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THE WHITE HOUSE

WASHINGTON

September 28, 1999

Neal Nathanson, MD
Director, Office of AIDS Research
National Institutes of Health
9000 Rockville Pike
Building 31, Room 4C02 (M/S 2340)
Bethesda, MD 20892

Dear Dr. Nathanson: Neal –

I am writing to request your participation in a White House briefing on HIV prevention and prevention science research on November 29, 1999 from 9 a.m. to 12:30 p.m.. The purpose of this briefing is to update and discuss the current state of behavioral, social science, and other non-vaccine approaches to HIV prevention. Formal presentations by invited speakers will be followed by a discussion among the Federal participants. The discussion will include a focus on opportunities for Federal communication and collaborations in this important area.

The briefing will be held at the Office of National AIDS Policy, 736 Jackson Place, NW, Washington, D.C. A briefing description and draft agenda are provided for your reference.

Please call Ms. Cheryl Bauerle at 202-456-2959 to confirm your attendance. If you have questions about the briefing, please call Dr. Paul Gaist at 202-456-2437 ext.6 or e-mail him at Paul_A._Gaist@opd.eop.gov.

I look forward to seeing you on November 29.

Sincerely,

Sandy

Sandra L. Thurman
Director
Office of National AIDS Policy

Enclosures

From Research to Practice: A Discussion of U.S. Government-Based Behavioral, Social Science, and Other Non-vaccine Approaches to HIV Prevention

Objectives:

- Review and update the status of HIV prevention issues in the U.S. and abroad;
- Review and update Federal agency planning and agenda-setting efforts relative to HIV prevention research, research translation and dissemination, and program implementation at the NIH, CDC and USAID; and,
- Discuss potential new opportunities for Federal level communication and collaborations

Date and time: Monday, November 29, 1999
9:00 a.m. – 12:30 p.m.

Location: Office of National AIDS Policy
736 Jackson Place, Washington, D.C.

Principals:

ONAP:	Ms. Sandra Thurman
DHHS/OSG:	Dr. David Satcher
OHAP:	Dr. Eric Goosby
CDC:	Dr. Jeffrey Koplan
NIH:	Dr. Neal Nathanson
USAID:	Mr. Duff Gillespie

Overview

In the past 15 years, much has been learned and accomplished in the area of HIV/AIDS prevention. Theory-driven behavioral and biomedical interventions have been developed for and employed in a diverse array of HIV-risk settings. Research and prevention programs have demonstrated that preventive interventions work even among "hard to reach", socially disenfranchised, and economically disadvantaged populations. At the same time, emerging new factors and trends continue to impact the dynamics of the epidemic, presenting new challenges to both HIV prevention research and practice.

The briefing will include an overview presentation on recent trends, accomplishments, and challenges in HIV prevention and prevention science, both domestically and internationally. Presentations by NIH, CDC and USAID representatives will highlight agency efforts with respect to HIV prevention and prevention science research, including how prevention agendas are being developed and how the agencies are building and fostering working relationships between the research, service, and HIV-affected communities. New opportunities for the utilization and integration of HIV prevention research into programmatic efforts will be focal points of discussion.

DRAFT

From Research to Practice: A Discussion of U.S. Government-Based Behavioral, Social Science, and Other Non-vaccine Approaches to HIV Prevention

November 29, 1999
9:00 a.m. - 12:30 p.m.

9:00 a.m. - 9:15 a.m.	**Opening Remarks** Ms. Sandra Thurman, Director, Office of National AIDS Policy
9:15 a.m. - 10:00 a.m.	**Overview** Dr. Thomas Coates, Director, UCSF Center for AIDS Prevention Studies and Director, UCSF AIDS Research Institute
10:00 a.m. - 10:30 a.m.	**National Institutes of Health, AIDS Research Program** Dr. Judith Auerbach, Prevention Sciences Coordinator, Office of AIDS Research, NIH
10:30 a.m. - 11:00 a.m.	**Centers for Disease Control and Prevention, AIDS Program** Dr. David Holtgrave, Director, Division of HIV/AIDS Prevention, Intervention Research and Support, NCHSTP, CDC
11:00 a.m. - 11:30 a.m.	**U.S. Agency for International Development, AIDS Program** Dr. Paul Delay, Director, HIV/AIDS Division, USAID
11:30 a.m. - 12:30 p.m.	**Questions and Answers, Discussion** Ms. Sandra Thurman, Director, ONAP Mr. Todd Summers, Deputy Director, ONAP
12:30 p.m.	**Adjourn**

THE WHITE HOUSE

WASHINGTON

September 28, 1999

Mr. Duff Gillespie
Deputy Assistant Administrator
Bureau for Global Programs and Field Support
US Agency for International Development
1300 Pennsylvania Avenue, NW Rm. 3-09
Washington, DC 20523

Dear Mr. ~~Gillespie~~ Duff —

I am writing to request your participation in a White House briefing on HIV prevention and prevention science research on November 29, 1999 from 9 a.m. to 12:30 p.m.. The purpose of this briefing is to update and discuss the current state of behavioral, social science, and other non-vaccine approaches to HIV prevention. Formal presentations by invited speakers will be followed by a discussion among the Federal participants. The discussion will include a focus on opportunities for Federal communication and collaborations in this important area.

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Sandra L. Thurman
Director
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The briefing will include an overview presentation on recent trends, accomplishments, and challenges in HIV prevention and prevention science, both domestically and internationally. Presentations by NIH, CDC and USAID representatives will highlight agency efforts with respect to HIV prevention and prevention science research, including how prevention agendas are being developed and how the agencies are building and fostering working relationships between the research, service, and HIV-affected communities. New opportunities for the utilization and integration of HIV prevention research into programmatic efforts will be focal points of discussion.

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11:30 a.m. - 12:30 p.m.	**Questions and Answers, Discussion** Ms. Sandra Thurman, Director, ONAP Mr. Todd Summers, Deputy Director, ONAP
12:30 p.m.	**Adjourn**

Briefing for the Director, ONAP, and Select Agency Heads/Federal Representatives: Behavioral and Social Science HIV Prevention Research and Practice

Objectives: To have NIH, CDC and USAID:

- Review and update the status of HIV prevention research;
- Review and update the status of HIV prevention practice; and,
- Discuss Federal Agency and intra-Agency "research - practice" collaborations

Date and time: September 29, 1999
9:30 a.m. - Noon

Principals:

ONAP: Ms. Sandra Thurman

DHHS/OSG: Dr. David Satcher

OHAP: Dr. Eric Goosby

NIH: Dr. Neal Nathanson

CDC: Dr. Jeff Koplan

Overview

In the past 15 years, much has been learned and accomplished in the area of HIV/AIDS prevention through behavioral and social change interventions. Theory-driven intervention models have been developed for and employed in a diverse array of HIV-risk settings. Research and prevention programs have demonstrated that preventive interventions work even among "hard to reach" and socially disenfranchised populations. At the same time, emerging new factors and trends continue to impact the dynamics of the epidemic, presenting new challenges to both HIV prevention research and practice.

The presentations by NIH, CDC and USAID representatives will highlight who is doing what with respect to HIV prevention; how Federal agency prevention agendas are being developed; and, how agencies are building and fostering working relationships between the research, practice, and HIV-affected communities. Issues such as research planning and translation, knowledge transfer and dissemination, as well as, program development, promotion, adoption and evaluation will be focal points for discussion.

From Research to Practice: A Discussion of U.S. Government-Based Behavioral, Social Science, and Other Non-vaccine Approaches to HIV Prevention

November 29, 1999
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12:30 p.m.	**Adjourn**

David -

Need a "balanced" research agenda
- biomedical w/ community/behavioral research

SLT -

AAC report card - concern w/in COS + POTUS

~~NIH for PEP?~~

Centers of Excellence abroad?

Demonstrating efficacy

OPENING COMMENTS FOR SANDY THURMAN
NOVEMBER 29,1999 HIV PREVENTION SCIENCE BRIEFING

- Thank you for coming.

- HIV epidemic continues worldwide, and in select regions of the world, at alarming rates.

- We know that the application of sound HIV prevention science to our prevention efforts is critical if we are to prevent the further spread of the virus. To reduce new infections everywhere, in both developing and developed countries, we know that our HIV prevention efforts must:
  - be based on sound scientific principles
  - undergo review and be adapted to changing circumstances;
  - be delivered at multiple levels; and,
  - consider the context of behavior, practices and attitudes, as well as social influences, laws and policies.

- Our HIV prevention efforts must be evidence-based, analogous to what we require of our treatment and care approaches to HIV and AIDS. HIV prevention often requires multiple interventions, in much the same way as we deliver multiple antiretroviral therapies simultaneously to maximize their medical outcome. And we know that HIV prevention requires partnerships.

- Today we will hear from:
  - Dr. Coates about the current state of HIV prevention science from the perspective of behavioral, social and non-vaccine biomedical approaches.
  - Three of our key agencies on how they are approaching the issues of HIV prevention science and practice.

- And then we will have time for serious discussion on how we can work together to operationalize and improve the translation and transfer of HIV science to practice in our efforts to reduce new infections and curb the pandemic.

- We have the challenge and the obligation to develop and implement strategies that effectively translate prevention information and approaches into plans and action in the magnitude and scope that will make a difference - a difference that reaches from the community to global levels.

- Let's start this morning with introductions, and then I will ask Dr. Satcher to make some opening remarks.

An Overview of the NIH/OAR HIV Prevention Science Program

National Institutes of Health, Office of AIDS Research

NIH AIDS Research

Areas of Emphasis:

- Natural History and Epidemiology
- Etiology and Pathogenesis
- Therapeutics
- Vaccines
- Behavioral and Social Science Research
- Training, Infrastructure, and Capacity Building
- Information Dissemination

Report of the NIH AIDS Research Program Evaluation Task Force, 1996 ("Levine Committee")

Recommendations on HIV Prevention Science

- **The NIH, through the OAR, should develop a coordinated and comprehensive Prevention Science Agenda that includes and combines biomedical, behavioral, and social interventions.**
- **NIH should convene an HIV Prevention Science Advisory Committee reporting to the Director of the OAR.**
- **OAR should appoint an HIV Prevention Science Coordinator charged with implementation of the Prevention Science Agenda.**

HIV Prevention Science Working Group

Mission Statement

GOAL

Assist the OAR and the NIH in developing a comprehensive HIV prevention science agenda, including biomedical, behavioral, and social science approaches, for the purpose of enhancing effective HIV prevention efforts domestically and internationally.

CHARGE

Assist the OAR and the NIH in identifying opportunities, priorities, and gaps in non-vaccine HIV prevention science and developing and implementing a research agenda to address them.

Agenda for the PSWG

- **Develop a framework for what constitutes HIV prevention science at the NIH.**
- **Identify gaps in the current NIH HIV prevention science portfolio with respect to addressing the greatest needs domestically and internationally.**
- **Identify opportunities to advance HIV prevention science at NIH, including research priorities, funding mechanisms, and dissemination strategies to better address these needs.**
- **Identify strategies for enhancing collaborations among NIH, CDC, SAMHSA, HRSA, and other Federal agencies, and between Federal agencies and community-based organizations, to better link research, program, and policy in HIV prevention.**

HIV Prevention Science Working Group

- James W. Curran, M.D., M.P.H, *Chair,* Emory University School of Public Health, Atlanta
- Judith D. Auerbach, Ph.D., *Executive Secretary*, Office of AIDS Research, NIH
- Moises Agosto, Community Access, New York
- Robert Booth, Ph.D., University of Colorado Health Sciences Center, Denver
- Susan P. Buchbinder, M.D., San Francisco Department of Public Health, SF
- Sherry Deren, Ph.D., Institute for AIDS Research, National Development & Research Institutes, NY
- Geeta Rao Gupta, Ph.D., International Center for Research on Women, Washington, DC
- David Holtgrave, Ph.D., Centers for Disease Control and Prevention, Atlanta
- Beri Hull, National Association of People With AIDS, Washington, DC
- John B. Jemmott, III, Ph.D., University of Pennsylvania, Philadelphia
- Peter Jensen, M.D., San Francisco Veterans Affairs Medical Center
- Robert J. Levine, M.D., Yale University School of Medicine, New Haven
- Shirley Lindenbaum, Ph.D., City University of New York–Graduate Center, New York
- Mary Jane Rotheram-Borus, Ph.D., University of California, Los Angeles
- Michael Shriver, AIDS Research Institute, University of California, San Francisco
- Sten Vermund, M.D., Ph.D., University of Alabama School of Medicine, Birmingham
- David Vlahov, Ph.D., The New York Academy of Medicine, NY; and Johns Hopkins University, Baltimore
- Carmen D. Zorrilla, M.D., University of Puerto Rico School of Medicine, San Juan

Matrix of NIH HIV Prevention Science Portfolio*

	Primary Prevention		Secondary Prevention	
	Biomedical	Behavioral/Social	Biomedical	Behavioral/Social
Pre-intervention				
Intervention				

Notes:

*Does not include Vaccine Research

Primary Prevention: Understanding the factors, determinants, and processes of HIV risk and transmission (Pre-intervention); and developing, implementing, and evaluating HIV prevention interventions (Intervention).

