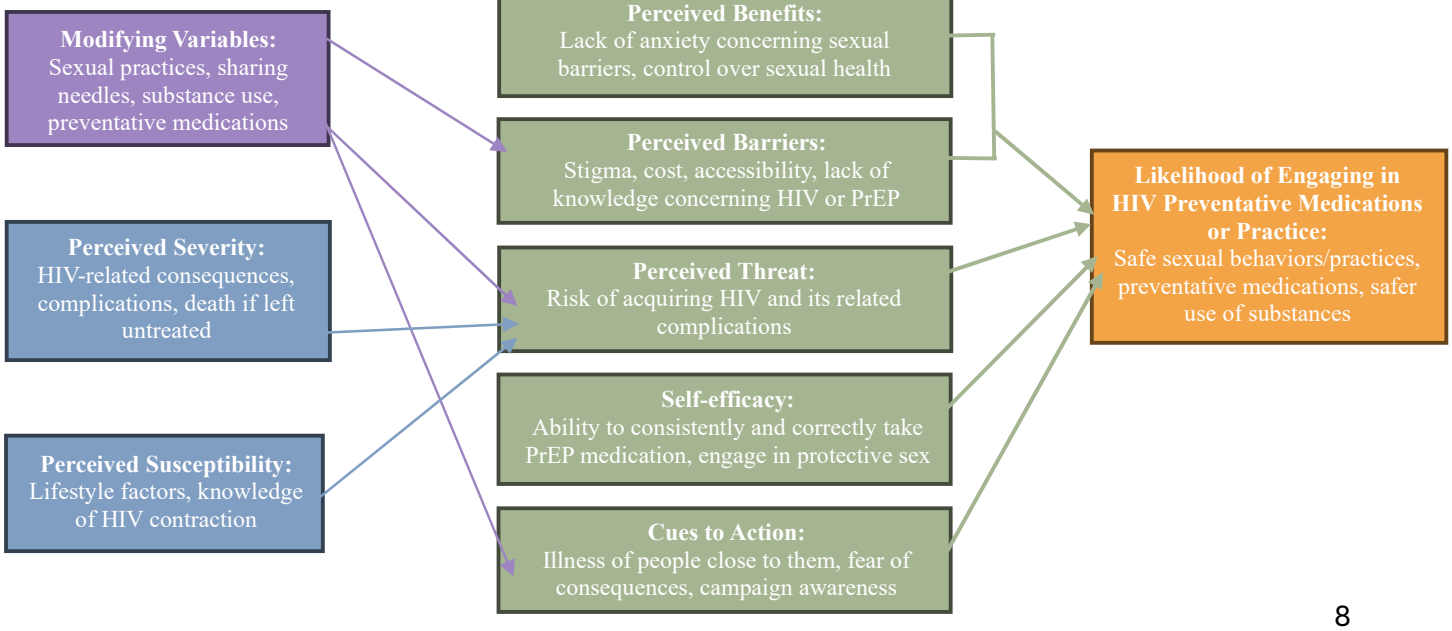
come up with ideas of their own on how they would benefit from engaging in preventative measures.

The fourth dimension is the perceived barriers. Perceived barriers are the perceived obstacles that make it more difficult to engage with the particular health behaviors (Taflinger & Sattler, 2024). In this case, perceived barriers to participants would include cost and accessibility, lack of knowledge or awareness, and the stigma surrounding the use of preventative measures (Muhumuza et al., 2021). With the EmpowerHER program, our aim is to decrease the perceived barriers of participants by showing participants different ways they can access PrEP or other medications. The educational session for this will include providing participants with locations where PrEP is available for free. The second educational session will be geared towards the de-stigmatization of PrEP. Here, we will have more open dialogue and find ways to assuage any negative feelings.

The fifth dimension is self-efficacy. Self-efficacy is an individual's personal belief in their capacity to perform a specific health behavior effectively (Alyafei & Easton-Carr, 2024). In terms of PrEP usage, self-efficacy would look like a participant being able to correctly adhere to their medication in a consistent manner (Gifford et al., 2025). With the EmpowerHER program, our aim is to increase the participants' self-efficacy by teaching the participants to find ways to incorporate taking their medication into their routine. The first few educational sessions will be testing the ideas they created with a "placebo" for two weeks. If the participants can successfully take the daily placebo, they can move onto the PrEP medication. If they cannot, there will be more brainstorming until a solution is found.

