

A Framework for Collaboration: An Academic and Correctional Health Care Partnership for HIV Prevention

Colleen P. Crittenden, DrPH, MPH

Ralph J. DiClemente, PhD

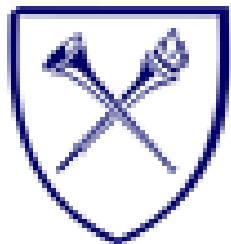
Gina M. Wingood, ScD, MPH

Eve Rose, MSPH

Jessica McDermott Sales, PhD

Michelle Staples-Horne, MD, MPH

EMORY



Background:

Need for Partnership

- African American adolescent females are disproportionately impacted by HIV
 - Not a homogenous group, rather subpopulations exist
 - Those recently discharged from youth detention centers have high prevalence of HIV-associated social, psychological, and behavioral risk factors
- There are no effective evidence-based interventions (EBI) for this population

Background: *SiHLE* Intervention

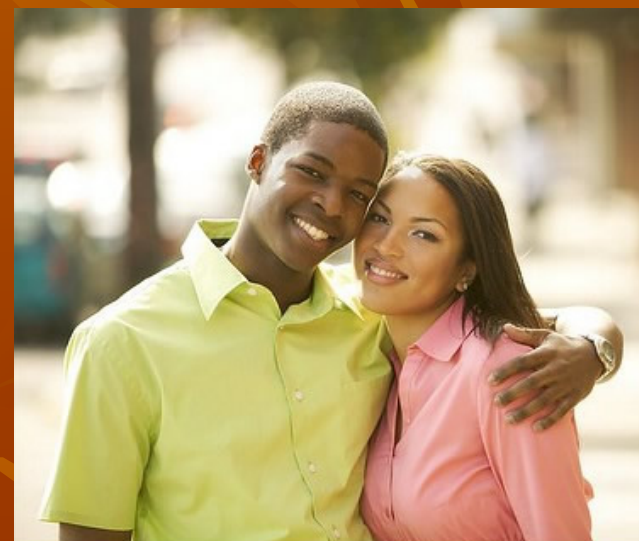
- Randomized controlled trial of 522 sexually experienced African American girls
 - Aged 14 to 18
 - 4 community health centers in Birmingham, AL
 - 1996-1999
 - 6 and 12 month follow-up
 - Assessment included: Self-administered survey, interview, condom application skills, and STD testing



Sisters Informing, Healing, Living, and Empowering

Intervention Details

- Four 4-hour group sessions led by an African American health educator and co-facilitated by a peer educator
- *SiHLE* emphasized :
 - Ethnic and gender pride
 - HIV knowledge
 - Communication
 - Condom use skills
 - Healthy relationships



Effects of the *SiHLE* HIV Intervention on Measures of Sexual Behavior, GEE Model, Baseline to 12-Month Assessment

	Adjusted Mean Difference (95% CI)	Relative Change, % (95% CI)	P value
% Condom use in last 30 days	21.09 (13.70 to 28.48)	36.07 (20.10 to 52.04)	<.001
% Condom use in last 6 month	25.07 (19.89 to 30.25)	46.95 (33.96 to 59.94)	<.001
Unprotected vaginal sex in last 30 days	-1.17 (-1.88 to -0.45)	-45.43 (-65.85 to -25.02)	.001
Unprotected vaginal sex in last 6 months	-7.15 (-11.38 to -2.93)	-56.24 (-77.15 to -35.32)	.001
Frequency of applying condoms on sex partners	0.58 (0.37 to 0.78)	37.76 (22.88 to 52.63)	<.001

Effects of the *SiHLE* HIV Intervention on Measures of Chlamydia and Self-reported Pregnancy, GEE Model, Baseline to 12-Month Assessment

	OR	95% CI	P value
Chlamydia	0.17	.03-.92	.04
Self-Reported Pregnancy	0.53	0.27-1.03	.06

Effects of the *SiHLE* HIV Intervention on Psychosocial Mediators of Preventive Behavior, GEE Model, Baseline to 12-Month Assessment

