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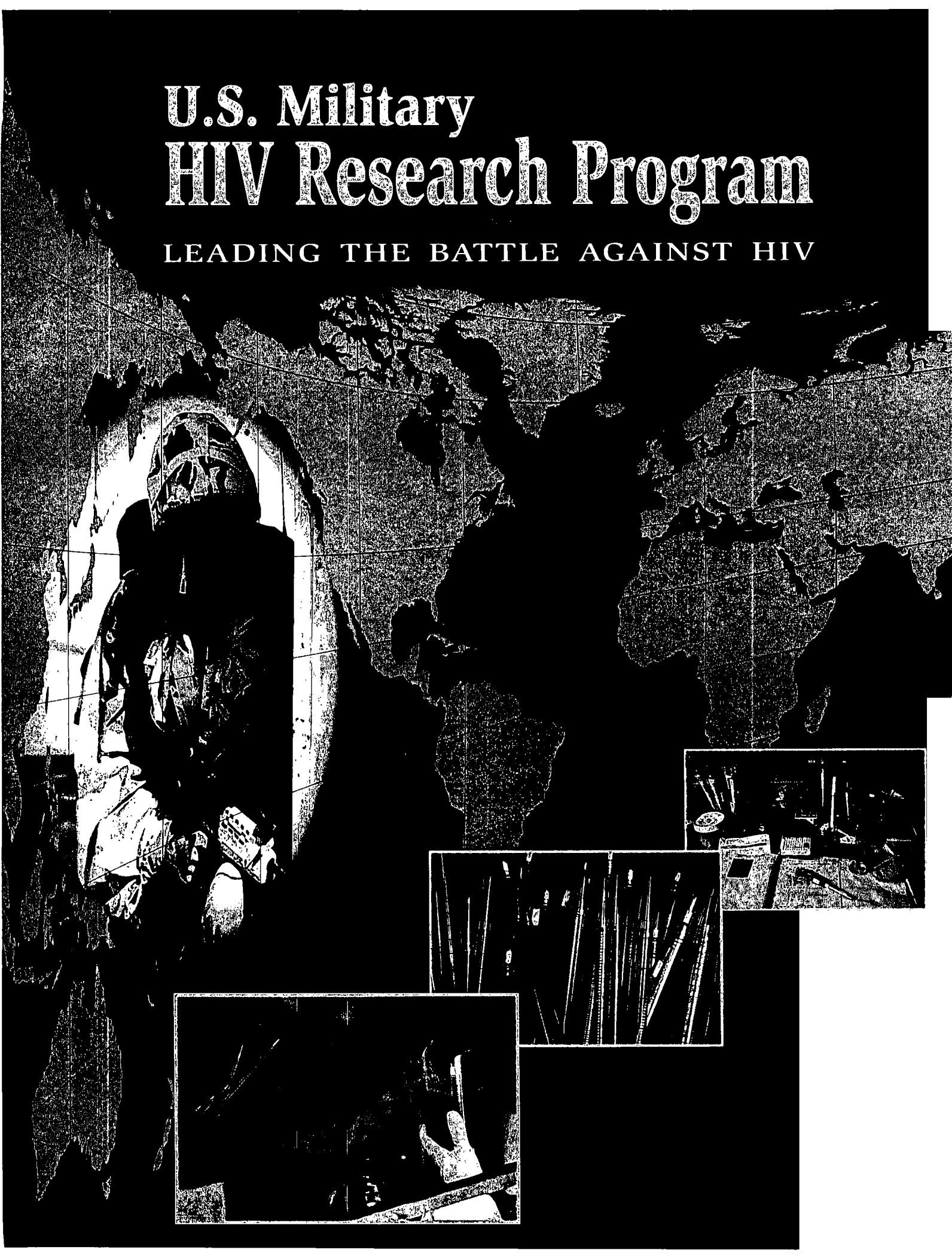
U.S. Military
HIV Research Program

LEADING THE BATTLE AGAINST HIV



HIV Prevention Research in the U.S. Military HIV Research Program

Donna Ruscavage, MSW

CDR John Mascola

Department of Threat Assessment and Prevention Research

Presentation Goals

1) To increase understanding of the U.S. Military HIV Research Program's mission, structure and research initiatives

2) To describe current HIV prevention research activities within the Program and how they relate to HIV prevention work within the military services

U.S. Military HIV Research Program Overview

Overall Goal

To address the threat of HIV to military readiness, provide the best strategies to minimize the impact of the disease and to develop new diagnostic technologies to be used in the field

U.S. Military HIV Research Program Strategic Objectives for Prevention of Military HIV Infections

A. Demonstrate improved technology to transition to advanced development an immunization process to prevent infection and/or disease caused by all strains of HIV

B. Provide technical data on the incidence, subtype and drug resistance pattern of incident HIV infection in the mobilization base and the active duty force

U.S. Military HIV Research Program Strategic Objectives for Prevention of Military HIV Infections

C. Provide technical data on the prevention and control of HIV infection to recommend improved personnel and training doctrine

D. Provide unique cutting edge treatment options for the active force and beneficiaries

U.S. Military HIV Research Program Departments

Department of Vaccine Research identifies immune correlates of HIV protection and transmission and develops strategies for potential vaccine candidates

Department of Vaccine Development identifies and evaluates candidate vaccines capable of preventing HIV infection

U.S. Military HIV Research Program Departments

Department of Threat Assessment and Prevention Research provides technical data on HIV-1 diversity and global distribution, provides recommendations for improved training doctrine based upon field data and evaluates HIV prevention interventions

U.S. Military HIV Research Program Departments

Department of Clinical Studies and Interventions conducts studies and early stage interventions and collects data for natural history studies to more completely understand HIV disease progression

U.S. Military HIV Research Program Departments

Department of Molecular Diagnostics and Pathogenesis provides diagnostic technical data on the incidence of HIV infections in the mobilization base and active duty force, develops field deployable HIV test kits and provides state of the art clinical management tools

Department of Threat Assessment and Prevention Research

Strategic Objective C:

Provide technical data on the prevention and control of HIV infection to recommend improved personnel and training doctrine

Department of Threat Assessment and Prevention Research

Specific Objective C5:

Evaluate efficacy of education/intervention strategies to recommend improved personnel and training doctrine

