

Review of Locally Developed and Evidence-Based HIV Prevention Interventions



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Overview

- Part 1: Key Terms and Concepts
- Part 2: Locally Developed Interventions (aka Homegrown Interventions)
- Part 3: CDC Evidence-Based Interventions (EBIs)
- Part 4: EBIs for HIV positive individuals
- Part 5: Prevention Priorities, Guidelines and Guidance
- Part 6: Additional EBIs resources



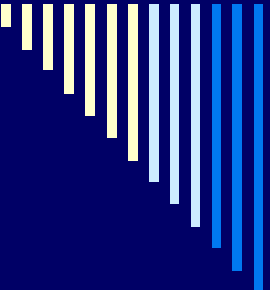
Part 1: Key Terms and Concepts

- Key components of evidence-based HIV prevention programs
- Behavior change theories
- Bases of evidence



Key Components of Evidence-Based HIV Prevention Programs

- ❑ Establish frame for intervention
- ❑ Convey issue-specific or population-specific information
- ❑ Use a cognitive-behavioral framework to affective, behavioral and cognitive coping skills
- ❑ Address environmental barriers to implementation of new behaviors
- ❑ Provide tools to develop ongoing sources of social support



Evidence-based intervention (EBI), science-based intervention, and theory-based intervention

- CDC scientists (2006)
 - Marlene Glassman, Ph.D., Prevention Program Branch
 - David Knapp Whittier, Ph.D., Capacity Building Branch
 - Cynthia Lyles, Ph.D., Prevention Research Branch

- “The terms “evidence based” and “science based” can be used interchangeably when referring to interventions that have been shown to be efficacious in a research setting or effective in a “real world” setting.

- The term “theory-based” intervention is not synonymous with “evidence based” and “science based” when it refers to interventions that have not been evaluated for efficacy or effectiveness.”



Behavior change theories

- Diffusion of Innovation
- Harm Reduction
- Health Belief Model
- Information, Motivation, Behavior model
- Relapse Prevention Theory
- Social Network/Social Support Theory
- Stages of Change Theory



CDC Bases of Evidence

- Data from an evaluation of their own intervention (e.g., Locally Developed Interventions)
- Data from an evaluation of a similar intervention
- A theoretical basis from the scientific literature
- A fully articulated informal theory
- As cited at URL
http://www.cdc.gov/hiv/topics/evaluation/health_depts/guidance/designing-appendix.htm



Data from an evaluation of your own intervention

- Example: A tailored HIV risk reduction program for methamphetamine users
- Formative evaluation
 - Client focus groups to refine the intervention for meth users
- Process monitoring
 - The average number of sessions of the intervention that clients complete in a one year period
- Outcome monitoring
 - The percentage of clients who report increased consistency of condom use with casual sex partners at 3-months post intervention
- Outcome evaluation
 - Statistically significant difference in new HIV infections between two groups of methamphetamine users who were randomly assigned to an intervention or a non-intervention study condition



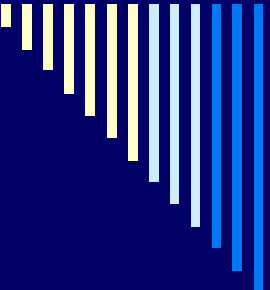
Data from an evaluation of a similar intervention

- CBO A wants to implement an intervention for methamphetamine users who inject that was evaluated by CBO A for cocaine users who inject (same CBO, different client)
- CBO A wants to implement an intervention for methamphetamine users that was evaluated by CBO B for methamphetamine users (different CBO setting, similar clients)
- CBO A wants to implement an intervention for methamphetamine users that was evaluated by a CBO in San Francisco (different CBO setting and geographic context, similar clients)



A theoretical basis from the scientific literature

- Formal behavior change theories
 - Harm Reduction Theory
 - Health Belief Model
- A tailored HIV risk reduction intervention for meth users which teaches them skills to reduce their meth use or increase consistent condom use
- A tailored HIV risk reduction intervention for meth users which increases their self-perceived susceptibility to HIV and increases their self-efficacy to engage in condom use



A fully articulated informal theory

- “Progress not perfection” theory components
 - Change requires a series of attempts and smaller changes
 - Any step in the direction of change is important
 - Unrealistic to expect immediate complete change”
- From A. A. Gandelman, S. A. Vogan & M.M. Dolcini (2005)
- An HIV intervention based on this theory might
 - Help clients develop a plan to make several progressive small changes in behavior
 - Group sessions use social reinforcement to remind clients that any step toward change is important

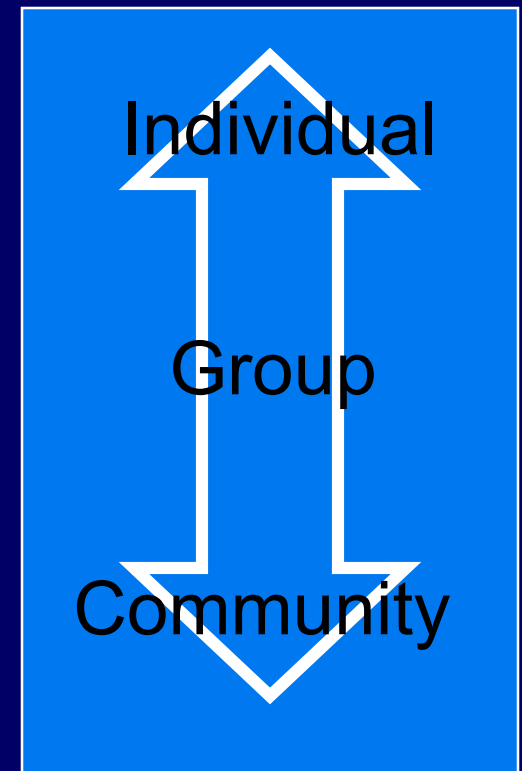


Part 2: Locally Developed Interventions

- HIV prevention strategies in LA
- Other interventions in LA
- Locally Developed Interventions examples

HIV Prevention Strategies in LA

- Any or all of these strategies can be integrated into an intervention
- Outreach
- Individual counseling
- Case management
- Group sessions
- Peer-based education
- Social marketing
- Community organizing





Other Strategies in Los Angeles

- ❑ Rapid HIV testing/counseling (HCT-Rapid)
- ❑ Comprehensive Risk Counseling and Services (CRCS)
- ❑ Prevention with HIV positive individuals (PHIP) (can also be interventions)
- ❑ Partner counseling and referral services (PCRS)
- ❑ Social marketing



PPC Standards & Best Practices reviewed 100+ interventions!

