

Locally-Developed HIV/AIDS Prevention Intervention Profile



Pennsylvania

Project title: Decisions for Life (DFL)
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Population(s) served by this intervention: Young people, ages 16-24

Length of time this intervention has been funded: Ten years (formative phase)

Goals and objectives:

The goal of Decisions for Life (DFL) is to reduce the risk of HIV transmission among sexually active young people. Program objectives include:

- Expand HIV transmission knowledge base;
- Improve decision-making skills;
- Improve communication skills;
- Development of a personal HIV risk reduction plan;
- Implementation of a personal HIV risk reduction plan;
- Increased condom use;
- Get tested for HIV (self and partners);

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- Get screened for STIs and
- Seek treatment for STIs and HIV.

DFL is a group-level, HIV risk reduction program designed for and in partnership with young people (ages 16-24). It is a comprehensive curriculum that aims to increase participants' knowledge and skill levels in order to promote effective and sustained risk reduction (AIDS Risk Reduction) capabilities. With roots in Social Cognitive Theory and Theory of Reasoned Action, DFL seeks to enhance participants' discussion, communication, critical thinking and decision making skills, while encouraging them to consider and to choose behaviors along the risk reduction continuum (Stages of Change Theory).

Intervention specific activities:

DFL is a group-level, risk reduction intervention comprised of four modules: HIV Transmission; HIV Risk Reduction Skills & Strategies; HIV Counseling & Testing and Treatment and Social Norms, Personal Values and Decision-Making. The modules are implemented over a period of 25-30 hours (ten sessions). During this formative phase, DFL was implemented over ten, three-hour sessions, allowing time for process and outcome monitoring and evaluation.

In addition to didactic presentations, program activities include video, role-play, values clarification, condom-relay and a variety of interactive activities that encourage focused group discussion.

Social determinants of health/co-morbidities addressed by this intervention:

STD
Viral hepatitis
Substance use/abuse
Sexual assault

New technologies utilized in this intervention:

Social networking websites (e.g. Facebook, MySpace, etc.)
Other: Program directors plan to develop an online evaluation component as well as online opportunities for updated information about HIV/STDs and social support among DFL participants and peer educators.

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Costs of developing and implementing this intervention:

The Pennsylvania Department of Health (DOH) provided funding for the formative phase of this project, which is rooted in Pennsylvania's community planning group (CPG) process. DFL pilot groups (n=6) were comprised of an average of 12 individuals and met for ten sessions (30 hours) over a four-six week period. For this formative phase, each of the six pilot groups was co-facilitated by a University of Pittsburgh staff member (the project director) and a local peer educator with prior experience and training.

Funding for the implementation and evaluation phase (beginning 2011) will be sought through the National Institutes of Health (NIH).

Evaluation findings related to this intervention:

During the formative phase of this project (2000-2010), the goal was to partner with young people in order to develop a curriculum. Toward this end a wealth of process monitoring and evaluation data were collected over ten years from the design team and from six state-wide pilot groups:

- 1 in Bethlehem (Latinas)
- 1 in Honesdale (rural females)
- 2 in Pittsburgh (gay males)
- 2 in Reading (1 gay males, 1 African American females)

Process monitoring data were collected from anonymous (unique identifier) Risk Assessments completed during first (n=95) and last (n=65) sessions.

Decisions For Life (<i>First Session</i>) Participant Demographics (n=95)	
52% Female (n=49)	47% Male (n=45)
Ages 14-22 (mean=17.6)	
32% White (n=30)	32% Latino (n=30)
24% African American (n=23)	1% API (n=1)
11% Multiracial (n=11)	
52% Straight (n=49)	31% Gay (n=29)
13% Bisexual (n=12)	4% Unsure (n=4)

Decisions For Life (<i>Last Session</i>) Participant Demographics (n=65)	
52% Female (n=34)	48% Male (n=31)
Ages 14-21 (mean=17.5)	
32% White (n=21)	29% Latino (n=19)
26% African American (n=17)	12% Multiracial (n=8)
52% Straight (n=34)	32% Gay (n=21)
12% Bisexual (n=8)	3% Unsure (n=2)

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In addition to process data, preliminary (n=95) and post (n=65) behavioral data was collected from pilot group participants.

These data, though not conclusive, indicate that DFL may be effective in increasing participants' knowledge about HIV/AIDS and reducing participants' HIV risk behaviors. HIV risk behaviors include: HIV testing; number of partners; frequency of sexual activity and drugs during sex and rates of unprotected receptive vaginal sex (URVS) and unprotected anal sex (URAS) with partners of unknown HIV status.