Department of Threat Assessment and Prevention Research

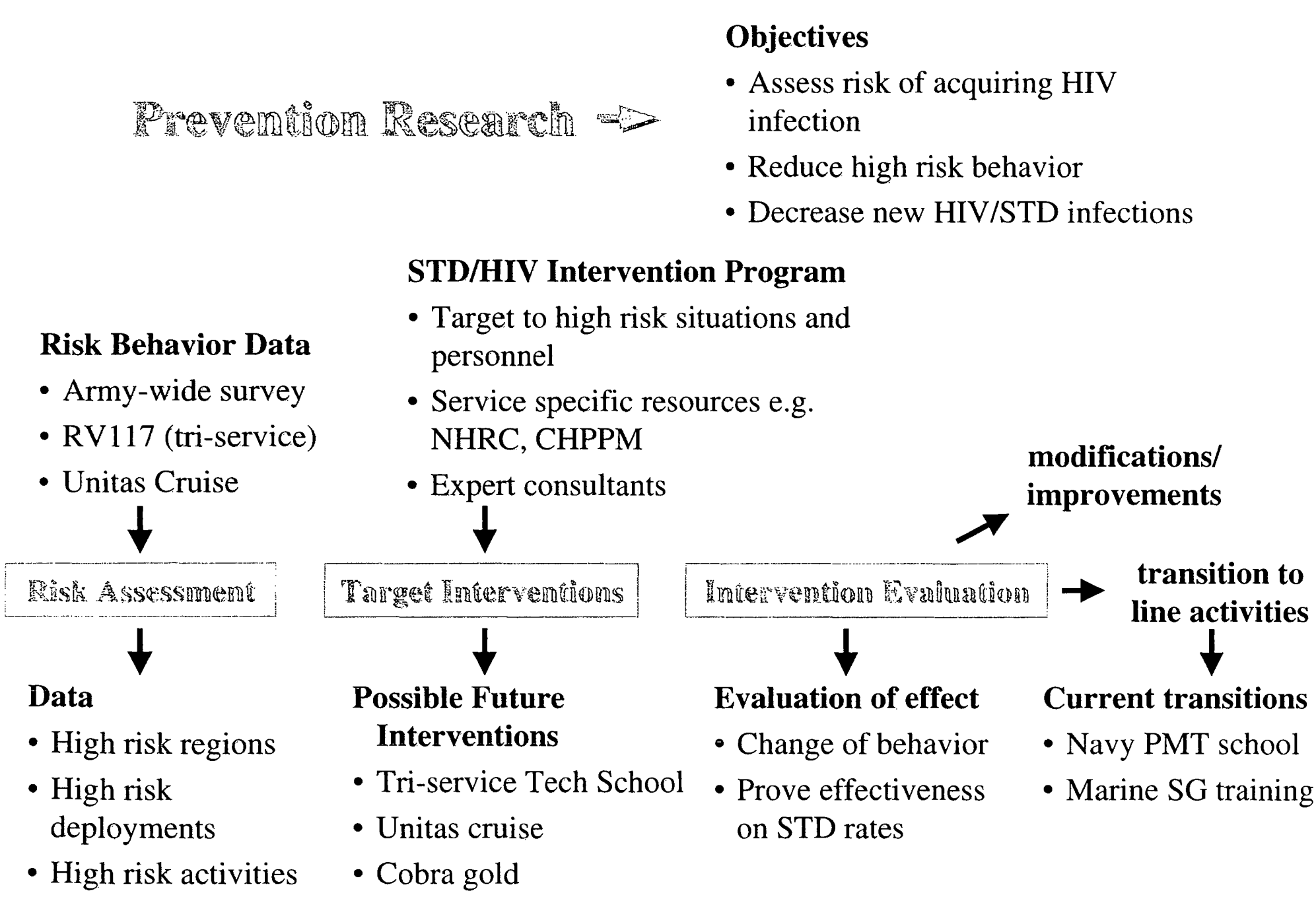
Approach to Specific Objective C5:

1) Transition of a Successful Skills-Building HIV/STD Intervention (SHIP)

2) Pilot Study of an HIV Prevention Interactive Video in the U.S. Army

3) Tri-Service Study of HIV Education and Prevention Needs in the U.S. Military (RV 128)

4) Pilot Study of a Modified Behavioral Intervention to Reduce HIV/STD Risk Behaviors


Prevention Research
Objectives
• Assess risk of acquiring HIV infection
• Reduce high risk behavior
• Decrease new HIV/STD infections
STD/HIV Intervention Program
• Target to high risk situations and personnel
• Service specific resources e.g. NHRC, CHPPM
• Expert consultants
Risk Behavior Data
• Army-wide survey
• RV117 (tri-service)
• Unitas Cruise
modifications/ improvements
Risk Assessment
Target Interventions
Intervention Evaluation
transition to line activities
Data
• High risk regions
• High risk deployments
• High risk activities
Possible Future Interventions
• Tri-service Tech School
• Unitas cruise
• Cobra gold
Evaluation of effect
• Change of behavior
• Prove effectiveness on STD rates
Current transitions
• Navy PMT school
• Marine SG training

Transition of a Skills-Building HIV/STD Intervention (SHIP)

Stephanie Brodine, MD, CDR Rick Shaffer,
Cherrie Boyer, PhD, Stephanie Kewley, PhD,
Rahn Minagawa, PhD, Patricia Gilman, MA,
Chief Paul Johnson, Paul Purnell, MS,
Donna Ruscavage, MSW, CDR John Mascola

Goals of Intervention

- Increase knowledge of Marine Security Guards about the transmission, prevention and medical outcomes of STDs/HIV prior to deploying to embassy duty
- Prevent or reduce the frequency of behaviors associated with acquisition of STDs/HIV
- Build effective decision-making, problem-solving and communication skills

Modification/Transition Process

- SHIP is demonstrated to MSG school staff
- Focus groups conducted at selected Embassy sites to elicit information to be used in modifying SHIP
- Curriculum changed from four 2-hour session format to three 2-hour sessions
- Introduced use of condom practice
- Curriculum changed further from three 2-hour sessions to one 2-hour session and one 1-hour session

Current Project Status

- Delivery of modified program began in February 1998
- Five classes of MSGs have received the intervention
- Follow-up telephone surveys have begun:

  Control group completed in January 1999

  Intervention group scheduled for completion in June 1999
- Comparison of newly modified intervention began in April 1999

Pilot Study of an HIV Prevention Interactive Video in the U.S. Army

Dooley Worth, PhD, Donna Ruscavage, MSW,
LTC Shirley Newcombe, CDR John Mascola

Purpose

To evaluate an HIV prevention interactive video for potential use in the U.S. Army

Objectives

- To determine the feasibility of implementing a brief interactive HIV prevention intervention (interactive video) with selected Army personnel
- To obtain feedback on the appropriateness, content and quality of the interactive video
- To assess attitudes and intention to change behavior regarding HIV prevention

Research Areas

- Previous experience with interactive media for health education and playing interactive videos, computer games and video arcade games
- Experience with HIV prevention interactive video being tested
- Recipient characteristics
- Key informant experiences with HIV prevention and perceptions of HIV prevention needs among military personnel they supervise/work with

Sample

- 29 single, enlisted Army personnel at WRAMC:

  Gender: 24 men; 5 women
  Age: 18-29; average age = 23
  Race: 64% White; 24% African-American;
  7% Hispanic; 5% Other
  Rank: 62% E4; 17% E3; 14% E5; 7% E2

- 5 key informants

Data Collection Methods

- Individual interviews
- Focus groups
- Participant background questionnaires
- User feedback data
- Key informant interviews

Preliminary Findings

Having to participate in the study on their own time was a major barrier for soldiers:

- While 29 individuals were interviewed or attended focus groups, more than 231 out of the 500 soldiers living in Abrams and Delano Halls played the interactive video
- Among those soldiers who played the video, over half played it more than one time

Preliminary Findings

Playing the interactive video:

- Reinforced already existing intent to protect against HIV infection
- Called into question previous risky behaviors
- Increased awareness of present risk for HIV and behaviors that can put a person at risk for HIV
- Changed present and future intent to protect self and sex partner(s) against HIV infection

Preliminary Findings

The majority of study participants found the interactive video:

- Appropriate not just for use in the Army, but in all the services
- High quality, well-made, innovative and engaging

A Tri-Service Study of HIV Education and Prevention Needs in the U.S. Military (RV 128)

