

Spring 2006

# Research Portfolio

Center for AIDS Prevention Studies (CAPS)

University of California San Francisco

[www.caps.ucsf.edu](http://www.caps.ucsf.edu)

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University of California San Francisco

**Research Portfolio  
Spring 2006**

CAPS is a research institution funded by the National Institutes of Mental Health. This Portfolio contains descriptions of 74 of the current research studies conducted at CAPS. These are studies that have recently ended or currently are in process and may not yet have scientific results. Therefore, inclusion in this Portfolio does not imply that these intervention studies have been proven effective.

Please use the Index in the back of this Portfolio to find out what CAPS research is being conducted in a specific topic or population. To contact any of the researchers listed here, please call 415/597-9100.

This Research Portfolio is also available online  
[www.caps.ucsf.edu/portfolio/](http://www.caps.ucsf.edu/portfolio/)

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# CAPS 2006 Research Portfolio

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# HEPCAP II: Hepatitis C in the California Prisons Project

**Project Staff:** Kimberly Page-Shafer, Principal Investigator, Co-Investigators: Teresa Wright, Rena Fox, and Sue Currie; Staff: Marie Gobidas and Daniel Tracy.

**Project Description:** This is a study of hepatitis C virus (HCV) infection in the California State Correctional System that began in December, 2000. This comprehensive multi-site investigation has included epidemiological, clinical and policy studies. Our HEPCAP investigation continues with data analyses, reports and follow-up and a recent publication in the *Journal of Clinical Infectious Diseases* (CID 2005: 41 (July 2005)). As well, the second phase of the study, HEPCAP II, is in its second year of enrollment. HEPCAP II's primary goals are:

- To conduct a study of HCV-related risks amongst parolees who are US Veterans
- To screen HCV-positive study participants for treatment candidacy and provide them with information and referrals as necessary, and
- To educate all veteran parolees about HCV and how they can keep themselves healthy whether infected or not-infected with the virus.
- 

In meeting these goals, the HEPCAP II Study also continues to:

- Provide Federal, State and Public Health departments and agencies with estimates of the percentage of US Veteran parolees who are infected with Hepatitis C along with information about behaviors and risks associated with infection.
- Identify barriers in access to quality health care for US Veteran parolees, and
- Make recommendations for the screening of HCV-positive US Veteran parolees for HCV treatment candidacy.

**Interesting Findings:** Epidemiological data from the first HEPCAP study data indicate that the HCV prevalence amongst new parolees within the California Correctional System is 41.5%, which is over 20 times greater than that found amongst the general U.S. population (1.8%). It is also estimated that 65% of California state prisoners are re-incarcerated after release, which suggests that a high percentage of California's over 300,000 inmates and parolees are in a continual cycle between their communities and the State Correctional System. This combination of high HCV prevalence amongst parolees and the potential for them to continue to engage in high HCV-related risk behaviors both in prison and in their communities, coupled with California's – and other states' - large prison and parolee populations, has made HCV not just a prison health issue but also a larger community and public health concern. Although the treatment of HCV-infected individuals undoubtedly stands as one approach to solving the larger problem of HCV in the California Prison System, treatment in and of itself presents a whole host of other problems, the most obvious of these being the high cost of HCV-medications and the likelihood that individuals on parole will not be able to afford treatment. However, for a particular subgroup of this population, namely parolees who are also US Veterans, access to HCV-treatment is more feasible given that it is generally covered by their veterans' health benefits. Yet due to their likelihood of re-incarceration it is often the case that those who start on medications while on parole are unable to complete a full course of treatment, which in turn decreases their chances of attaining a sustained virological response (SVR).

## The HEYMAN Project

**Project Staff:** Juan Ruiz, Matthew Facer (California DHS -Office of AIDS), Kimberly Page-Shafer (CAPS-UCSF), William McFarland (SFDPH), Jeffrey Klausner (SFDPH), Barbara Allen (Alameda DPH), Geneva Bell-Sanford (San Joaquin DPH), Scott Morrow (San Mateo DPH), Juan Reardon (Contra Costa DPH), Fred Molitor (ETR Associates); Project Staff (UCSF & SFDPH): Ellen Stein, Henry Raymond, Jennifer Evans, Michelle Yu, Theresa Ick, Arturo Florencio; Binh Le, Jason Vaudrey, Bruno Lima, Jason Mehtens

**Project Description:** The HEYMAN Project: A Survey of HIV Seroprevalence, Markers for Hepatitis and Sexually Transmitted Diseases, and Assessment of Associated Risk Behaviors in Young Men Residing in Low-Income Neighborhoods in Five Northern California Counties is a sequel to the Young Women's Survey (YWS) which was conducted between the period of 1996-1998. Just like YWS, HEYMAN is a collaboration of the California Department of Health Services, Office of AIDS and Center for AIDS Prevention Studies.