Interventions Located, and Their Availability and Accessibility				
	Can provide short description?	Can provide technical assistance?	Can provide training?	Can provide manual?
Yes	82	42	45	51
No	11	24	30	25
Not Applicable*	10	22	13	14
Missing*	35	50	50	48
Total	138	138	138	138

Note. *Not applicable refers to no replies received from intervention contact, or no replies received after multiple attempts made to contact. Missing refers to interventions which were not contacted by volunteers.



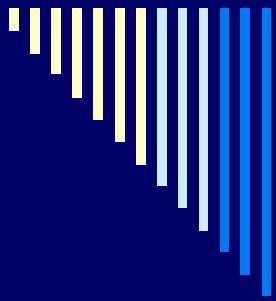
Locating Locally Developed Interventions

- Homegrown Interventions Work Group of the HIV Prevention Planning Committee (PPC) formed in November 2006
- Seven programs were received
- Los Angeles County HIV Prevention Plan 2004-2008 uses CDC Bases of evidence
- More Locally Developed Interventions to be identified in 2008!



Definition

- M. Pyeatt & A. Dawson (2007) presentation at CDC National HIV Prevention Conference
- An intervention that has been locally developed by an organization, based on their knowledge and experience in a community setting
- Typically has not been rigorously evaluated to determine its efficacy
- Locally developed interventions also known as “homegrown interventions”



Locally Developed Interventions

Intervention	Organization
Crystal Meth Program	AIDS Project Los Angeles
G.U.Y.S. (Guys Understanding Your Situation) Program	Friends La Brea/Friends Research Institute
NIA Outreach	In the Meantime Men's Group
Program for Transgender Women	Asian Pacific AIDS Intervention Team
Rewriting Inner Scripts (RISE)	Maryland AIDS Administration
Sexual Health Education for Youth (SHEY)	REACH LA
Strengthening the Circle	AIDS Project Los Angeles



Documenting Locally Developed Interventions

- M. Pyeatt & A. Dawson (2007) presentation at CDC National HIV Prevention Conference
- Improve consistency of delivery of the interventions.
- Sustain ability to implement the interventions.
- Share interventions with others.
- Evaluate results.



A Locally Developed Intervention: Crystal Meth Program

- Based on research by Dr. Rafael Diaz and the Cesar Chavez Institute
- Developed by AIDS Project Los Angeles
- Goals of program
 - Reduce the spread of HIV/STDs
 - Reduce social isolation
 - Reduce stigma
 - Stop the erosion of social networks



Crystal Meth Program

- Behavioral Theories and Framework
 - Harm Reduction Theory
 - Cognitive Behavioral Therapy
 - Motivational Interviewing
 - Contingency Management



Crystal Meth Program

□ Core elements

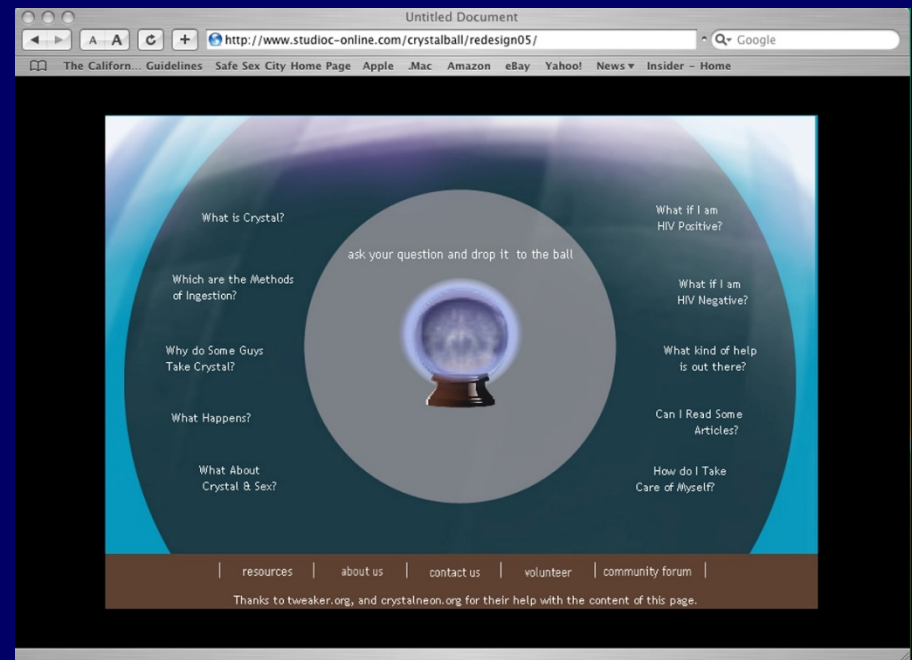
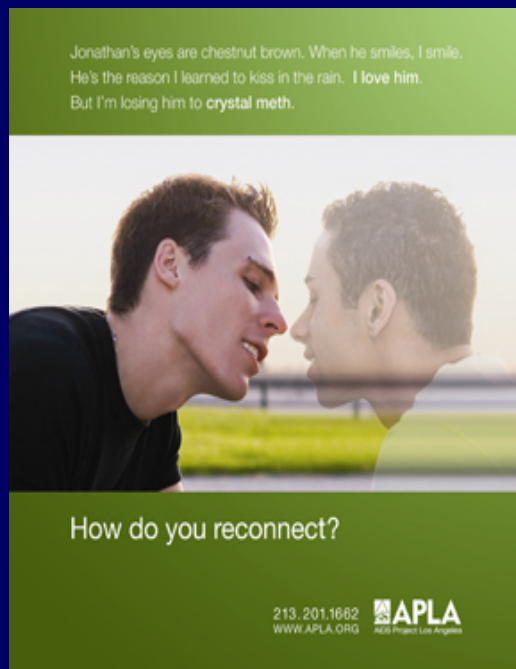
- Targets social network affiliates
- Targets active crystal meth users
- Integrates community forums
- Employs social marketing
- Includes web page

□ Key characteristics

- Diverse recruitment strategies
- Incentives

Crystal Meth Program

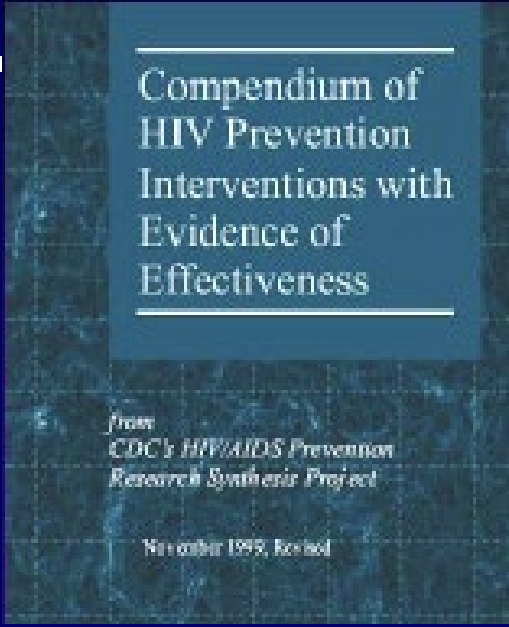
- Sample social marketing material
- www.tweekends.org