James A. Wells, PhD, Donna Ruscavage, MSW,
CDR John Mascola

Purpose

To document HIV education/prevention needs among HIV educators and recipients of HIV education in the Air Force, Army, Marine Corps and Navy in order to make recommendations for improved training doctrine

Objectives

- To assess previous HIV education/prevention efforts in the services
- To assess current HIV education/prevention needs in the services
- To study information gaps and identify ways to improve HIV education/prevention programs in the services
- To assess attitudes toward HIV education and HIV risk and determine the recipients of HIV education in the services

Research Areas

- Previous HIV education/prevention efforts
- Current HIV education/prevention needs
- Information gaps and ways to improve programs
- Recipient characteristics

Sample

1) 4,608 participants = 1,152 recipients of HIV education in each service (Air Force, Army, Navy, Marine Corps) drawn from current DMDC active duty rosters; over sampled women and officers

2) 280 active HIV educators all services

Data Collection Methods

- Self-administered mail questionnaire (survey)
- Reminder post cards
- Follow-up questionnaire mailings
- Follow-up telephone interviews

Respondents as of September 1999

- HIV Education Recipients = 3,769
  - 702 Army
  - 1,174 Navy
  - 962 Air Force
  - 931 Marine Corps
- HIV Educators = 135

Pilot Study of a Modified Behavioral Intervention to Reduce HIV/STD Risk Behaviors

David Celentano, PhD, Jonathan Zenilman, MD,
Craig Hendrix, MD, Donna Ruscavage, MSW,
Vivian Go, MPH, CDR John Mascola

Purpose

To assess the feasibility and short-term impact of a modified behavioral intervention to reduce HIV/STD risk behavior and develop plans for a large, multi-site tri-service study

Objectives

- To modify an NIMH behavioral intervention to reduce HIV/STD risk behaviors in the military
- To determine the feasibility of implementing the modified intervention with military personnel in all services, including collecting urine specimens to test for selected STDs
- To plan for a multi-site, tri-service study to test the efficacy of the modified intervention in a randomized, controlled trial with populations at risk

Data Collection

Data will be collected in three areas:

1) Participant feedback on the appropriateness, content, format and quality of the NIMH intervention through focus groups with enlisted personnel in all services

2) Participant background demographics, attitudes, self-reported behavioral practices and STD/HIV and alcohol/drug history

3) Participant point prevalence for selected STDs (chlamydia, gonorrhea, syphilis, herpes)

Two Stage Pilot Study

Stage I:

1) Modify the existing NIMH intervention using qualitative methods (focus groups, key informant interviews)

2) Identify potential research sites to test modified intervention

3) Select research sites

4) Develop sampling plan

Two Stage Pilot Study

Stage II:

1) Test modified intervention

2) Assess impact of modified intervention on STD/HIV rates

Project LIGHT

- Living in Good Health Together
- Intensive, interactive intervention
- Seven 90 minute sessions
- Designed to create motivation for behavior change, along with individualized skill building to accomplish personal HIV-related goals
- Based on social cognitive theory

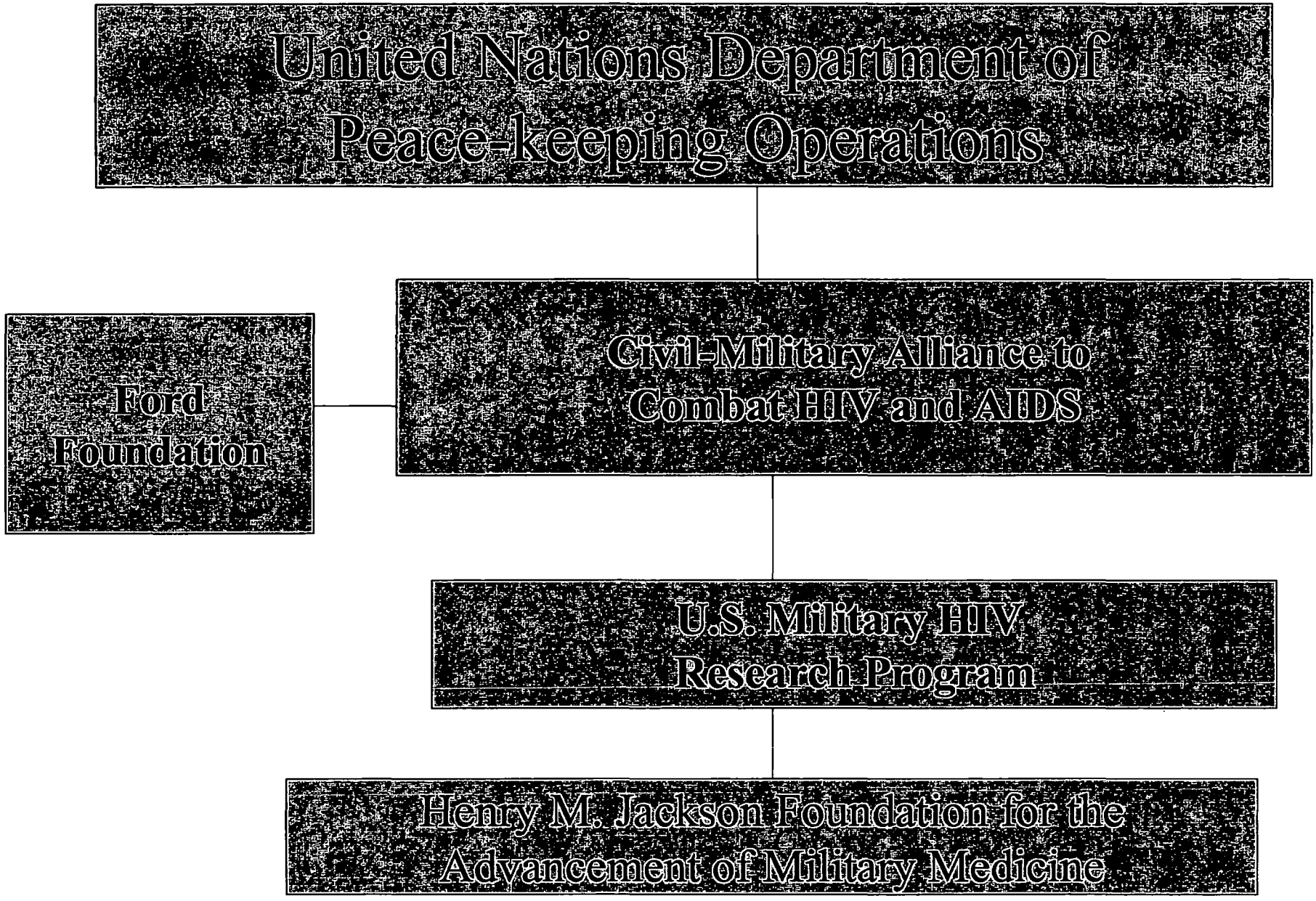
Social Cognitive Theory

- Emphasizes skill acquisition
- Asserts that self-efficacy (belief in the ability to engage in required behaviors) influences choice, effort and persistence in effectively using skills
- In Project LIGHT, skill and self-efficacy are achieved by modeling effective behaviors and providing opportunity for graded mastery of skills through practice

HIV Policy and Prevention Materials Under Development for the United Nations Department of Peace-keeping Operations