	Adjusted Mean Difference (95% CI)	Relative Change, % (95% CI)	P value
HIV knowledge	1.45 (1.04 to 1.87)	14.79 (10.27 to 19.31)	<.001
Condom attitudes	1.18 (0.65 to 1.71)	3.28 (1.76 to 4.79)	<.001
Condom barriers	-4.57 (-6.66 to -2.48)	-10.85 (-15.50 to -6.20)	.002
Communication frequency	1.24 (0.70 to 1.77)	15.54 (8.31 to 22.77)	.001
Condom use self-efficacy	3.93 (2.6 to 5.25)	11.80 (7.61 to 15.99)	<.001
Condom use skills	1.06 (.88 to 1.25)	31.72 (24.97 to 38.47)	<.001

Metro RYDC

- Largest of Georgia's Regional Youth Detention Centers
 - 4,000 youth per year are served
 - 25% female
 - More than 90% African American
 - Provide extensive health services and a fully accredited school system
 - Average length of stay for females is 11 days



History of Adjudication=Risk

African American Adolescent Females	RYDC Sample (%)	Comparison of RYDC to YRBS (%)	Comparison of RYDC to <i>SiHLE</i> (%)
Ever smoked marijuana	73	53***	41***
Ever tried ecstasy	21	3***	N/A
Had sex while high	50	11***	12***
History of STIs	39	N/A	21***
High depressive symptomatology	76	44***	47***
Was forced to have sex	38	17***	14***
	<u>Mean</u>	<u>Mean</u>	<u>Mean</u>
Age of sexual debut	13.01	14.39***	N/A
# lifetime sex partners	9.18	2.76***	N/A
# sex partners (last 3 months)	2.96	1.41***	N/A