The last dimension is cues to actions. Cues to actions are cues or triggers from an individual's surroundings or subjective experiences that influence the actions they choose to take (Alyafei & Easton-Carr, 2024). With this scenario, this could look like awareness campaigns, symptoms of an undiagnosed illness or close friend or family member contracting HIV because they did not participate in preventative measures. With the EmpowerHER program, our aim is to increase participants' cue to action by more open communication. If there are participants who have had "scares" they can share their experience. We will also have the participants create their own campaigns to share with their communities. This will allow them to learn more about HIV and PrEP, will also educate those close to them.

Figure of Theory



Program Description

This program will focus on educating Black women living in Fulton County, Georgia, aged 18-64, on HIV, as well as preventative methods that can be employed to aid in the reduction of HIV transmission. This culturally tailored intervention will educate and empower the participants through a series of sessions and activities. There will be a total of 10 sessions as education for those at risk should be comprehensive and continuous (New York State Department of Health AIDS Institute, n.d). Every session will take place in an in-person setting to ensure the participants become familiar with one another – thus creating a space where open discussions can occur. During some of the activities, the participants will split into smaller groups for easier communication but reconvene as a larger one to share ideas. The sessions will take place for 60 minutes, once a week, for 10 weeks, in the form of short, but engaging activities to avoid rigid lectures (Whiteside-Mansell et al., 2021). The participants will also be given some short homework assignments to work on to bring back the following session.

This first and second educational sessions will be to gauge where the participants are when it comes to their knowledge of HIV and PrEP. The first session will include the health educators working with the EmpowerHER program and guiding the participants into an open discussion where they will share what they know about HIV. Then the educator will facilitate the pre-assessment of 30 HIV-related questions. After the assessment has been administered, the participants will receive their grade but will not know which questions were answered incorrectly but will discuss some common themes. The second session is where the health educator will then dive into a short overview of what HIV is, what HIV can lead to if left untreated (AIDS), having the status for life, and emphasizing there are only treatment options, no cure.

The third and fourth sessions will be specific lessons about the transmission of HIV. In session three, a social worker will teach the participants on the ways HIV can be transmitted, as well as the misconceptions. In session four, the participants will then stimulate the transmission of HIV via the "transmission game." Over the course of the session, one participant will be designated as "it" by having red paint on their hand – which symbolizes the correct transmission ways. They will then go around the room and "meet" the other participants where they'll shake hands. The other participants that have been tagged can also go around the room and infect others. This will illustrate how easy infection is with no preventative measures.

The fifth, sixth, and seventh sessions will be specific lessons about the prevention of HIV. In session five, the participants will learn of the various prevention methods from a health educator. In session six, the participants will repeat the "transmission game." This time, the participants that are not "it" will have a glove on their hand. The glove simulates different types of protection against HIV. They will repeat the actions of session four, this time simulating how difficult it is for HIV to be transmitted when an individual is protected. The seventh session will be simulating the correct ways to adhere to the prevention methods.

The eighth and ninth session will be specific to the stigma surrounding HIV. The eighth sessions will be an open discussion for the participants to provide some of their personal beliefs and stigmas surrounding HIV/PrEP. The ninth session will invite Black women living with HIV and Black women on PrEP to share their experiences respective experiences.

The tenth session will be a specific lesson on where to get those preventative measures – for free or at a reduced cost – taught by an employee of the local health department. Then the same pre-

assessment will be given as a post-assessment to see the participants' progress. Participants will then come back in 6, 9, 12 months to follow-up on their education.

Implementation Plan

To implement this program, we will recruit 15-30 Fulton County Black women, aged 18-64, who are at risk for contracting HIV. The program director and health educators will be responsible for reaching out to potential participants via marketing strategies. The main goal of the program is to educate the participants on the impact of HIV and the benefits of using preventative measures, such as PrEP. Prior to the start of the sessions and official requirements, the health educators will host five-community workshops in prominent spaces to start networking and advertising the start of the program. There, the health educators will garner information about the community, their values and culture. The sessions will be held once a week for 60 minutes, for ten weeks, totaling ten sessions. The sessions will also heavily emphasize the use of group discussions and open, judgement-free dialogue.