1) Commanders' Briefs
2) Field Handbook
3) HIV Prevention Modular Course

Produced with support from the Ford Foundation in collaboration with the Civil-Military Alliance to Combat HIV and AIDS, and assistance of the U.S. Military HIV Research Program and the Henry M. Jackson Foundation for the Advancement of Military Medicine


United Nations Department of Peace-keeping Operations
Civil-Military Alliance to Combat HIV and AIDS
Ford Foundation
U.S. Military HIV Research Program
Henry M. Jackson Foundation for the Advancement of Military Medicine

Commander's Briefs

1) General Policy Guidelines on HIV
2) Policy Guidelines on STD/HIV Prevention Education
3) Policy Guidelines on Condom Promotion and Provision
4) Policy Guidelines on HIV Testing and Counseling
5) Short Course Outline: HIV Prevention and Behavior Change in International Military Populations
6) AIDS in the Military: UN AIDS Point of View
7) Winning the War Against HIV and AIDS: A Handbook on Planning, Monitoring and Evaluation for HIV Prevention and Care in the Military

Field Handbook: Personal Survival Guide for Peacekeeping Troops

- Personal Data
- Calendars
- Surviving HIV and AIDS
- Peacekeepers Creed
- Peacekeepers Code of Conduct
- Survival Checklist
- Hostage Incident Card
- Hints for Stress Management
- Flags
- Fahrenheit/Celsius Conversion
- Miles/Kilometers Conversion
- Signal Identification
- Maps
- Elements of First Aid
- Time Zones of the World
- Land Mine Awareness
- UN universal precautions
- UN abbreviations
- UN medals

HIV Prevention Modular Course: HIV Prevention and Behavior Change in International Military Populations

- Course Overview
- Module 1: Defining HIV and Its Impact on the Military
- Module 2: HIV Prevention
- Module 3: Substance Abuse, HIV and STDs
- Module 4: HIV Risk Assessment and Prevention Strategies
- Module 5: Course Summary

HIV Prevention and Behavior Change in International Military Populations Curriculum Development Advisors

- COL Peter Leentjes, UN Department of Peace-keeping Operations
- Norman Miller, Ph.D., Civil-Military Alliance
- Stuart Kingma, MD, Civil-Military Alliance
- LTC Craig Hendrix, U.S. Air Force and Jackson Foundation
- CDR John Mascola, U.S. Navy and U.S. Military HIV Research Program
- William Lyerly, U.S. Agency for International Development
- Peter Gordon, UN HIV & Development Programme
- Manual Carballo, International Center for Migration and Health

Curriculum Developers: Donna Ruscavage, M.S.W. and Paul Purnell, M.S.

Pilot Test of HIV Prevention and Behavior Change in International Military Populations Curriculum May 1999

A pilot test of the draft curriculum developed for UN Peackeepers, *HIV Prevention and Behavior Change in International Military Populations*, was conducted by Donna Ruscavage and Paul Purnell (CMA consultant) at the UN training facility at the International Labor Organization campus in Turin, Italy on 6, 7 and 8 May 1999. The UN was holding it's seventh training course for military and civilian police trainers on peacekeeping, human rights and humanitarian assistance. This is a three-week course.

- **Meeting participants.** There were seven core training faculty for the course from the UN in New York and 15 consultants from Italy, Portugal, Geneva, Nairobi, Norway, Sweden, Canada, Estonia and the United States (myself and Mr. Purnell). There were 19 individuals being trained from military and civilian police departments around the world, half of whom had prior experience as UN Peacekeepers. Countries represented included Canada, Croatia, Ecuador, El Salvador, Guatemala, Iceland, Italy, Nigeria, Pakistan, Switzerland and Venezuela.

- **Feedback on the draft curriculum.** Overall, the curriculum was very well received. Participants indicated that the curriculum was appropriate for United Nations Peacekeepers, militaries, and civilian police. Several aspects of the curriculum were especially well liked including the: "user-friendliness" of the modules; small group exercises on developing effective HIV prevention strategies utilizing "real life" scenarios; and exercise on how to use male and female condoms. Participants offered extremely helpful feedback regarding tone and focus of the curriculum and cultural issues. Participants indicated that it would not be difficult to tailor the curriculum specifically to the needs of their target audience(s).

All participant feedback will be incorporated into a final draft. The UNDPKO will take the curriculum and produce it in their standard training format (i.e., training manual and CD-ROM) which will take two to three months. Due to the high level of interest among meeting participants, the UNDPKO has given the Jackson Foundation permission to send electronic files of the curriculum to them as soon as it is completed.

Pilot Study of a Modified Behavioral Intervention to Reduce HIV/STD Risk Behaviors

Title: A Pilot Study of a Modified Behavioral Intervention to Reduce HIV/STD Risk Behaviors in the United States Military

Purpose: The Department of Threat Assessment and Prevention Research of the U.S. Military HIV Research Program, Walter Reed Army Institute of Research and the Henry M. Jackson Foundation for the Advancement of Military Medicine conducted an HIV education and prevention needs assessment for the Military the summer of 1997. Findings highlight the need for short-term, small group or individual interventions that are more interactive than present educational activities i.e., lectures. Findings also indicate the need for identifying populations most at risk for engaging in behaviors that could lead to acquisition of HIV/STDs, and developing appropriate interventions for these populations.

The pilot study will assess the feasibility and short-term impact of a modified behavioral intervention to reduce HIV/STD risk behavior, and develop plans for a large, multi-site study to test the efficacy of the intervention in a tri-service setting. The behavioral intervention to be modified and tested was developed and tested by the National Institute of Mental Health (NIMH) Multisite HIV Prevention Trial Group.

The pilot study has three purposes:

1) To modify an NIMH behavioral intervention to reduce HIV/STD risk behaviors in the military.

2) To determine the feasibility of implementing the modified NIMH behavioral intervention to reduce HIV/STD risk behaviors with military personnel in all of the services.

3) To plan for a multi-site, tri-service study to test the efficacy of the modified behavioral intervention to reduce HIV/STD risk behaviors in a randomized, controlled trial with populations at risk.

Investigators: The pilot study will have a team of investigators: Dr. David Celentano (Johns Hopkins University), Dr. Jonathan Zenilman (Johns Hopkins University), Dr. Craig Hendrix (Johns Hopkins University and Air Force Reserves), and Donna Ruscavage (Jackson Foundation). CDR John Mascola USN (WRAIR) will provide project oversight.

Subjects: Young (i.e., ages 18-29) male and female military personnel enrolled in Advanced Individual Training (AIT) schools (or the equivalent of) in all services (i.e., Army, Navy, Air Force, Marine Corps). A study protocol will be developed by the PIs, including data collection instruments and consent forms, and submitted for internal scientific review at HMJ /WRAIR, tri-service review at Ft. Dietrich, and, if necessary, review at the research sites. Study subjects will be asked about their behavioral practices and be required to give a urine specimen before and after the intervention.

Study Design: The PIs will develop the study design, data collection instruments, and consent forms with input from the selected pilot study sites (AIT schools) for each of the services. The pilot test will be designed to collect information in three areas: 1) participant feedback on the appropriateness, content, format, and quality of the NIMH intervention; 2) participant background demographics, attitudes toward STDs/HIV, condoms, and safer sex practices, self-reported behavioral practices, and STD/HIV and alcohol/drug history; 3) participant point prevalence for selected STDs i.e., chlamydia, gonorrhea, syphilis, herpes. The pilot study will be conducted in two stages. Stage I will: 1) modify the existing NIMH intervention using qualitative methods i.e., focus groups; 2) identify potential pilot study research sites i.e., AIT schools and collect information regarding best estimates of STD/HIV point prevalence; 3) select research sites; and 4) develop a sampling plan. Stage II will: 1) test the modified NIMH intervention; 2) assess impact of the intervention on STD/HIV rates.

