

**Community Planning Group  
Literature & Education Committee  
Meeting Minutes**

**Wednesday, September 23<sup>rd</sup>, 2009**

**12:00 - 2:00 pm**

**The Office of HIV Planning, 340 N. 12<sup>th</sup> Street, Suite 203, Philadelphia, PA 19107**

**Present:** Jennifer Chapman (Co-Chair), Terri Clark, Dionna Samuel

**Staff:** Joseph Ellis, Monica Getahun, Mari Ross-Russell

**Excused:** Yexsy Alicea (Co-Chair), Christopher Collins

**Call to Order**

J. Chapman called the meeting to order at 12:24 pm.

**Approval of Agenda**

The group took a moment to review the agenda for the day's meeting. **Motion: J. Chapman moved and T. Clark seconded to approve the document. Motion Passed: All in favor.**

**Approval of Minutes** (*August 26<sup>th</sup>, 2009*)

As no one from the committee's August meeting was in attendance, the group tabled the approval of the minutes until their next meeting.

**Report of Staff**

• **Lit & Ed Calendar**

M. Getahun suggested that the committee spend some time planning their calendar so that they could gain a better understanding of the planning work that remained and the time that they had to complete it. She believed that the review of programs for heterosexuals could be completed by October and that the rest of the interventions could be reviewed by the end of the November meeting.

M. Getahun also told the group that the OHP had contacted AACO in order to obtain input on the feasibility of the committee's approved programs. She said that the grantee had said that they would provide the information after the list of programs had been pared down to a manageable amount. Since the committee had only rejected a few programs for IDUs, she suggested that they ask the CPG for more input on the programs they had approved in hopes that more could be taken off of the list. Since such a procedure would also more greatly involve the CPG, she proposed that the committee bring the results of each of their program reviews by population to the full planning body for further review. She clarified that the CPG could review IDU programs at their next meeting and heterosexual programs in November, if the committee was able to keep up with their calendar. The rest of the group agreed.

M. Ross-Russell reported that she had requested from the grantee a list of prevention providers and the programs they offered. She clarified that, as the group had previously discussed, they could use the list to coordinate a panel discussion with providers at an upcoming CPG meeting in order to acquire more information about locally operating programs. She suggested organizing the discussions by programs because a number of interventions were used to target various populations. She pointed out, however, that the committee would have to invite all the providers of a program to the discussion in order to not appear biased. T. Clark supported the idea of coordinating a panel discussion; however, she felt that such an activity would be most appropriate after the group had finished their review of programs. J. Chapman agreed and so the group decided to schedule the panel discussions for either February or March. T. Clark asked whether the panel discussions should take place in a CPG or Lit & Ed Committee meeting. M. Ross-Russell suggested holding the discussions in a CPG meeting because, in addition to satisfying the committee's charge of keeping the planning body informed, CPG members might be able to add to the conversation. The rest of the group agreed and so she said that OHP staff would invite providers to the discussion after they had received the list from AACO.

As a final item for the committee's calendar, M. Getahun asked the group when they wanted to assign weights to their factors for reviewing programs. J. Chapman and T. Clark both felt that the process should occur after the panel discussions because they believed that information could arise during the conversations that would affect the weights. As a result, M. Getahun scheduled the weighting process on the calendar for April or May. She then took a moment to review the group's decisions and to note that a review of the calendar would be done at each meeting to keep the committee on schedule.

### **Report of Co-Chairs**

J. Chapman informed the group that, although she had updated their list of remaining interventions for review, she had forgotten to include the local programs. As a result, she said that she would revise the list directly after the group's meeting and distribute an updated copy to them before the end of the day.

### **Discussion Items:**

- **Heterosexual Epidemiological Data**

M. Getahun directed the group's attention to the handout entitled *Brief Overview of Research on Heterosexual Populations*. She said that she had created the overview by compiling 2008 epidemiological data from Kathleen Brady with what seemed to be the most pertinent information on heterosexuals from the Prevention Intervention Information Binder. She felt that the information would help the group make decisions about which programs would be most effective for the targeted population. As a result, she said that she would create such documents for the rest of the at-risk populations before the committee reviewed the programs that targeted them. As the group read over the handout, she noted that, according to the most recent epidemiological data, African Americans, Latinos, and women were the heterosexual populations most affected by HIV in Philadelphia.

J. Chapman felt that the information in the overview would be helpful to the CPG as they reviewed the programs that the Lit & Ed Committee had approved. M. Getahun agreed and said that she would include the overview on IDU populations in the handouts for the CPG so that they could refer to it as they went through the activity.

- **Homework Report**

J. Chapman stated that she had been unable to find any information on SSSB (Safer Sex Skills Building) and Female Condom Skills Training. She asked whether OHP staff had been able to find any information on either of the two programs. M. Getahun replied that the CDC was regularly adding new interventions to their compendium and, as a result, occasionally did not have information for some of the programs. She said that, in such cases, she had searched for secondary source evaluations or articles on the programs and included whatever she found in the binders.

### **CHOICES – APPROVED WITH RESERVATIONS**

- Targets a specific population?  
Low income heterosexually active women
- Targets a specific behavior?  
Developing skills that emphasize behavior change (lifestyle balance, abstinence, monogamy, and condom use) to prevent new STIs.
- Effectiveness?  
In follow up after 12 months, women in the skills training classes were significantly less likely to acquire a new STD.
- Sound theoretical basis?  
Motivational interviewing, decision making exercises, and the Relapse Prevention model
- Norms, Values, Consumer Preferences?  
Small groups and an educational component
- Intervention Feasibility?
  - Staff – possibly requires masters or doctoral level psychotherapist.
- Other considerations
  - PCRS connection?
  - Condom negotiating skills training

The group generally approved of CHOICES; however, they opted to place a reservation on the program until they could find out whether it required a masters or doctoral level psychotherapist.

### **LIGHT (Living In Good Health Together) - APPROVED**

- Targets a specific population?  
Sexually active, low-income, inner city, high risk men and women
- Targets a specific behavior?  
Skills training – identify and manage risk, assertiveness, and negotiating condom use.
- Effectiveness?  
Fewer vaginal and anal sex acts at all times and in all groups (3 follow ups), increase in consistent condom use in all groups, fewer STD symptoms in 3 out of 4 groups, and significantly smaller percentage of people identified with gonorrhea than in comparison
- Sound theoretical basis?  
Social Cognitive Theory
- Norms, Values, Consumer Preferences?  
Small groups (5 – 15 people) comprised of same-sex individuals
- Intervention Feasibility?
  - Cost – 7 sessions twice a week, each 90 – 120 minutes (inexpensive)
  - Staff – Two trained facilitators
- Other considerations
  - PCRS connection?  
Yes, teaches condom use skills and targets drug-using partners.

J. Ellis reminded the group that, at their last meeting, they had decided that each member of the committee would report his or her decisions and reasoning about whether or not to approve the programs they had reviewed for homework. He said that the decision had been based on the committee's need to expedite their process. However, T. Clark felt that each committee member should be familiar with all of the programs being reviewed. As a result, she said that doing away with the fuller conversations about each of the programs would be harmful to the process. D. Samuel replied that, although full discussions about each program would be more beneficial to the process, the committee needed to find a way to compromise between the two methods of reviewing programs because of the amount they had yet to cover. The rest of the group agreed.