The program staff will consist of the program director, three health educators, one social worker, a program evaluator, and volunteers. From January-March 2026, the health educators will be hired through the partnership with the local health department and found through the online hiring process. This will occur nine months before the official start of the program. The hiring of a social worker, who specializes in substance abuse, and evaluator will also occur during this time. Once the hiring process is complete, the employees will be trained over the span of April-May 2026 on how to deliver the information via multiple platforms. One health educator, with the assistance of the others, will then take June-July 2026 to develop and implement their workshops ideas around different Fulton communities. During this process, the search and training of volunteers, primarily college students, will take place. Lastly, the four months before the start of the program (June-September 2026), alongside the workshops, the marketing tactics will be deployed to recruit the participants. Recruitment will also consist of Black women who are living with HIV and those who are using PrEP.

Over the ten weeks of sessions (October-December 2026), the employees will deploy their unique skill sets concerning HIV. For sessions one and two, the program director will go over the basic HIV information, as well as facilitate the pre/post-assessments, discussions, and rapid testing. For sessions three and four, the social worker will be presenting the information on transmission. Because sharing needles is a transmission pathway, a social worker who specializes in substance abuse will be able to deliver this information, and the other pathways, more effectively. The social worker and their assigned volunteer will work on the presentation, facilitate the game, and work to get the materials. For sessions five, six, seven and ten, the two health educators who did not spearhead the workshops but specialize in HIV prevention will split these sessions. One health educator and their volunteer will talk about prevention methods and facilitate the second half of the transmission game. The other health educator and their volunteer will talk through implementation of correct adherence techniques within the everyday routine, then present information of where to find the prevention methods for free, or at a reduced cost depending on insurance. For sessions eight and nine, the program director will oversee the facilitation of the group discussions. At the end of session ten, the program director will facilitate the participants with creating their own informational flyer that they can share with those close to them.

After the program has ended, the program evaluator who has been at each session will check in with the participant at the six-, nine-, and twelve-month marks (June, September, December 2027). At the six-month mark, the evaluator will start their report that will eventually be disseminated throughout the community. These check-in months will consist of the evaluator

asking the participants how their health, life, beliefs, etc. has changed over time based on the program they participated in.

Table 1: Curriculum Table

Session #	Topic	Activities	Materials
1	Baseline Assessment	• Allow participants to engage with the HIV rapid test. • Allow open discussion. • Administer the 30-question pre-assessment.	• HIV rapid testing kits, wipes, gloves. • The pre-assessment exams. • Pencils.
2	Basic Introduction	• Give 30-minute PowerPoint Presentation on the basic HIV information. • Allow participants to have open discussion on information they learned. • Have participants returning following week with short HIV factsheet.	• PowerPoint Presentation and summary. • Paper, pencils, markers, colored pencils.
3	Transmission Information	• Give 30-minute presentation on transmission pathways and certain misconceptions. • Allow participants to have open discussion on information they learned.	• PowerPoint Presentation and summary.
4	Transmission Game	• One participant will be “it” where they decide which correct transmission they are. • They will go around the room, spreading “infection.”	• Red paint.
5	Prevention Information	• Give 30-minute presentation on different prevention methods. • Allow participants to have open discussion on information they learned.	• PowerPoint Presentation and summary.
6	Transmission Game	• One participant will be “it” where they decide which correct transmission they are. • Other participants will now have a glove representing different prevention methods.	• Red paint. • Latex gloves.
7	Prevention Methods	• Simulate ways to always adhere to the different prevention methods. • Have participants practice methods for three-weeks.	• Candy (placebo). • Condoms.
8	Stigma Discussion	• Allow for guided discussion around personal beliefs and stigmas around HIV and PrEP.	• Guided discussion questions.
9	Shared Experiences	• Allow open discussion between Black women living with HIV, those on PrEP, and the participants.	• Optional guided discussion questions.
10	Accessibility	• Give 30-minute presentation on where to obtain prevention methods. • Post-assessment exam and creation of awareness campaign.	• PowerPoint Presentation and summary. • The post-assessment exams. • Computer access.