Part 3: CDC EBIs

- Websites for CDC EBIs
- Bases of Evidence for DEBIs
- Best-evidence interventions
- Promising-evidence interventions
- Updated CDC Compendium and Tiers of Evidence
- Other EBIs in Los Angeles



Compendium of
HIV Prevention
Interventions with
Evidence of
Effectiveness

From
CDC's *HIV/AIDS Prevention
Research Synthesis Project*

November 1999, Revised

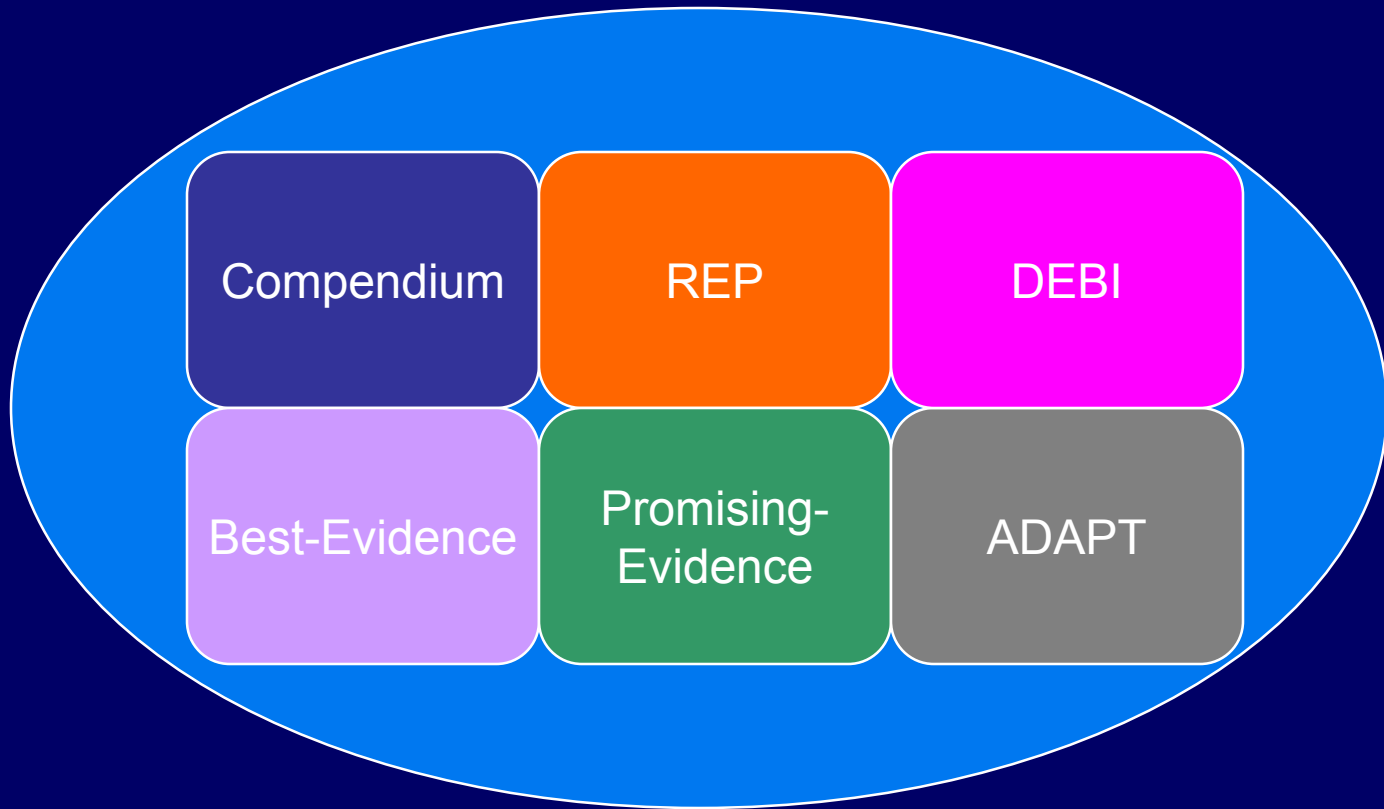


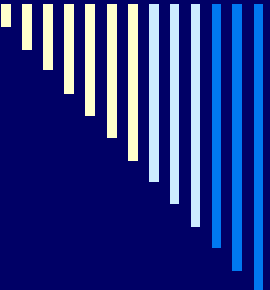
Websites for CDC EBIs

- Compendium of HIV Interventions With Evidence of Effectiveness (24 interventions)
 - www.cdc.gov/hiv/resources/reports/hiv_compendium/
- Replicating Effective Programs (REP+, 13 interventions)
 - http://www.cdc.gov/hiv/topics/prev_prog/rep/index.htm
- DEBIs (14 interventions)
 - www.effectiveinterventions.org
- Best-Evidence (30 interventions)
 - www.cdc.gov/hiv/topics/research/prs/best-evidence-intervention.htm
- Promising-Evidence Interventions (18 interventions)
 - www.cdc.gov/hiv/topics/research/prs/promising-evidence-interventions.htm
- Adopting and Demonstrating the Adaptation of Prevention Techniques for Persons at Highest Risk of Acquiring or Transmitting Human Immunodeficiency Virus (ADAPT, 22 interventions)
 - grants.nih.gov/grants/guide/rfa-files/RFA-PS-07-004.html



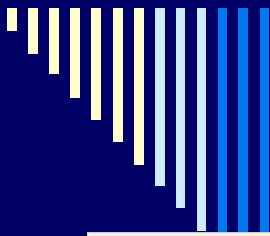
CDC EBIs





CDC Bases of Evidence for Diffusion of Effective Behavioral Interventions (DEBIs)

- Clear description of key aspects of the intervention
- Prospective study design
- Appropriate and concurrent comparison arm
- Random or minimally biased assignment of subjects to study arms
- At least a 3-month post intervention follow-up assessment for each study arm
- At least a 70% retention rate at a single follow-up assessment for each study arm
- Positive and statistically significant ($p \leq .05$) intervention effect for ≥ 1 behavior (e.g. that directly impacts HIV risk or a biologic measure indicating HIV or STD infection (i.e., HIV or STD incidence).
- As cited at URL
http://www.cdc.gov/hiv/topics/research/prs/efficacy_best-evidence.htm