Secondary Prevention: Understanding the factors, determinants, and processes of disease progression, the development of opportunistic infections, and the negative psychosocial consequences of HIV and AIDS (Pre-intervention); and developing, implementing, and evaluating interventions to address them (Intervention).

National Institutes of Health, Office of AIDS Research

Biomedical Strategies for HIV Prevention

Primary Prevention

- Microbicides
- Condoms – Male and Female
- Treatment for Prevention of Perinatal Transmission
- Treatment of Other STDs

Secondary Prevention

- Treatment for Prevention of Disease Progression
- Post-Exposure Prophylaxis/Treatment

Behavioral and Social Strategies for HIV Prevention

Primary Prevention

- Counseling & Testing (avoiding risk behavior & getting HIV tested)
- One-on-One or Small Group Behavioral Change Counseling (e.g., promoting consistent condom use, reducing number of sex partners)
- Skills Development (e.g., condom use, negotiation skills)
- Referral to Alcohol or Drug Addiction Treatment
- Access to Sterile Needles and Syringes for IDUs
- Social Marketing Campaigns (e.g., condom marketing; public service announcements)

Behavioral and Social Strategies for HIV Prevention (Continued)

Secondary Prevention

- Stress, Coping, Grief, Bereavement Counseling
- Social Support for HIV/AIDS Care (including for caregivers)
- Addressing Co-morbid Conditions (e.g., TB, hepatitis, STDs)

NIH AIDS Research in HIV Prevention: FY 1998 Estimated

Area of Research (Plan Code)	**Dollars** (in thousands)
Primary Prevention of HIV Infection (Non-Vaccine)	
■ Prevention of Transmission (1A)	64,766
■ Risk Factors and Mechanisms of HIV Transmission (1B)	65,564
■ Preventing Vertical Transmission (3E)	5,444
■ Preventive Interventions (5A)	131,934
■ Basic Behavioral and Social Science: Risk & Transmission (5B)	64,455
Total: Primary Prevention	**332,163**
Secondary Prevention of HIV Infection and AIDS (Non-Vaccine)	
■ Progression of HIV Disease (IC)	55,030
■ Reduction of Opportunistic Infections (ID)	18,202
■ Consequences of HIV (5C)	14,496
Total: Secondary Prevention	**87,728**
Total Non-Vaccine HIV Prevention	**419,891**
Vaccines	**147,568**
Total Vaccine & Non-Vaccine HIV Prevention	**567,459**
Total AIDS Research	**1,599,530**

Total Prevention as Proportion of Total AIDS Research = 35.4%
Non-Vaccine Prevention as Proportion of Total AIDS Research = 26.2%

National Institutes of Health, Office of AIDS Research

HIV Prevention Science Initiative

- Begun in FY 1997 in response to recommendations from the Levine Committee report
- Goal is to promote comprehensive, cross-disciplinary HIV prevention science
- Supports new grants, grant supplements, contracts, workshops, conferences, and meetings through the NIH Institutes and Centers
- Supports projects that address a set of HIV prevention science priorities identified by the OAR Director with the advice of the PSWG

FY 1999 HIV Prevention Science Initiative Priorities

Primary Priority:

HIV Prevention Among Racial/Ethnic Minorities: Pre-intervention and intervention research and related activities that focus on factors that contribute to the disproportionate impact of HIV on racial/ethnic minorities in the U.S. and strategies for ameliorating it. Primary prevention of HIV infection among different racial/ethnic minority populations, including women, gay men of color, and substance abusers. Community collaborative research projects and translational research to disseminate and implement effective interventions in minority communities.

FY 1999 HIV Prevention Science Initiative Priorities (Continued)

Additional Priorities:

- Relationship Between Biological and Behavioral Outcomes
- Sustainability of HIV Prevention Efforts
- International HIV Prevention Research
- Legal, Ethical, and Policy Issues in HIV Prevention
- Primary Prevention for Men Who Have Sex with Women

FY 1999 Prevention Science Initiative

Sample Awards Addressing HIV Prevention Among Minority Populations

- Reducing HIV Risk Among Latino Youth (sexual risk reduction intervention)
- HIV Prevention for Latino Adolescent Mothers and Fathers
- Assessing and Improving the Impact of HIV Preventive Interventions on Minority Adolescents (school and media-based intervention)
- HIV Prevention Network Intervention with STD Patients
- Peer Mentors for Early Adolescents in HIV-Affected Families
- National Study of Syringe Exchange Programs (assessing access & use among minority populations)
- Longitudinal Study of School Dropout , Substance Use & HIV Risk

FY 1999 Prevention Science Initiative

Sample Awards Addressing HIV Prevention Among Minority Populations (Continued)

- Intervention Efficacy for Male At-Risk Drug Users (African American crack-cocaine smokers)
- Pilot Study of Partner Notification Procedures in New York City (Latino gay men)
- Incentives and Impediments for Women and Men IDUs to Use SEPs (African American and Latina women)
- Changes in Viral Load and Perceived Infectivity on HIV Transmission Risk Practices
- Cultural and Language Barriers Affecting Latinos Antiretroviral Medication Adherence
- Hepatitis C Virus Among Homeless Persons at Risk for HIV/AIDS

NIH Training and Career Development Workshop on HIV Prevention Research for and by Racial and Ethnic Minorities August 28-29, 1999 Atlanta, Georgia

Goal: To increase the number of minority investigators conducting NIH-supported HIV prevention research.

Objective: To provide networking opportunities and funding information for racial and ethnic minority researchers who are interested in conducting community-based HIV prevention research.

Highlights:

- Diversity of participants
- Inspirational panel of senior minority researchers
- Opportunities to meet with senior investigators and NIH program staff
- Discussion of barriers to and strategies for engaging in community-based research
- Access to computers during workshop
- Networking opportunities

From research to practice in HIV prevention science

The role of USAID

The Role of Research within USAID

- USAID's primary role is to support capacity building and service delivery
- How USAID operates
- USAID's research portfolio
  - Operations research
  - Biomedical research

Strategy for OR

- Types of OR
  - Formative research
    - Needs Assessment
    - Research to adapt intervention models to local settings
  - Problem-solving
    - Develop new intervention tools and methods
    - Improve use of existing interventions/services (access, quality, and efficiency)
    - Improve sustainability of interventions
  - Establish/confirm efficacy and effectiveness of interventions and tools

USAID Biomedical Research

- Orphan technologies/technologies for low resource settings (ORS, vaccine QC, malaria vaccines, STI diagnostics, vaccine delivery systems)
- Initiate/catalyze new approaches (new interventions for MTCT, topical microbicides, contraceptive technologies)
- Ensure product characteristics (measles, ARI and diarrhea vaccines, ?HIV vaccines)
- Demonstrate priorities (female condom)
- Provide critical components for R&D (PAVE sites)

Prevention Research-
USAID

Priorities for USAID in the areas of HIV biomedical research

- Microbicides (formulation of vaginal products)
- Vaccines (educating stakeholders)
- STI Diagnostics (GC/CT dipstick)
- MTCT (optimal feeding for infants born to HIV infected women)

Prevention Research-
USAID

The Evolution of HIV/AIDS Research Activities within USAID

- Prior to 1997, operations research was incorporated into our service delivery procurements
- In 1997, USAID conducted a comprehensive redesign of HIV/AIDS portfolio
- The new portfolio contains dedicated research projects

Prevention Research-
USAID

Research Components of new HIV/AIDS portfolio

- HORIZONS (OR, BMR)
- UNAIDS (OR, BMR, Bp)
- CDC (2 gen surv, TB)
- NIH (TB)
- PATH (STI diagnostics)
- MEASURE (2nd gen indicators)
- FOCUS (OR for youth)
- LINKAGES (breastfeeding)
- POPULATION COUNCIL (microbicides)
- MICRONUTRIENTS (reduce MTCT)
- SYNERGY (Best practice and dissemination)

Prevention Research-
USAID

Developing HORIZONS Research Agenda

- One year spent examining current and proposed interventions-what do we already know and what are the remaining outstanding questions
- No "buy-ins"
- 11 "topics" identified

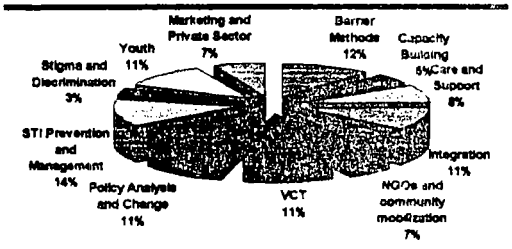
Prevention Research-
USAID

Criteria for identifying research activities

- Focus on programmatically relevant research that contributes to better policies and services
- Broaden the response to HIV/AIDS
- Have potential for scaling up
- Be ethically and methodologically sound
- Be operationally and financially feasible
- Build on local capacity to design and conduct research
- Support objectives of AID/W, Missions, and local stakeholders

Prevention Research-
USAID

11 Topic Areas for HORIZONS



The SYNERGY Project

- Distill best practices, guidelines, policy statements
- Dissemination/Training/Technical Assistance
  - publications/grey literature
  - "SOTA's"
  - standardized technical assistance
  - websites

low-speed

Cataloging "Best Practices"

Assessment	Strategic Planning	Intervention Selection	Intervention Implementation	Evaluation
What is the nature of the HIV/Aids problem in this country?	What should be my priorities in addressing the problem?	Which interventions address the priority objectives?	How do I implement these interventions?	How do I know that it is working?
e.g. surveillance systems	e.g. selecting target populations	e.g. selecting appropriate interventions	e.g. step by step manuals for implementation	e.g. standard indicators

Collaboration with other partners

- Sharing inventories of research activities
- Develop thematic working groups on an "as needed" basis

Compendium of HIV Prevention Interventions with Evidence of Effectiveness

from
CDC's HIV/AIDS Prevention Research Synthesis Project

November 1999

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Prevention Research Synthesis
Centers for Disease Control and Prevention

Compendium of HIV Prevention Interventions with Evidence of Effectiveness

from
CDC's HIV/AIDS
Prevention Research Synthesis Project

Centers for Disease Control and Prevention
National Center for HIV, STD, and TB Prevention
Division of HIV/AIDS Prevention - Intervention Research and Support
Atlanta, Georgia

November 1999

Acknowledgments

Many individuals, groups, organizations, and communities contributed to this *Compendium.* We are most grateful to those who participated in the research studies. They trusted that their time and effort in a study would increase our understanding about ways to prevent HIV/AIDS. We hope this document confirms their trust and supports their prevention goals.

Similarly, we thank the researchers who designed the interventions and carried out the studies. In the course of writing this document, we spoke with many of the original researchers. Their contact information throughout the *Compendium* underscores their continued commitment to HIV/AIDS prevention.

For the selection of effective interventions by applying consistent criteria, thanks to John Anderson, Wayne D. Johnson, Linda Kay, Mary Neumann, Salaam Semaan, and Ellen Sogolow of the Centers for Disease Control and Prevention (CDC); Don Des Jarlais of Beth Israel Medical Center; and Larry Hedges of the University of Chicago. For reviews of drafts and comments that improved the final document, thanks to Amy DeGroff, Nikki Economou, Michele Evering-Watley, Dorothy Gunther, Lynn Meinor, John Peppert, Lauretta Pinckney, Tamara Sloan-Anderson, Kathy Stark, Chris Tullier, Duane Wilkerson, and Mary Willingham.