### **Project FIO (the Future is Ours) – APPROVED**

- Targets a specific population?  
Sexually active, heterosexual women
- Targets a specific behavior?  
Teaches skills to negotiate safer sex

- Effectiveness?  
Significantly fewer unprotected sex occasions and higher condom use in control group
- Sound theoretical basis?  
AIDS Risk Reduction Model and Social Learning Theory
- Norms, Values, Consumer Preferences?  
Cultural competency
- Intervention Feasibility?
  - Cost – minimal resources required and only 8 2-hour sessions
  - Staff – two facilitators
- Other considerations
  - PCRS connection?  
Teaches condom negotiation skills

**Project SAFE – APPROVED WITH RESERVATIONS**

- Targets a specific population?  
African American and Mexican American women with a STI diagnosed in a public health clinic
- Targets a specific behavior?  
To reduce new infections of STIs and the behaviors that cause them
- Effectiveness?  
Unknown
- Sound theoretical basis?  
AIDS Risk Reduction Model
- Norms, Values, Consumer Preferences?  
Small groups, ethnically matched female facilitator
- Intervention Feasibility?
  - Cost – 3 1-hour sessions with groups of 5-6 women over 3-week period
  - Staff – nurse clinician required to provide STD screening and treatment
- Other considerations
  - PCRS connection?  
Teaches condom use skills

T. Clark stated that the only factor of Project SAFE that stood out to her was that it operated out of an STD clinic. As a result, she felt that the program's full approval should be decided by whether or not another program in operation was also conducted out of an STD clinic. The rest of the group agreed.

### **Project RESPECT**

#### **Brief Counseling – APPROVED**

#### **Brief Counseling + Booster – DENIED**

#### **Enhanced – DENIED**

- Targets a specific population?  
BC – sexually active, HIV negative heterosexuals who are STD clinic patients  
BC + B – same as above but also includes homosexuals and bisexuals  
E – same as BC
- Targets a specific behavior?  
BC – eliminate or reduce sex risk behaviors and prevent new STIs  
BC + B – same as above  
E – same as above
- Effectiveness?  
BC – control group saw a significant reduction in new STIs and unprotected sex acts.  
BC + B – no more effective than BC in reducing new STIs  
E – same as above
- Sound theoretical basis?  
Theory of Reasoned Action and the Social Cognitive Theory
- Norms, Values, Consumer Preferences?  
unknown
- Intervention Feasibility?  
BC – 2, 20-minute ILI counseling sessions  
BC + B – same as above with an extra 20-minute counseling session after 6 months  
E – same as BC but 4 sessions instead of 2
- Other considerations
  - PCRS connection?  
No language

After the group had reviewed the information on the three variations of RESPECT, J. Chapman stated that the enhanced version seemed to have been created first and that, after the enhanced version had only average outcomes, the other two variations were later developed. The rest of the group agreed and, as a result, decided to reject the enhanced

version of RESPECT. The committee also rejected the brief counseling plus booster version of the program after they realized that it had not been more effective than the brief counseling alone at reducing new STIs.

Before proceeding to their next discussion item, the group decided that, moving forward, they would email their completed versions of Worksheet 13 to M. Getahun before their meetings. M. Getahun said that she would contact Y. Alicia and C. Collins to see whether they had any completed worksheets.

- **Planning for CPG Workgroup Session**

M. Getahun directed the group's attention to the handout containing all of their approval decisions for IDU programs. As the group looked over the documents, D. Samuel asked whether it would be possible in the future to get the information to the CPG well before the meeting so that they would have sufficient time to review it. The rest of the group agreed and M. Getahun said that she would prepare the documents earlier for the rest of the committee's program discussions with the CPG. D. Samuel also felt that the documents should clearly list the committee's reason for rejecting a program and the rest of the committee members supported the idea. As a result, the group decided to review their reasons for rejecting CLEAR, Sniffer, Community Promise, and DUIT and add the information to the handouts.

J. Chapman asked whether the CPG should be broken into smaller groups to perform the task of reviewing each of the committee's decisions about the programs. M. Getahun replied that, while doing so would probably be the most efficient manner of conducting the task, it was possible that there would not be enough CPG members in attendance for small groups. M. Ross-Russell pointed out that the specific procedures used to conduct the workgroup sessions would likely develop as the committee went through the process. She reminded the group that their ultimate goal was to familiarize the CPG with what they were doing and to include the planning body in the process. M. Getahun added that the presentation would also get the CPG members thinking about potential questions for their upcoming panel discussion. She then offered to help the committee develop a PowerPoint display for their presentation before the start of the CPG meeting. The group felt that a PowerPoint display would be beneficial to their presentation and, therefore, opted to end the meeting early in order to develop it.

**Old Business**

None

**New Business**

None

**Review/Next Steps**

- The Lit & Ed Committee started their meeting by reviewing the tasks they had to complete within the next year and scheduling deadlines for them on their calendar.
- The group also reviewed data on Heterosexual populations to inform their decisions about the programs targeting the population

- The group then reviewed CHOICES, Light, Project FIO, Project Safe, and three variations of RESPECT. The group approved of all of the programs with the exception of the enhanced and boosted versions of RESPECT.
- The group concluded their meeting by planning for their presentation in the CPG meeting.

**Announcements**

None

**Adjournment**

The meeting was adjourned by general consensus at 2:18 pm.

Respectfully Submitted,

Joseph Ellis, Staff

**Handouts Distributed at the Meeting:**

- Meeting Agenda
- Meeting Minutes (*August 26<sup>th</sup>, 2009*)
- Lit & Ed Committee Calendar 2009 – 2010
- Brief Overview of Research on Heterosexual Populations
- Committee Decisions on IDU Programs
- OHP Meeting Calendar

COMMUNITY PLANNING GROUP (CPG)

**Literature & Education Committee**

Wednesday, September 23<sup>rd</sup>, 2009

12:00 - 2:00 pm

The Office of HIV Planning, 340 N. 12<sup>th</sup> Street, Suite 203, Philadelphia

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**Call to Order/Introductions**

**Approval of Agenda**

**Approval of Minutes** (*August 26<sup>th</sup>, 2009*)

**Report of Staff**

- **Lit & Ed Calendar**

**Report of Co-Chairs**

**Discussion Items:**

- **Heterosexual Epidemiological Data**
- **Homework Report**
- **Planning for CPG Workgroup Session**

**Old Business**

**New Business**

**Review/Next Steps**

**Announcements**

**Adjournment**

*The next Lit. & Ed. Committee meeting will be held on **Wednesday, October 28<sup>th</sup>, 12:00 – 2:00 pm.**  
The Office of HIV Planning, 340 N. 12<sup>th</sup> Street, Suite 203, Philadelphia  
Please refer to the Office of HIV Planning's attached Calendar of Events or its website, [www.hivphilly.org](http://www.hivphilly.org), for  
updated committee meeting information.*

**Please contact the office at least 5 days in advance if you require special assistance**

**Community Planning Group  
Literature & Education Committee  
Meeting Minutes**

**Wednesday, August 26<sup>th</sup>, 2009**

**12:00 - 2:00 pm**

**The Office of HIV Planning, 340 N. 12<sup>th</sup> Street, Suite 203, Philadelphia, PA 19107**

**Present:** Yexsy Alicea (Co-Chair), Christopher Collins, Dionna Samuel

**Staff:** Joseph Ellis, Monica Getahun, Mari Ross-Russell

**Excused:** Jennifer Chapman (Co-Chair), Terri Clark

**Call to Order**

Y. Alicia called the meeting to order at 12:40 pm.

**Approval of Agenda**

**Motion:** D. Samuel moved and Y. Alicia seconded to approve the meeting agenda after the group had reviewed the document. **Motion Passed:** All in favor.

