African-Americans continue to have the highest rates of HIV/AIDS in the U.S. and warrant urgent medical and social intervention. HIV transmission in adults is largely due to high-risk behaviors such as unprotected sexual intercourse and injection drug use and needle sharing. Strategies for reducing HIV transmission in the African-American community can not be successful without targeted prevention interventions that address these risk behaviors.

The scientific literature on HIV prevention is rich with information regarding the outcomes of HIV prevention interventions among various African-American risk groups. Since many of these interventions have been successful, it is conceivable that future targeted interventions would benefit from the inclusion of successful components of past interventions. Given this, we utilized the techniques of evidence-based medicine in order to help us identify the best evidence for effective HIV prevention interventions. We located HIV prevention intervention studies conducted between 1985 and 2000 from seven medical and social science databases. We then performed a thorough review of all the HIV prevention intervention studies that included 80% or more African-American participants or conducted separate analyses for African-American participants. We identified 52 of the most rigorous HIV prevention studies in four groups that represent those at highest risk for HIV infection in the African-American community (1-men who have sex with men, 25-heterosexual, 12-injection drug users, 14-adolescents). (For a copy of the full report, including citations for the reviewed studies, please see our website: http://www.caps.ucsf.edu/publications/AReview.html.) We hope that the results of our review will assist those who work directly in the communities most affected by HIV and scientific investigators in thoughtfully and carefully designing HIV prevention programs for African-Americans. Without decreasing HIV infections in African-Americans, we have no hope of stemming this epidemic whose end is long overdue.

Results and Recommendations from Our Review

• Men who have sex with men (MSM)

A single study reported findings describing sustained decreases in unprotected anal sex at 18 months following an intervention specifically designed for African-American MSM. This intervention’s success was most likely due to the provision of HIV/AIDS education information in conjunction with skills training such as proper use of condoms. The intervention was conducted in a single 3-hour session for one group and in three weekly 3-hour sessions in another group.

Recommendations for Programs for MSM

Combine information and skills training (i.e., proper use of condoms) with multiple, culturally relevant sessions that focus on mental and social barriers encountered by African-American MSM (i.e., social isolation within the African-American community).

• Heterosexual

We reviewed 25 interventions targeting heterosexuals. The most successful interventions resulted in increases in condom usage, decreases in STD re-infection rates and improvements in condom negotiation skills and communication about sex. Successful interventions were gender-sensitive with men and women separated and incorporated role-playing and videos. Cultural sensitivity (for example showing videos with African-American actors, utilizing African-American facilitators) was also a component of many of the successful interventions. Although most studies incorporated the same intervention methods (skills training, risk-reduction materials, and information), only half of these interventions were successful. This discrepancy may be related to short follow-up periods or lack of reinforcement mechanisms within the intervention, such as booster sessions. Booster sessions that were incorporated in some successful interventions provided reinforcement of intervention messages at varying periods after the intervention had been delivered.

Recommendations for Programs for Heterosexuals

Make use of gender sensitive sessions and activities to remove barriers that may be present in coed groups. This arrangement will allow men and women to speak freely. In addition, adopt culturally sensitive methods such as using African-American facilitators to decrease communication barriers and facilitate participant dialogue. Incorporate booster sessions after the completion of the initial intervention to assist in reinforcing safer sex behavior and healthy attitudes. Include the use of role playing exercises and videos, as well as educational sessions on risk reduction, and information about safe sex practices.
• Intravenous drug users (IDU)

We reviewed 12 intervention studies that targeted IDUs. Participants from successful interventions had significantly less drug use, were less likely to share needles and were more conscientious about clean needle usage. However, some studies also reported an increase in risky heterosexual behavior. Successful programs incorporated the use of peer counselors to deliver the intervention.

Recommendations for Programs for African-American IDU

Focus on the education and use of peer counselors or recovering IDU to deliver interventions. In addition, incorporate skills training such as proper techniques for disinfecting needles. As some studies found an increase in risky sex behaviors, it is possible that the including strategies from prevention programs for heterosexual persons, such as the use of videos and role playing, might be useful in this group as well.

• Adolescents

We reviewed 14 studies targeting adolescents. Over half of the interventions were successful and showed increases in condom usage and decreases in substance abuse, the number of sex partners and regularity of sexual activity. Successful interventions were culturally sensitive, and incorporated the use of peer educators, role playing exercises by participants and videos. These interventions were often conducted over multiple sessions. Some interventions were more successful in younger, sexually naïve groups of adolescents who have not yet developed high-risk sexual habits and beliefs.

Recommendations for Programs for Adolescents

Each intervention should incorporate as many of the successful components as possible. Incorporate booster sessions since reinforcement of new learning behaviors is likely to have an increased impact on youth. In addition, attempt to enroll youth with little or no sexual experience since some studies showed that these individuals may be more receptive to safe sex messages and may even further delay the onset of sexual activity.

GAPS IN WHAT WE KNOW ABOUT PREVENTION PROGRAMS IN AFRICAN-AMERICANS

1) Interventions in MSM: There is a glaring lack of intervention studies in African-American MSM. Behavioral research is urgently warranted in this large risk group since a recent CDC study found a prevalence rate of 30% in African-American MSM in six U.S. cities.

2) Long-term behavior change: Very few studies offered booster sessions after completion of the intervention to reinforce behavior change. Engrained sexual habits are resistant to change, and positive changes observed over short periods of time might disappear as more time passes. More interventions are needed that incorporate booster sessions since this may be a key component of successful long-term behavior change.

3) Intervention studies with objective outcomes: The majority of studies in this review relied on outcomes such as self-reported behavior and intentions to gauge the success of interventions. Although self-reported behavior is a standard measure in intervention studies, the interpretation of these studies is based on subjective information supplied by the participant. An objective measure such as HIV incidence or STD re-infection in conjunction with extended follow-up periods will enhance the validity and credibility of intervention studies.

4) Prison populations: There is very little data examining HIV behaviors and risks in prison populations. Because HIV is potentially a source of transmission, this groups warrants inclusion in future intervention and prevention efforts.

LESSONS LEARNED

Unsuccessful interventions were characterized by distributing information alone and providing counseling alone. In order for interventions to achieve maximum success, any verbal or didactic information that is distributed should be accompanied by tangible activities such as role-playing or videos with culturally sensitive and specific messages. Interactions through group-playing sessions, use of videos or peer-counseling sessions reinforce written and verbal information. These methods also give participants the opportunity to communicate about HIV-related topics and this strategy personalizes the issues and allows participants to face their risks.

It is clear that providing information to at-risk individuals improves knowledge about HIV and the behaviors that place them at risk; however, successful interventions must go beyond merely educating. Sustainable behavior change will come only with multi-faceted and time-intensive interventions that enable at-risk persons to own and personalize their risk of HIV infection. This means that HIV prevention programs for African-Americans should target this group exclusively and tailor their intervention messages and techniques for at-risk African-Americans, who are urgently in need of HIV interventions.

References:

Note: This list of references is not exhaustive. For a complete listing, please see our website: http://www.caps.ucsf.edu/publications/AARreview.html