Special acknowledgments go to the project leadership and staff of CDC's contractor, Aspen Systems Corporation, particularly Ruthann Bates, Meredith Hart, Kevin Hylton, Maryann Krayer, Paula Lipman, Sarah McClanahan, and Darcy Strouse. At CDC, special thanks to Bobbie Person and Linda Kay for leadership with the earlier drafts and the later drafts, respectively. Lynda Doll's suggestions at several stages strengthened both scientific soundness and clarity.

November

Suggested Citation: Centers for Disease Control and Prevention, Prevention Research Synthesis project. Compendium of HIV Prevention Interventions with Evidence of Effectiveness, March 1999: [inclusive page numbers].

[1]ACDP and Magura include multiple target populations, however; their summaries appear only once.

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Men Who Have Sex With Men

Youth

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[1]ACDP and Magura include multiple target populations, however; their summaries appear only once.

Alphabetical Listing of HIV Prevention Interventions:

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[1]ACDP and Magura include multiple target populations, however; their summaries appear only once.

Introduction

The Centers for Disease Control and Prevention (CDC) developed this *Compendium of HIV Prevention Interventions with Evidence of Effectiveness* to respond to prevention service providers, planners, and others who request science-based interventions that work. All interventions selected for this *Compendium* came from behavioral or social studies that had both intervention and control/comparison groups and positive results for behavioral or health outcomes. We required designs with control/comparison groups so that successful results could be attributed to the interventions. Appendix A describes in detail the criteria used to select the interventions. This document provides *Summaries* of each intervention that met all criteria. These are referred to as effective interventions. To meet the ongoing need for current information about what works in HIV prevention, this *Compendium* will be updated approximately annually.

The *Compendium* provides state-of-the-science information about interventions with evidence of reducing sex- and/or drug-related risks, and the rate of HIV/STD infections. These interventions have been effective with a variety of populations, e.g., clinic patients, heterosexual men and women, high-risk youth, incarcerated populations, injection drug users, and men who have sex with men. They have been delivered to individuals, groups, and communities in settings such as storefronts, gay bars, health centers, housing communities, and schools.

A reader may want to consider an entire group of studies, for instance, all studies that used small group interventions. Table 1 highlights population and intervention characteristics for each of the interventions. Accessing additional materials may assist in implementing a selected intervention. Table 2 indicates the interventions that are part of CDC's Replicating Effective Programs (REP) and Research to Classroom: Programs That Work (PTW) projects. These ongoing projects support development of intervention materials, training, and technical assistance.

Once an intervention is adopted, its actual impact will depend on how it is implemented. The important thing is to achieve a balance between adapting the intervention to suit local needs and maintaining the core elements and key characteristics that made the original intervention successful. Also, the agency that implements the intervention will require organizational support, adequate staffing, and sufficient resources for implementation.

Finally, some readers may prefer an alternative or additional approach. They may want to assess and strengthen their existing program activities rather than select a new intervention, or to do both. We offer an Intervention Checklist to guide this process. The items on the Checklist are derived from many successful prevention interventions.

The *Compendium* is organized into four sections:

Section One: Summaries of Prevention Interventions

This section provides "one-pagers" or *Summaries* of each effective intervention. These are written to emphasize the intervention content and methods, based on information provided in the report. *Summaries* are grouped by target populations:

Within groups, *Summaries* are ordered alphabetically by author.

Section Two: Tables

For all interventions, *Table 1* highlights characteristics of the populations and interventions.

For selected interventions, *Table 2* provides information about access to intervention materials.

Section Three: Intervention Checklist

The *Intervention Checklist* is a tool for intervention assessment. It is designed to clarify aspects of existing interventions that can be strengthened.

Section Four: Appendices

Appendix A describes CDC's Prevention Research Synthesis (PRS) project, the criteria used to select PRS primary studies, and the additional criteria used to select a subset of primary studies for the *Compendium.*

Appendix B contains the bibliography, which references each study in the *Compendium*, along with additional or supplemental citations that pertain to that study.

Summary Format

Section 1. Summaries of HIV Prevention Interventions uses a standard format, with the same elements used to describe each intervention. If an element is missing from a *Summary,* it is because the source citation does not contain that information. The following elements comprise the format:

Title, authors, reference - bibliographic information for the source report (usually a journal publication, but may be "in press" or "submitted for publication")

Intervention goal(s) - selected behavioral/health aims of the intervention (most often other aims exist but are outside the scope of the *Summary*)

Intervention setting - the type of place in which the intervention was conducted

Population - includes the following features:

- ***sample size*** - the number of people who participated (usually the total number in the intervention and control conditions of the study at baseline)
- ***demographics*** - selected characteristics of the participants (e.g., gender, race/ethnicity, age, education, income)

Comparison condition - describes briefly what was provided to participants who did not receive the intervention during the study (e.g., a non-HIV intervention, usual HIV services such as HIV education and HIV counseling and testing)

Intervention description - includes the following features:

- ***theory/model*** - the basis for the design of the intervention, which explains the behavior change
- ***duration*** - the length and number of intervention sessions
- ***location*** - where the intervention was carried out
- ***characteristics of facilitators/leaders*** - e.g., gender, race/ethnicity, age
- ***content-*** e.g., topics, information, skills pertaining to risk reduction
- ***method(s)*** - how the intervention was delivered or conducted
- ***handout(s)*** - materials given to participants
- ***incentives*** - cash/items used to encourage or support participation

Findings - selected behavioral or health outcomes (usually at three or six months after intervention)

Contact person - the research scientist (or designee) who conducted the intervention and/or its evaluation

[1]ACDP and Magura include multiple target populations, however; their summaries appear only once.

Community-level HIV Intervention in Five Cities Final Outcome Data from the CDC AIDS Community Demonstration Projects

AIDS Community Demonstration Projects Research Group (1999)

American Journal of Public Health, 89 (3), 336-345

Description of Intervention: AIDS Community Demonstration Project

This community-level intervention was based on the Transtheoretical Model of Behavior Change, which recognizes that change occurs in stages. The intervention aimed to modify attitudes and beliefs about prevention methods among the community members by providing models of successful risk-reduction strategies adopted by members of the target population. The intervention took place over 3 years in Dallas, Denver, Long Beach, New York City, and Seattle. Peer volunteers from each target community were trained to carry out the intervention, drawing attention to and reinforcing identification with and acceptance of the intervention messages.

The intervention featured role model stories developed from the real-life experiences of local community members. These stories depicted members of the target population moving from earlier to later stages of change. Stories were developed and selected so that the majority matched the predominant stages of change and beliefs about condoms and bleach observed in the population.

The role model stories were featured in flyers distributed with condoms and bleach kits by the peer volunteers.

Intervention Goal(s): To determine the effects of a community-level intervention to increase condom use with main and non-main partners and/or to increase disinfection of injection equipment.

Intervention Setting: Street settings, public sex environments, and other community venues.

Population: Interviews were conducted with 15,205 individuals who were injection drug users, female sex partners of injection drug users, commercial sex workers, non-gay-identified men who have sex with men, high-risk youth, and/or residents in census tracts with high rates of sexually transmitted disease. Of the interviewees, 46% were men and 54% were women; 54% were African American, 19% were Hispanic, 22% were white, and 5% were of other racial/ethnic groups; and 35% were under 30 years of age.

Comparison Condition: Usual HIV prevention activities and services available in the community.

Behavioral/Health Findings: Individuals in the intervention communities demonstrated significantly greater achievement of consistent condom use and maintenance of consistent condom use with non-main partners than individuals in the comparison communities.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

AIDS and the Transition to Illicit Drug Injection Results of a Randomized Trial Prevention Program

Des Jarlais, D.C., Casriel, C., Friedman, S.R., Rosenblum, A. (1992).

British Journal of Addiction 87 (3), 493–498

Description of Intervention: AIDS/Drug Injection Prevention

This prevention program was based on social learning principles. The intervention was delivered in four 1- to 1½-hour sessions over a 2-week time period. The intervention was led by 2 trainers who encouraged a therapeutic atmosphere in which participants felt free to discuss personal problem situations and seek help from the trainers and from their peers. Reduction in non-injected use of illicit drugs was an additional goal of the program. Trainers were clear not to take a condemning/punitive attitude. The emphasis was on recognizing and admitting problems with illicit drug use and then seeking treatment to reduce/eliminate the illicit drug use.

The four sessions covered understanding AIDS, risks of drug use and drug injection, sexual behavior and AIDS, and seeking entry into drug abuse treatment programs. The trainers used presentations, group discussion, and role-play of critical situations like refusing an offer of injection or seeking entry into a treatment program when one's non-injection drug use becomes too heavy.

Intervention Goal(s): To determine the effects of a small group intervention to prevent the transition from sniffing heroin to injecting heroin.

Intervention Setting: Community storefront.

Population: Of the 83 drug users (heroin sniffers) who participated in the study, 69% were men and 31% were women; 23% were African American, 26% were Hispanic, and 51% were white. The average age of the participants was 28 years.

Comparison Condition: AIDS information and HIV antibody pretest counseling (HIV test optional).

Behavioral/Health Findings: Men and women who participated in the intervention were significantly less likely to inject drugs than those in the comparison condition.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

15-month Follow-up of Women Methadone Patients Taught Skills to Reduce Heterosexual HIV Transmission

El-Bassel, N., & Schilling, R.F. (1992).

Public Health Reports 107 (5), 500–504

Description of Intervention: Skills Building

The intervention was delivered in five 2-hour sessions with about ten women in each group. The intervention was led by experienced female drug counselors who had received an additional 20 hours of training.

Sessions 1-2: Information on AIDS transmission and prevention. Trainers used video, other visual presentations, and didactic exercises to enable participants to identify their own high-risk sexual behaviors and barriers to adopting safer sex practices.

Session 3: Condom use. Members discussed their negative associations with condoms, practiced condom skills, and role-played scenarios that involved asking their partners to use condoms.

Sessions 4-5: Assertiveness training, problem solving, and communication skills. Participants practiced and personalized these skills, first by role-playing in scripted scenarios, then by selecting scenarios that reflected their own life.

Incentives included modest payments for attending the sessions.

Intervention Goal(s): To determine the effects of a small group intervention to reduce sexual risk behavior and HIV transmission by increasing AIDS knowledge, sexual negotiation skills, and safer sex practices.

Intervention Setting: Methadone maintenance clinics.

Population: Of the 84 female methadone patients who participated in the study, 36% were African American and 64% were Hispanic. More than 90% of the women were between the ages of 21 and 42 and 90% were unemployed.

Comparison Condition: HIV/AIDS information only.

Behavioral Findings:
Women who participated in the intervention significantly increased frequency of condom use with their partners compared with women in the comparison condition.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

Outcomes of Intensive AIDS Education for Male Adolescent Drug Users in Jail

Magura, S., Kang, S., Shapiro, J.L. (1994).

Journal of Adolescent Health, 15 (6), 457–463

Intervention Goal(s): To determine the effects of a small group intervention to reduce HIV drug- and sex-related risk behaviors.

Intervention Setting: A detention center.

Population: Of the 157 incarcerated, young, male drug users who participated in the study, 65% were African American, 33% were Hispanic, and 2% were white. Median age was 18 years, ranging from 16 to 19 years.

Description of Intervention: Intensive AIDS Education in Jail

The intervention was based on a problem solving therapy model. It consisted of four 60-minute sessions focusing on health education issues relevant to male adolescent drug users, with emphasis on HIV/AIDS. The intervention was delivered at the New York City Department of Corrections Adolescent Reception and Detention Center on Rikers Island. Sessions used interactive methods and a small group format with 8 adolescents and one male counselor. Counselors were guided by a written curriculum.

Topics included general health knowledge, HIV and AIDS knowledge, factors associated with initiation and continuance of drug abuse, types of sexual behavior and HIV risk, the relationship of drug use and sexual behavior, and strategies to access services and drug abuse treatment in the community. Counselors adapted topics to the needs of the participants.

Counselors used techniques based on the problem-solving therapy model:

- *Problem orientation* - group members share and discuss facts and beliefs about HIV/AIDS
- *Problem definition and formulation* - members define specific high-risk attitudes and behaviors that must be modified to protect themselves and others against HIV/AIDS
- *Generation of alternative solutions* - members suggested and compiled possible courses of action for risky behaviors
- *Decision-making* - members critiqued and evaluated the alternative solutions
- *Solution implementation* - participants used role play and rehearsal techniques to practice alternative solutions.

The young men received $5 for each group session they attended.

Comparison Condition: The intervention was given to comparison participants at a later time.