HEYMAN is a house to house survey of young men, aged 18 to 35 years, who live in San Francisco Bay Area low-income neighborhoods (where the median household income estimated from the 1990 U.S. Census was below \$15,000). These neighborhoods will be selected from the counties of Alameda, Contra Costa, San Francisco, San Joaquin, and San Mateo. The study has been conducted since 2002 and will go through June, 2006. Approximately 500 participants at each of the five proposed sites (for a total of 2,500 participants) will be recruited.

The purpose of this study is to estimate prevalence and risk factors for HIV infection and sexually transmitted diseases such as syphilis, chlamydia, gonorrhea, herpes, and hepatitis A, B, and C. This survey will also collect a blood sample and information regarding sexual activity, drug-use, needle-sharing behaviors and other factors that may place young men at increased risk for infection with HIV.

**Interesting Findings:** We compared risk behaviors and HIV testing between recent (in the U.S. <5 years) and established (in the U.S. >5 years) Hispanic immigrant men in the HEYMan Study (N = 410). Recent immigrants were less likely to currently have a main sexual partner (45.3% vs. 67.2%, P <0.01) and more likely to have ever used commercial sex workers (40.0% vs. 27.6%, P <0.01). Recent immigrants were less likely to receive medical care in the last 6 months (21.2% vs. 31.3%, P = 0.04) or had ever been HIV tested (26.0% vs. 43.3%, P <0.01). Established immigrants more likely reported unprotected sex, hallucinogen or ecstasy use. (Levy V, Page-Shafer K, Evans J, et al. HIV-related risk behavior among Hispanic immigrant men in a population-based household survey in low-income neighborhoods of northern California. Sex Transm Dis. 2005 Aug;32(8):487-90)

**Project End Date:** June 2006

## Men of Asia Testing for HIV (MATH)

**Project Staff:** Tri Do, PhD

**Project Description:** The Men of Asia Testing for HIV (MATH) study is a national collaboration between several community based organizations, health centers, academic institutions, laboratories and health agencies. Funded by the National Institute of Child Health and Human Development, this project will study the HIV prevalence, incidence, and behavioral correlates of infection among 2,400 Asian and Pacific Islander men who have sex with men. MATH uses community-based recruitment and respondent-driven sampling to study participants from six U.S. cities (New York, Boston, Washington DC, Philadelphia, San Francisco, and Los Angeles).

Measurements include behavioral and sociocultural survey data, referral tracing, and biological testing (rapid HIV testing, HIV viral load, CD4 count, clade, and Hepatitis serologies). Major research questions include the study of risk and resiliency factors associated with HIV infection among API MSM, the contribution of international travel and immigration on HIV risk and the impact of sociocultural factors in HIV testing patterns (including lack of awareness of HIV status and late stage HIV testing). Various analyses are planned, including multilevel multivariate modeling techniques, social network analysis and latent variable models.

This collaborative research infrastructure will be used as the basis for future scientific research. There is a large component devoted to the study of the impact of the international HIV/AIDS epidemic on this population, through the molecular epidemiological study of HIV subtypes (clade) and through the use of a multilevel impact domains model of risk that includes the sociocultural context of the countries of origin, immigration experience, acculturation, and travel histories.

**Significance:** This is the first national study of this scope in the API MSM population that will include multiple Asian languages and will also have sufficient power to disaggregate by ethnicity and country of origin. The research team has convened a scientific, community-based research consortium and will also evaluate the effectiveness of this model in building the research capacity and HIV testing capacity of nine community partners.

**Interesting Findings:** The use of community participatory methods to include API MSM community members and community-based agencies in the scientific research design and implementation has been successful to date. The MATH consortium has met to refine the research protocol, research questions, and study design. Process evaluations from the consortium building stage show a high level of trust, enthusiasm, and expectation that the research study will succeed—from both scientific and community partners.

**Project Recruitment Dates:** June 2005 to March 2009

**Project End Date:** September 2009

## Web-Based HIV Behavioral Surveillance (WHBS)

**Project Staff:** Willi McFarland (Principal Investigator), Greg Rebchook (Co-Principal Investigator), Alberto Curotto (Project Coordinator), Henry Raymond (Project Administrator)

**Project Description:** The AIDS Office of the San Francisco Department of Public Health and CAPS developed and piloted an Internet-based, behavioral surveillance method of men who have sex with men (MSM), to compare data collected online to those collected in person through the national and local behavioral surveillance system (NBSS). We will compare the online sample of MSM to the more traditional, venue-based sample to assess any differences in behavioral risks between the two groups. Besides San Francisco, the project is implemented in five other US metropolitan areas: Baltimore, Boston, Dallas, Los Angeles, and New York. Data collected from approximately 3,000 men through this effort will be used to strengthen the national and local capacity to monitor the HIV epidemic and to develop, implement and evaluate effective HIV-prevention programs that both make use of Internet-based technologies and target populations that potentially may not be reached by the NBSS insofar as they don't frequent physical venues.

