

What's Going on @ SPNS

AN OCCASIONAL INTEROFFICE UPDATE FROM YOUR COLLEAGUES IN THE C WING JANUARY 2005

➤ Prevention With Positives Initiative Is off to a Positive Start

HIV prevention efforts often focus on people who engage in high-risk sexual and drug-using behaviors. Even though research suggests that some people living with HIV/AIDS continue to engage in risky activities after becoming aware of their serostatus, much less attention has been given to prevention efforts with this population.

The SPNS Prevention With HIV-Infected Persons in Primary Care Settings Initiative—also known as the Prevention With Positives initiative—is a response to the need for interventions targeting HIV-positive individuals in clinical care. The intervention's goals are to prevent HIV transmission to uninfected individuals and to prevent STIs among those who are already infected with HIV. SPNS grants have been awarded to 15 clinical demonstration sites to implement and evaluate prevention interventions with HIV-infected patients. The initiative began in 2003 and will continue until 2007.

Each site is implementing a different intervention, although all are carried out in a clinical setting. A coordinating center at the University of California—San Francisco is conducting a cross-site evaluation of the project; as part of that evaluation, all sites but one are using an audio-computer assisted self-interview (ACASI) to collect data on individual client demographics, disease history, and risk behaviors and attitudes. Some interventions are using an additional, site-specific ACASI, which uses questions unique to those projects.

This issue of *What's Going on @ SPNS* focuses on two of the grantees, Drexel University School of Public Health and Johns Hopkins University (JHU) School of Medicine. Both grantees are implementing 4-year projects entering their second year, and both projects use approaches that are derived from the Transtheoretical Model of Change.

Protect and Respect

The Protect and Respect Program for Women Living With HIV/AIDS at the Drexel University School of Public Health is focusing on preventing HIV transmission by reducing high-risk sexual behavior among female patients of the Partnership Comprehensive Care Practice, an academic ambulatory care center serving more than 1,300 HIV-positive adults. All participants receive ongoing prevention counseling from clinical providers. Participants in the intervention group also attend a five-session group intervention and participate in at least two sessions of an ongoing peer support group. The evaluation is comparing clinical outcomes among women in the intervention and control groups as well as self-reported risk behavior among participants. Clinician training is being provided by the Pennsylvania Mid-Atlantic AETC.

In the program, peer educators approach patients in the clinic waiting room, explain the project, and invite them to participate. Participants are randomized to the intervention or control group. They complete the ACASI at enrollment and at 6-month intervals during clinical appointments. ACASI variables of particular interest to the project include sexual risk behaviors, birth control

PWP Grantees

- University of California—San Francisco (TA/Evaluation Center)
- DeKalb County Board of Health, Decatur, GA
- Drexel University School of Public Health (Philadelphia, PA)
- El Rio Santa Cruz Neighborhood Health Center (Tucson, AZ)
- Fenway Community Health Center (Boston, MA)
- Los Angeles County Department of Health Services
- Mount Sinai Hospital (Chicago, IL)
- St. Luke's Roosevelt Hospital Center (New York, NY)
- University of Alabama at Birmingham
- University of California, Davis
- University of California, San Diego
- University of Miami
- University of North Carolina (Chapel Hill)
- University of Washington (Seattle)
- Whitman-Walker Clinic (Washington, DC)

method, and pregnancy intentions. To date, 87 women have been enrolled in the project. All participating clinicians have been trained, and they started delivering the prevention messages to patients in June 2004.

According to Michelle Teti, Interventionist with the program, the women participating in the project have “many barriers, they are caregivers, very stressed—they really require a holistic approach. . . . While the focus of the program is sexual risk reduction, it is also important to listen to women in the project and hear what they have to say about other areas of their life. Talking about all of their struggles may be the only way they will be able to adapt behaviors that lead to safer sex.” Each patient receives counseling from her clinician that is specific to her needs, whether they are substance abuse issues, a partner who refuses to use a condom, or caregiving challenges.

Says Susan Rubinstein, Project Evaluator, “Women’s lives are very complicated. In many cases, HIV is the least of it. There are a host of things going on that we did not anticipate, such as diabetes.” Teti adds, “Prevention has to occur in the context of people’s lives. For example, if women understand how to make small changes in their lifestyle related to diabetes, they can apply it to other situations. You have to meet people where they are. . . . It is amazing to see how much the women have benefited from being around each other and supporting each other.”

Effects of a Computerized Printout on Provider Counseling

The JHU project, Improving Provider Counseling Interventions in HIV Practice Through Computer Assisted Risk Assessment (the CARA Project), is evaluating whether computerized reminders help providers better target their prevention messages, resulting in greater behavior change among patients. As with the Drexel project, participants—both male and female—are asked to complete the cross-site ACASI every 6 months when they arrive at their appointments; they also complete a brief, site-specific computerized survey before meeting with their provider. The intervention is focusing on the variables of condom use, disclosure to partners, and drug abuse, so the survey includes questions specific to those topics. Patients are randomly assigned to the active or control arm of the study. Providers in the active arm receive a printout from the patient survey to guide the provider’s counseling; providers do not receive that information for control patients, but the data are kept on file. The JHU ACASI risk assessment with provider counseling takes place at patients’ regular visits every 3 months for a year.

To date, about 200 clients—70 percent of whom are men—have been enrolled in the project, and all providers have been trained by the Rochester Center for Health and Behavioral Training, a project partner. The patients are receiving services at four clinic sites in the metropolitan Baltimore area. The goal is to enroll approximately 450 patients during the course of the project. According to Mollie Jenckes, Project Manager, “by going to different clinics [in the Baltimore area], we are hoping to include a broad spectrum of people with different characteristics.”

When asked about the benefits of the project, Jenckes emphasizes, “The study provides another approach to test on getting the prevention message to patients, as there is substantial evidence that information from primary providers has the most impact on patient behavior. The project gives a reminder to clinicians and allows them to target the prevention messages more precisely.” She says that the project has successfully “integrated project staff into the clinical staff setting,” so participants have a relatively seamless experience; the patients seem very pleased with their participation.

Summary

Janet Myers, Co-Director of the initiative’s Data and Technical Support Center at the University of California–San Francisco, is pleased with the progress of the initiative. “I am unbelievably impressed with the sites and their attitude for getting things done,” she says. Myers notes that the sites have all done an excellent job of obtaining “buy-in” from the clinicians at the sites: “It can be difficult to rationalize this additional work for clinical personnel, but [physicians and other intervention providers] are enjoying the trainings, making it possible to do the interventions.”

One product of the initiative will be several intervention handbooks. Each grantee will be submitting a manual describing its intervention, the target population, what is needed to implement it, and the results. The Prevention With Positives initiative will end in 2007, and the coordinating center will be releasing results over the next several years.

For More Information . . .

For additional information on the Prevention With Positives Initiative, visit http://hab.hrsa.gov/special/pop_grantee.htm. The SPNS Project Officers for the PWP Initiative are Pamela Belton (301.443.9481; pbelton@hrsa.gov), Sandra Duggan (301.443.7874; sduggan@hrsa.gov), Sarah Hargrove (301.443.0978; shargrove@hrsa.gov), and Faye Malitz (301.443.3259; fmalitz@hrsa.gov).