Behavioral Findings: After release from jail, youth who participated in the intervention were significantly more likely to use condoms during vaginal, oral, and anal sex and had fewer high-risk sex partners than youth in the comparison condition.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

AIDS Education for Drug Abusers Evaluation of Short-term Effectiveness

McCusker, J., Stoddard, A.M., Zapka, J.G., Morrison, C.S., Zorn, et al. (1992).

American Journal of Public Health, 82 (4), 533–540

Intervention Goal(s): To determine the effects of small group Informational and Enhanced Education interventions on drug- and sex-related HIV risk behaviors.

Description of Intervention: Informational and Enhanced AIDS Education

The interventions drew primarily from Social Cognitive Theory and Relapse Prevention Theory, and also included concepts from the Health Belief Model and Theory of Reasoned Action. The Informational Education intervention consisted of two sessions. The Enhanced Education intervention was delivered in six sessions. When the six sessions were completed, participants received a 30-minute individual health education consultation.

The Informational Education intervention provided the essential HIV/AIDS information (prevention, transmission, etc.), using primarily didactic methods including video, lecture, discussion, homework, and demonstration (but not practice) of condom use and cleaning of drug paraphernalia.

The Enhanced Education intervention focused on personal susceptibility, situation analysis and skills building. Participants engaged in group discussions and practiced skills they could use to reduce risk in various situations. Additional strategies were homework assignments, tension-release exercises, role-playing, trigger tapes, peer feedback, and needle cleaning and condom skills exercises. Emphasis was placed on experiential learning techniques for the purpose of enhancing participants' self-efficacy regarding

Intervention Setting: Inpatient drug detoxification and rehabilitation center.

Population: Of the 567 adult drug users who participated in the study, 67% were men and 33% were women; 81% were white; and 70% were high school graduates.

Comparison Condition: Essential HIV/AIDS information, using primarily didactic methods.

Behavioral Findings: After exit from the program, participants in both interventions reported significant reductions in drug- and sex-related risk behaviors compared with their baseline level of risk. For two behaviors, drug injection and cocaine use, the Enhanced Education intervention had significantly greater effects that the Informational Education intervention.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

Condom Skills Education and Sexually Transmitted Disease Reinfection

Cohen, D., Dent, C., MacKinnon, D. (1991).

Journal of Sex Research, 28 (1), 139–144

Intervention Goal(s): To determine the effects of a small group intervention on the incidence of sexually transmitted diseases (STDs).

Description of Intervention: Condom Skills Education

This intervention was based on the premise that familiarity with condoms and skills in using condoms properly are necessary for increasing future condom use. The intervention consisted of a brief condom skills education session led by a health educator who was an African-American woman. The intervention was delivered in a single 30-minute group session to people waiting for appointments in a Los Angeles STD clinic.

The session began with a 10- to 15-minute presentation in which the health educator emphasized 3 important points for effective condom use: condoms should be made of latex, condoms should have a reservoir tip or space left at the end, and condoms should be lubricated with a spermicide. The session included group discussion of how condoms should be used and a demonstration of how to put on a condom. The health educator referred to a poster that displayed a variety of condoms with their packaging. The presentation was followed by a 10- to 15-minute question-and-answer session.

Intervention Setting: Waiting room of an STD clinic.

Population: Of the 192 adults who participated in the study, 59% were male and 41% were female; 67% were African American, 14% were Hispanic, and 19% were of other racial/ethnic groups. The median age of the participants was 25 years, ranging from 15 to 61 years.

Comparison Condition: Usual services available in the STD clinic.

Behavioral/Health Findings: Men and women who participated in the intervention were significantly less likely to return to the STD clinic within the next 12 months with a new STD than those in the comparison condition.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

Group Counseling at STD Clinics to Promote Use of Condoms

Description of Intervention: Group Discussion Condom Promotion

This intervention used the social context of small groups to encourage change in norms, expectations, and social skills. The intervention was delivered in a single group session to people waiting for appointments in a Los Angeles STD clinic. A trained female African-American health educator led sessions for groups of 10-25 participants.

The intervention session began with a video, "Let's Do Something Different," depicting condom use as socially acceptable. After the video a health educator facilitated a group discussion on methods of preventing STDs and promoting condom use. This discussion included the reasons why people liked and disliked condoms. Role-playing gave the clinic patients an opportunity to practice condom negotiation, first with the health educator and then with another patient. Questions relating to medical aspects of STDs were referred to clinic nursing and medical personnel. All participants were offered 10 free condoms by clinic nurses.

Cohen, D.A., MacKinnon, D.P., Dent, C., Mason, H., Sullivan, E. (1992).

Public Health Reports, 107 (6), 727–730

Intervention Goal(s): To determine the effects of a small group intervention to promote safer sex and condom use.

Intervention Setting: Waiting room of an STD clinic.

Population: Of the 426 adults who participated in the study, 71% were men and 29% were women; 83% were African American. The average age of the participants was 28 years.

Comparison Condition: Ususal services available in the STD clinic.

Behavioral/ Health Findings: Men who participated in the intervention had a significantly lower STD reinfection rate than men in the comparison condition. There was no evidence of change for women.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

Randomized Controlled Trial in an HIV Sexual Risk-reduction Intervention for Young African-American Women

DiClemente, R.J., & Wingood, G.M. (1995).

Journal of the American Medical Association 274 (16), 1271–1276

Intervention Goal(s): To determine the effects of a small group intervention to increase consistent condom use and prevent HIV infection.

Description of Intervention: Social Skills Training

Social Cognitive Theory and theories of gender and power were used as models to guide the development of this social skills intervention. The intervention consisted of five weekly 2-hour group sessions led by trained African-American peer educators in the Bayview-Hunter's Point community of San Francisco, California. Each session had a specific topic and planned activities for modeling and assessing skills.

Session 1: Gender and ethnic pride. The women discussed positive attributes of being an African-American woman.

Session 2: Personal responsibility for sexual decision making. The women watched an HIV prevention video and had discussion.

Session 3: Sexual assertiveness and communication training. Role-playing exercises were used to practice managing risky sexual situations.

Session 4: Condom use. The women concentrated on building skills and changing social norms for proper condom use.

Session 5: Cognitive coping skills. Participants developed skills such as sexual self-control.

Intervention Setting: Community center.

Population: Among the 128 sexually active African-American women from an economically disadvantaged neighborhood who participated in the study, the average age was 23 years, ranging from 18-29 years.

Comparison Condition: The intervention was given to comparison participants at a later time.

Behavioral/Health Findings: Women who participated in the intervention were significantly more likely than women in the comparison condition to report consistent condom use with their partners, negotiating condom use, and not having sex when a condom was not available.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

Reducing Inner-city Women's AIDS Risk Activities: A Study of Single Pregnant Women

Hobfoll, S.E., Jackson, A.P., Lavin, J., Britton, P.J., Shepherd, J.B. (1994).

Health Psychology, 13 (5), 397–403

Description of Intervention: Reducing AIDS Risk Activities

The intervention was based on theories of social learning, conservation of resources (including coping strategies and support skills), and communal support.

Clinics were in a mid-sized Midwestern city. The intervention consisted of 4 sessions, 1½- to 2-hours each, for groups of 2 to 8 women. Trained group leaders were female psychologists and health educators whose ethnic backgrounds were similar to those of the participants.

Sessions featured videos using actors from the target population illustrating assertiveness, negotiation skills, planning skills, and specialized skills (e.g., cleaning drug works). Women discussed the videos and role-played risk scenarios. Participants created health plans.

Women learned negotiation skills and assertiveness skills. They developed a sense of mastery and positive expectations of success. The sessions also included an activity in which women imagined an unhealthy behavior and then imagined a healthy behavior. The final session addressed relapse prevention.

Incentives included cash, partial reimbursement for transportation and child care costs, and participation in a lottery for a color television.

Intervention Goal(s): To determine the effects of a small group intervention to enhance AIDS knowledge, attitudes, and skills and, as a result, to influence behavior change.

Intervention Setting: Inner-city clinics for low-income women.

Population: Of the 206 single pregnant women who participated in the study, 57% were African American, 40% were white, and 3% were of other racial/ethnic groups. The average age of the participants was 21 years, ranging from 16 to 29 years. About one-third of the participants had not completed high school; 75% had income of less than $10,000 per year.

Comparison Conditions: One was no intervention and the other was health promotion.

Behavioral Findings: Women who participated in the intervention increased their use of condoms with their partners significantly more than women in the comparison condition who received no intervention.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

Efficacy of Risk-reduction Counseling to Prevent Human Immunodeficiency Virus and Sexually Transmitted Disease: A Randomized Controlled Trial

Kamb, M.L., Fishbein, M., Douglas, J.M., Rhodes, F., Rogers, J. et al., for the Project RESPECT Study Group. (1998).

Journal of the American Medical Association 280 (13), 1161-1167

Intervention Goal(s): To determine the effects of enhanced and brief interactive counseling interventions to reduce high-risk behavior and to prevent new STDs.

Intervention Setting: Inner-city STD clinics.

Description of Intervention: Project RESPECT

The Enhanced and Brief Counseling interventions were based on the Theory of Reasoned Action and Social Cognitive Theory. Sessions were interactive and designed to change factors that could facilitate condom use, such as self-efficacy, attitudes, and perceived norms. The study was conducted in Baltimore, Denver, Long Beach, Newark, and San Francisco. Health department staff, trained to conduct HIV counseling, delivered the intervention.

The Enhanced Counseling intervention consisted of 4 sessions, a total of 200 minutes, and was completed in 3-4 weeks.

Session 1: Assessed personal risk, identified barriers to risk reduction, and negotiated a small risk-reduction step achievable in the next week.

Session 2: Explored condom use attitudes, discussed prior week's behavior change successes and barriers, and devised a strategy for taking a risk-reduction step before the next session.

Session 3: Built condom use self-efficacy, discussed prior week's behavioral goal and barriers and facilitators to condom use, and devised a strategy for taking another risk-reduction step.

Session 4: Explored social norms and support for condom use, discussed prior week's behavioral goal successes and barriers, and devised a long-term strategy for consistent condom use.

The Brief Counseling intervention consisted of 2 sessions, a total of 40 minutes, and was completed in 7-10 days. It was based on the HIV Prevention Counseling recommended by CDC for use with HIV testing since 1993.

Session 1: Identical to Session 1 above.

Session 2: Received HIV test results, discussed changes, support for changes made, and barriers and facilitators to change, and developed a long-term plan

Population: Of the 5,758 HIV-seronegative adults who participated in the study, 57% were male and 43% were female; 59% were African American, 19% were Hispanic, 16% were white, and 6% were of other racial/ethnic groups. Median age of the participants was 25 years and 24% were < 20

Comparison Condition: Didactic messages typical of current care.

Behavioral Findings: Participants in both counseling interventions reported significantly higher condom use compared with participants in the comparison condition. Of the counseling participants, 30% fewer had new STDs compared with participants in the didactic message condition. In the counseling interventions, benefits accrued equally to men and women, and STD reduction was higher among adolescents than older participants.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

The Effects of HIV/AIDS Intervention Groups for High-risk Women in Urban Clinics

Kelly, J.A., Murphy, D.A., Washington, C.D., Wilson, T.S., Koob, J.J.,et al., (1994).

American Journal of Public Health, 84 (12), 1918–1922

Intervention Goal(s): To determine the effects of a small group intervention on high-risk behaviors.

Intervention Setting: Inner-city health clinic.

Description of Intervention: Cognitive-Behavioral Skills Training Group

The intervention incorporated cognitive-behavioral and risk-reduction skills training principles and peer support elements. It consisted of 4 weekly group sessions, 90 minutes each. There were 8 to 10 women in each group. The sessions were conducted in Milwaukee, Wisconsin by 2 female group leaders.

The sessions provided detailed information about HIV risk and focused on behaviors that increase risk, common misconceptions about AIDS, and steps to reduce the risk of contracting the disease. National and local HIV seroprevalence and epidemiology statistics were summarized to personalize risk situations for the women, including the possibility of encountering an infected partner.

Exercises emphasized cognitive-attitudinal areas, behavioral skills, and social factors. Participants role-played initiating discussion of concerns about AIDS and condom use with potential sex partners and resisting sexual pressure from a man whose risk history was unknown or with whom the woman did not want to have sex.