Evaluation Plan

The goal of this evaluation is to measure the effectiveness of the EmpowerHER program. To see if the proposed goals and objectives were met, and to see if the participants were able to continue the practices and behaviors they learned during the sessions. The evaluation will have three parts: formative, process, and summative phases. These evaluation methods will be tailored specifically for the EmpowerHER program and are described below:

Formative Evaluation

The formative evaluation phase will occur during the beginning of the sessions. One form of formative evaluation will be the baseline questionnaire (Sapiano et al., 2013). This form of formative evaluation will allow the employees to get a baseline of what the participants know about HIV and usage of the various prevention methods. Having a baseline before the program and sessions begin is imperative because when the program ends, we will be able to look back and compare how much information the participants were able to take away. Another formative evaluation method that can be employed is asking participants, via survey, what measures they use to protect themselves from contracting sexually transmitted diseases and HIV (Gilbert et al., 2021). Similar to the baseline questionnaire, this will give an insight on what participants already know, but rather than solely looking at knowledge and information, this will look at their behaviors. They may already know what preventative measures will ensure they are safe from contracting diseases, but what behaviors are stopping them from participating in those practices. Knowing this will allow the program to be tailored to change the behavior and beliefs of the participants.

Process Evaluation

The process evaluation phase will occur after the program and sessions have started and continue during the sessions. The purpose of this phase is to ensure that the program was implemented as it was stated in the implementation plan. It also looks at how well the employees delivered the contents of the program. It is important to not only determine what did not work for the participants, but to also determine what the participants liked (Solomon et al., 2025). To include this concept within the evaluation plan, the program evaluator will individually interview all the employees and randomly select five of the participants. During these interviews, the program evaluator will ask each person what they believe went well within the program and what they believe should have occurred differently. With this approach, multiple perspectives are being evaluated.

One form of the process evaluation is having the participants create their own summary sheets to take after each session. To ensure the employees are delivering the materials in a way that is digestible and easy to understand, participants will work as a group to come up with the main takeaways of each session. The employee who is teaching the session will then ensure that all the main points have been listed. This will then turn into the summary sheets they will take home. This will show that the employees were able to teach the participants and that the participants were able to learn something after the session. Another form of the process evaluation is ensuring participants continue coming to the sessions. This could be done in the form of requiring participants to receive a certain percentage of the program contents (Collins et al., 2017). Participants are required to attend at least 70% of the sessions and this could be

tracked through an attendance sheet at the beginning of each session. There will also be an incentive for those who are able to make it to at least 70% of the sessions.

Summative Evaluation

The summative evaluation phase will focus on both the immediate, short-terms outcomes, and the long-term outcomes after the program has ended.

One of the immediate, short-term outcomes will be whether the participants internalized the information they learned during the sessions. This will be measured with the post-assessment, which will consist of the same questions from the baseline questionnaire, or the pre-assessment. The goal is to have all participants accurately score at least 80% on the assessment. The hope is that the post-assessment will show an upward progression from the baseline questionnaire that was taken at the beginning of the program – before the sessions begin. Another immediate, short-term outcome is the increased perceived susceptibility, severity, and benefits. The goal is for at least 95% of the participants to have an increased perception of the values listed above. This will be measured by the program the participants create at the end of the intervention. In the program they will address the perceived factors and effectively communicate ways to address those factors with the people they share their program with.

A long-term outcome would be administering the post-assessment again (Collins et al., 2017). Although it may seem a bit redundant, administering the same post-assessment six, nine, and twelve months after the program has ended will ensure that the participants are still remembering and utilizing the information they learned within the program and did not simply discard it after the session ended. Another long-term outcome would be measuring how sustainable the intervention is for the participants (Walter et al., 2025). Will participants continue to make safe, health-informed decisions after the program has ended? The way to measure this outcome will be through qualitative interviews at the six-, nine-, and twelve-month checkpoints. The participants will individually be asked a series of questions concerning the different transmission methods (in the past six weeks, were they wearing condoms during sexual encounters, stopped sharing needles, etc.). The goal is to have at least 80% of the participants making those safe, health-informed decisions at each of the checkpoint months. Another long-term outcome is ensuring the rate of the new HIV diagnoses decreases within Fulton County. This can be measured through statistics given by the Ponce de Leon Center.