**Significance:** Many studies have documented that Internet chatrooms and personal ad websites are popular with MSM and *may* be related to their HIV risk-taking behavior. San Francisco was among the first cities to detect a link between Internet use and HIV-related risk behavior, tracing a cluster of new syphilis infections to a specific chatroom.

**Interesting Findings:** We recruited 91 MSM from Internet chatrooms for an online interview to assess multiple factors, including attitudes about online HIV prevention. The vast majority of respondents stated a need for more HIV prevention online. They endorsed or suggested approaches such as: HIV prevention chatrooms, outreach in existing chatrooms, opportunities to chat privately with HIV counselors, new HIV prevention websites with Q&A features, online social marketing, and interactive web-tools or games. Common recommendations included using testimonials by HIV+ MSM; addressing drug-use, targeting youth and straight-identified MSM, helping men create personal profiles that reinforce safer behavior, and providing access to free HIV testing and condoms. 16 respondents (18%) expressed skepticism about online HIV prevention programs' efficacy--reasons included the sexual nature of MSM's online venues, the indifference of men online toward HIV, and the belief that men would not attend to online health information messages. When asked how they would feel if approached online by HIV prevention workers, 57% said that would be fine; 17% would be receptive as long as the counselors were professional, not preachy, and not too intrusive; 15% were ambivalent; and 11% would not want to be approached. When asked if they were aware of current online HIV prevention resources, 67% said they were not aware of such resources; 29% were aware; and 4% said they were aware of resources but did not need them. (Rebchook GM, Curotto A, Kegeles SM. Attitudes towards and recommendations about online HIV prevention programs for men who have sex with men (MSM) who use Internet chatrooms. *Int Conf AIDS*. 2004 Jul 11-16;15:abstract no. WePeC6093)

**Project Web Site:** [sfbams.info](http://sfbams.info)

**Project End Date:** September 2006

## AIDS Education and Training Center National Evaluation Center (AETC NEC)

**Project Staff:** Janet Myers, (PI); Edwin Charlebois, Kim Koester, Richard Vezina, Jennifer Bie

**Project Description:** The AIDS Education and Training Center National Evaluation Center (AETC NEC) was funded in March 2004 to provide evaluation development and technical support to the AIDS Education and Training Centers (AETC) program, a network of eleven regional centers that provide education and training to health care providers treating persons with HIV/AIDS. The AETC program is administered by the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau, staff of which also serve as key collaborators in all NEC activities. In collaboration with HRSA, the specific aims for the AETC NEC are:

*Aim 1 (Synthesis):* To document and synthesize current measurement activities throughout the network and to develop a typology of evaluation across the dimensions of reaction, learning, behavior change and results.

*Aim 2: (Development):* To collaboratively design and conduct rigorous evaluation research across multiple demonstration sites that will assess the effectiveness and outcomes of training and education on clinical practice and have maximum effect on evaluation practice and policy across the AETC network.

*Aim 3 (Support):* To develop evaluation research best practices, measurement tools and a technical support infrastructure in the interest of translating and sustaining use of state-of-the-art methods and systems from demonstration site projects.

*Aim 4 (Capacity):* To stimulate innovative evaluation projects and ensure scientific excellence across the AETC network, as well as the organizational capacity to ensure integrity of evaluation research.

*Aim 5 (Dissemination):* To disseminate findings from demonstration projects and other evaluation projects so that they have optimum impact on further HIV clinical education and training programs.

**Significance:** The AETC NEC's activities have the potential to influence the evaluation practices of the AETC other federally-funded training programs.

**Interesting Findings:** During the first year of funding, the AETC NEC completed an inventory of AETC outcome evaluation activities, and found that the AETC network values evaluation for planning and determining the effectiveness of trainings despite the challenges of implementation that can arise. During its second and third years, the NEC is conducting pilot studies of innovative evaluation techniques in collaboration with several AETC regions. These pilots will identify new approaches to evaluation that are easily replicable across the AETC network.

**Project Web Site:** [www.ucsf.edu/aetcnec](http://www.ucsf.edu/aetcnec)

**Project End Date:** July 2007

## CDC – Global AIDS Program

**Project Staff:** PI -George Rutherford, Staff - , Debbie Bain-Brickley, Lisa Butler, Mike Calabria, Larry Chang, Sanny Chen, Karoline Galea, Jaco Homsy, Tara Horvath, Gail Kennedy, Christina Lindan, Georgina Lopez, Dominic Montagu, Willi McFarland, Roger Myrick, Tom Novotny, Laura Packel, Tim Piland, Christian Pitter, Henry Raymond, Marina Rifkin, Sandy Schwarcz, Ellen Stein, Rand Stoneburner, Marina Rifkin, Rand Stoneburner, Sandy Schwarcz, Suzanne Theroux, Karen White.