*P<.05; **P<.01; ***P<.001; N/A = not assessed

Adaptation Process

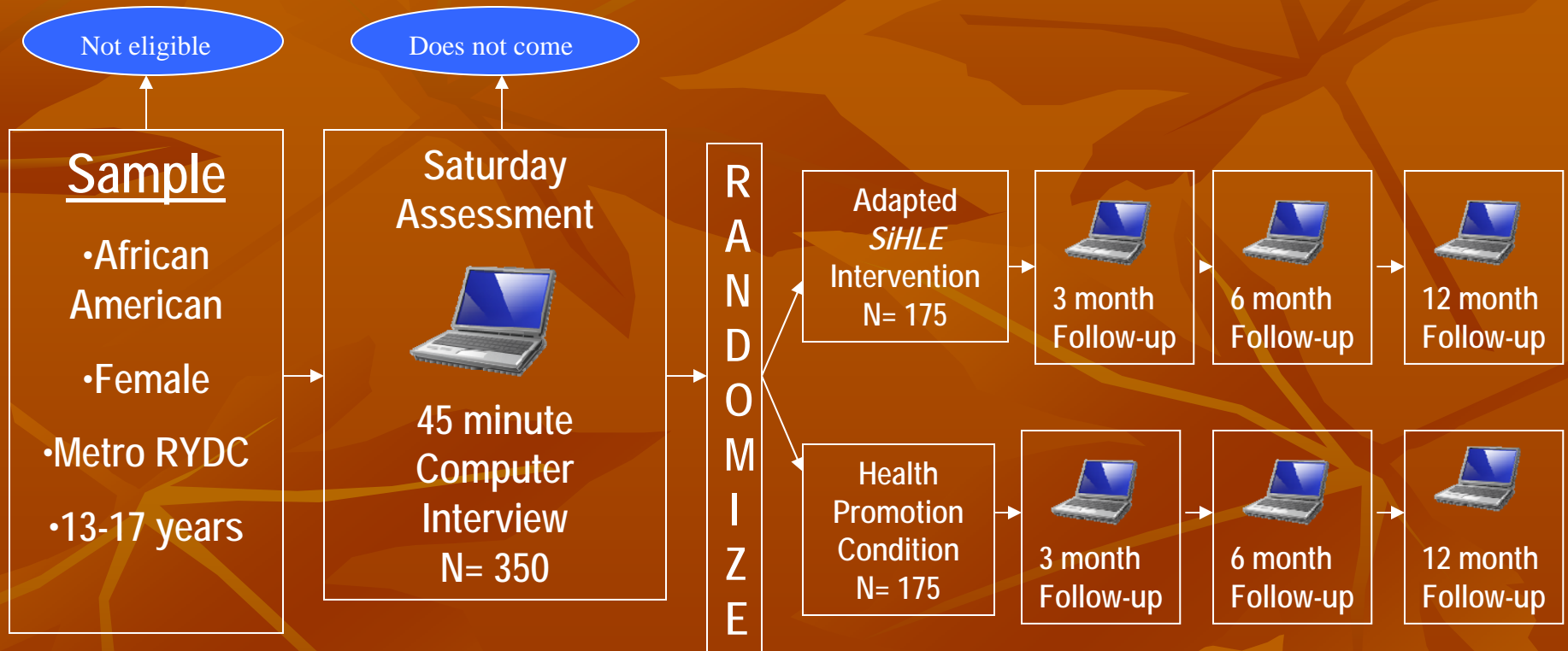
■ ADAPT-ITT Model

- Directly involves the agency, members of the target population, and the CAB from the initial phase to the last phase
- Uses numerous qualitative assessments (i.e. formative and process measures) *and* quantitative assessments (i.e. theatre test surveys and pilot study pretest/posttest surveys)
- Uses multiple *and* novel pretesting methodologies, including didactic (i.e. focus group, elicitation interviews) *and* action-oriented (i.e. theatre testing and readability testing) strategies
- Attempts to promote a balance between fidelity *and* adaptation
- Highlights the need to consider planning for adaptation *and* planning for evaluation of the pilot
- Uses topic experts to assist in creating the adapted intervention
- Uses a sequential *and* systematic process to create an adapted intervention

Adaptation Process

- Summary of the Step-wise process:
 - Assessment-Who is the target audience for the adapted EBI?
 - Decision-What EBI will be selected and will it be adapted?
 - Administration-What novel methods can be used to help guide the adaptation of the EBI?
 - Planning- How, when, and where will the adapted EBI be implemented?
 - Topic Experts- Who can assist with adaptation?
 - Integration- What will be in the final adapted EBI?
 - Training-Who needs to be trained for study implementation?
 - Testing-What are the short term outcomes?

Research Design



Metro RYDC Project Timeline

CAB & TAB meetings	2	3										
Theatre test with CAB & TAB	4	5										
Analyze data / Create draft 1	5		8									
Topic experts meeting	6		8									
Revise draft 1	6		8									
Create draft 2				9	10							
Draft 2 readability test					10							
Create draft 3					10							
Train personnel on draft 3						11	12					
Pilot draft 3 with 20 participants								13	18			
Revise based on pilot									18	19		
Create final intervention									18	19		
Efficacy trial of final intervention										19	45	
Data Analysis											45	48
Project Month			6			12		18		24	36	48

Project Summary

- **Stage 1: Adaptation**

- In accordance with ADAPT-ITT Model

- **Stage 2: Implementation**

- Implement the adapted *SiHLE* intervention using a Phase III RCT

- **Stage 3: Evaluation**

- Post-intervention ACASI assessments at 3-, 6-, and 12-month follow-up
- Linear, logistic, and GEE analysis using an intent-to-treat approach to examine intervention efficacy relative to health promotion comparison condition over 12 month period

Staffing Overview

- Ralph DiClemente, PI
- Gina Wingood, Co-PI
- Laura Salazar, Investigator, qualitative data analysis
- Eve Rose, Project Director
- Jessica Sales, Data Manager/Programmer
- Colleen Crittenden, Post-Doctoral Fellow
- Lorin Stewart, Tiffaney Renfro, & Tina Latham, Lead Health Educators
- Jamila LaFleur, Recruitment/Retention Coordinator

Questions?