Skills-building was a critical component of this intervention. Condom demonstration and practice were provided to desensitize participants to condom use. Also, attention was directed toward recognizing, understanding, and managing one's personal triggers for high-risk behavior.

Population: Of the 197 women who participated in the study, 87% were African American, 3% were Hispanic, 4% were American Indian, and 6% were white. The average age of participants was 29 years, and 97% of the whole group was unemployed. Average education level was some high school.

Comparison Condition: Family and child nutrition intervention.

Behavioral Findings: Women who participated in the intervention reported a significantly greater increase in condom use with their partners and a significantly greater decrease in their frequency of engaging in unprotected sex than women in the comparison condition.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

A Community-level HIV Intervention for Inner-city Women: Results of the Women and Infants Demonstration Trial

Lauby, J.L., Smith, P.J., Stark, M., Person, B., Adams, J. (1998). Philadelphia, PA

Philadelphia Health Management Corporation.

Intervention Goal(s): To determine the effects of a community-level intervention to increase condom use with main and non-main partners.

Intervention Setting: Street settings, community agencies, organization, businesses, residential complexes, and other community settings.

Description of Intervention: Real AIDS Prevention Project (RAPP)

This community-level intervention was based on the Transtheoretical Model of Behavior Change, which recognizes that change occurs in stages. The intervention aimed to modify attitudes and beliefs about prevention methods among the community women by providing models of successful risk-reduction strategies adopted by members of the target population. The intervention included 3 components: a media campaign, outreach, and community mobilization. The media campaign included frequent distribution of flyers, brochures, posters, and newsletters that told "role model" stories based on the lives of women in the local community, contained HIV prevention material and referral sources, and furnished other information related to women's physical, social, and economic well-being. The role model stories presented readable and realistic accounts of women in different degrees of readiness to use condoms (i.e., stage-based stories) with either main or non-main partners, how they had overcome barriers or had learned from experience about the need to use condoms, and how they had progressed to more consistent condom use. Media pieces were distributed hand-to-hand or were left at drop sites in businesses, agencies, and meeting places throughout the target communities.

Stage-based outreach was implemented by women from the communities who were either paid a stipend or employed by the project. Outreach was usually one-on-one but was sometimes delivered to groups. The purpose of these interpersonal contacts was to present HIV information and referrals, encourage and reinforce behavior change, and distribute condoms and role model stories.

Community mobilization entailed the recruitment of small businesses, neighborhood organizations, and agencies to donate services or products and to function as sites for distributing role-model stories and displaying posters and other visual materials.

Population: Interviews were conducted with 3,725 sexually active women of reproductive age in four matched pairs of inner-city communities. In this group of women, 73% were African American, 20% were white, and 7% were of other racial/ethnic groups; mean age was 25 years.

Comparison Condition: Usual HIV prevention programs available in the community.

Behavioral/Health Findings: Women in the intervention communities reported a greater increase in consistent condom use with non-main partners than women in the comparison communities.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

Reductions in STD Infections Subsequent to an STD Clinic Visit

O'Donnell, C.R., O'Donnell, L., San Doval, A., Duran, R., Labes, K. (1998).

Sexually Transmitted Diseases, 25 (3), 161-68

Intervention Goal(s): To determine the effects of a small group intervention to reduce sexually transmitted disease (STD) infections subsequent to a clinic visit.

Intervention Setting: STD clinic.

Description of Intervention:
Video Opportunities for Innovative Condom Education and Safer Sex (VOICES/VOCES)

All participants received STD prevention information, individual counseling, free condoms, and a coupon for condoms as part of their clinic visit for diagnostic and treatment services.

The video-based intervention consisted of a 60-minute session in which participants viewed a 20-minute culturally sensitive video and engaged in a facilitated interactive group discussion. The intervention was delivered to small groups of 3 to 8 men in an STD clinic in the South Bronx, New York City. A trained STD counselor led the discussions.

One video, "Let's Do Something Different," was designed for African Americans and another, "Porque Sí," was developed for Hispanics. Both videos provided accurate risk information and corrected misinformation, portrayed positive attitudes about condom use, and modeled gender- and culturally-specific strategies for encouraging condom use. Interactive discussions following the videos aimed to reinforce the STD and HIV prevention messages. Participants addressed problems they had experienced when trying to use condoms and discussed strategies to increase condom use.

Participants were offered a selection of free condoms at the clinic and a coupon for free condoms at an area pharmacy.

Population: Of the 2004 adult males who participated in the study, 62% were African American and 38% were Hispanic. The average age of the participants was 30 years.

Comparison Condition: Usual services available in the STD clinic.

Behavioral Findings: Men who participated in the intervention had a significantly lower rate of new STD infection than men in the comparison condition.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

Reduction of High-risk Sexual Behavior among Heterosexuals Undergoing HIV Antibody Testing: A Randomized Control Trial

Wenger, N.S., Linn, L.S., Epstein, M., Shapiro, M.F. (1991).
American Journal of Public Health, 81 (12), 1580-1585

Description of Intervention: HIV Education, Testing and Counseling

The intervention was offered to clients of an STD clinic in Los Angeles.

The intervention consisted of an educational component and an HIV blood test. The educational component included (a) a written pamphlet that explicitly discussed safer and unsafe sexual acts and explained condom use; (b) a 15-minute video that examined HIV-risk behavior and promoted condom use as well as discussing the risk with sex partners; and (c) a 10-minute, one-on-one counseling session with a physician. The counseling session focused on assessing personal risk, discussing the elements of HIV testing, and answering any questions about HIV/AIDS or testing. [NOTE: See *Summary* for Kamb, et al. for current HIV testing and counseling protocols.]

After completing the educational module, intervention participants had blood drawn for an HIV test. Test results were revealed to intervention participants approximately 2 weeks after study entry and were accompanied by the same risk-reduction message as during the pretest counseling (for seronegative results) or in-depth counseling (for seropositive results).

Intervention Goal(s): To evaluate the effects of HIV education and testing on sexual risk behavior.

Intervention Setting: Urban Sexually Transmitted Diseases (STD) clinic.

Population: Of the 186 heterosexual adults who participated in the study, 67% were men and 33% were women; and 88% were African American; 84% had completed high school; and 43% were unemployed. The average age was 28 years, ranging from 18 to 66 years.

Comparison Condition: HIV education only.

Behavioral Findings: Participants who received the HIV education and testing intervention reported significantly fewer occurrences of unprotected intercourse than did those in the comparison condition.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

The Mpowerment Project: A Community-level HIV Prevention Intervention for Young Gay Men

Kegeles, S.M., Hays, R.B., Coates, T.J. (1996). *American Journal of Public Health, 86* (8), 1129–1136

Intervention Goal(s): To determine the effects of a community-level intervention to reduce HIV risk behaviors.

Intervention Setting: Mpowerment Center and other community venues where gay men congregated.

Description of the Intervention: Mpowerment Project

This intervention was based on theories of peer influence and diffusion of innovations, which posit that people are most likely to adopt new behaviors when favorable evaluations of the behavior are conveyed to them by similar others whom they respect. The intervention was conducted over 8 months and attempted to reach all young gay men in a Eugene, Oregon community.

A Core Group of young gay men designed and ran the intervention with input from a Community Advisory Board composed of "elders" from the AIDS, public health, gay and lesbian, and university communities. This engendered a personal commitment to HIV prevention, a sense of ownership of the prevention activities, and a willingness to carry out the activities.

This multi-component intervention included 2 types of formal outreach, informal outreach, peer-led small groups and a small publicity campaign. One type of formal outreach activity was directed at venues where young gay men congregated. Volunteers dressed in costumes and distributed safer-sex materials. Another type of formal outreach activity took place at the Mpowerment Center. It consisted of safer-sex promotional events embedded in a series of fun social activities. Informal outreach consisted of peer-initiated communications among friends about the need for safer sex. Small groups, called M-Groups, lasted about 3 hours and were designed to be fun and interactive. They served as entry into the project, addressed safer-sex concerns and skills, and motivated participants to invite their friends. The small publicity campaign aimed to reinforce the norms for safer sex and spread awareness of the Mpowerment Project.

Population: Of the cohort of 300 young gay men who were evaluated after 8 months of study, 4% were African American, 7% were Asian or Pacific Islander, 81% were white, and 2% were of other racial/ethnic groups. The average age of the men was 23 years, and the median education level was some college.

Comparison Condition: The intervention was given to comparison communities at a later time.

Behavioral Findings: Men who participated in the Mpowerment Project reduced their frequency of unprotected anal intercourse significantly more than the men in the comparison community.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

Behavioral Intervention to Reduce AIDS Risk Activities

Kelly, J.A., St. Lawrence, J.S., Hood, H.V., Brasfield, T.L. (1989).

Journal of Counseling and Clinical Psychology, 57 (1), 60–67

Intervention Goal(s): To determine the effects of a small group intervention to reduce the frequency of high-risk sexual practices and increase behavioral skills for refusing sexual coercions.

Intervention Setting: An office space associated with a medical center.

Description of Intervention: Behavioral Self-management and Assertion Skills

The intervention consisted of 12 weekly group sessions, each about 75 to 90 minutes. Groups were led by 2 clinical psychologists and 2 project assistants.

Sessions 1-2: AIDS risk reduction. This component included information about AIDS, HIV infection, and HIV-transmission methods.

Sessions 3-5: Behavioral self-management. Participants examined past high-risk sexual activity and identified mood, setting, substance use, and other factors associated with the risk taking. Leaders presented strategies to reduce risk.

Sessions 6-8: Assertion skills training. Three scenarios were used: (a) initiating discussion about one's commitment to low-risk behavior with a potential sex partner; (b) refusing pressures to engage in high-risk behavior; and (c) declining an immediate sexual proposition from a person one wanted to get to know socially.

Sessions 9-11: Relationship skills and social support development. This component addressed strategies for problem solving in relationships and for maintaining low-risk sexual practices, even in committed relationships.

Session 12: Risk-reduction review and identification of useful strategies. This session allowed each participant to address the changes he had made and the strategies he had used.

The intervention used group process, lecture, and role-playing methods to deliver information and develop skills.

Population: Of the 104 gay men who participated in the study, 13% were African American or Hispanic and 87% were white. The average age of the participants was 31 years; 45% had completed college.

Comparison Condition: The intervention was given to comparison participants at a later time

Behavioral Findings: Gay men who participated in the intervention reduced their frequency of unprotected anal intercourse and increased their use of condoms significantly more than the men in the comparison condition.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

Community AIDS/HIV Risk Reduction: The Effects of Endorsements by Popular People in Three Cities

Kelly, J.A., St. Lawrence, J.S., Stevenson, Y., Hauth, A.C., Kalichman, S.C., et al., (1992).

American Journal of Public Health, 82 (11), 1483–1489

Intervention Goal(s): To determine the effects of a community-level intervention to reduce high-risk behaviors.

Intervention Setting: Gay bars.

Description of Intervention: Popular Opinion Leader (POL)

This intervention was based on theories of peer influence, behavioral standards and social norms, and diffusion of innovations. Bartenders at gay clubs in Biloxi, Mississippi, Monroe, Louisiana, and Hattiesburg, Mississippi were enlisted to nominate opinion leaders, i.e., persons who were popular with others. The intervention was delivered in two parts:

Part I. Popular opinion leaders received four sessions, 90 minutes each, of HIV education and communication strategies. A male and a female co-facilitator conducted each session.

Session 1: Epidemiology of HIV, risk and protective behaviors, and misconceptions.

Session 2: Characteristics of effective health promotion messages. Facilitators described ways to sensitize others to the threat of AIDS, stressed that behavior change can prevent AIDS, used self as example, and personally endorsed the benefits of change.

Session 3: Conversational examples of effective health promotion messages. Facilitators modeled conversations and opinion leader participants role-played similar conversations.

Session 4: Real-life conversations and problem solving. Participants reported outcomes of actual conversations (see Part II). Facilitators helped them plan for additional peer conversations.

Part II. Each opinion leader agreed to have at least 14 conversations with peers in the bars about AIDS risk reduction. Opinion leaders wore buttons with a logo that promoted the project and matched posters located in the bars. Buttons were ambiguous and served to trigger conversations.

Population: Of the 1,469 gay men who completed anonymous baseline and post-intervention surveys in three cities, 9% were African American, 85% were white, and 5% were Hispanic or of other racial/ethnic groups. Average age was 29 years. From the same three cities, 75 gay men of similar race/ethnicity and age were trained as peer leaders.