**Project Description:** This is a University-based technical assistance program that assists CDC's Global AIDS Program (GAP) in achieving its goals in GAP countries and regions. UCSF faculty and staff provide technical assistance in several component areas including: Surveillance, Monitoring and Evaluation and Technical/Scientific Writing, Literature Digests/Reviews, Research Design. We are at the end of year three of this five-year grant. Specific, recent grant activities include:

- *Surveillance:* Revised and expanded UCSF's surveillance training courses for African and Asian audiences. Completed additional surveillance training modules on clades BED. Conducted site visits to China.
- *Monitoring and Evaluation:* Continue to support on-going M&E efforts in Cambodia, including National-level M&E Officer. Conducted triangulation analysis and developed and piloted a new training module on utilizing triangulation methodologies in Botswana and two other countries.
- *Technical/Scientific Writing:* Conducted two additional 2-week technical/scientific writing workshops in Uganda and Thailand (Asia Regional). Assisted CDC investigators and authors with data preparation and cleaning in advance, and in completing the articles and getting them published after the workshop.
- *Literature Digests and Systematic Reviews:* Developed bi-weekly literature digests of published documents on HIV/AIDS treatment, prevention and management to be disseminated to US and International audiences. Assisted CDC-GAP Uganda in preparing a series of systematic reviews of the evidence of preventive care interventions for use with HIV-infected individuals.
- *Research Design:* Assisted CDC-GAP Uganda in developing research protocols to evaluate interventions targeting adults and children infected with HIV who are initiating antiretroviral therapy. The trial will examine the effectiveness of the intervention with regard to adherence and, for adults, sexual behavior.

**Significance:** HIV/AIDS disproportionately affects the developing world. According to UNAIDS, in 2004 almost 90% of the 39.4 million adults and children who were living with HIV/AIDS were from low-and middle-income countries. Sixty-four percent of all people living with HIV are in sub-Saharan Africa. The number of people living with HIV has been rising in every region and the steepest increases are seen in East Asia, Eastern Europe and Central Asia. Through this grant, IGH is able to assist those countries hardest hit by the epidemic, including: Botswana, Brazil, Cambodia, China, Croatia, India, Mexico, Mozambique, Rwanda, South Africa, Thailand, Uganda, and Vietnam in develop and improve their capacity for HIV/AIDS surveillance, monitoring and evaluation, technical/scientific writing and research.

**Project End Date:** March 31, 2008

## Cochrane Collaborative Review Group on HIV Infection and AIDS

**Project Staff:** George Rutherford (UCSF), Gail Kennedy (UCSF), Tara Horváth (UCSF), Nandi Siegfried (MRC), Joy Oliver (MRC), Karishma Busgeeth (MRC)

**Project Description:** The Cochrane Collaborative Review Group on HIV Infection and AIDS (Cochrane HIV/AIDS Group) is one of 50 Collaborative Review Groups of the Cochrane Collaboration. The Cochrane HIV/AIDS Group, with editorial bases at the University of California, San Francisco (UCSF), and the South African Medical Research Council (MRC), Cape Town, brings together individuals from around the world who share an interest in preparing, disseminating, and updating systematic reviews of rigorous HIV/AIDS prevention, treatment, palliative care and pain management research as well as enhancing the science of evidence-based health care.

As of this writing in February 2006, we have 28 completed systematic reviews and 57 reviews in progress in all areas of HIV prevention, treatment, palliative care, and health care services. About 30 of the reviews in progress are at advanced stages of completion. We work very closely with our satellite editorial base at the South Africa Cochrane Centre, and have developed a mentoring program with them to assist new authors in sub-Saharan Africa. This helps African researchers to learn the process of conducting a systematic review, and helps us to be sure that the reviews we are conducting are relevant to the areas of the world most impacted by the AIDS pandemic. With colleagues in Manipal, India, we are developing a similar program for novice authors in South Asia. We work with policy makers at the national and international levels to disseminate the results of our reviews, and have produced documents used by the Council on Foreign Relations, the Institute of Medicine, South Africa's Treatment Action Coalition, South Africa's MRC (at a national level), the US State Department, the World Health Organization, and various other national and international non-governmental organizations.