TABLE 2: Evaluation Data Collection Review

Indicators/ Variables	**Source**	**Collection Overview**		
		Staff	**Time Period**	**Methods**
Process Evaluation				
Basic knowledge of HIV & prevention methods	Baseline questionnaire/pre-assessment	MPH Program Director	November – Y1	Paper "exam" that will be scored by the MPH Program Director
Employed preventative methods	Survey	MPH Program Director	November – Y1	Paper survey asking if participants participant in preventative measures, and which kinds
Outcome Evaluation				

Program Attendance	Attendance Sheet	MPH Program Director	November – January, Y1 – Y2	Attendance sheet will be passed around before the start of each session
Participant & Staff satisfaction	Qualitative Interview	Program Evaluator	November – January, Y1 – Y2	The program evaluator will interview the five staff members and five participants on their thoughts concerning the program
Knowledge Check	Group discussion, summary sheets	Staff teaching at the time of the sessions	November – January, Y1 – Y2	The group will "shout" out different points from each session where the staff member working will type up. She will also guide participants to any information they are missing
Summative Evaluation				
Knowledge of HIV & prevention methods	Baseline questionnaire/post-assessment	MPH Program Director	January – December, Y2	Paper "exam" that will be scored by the MPH Program Director; goal is to have participants score at least 80%; administered again at monthly checkpoints
Perceptions of HBM	Program Creation	MPH Program Director	November – January, Y1 – Y2	Participants will create a program that addresses the points of the HBM
Sustainability	Qualitative Interview	Program evaluator	January – December, Y2	Participants will be asked if they have employed the preventative methods within their daily life
Reduced transmission	Data from the Ponce de Leon Center	MPH Program Director, program evaluator	January – December, Y2	Staff will contact representative for admission reports

Marketing Plan

The main population of the EmpowerHER intervention is adult Black women living in Fulton County. Given this, the inclusion criteria for the participants of the intervention is cis-gendered Black women, aged 18-64, who live in Fulton County. The exclusion criteria is the opposite of this assessment, individuals who are not cis-gendered Black women, aged 18-64, living in Fulton County. Another exclusion criteria would be women who are already taking PrEP or other preventative methods. The purpose of this intervention is to educate Black women on the importance of PrEP and other preventative methods. If a participant is already participating in the preventative methods, the sessions may be redundant, and a spot will be taken away from someone who has no information on their importance. Another exclusion criteria would be a participant that has been diagnosed with HIV. Similar to the previous explanation, if a participant has already been diagnosed with the disease, the preventative measures will not serve them as well as someone who has not been diagnosed. The last few sessions of the intervention will be focused on discussion-based activities. The main point of the discussions will be to allow the participants to talk to other Black women who are currently at different stages than they are. For these two sessions, the inclusion criteria will be Black women, aged 18-64, who live in Fulton County who are taking PrEP medication and Black women, aged 18-64, who live in Fulton County who have been diagnosed with HIV, respectively.

The first method of recruitment is with the five community events that will be hosted in the different Fulton County communities. These events will be to recruit the initial members of the study. The community events will be tabled events where the staff will converse with the members of the community and educate a little about HIV and its prevention methods. At the same time, they will talk about the intervention that will take place in a few months and recruit those who are interested in participating. At the table, there will be a poster board with brief information and flyers for easy distribution. The flyers will also have contact information for the intervention. The flyers will also be posted outside of the five communities in locations that are frequented by Black women. To do this, relationships have to be established with leaders of Fulton County. This would include restaurants, churches, and salons. The second method of recruitment will be to recruit the Black women who are taking PrEP. Their purpose is to talk to the study participants about life on PrEP. They will address stigma, integrating PrEP within their routine, and much more. The third method of recruitment will be recruiting Black women who have been diagnosed with HIV. Their purpose will be to share how living with HIV is and what they would have done differently, etc. Both the second and third method of recruitment will be flyers posted within the Ponce de Leon Center. For women who have to either pick up their PrEP or ART medication, they will already be within the center so it will be easier for them to be informed about the intervention.

To retain the participants in all three stages of the intervention, there will be a money incentive. The Black women who are recruited to discuss their life on PrEP or with HIV will be given a $50 gift card for spending the hour sharing their story. This is to compensate for any undesired feelings that may come up during the discussions. For the women participating in the ten-week session, their financial incentives will be $25 per session they attend, plus a $50 bonus if they attend all the sessions. If all the sessions are attended, this will total about $300 per participant. This will ensure that there is a high enough incentive that will keep the participants coming back, but not too high where they will feel pressured to participate within the study.