Comparison Condition: The intervention was given to comparison participants at a later time.

Behavioral Findings: Men from communities that received the intervention reported a significantly greater reduction in unprotected anal intercourse than the men from the comparison communities.

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AIDS Prevention in Homosexual and Bisexual Men: Results of a Randomized Trial Evaluating Two Risk-Reduction Interventions

Description of Intervention: Small Group Lecture Plus Skills Training

The intervention consisted of a lecture and a skills training session delivered in a 2-session small group format in a community-based organization in Pittsburgh, Pennsylvania. The 60- to 90-minute lecture component, led by a gay health educator, reviewed HIV transmission and the clinical outcomes of HIV infection, the risks of specific sexual practices, the importance of risk reduction through safer-sex practices, correct condom use, and interpretation of HIV antibody tests.

The 140-minute skills-training session was led by a psychotherapist from a community organization that provides counseling services to sexual minorities. The skills-training session included role-playing, psychodrama, and group process to promote the social acceptability of safer sex; strategies to reduce sexual risk behavior; and group discussion on sexuality and relationships among gay men.

Valdiserri, R.O., Lyter, D.W., Leviton, L.C., Callahan, C.M., Kingsley, et al., (1989). *AIDS, 3* (1), 21–26

Intervention Goal(s): To determine the effects of an educational intervention program that included skills training in addition to a small group lecture on sexual risk and protective behaviors.

Intervention Setting: The office of a community-based organization.

Population: Of the 584 gay and bisexual men who participated in the study, 2% were African American, 95% were white, less than 1% were Hispanic, and less than 1% were Asian. The average age was 33 years, ranging from 19 to 73 years, and 33% of the participants had a college degree.

Comparison Condition: Small group lecture.

Behavioral Findings: Men who participated in the small group lecture plus skills training educational intervention showed a significant increase in condom use for insertive anal intercourse compared to those in the comparison condition.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

Reductions in HIV Risk-associated Sexual Behaviors among Black Male Adolescents: Effects of an AIDS Prevention Intervention

Jemmott, J.B., Jemmott, L.S., Fong, G.T. (1992).

American Journal of Public Health, 82 (3), 372–377

Intervention Goal(s): To determine the effects of a small group intervention to reduce HIV risk behaviors and increase condom use.

Description of Intervention: Be Proud! Be Responsible!

The intervention consisted of one 5-hour session held on a Saturday morning in a local school in Philadelphia, Pennsylvania. The session was led by Aftican-American men and women with backgrounds in human sexuality education, nursing, social work, and small group facilitation. The leaders received 6 hours of training for this intervention. The intervention included information about risks associated with injection drug use and specific sexual activities. The intervention used videos, games, exercises, and other culturally and developmentally appropriate materials to reinforce learning and to encourage active participation.

For example, one video was narrated by an African-American woman and had a multi-ethnic cast.

In another activity, "AIDS Basketball," participants formed into teams to earn points for correctly answering factual questions on AIDS. In the exercise, "Uncle Bill's Advice Column," pairs of adolescents wrote a response to a letter to Uncle Bill about AIDS or risky behavior and then read it to the rest of the group for discussion.

A condom exercise focused on the correct use of condoms. The participants also engaged in role-playing situations depicting potential problems in trying to implement safer sex practices, including abstinence.

Intervention Setting: A local school on a Saturday.

Population: Of the 157 African-American male adolescents who participated in the study, the average age of participants was 15 years; almost all (97%) were enrolled in school.

Comparison Condition: Focused on careers.

Behavioral Findings: Adolescents who participated in the intervention reported more frequent use of condoms and fewer sex partners than adolescents in the comparison condition.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

Reducing the Risk: Impact of a New Curriculum on Sexual Risk-taking

Kirby, D., Barth, R.P., Leland, N., Fetro, J.V. (1991).

Family Planning Perspectives, 23 (6), 253–263

Intervention Goal(s): To determine the effects of a classroom intervention to postpone initiation of sexual intercourse and, among those sexually experienced, to reduce unprotected sex.

Intervention Setting: High school classrooms.

Description of Intervention: Reducing the Risk

The intervention was based on social learning, social inoculation, and cognitive behavioral theories. The intervention was carried out in 13 high schools in California. Health education classes offered the 15-session intervention as part of the 10th grade comprehensive health curriculum. Teachers who volunteered to implement the intervention curriculum attended a 3-day training session.

The curriculum included instruction on developing social skills to reduce sexual risk-taking behavior and used role play as a means of practicing and modeling those skills. Numerous activities supported the norm that students should avoid unprotected intercourse, either by not having sex or by using contraceptives. Students repeatedly role played situations where they recognized various forms of social pressure to have sex, examined the "lines" that young people use to obtain sex, were motivated to resist these pressures, and practiced effective strategies and skills to refrain from sex or unprotected sex. Over the 15 weeks, role plays were less scripted and more oriented to developing student's confidence in their ability to resist pressure. The curriculum also emphasized decision making and assertive communication skills, encouraged students to go to stores and clinics to obtain relevant health information, and required students to ask their parents about their views on abstinence and birth control.

Population: Of the 758 students who participated in the study, 47% were male and 53% were female; 2% were African American, 2% were American Indian, 9% were Asian, 20% were Hispanic, 62% were white, and 5% were of other racial/ethnic groups; 56% were in 10th grade; and about 37% were sexually experienced prior to the study.

Comparison Condition: Usual sexuality instruction available in the school.

Behavioral Findings: Students receiving the intervention were significantly less likely to initiate sexual intercourse than those in the comparison condition; intervention students who were already sexually experienced were significantly less likely to engage in unprotected intercourse than sexually active students in the comparison condition.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

Preventing HIV Infection Among Adolescents: Evaluation of a School-based Education Program

Main, D.S., Iverson, D.C., McGloin, J., Banspach, S.W., Collins, J.L., Rugg, et al., (1994).
Preventive Medicine, 23 (4), 409–417

Description of Intervention: Get Real about AIDS©1992

This intervention was primarily based on Social Cognitive Theory and the Theory of Reasoned Action. The intervention was implemented in 10 schools in 6 Colorado school districts. The intervention consisted of a 15-session skills-based curriculum, based in part on the program Get Real About AIDS©1992. Most of the intervention teachers taught health; some taught science, physical education, and study skills. Teachers attended a 5-day (40 hours) training program designed to enhance relevant skills and fidelity of the implementation to the written curriculum.

The curriculum covered the following topics: HIV functional knowledge (that is, knowledge that can be used to reduce risk), teen vulnerability to HIV, normative determinants of risky behavior, condom use, and skills designed to help students recognize, manage, avoid, or leave risky situations.

Intervention Goal(s): To determine the effects of a classroom intervention to postpone the initiation of sexual intercourse and to reduce the number of students engaging in unsafe sex and drug-using behaviors.

Intervention Setting: High school classrooms.

Population: Of the 2,015 students who participated in the study, 51% were male and 49% were female; 6% were African American, 3% were Asian, 21% were Hispanic, 65% were white, and 5% were of other racial/ethnic groups. The average age of the students was 15 years; 60% were in the 9th grade; 44% were sexually experienced prior to the study.

Comparison Condition: Usual program, which was no HIV education or minimal HIV education, as determined by the school districts.

Behavioral Findings: Students who participated in the intervention reported fewer sex partners and greater frequency of condom use than students in the comparison schools.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

Reductions in HIV Risk among Runaway Youths

Rotheram-Borus, M., Van Rossem, R., Lee, M., Gwadz, M., Koopman, C. (1997)

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Intervention Goal(s): To determine the effects of a small group intervention to reduce HIV-related sexual and drug-related risk behaviors.

Intervention Setting: Shelters for runaway adolescents.

Description of Intervention: StreetSmart

This intervention was based on Social Learning Theory, using small groups (a) as practice and role-play opportunities, (b) to mobilize and reinforce positive behaviors, and (c) to maintain support networks. The intervention consisted of 10 group sessions on a rotating basis, 3 times per week, repeated every 4 to 6 weeks, and one individual counseling session. Sessions were led by trained counselors in shelters for runaway youth in the New York City area. The intervention had four primary components:

1. HIV-related knowledge. Activities included video and art workshops where youth developed soap opera dramatizations, public service announcements, commercials, and raps about HIV prevention, and they reviewed and discussed commercial HIV/AIDS prevention videos.
2. Social skills. Training on assertiveness and coping skills, including use of a "feeling thermometer," were employed to develop skills for use in HIV-risk situations.
3. Access to resources. Participants visited a community-based comprehensive health and mental health center.
4. Personalized beliefs, attitudes and norms. Participants had a private counseling session during which they could assess individual barriers to practicing safer sex and discuss their own attitudes and behavior patterns. Dysfunctional attitudes and behavior patterns were targeted.

Incentives included food and $1 for carrying condoms and arriving to the program on time.

Population: Of the 312 runaway and homeless youths who enrolled in the study, 51% were male and 49% were female; 57% were African American, 22% were Hispanic, 16% were white or of other racial/ethnic groups, and race/ethnicity was unknown for 5%. The average age of the youths was 16 years.

Comparison Condition: Usual services available in the runaway shelters.

Behavioral Findings: Adolescents who participated in the intervention reduced both the number of unprotected sexual acts and their substance use significantly more than adolescents in the comparison shelters.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

A Randomized, Controlled Effectiveness Trial of an AIDS Prevention Program for Low-income African-American Youths

Stanton, B.F., Li, X., Ricardo, I., Galbraith, J., Feigelman, S., Kaljee, L. (1996).

Archives of Pediatrics and Adolescent Medicine, 150 (4), 363–372

Intervention Goal(s): To determine the effects of a peer network decision-making intervention to increase condom use among sexually active youth.

Description of Intervention: Focus on Kids

The intervention, developed through ethnographic research, targeted pre- and early-adolescents in their existing friendship groups. Being in such a group was a requirement of enrollment. AIDS prevention education was based on a social cognitive model, Protection Motivation Theory (PMT), that uses cost and reward constructs to explain how intentions are formed to respond to threats in either adaptive or maladaptive ways.

The intervention consisted of 8 sessions: seven 1½-hour weekly meetings at local recreational centers and one day-long session at a rural campsite. The intervention was delivered in a large Eastern city to peer groups that consisted of 3 to 10 same-gender friends within 3 years of age of each other. The sessions were led by a pair of interventionists, at least one of whom was gender matched to the group. Most of the interventionists were African-American men and women recruited from the community.

Each session focused on one or more PMT concepts and also reviewed concepts from the prior session. Beginning in the first session and integrated throughout, a family genogram was used to illustrate the application of concepts to real-life situations.

Sessions emphasized values clarification and goal setting; presented facts regarding AIDS, STDs, contraception, and human development; and provided condoms. Multiple delivery formats were used to address individual variability in receptivity to media, e.g., videos, games, role-playing, acting, storytelling, and arts and crafts.

In the seventh session, participants developed community projects with specific target audiences and intervention messages. The eighth session included a presentation of the projects and concluded with a "graduation" ceremony.

Intervention Setting: Recreation centers associated with public housing developments; rural campsite setting.

Population: Of the 383 African-American youths who participated in the study, 56% were male and 44% were female. The average age was 11 years, and 78% were aged 9 through 12 years; 36% were sexually experienced prior to the study.

Comparison Condition: Individual youth attended weekly sessions, which included a movie with AIDS facts, discussion, and access to condoms.

Behavioral Findings: Sexually active youth who participated in the intervention reported significantly greater condom use than sexually active youth in the comparison condition.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

Cognitive-Behavioral Intervention To Reduce African-American Adolescents' Risk for HIV Infection

St. Lawrence, J.S., Brasfield, T.L., Jefferson, K.W., Alleyne, E., O'Bannon, Shirley, A. (1995).

Journal of Consulting and Clinical Psychology, 63 (2), 221–237

Intervention Goal(s): To determine the effects a small group intervention.

Intervention Setting: A public health clinic serving low-income families.

Population: Of the 246 inner city African-American youths who enrolled in the study, 28% were male and 72% were female. The average age was 15 years, ranging from 14 to 18 years; the average school grade was 10; and 36% were sexually experienced prior to the study.

Comparison Condition: Received Session 1 only.