Study Sites: Study sites will be determined during Stage I of the pilot study. Potential sites include Advanced Individual Training (AIT) schools (or equivalent of) for the Marine Corps, Quantico, Camp LeJeune; Army, Ft. Bragg, Ft. Benning, Ft. Belvoir; Air Force, San Antonio; and Navy, Norfolk, San Diego, Portsmouth.

Point of Contact:

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Background

The NIMH intervention, Project LIGHT, is an intensive interactive intervention consisting of seven 90-minute sessions, which are delivered twice a week for three and a half weeks. It was designed to create motivation for behavior change, along with individualized skill building required to accomplish personal HIV-related goals.

Project LIGHT is based on social cognitive theory. The primary behavioral outcome the intervention targets is reduction of unprotected sexual intercourse acts. Project LIGHT seeks to influence several factors that appear to be related to behavior change in the HIV risk domain. Outcome expectancies include: the expectation of HIV infection associated with risky behavior (perceptions of personal vulnerability to HIV); and the expectation of social and self approval following safer sexual behavior, including partner approval and acceptance of condoms. Skill domains include condom use, partner negotiation, and learning to identify and manage behavioral antecedents of risk acts.

Social cognitive theory emphasizes that, in addition to skill acquisition, self-efficacy (belief in the ability to engage in the required behaviors) influences choice, effort, and persistence in effectively using skills. In the Project LIGHT intervention, both skill and self-efficacy are engendered by modeling effective behaviors and providing opportunity for graded mastery experience through practice, both during group sessions and between them through goal-setting exercises. Skills are practiced in group sessions based on real-life situations; barriers and partner attitudes are provided by intervention participants. This permits tailoring of the intervention to the needs and life situations of participants from different populations, without compromising the integrity of the intervention or the generalizability of its effects. The intervention also stresses developing personal goals for safer sex among the participants.

The seven sessions are delivered as modules, with the early modules devoted to creating or enhancing motivation and then moving quickly to a focus on skill building. While each module has a primary focus, the modules are inter-related and use similar or the same skills throughout the intervention. Module topics include introductory education,

identifying and controlling triggers (behavioral antecedents), condom skills, self protection (interpersonal communication), and maintenance of positive behaviors and relapse prevention.

The efficacy of Project LIGHT was tested in a randomized, controlled trial with three high-risk populations at 37 clinics from seven sites across the United States. The trial was conducted by the NIMH Multisite HIV Prevention Trial Group and results are published in Science (June 1998); a copy of the article is attached. Study participants were assigned to either an intervention or control group. When the intervention and control groups were compared, the intervention group reported fewer unprotected sexual acts, had higher levels of condom use, and were more likely to use condoms consistently over a 12-month follow-up period.

Pilot Study of an HIV Prevention Interactive Video in the U.S. Army

Title:

A Pilot Study of an HIV Prevention Interactive Video Intervention in the United States Army

Purpose:

The study has three purposes: 1) to determine the feasibility of implementing a brief HIV prevention intervention, involving an interactive video which is housed in a freestanding kiosk, with selected Army personnel; 2) to obtain feedback on the appropriateness, content, and usability of the interactive video from selected Army personnel receiving the intervention; 3) to assess attitudes, short-term self-reported behaviors, and intention to change behavior regarding HIV and HIV prevention among selected Army personnel receiving the intervention.

The objectives of this pilot study are to:

1) determine the feasibility of implementing a brief interactive HIV prevention intervention, involving an interactive video, which is housed in a freestanding kiosk, with selected Army personnel;

2) obtain feedback on the appropriateness, content, and quality of the interactive video from selected Army personnel receiving the intervention;

3) assess attitudes, short-term self-reported behaviors, and intention to change behavior regarding HIV and HIV prevention among selected Army personnel receiving the intervention.

Four main research areas include: 1) previous experience with interactive media for health education and playing interactive videos, computer games, and video arcade games; 2) experience with this interactive HIV prevention video; 3) recipient characteristics; and 4) key informant experiences with HIV prevention and perceptions of HIV prevention needs among the military personnel they supervise/work with.

Investigators: This pilot study will have a team of investigators: Donna Ruscavage (Jackson Foundation), Dr. Dooley Worth (Jackson Foundation consultant); and LTC Shirley Newcombe USA (WRAIR). CDR John Mascola USN (WRAIR) will provide project oversight.

Subjects: Young (i.e., ages 18-29), single male and female Army personnel residing in Abrams and Delano Hall on the Walter Reed Army Medical Center (WRAMC) base. The study will involve human subjects, whose participation in the study is voluntary and anonymous.

Study Design: The study will employ a pre- and post-intervention design of self-administered questionnaires, supplemented with focus groups and individual interviews of selected participants. All participants will receive the interactive video intervention. Information will be obtained on participant demographics, attitudes toward HIV, STDs, alcohol, and condoms, and self-reported behavioral practices, including intent to change behavior. Participant feedback on the appropriateness, content, and usability of the interactive video will also be obtained. Key informants will be interviewed about HIV prevention activities, importance of HIV prevention, barriers to HIV prevention, and peer norms regarding risk taking and prevention.

Point of Contact:

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Background

The U.S. Military has long recognized the need for HIV education for their personnel. As the HIV epidemic in the United States and around the world has evolved, it is important to re-evaluate HIV educational needs. Since the initial emergence and awareness of HIV and AIDS in the 1980s, the primary goal of HIV education in the Military Services (i.e., Air Force, Army, Marine Corps, Navy) has been to prevent the transmission and spread of the virus. Although the Services share the same goal for HIV education, each Service maintains its own policies and educational approaches.

The Department of Threat Assessment and Prevention Research conducted a preliminary qualitative HIV education and prevention needs assessment for the Military the summer of 1997 to determine the feasibility of conducting a larger-scale needs assessment survey (see *RV 128: Tri-Service Study of HIV Education and Prevention Needs in the U.S. Military*). Findings highlighted the need for more short-term, small group or individual interventions that are interactive in nature. Army-specific findings identified a special need for interactive interventions that can be implemented on an individual basis, without an instructor. This pilot study will assess the feasibility and short-term impact of an interactive video designed to be implemented without an instructor and developed to be implemented on an individual basis with the U.S. Army.

RV 128: Tri-Service Study of HIV Education and Prevention Needs in the U.S. Military

Title:

A Tri-Service Study of HIV Education and Prevention Needs in the United States Military

Purpose:

To document HIV education and prevention needs among HIV educators and recipients of HIV education in the U.S. Air Force, Army, Marine Corps, and Navy in order to make recommendations for improved training doctrine. Documentation of need will be accomplished through self-administered mail surveys to both of the target populations (i.e. educators, recipients) in each of the military services.

The objectives of this needs assessment are to systematically document the HIV education and prevention needs of the U.S. Military to:

1) assess the previous HIV education and prevention efforts in the services;
2) assess the current HIV education and prevention needs in the services;
3) study information gaps and identify ways to improve HIV education and prevention programs in the services;
4) assess attitudes toward HIV education and HIV risk and determine the recipients of HIV education in the services.