**Approval of Minutes** (*July 22<sup>nd</sup>, 2009*)

**Motion:** D. Samuel moved and Y. Alicia seconded to approve the minutes from the group's last meeting after the members of the Lit & Ed Committee had had taken some time to review the document. **Motion Passed:** All in favor.

**Report of Staff**

• **Populations Changes**

M. Ross Russell reported that the CDC had released the guidance for the prevention application. She said that parts of the document gave the impression that the CDC wanted to start focusing prevention efforts on the partners of PLWHA and IDUs. She then read the following statement from the guidance to illustrate her point: "Uninfected, high-risk populations such as sex partners or needle-using partners of people living with HIV should be prioritized based on community needs." She told the group that, when the CDC made recommendations such as the statement she had just read, they tended to strengthen the language to mandates in subsequent years. As a result, she suggested that the group add another factor to their interventions review to denote whether programs took partner services into consideration at all, though she felt that such findings were unlikely. If the group decided to add the extra factor, she continued, OHP staff would go back through the already reviewed programs to look for mention of partner services. D. Samuels agreed with adding an additional factor for partner services. However, because she also did not believe that many such connections would be found, she suggested making note of indirect connections to partners of PLWHA or IDUs as well, such as condom negotiating skills. The rest of the group agreed.

M. Ross-Russell also informed the group that, as of their next meeting, M. Getahun would be taking her place as the supportive staff person for the Lit and Ed Committee.

## Report of Co-Chairs

None

### Discussion Items:

- **Continue IDU Interventions Review**

The group continued their review of IDU interventions with Community Promise, which Y. Alicia had agreed to gather information on at the last meeting. Y. Alicia informed the group that the CLI was comprised of focus groups that disseminated information through peer networks. However, she said that it was difficult to ascertain whether the program was having an impact because it was relatively new. The group did not completely review Community Promise because they rejected it after learning that the program's efficacy had not been determined. However, they decided to review the program again if they were able to obtain more data on it at a later date.

Community Promise – **DENIED**, with reservations

- Targets a specific population?  
No specific population – locally, the program is used for MSM and Heterosexual youth populations
- Targets a specific behavior?  
Sexual risk reduction by reducing the number of sex partners
- Effectiveness?  
The program's efficacy has not been determined
- Sound theoretical basis?  
No theoretical basis
- Norms, Values, Consumer Preferences?  
Yes – the program is peer driven
- Intervention Feasibility?
  - Cost – The program is inexpensive as it only requires a manual and some videos.
- Ability to have the greatest impact on decreasing new infections?  
Get Real is another similar program
- Other considerations  
The program is already in use locally.
  - PCRS connection?  
No known connection.

## **DUIT - DENIED**

- Targets a specific population?  
IDU youth who are both HIV and Hepatitis C negative
- Targets a specific behavior?  
Eliminate or reduce injection and sexual risk behaviors.
- Effectiveness?  
Although there were significantly reduced injection behaviors after six months and a high retention rate, anal sex reduced more in the comparison group than in the study group.
- Sound theoretical basis?  
Social Learning Theory; Peer-Education Framework; Information, Motivation, and Behavioral (IMB) Skills Model

The group did not completely review DUIT because they rejected the program after learning that anal sex reduced more in the comparison group than in the study group.

As the group had decided to next review Comprehensive Risk Counseling Services (CRCS), M. Getahun directed their attention to the handout that gave some feedback on the program from the Prevention Provider Survey. She pointed out that most of the responses in the survey had come from case managers and that 86% of respondents had felt that the program was successful. Y. Alicia stated that she was dissatisfied with the program and provided a few reasons for her sentiment. She said that CRCS was not cost effective because counselors were supposed to have a twenty to thirty client case load but usually only had five or less clients. In addition, she told the group that providers of the services had difficulty retaining and engaging clients in risk reduction sessions because, although CRCS was intended to be preventative, most clients wanted the services while in crisis. C. Collins disagreed with Y. Alicia, saying that, in his experience, CRCS gave clients what they needed and left them content. Additionally, he felt that the services were cost effective as long as recruitment was performed effectively and targeted the correct population. Commenting on some of the CRCS barriers listed in the handout, he said that economic strains were affecting all interventions, noting that incentives were necessary for retaining clients. He also said that youth were difficult for all interventions to recruit and retain and that some recruitment problems stemmed from the fact that too many providers were offering the same services. In closing, he told the group that whether or not a program of any kind was able to retain clients was largely dependent on the counselor and their ability to connect with consumers. The group then performed a formal review of CRCS using the available data.

## **CRCS - APPROVED**

- Targets a specific population?  
Locally, the program targets all at-risk populations

- Targets a specific behavior?  
To reduce or eliminate sexual risk behaviors
- Effectiveness?  
Yes, according to those who responded to the Prevention Provider Survey
- Sound theoretical basis?  
The group deduced that the program was based either on the Theory of Reasoned Action or motivational interviewing.
- Norms, Values, Consumer Preferences?  
Yes, according to those who responded to the Prevention Provider Survey
- Intervention Feasibility?
  - Adaptability – yes
  - Cost – staff and incentives; cost effectiveness depends on the provider
  - Training – yes
- Ability to have the greatest impact on decreasing new infections?  
Undetermined
- Other considerations  
The program is already funded locally
  - PCRS connection?  
“CRCS...is conducted with only one client at a time, unless the client’s partner is involved in the sessions.”

As the committee had completed their review of IDU programs, they took a moment to ascertain which interventions they would need to investigate for Heterosexual populations. They determined that, since a number of the local programs targeted both Heterosexual and IDU populations, they would not have to review them twice.

Focus on the Future - **ACCEPTED**

- Targets a specific population?  
Young, Heterosexual, African American men with a newly diagnosed STD
- Targets a specific behavior?  
Increase quality and consistency of condom use, reduce number of sexual partners and STD reinfections
- Effectiveness?  
Yes, over 6 months, men in the program had significantly less reinfections and female partners than those receiving only standard of care.

