

**HRSA/SPNS Prevention with Positives
Interventions in Clinical Settings Initiative:**

**People Living with HIV Respond to Prevention
Interventions in Clinical Settings**

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HRSA All Titles Grantees Meeting
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**UCSF/EPPEC
Qualitative Evaluation Objectives**

- To assess feasibility & acceptability of PwP interventions
- To provide context for the quantitative outcome variables
- To document the intervention implementation process for replication purposes



AIDS and Behavior Special Issue



- Available in Exhibit Hall

Or

- Please Request Directly:

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Methods

- Project directors facilitated recruitment of “typical patients” $n = 60$
- Analysts conducted face to face in-depth interviews with patients
- Interviews were audio-recorded



Thematic Analysis

- Imported transcribed data into Atlas.ti
- Read subset of interviews to inductively identify code categories
- Primary analyst applied code categories
- Secondary analyst verified coding
- Analysts resolved discrepancies
- Summarized salient code categories



Intervention Types

Site	Primary Care Provider	Prevention Specialist	Peer	ILI	GLI
Baltimore	✓			✓	
Birmingham	✓			✓	
Los Angeles	✓			✓	
New York		✓(Social Worker)		✓	
Tucson		✓(Health Educator)			✓
Seattle		✓(Social Worker)	✓	✓	✓
Chicago			✓	✓	
Boston			✓	✓	
Miami			✓		✓
Philadelphia	✓	✓(Health Educator)	✓	✓	✓
De Kalb	✓	✓(Specialist)		✓	✓
Chapel Hill	✓	✓(Specialist)		✓	
Washington,	✓	✓(Health Educator)		✓	
San Diego	✓	✓(Health Educator)		✓	
Davis	✓	✓(Social Workers)		✓	



Provider-Delivered PwP Interventions

- Occurs during routine HIV care clinic visit
- Patient risk & stage of change is assessed via computer (2) or face to face with provider (2)
- Risk assessment/stage generates prescriptive behavioral counseling recommendation for provider
- Provider delivers brief prevention message tailored to patient risk profile & readiness for change



Specialist-Delivered PwP Interventions

- Typically occurs in conjunction with routine clinical care visit over 4-5 sessions
- Social worker or health educator engages in PwP counseling in individual or group setting
- Counseling topics typically include: safer sex, drug use, relationships, taking medication, disclosure, emotional well being, assertiveness training, and patient priorities



Peer-Delivered PwP Interventions

- Typically occurs separate from routine clinical care during four - nine individual or group counseling sessions
- Modular PwP counseling curriculum facilitated by peer & tailored to patient priorities
- Counseling topics typically include: sexual behavior, disclosure, adherence, stigma, relationships, drug use, emotional well being



Specialist + Provider PwP Interventions

- Provider: brief stage-based or prescribed prevention message based on risk assessment delivered during routine visit
- Specialist: 3-5 counseling sessions with health educator or social worker covering topics such as: safer sex, drug use, stigma, medications, relationships, disclosure, emotional well being



Findings Cross-Intervention Type





Intervention Benefits

- Intervention increased comfort talking about and/or living with HIV; promoted openness/honesty
- Interventions provided educational benefits, which helped to normalize the experience of living with HIV
- Interventions facilitated a shift in perceptions, beliefs and/or practices around sexual behavior



What did the intervention do for you?

“...It made me really think a lot, you know, as I’m living, am I following out the best procedures for being safe? Am I doing the best thing? Not only just being safe, I think it was really more of a reminder too that I could be re-infected with different strains of HIV.” – Gay man in a provider-delivered intervention

“I learned a lot, these little things. People think that it’s nothing, but them little things, they come in handy. I didn’t know about re-infected. And I didn’t know that it’s harder for a woman to give the man the virus. I thought it was just the same. But it’s a whole lot less for a woman, than the man giving it. And I found that out. And so little things like that they add up to a whole lot. And that’s what helps you live longer, you know, happier, and live a normal life.” –

Heterosexual female in mixed intervention

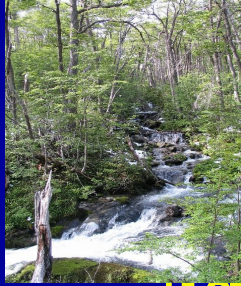


Unanticipated Themes

- Interventions served as a necessary and previously unavailable “outlet” to dialogue about issues related to PLWH
- Interventions prompted a diffusion of prevention information to family and community members



Pre/Post Intervention



Overall Summary

- PwP in clinical settings was well received by patients
- Interventions helped to normalize an otherwise isolating experience of living with HIV
- Some patients were talking about living with HIV for the first time
- Patients at low or no risk of transmitting HIV benefited



Peer-Delivered Interventions

“Coming to this group really made me see how much I had to learn”



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What did the intervention do for you?

- Peer-delivered interventions facilitated an unburdening or a release of latent emotions associated with living with HIV
- Patients reported feelings of personal growth after attending sessions with Peers

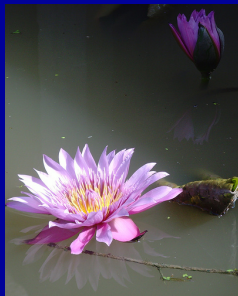




What did the intervention do for you?

- Produced a range of “realizations” related to acceptance of HIV status and a greater sense of self-confidence
- Reduced fatalism about health and HIV – there is life after HIV





Specialist-Delivered Interventions

“I think it’s helped me to accept who I am and like who I am better. It made me more comfortable in my own skin.”



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What did the intervention do for you?

- Specialist-delivered interventions described as therapeutic/treated the whole person
- Increased comfort talking about HIV and promoted openness/honesty
- Promoted self-reflection on life with HIV, including responsibility to protect others
- Patients reported feeling “uplifted” or more “hopeful” after Specialist sessions



Peers & Specialists Conclusions

- Overwhelming acceptance of interventions
- Recommendation to extend duration of intervention sessions
- Group dynamic was powerful
- Patients appreciated time devoted to focus on issues related to living with HIV/AIDS
- Disclosure discussions well received



Provider-Delivered Interventions

“The doctor in this program has really caused me to think more so than I used to about how I handle myself, especially when it comes to infecting other people.”



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Provider-Delivered Intervention Benefits

- Interventions facilitated increased comfort in talking to providers about sex
- Risk assessment facilitated openness among some patients
- Interventions improved communication between patient and provider
- Interventions facilitated self- reflection



**Provider-Delivered Intervention Benefits
Dynamic Exchange Opportunities**

- **Interventions facilitated teaching/learning exchanges**
 - Providers counseled on re-infection, safer sex – condoms, disclosure
 - Patients discussed “lifestyle” and/or sexual behaviors, preferences
 - Patients appreciated doctor’s point of view





Conclusions

- Interventions targeted behavior change among patients *and* providers
- Some patients enjoyed new opportunities to talk about HIV prevention and sexual practices with their provider and vice versa
- Regularly assessing risk facilitated patient reflection on sex practices
- Interventions were not universally accepted among patients or providers



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