Decisions For Life Participant Preliminary and Post Risk Assessment Data (n=65)		
	Preliminary (3 months prior)	Post (intervention period)
Knowledge (mean) *	20.5	25.74
HIV test	27% ever tested (n=17)	17% tested (n=11) [55% first time (n=6)]
Sexually active (oral, anal or vaginal)	65% (n=42) female, n=19 male, n=23	48% (n=31) female, n=15 male, n=16
Number of current partners (mean)	2.0 62% only 1 (n=23) 27% >2 (n=10)	1.31 85% only 1 (n=22) 8% >2 (n=2)
Drugs during sex	31% (n=13)	20% (n=6)
Receptive Oral Sex (ROS)	81% (n=34) UROS**: 92% (n=31)	78% (n=24) UROS: 71% (n=17)
Receptive Vaginal Sex (RVS) (females)	85% (n=16) URVS**: 75% (n=12/16)	100% (n=15) URVS: 60% (n=9^/15)
Receptive Anal Sex (RAS)	23% (n=15) URAS**: 74% (n=11/15)	9% (n=6) URAS: 33% (n=2***/6)
<p>*Mean score on 30 true/false questions **UROS, URVS, URAS=At least one episode of unprotected receptive oral sex ("the partner giving oral sex"), unprotected receptive vaginal, or unprotected anal sex (the "bottom" partner) ^5/9 participants had 'one partner who was tested' *** 1 participant had 'one partner who was tested'; the second noted that during one episode the condom broke</p>		

Limitations of data: DFL participants were recruited using convenience sampling; therefore findings are limited to this cohort. Additionally, risk

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assessment data are based on self-reported information, which may be biased or subject to recall inaccuracy. Finally, the typical intervention period of six weeks is 50 percent shorter than the three-month period used for baseline data comparison. Additional data (to be collected during the implementation phase) are needed to support preliminary findings.

Qualitative data was also collected from DFL participants through anonymous post-group questionnaires and follow-up communications. The following are a sample of their responses:

- Thank you for creating a program where other gay/bisexual people can discuss about life issues and ways to protect our community from the HIV virus. It's been an honor being a part of it and I hope you continue to alert other young men about the epidemic so that we can live happier and longer.
- It made me realize that it's important to take care of yourself.
- It has helped me and changed my way of life for the better. THANKS!! ☺
- Thank you. It was a wonderful learning experience. Now I get to share the info I learned with peers, friends and family, and to keep the program alive because it really helps people be more aware of HIV/AIDS.

For additional information regarding evaluation results, contact John Faber.

Lessons learned in developing/implementing this intervention:

Partner with youth: Young people are integral and successful partners in the conception, development and evaluation of programs that target their needs. Also, young people appreciate safe forums in which to discuss and to explore personal risk reduction strategies. Finally, young people respond to a facilitator who is respectful and knowledgeable, regardless of race, age or gender. DFL participants were recruited from: high school/college GSAs, high school "twilight"/GED programs, juvenile probation programs (community service credit was provided) and community outreach contacts.

Partner with the community: Community partnerships and networks among trusted agencies and individuals (especially CPG and DOH members) are pre-requisites for effective recruitment of high-risk young people. Over the years, the HIV prevention community planning process has fostered invaluable networks between the University of Pittsburgh and statewide ASOs and CBOs. Through these networks and the ongoing support of DOH staff and CPG members, key individuals ("gatekeepers") who have **direct and meaningful contact** with young people were able to be identified, increasing the program's capacity to recruit DFL pilot groups among those targeted populations across the state.

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Provide incentives: Incentives (e.g., cash, food, condoms, etc.) seem to be a necessary component for initial recruitment of participants. Incentives alone, however, are not sufficient in participant retention. Despite reported high satisfaction scores and intention to sustain participation, participants drop out due to environmental factors (e.g., work or school schedule, social life, local activities/events, etc.).

The way forward:

Program directors plan to:

- Secure funding through NIH to implement DFL among multiple venues that target young people (ages 16-24);
- Continue evaluating behavioral outcomes and to monitor participant satisfaction; and
- Keep the curriculum content up to date with the most current research and scientific information about HIV.

Other information you should know, related to this intervention:

- As with other group level interventions, DFL is most appropriate for young people who are behaviorally and developmentally capable of participating in groups of peers and upholding ground rules.
- DFL has not been piloted among transgender youth.
- Specific “high risk” populations of young people were targeted for each DFL pilot group. DFL has not been conducted among heterogeneous groups of young people.