- Sound theoretical basis?  
IMB Skills Model, Lay Health Advisor Model
- Norms, Values, Consumer Preferences?  
Yes, delivered by African American men from the community who are able to effectively communicate without judging
- Intervention Feasibility?
  - Adaptability – Yes
  - Cost – inexpensive – delivered in clinic, single session, 55 minute 1 on 1.
  - Training – yes, community member is trained as lay health advisor
  - Staff – lay health person, cheaper than clinician
- Ability to have the greatest impact on decreasing new infections?  
M. Getahun felt that this factor would be more useful for comparative purposes after the group had pared down their list of interventions. The rest of the committee agreed.
- Other considerations  
Large target population in Philadelphia
  - PCRS connection? – Yes

### **Old Business**

None

### **New Business**

Y. Alicia felt that each member of the group should start reviewing programs on their own between meetings in order to expedite the process. C. Collins agreed and suggested assigning a list of programs for each member of the committee to review. He said that the assignments and a blank copy of worksheet 13 could be sent by email. The rest of the group agreed and Y. Alicia said that she would contact J. Chapman to inform her of the new procedure.

D. Samuel asked whether the group would continue to use the question ‘ability to have the greatest impact on decreasing new infections?’ as a factor in their program review. In response, M. Getahun noted that the forthcoming weighting of factors would probably reduce the list of programs that the group would have to compare using the question.

### **Review/Next Steps**

- After being informed that the CDC was strongly encouraging jurisdictions to target the partners of PLWHA and IDUs, the Lit & Ed Committee decided to add an additional factor to their program review to make note of whether interventions attempted partner linkages.
- The group continued their program review, making decisions on Community Promise, DUIT, CRCS, and Focus on the Future.

- In closing, the committee decided to have members review and make decisions on programs individually before meetings in order to expedite the process.

**Announcements**

None

**Adjournment**

The meeting was adjourned by general consensus at 2:04 pm.

Respectfully Submitted,

Joseph Ellis, Staff

**Handouts Distributed at the Meeting:**

- Meeting Agenda
- Meeting Minutes (*July 22<sup>nd</sup>, 2009*)
- Prevention Provider Survey Summary for CRCS
- Completed Worksheet 13 for Get Real Philly
- OHP Meeting Calendar

DRAFT

## **BRIEF OVERVIEW OF RESEARCH ON HETEROSEXUAL POPULATIONS**

### **Who is at risk?**

- African Americans and Latinos are disproportionately affected
- African American and Hispanic women are also disproportionately affected (largest number among 15-39 years old and 60% African American)
- Prevention programs in the US have addressed the drug-using risks of heterosexual men and few have addressed their sexual behavior
- Women have been the primary focus of sexual behavior
- Incarcerated men are at greater risk (90% of prisoners are men in the US) clean needles are not available and condoms are only in few
- Young men of color are at most risk due to lack of coaching to develop a health plan for themselves
- Most women are infected through heterosexual contact with IDU partners and are more likely to contract HIV than males

### **Problems reaching this population**

- Many heterosexual men do not have enough knowledge about HIV and other STDs and do not believe it concerns them, seen as a “gay white man’s “ problem because of lack of material targeted towards straight men
- Women disproportionately suffer from abuse, violence, and poverty and are less likely to have health insurance and access to care and prevention services, condom negotiation skills, or safe partners
- For young heterosexual men of color, the dangers and concerns of daily survival far outweigh any future concerns such as HIV

### **How can this population be reached?**

- Involving male partners; women cannot not only rely on their own skills, attitudes, and behaviors towards condom use but on those of their partners
- Support from other women in group settings can increase self esteem and behavior choices
- Help with non-HIV factors such as poverty and economic strain, violence, drug use and family
- In male heterosexuals, peer educators can help address prevention to reduce misunderstanding about gay culture. Sensitivity training is necessary for all men to understand and respect sexual cultures and boundaries
- Interventions that target heterosexual men should focus on general health issues not just sexual health issues
- Need for basic HIV/AIDS information and how to advocate for their health (male heterosexuals)
- Because women are more likely to get HIV from their male partners, programs that target men (especially IDUs) will have a beneficial impact on women
- Raise awareness about violence and sexual abuse
- Given the lack of evidence from biomedical interventions (microbicides and vaccines) behavioral and structural HIV prevention for women are necessary
- Interventions that address sexuality, family, culture, empowerment, self-esteem, and negotiating skills in varying community settings are especially valuable.

## **SELECTED LITERATURE REVIEW**

### **BRINGING IT HOME: DESIGN AND IMPLEMENTATION OF AN HIV/STD INTERVENTION FOR WOMEN VISITING INCARCERATED MEN**

Grinstead et al. 2008

- Incarceration has been identified as a key variable to be addressed in halting the HIV epidemic among African Americans

- Women with incarcerated partners reported low rates of condom use and HIV testing combined with a lack of information about prison-related HIV risks
- Peer education is a feasible intervention to reach women with incarcerated partners and that flexibility and inclusiveness are important factors in designing intervention programs for this population

## Review and Meta-analysis of HIV Prevention Intervention Research for Heterosexual Adult Populations in the United States

Neumann et al. 2002

- These analyses indicate that science-based prevention interventions have positive effects among populations at risk through heterosexual transmission and that these positive effects are found with biologic and self-reported behavioral measures.
- Interventions delivered to small groups of participants showed more favorable effects than interventions delivered to individuals. Comparing the homogeneity of effects among studies of interventions delivered to these types of participant groupings suggests that group dynamics or some other characteristic of group-level interventions produces more consistent effects

### LOCAL DATA

		N	Total Col %
Total		630	100.0 %
<b>Race</b>			
	Black	464	73.6 %
	Hispanic	77	12.2 %
	White	78	12.3 %
	UNK	11	1.7 %
<b>Gender</b>			
	Male	332	52.6 %
	Female	298	47.3 %
<b>Age Category</b>			
	13-19	18	2.8 %
	20-29	132	20.9 %
	30-39	139	22.0 %
	40-49	199	31.5 %
	50+	142	22.5 %
<b>Gender</b>	<b>Race</b>		
Male	Black	240	38.0 %
	Hispanic	41	6.5 %
	White	45	7.1 %
	UNK	6	0.9 %
Female	Black	224	35.5 %
	Hispanic	36	5.7 %
	White	33	5.2 %
	UNK	5	0.7 %
<b>Gender</b>	<b>Age Category</b>		
Male	13-19	8	1.2 %
	20-29	70	11.1 %
	30-39	68	10.7 %
	40-49	105	16.6 %
	50+	81	12.8 %
Female	13-19	10	1.5 %
	20-29	62	9.8 %
	30-39	71	11.2 %
	40-49	94	14.9 %
	50+	61	9.6 %

# Literature and Education Committee

## 2009-2010

### Tasks to complete

- Program Reviews:
  - Heterosexuals
  - MSM
  - Youth
  - PLWHA
  - Others
- Plan
  - CPG presentation
  - local prov. panel
- Assign Weights (Wkshts 15-16)

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<u>October</u>	<u>November</u>	<u>December</u>	<u>January</u>
<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>
<u>June</u>	<u>July</u>	<u>August</u>	<u>September</u>

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# X

## **CLEAR (Choosing Life: Empowerment! Action! Results!) – Best Evidence Endorsed by CDC**

**Population:** IDU

**Target Population:** PLWHA males and females 16 and older and high –risk negative individuals

**Target Behavior:** Reduce sexual and substance use risk behaviors, Improve mental and physical health

**Efficacy:** The original evaluation study was conducted in Los Angeles and San Francisco, and New York City, 1999 and 2003. The study included a sample of 175 young people living with HIV. At 15 months post baseline, participants who received the In-person CLEAR intervention reported significantly greater increases in the proportion of protected sex acts with all sex partners ( $p < 0.01$ ) and proportion of protected sex acts with HIV-seronegative partners ( $p < 0.05$ ) than wait list control participants. Participants receiving the In-person intervention also reported a significantly greater increase in the proportion of protected sex acts with HIV-negative partners at 15 months post baseline than participants in the Telephone-delivered intervention ( $p < 0.01$ ).