CDC

www.effectiveinterventions.org

Welcome to Effective Interventions - Microsoft Internet Explorer

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Address <http://www.effectiveinterventions.org>

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DEBI

Diffusion of Effective Behavioral Interventions

[contact](#) [more info](#) [aed.org](#)

[About DEBI](#) [Training Waitlist](#) [Training Calendar](#) [Related Links](#)



Science-based interventions that work

Interventions

- Healthy Relationships
- Holistic Health Recovery Program
- Many Men, Many Voices
- Mpowerment
- Popular Opinion Leader
- PROMISE
- RAPP
- Safety Counts
- SISTA
- Street Smart
- Teens Linked to Care
- VOICES/VOCES

Welcome

The Diffusion of Effective Behavioral Interventions (DEBI) project was designed to bring science-based, community- and group-level HIV prevention interventions to community-based service providers and state and local health departments. The goal is to enhance the capacity to implement effective interventions at the state and local levels, to reduce the spread of HIV and STDs, and to promote healthy behaviors.

In collaboration with the Divisions for HIV/AIDS Prevention at the Centers for Disease Control and Prevention (CDC), the Center on AIDS & Community Health (COACH) at the Academy for Educational Development (AED) offers training and helps to coordinate technical assistance on twelve science-based, effective interventions for HIV prevention.

What's New

PROJECT UPDATES

- » New training dates added to the calendar
- » DEBI web site gets a brand new look!

More Information

RELATED COURSES

- » PCM Trainings
- » Bridging Theory and Practice: Applying Behavioral Theory to STD/HIV Research

A CDC DEBI: Mpowerment

- Developed by Dr. Susan Kegeles at UCSF
- Evaluated for young gay and bisexual men ages 18-29
- Community-level intervention that uses
 - informal and formal outreach
 - discussion groups
 - creation of safe spaces
 - social opportunities
 - social marketingto reach a broad range of young gay men with HIV prevention, safer sex, and risk reduction messages.



Empowerment

□ Behavioral Theories

- Empowerment Model
- Social Cognitive Theory
- Diffusion of Innovation

□ Intervention goal

- Decrease rate of unprotected anal intercourse





Mpowerment

□ Core elements

- Recruit and maintain a core group of 12 to 20 young gay and bisexual men to design and carry out project activities.
- Recruit volunteers to help deliver services and to make important decisions about the program.
- Use project coordinators to oversee project activities.
- Establish a dedicated project space where many of the project activities can be held.



Mpowerment

□ Core elements

- Conduct formal outreach, including educational activities and social events.
- Conduct informal outreach to influence behavior change.
- Convene peer-led, 1-time discussion groups (M-groups).
- Conduct a publicity campaign about the project within the community.
- Convene a Community Advisory Board.



MPOWERment In Los Angeles

- Locally prioritized adaptations and reinventions
- Being delivered to HIV-negative and to HIV-positive individuals
- Being delivered to transgender women
- Being delivered to men younger than 18



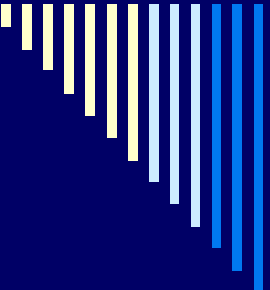
NEW CDC Best-evidence interventions

- Lyles, Kay, Crepaz, Herbst, Passin, Kim, Rama, Thadiparthi, DeLuca, Mullins, & HIV/AIDS Prevention Research Team (2007)
- www.cdc.gov/hiv/topics/research/prs/best-evidence-interventions.htm
- 30 interventions
 - 25 included African American and Latina/o participants
 - 7 for African Americans
 - 4 for women only
 - 1 for men only
 - 1 for Asian Pacific Islander men who have sex with men
 - 3 for Latino/as
 - 1 for Latinas only



NEW CDC Promising-evidence interventions

- www.cdc.gov/hiv/topics/research/prs/promising-evidence-interventions.htm
- 18 interventions
 - 4 for women
 - 1 for Latinas/Hispanic women
 - 3 for African Americans
 - 2 for African American men



The CDC's Updated Compendium and the "Tiers of Evidence" Framework for Classifying HIV Behavioral Interventions

**David W. Purcell, JD, PhD, Cynthia Lyles, PhD,
Marlene Glassman, PhD**

Prevention Research Branch
DHAP, NCHHSTP, CDC

2007 National HIV Prevention Conference
Atlanta, GA, December 4, 2007



Tiers of Evidence Framework

- Framework for classifying HIV behavioral interventions based on their level of scientific evidence in reducing HIV risk
- 4 Tiers (or levels): I, II, III, IV
- Classifies interventions based on:
 - Type, quality, and strength of scientific evidence for efficacy
 - How convincing is the proof that the intervention works in preventing HIV?
- Identifies those with the greatest chances of working in practice





Tiers of Evidence Framework

- Individual-level or group-level interventions
- Intervention must have already undergone some form of evaluation to be classified
- The framework allows HDs and CBOs to consider existing funding requirements, local needs, agency capacity, and other relevant factors in making intervention choices