**Significance:** Systematic reviews and meta-analyses are considered to be the best source of evidence for evidence-based clinical and public health practice. At the forefront of the evidence-based medicine movement is the Cochrane Collaboration, an international network of health care professionals, researchers, and consumers committed to developing and maintaining comprehensive, regularly updated, high quality systematic reviews of health care interventions across all medical specialties. More than 10,000 people from over 80 countries contribute to the work of the Cochrane Collaboration. Our own Group has over 150 active members from more than 20 countries. Our goal is to answer important questions regarding the state of the evidence of HIV/AIDS prevention, treatment and care interventions.

**Interesting Findings:** Some examples of findings from Cochrane reviews are listed here.

- There is no evidence that nonoxynol-9 microbicide protects against vaginal acquisition of HIV infection by women from men; in fact, there is evidence that it may do harm by increasing the frequency of genital lesions, which may increase the risk of HIV infection.
- Many more rigorous evaluations of HIV prevention efforts with MSM are needed to ascertain with confidence the effects of specific intervention components, population characteristics, and methodologic features, in particular with interventions of HIV+ MSM.

**Project Web Site:** [www.igh.org/Cochrane](http://www.igh.org/Cochrane)

## Enhancing Prevention with Positives Evaluation Center (EPPEC)

Supporting the Special Project of National Significance Initiative on Prevention with HIV Infected Persons Seen in Primary Care Settings

**Project Staff:** Steve Morin, Principal Investigator; Janet Myers, Co-Principal Investigator; Carol Dawson-Rose, Elliot Marseille and Kim Koester, Co-investigators; Andre Maiorana, Project Director; Karen Vernon, Qualitative Analyst; Lisa Didier, Data Manager, Jennifer Bie, Project Assistant, Criselda Cruz, and Jay Newberry, Project Staff.

**Project Description:** Funded by the Health Resources and Services Administration (HRSA), this project establishes a center to provide leadership in the design and evaluation of interventions that will have maximum impact on the theory, practice and policy of HIV prevention in primary health care settings. The specific aims of the Center are:

- To facilitate and conduct rigorous evaluation research across 15 demonstration sites that will have maximum impact on practice and policy of HIV prevention.
- To provide quantitative and qualitative research design and evaluation consultation and support, technical assistance on the development of behavioral interventions, assistance in design of state-of-the-art data collection and management systems, and technical capacity for measurement of outcomes.
- To synthesize and disseminate findings from demonstration projects to optimize their impact on further prevention research, practices and policies.
- To provide the leadership and organizational capacity to stimulate innovative projects, ensure scientific excellence, integrity of research, and sound fiscal operations.

**Significance:** If prevention programs are to more effectively reach those already diagnosed with HIV, linking clinical care and prevention is the next logical step. In many cases, the medical setting might be the only place where patients have convenient, consistent access to prevention services. Furthermore, medical providers are in a strategic position to help prevent transmission of HIV by assessing their patients for risky sexual and needle-sharing behaviors, and by providing counseling or referrals to prevention services. Medical providers can also facilitate linkages among prevention agencies and clinical care. Ryan White CARE Act funded programs provide excellent opportunities to reach HIV-infected people in primary care. This project will facilitate intervention design, delivery and test the effectiveness of prevention interventions in these clinical settings.

**Project Web Site:** [www.caps.ucsf.edu/projects/EPPEC/](http://www.caps.ucsf.edu/projects/EPPEC/)

**Project End Date:** September 30, 2007

## Evaluating Local Interventions

**Project Staff:** Stephen F. Morin, Janet Myers, Wayne Steward, Starley Shade, Stuart Gaffney and Jay Newberry

**Project Description:** Through this project CAPS is partnering with the California Office of AIDS (OA) to support the implementation of the Evaluating Local Interventions (ELI) system in California. ELI is a web-based information system that enables California's prevention providers to systematically collect and access information that is critical to effectively prevent HIV infection. It provides primarily process monitoring and client-based evaluation data assistance on a number of intervention activities (e.g., individual or group-level), and eventually it will provide data on how these local interventions are affecting HIV infection rates in the area being served.

While OA provides technical assistance on the use of the ELI system, our team provides programmatic technical assistance, including the use of data for evaluation of local programs' effectiveness. Working with OA, we conduct regional trainings and site visits to support the use of the ELI system. These site visits provide local health departments and their subcontractors an opportunity for individualized technical assistance for each local group's interventions. Through trainings, workshops, and site visits, our collaboration aims to help county and community agencies to become "cultures of learning." We respect and build on the innate skills that our participants and agencies bring to these trainings.

Additionally, our evaluation and prevention scientists are currently analyzing ELI system data to learn more about the epidemic in California, as well as how effectively local and state-wide efforts are at addressing the epidemic.