**Theoretical Base:** Cognitive Behavior Therapy and Social Action Theory

**Norms and Values:** No language expressing emphasis on cultural competency

**Feasibility:** 18 sessions total (6 sessions per module); each session lasts 1.5 hours, Coffee shops, and community agencies, private rooms at collaborating sites, parks, or participants' residences.  
Licensed therapist or clinical social worker

**More for less \$:** Expensive to deliver 18 individual sessions by licensed therapists

**Partner Linkage:** Significant outcome measure is increases in the proportion of protected sex acts with HIV-seronegative partners ( $p < 0.05$ ) than wait list control participants

### **Literature Review Summary:**

A comprehensive approach is the most effective strategy for preventing HIV/AIDS and other Blood-borne infections in drug-using populations and their communities.

#### ***A Meta-analysis of the Effect of HIV Prevention Interventions on the Sex Behaviors of Drug Users in the United States – Semaan et al. JAIDS, July 2002***

- Effectiveness of 33 U.S.-based HIV intervention studies in reducing the sexual risk behaviors of drug users by reducing unprotected sex or increasing the use of male condoms
- Meta analysis reviewed strong studies ; only those with either experimental or quasi experimental design assessed outcomes based on behavioral construct consisting of two outcome variables (reducing unprotected sex acts or increasing the use of male condoms) to assess reductions in unsafe sex behaviors
- Analysis shows that “something is better than nothing” but with current set of interventions “more of something is not necessarily better”. Advice is to fine tune interventions to address specific populations giving the example of MSM IDU



## **Female and Culturally Specific Negotiation Intervention**

### **Population: IDU**

**Target Population:** Inner city, HIV-negative, heterosexually active, African-American female drug injectors and crack cocaine smokers

**Target Behavior:** Reduce HIV risk behaviors in African American women who use crack or inject drugs

**Efficacy:** The original evaluation was conducted in Atlanta, 1998- 2001. The sample included 333 African American drug-using women. At 6-month follow-up, the Enhanced Negotiation intervention group reported significantly greater reductions in the proportion of women who had a paying sex partner ( $p < 0.05$ ), the proportion of women who traded sex for money or drugs ( $p$ 's  $< 0.01$ ), and the mean number of injections ( $p < 0.05$ ) than women who received the NIDA standard intervention. Significantly greater reductions in frequency of alcohol use during sex ( $p < .001$ ), significantly greater reduction in the number of times they had sex with a paying partner ( $p < .001$ ) and a significantly greater increase in condom use with steady partners ( $p < .01$ ), in the number of sex acts with a paying partner ( $p < .001$ )

**Theoretical Base:** Theory of Gender and Power, Theory of Planned Behavior, Theory of Reasoned Actions, Social Cognitive Theory, Transtheoretical Model of Change

**Norms and Values:** Yes, the intervention explores the meaning of gender-specific behaviors and social interactions, norms and values, and power and control.

**Feasibility:** Female health interventionist and counselor, four 20 to 40 minute sessions delivered over a 3 to 4 week time span

**More for less \$:** Yes Program doesn't cost too much compared to other interventions with the same target population. However, this is difficult to gauge.

**Partner Linkage:** Only language around partner linkage could be inferred from the program outcome of a significantly greater increase in condom use with steady partners ( $p < .01$ )

### **Literature Review Summary:**

#### **The Efficacy of HIV/STI Behavioral Interventions for African American Females in the United States: A Meta-Analysis -Crepaz et al. - 2009**

- Greater intervention efficacy was observed in studies that specifically targeted African American females used gender- or culture-specific materials, used female deliverers, addressed empowerment issues, provided skills training in condom use and negotiation of safer sex, and used role-playing to teach negotiation skills
- Behavioral interventions are efficacious at preventing HIV and STIs among African American females. More research is needed to examine the potential contribution of prevention strategies that attend to community-level and structural-level factors affecting HIV infection and transmission in this population.



**MIP (Modelo de Intervención Psicomédica)**

**Population: IDU**

**Target Population:** Hispanic drug injectors

**Target Behavior:** To reduce injection-related HIV risk behaviors, (to engage injection drug users in drug treatment and health care, to enhance self-efficacy)

**Efficacy:** The original evaluation study was conducted in Vega Baja, Puerto Rico between 1998 and 2001. The study included a sample of 557 injection drug using Puerto Rican men and women who were not in treatment. At the follow-up, injection drug users receiving the MIP intervention reported a significantly greater reduction in continued injection drug use than those in the comparison group ( $p = 0.04$ ). This significant reduction in injection drug use was also found among the subsample of drug injectors who entered drug treatment ( $p < 0.05$ ). Among participants who continued to inject at follow-up, those receiving the MIP intervention were significantly less likely to report needle sharing than those receiving the comparison intervention ( $p < 0.05$ ).

**Theoretical Base:** Miller's Motivational Interviewing Model

**Norms and Values:** Yes, the program targets Hispanics and is therefore culturally tailored

**Feasibility:** 6 weekly sessions with ongoing case management, Study site or drug treatment program, Registered nurse and case manager. Free training provided

**More for less \$:** Weekly sessions can be built into case management and therefore cost effective, however there are few interventions for this specific population to properly compare costs

**Partner Linkage:** One of the outcomes measured is sexual risk behaviors during the prior 30 days and prior 6 months (including unprotected vaginal or anal sex with *any partner, primary partner or non-primary partner*) were assessed at 6 months post-baseline.

**Literature Review Summary:**

**Methodological challenges in designing efficacious drug abuse and HIV preventive interventions for Hispanic adolescent subgroups – Pantin et al. J. Urban Health, 2005**

- Hispanic adolescents should be sub grouped based on risk and protective factors that are amenable to intervention.
- Such sub grouping would then support the development and refinement of flexible interventions that can be tailored to the risk and protection profile of each subgroup



**SHIELD (Self-Help in Eliminating Life-Threatening Diseases)**

**Population: IDU**

**Target Population:** Low-income, African American drug users

**Target Behavior:** To reduce drug and sex risk behaviors

**Efficacy:** The original evaluation study was conducted in Baltimore, Maryland between 1997 and 1999. The study included a predominantly African American sample of 250 drug-using men and women. At 6-months follow-up, injection drug users receiving the SHIELD intervention reported significantly greater reductions in needle sharing ( $p < 0.05$ ) and injection drug use frequency ( $p < 0.05$ ) and were more likely to stop injecting drugs ( $p < 0.05$ ) than those in the control group. Among sexually active drug users, those receiving the SHIELD intervention reported significantly greater increases in condom use with casual sex partners ( $p < 0.05$ ) than those in the control group.