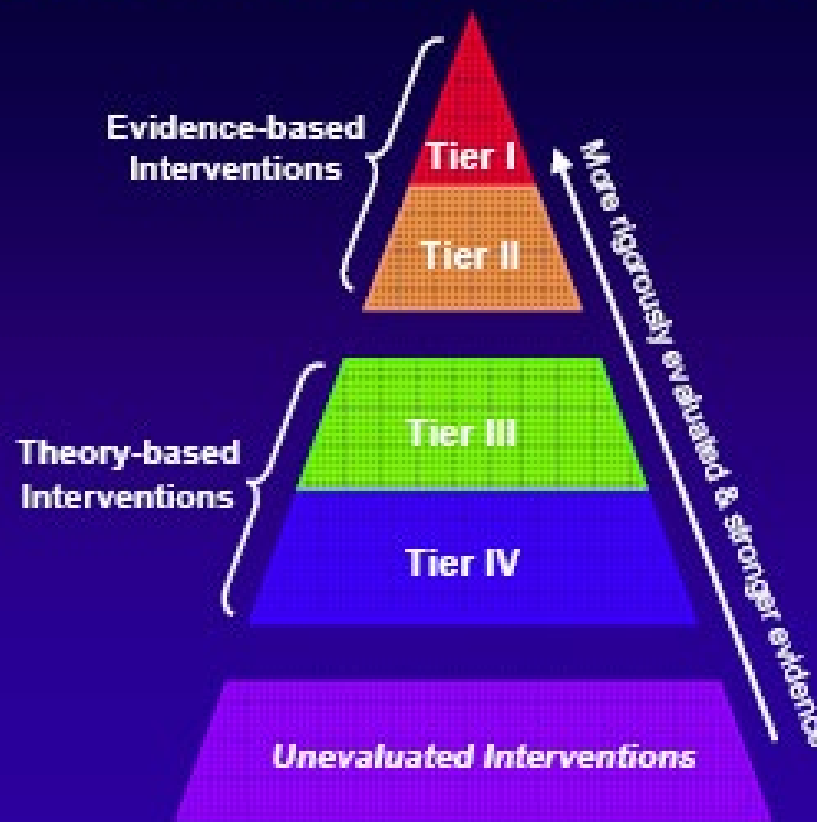


Tiers of Evidence Framework

- **Tiers I & II – Evidence-based Behavioral Interventions (EBIs)**
 - Tier I: Best-evidence interventions
 - Tier II: Promising-evidence interventions
- **Tiers III & IV – Theory-based Behavioral Interventions (TBIs)**
 - Tier III: Theory-based with positive outcome monitoring
 - Tier IV: Theory-based with positive process evaluation



Tiers of Evidence Framework





The Criteria for the Tiers of Evidence Framework

- Quality of the research study design
- Quality of the study implementation
- Quality of the analysis
- Strength of the findings



Criteria for the Tiers of Evidence Framework

Tier I – Best-evidence Behavioral Interventions

- Significant & positive intervention effects on relevant outcomes
- No significant & negative intervention effects on any relevant outcome
- Comparison group
- Randomized or unbiased assignment method of participants into groups
- Measured outcomes at ≥ 3 months after the intervention in both groups
- Retained $\geq 70\%$ of participants in each group
- Intent-to-treat analysis (analyze all, regardless of exposure)
- Adjust analyses for baseline differences in the outcome (if non-RCT)



Analytical sample size of ≥ 50 per group



Criteria for the Tiers of Evidence Framework

Tier II – Promising-evidence Behavioral Interventions

- Significant & positive intervention effects on relevant outcomes
- No significant & negative intervention effects on any relevant outcome
- Comparison group
- Randomized, unbiased, or minimally biased assignment method of participants into groups
- Measured outcomes at ≥ 1 month after the intervention in both groups
- Retained $\geq 60\%$ of participants in each group
- As-treated analysis (less than “those exposed to $>50\%$ of sessions”)
- Adjust analyses for baseline differences in the outcome (if non-RCT)



Analytical sample size of ≥ 40 per group



Criteria for the Tiers of Evidence Framework

Tier III – Theory-based Intervention with Positive Outcome Monitoring

- Behavioral change theory
- Behavioral change logic model
- Formative research
- Process evaluation demonstrated fidelity to the intervention logic model, provision of intended services to intended population, and high acceptance by participants
- Outcome monitoring showed significant positive changes in ≥ 1 relevant outcome at a short-term or long-term follow-up (comparing pre- to post-intervention measures)



No significant & negative changes in any relevant outcome

CDC

Criteria for the Tiers of Evidence Framework

Tier IV – Theory-based Intervention with Positive Process Evaluation

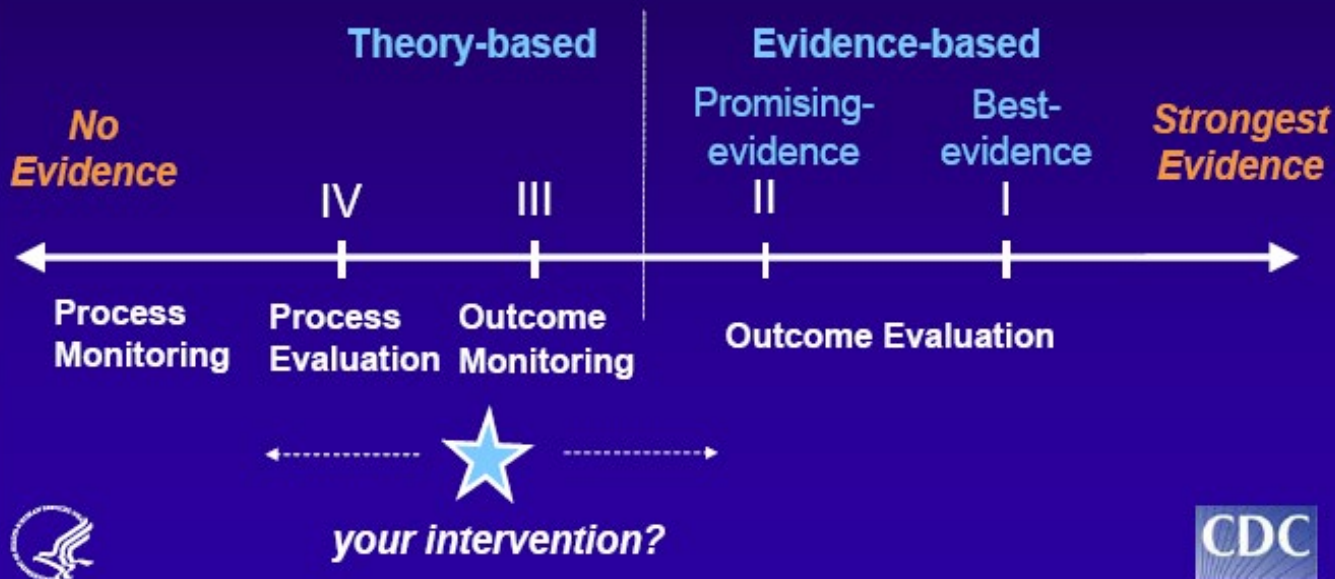
- Behavioral change theory
- Behavioral change logic model
- Formative research
- Process evaluation demonstrated fidelity to the intervention logic model, provision of intended services to intended population, and high acceptance by participants
- No significant & negative changes in any relevant outcome

Note: Stronger Tier IV are those demonstrating significant & positive changes in behavioral determinants over time



Moving Locally-Developed Interventions Up the Tiers

Levels of Evidence in Reducing HIV Risk





How Can My Intervention Get into the Updated Compendium?

The *Compendium* identifies Tier I & Tier II interventions. So, their intervention needs to have been formally evaluated in such a way that the study design, methods, implementation, and findings meet the criteria for Tier I or Tier II. And, this evaluation needs to be peer-reviewed and accepted for publication in a scientific journal.





How Can My Intervention Become a DEBI?