Description of Intervention: Becoming A Responsible Teen (BART)

This intervention is based on social learning theory and stresses attention to participants' informational needs, motivational influences, and behavior (IMB), from the IMB risk-reduction model. The intervention consisted of 8 weekly educational and behavior skills sessions of 90 to 120 minutes each. Two co-facilitators, a male and a female, led the sessions in a small group format. The intervention was conducted in a comprehensive health center that serves predominantly low-income minority clients in a Mississippi city of 400,000 residents.

Session 1: AIDS education. HIV/AIDS information, presented in the context of local HIV/AIDS demographics, was interspersed with games, group discussion, and other activities.

Session 2: Sexual decisions and values. Group discussion about sexual decisions and pressures was followed by a video for African-American youths, *Seriously Fresh*, and video discussion.

Session 3: Technical competency skills. Discussion of statewide adolescent sexual activity levels was followed by condom use demonstrations, small group practice, and cognitive restructuring of unhelpful beliefs about self-protection and condom use.

Session 4-6: Social competency skills. Communication skills and assertiveness were taught in 3 contexts: a) initiating discussion about condoms in advance with a sex partner, b) refusing pressure to engage in unprotected sex, and c) sharing HIV-risk information with peers. Leaders demonstrated these skills, followed by participant role play.

Session 7: Cognitive competency skills. Local HIV-seropositive youths, the "Rap Team," discussed how HIV had affected their lives. Behavioral self-management and problem-solving strategies, especially those used successfully in the past, were the focus of sessions 7 and 8.

Session 8: Social support and empowerment. Participants shared what each felt was most helpful in BART and the personal changes each had made in response to participating in BART. The impact the group could have by educating friends and families was illustrated and the importance of supportive friendship networks was stressed.

Incentives included $5 an hour for participation, a project T-shirt for attending all sessions, and a personalized certificate of completion at the final

Behavioral Findings: Youths who participated in the intervention reported significantly greater condom use and significantly lower frequency of unprotected intercourse than youths in the comparison condition. Abstinent youth who participated in the intervention significantly delayed sexual onset to a greater extent than abstinent youth in the comparison condition.

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This study meets CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added: 1/99

Section 2
Tables

Table 1. **POPULATION** **INTERVENTION**

Gender, Race/Ethnicity, and Age **Setting, Level, and Duration**

Citation	Target				Gender %		Race/Ethnicity %						Age (Yrs.)		Setting	Level			Duration (Sessions)	
	DU	HA	MSM	Y	M	F	A-A	API	H	AI	W	O	Aver.	Range		Ind	Grp	Com	Number	Min. Each
ACDP '99	▨	▒	▦	■	46	54	54		19		22	5		30% <30	Community	✔	✔	✔	Continu-ous-3yrs	N/A
Cohen '91		▒			59	41	76		15			9	25*	15-61	Clinic		✔		1	30
Cohen '92		▒			71	29	92 #						28		Clinic		✔		1	60
Des Jarlais '92					69	31	23		26		51		28		Storefront		✔		4	60-90
DiClemente '95		▒				100	100						23	18-29	Community		✔		5	120
El-Bassel '92	▨					100	36		64					90% 21-42	Clinic		✔		5	120
Hobfoll '94		▒				100	57				40	3	21	16-29	Clinic		✔		4	90-120
Jemmott '92				■	100		100						15		School		✔		1	300
Kamb '98		▒			57	43	59		19		16	6	25*	24% <20	Clinic	✔			Enha: 4 Brief: 2	Total 200 Total 40
Kegeles '96			▦		100		4#	7			81	2	23		Social Clubs		✔	✔	NA	NA
Kelly '89			▦		100		13				87		31		Med. Office		✔		12	60-90
Kelly '92			▦		100		9		5†		85		29		Gay Bars	✔	✔	✔	4	90
Kelly '94		▒				100	87		3	4	6		29		Clinic		✔		4	60-90
Kirby '91				■	47	53	2#	9	20	2	62			56% in 10th grade	School		✔		15	
Lauby '98		▒				100	73				20	7	25		Community	✔	✔	✔	Continu-ous-3 yrs	N/A
Magura '94	▨			■	100		65		33		2		18*	16-19	Prison		✔		4	60
Main '94				■	51	49	6	3	21		65	5	15		School		✔		15	
Youth '92	▨				67	33					81#		N/A		Drug Program		✔		5	60
O'Donnell '94		▒			100		62		38				30		Clinic		✔		1	60
Rotheram-Borus '97				■	51	49	57		22		16†	5‡	16		Shelter		✔		10	
Stanton '96				■	56	44	100						11	9-12	Community		✔	✔	7 1 retreat	90 all day
St. Lawrence '95				■	28	72	100						15	14-18	Clinic		✔		8	90-120
Valdiserri '89			▦		100		3	<1	1		95		33	19-73	CBO Office		✔		1	120-150
Wenger '92		▒			67	33	87#						28	18-66	Clinic		✔		1	60

DU = Drug Users; HA = Heterosexual Adults; MSM = Men who have Sex with Men; Y = Youth

A-A = African American; API = Asian / Pacific Islander; H = Hispanic; AI = American Indian; W = White; O = Other

Aver. = Average; Ind = Individual; Grp = Group; Com = Community; Min. Each = Minutes per session; CBO = Community-Based Organization; Med. = Medical; Enha = Enhanced; Stan = Standard

† Combined with 'Other' race/ethnicity; ‡ race/ethnicity unknown; # race/ethnicity not reported on 100% of the study population; *median age given instead of mean age

Table 2.

Interventions with CDC Support for Materials Production, Technical Assistance, and Training

Table 2 lists the studies that receive CDC support through either Replicating Effective Programs[1] (REP), in CDC's Division of HIV/AIDS Prevention or, for youth, Research to Classroom: Programs That Work (PTW), in CDC's Division of Adolescent and School Health. Since some of the REP and PTW studies were recently funded, some materials are not yet available.

Author of Study and Materials Developer	Intervention Name	Target Population	Original Funding Source	Materials Available
ACDP	AIDS Community Demonstration Project	All Categories	CDC	Yes$_3$
Kamb, 1998)	Project RESPECT	Heterosexual Adults	CDC	Yes$_8$
Lauby 1998 (materials by Adams)	Real AIDS Prevention Project (RAPP)	Heterosexual Adults	CDC	In Progress$_1$
O'Donnell, 1994	VOICES/VOCES	Heterosexual Adults	CDC	Yes$_1$
Kegeles, 1996	Mpowerment	Men Who Have Sex With Men	NIMH	In Progress$_1$
Kelly, 1992	Popular Opinion Leader (POL)	Men Who Have Sex with Men	NIMH	Yes$_1$
Jemmott, 1992	Be Proud! Be Responsible!	Youth	NIMH	Yes$_2$
Kirby, 1991	Reducing the Risk	Youth	Private foundations, NIH	Yes$_2$
Main, 1994	Get Real about AIDS	Youth	CDC	Yes$_2$
Rotheram-Borus, 1997	Street Smart	Youth	NIMH	In Progress$_1$
Stanton, 1996	Focus on Kids	Youth	NIMH	Yes$_2$
St. Lawrence, 1995	Becoming a Responsible Teen (BART)	Youth	NIMH	Yes$_2$

In 1996 CDC's Division of HIV/AIDS Prevention - Intervention Research and Support initiated Replicating Effective Programs (REP) to support the development and dissemination of materials for interventions with evidence of effectiveness. To be eligible, interventions must have met PRS and *Compendium* criteria (see Appendix A). In the first years, REP support was given to the developers of completed studies that met the specified criteria, regardless of source of the original research funding. In future years, when CDC funded studies show positive behavioral/health results, CDC will routinely commit additional funds to development and dissemination. We encourage other funding agencies to do the same.

Section 3
Intervention Checklist

Intervention Checklist:

Elements of Successful Programs
A Tool for Assessment of Local HIV/AIDS Interventions

Background

The *Compendium* provides ready access to many interventions with known effectiveness, however, program planners, managers, prevention service providers, or constituents may be using an existing intervention that has its own advantages. For instance, it was developed locally and there is consensus in the community about its value. The *Intervention Checklist* was developed as a tool to help with assessment of these existing interventions. *Checklist* items were derived from the common characteristics of successful programs.[1] One may want to use the *Checklist* to fine-tune a strong program. Or, one may use it to consider new ideas for program implementation and/or organizational planning. It may be helpful simply as a programmatic inventory.

How to Use This Tool

This *Checklist* may be completed by one person or by a group of people familiar with the intervention activity (i.e., staff, constituents, volunteers, advisory board members). This tool could be used in a regular staff or planning group meeting or an annual program review to help measure progress.

Instructions:

1. Consider each of the four sections and each item within the sections. It may be useful to record examples from your local intervention onto the form in the space provided (if needed, use bottom, back of page, etc.) Also, you may want to add items.

2. Working individually or in a group, complete the *Checklist.* Rate each item High, Medium, or Low. For instance, for the first Intervention item, a clearly defined audience, a "high? rating would mean that the audience is very clearly defined., i.e., with enough precision (e.g., ethnically/culturally; by risk behavior, gender, or other characteristics) for optimal planning, tailoring of materials to that audience, and targeted recruitment.

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[1] **References**

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Kirby, D. (1995). A review of educational programs designed to reduce sexual risk-taking behaviors among school-aged youth in the United States. In *The Effectiveness of AIDS Prevention Efforts, HIV Prevention: State-of-the-Science* , commissioned by the Office of Technology Assessment, compiled and produced by the American Psychological Association Office on AIDS, Washington, D.C.

3. Review your responses. Consider each section separately. For example, are there one or two items in the Implementation section that need attention?

4. How do you/your group assess the current intervention overall? Is it satisfactory or can it be strengthened? If you want to improve the activity, who would develop an action plan for that? What accomplishment would address your current concerns? How feasible is that? What technical assistance might be helpful? What time lines would you anticipate? What resources would be needed?

A. Intervention Items	Examples from Effective Interventions	Examples from Local Interventions (Write In)	Rating (Circle One)
1. The intervention has a clearly defined audience	STD patients who are at risk based on current STD Runaway youth living in shelters who are at risk through survival sex		High Medium Low
2. The intervention has clearly defined goals and objectives	To change risky sexual norms and behaviors in the gay community through personal endorsement of safer sex by key opinion leaders To reduce risk for HIV/STD and unintended pregnancy among young women by increasing condom use		High Medium Low
3. The intervention is based on sound behavioral and social science theory	Diffusion theory guides plan for key opinion leaders to speak with certain number of people (representing proportion of the at risk population) Stages of change model calls for tailoring the role model stories used in the intervention to level of readiness for risk reduction in the community		High Medium Low
4. The intervention is focused on reducing specific risk behaviors	Reduce unprotected anal sex among men who have sex with men Reduce "never using" condoms with steady and casual sex partners		High Medium Low
5. The intervention provides opportunities to practice relevant skills	Role play condom negotiation with steady sex partner Exercises for trying out personal coping strategies		High Medium Low

B. Implementation Items	Examples from Effective Interventions	Examples from Local Interventions (Write In)	Rating (Circle One)
1. There is a realistic schedule for implementation	Six months of preparation and coordination is needed before starting an intervention in a large health care organization Two years of implementation are required for community level change		High Medium Low
2. Staff are adequately trained for sensitivity to the target population	Staff receive training on responding to disclosures of domestic violence Staff attend three, 1 hour sessions on the target population's culture, risk factors, and barriers to accessing service		High Medium Low
3. Staff are adequately trained to deliver the core elements of the intervention	Peer volunteers receive 32 hours of interactive training on the intervention's goals, objectives, core elements, and delivery methods Staff read intervention manuals, view training videos, role play intervention delivery, and have "booster" training one month after starting the intervention		High Medium Low
4. Core elements of the intervention are clearly defined and maintained in the delivery	Health educators use an intervention manual that labels the core elements Supervisor observes intervention performance at least once a month and provides feedback on delivery of the core elements		High Medium Low
5. Staff uses a variety of teaching methods, strategies, and modalities to convey information, personalize the training, and repeat essential HIV prevention messages	Lecture, discussion, group art and music projects, stress coping exercises, and individual counseling Staff use of culturally specific video soap opera as a springboard for problem solving client's barriers to condom negotiation; condom information is repeated in large- scale poster format		High Medium Low