**Theoretical Base:** Active learning Theory, Cognitive Consistency Theory, Social Identity Theory, Social Influence Theory, Social Cognitive Theory

**Norms and Values:** Yes, the program uses male and female indigenous paraprofessional facilitators, with emphasis on community mobilization and input

**Feasibility:** Ten 90-minute sessions, the setting for the 10-session training is a community-based research clinic; but the participant-delivered outreach is conducted throughout the community.

**More for less \$:** Yes, utilizes paraprofessionals and community members lowering costs

**Partner Linkage:** One of the outcomes measured is sexual risk behaviors during the previous 6 months (including frequency of condom use with *main and casual sex partners*, number of casual partners)

**Literature Review Summary:**

***A Meta-analysis of the Effect of HIV Prevention Interventions on the Sex Behaviors of Drug Users in the United States – Semaan et al. JAIDS, July 2002***

- Effectiveness of 33 U.S.-based HIV intervention studies in reducing the sexual risk behaviors of drug users by reducing unprotected sex or increasing the use of male condoms
- Meta analysis reviewed strong studies ; only those with either experimental or quasi experimental design assessed outcomes based on behavioral construct consisting of two outcome variables (reducing unprotected sex acts or increasing the use of male condoms) to assess reductions in unsafe sex behaviors
- Analysis shows that “something is better than nothing” but with current set of interventions “more of something is not necessarily better”. Advice is to fine tune interventions to address specific populations giving the example of MSM IDU



## **STRIVE (Study to Reduce Intravenous Exposures)**

**Population:** IDU

**Target Population:** HIV-negative injection drug users with hepatitis C virus (HCV) infection

**Target Behavior:** Eliminate or reduce risky injection practices (e.g. syringe lending, unsafe drug preparation), Eliminate or reduce the spread of HCV

**Efficacy:** The original evaluation study was conducted in Baltimore, New York City, and Seattle, 2002 - 2004. The study included a sample of 418 HIV-negative and HCV-positive. At the 6-month follow-up, the Peer Mentoring Intervention participants reported significantly lower levels in the combined distributive risk indicator ( $p = .006$ ) and sharing drug preparation equipment ( $p = .03$ ), compared to the Video Discussion Comparison participants. At the 3-month follow-up, intervention participants reported significantly lower levels of the following outcomes than comparison participants: combined distributive risk indicator ( $p = .004$ ), frequency of preparing drugs with a syringe previously used by oneself ( $p = .03$ ), sharing drug preparation equipment ( $p = .008$ ), refraining from injection drug use ( $p = .001$ ), and frequency of injecting self with used syringe ( $p = .01$ ). (These findings meet the promising criteria due to the retention rates less than 70%)

**Theoretical Base:** Cognitive Behavior Therapy and Social Action Theory

**Norms and Values:** Yes, the program sought to teach participants how to effectively conduct educational outreach to other IDUs, thereby requiring an understanding of the population

**Feasibility:** Six 2-hour group sessions over 3 weeks. Yes, however, adaptation may be required as the study was done on a largely Caucasian population and HCV infection is most prevalent among minorities in Philadelphia

**More for less \$:** Yes 6-session GLI with only 2 trained facilitators. Also uses videos, which reduce cost

**Partner Linkage:** Only language around partner linkage could be inferred from the program goal of reducing sharing drug preparation equipment. However, there is no specific language on partners of positives

### **Literature Review Summary:**

#### **Predictors of Sharing Injection Equipment by HIV Seropositive Injection Drug Users – Latkin, et al. JAIDS, Dec. 2008**

- Intervention approaches for reducing HIV Seropositive IDUs' transmission of blood borne infections should include peer focused interventions to alter norms of drug paraphernalia sharing and promoting primary HIV care and mental health services
- Older IDUs, high school graduates, and those reporting more supportive peer norms for safer injection practices were less likely to report lending syringes
- Having psychiatric symptoms were positively associated with lending syringes
- HIV care service visits and any admission to a hospital for drug treatment in the past 6 months, was significantly associated with not sharing injection equipment



## **Women's Co-Op**

### **Population: IDU**

**Target Population:** African American women who use crack and are not in drug treatment

**Target Behavior:** To reduce sex risk behaviors (including trading sex for money or drugs and unprotected sex) and drug use (i.e., number of days using crack), to increase employment and housing status

**Efficacy:** The original evaluation study was conducted in Wake County and Durham County, North Carolina, 1999 - 2002. The analysis sample included 620 African American women who completed at least one follow-up interview. At 4.5 months post-intervention, women in the Women's Co-Op intervention group were significantly less likely to report any unprotected sex compared to women in the delayed treatment control group ( $p = 0.03$ ).

The Women's Co-Op intervention was also associated with significant decreases in sex trading, mean number of crack-use days, and homelessness, as well as a significant increase in full-time employment compared to the delayed treatment control at the 1.5 month post-intervention follow up. All of these outcomes were targeted by the intervention

**Theoretical Base:** African American Feminism, Empowerment Theory

**Norms and Values:** Yes, the program uses culturally appropriate female focused empowerment theories

**Feasibility:** Outreach targeted inner-city neighborhoods identified as having high levels of illicit drug use and violence, four sessions delivered over 6 weeks. Sessions 1 and 2 lasted 30-40 minutes each, and Sessions 3 and 4 lasted 60-90 minutes each.

**More for less \$:** Yes intervention setting is in church basements and residential buildings and delivered by African American female living in the community

**Partner Linkage:** This can be inferred from the program goal of providing women with skills training on condom and dental dam use and syringe cleaning. However, there is no specific language on partners of positives.

### **Literature Review Summary:**

#### **The Efficacy of HIV/STI Behavioral Interventions for African American Females in the United States: A Meta-Analysis -Crepaz et al. - 2009**

- Greater intervention efficacy was observed in studies that specifically targeted African American females used gender- or culture-specific materials, used female deliverers, **addressed empowerment issues**, provided skills training in condom use and negotiation of safer sex, and used role-playing to teach negotiation skills
- Behavioral interventions are efficacious at preventing HIV and STIs among African American females. More research is needed to examine the potential contribution of prevention strategies that attend to community-level and structural-level factors affecting HIV infection and transmission in this population.



## **Intensive AIDS Education**

### **Population: IDU**

**Target Population:** Incarcerated, male adolescent drug users

**Target Behavior:** To eliminate or reduce HIV risk behaviors

**Efficacy:** The original evaluation was conducted at the New York City Department of Correction's Adolescent Reception and Detention Center on Rikers Island between 1991 and 1992. Sex behaviors measured during time in the community since release from jail were: having multiple sex partners, having any high-risk sex partners, having any anal sex, and frequency of condom use during vaginal, oral, and anal sex. Outcomes were measured at a median of 10 months after baseline, which was a median of 5 months after release from jail, indicating a follow-up of at least 5 months (but less than 10 months).