- First, their intervention needs to satisfy the Tier I or Tier II criteria as mentioned in the previous question so it would be identified in *Compendium*.
- Second, the division will continue to support the packaging of EBIs. But, this will be a competitive process through cooperative agreements, where the applicants (potential grantees) compete for funding through a competitive review process. The cooperative agreements will most likely pre-specify EBIs (identified in the *Compendium*) for packaging.





Does My Locally-Developed Intervention Have to Become a Tier I Intervention?

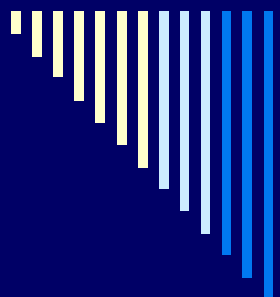
- No, this is not expected
- All agencies should conduct good program evaluation
- It is important to understand where your intervention fits in the Tiers framework
- Provided appropriate funding and capacity, it certainly would be a valuable program goal to build evidence for your intervention
 - to move from “untested” to Tier IV
 - to move from Tier IV to Tier III





Other EBIs in Los Angeles


- Substance Abuse and Mental Health Services Administration EBIs
- National Registry of Evidence-Based Programs and Practices (NREPP)
- <http://www.nrepp.samhsa.gov/submit-requirements.htm>




SAMHSA


<http://www.nrepp.samhsa.gov/>

NREPP - The National Registry of Evidence-based Programs & Practices



[About](#) [Find Interventions](#) [Review Process](#) [Submissions](#) [Resources](#) [Help](#) [Contact](#)


Using NREPP 

NREPP Updates 

Legacy Programs 

Welcome to the National Registry of Evidence-based Programs and Practices (NREPP), a service of the Substance Abuse and Mental Health Services Administration (SAMHSA).

NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. SAMHSA has developed this resource to help people, agencies, and organizations implement programs and practices in their communities.



A program of the U.S. Department of Health and Human Services' Substance Abuse & Mental Health Services Administration

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Page last updated 10/01/2007

USA.gov 

<http://www.nrepp.samhsa.gov/> 12/18/2007 3:21:38 PM



SAMHSA Bases of Evidence

- The intervention demonstrates one or more positive outcomes ($p \leq .05$) in mental health and/or substance use behavior among individuals, communities, or populations.
- Intervention results have been published in a peer-reviewed publication or documented in a comprehensive evaluation report.
- Documentation (e.g., manuals, process guides, tools, training materials) of the intervention and its proper implementation is available to the public to facilitate dissemination.



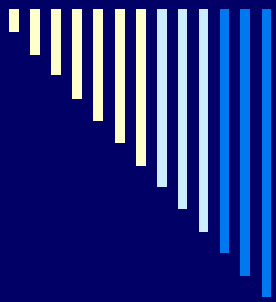
A SAMHSA NREPP: Project Towards No Drug Abuse

- ❑ Developed by Dr. Steven Sussman at USC
- ❑ Evaluated for high-risk students attending alternative or continuation high schools
- ❑ Also adapted for students attending traditional high schools
- ❑ Study participants ages ranged from 13-25
- ❑ Intervention goals
 - Reduce alcohol and tobacco use
 - Reduce marijuana and "hard drug" use
 - Reduce risk of victimization
 - Reduce frequency of weapons-carrying

Project Toward No Drug Abuse



- Core elements
 - Focuses on 3 factors that predict drug use, violence-related behaviors, and other problem behaviors:
 - Motivation (i.e., attitudes, beliefs, expectations, and desires regarding drug use);
 - Skills (social, self-control, and coping skills); and
 - Decision-making for health-promoting behaviors.
 - 12 classroom-based sessions
 - Each is 40 to 50 minutes in length
 - 3 sessions per week over a 4-week period
 - Each session is
 - highly participatory and interactive
 - provide opportunities for interactions among students and between students and the teacher.



Part 4: HIV Prevention Interventions for HIV-positive Individuals

- TALC
- TLC
- Healthy Relationships
- CHANGES
- HRRP+
- Partnership for Health
- Options
- CLEAR
- Willow
- SUMIT



TALC

Primary Author

- Mary Jane Rotheram-Borus, Ph.D.

Intervention

- A 12-week, 24-session skills-building group level intervention designed to help with disclosure, emotional reaction to HIV, coping with stigma, making custody plans, expressing affection, and maintaining positive family routines

Target Population

- Parents living with HIV and adolescent youth ages 11-18 years old.



TALC

Race/Ethnicity of Study Population

- 33% African American
- 47% Latino
- 12% White/Caucasian
- 8% Other

Theoretical Framework

- Social Learning Theory



TALC

Research Outcomes

- Reported significantly fewer problem behaviors, less emotional distress, higher coping skills, more positive social support
- Over 4 years, fewer parent problem behaviors (e.g. unprotected sex and substance abuse relapse) and fewer adolescent conduct problems (e.g. fighting, stealing)



Together Learning Choices

Primary Author

- Mary Jane Rotheram-Borus, Ph.D.

Intervention

- A 31-session skills-building group level intervention designed to help youth living with HIV reduce transmission risk behaviors and increase their treatment adherence.
 - Module I: Improve the youths' health status
 - Module II: Reduce transmission acts among youth
 - Module III: Improve the youths' quality of life



Together Learning Choices

Target Population

- Youth living with HIV between 14-21 years old

Race/Ethnicity of Study Population

- 33% African American
- 32% Latino
- 18% White/Caucasian
- 17% Other

Theoretical Framework

- Social Action Theory



Together Learning Choices

Research Outcomes

- Youth reported:
 - More positive lifestyle changes
 - More positive coping styles
 - More social support
 - Better at keeping medical appointments

- Decreases in the number of unprotected sexual risk acts:
 - 45% fewer sex partners
 - 50% fewer HIV-negative sex partners



Together Learning Choices

Research Outcomes (cont'd)

- Decreases in drug use:
 - Marijuana use decreased by 6%
 - Hard drug use decreased 22%



Healthy Relationships

Primary Author

- Seth Kalichman, Ph.D.

Intervention

- A five session cognitive-behaviors skills-building intervention designed to:
 - Reduce sexual risk behaviors
 - Build behavioral skills
 - Enhance self-efficacy for practicing risk reduction behaviors
 - Promote intentions to change risk behaviors
 - Develop strategies for changing behaviors





Healthy Relationships

Intervention (cont'd)

- Each session two-hours in length; delivered two sessions per week over the course of 2.5 weeks
- The intervention message was presented in the context of managing stress associated with disclosing HIV status and practicing safer sex behaviors
- Intervention used movie and video clips and role plays to model and practice new behaviors

Target Population

- Men and women living with HIV



Healthy Relationships

Race/Ethnicity of Study Population

- 74% African American
- 22% White/Caucasian
- 4% Other

Theoretical Framework

- Social Learning Theory



Healthy Relationships

Research Outcomes

- Lower rates of unprotected sex
- Lower rates of sex with HIV negative partners at 3 and 6 month follow-ups
- Estimates of HIV transmission risk for male-to male and male-to-female transmission were lower for a projected 12 month period.