Investigators:

The needs assessment investigators are Dr. James A. Wells (Center for Health Policy Studies) and Donna Ruscavage (Jackson Foundation). CDR John Mascola USN (WRAIR) will provide project oversight.

Subjects:

Department of Defense HIV educators and potential recipients of HIV education (Army, Navy, Air Force, Marine Corps). Participants will be surveyed regarding their experiences with HIV education, opinions related to HIV/AIDS and related topics, and recommendations for improvement of HIV education. Participants will not be asked any personally identifying information regarding demographics or behavioral practices.

Study Design: This needs assessment will utilize a single cross-sectional survey to obtain information on experiences with HIV education and opinions related to HIV/AIDS and related topics and improvement of HIV education. This information will be captured at one single point in time through a self-administered mail survey. Return postcards will be utilized for subjects to indicate either: 1) they completed the questionnaire and do not wish to receive further mailings or 2) they do not wish to participate in the study and do not want to receive additional mailings. Follow-up mailings will only be sent to those subjects who do not return a postcard from the initial mailing.

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Background

The U.S. Military has long recognized the need for HIV education for their personnel. As the HIV epidemic in the United States and around the world has evolved, it is important to re-evaluate HIV educational needs. Since the initial emergence and awareness of HIV and AIDS in the 1980s, the primary goal of HIV education in the military services (i.e., Air Force, Army, Marine Corps, Navy) has been to prevent the transmission and spread of the virus. Although the services share the same goal for HIV education, each Service maintains its own policies and educational approaches.

An important component of any health education program is a periodic needs assessment. A needs assessment uses social science data collection and analysis techniques to determine the extent to which instructional approaches and content meet the educational needs of the intended population. Needs assessments identify the needs of a defined population, evaluate current approaches to meeting those needs, and identify gaps between needs and approaches. Needs assessments are particularly useful for educational or health program evaluation and planning.

Transition of a Successful Skills-Building HIV/STD Intervention Update: 8 February 1998

In an earlier Naval Health Research Center (NHRC) project, a cognitive-behavioral intervention program known as SHIP (STD/HIV Intervention Program) was developed to prevent STDs and HIV among Marines (Boyer et al., 1997). SHIP is a multifaceted skills-building intervention designed to modify behaviors associated with the acquisition of STDs/HIV. SHIP uses a variety of media (e.g., videos, slides) to present information about STDs/HIV and includes many small group discussions and other interactive group activities, such as role-playing and educational games. The intervention is aimed at enhancing service members' knowledge about STDs/HIV, heightening their motivation to engage in safe behaviors and refrain from unsafe behaviors, and strengthening their behavioral and decision-making skills. Two videotapes, "HIV Legacy" and "Liberty Brief," were produced specifically for this program.

The intervention was implemented among 565 enlisted Marines aboard ships deployed to the Western Pacific in 1994. The evaluation of SHIP indicated that it was successful in leading to a significant reduction in risky sexual behaviors and a reduction in alcohol use in the intervention group (Marines who were exposed to SHIP) compared with the control group (similar Marines who were not exposed to SHIP).

Because SHIP was shown to be effective in a large Marine Corps sample, it seemed feasible to transition this intervention to other military populations.

Marine Security Guard (MSG) Sample

One population that was identified for the transition of the SHIP intervention is Marine Security Guards (MSGs). Thus, one objective of the current project is to transition SHIP to MSGs, and to evaluate its effectiveness in this population. MSGs are Marines who have the role of guarding and protecting U.S. embassies all over the world, including those in Third World countries. Prior to their first embassy assignment, all MSGs must graduate from the MSG school. The MSG school convenes five times a year in Quantico, VA, with approximately 75-90 students per class.

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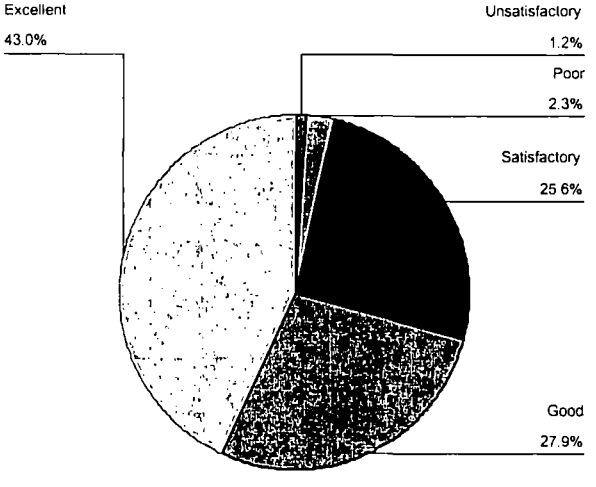
To date, course evaluation data have been collected from 86 PMTs (those who graduated in December 1997, April 1998, August 1998, and December 1998). Results of the course evaluation data indicate that PMTs are generally satisfied with the course. Most PMTs (71%) rated the course overall as "Excellent" or "Good".



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"Good". Seventy percent of the PMTs indicated that they found the course "Very useful" or "Useful" in terms of preparing them to teach others about STD/HIV prevention.

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Pilot Test of HIV Prevention and Behavior Change in International Military Populations Curriculum May 1999

A pilot test of the draft curriculum developed for UN Peackeepers, *HIV Prevention and Behavior Change in International Military Populations*, was conducted by Donna Ruscavage and Paul Purnell (CMA consultant) at the UN training facility at the International Labor Organization campus in Turin, Italy on 6, 7 and 8 May 1999. The UN was holding it's seventh training course for military and civilian police trainers on peacekeeping, human rights and humanitarian assistance. This is a three-week course.

- **Meeting participants.** There were seven core training faculty for the course from the UN in New York and 15 consultants from Italy, Portugal, Geneva, Nairobi, Norway, Sweden, Canada, Estonia and the United States (myself and Mr. Purnell). There were 19 individuals being trained from military and civilian police departments around the world, half of whom had prior experience as UN Peacekeepers. Countries represented included Canada, Croatia, Ecuador, El Salvador, Guatemala, Iceland, Italy, Nigeria, Pakistan, Switzerland and Venezuela.

- **Feedback on the draft curriculum.** Overall, the curriculum was very well received. Participants indicated that the curriculum was appropriate for United Nations Peacekeepers, militaries, and civilian police. Several aspects of the curriculum were especially well liked including the: "user-friendliness" of the modules; small group exercises on developing effective HIV prevention strategies utilizing "real life" scenarios; and exercise on how to use male and female condoms. Participants offered extremely helpful feedback regarding tone and focus of the curriculum and cultural issues. Participants indicated that it would not be difficult to tailor the curriculum specifically to the needs of their target audience(s).

All participant feedback will be incorporated into a final draft. The UNDPKO will take the curriculum and produce it in their standard training format (i.e., training manual and CD-ROM) which will take two to three months. Due to the high level of interest among meeting participants, the UNDPKO has given the Jackson Foundation permission to send electronic files of the curriculum to them as soon as it is completed.