## Evaluation of the Pacific AIDS Education and Training Center

**Project Staff:** Stephen F. Morin (PI); Kim To

**Project Description:** The AIDS Policy Research Center at CAPS has been contracted to provide external evaluation and technical assistance to the Pacific AIDS Education and Training Center (PAETC). The PAETC provides AIDS-related training and education to health care providers via 15 local sites in California, Arizona, Hawaii, Nevada, and the six US-affiliated Pacific Jurisdictions. In conducting external evaluation, the Policy Center provides PAETC with information to determine training effectiveness, shape future programs, and report on training innovations.

The external evaluator works with PAETC to develop, implement, and analyze evaluations of their training efforts. In particular, the evaluator guides activities focusing on program outcomes and impacts. In addition to implementing evaluations of specific trainings or training series, the evaluator provides technical assistance to staff at the local sites in various aspects of evaluation, needs assessment, and research design.

**Significance:** The PAETC provides medical providers with critical education and training that can improve access to and quality of HIV care. Evaluation of PAETC activities is essential to determining which training approaches are most effective and have the most potential impact on the quality of HIV medical care. On-going evaluation of multiple training activities enables the Policy Center and PAETC to disseminate information about HIV medical training on a near continuous basis – reporting information to federal funders, colleagues nationally and internationally, and the greater medical community alike.

**Interesting Findings:** Recent evaluation activities have included the following:

- Participants at a training on the implementation of Rapid HIV Testing showed increases in knowledge of and comfort with how to implement rapid HIV testing in their clinical setting.
- Evaluation of a 5-year clinical capacity building project in the U.S.-affiliated Pacific Jurisdictions has shown marked changes in clinical skills and knowledge among Pacific doctors and nurses trained in the program. The evaluation has also shown progress in the development of training and informational support infrastructure in the region.
- Evaluation of the faculty development conference has shown improvements in faculty's training skills and the application of HIV/AIDS information and skills in their work.
- Technical assistance provided to local training sites has increased those sites' capacities to develop outcomes evaluation scopes of work for their Minority AIDS Initiative projects.
- Technical assistance provided to local training sites in the last year has increased those sites' capacities to collect and analyze evaluation and needs assessment data.

## Generations: Strengthening Women and Families Affected by HIV/AIDS

**Project Staff:** Cynthia Gomez (PI) – San Francisco State University; Pamela DeCarlo, Olga Grinstead – CAPS; Ellen Goldstein – Family and Community Medicine

**Project Description:** Through a sub-contract from the National AIDS Fund (NAF), SFSU and CAPS will be providing program development, evaluation and dissemination technical assistance to community -based agencies funded by Johnson & Johnson to provide innovative HIV prevention services targeting women and families. Eight agencies were funded, one each in California, Florida, Illinois, Iowa, Maine, Mass., Texas and Washington, DC. Six of these projects involve collaborations between multiple agencies in a community; two projects will be conducted by single agencies. In addition to providing technical assistance to support process and outcome evaluation of these projects, SFSU and CAPS staff will support evaluation of the process of collaboration among the agencies as these programs progress.

**Project End Date:** 2007

## The Mpowerment Project:

Putting Community-Level HIV Prevention Research into Practice

*Para la versión en español de este abstract vaya a la página 88*

**Project Staff:** Susan Kegeles, Greg Rebchook, David Sweeney, John Hamiga, Ben Zovod, Scott Tebbetts, Lance Pollack, Dave Huebner, Wayne Steward.

**Project Description:** This project is part of the Center for Disease Control and Prevention's (CDC) Translating Research into Practice (TRIP). We have developed a state-of-the-art, collaborative *technology exchange system* to help CBOs put the Mpowerment Project into practice in their communities. The Mpowerment Project Technology Exchange System (MPTES) is based on proven scientific principles including Diffusion of Innovations and Social Learning Theories. The MPTES includes: 1) a Replication Package consisting of two training manuals and two video tapes; 2) a 3-day comprehensive training program and on-site, follow-up trainings; 3) a technical assistance program; 4) a variety of Internet services including a website, chat rooms, and a listserv.

The Mpowerment Project was designed to reduce the frequency of HIV risk behaviors among young gay/bisexual men, ages 18-29, by mobilizing them to support each other about safer sex. It meets the CDC's Prevention Research Synthesis project criteria and is listed in the *Compendium of HIV Prevention Interventions with Evidence of Effectiveness*.