One issue that could arise with recruitment is individuals forgoing the flyers/study due to stigma. One way this will be addressed is simply having individuals who are interested in the study contact the program coordinator over the phone or by text. This way they can safely discuss the study in the comfort of their own home. Another way is to reassure the participants that no one will know the location of where the study is taking place. That information will only be given once the participant has officially confirmed they will be in the study. The information will not be posted on the flyers. Only the pastor of the church and the building's owner will know what some of the church space is being rented for, but the congregation will not be privy to said information.

Budget & Resources

Project Title:	EmpowerHER HIV & PrEP Education Program
Period of Performance:	Jan. 5th, 2026 - Dec. 11th, 2027

Personnel	Salary		% effort	Calendar Months	Year 1	Year 2	Total
Karel Aoussou	48,000		12%	1.4	5,760	5,933	11,693
MPH Program Director	benefits @	40%			2,304	2,373	4,677
Diyah Michaelson	50,000		15%	1.8	7,500	7,725	15,225
Substance Abuse Social Worker	benefits @	50%			3,750	3,863	7,613
Juliette Corbs	41,000		17%	2.0	6,970	7,179	14,149
DPH Health Educator	benefits @	50%			3,485	3,590	7,075
Aaliyah Jeffries	41,000		17%	2.0	6,970	7,179	14,149
DPH Health Educator	benefits @	50%			3,485	3,590	7,075
Olivia Adams	41,000		17%	2.0	6,970	7,179	14,149
DPH Health Educator	benefits @	50%			3,485	3,590	7,075
Jenna Edwards	38,000		10%	1.2	3,800	3,914	7,714
Evaluator	benefits @	32%			1,216	1,252	2,468
Total Personnel					**55,695**	**57,366**	**113,061**
Equipment					**-**	**-**	**-**
Travel					**2,900**	**2,900**	**5,800**
Foreign							
Domestic					2,900	2,900	
Supplies					**5,883**	**590**	**6,473**
Coloring supplies					400	240	
Red Paint					20	-	
Testing Kits x30					1,640	-	
Gloves/Cleansing Supplies					2,500	-	
Computers x3					643	-	
Printers					680	350	
PowerPoint Subscription					130	130	
Other Expenses					**18,250**	**6,570**	**24,820**
Session Meetings (rent & snacks)					4,850	5,630	
Marketing/Recruitement					2,400	940	
Retention + Incentives					11,000	0	
Total Direct Costs					**82,728**	**67,426**	**150,154**
Indirect Costs @	33%				27,300	22,251	49,551
Total Costs					**110,028**	**89,676**	**199,705**

Justifications for the Budget

Personnel:

1. **Karel Aoussou, MPH Program Director - 1.4 calendar months (12% effort) in Years 1-2:**
    a. Ms. Aoussou is a trained health educator with a Master's Degree in Public Health. She specialized in Health Promotion and Behavior. Her prior academic foundation has equipped her with an understanding of the social, cultural, and behavioral determinants of health. For the past six years, she has been working with the Ponce de Leon Center as a health educator for Black women who have contracted prep. She was asked by the director of the center to lead an intervention that would eventually lead to the reduction of HIV in Fulton County.
        i. Year 1: Ms. Aoussou will facilitate the hiring of all other employees and recruit volunteers from the local university. Once that has occurred, she will then train all employees and volunteers on the relevant proceedings for the program. After that, she will delegate the responsibilities to the respective, qualified members of the team. She will also administer the pre-assessment of the participants.
        ii. Year 2: Ms. Aoussou will guide the facilitation of discussion during the last few sessions with the Black women living with HIV and those taking PrEP. She will also administer the post-assessment of the participants.
2. **Diyah Michaelson, MSW, Substance Abuse Social Worker - 1.8 calendar months (15% effort) in Years 1-2:**
    a. Mrs. Michaelson has her Master's Degree in Social Work and specializes in substance abuse. Her experience comes from a variety of community and clinical settings. For the past four years, Mrs. Michaelson has been working at an inpatient rehabilitation center and detox unit.
        i. Year 1: Mrs. Michaelson will get in contact with the Ponce de Leon to be able to talk with patients who received their illness from sharing needles. This will allow her to get more insight on how/why these situations occur. Then, she and her volunteers will research, create, and present a presentation to discuss the various transmission pathways of HIV. This will lead to the facilitation of an open discussion amongst the participants. They will also facilitate the first half of the "transmission" game/simulation.
        ii. Year 2: Mrs. Michaelson will continue observing the rest of the sessions, then report to Ms. Edwards on her experiences.
3. **Juliette Corbs, BSPH, Program Coordinator - 2.0 calendar months (17% effort) in Years 1-2:**
    a. Ms. Corbs is a health educator with a Bachelor's Degree in Public Health. Over the past five years, she has gained her experience from being a community health and program coordinator, working with the Fulton County Health Department. She spent a majority of her time leading outreach programs that included health screenings and preventative care seminars.
        i. Year 1: Ms. Corbs will be the spearhead of the five community workshops and events. She will plan and organize all events around Fulton County