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Pilot Study of a Modified Behavioral Intervention to Reduce HIV/STD Risk Behaviors

Title: A Pilot Study of a Modified Behavioral Intervention to Reduce HIV/STD Risk Behaviors in the United States Military

Purpose: The Department of Threat Assessment and Prevention Research of the U.S. Military HIV Research Program, Walter Reed Army Institute of Research and the Henry M. Jackson Foundation for the Advancement of Military Medicine conducted an HIV education and prevention needs assessment for the Military the summer of 1997. Findings highlight the need for short-term, small group or individual interventions that are more interactive than present educational activities i.e., lectures. Findings also indicate the need for identifying populations most at risk for engaging in behaviors that could lead to acquisition of HIV/STDs, and developing appropriate interventions for these populations.

The pilot study will assess the feasibility and short-term impact of a modified behavioral intervention to reduce HIV/STD risk behavior, and develop plans for a large, multi-site study to test the efficacy of the intervention in a tri-service setting. The behavioral intervention to be modified and tested was developed and tested by the National Institute of Mental Health (NIMH) Multisite HIV Prevention Trial Group.

The pilot study has three purposes:

1) To modify an NIMH behavioral intervention to reduce HIV/STD risk behaviors in the military.

2) To determine the feasibility of implementing the modified NIMH behavioral intervention to reduce HIV/STD risk behaviors with military personnel in all of the services.

3) To plan for a multi-site, tri-service study to test the efficacy of the modified behavioral intervention to reduce HIV/STD risk behaviors in a randomized, controlled trial with populations at risk.

Investigators: The pilot study will have a team of investigators: Dr. David Celentano (Johns Hopkins University), Dr. Jonathan Zenilman (Johns Hopkins University), Dr. Craig Hendrix (Johns Hopkins University and Air Force Reserves), and Donna Ruscavage (Jackson Foundation). CDR John Mascola USN (WRAIR) will provide project oversight.

Subjects: Young (i.e., ages 18-29) male and female military personnel enrolled in Advanced Individual Training (AIT) schools (or the equivalent of) in all services (i.e., Army, Navy, Air Force, Marine Corps). A study protocol will be developed by the PIs, including data collection instruments and consent forms, and submitted for internal scientific review at HMJ /WRAIR, tri-service review at Ft. Dietrich, and, if necessary, review at the research sites. Study subjects will be asked about their behavioral practices and be required to give a urine specimen before and after the intervention.

Study Design: The PIs will develop the study design, data collection instruments, and consent forms with input from the selected pilot study sites (AIT schools) for each of the services. The pilot test will be designed to collect information in three areas: 1) participant feedback on the appropriateness, content, format, and quality of the NIMH intervention; 2) participant background demographics, attitudes toward STDs/HIV, condoms, and safer sex practices, self-reported behavioral practices, and STD/HIV and alcohol/drug history; 3) participant point prevalence for selected STDs i.e., chlamydia, gonorrhea, syphilis, herpes. The pilot study will be conducted in two stages. Stage I will: 1) modify the existing NIMH intervention using qualitative methods i.e., focus groups; 2) identify potential pilot study research sites i.e., AIT schools and collect information regarding best estimates of STD/HIV point prevalence; 3) select research sites; and 4) develop a sampling plan. Stage II will: 1) test the modified NIMH intervention; 2) assess impact of the intervention on STD/HIV rates.

Study Sites: Study sites will be determined during Stage I of the pilot study. Potential sites include Advanced Individual Training (AIT) schools (or equivalent of) for the Marine Corps, Quantico, Camp LeJeune; Army, Ft. Bragg, Ft. Benning, Ft. Belvoir; Air Force, San Antonio; and Navy, Norfolk, San Diego, Portsmouth.

Point of Contact:

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Background

The NIMH intervention, Project LIGHT, is an intensive interactive intervention consisting of seven 90-minute sessions, which are delivered twice a week for three and a half weeks. It was designed to create motivation for behavior change, along with individualized skill building required to accomplish personal HIV-related goals.

Project LIGHT is based on social cognitive theory. The primary behavioral outcome the intervention targets is reduction of unprotected sexual intercourse acts. Project LIGHT seeks to influence several factors that appear to be related to behavior change in the HIV risk domain. Outcome expectancies include: the expectation of HIV infection associated with risky behavior (perceptions of personal vulnerability to HIV); and the expectation of social and self approval following safer sexual behavior, including partner approval and acceptance of condoms. Skill domains include condom use, partner negotiation, and learning to identify and manage behavioral antecedents of risk acts.

Social cognitive theory emphasizes that, in addition to skill acquisition, self-efficacy (belief in the ability to engage in the required behaviors) influences choice, effort, and persistence in effectively using skills. In the Project LIGHT intervention, both skill and self-efficacy are engendered by modeling effective behaviors and providing opportunity for graded mastery experience through practice, both during group sessions and between them through goal-setting exercises. Skills are practiced in group sessions based on real-life situations; barriers and partner attitudes are provided by intervention participants. This permits tailoring of the intervention to the needs and life situations of participants from different populations, without compromising the integrity of the intervention or the generalizability of its effects. The intervention also stresses developing personal goals for safer sex among the participants.

The seven sessions are delivered as modules, with the early modules devoted to creating or enhancing motivation and then moving quickly to a focus on skill building. While each module has a primary focus, the modules are inter-related and use similar or the same skills throughout the intervention. Module topics include introductory education,

identifying and controlling triggers (behavioral antecedents), condom skills, self protection (interpersonal communication), and maintenance of positive behaviors and relapse prevention.

The efficacy of Project LIGHT was tested in a randomized, controlled trial with three high-risk populations at 37 clinics from seven sites across the United States. The trial was conducted by the NIMH Multisite HIV Prevention Trial Group and results are published in Science (June 1998); a copy of the article is attached. Study participants were assigned to either an intervention or control group. When the intervention and control groups were compared, the intervention group reported fewer unprotected sexual acts, had higher levels of condom use, and were more likely to use condoms consistently over a 12-month follow-up period.

Pilot Study of an HIV Prevention Interactive Video in the U.S. Army

Title:

A Pilot Study of an HIV Prevention Interactive Video Intervention in the United States Army

Purpose:

The study has three purposes: 1) to determine the feasibility of implementing a brief HIV prevention intervention, involving an interactive video which is housed in a freestanding kiosk, with selected Army personnel; 2) to obtain feedback on the appropriateness, content, and usability of the interactive video from selected Army personnel receiving the intervention; 3) to assess attitudes, short-term self-reported behaviors, and intention to change behavior regarding HIV and HIV prevention among selected Army personnel receiving the intervention.

The objectives of this pilot study are to:

1) determine the feasibility of implementing a brief interactive HIV prevention intervention, involving an interactive video, which is housed in a freestanding kiosk, with selected Army personnel;

2) obtain feedback on the appropriateness, content, and quality of the interactive video from selected Army personnel receiving the intervention;

3) assess attitudes, short-term self-reported behaviors, and intention to change behavior regarding HIV and HIV prevention among selected Army personnel receiving the intervention.

Four main research areas include: 1) previous experience with interactive media for health education and playing interactive videos, computer games, and video arcade games; 2) experience with this interactive HIV prevention video; 3) recipient characteristics; and 4) key informant experiences with HIV prevention and perceptions of HIV prevention needs among the military personnel they supervise/work with.

Investigators:

This pilot study will have a team of investigators: Donna Ruscavage (Jackson Foundation), Dr. Dooley Worth (Jackson Foundation consultant); and LTC Shirley Newcombe USA (WRAIR). CDR John Mascola USN (WRAIR) will provide project oversight.