**Theoretical Base:** None reported

**Norms and Values:** None reported

**Feasibility:** Four 1-hour sessions delivered twice a week over a 2-week period. Male counselor inside prisons

**More for less \$:** Yes intervention setting is inside prisons and could utilize already existing counselors. Short time for intervention and only requires one staff

**Partner Linkage:** This can be inferred from the significant | greater frequency of condom use during vaginal sex than the control participants ( $p = .02$ , one-tailed test) at the 5-month or greater follow-up. However, there is no specific language on partners of positives.

### **Literature Review Summary:**

#### **Adapting an HIV Prevention Intervention for High-Risk, Incarcerated Adolescents – Hurd et al. – 2009**

- Equally important and consistent with the literature, our findings indicate that HIV prevention interventions targeting high-risk adolescents need to target a variety of relevant psychosocial outcomes beyond simply raising knowledge and awareness of HIV/AIDS.
- Inclusion of a range of activities that address assertive communication, decision making, problem solving, and modeling of safe and preventive behavior better support positive changes in attitudes, self-efficacy, and intentions, all of which have been linked to more positive behavioral outcomes



## **Safety Counts**

**Population: IDU**

**Target Population:** Out-of-treatment active crack and injection drug users

**Target Behavior:** Eliminate or reduce sex risk behaviors, Eliminate or reduce drug risk behaviors

**Efficacy:** The original evaluation was conducted in Long Beach, 1992 -1996. This was one of the 23 cooperative agreement studies under the NIDA Cooperative Agreement for AIDS Community-Based Outreach/Intervention Research Program. The participants in the Enhanced intervention were significantly less likely to report injecting drugs ( $p < 0.05$ ) than those in the Standard at 1 to 5 months after intervention. Among injectors only, the percentage of times people did not use their own works was significantly lower in the Enhanced intervention compared to the Standard at 1 to 5 months after intervention ( $p < 0.05$ ).

**Theoretical Base:** Health Belief Model, Theory of Protection Motivation, Transtheoretical Stages of Change Model

**Norms and Values:** None reported

**Feasibility:** Public area/community, storefront offices, and local community recreational facilities, Nine sessions over a 4-6 month period, Counselors, outreach staff, and peer social support buddies

**More for less \$:** Yes intervention setting is currently being done in Philadelphia with one full time staff member in an agency. It is both sustainable and easily adaptable and can fit in already existing case management agencies

**Partner Linkage:** This can be inferred from the outcome measure of the percentage of times always used condoms, having 2 or more sex partners, exchanged sex for drugs, and having sex with an IDU. However, there is no specific language on partners of positives

### **Local Relevance (Prevention Provider Survey)**

*Safety Counts (n= 3).* These individuals estimated serving an average 92% of African American clients and 7% who identified as Hispanic. For sex, the averaged responses reflected clients that were 70% male, 28% female, and 2% Transgender. For age, 83% were adult, while 17% were youth. Most clients HIV status was positive (72%) while 28% were negative. For special needs, 47% had mental health histories, 33% were homeless/accessing a shelter system and 13% had been incarcerated. One hundred percent of the respondents had a training on the intervention and all of them felt that it was effective in changing the client's risk behaviors. Some noted barriers included "having narrow population categories", "keeping retention" and "the paperwork associated with the intervention". Some things that worked well with the intervention included: "discussion groups and information", a respondent noted "this program works well with persons who are negative as well. We have also seen success with persons who are in the community correctional facilities". Incentives were also something that worked well with this intervention. Overall, the respondents had a good understanding of what the intervention provided to its clients. Table 20 has the details. Finally, the respondents estimated serving an average of 92 clients the Safety Counts intervention in the last 12 months.

X

**Sniffer**

**Population: IDU**

**Target Population:** Intranasal heroin users

**Target Behavior:** Eliminate or reduce non-injection drug use, Prevent transition to injecting drugs

**Efficacy:** The original evaluation was conducted in New York City between 1986 and 1988. At follow-up, the intervention participants were significantly less likely to report injecting any drugs than control participants ( $p < .05$ , one-tailed test).

**Theoretical Base:** Social Learning Theory

**Norms and Values:** Delivered in settings such as community store-front and takes into consideration the cultural norms

**Feasibility:** Two group facilitators, Community setting

**More for less \$:** Two facilitators, minimal cost associated

**Partner Linkage:** One of the outcomes measured was condom use however; there is no specific language on partners of positives.

**Literature Review Summary:**

A comprehensive approach is the most effective strategy for preventing HIV/AIDS and other Blood-borne infections in drug-using populations and their communities.

***A Meta-analysis of the Effect of HIV Prevention Interventions on the Sex Behaviors of Drug Users in the United States – Semaan et al. JAIDS, July 2002***

- Effectiveness of 33 U.S.-based HIV intervention studies in reducing the sexual risk behaviors of drug users by reducing unprotected sex or increasing the use of male condoms
- Meta analysis reviewed strong studies ; only those with either experimental or quasi experimental design assessed outcomes based on behavioral construct consisting of two outcome variables (reducing unprotected sex acts or increasing the use of male condoms) to assess reductions in unsafe sex behaviors
- Analysis shows that “something is better than nothing” but with current set of interventions “more of something is not necessarily better”. Advice is to fine tune interventions to address specific populations giving the example of MSM IDU

## X/W.R

### **Community Promise**

#### **Population: IDU**

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

**Target Behavior:** Increase consistent condom use, Increase disinfecting of injection equipment

**Efficacy:** The original evaluation study was conducted in Dallas, Denver, Long Beach, New York City, and Seattle, 1991 - 1994. Over the 32-month intervention period, there was a significantly greater increase in the mean stage-of-change scores for condom use with main partner and for condom use with non-main partners in the intervention communities than in the comparison communities ( $p$ 's < .05). For condom use with non-main partners over the 32-month intervention period, there was a significantly greater increase in the percentage of participants in the action stage (i.e., used condoms every time for less than 6 months) or higher stage in the intervention communities than in the comparison communities ( $p$  < .05). For condom use with non-main partners over the 32-month intervention period, there was a significantly greater increase in the percentage of participants in the maintenance stage (i.e., has used condoms every time for 6 or more months) in the intervention communities than in the comparison communities ( $p$  < .05).

**Theoretical Base:** Transtheoretical Model of behavioral change, Health Belief Model, Theory of Reasoned Action, Social Cognitive Theory

**Norms and Values:** Community involvement and cultural sensitivity

**Feasibility:** Public areas, businesses, and other areas in the community ongoing duration, Outreach workers, peers, and area business people who had regular contact with the target population

**More for less \$:** Yes intervention is in the community setting and has low cost and training associated.

**Partner Linkage:** This can be inferred from the outcome measure of stage of change for condom use with main and non-main partners during past month. However, there is no other language on prevention with partners of positives

### **Literature Review Summary:**

#### ***A Meta-analysis of the Effect of HIV Prevention Interventions on the Sex Behaviors of Drug Users in the United States – Semaan et al. JAIDS, July 2002***

- Effectiveness of 33 U.S.-based HIV intervention studies in reducing the sexual risk behaviors of drug users by reducing unprotected sex or increasing the use of male condoms
- Meta analysis reviewed strong studies ; only those with either experimental or quasi experimental design assessed outcomes based on behavioral construct consisting of two outcome variables (reducing unprotected sex acts or increasing the use of male condoms) to assess reductions in unsafe sex behaviors
- Analysis shows that “something is better than nothing” but with current set of interventions “more of something is not necessarily better”. Advice is to fine tune interventions to address specific populations giving the example of MSM IDU