and brainstorm multiple ways to get the community involved. She and her volunteers will work together to host the events with enough information to gather recruits and simply inform the general public.

ii. Year 2: Ms. Corbs will continue observing the rest of the sessions, then report to Ms. Edwards on her experiences.

4. **Aaliyah Jeffries, BSPH - 2.0 calendar months (17% effort) in Years 1-2:**
    a. Ms. Jeffries is a health educator with a Bachelor's Degree in Public Health. Over the past seven years, her experience has come from her work in public health education. She specializes in community health education and disease prevention. For the past six years, she has worked on the Fulton County Board of Health as a community Health Specialist where she primarily worked on HIV prevention initiatives.
        i. Year 1: Ms. Jeffries and her volunteers will research, create, and present a presentation to discuss the various prevention pathways of HIV. This will range from medications to safe sexual practices. This will lead to the facilitation of an open discussion amongst the participants. They will also facilitate the second half of the "transmission" game/simulation.
        ii. Year 2: Ms. Jeffries will continue observing the rest of the sessions, then report to Ms. Edwards on her experiences.
5. **Olivia Adams, BSPH, BS Psychology - 2.0 calendar months (17% effort) in Years 1-2:**
    a. Ms. Adams is a health educator with a Bachelor's degree in Public Health. Over the past four years, her experience has come from teaching communities about HIV prevention and community health. She also worked on the Fulton County Board of Health where she primarily focused on HIV & PrEP awareness campaigns and medication adherence.
        i. Year 1: Ms. Adams will continue with the discussion of prevention methods with participants. Here, she will aid each participant in figuring out which prevention method best suits their lifestyle and how they can ensure they will consistently and correctly adhere to the method they choose. She will analyze to see if behavior has a significant impact on the adherence of prevention methods.
        ii. Year 2: Ms. Adams will continue observing the rest of the sessions, then report to Ms. Edwards on her experiences.
6. **Jenna Edwards, MPH Program Evaluator - 1.2 calendar months (10% effort) in Years 1-2:**
    a. Ms. Edwards holds a Master's Degree in Epidemiology and Biostatistics. She has garnered over eight years of experience from her work at the Fulton County Board of Health. There, she led large-scale program evaluations that focused on chronic disease prevention, disease initiatives, and HIV health outcomes.
        i. Year 1: For the first year, Ms. Edwards will primarily be an observer during the sessions. Her main focus will be understanding the intervention itself, and observing the changes within the participants as the weeks go along.
        ii. Year 2: For the second year, Ms. Edwards will be the sole evaluator for the participants. She will meet with the participants at the six-, nine- and

twelve-month checkpoints to see how each participant is progressing after the intervention. She will also consult individually with her colleagues after the sessions are over to get their input on how they believe the participants will fare in the upcoming checkpoint months. She will then write an evaluation report that will be presented to the Ponce de Leon Center.

The total personnel expenditure is $55,695 for year one, and $57,366 for year 2. This marks a 1.03% increase.

Travel:

1. For years 1 and 2, we request funds to reimburse our team for any travel expenses they may incur from the Ponce de Leon Center, the Church, or homes if our participants cannot find transportation. The UGA rate per mile is $0.70. This will allow our team members to travel an average of 2,030.0 miles, which would be the realistic amount of travel across Fulton County and the aforementioned locations.