Subjects:

Young (i.e., ages 18-29), single male and female Army personnel residing in Abrams and Delano Hall on the Walter Reed Army Medical Center (WRAMC) base. The study will involve human subjects, whose participation in the study is voluntary and anonymous.

Study Design:

The study will employ a pre- and post-intervention design of self-administered questionnaires, supplemented with focus groups and individual interviews of selected participants. All participants will receive the interactive video intervention. Information will be obtained on participant demographics, attitudes toward HIV, STDs, alcohol, and condoms, and self-reported behavioral practices, including intent to change behavior. Participant feedback on the appropriateness, content, and usability of the interactive video will also be obtained. Key informants will be interviewed about HIV prevention activities, importance of HIV prevention, barriers to HIV prevention, and peer norms regarding risk taking and prevention.

Point of Contact:

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Background

The U.S. Military has long recognized the need for HIV education for their personnel. As the HIV epidemic in the United States and around the world has evolved, it is important to re-evaluate HIV educational needs. Since the initial emergence and awareness of HIV and AIDS in the 1980s, the primary goal of HIV education in the Military Services (i.e., Air Force, Army, Marine Corps, Navy) has been to prevent the transmission and spread of the virus. Although the Services share the same goal for HIV education, each Service maintains its own policies and educational approaches.

The Department of Threat Assessment and Prevention Research conducted a preliminary qualitative HIV education and prevention needs assessment for the Military the summer of 1997 to determine the feasibility of conducting a larger-scale needs assessment survey (see *RV 128: Tri-Service Study of HIV Education and Prevention Needs in the U.S. Military*). Findings highlighted the need for more short-term, small group or individual interventions that are interactive in nature. Army-specific findings identified a special need for interactive interventions that can be implemented on an individual basis, without an instructor. This pilot study will assess the feasibility and short-term impact of an interactive video designed to be implemented without an instructor and developed to be implemented on an individual basis with the U.S. Army.

RV 128: Tri-Service Study of HIV Education and Prevention Needs in the U.S. Military

Title:

A Tri-Service Study of HIV Education and Prevention Needs in the United States Military

Purpose:

To document HIV education and prevention needs among HIV educators and recipients of HIV education in the U.S. Air Force, Army, Marine Corps, and Navy in order to make recommendations for improved training doctrine. Documentation of need will be accomplished through self-administered mail surveys to both of the target populations (i.e. educators, recipients) in each of the military services.

The objectives of this needs assessment are to systematically document the HIV education and prevention needs of the U.S. Military to:

1) assess the previous HIV education and prevention efforts in the services;
2) assess the current HIV education and prevention needs in the services;
3) study information gaps and identify ways to improve HIV education and prevention programs in the services;
4) assess attitudes toward HIV education and HIV risk and determine the recipients of HIV education in the services.

Investigators:

The needs assessment investigators are Dr. James A. Wells (Center for Health Policy Studies) and Donna Ruscavage (Jackson Foundation). CDR John Mascola USN (WRAIR) will provide project oversight.

Subjects:

Department of Defense HIV educators and potential recipients of HIV education (Army, Navy, Air Force, Marine Corps). Participants will be surveyed regarding their experiences with HIV education, opinions related to HIV/AIDS and related topics, and recommendations for improvement of HIV education. Participants will not be asked any personally identifying information regarding demographics or behavioral practices.

Study Design: This needs assessment will utilize a single cross-sectional survey to obtain information on experiences with HIV education and opinions related to HIV/AIDS and related topics and improvement of HIV education. This information will be captured at one single point in time through a self-administered mail survey. Return postcards will be utilized for subjects to indicate either: 1) they completed the questionnaire and do not wish to receive further mailings or 2) they do not wish to participate in the study and do not want to receive additional mailings. Follow-up mailings will only be sent to those subjects who do not return a postcard from the initial mailing.

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An important component of any health education program is a periodic needs assessment. A needs assessment uses social science data collection and analysis techniques to determine the extent to which instructional approaches and content meet the educational needs of the intended population. Needs assessments identify the needs of a defined population, evaluate current approaches to meeting those needs, and identify gaps between needs and approaches. Needs assessments are particularly useful for educational or health program evaluation and planning.

Transition of a Successful Skills-Building HIV/STD Intervention Update: 8 February 1998

In an earlier Naval Health Research Center (NHRC) project, a cognitive-behavioral intervention program known as SHIP (STD/HIV Intervention Program) was developed to prevent STDs and HIV among Marines (Boyer et al., 1997). SHIP is a multifaceted skills-building intervention designed to modify behaviors associated with the acquisition of STDs/HIV. SHIP uses a variety of media (e.g., videos, slides) to present information about STDs/HIV and includes many small group discussions and other interactive group activities, such as role-playing and educational games. The intervention is aimed at enhancing service members' knowledge about STDs/HIV, heightening their motivation to engage in safe behaviors and refrain from unsafe behaviors, and strengthening their behavioral and decision-making skills. Two videotapes, "HIV Legacy" and "Liberty Brief," were produced specifically for this program.

The intervention was implemented among 565 enlisted Marines aboard ships deployed to the Western Pacific in 1994. The evaluation of SHIP indicated that it was successful in leading to a significant reduction in risky sexual behaviors and a reduction in alcohol use in the intervention group (Marines who were exposed to SHIP) compared with the control group (similar Marines who were not exposed to SHIP).

Because SHIP was shown to be effective in a large Marine Corps sample, it seemed feasible to transition this intervention to other military populations.

Marine Security Guard (MSG) Sample

One population that was identified for the transition of the SHIP intervention is Marine Security Guards (MSGs). Thus, one objective of the current project is to transition SHIP to MSGs, and to evaluate its effectiveness in this population. MSGs are Marines who have the role of guarding and protecting U.S. embassies all over the world, including those in Third World countries. Prior to their first embassy assignment, all MSGs must graduate from the MSG school. The MSG school convenes five times a year in Quantico, VA, with approximately 75-90 students per class.

The leadership of the Marine Security Guard Battalion asked NHRC to modify the SHIP curriculum and to implement the course in the MSG school. In addition, NHRC researchers will conduct an evaluation of the intervention in the MSG subpopulation, to evaluate its immediate impact on MSGs knowledge, attitudes and behavioral intentions. In addition, the long-term impact of the intervention on the behavior and attitudes of MSGs in the field will be assessed.

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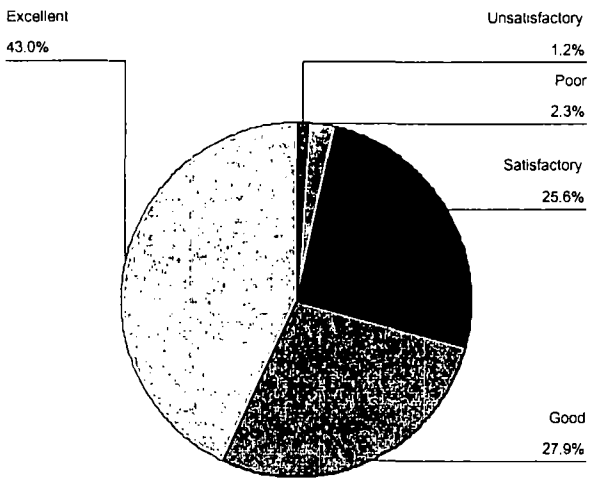

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