CRCS

**Population: IDU**

**Target Population:** Everyone (IDU, Heterosexual, MSM, Youth e.t.c)

**Target Behavior:** To eliminate or reduce HIV risk behaviors, drug use, illicit behavior

**Efficacy:** Widely utilized in the current prevention system. Provider survey feedback shows efficacy. Eighty-seven percent of the respondents had training on CRCS and 86% felt it was effective in changing a client's risk behaviors. Some barriers to the intervention included working with youth and getting them committed to participating in the intervention (x6), retention, lack of client follow through, economic barriers for clients, denial, mental or substance use issues, and having a strict structure. Some things that worked well with the intervention included: case manager relationship with clients (x5), being client centered (x4), referrals (x2) providing incentives (x2), having consistency and frequency of sessions with low level short term goals, education given to patients, reaching high risk clients who are in a place to receive services, and regular engagement with clients. Overall, averages of 130 clients were served this intervention in the last 12 months and the provider representatives had a good understanding of what CRCS does.

**Theoretical Base:** Motivational Interviewing and Behavior Change

**Norms and Values:** Yes, case managers take into account cultural differences and sensitivity

**Feasibility:** easily adaptable, cost effectiveness depends on organizational capacity

**More for less \$:** Yes intervention setting is inside prisons and could utilize already existing counselors. Short time for intervention and only requires one staff

**Partner Linkage:** Case managers incorporate messages on prevention with partners of positive including increased condom use, reducing needle sharing, and reducing risky behavior.

**Literature Review Summary:**

***A Meta-analysis of the Effect of HIV Prevention Interventions on the Sex Behaviors of Drug Users in the United States – Semaan et al. JAIDS, July 2002***

- Effectiveness of 33 U.S.-based HIV intervention studies in reducing the sexual risk behaviors of drug users by reducing unprotected sex or increasing the use of male condoms
- Meta analysis reviewed strong studies ; only those with either experimental or quasi experimental design assessed outcomes based on behavioral construct consisting of two outcome variables (reducing unprotected sex acts or increasing the use of male condoms) to assess reductions in unsafe sex behaviors
- Analysis shows that “something is better than nothing” but with current set of interventions “more of something is not necessarily better”. Advice is to fine tune interventions to address specific populations giving the example of MSM IDU

# X

## **DUIT (Drug Users Intervention Trial)**

### **Population: IDU**

**Target Population:** Young HIV-negative and hepatitis C virus (HCV)-negative injection drug users (IDUs)

**Target Behavior:** Eliminate or reduce injection risk behaviors, Eliminate or reduce sexual risk behaviors

**Efficacy:** The original evaluation study was conducted in Baltimore, Maryland; Chicago, Illinois; Los Angeles, California; New York, New York; and Seattle, Washington between May 2002 and July 2004. Composite index of injection drug behaviors during past 3 months (including the following 6 behaviors: proportion of injections in which injected with previously used syringe, did not use new syringe to divide drugs, shared cooker, shared cotton, shared rinse water, and proportion of partners with whom shared injection paraphernalia) were measured at 3- and 6-month follow-ups. Sex behaviors during past 3 months (including frequency of vaginal and anal sex acts, with and without condoms, stratified by partner type - main partner, other steady partners, or casual/sex trade partners) were measured at 3- and 6-month follow-ups. Serologic tests for incident HIV and HCV infections were performed at 3- and 6-month follow-up visits.

**Theoretical Base:** Information, Motivation, and Behavioral (IMB) skills model, Peer education framework, Social Learning Theory (SLT)

**Norms and Values:** Participants were recruited through street outreach, advertising, and coupon-based participant referral which incorporates cultural competency

**Feasibility:** Six 2-hour sessions delivered twice a week over 3 weeks, two facilitators (at least 1 female)

**More for less \$:** Yes intervention setting is through outreach and non-formal settings utilizing trained facilitators

**Partner Linkage:** This can be inferred from the outcome that measures condom use by partner type - main partner, other steady partners, or casual/sex trade partners. However, there is no specific language on partners of positives.

### **Literature Review Summary:**

#### ***A Meta-analysis of the Effect of HIV Prevention Interventions on the Sex Behaviors of Drug Users in the United States – Semaan et al. JAIDS, July 2002***

- Effectiveness of 33 U.S.-based HIV intervention studies in reducing the sexual risk behaviors of drug users by reducing unprotected sex or increasing the use of male condoms
- Meta analysis reviewed strong studies ; only those with either experimental or quasi experimental design assessed outcomes based on behavioral construct consisting of two outcome variables (reducing unprotected sex acts or increasing the use of male condoms) to assess reductions in unsafe sex behaviors
- Analysis shows that “something is better than nothing” but with current set of interventions “more of something is not necessarily better”. Advice is to fine tune interventions to address specific populations giving the example of MSM IDU



## **BRAINE (Brief Alcohol Intervention for Needle Exchangers)**

**Population: IDU**

**Target Population:** Active injection drug users (IDUs) who were also heavy alcohol users

**Target Behavior:** Reduce alcohol use, Reduce or eliminate injection-related risk behaviors

**Efficacy:** The original evaluation study was conducted in Providence, RI between 1998 and 2000. This intervention fails to meet the best-evidence criteria due to small analytical sample sizes. Among those that shared equipment at baseline, IDUs in the intervention group were significantly more likely than those in the control group to reduce the number of injection-related risk days by 75% ( $p < .05$ ) or by 1 or more days ( $p < .05$ ) at the 5-month follow-up. Among those that shared equipment at baseline, IDUs in the intervention group were significantly more likely than those in the control group to move to a lower risk category (based on the number of injection-related risk days) from baseline to the 5-month follow-up ( $p < .05$ ).

**Theoretical Base:** Motivational interviewing principles

**Norms and Values:** None reported

**Feasibility:** One 60-minute and one 30-45 minute session delivered 1 month apart. A social worker Ph.D. level counselor trained in motivational interviewing (other levels (case worker, MSW) can do M.I in current Philadelphia settings)

**More for less \$:** Yes, high retention rates and only delivered in two sessions

**Partner Linkage:** There is no specific language on partners of positives.

### **Literature Review Summary:**

#### ***A Meta-analysis of the Effect of HIV Prevention Interventions on the Sex Behaviors of Drug Users in the United States – Semaan et al. JAIDS, July 2002***

- Effectiveness of 33 U.S.-based HIV intervention studies in reducing the sexual risk behaviors of drug users by reducing unprotected sex or increasing the use of male condoms
- Meta analysis reviewed strong studies ; only those with either experimental or quasi experimental design assessed outcomes based on behavioral construct consisting of two outcome variables (reducing unprotected sex acts or increasing the use of male condoms) to assess reductions in unsafe sex behaviors
- Analysis shows that “something is better than nothing” but with current set of interventions “more of something is not necessarily better”. Advice is to fine tune interventions to address specific populations giving the example of MSM IDU