CHANGES Project

Primary Author

- Margaret Chesney, Ph.D.

The Intervention

- The CHANGES project is an intervention study of Coping Effectiveness Training (CET) for Gay men living with HIV.
- The intervention consisted of 12 small group sessions, which were 90 minutes each in length that met weekly.



CHANGES Project

Target Population

- Gay men living with HIV

Race/Ethnicity of Study Population

- 78 % White/Caucasian
- 22% Other

Theoretical Framework

- Stress and Coping theory



CHANGES Project

Research Outcomes

- ❑ Improvements in psychological well-being.
- ❑ Improvements sustained throughout the nine month maintenance period following the intervention.
- ❑ Improvements in coping skills were associated with reduced negative moods including perceived stress and burnout.



CHANGES Project

Research Outcomes (cont'd)

- The role of social support on positive and negative moods differed among older men as compared with younger men.
- High levels of support appear to enhance positive moods
- Low levels of support were associated with lower levels of positive moods.
- Findings suggest that enhanced social support may be useful for older men living with chronic illnesses including HIV.



Partnership for Health

Primary Author

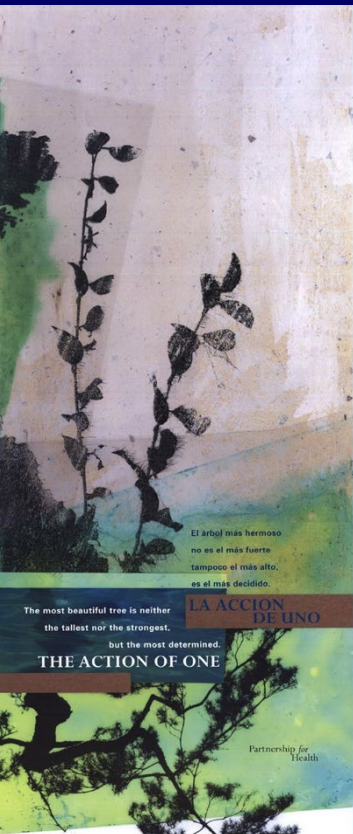
- Jean Richardson, Ph.D.

Intervention

- A brief, provider-delivered counseling program designed to improve patient-provider communication about safer sex, disclosure of serostatus, and HIV prevention

Target Population

- HIV-positive men and women in care setting, age 18 years and older





Partnership for Health

Race/Ethnicity of Study Population (N=886)

- 40% White
- 36% Hispanic
- 17% African American
- 7% Other

Theoretical Framework

- Stages of Behavior Change Model



Partnership for Health

Research Outcomes

- Among participants who had 2 or more sex partners at baseline, UAV was reduced by 38% ($P < 0.001$) among the loss-frame intervention
- UAV at follow-up was significantly lower in loss-frame compared to the control
- Patients with one sexual partner at baseline were unaffected by the intervention



Options

Primary Author

- William A. Fisher, Ph.D.
& Jeffrey D. Fisher, Ph.D.

Intervention

- A brief clinician-initiated intervention delivered on multiple occasions and during routine care to help reduce HIV risk behaviors

Target Population

- HIV+ patients in clinical settings





Options

Race/Ethnicity of Study Population (N=489)

- 38% African American
- 35% Latino
- 22% White
- 5% Other

Theoretical Framework


- Information-Motivation-Behavioral Skills Model

Options

- Applies motivational interviewing and client-centered techniques
- Protocol include:
 - Set agenda
 - Assess risk
 - Rate “importance” and “confidence” in behavior change
 - Negotiate goal and record on prescription pad

OPTIONS

**P
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**Prevention
Prescription**

Date: _____

Name: _____

Plan: _____

Signature _____



CLEAR



Primary Author

- Mary Jane Rotheram-Borus, PhD

Intervention

- An 18-session one-on-one skills-building intervention designed to help reduce transmission risk behaviors and increase their treatment adherence.



CLEAR



Intervention (cont'd)

- ❑ Module 1 – to improve physical health, including medication adherence and use, healthy living, and coping
- ❑ Module 2 - to reduce sexual and drug risks, including trigger identification, condom use, safer sex negotiation
- ❑ Module 3 - to reduce emotional distress and to increase quality of life, including relaxation, self-instruction and meditation techniques



CLEAR



Target Population

- ❑ HIV+ youth ages 13-29 years old

Race/Ethnicity of Study Population (N=175)

- ❑ 42% Hispanic
- ❑ 26% African American
- ❑ 23% White
- ❑ 8% Other

Theoretical Framework

- ❑ Social Action Theory and Cognitive Behavioral Therapy



CLEAR



Research Outcomes

- ❑ Increase protected sex acts with all sex partners
- ❑ Increase protected sex acts with HIV-seronegative partners



Willow

Primary Author

- Gina M. Wingood, Ph.D.

Intervention

- A four session group intervention designed for women living with HIV to enhance coping skills, improve quality of life, increase safer sex, and reduce STD. Each session is 4 hours.
 - gender pride and social support
 - coping skills and relaxation techniques
 - communication skills and safer sex
 - healthy relationships





Willow



Target Population

- ❑ HIV+ sexually active women aged 18 or older

Race/Ethnicity of Study Population (N=366)

- ❑ 84% African American
- ❑ 15% White
- ❑ 1% Other

Theoretical Framework

- ❑ Social Cognitive Theory and Theory of Gender and Power



Willow



Research Outcomes

- ❑ Fewer episodes of unprotected vaginal sex at 6- and 12-months
- ❑ Less likely to report never using condoms at 6- and 12 months
- ❑ Fewer reports of new bacterial STDs (Chlamydia and gonorrhea) at 12-month



SUMIT



BAY MEN

Primary Author

- Cynthia Gomez, PhD and Richard Wolitski, PhD

Intervention

- A six 3-hour sessions, peer-led group intervention designed to decrease frequency of UIAI, URAI, and UIOI and increase condom use for UIAI with negative/unknown status partners, and increase disclosure



SUMIT



BAY MEN

Target Population

- HIV+ gay and bisexual men

Race/Ethnicity of Study Population (N=811)

- 51% White
- 23% African American
- 17% Hispanic
- 9% Other

Theoretical Framework

- Information-Motivation-Behavioral Skills Model, Social Cognitive Theory, Theory of Planned Behavior



SUMIT



BAY MEN

Research Outcomes

- ❑ Reduce unprotected receptive anal sex at 3 months.
- ❑ No significant group differences in other sex risk behaviors, HIV disclosure, or STD prevalence at the 6-month follow-up.