C. Organization Items	Examples from Effective Interventions	Examples from Local Interventions (Write In)	Rating (Circle One)
1. There is administrative support for the intervention at the highest levels	State health department commits to delivering the intervention in all STD, HIV, and family planning clinics holding state contracts Local public housing authority provides on site office space for intervention activities		High Medium Low
2. There are sufficient resources for the current implementation	Existing facility incorporates intervention into its continuum of care by replacing didactic information delivery with an information and skills-building intervention Suitable space for the activities is located and rent is paid		High Medium Low
3. There are sufficient resources for sustainability	Redefinition of duties makes intervention delivery part of staff job description Intervention is not tied to grant funding but is part of agency's overall budget		High Medium Low
4. Decision-makers are flexible and open to program changes	"Ownership" of project is shared with target population volunteers who select new venues for delivery Non-agency staff are permitted to deliver intervention to agency clients on-site		High Medium Low
5. HIV/AIDS intervention is embedded in a broader context that is relevant to the target population	Runaway youth receive shelter, medical care, mental health counseling, and service referrals in addition to HIV prevention intervention Inner city women receive HIV/AIDS intervention woven into the context of women's health, pregnancy planning, and caring for one's family		High Medium Low

D. Consumer/ Participant Items	Examples from Effective Interventions	Examples from Local Interventions (Write In)	Rating (Circle One)
1. The intervention meets specified priorities and needs defined by the community	Intervention sponsors social events for young men who have sex with men in communities that do not have places for them to congregate Intervention empowers peer volunteers to intervene in their own communities		High Medium Low
2. For the target population selected, the intervention is culturally competent	"Role model" stories used within the community are experiences of actual members of the community (with their names changed) English-Spanish video portrays real-life situations, decision-making processes, and condom negotiation strategies in appropriate Hispanic/Latino cultural context		High Medium Low
3. For the target population selected, the intervention is developmentally appropriate	The need for safer sex is introduced naturally into the casual conversations of mature adult men who have sex with men Runaway youth, ages 11 to 17, receive intervention messages in many entertaining ways and learn realistic expectations for skills development		High Medium Low
4. For the target population selected, the intervention is gender specific	An intervention targeting inner-city women is delivered by community women and focuses on women's health issues Young gay men receive an intervention through their social networks		High Medium Low
5. The intervention as implemented is acceptable to the participants	Participants continue to come, even without incentives Participants recommend the intervention to their friends		High Medium Low

Section 4
Appendices

Appendix A

Prevention Research Synthesis (PRS) Project and Selection Criteria

In 1996, CDC began the HIV/AIDS Prevention Research Synthesis (PRS) project to create a database of all HIV/AIDS behavioral, social, and policy studies. The PRS project has several aims:

(1) to permit systematic reviews that address the population, intervention, study design, setting, and outcome factors associated with intervention effectiveness;

(2) to identify methodologically rigorous studies that have significant positive results; and

(3) to identify gaps in the existing research and directions for future study.

The PRS database will be updated annually. At present, it contains approximately 5,000 articles and reports on HIV prevention. Of these, about 200 are intervention studies that meet relevance criteria such as having behavioral or biological outcomes. Further, using criteria for methodological rigor, we identified a subset of *126 primary studies* representing the best available intervention science within the scope conditions of the PRS project. Figure A.1 illustrates the application of these criteria.

A. PRS Criteria

1. **Relevance criteria** -- allow the selection of studies that aim to reduce sex- and/or drug-related risk behaviors. Criteria include:

   (a) Studies are reported from 1988 onward

   The study typically was conducted two or three years earlier. This coincides approximately with the start-up of HIV intervention research.

   (b) Published or unpublished

   Unpublished reports are included in the PRS database to minimize the possibility of "publication bias." (For purposes of the *Compendium*, unpublished reports are included in the database to provide access to the latest studies.)

   (c) Conducted anywhere in the world

   Research conducted both in and outside the United States enhances our understanding of risk reduction.

   (d) Had positive, negative and/or no change (null) findings

   The PRS database includes all studies that meet specific standards of scientific rigor, regardless of outcome. Negative and no-change (null) outcomes contribute to our knowledge of what does and does not work.

   (e) With one or more of the following outcomes:

Sex-related behaviors

- use of male condoms
- use of female condoms
- use of condom negotiation
- not having sex, if condom not used
- having unprotected sex
- number of sex partners
- mutually monogamous relationship
- partner selection
- return to abstinence
- initiation of first sexual intercourse
- exchanging sex for money/drugs

HIV testing behavior

- repeat testing
- return for results

Drug-related behaviors

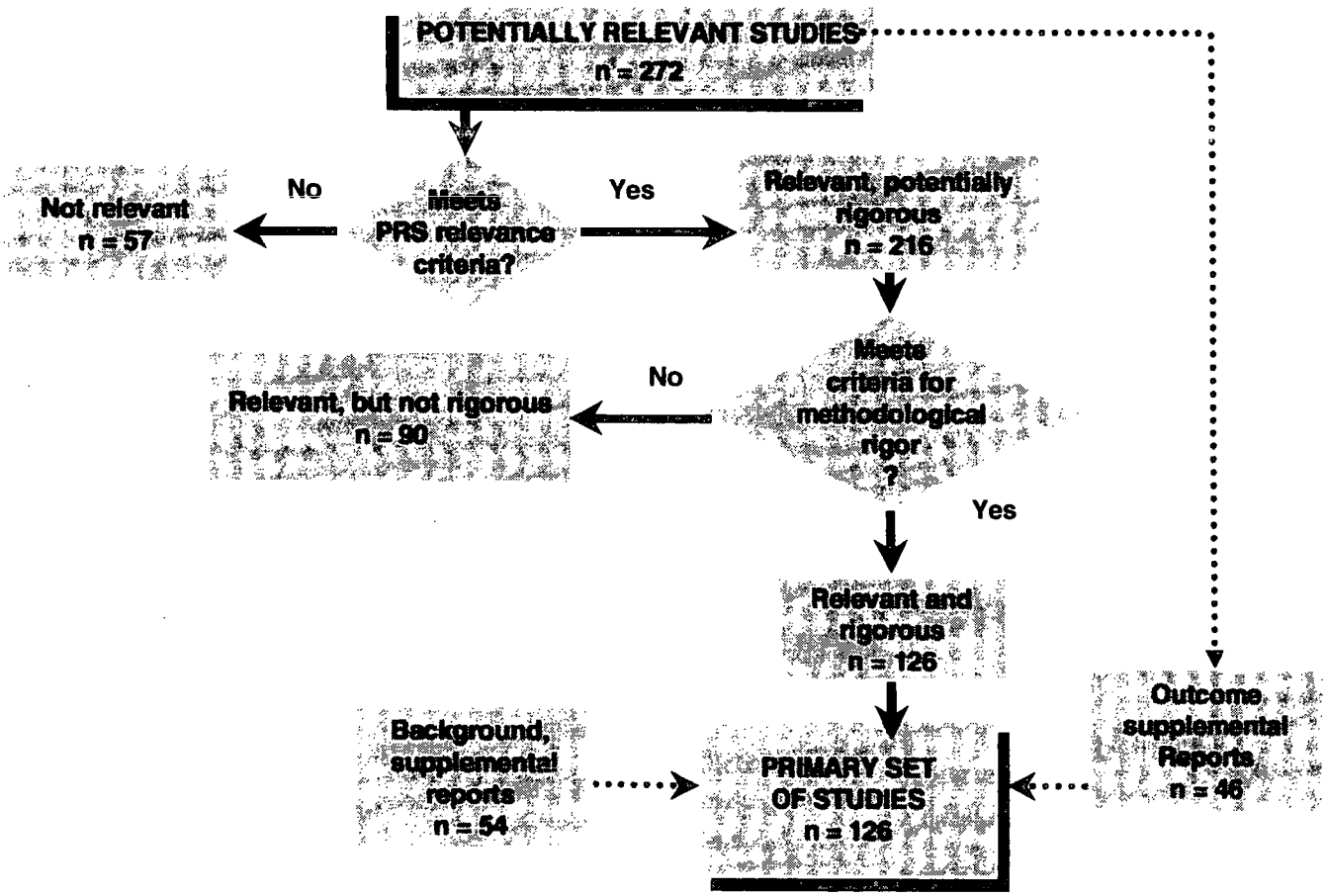
- multi-person use of drug paraphernalia
- cleaning/bleaching drug paraphernalia
- use of new sterile needles/syringes
- injecting drugs
- initiation of drug injection
- non-injecting drug use
- sex with substance use
- return of used syringes

Health outcomes

- incidence rates of HIV, AIDS, STDs, HBV, and HCV
- prevalence rates of HIV, AIDS, STDs, HBV, and HCV

Figure A.1

PRS Review Process: Reviewed *OUTCOME STUDIES*, as of 6/30/98



2. **Methodological criteria** -- based on study design and vary by intervention category[1], i.e., eligible behavioral and social interventions require control/comparison groups and pre-post data whereas policy interventions may have less rigorous designs.

   (a) For *behavioral and social* intervention studies:

   - Random assignment to intervention and comparison groups with
     - pre-post data *OR*
     - post-only data
   - Non-random assignment to groups with
     - pre-post data *AND*
     - adjustment for apparent assignment bias

   (b) For *policy* studies:

   - Random assignment to intervention and comparison groups with
     - pre-post data *OR*
     - post-only data
   - Non-random assignment to groups with
     - pre-post data *AND*
     - no apparent assignment bias *OR*
     - adjustment for apparent assignment bias
   - Non-random assignment to intervention and comparison groups with
     - post-only data *AND*
     - no apparent assignment bias *OR*
     - adjustment for apparent assignment bias
   - Pre-post data with no comparison group

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[1]There are three broad categories of interventions:.

Interventions in the *behavioral* category aim to change individuals' behaviors. These tend to emphasize individual and small group approaches, e.g., counseling, small group discussion with skills demonstration.

Interventions in the *social* category aim to change social norms that influence individuals' behaviors. These interventions may use small group or community-level approaches, e.g., engaging key opinion leaders as educators, community mobilization.

Policy studies aim to change individuals' behaviors and/or norms through administrative or legal decisions, e.g., condom availability in public settings, HIV education in schools.

B. Compendium Criteria

- To identify interventions for this *Compendium* we reviewed the *primary studies* using additional selection criteria:

  1. Studies conducted in the United States
  2. Studies with reported positive results on relevant outcomes
  3. Behavioral and social interventions, excluding policy studies

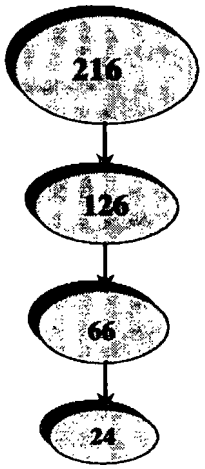
- We then examined this subset, further selecting studies that met the following criteria:

  4. Studies where the positive results represented a statistically significant difference between the intervention and the control or comparison condition
  5. Studies with no negative findings
  6. Studies that are state-of-the-science.

  Figure A.2 illustrates the application of these criteria. Applying all six of these criteria resulted in the 24 interventions contained in this *Compendium.* Within the constraints indicated by the criteria listed above, these represent the best state-of-the-science interventions available as of June 30, 1998.

  Consistent with these pre-established criteria, many studies were *not* selected for the *Compendium.* We did not select, for instance, studies where there was no control or comparison condition in the study design. Many of these studies with other designs provide valuable information but are out of the scope of this *Compendium.* Also, another CDC project, Characteristics of Reputationally Strong Programs[2] (described elsewhere) examines such programs.

Figure A.2 Identify Effective Interventions



Locate prevention studies with behavioral or health outcomes

Select those that meet study design/rigor criteria

Select those conducted in U.S. (Of 84, 74 reviewed)

Identify studies that reported at least one significant positive result

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[2] "Organizational Characteristics of Reputationally Strong Programs," Jane Mezoff, Brenda Seals, Ellen Sogolow, Bob Kohmescher, Gretchen Wooden, Larry Bye, Brian Tjugum, presented at the 12th World AIDS Conference, Geneva, June 28-July 3, 1998.

Appendix B

Source Citations and Supplemental References

This appendix lists the source citations for the 24 intervention studies described in this document. Additional or supplemental references are indented underneath the source citation for each intervention study. These additional references may be background citations (e.g., ones that contain descriptive information about the intervention) or outcome citations (e.g., ones that contain data from a subsequent follow-up assessment). These citations can help program planners obtain further information about the study design, methods, and other findings associated with the studies described in this document.

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