Supplies:

1. Coloring Supplies
    a. Year 1: For the first year, $400 will be allocated to coloring supplies. This will include markers, colored pencils, erasers, pens, pencils, etc. These supplies will be used when the participants need to create their fact sheet, or their own campaigns at the end of the program. Participants will have the option to create an online campaign, via a free Canva subscription. These supplies will also be used to create posters during the five community workshops/events.
    b. Year 2: For year two, $240 will be allocated to replenish any of the supplies that have run low after the first year.
2. Red Paint
    a. Year 1: For the first year, since the "transmission" game will only be played two times out of the ten sessions, only one can of red paint needs to be purchased. There will be $20 allocated for a can of red paint that can be washed off.
3. HIV Testing Kits
    a. Year 1: For the first year, the candidates will only be tested for HIV once at the beginning of the sessions. The purpose of this is to show how simple and effective an at-home testing kit is, especially for oneself, and to simply confirm none of the participants have HIV. There will be $1,640 allocated for 30 at-home self-testing HIV Kits.
4. Gloves/Cleansing Supplies
    a. Year 1: For the first year, when using the self-testing kits, sterile gloving procedures will be used to ensure proper sanitation and safety when handling blood. There will also be a sharps container purchased for the proper removal of any sharps that may have been utilized during the self-testing time. Regular latex gloves will be purchased for the second part of the "transmission" game. And lastly materials to ensure the red paint is successfully removed will be purchased. Therefore, $2,500 will be allocated for this section.
5. Computers (3)

a. Year 1: For the first year, the Chromebook laptops will be purchased for the use of employees as a "work" computer. For the very end of the session, participants who want to create a digital campaign may do so using the computers from the local library. Time will be allotted for this to be a group venture. Therefore, $643 will be allocated for the one-time purchase of three computers and any other fees that may be incurred.

6. Printer + Paper:
    a. Year 1: For the first year, a printer will be purchased for the recruitment process. That includes flyers and brochures that will be posted or handed out during the community events/workshops. Summary sheets each participant receives after a session will also be printed out. There will also be a need for paper and ink. Therefore, $680 will be allocated for this category.
    b. Year 2: For the second year, there will be $350 allocated for the purchase of ink and paper.
7. PowerPoint Subscription
    a. Year 1 & 2: For both years 1 & 2, Microsoft 365 Family plan will be purchased. To allow all the employees access to Microsoft office and other tools, $130 will be allocated for this category each year.

Other Expenses:

1. Session Meetings:
    a. Year 1 & 2: For the first year, $4,840 will be allocated for space leasing at the local church and any snack/refreshments that will be used during the meeting. This is the location of where the ten sessions will occur, but also where the team can use as an office space until the two years are up. For the following year, $5,630 will be used for the same purpose. There is a price difference to allow for the increase in rent.
2. Marketing/Recruitment
    a. Year 1 & 2: For the continued marketing and recruitment of this program, $2,400 will be allocated for year one and $940 for year two. This will allow for the use of advertisements, and other large resources. This will also cover some of the expenses from the community events/workshops.
3. Retention + Incentives:
    a. Year 1: The goal for the program is to recruit about 30 Black women for the main portion of the intervention, then 20 Black women for the discussion portions – ten who use PrEP and ten who are living with HIV. To allot money for the incentives, the assumption must be made that all the requirements have been met by each individual person. There is an extra $1,000 allotted if recruitment deviates from the proposed plan.

The indirect costs are $27,300 for year one, and $22,251 for year 2. This marks a 1.23% decrease.

Conclusion

Over the two-year period, the EmpowerHER program aims to deliver a culturally tailored approach to HIV prevention for at least 30 adult Black women in Fulton County. Through structured education, open dialogue, and community support, participants will build the knowledge and confidence needed to navigate the prevention methods they learn. As these women engage with the program, they become better equipped to make informed sexual-health decisions in their daily lives. With continued participation, the information shared within EmpowerHER expands beyond the classroom and into the broader community. As enrollment grows—both in EmpowerHER and similar initiatives—HIV transmission rates across the Atlanta area can begin to decline.

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