Part 5: Prevention Priorities, Guidelines and Guidance

- HIV Prevention Plan
- HIV/AIDS Standards of Care
- California HIV Prevention Indicators
- CDC Guidelines and Guidance
- Biomedical HIV prevention
- NIDA Guidelines
- National Guideline Clearinghouse



EBIs in priorities, guidelines and guidance

- Describe the types of EBIs needed in California and Los Angeles
- Provide target population epidemiological data and summaries
- Identify groups at highest risk or with emerging risk
- Allow comparison of existing program goals with established standards



Los Angeles HIV Prevention Plan

- Required for each CDC funded jurisdiction
- Next Plan covers 2009-2013
- Details HIV prevention priorities and populations
 - HIV-positive individuals
 - Youth
 - Men
 - Women
 - Transgender individuals
 - Sharing injecting paraphernalia (SIP)
 - Native Americans



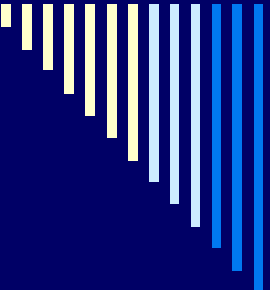
HIV/AIDS Standards of Care

- <http://hivcommission-la.info/soc.asp>
- Required for each Ryan White HIV/AIDS Treatment Modernization Act funded jurisdiction
Details minimum standards for 28 services
- Standards of care for special needs populations
 - Men who have sex with men
 - Women of color
 - Multiply diagnosed individuals
 - African Americans
 - Latina/os
 - Transgender individuals



California HIV Prevention Indicators

- http://chrp.ucop.edu/prevention_indicators/HIV_prevention.html
- Compiled by the California HIV/AIDS Research Program
- Reports compiled for
 - Men who have sex with men
 - Injection drug users
 - Race/ethnicity
 - Region of California



CDC Provisional Procedural Guidance for CBOs

- http://www.cdc.gov/hiv/topics/prev_prog/AHP/resources/guidelines/pro_guidance.htm
- Covers core elements, resource requirements, quality assurance, monitoring and evaluation
- Policies and standards for
 - Confidentiality
 - Cultural competence
 - Data security
 - Informed consent
 - Legal and ethical policies
 - Referrals for additional client services
 - Liability insurance and applicability of workers' compensation for volunteers

CDC Provisional Procedural Guidance for CBOs

Provisional Procedural Guidance For Selected Strategies And Interventi...community Based Organizations | Advancing HIV Prevention | CDC HIV/AIDS

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Provisional Procedural Guidance for Community Based Organizations

April 2006

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Know your HIV status?

Text: Your Zip Code
To: KnowIt or 866646
To find HIV Test Centers near you
www.hivtest.org

http://www.cdc.gov/hiv/topics/prev_prog/AHP/resources/guidelines/pro_guidance.htm (1 of 2) 2/18/2007 3:13:25 PM



Stay Tuned - Biomedical Prevention Interventions in 2014?

- Male circumcision
- Microbicides
- Post-exposure prophylaxis (PEP)
- Pre-exposure prophylaxis (PrEP)
 - Vaccine
 - Stem cell therapy

5-10 years away

10+ years away



NIDA Principles of HIV Prevention in Drug-Using Populations


- <http://www.drugabuse.gov/POHP/index.html>
- Frequently Asked Questions (FAQs) format
- How can drug users reduce their risks for HIV/AIDS?
- What is the best HIV/AIDS prevention strategy for drug users?
- What are the components of a comprehensive HIV/AIDS prevention approach?
- What role does the community-based outreach worker play in comprehensive HIV prevention for drug users?

NIDA Principles of HIV Prevention in Drug-Using Populations

Principles of HIV Prevention in Drug-Using Populations: A Research-Based Guide: A Research-Based Guide: A Research-Based Guide - Contents

NATIONAL INSTITUTES OF HEALTH

NIDA NATIONAL INSTITUTE ON DRUG ABUSE
The Science of Drug Abuse & Addiction

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Principles of HIV Prevention in Drug-Using Populations

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Part 6: Additional EBIs resources

- National Guideline Clearinghouse
www.guideline.gov
- HIV Prevention Research Centers
- Suggested EBIs-related trainings
- Available EBIs-related trainings



National Guideline Clearinghouse

- www.guideline.gov
- Evidence-based clinical practice guidelines
- Compiled by the Agency for Healthcare Research and Quality
- 337 guidelines for search term “HIV”



HIV Prevention Research Centers

- **Columbia University HIV Center for Clinical and Behavioral Studies**
 - www.hivcenternyc.org
- **Yale University Center for Interdisciplinary Research on AIDS**
 - <http://cira.med.yale.edu>
- **Medical College of Wisconsin Center for AIDS Intervention Research**
 - www.mcw.edu
- **UCLA Center for HIV Identification, Prevention and Treatment Services**
 - <http://chipts.ucla.edu/>
- **UCSD HIV Neurobehavioral Research Center**
 - <http://www.hnrc.ucsd.edu/>
- **UCSF Center for AIDS Prevention Studies**
 - <http://www.caps.ucsf.edu/>



Suggested Trainings for EBIs

- P. McGrath (2007) presentation at the CDC National HIV Prevention Conference
- Foundation Courses
- Recommended for management, front-line and support staff
 - Program Planning and Evaluation
 - Cultural Competence
 - STD/HIV Overview
 - Confidentiality
 - Special Populations



Suggested Trainings for EBIs

- Agency-Capacity Courses
- Recommended for program supervisors and front-line staff
 - Bridging Theory and Practice
 - Selecting EBIs
 - Community Assessment
 - General Counseling Skills
 - Group Facilitation Skills
 - Recruitment and Retention



Suggested Trainings for EBIs

- Evidence-based Behavioral & Intervention Courses
- Recommended for supervisors and front-line staff
 - Specific CDC or other EBIs
- Other
 - Documentation Dissemination
 - Practice to Science Collaboration



Trainings Currently Available

- California STD/HIV Prevention Training Center
 - Assessment and Evaluation for STD/HIV Prevention Program
 - Bridging Theory and Practice
 - Facilitation Skills for Group-level STD/HIV Interventions
 - http://www.stdhivtraining.org/course_catalog.html

- Office of AIDS Programs and Policy (OAPP)
 - Making the Connection: Developing a Comprehensive Curriculum
 - Contact Theresa Watts at OAPP (213) 637-8438



THANK YOU!