**Interesting findings:** Over 300 community-based organizations and health departments (CBOs/HDs) have requested assistance in implementing Mpowerment. The intervention is complex -- it is theoretically sophisticated, involves multiple interrelated components, requires empowering young MSM as decision-makers and uses community-organizing methods. But current theories about MSM and sexual risk behavior indicate that complex interventions are required to match the complex sociocultural contexts of sexual behavior and psychosocial issues affecting young MSM. We found that replication materials alone were insufficient to effectively translate research to practice. Yet replication materials must provide abundant examples of implementation and guidelines to follow, while not dictating exactly how to implement the program. Training must be intensive and experiential, and involve CBOs/HDs sharing their experiences with each other. TA must be individually-tailored to the CBOs/HDs' unique characteristics, communities and stage of implementation. Also, it must be provided on a regular basis, not solely when CBOs/HDs recognize the need for it. Organizational issues must be taken into account in replication materials, training, and TA.

Effectively translating the evidence-based, community-level MP into practice requires a "second generation intervention," focused on CBOs/HDs that want to implement the Mpowerment Project. This new intervention is called The Mpowerment Project Technology Exchange System, (MPTES) and involves extensive collaboration with CBOs/HDs. In addition to replication materials, training and TA, it also involves a website, an internet chat room about the intervention and an electronic discussion group. (Kegeles SM, Rebchook G. Translating Research into Practice: Experiences of an Evidence-Based Community-Level HIV Prevention Intervention for Young MSM. National HIV Prevention Conference. 2003;abstract no. M1-D0202.)

**Project Web Site:** [www.Mpowerment.org](http://www.Mpowerment.org)

**Project End Date:** 2006

## Reframing the Mpowerment Project for African American CBOs

**Project Staff:** Susan Kegeles, Greg Rebchook, Michael Foster

**Project Description:** As a supplement to the Translating Research into Practice (TRIP) grant, this project strives to understand the process African American CBOs undergo to put research-based HIV prevention interventions into practice.

We conducted interviews with 10 capacity-building or other technical assistance (TA) providers for African American CBOs to discuss barriers and facilitators to implementing and maintaining research-based interventions. We will use these findings to refine an interview instrument used in the next phase.

We conducted telephone interviews with 35 persons from three types of African American CBOs—CBOs serving the general African American population, CBOs serving young African American men who have sex with men (MSM), and faith-based organizations implementing HIV prevention interventions. A minimum of 20 of the 35 CBOs focused on MSM. The interviews sought to gain insight on the organizational, utilization, and attitudinal issues that may facilitate or impede the implementation of research-based HIV prevention programs at African-American CBOs. The interviews with CBOs working with young African American MSM also investigated the providers' "intuitive models" for why some young African American MSM engage in unsafe sexual practices.

## State Minority AIDS Project

**Project Staff:** George W. Rutherford, Lynae Darbes, Gail Kennedy, Usma Khan

**Project Description:** In June 2002 we began collaborating with the State of California Department of Health Services, Office of AIDS (DHS/OA), in conjunction with the University-Wide AIDS Research Program (UARP), in their Community Collaborative Projects. Broadly, the project aims to develop and maintain a database of the best evidence of behavioral HIV prevention interventions conducted with people of color. To date we have:

- Updated our search of interventions targeting African Americans and conducted a meta-analysis of the interventions that targeted African-American heterosexuals. Working with staff from the Center for Disease Control and Prevention (CDC), we are preparing a manuscript of these findings to be submitted for publication in early spring of 2006.
- Prepared a Module for UARP in their Community Collaborative Projects using the research regarding effective interventions targeting African-American heterosexuals. The module describes in detail interventions conducted with this population and provides recommendations for either community-based organizations and/or local health jurisdictions for the design and/or implementation of future interventions.
- Prepared another module for UARP's Community Collaborative focusing on effective interventions for men of color who have sex with men (MSM) which is available on the UARP website.
- Updated our systematic reviews of HIV prevention interventions for Latino and Asian-American and Pacific Islander populations.
- Consulted with the HIV Intervention Enhancement Project (HIEP), based in the HIV Prevention Research and Evaluation Branch of the Office of AIDS in their goals to describe and promote the concept of intervention enhancement. The goal of the project is to facilitate the translation of successful, evidence-based interventions from the research realm into formats that are more easily utilized by community-based organizations and/or local health jurisdictions.

**Interesting Findings:** For African-American heterosexuals, we found that the most successful interventions were grounded in theory, provided the participants with skills training (e.g., condom negotiation), and were culturally sensitive to the unique needs of African Americans. Positive outcomes from these interventions included increased condom use, decreased numbers of sexual partners, and improved communication with partners regarding safer sexual practices. For MSM of color, culturally sensitive interventions facilitate risk reduction, and future interventions should take the unique needs of the target community into account. This includes taking into consideration the unique barriers to safe sex (e.g., internalized homophobia, racism, poverty, substance use, sexual identity) that may be present within these communities.

**Project Web Site:** Systematic review of behavioral HIV prevention interventions for African Americans: [hivinsite.ucsf.edu/InSite.jsp?doc=kb-07-04-09](http://hivinsite.ucsf.edu/InSite.jsp?doc=kb-07-04-09), Module for African-American heterosexuals: [uarp.ucop.edu/ca\\_collaborations/modules/research\\_summary1.html](http://uarp.ucop.edu/ca_collaborations/modules/research_summary1.html)

**Project End Date:** June 30, 2009

## The Transitions Project: Enhancing HIV Prevention in Transgender Communities

**Project Staff:** Tooru Nemoto, Principal Investigator; Jae Sevelius, Project Director; Hale Thompson, CBA Specialist/Project Assistant; Andrea Horne, CBA Specialist; Sean Saifa Wall, CBA Specialist; John Hamiga, Technology Exchange Specialist

**Project Description:** The Transitions Project provides capacity building assistance (CBA) and technical assistance to community based organizations (CBOs) and health departments throughout the US to promote knowledgeable, sensitive, and effective HIV/AIDS prevention for transgender communities of color and HIV+ transgender people. We conduct skills building workshops for the staff of CBOs and health departments at cities across the US. In the context of these workshops, key personnel of CBO staff have the opportunity to learn about the needs and priorities of delivering HIV prevention services to high-risk transgender people of color and are introduced to the core elements and components of three of the HIV prevention interventions that are part of CDC's Diffusion of Effective Behavioral Interventions (DEBI) project: the Mpowerment Project, Sisters Informing Sisters About Topics on AIDS (SISTA), and Healthy Relationships, all three of which we are adapting for implementation with transgender populations. CBOs may request individualized CBA services through CDC to implement an adapted intervention at their agencies. Ongoing consultation is available to all agencies receiving CBA services.

**Significance:** This CDC-funded capacity building project is the first of its kind to address the HIV prevention needs of transgender communities. Estimates of HIV prevalence among transgender women, especially transgender women of color, have been the highest for any risk group in the US.

**Project Ending Date:** March 2009

## Adherence to HAART in Bangalore, India

**Project Staff:** Maria Ekstrand, Monica Gandhi, Sara Chandy, Girija Singh, Wayne Steward, Thomas Osmand

**Project Description:** This study's overall goal is to examine patient and provider antiretroviral therapy (ART) adherence issues in the HIV clinic at St John's hospital in Bangalore, India. Culturally appropriate adherence measures will be identified and barriers that interfere with adherence to HIV treatment as well as potential avenues to enhance adherence will be examined using both qualitative and quantitative methods. These data will subsequently be used to inform the development of an adherence intervention that can be evaluated in a future clinical trial.

The study includes two phases in which we propose to:

1. Conduct qualitative interviews with 40 patients and 20 physicians at St John's hospital in Bangalore, India to: a) Assess prescription patterns and clinical monitoring of toxicity and medication efficacy as well as perceptions of patient adherence; b) Explore individual, interpersonal and environmental factors that may facilitate or hinder adherence to HIV treatment regimens among HIV infected clinic patients; c) Examine the feasibility and acceptability of US-developed adherence measures and strategies in this setting and determine ways in which these measures and strategies may need to be modified.
2. Recruit and follow a longitudinal cohort of 180 HIV infected clinic patients for one year using a structured interview to: a) Evaluate ART adherence patterns as well as adherence barriers and facilitators; b) Compare the concordance between the subjective and objective measures and HIV plasma viral load. The study also includes a supplement received from the NIH Office of AIDS Research to develop measures of AIDS stigma and discrimination.

**Significance:** The recent decline in the cost of HIV ART in India and the ongoing competition among generic manufacturers, combined with recent announcements by WHO and the Global Fund to Fight AIDS, TB and Malaria, make it very likely that ART will soon be a viable option for a larger proportion of India's HIV infected individuals. Unfortunately, treatment effectiveness requires high levels of adherence and the adherence literature on other chronic, infectious diseases in India, such as TB and leprosy, indicate that serious adherence barriers may exist. To date, there have been no published studies on ART adherence issues in India. Thus, there is an urgent need for research to better understand the forces that influence HIV treatment adherence in this culture. This essential research needs to include formative work to establish valid and culturally appropriate adherence measures and strategies, explore culturally-specific interpersonal and contextual adherence barriers and facilitators, and assess current rates and correlates of ART adherence. We also need a better understanding of provider behaviors, including the guidelines physicians follow when deciding to prescribe antiretroviral medication, how their decisions are influenced by patient characteristics, how adherence is monitored, and the extent to which these drugs are available to the population of HIV infected individuals in India. The proposed study has been designed to meet these needs.

**Project End Date:** January 2007

## AIDS, Stigma and Gender: Health Consequences in Urban India

**Project Staff:** Maria Ekstrand, Jayashree Ramakrishna, Shalini Bharat, Gregory Herek and Suneeta Krishnan, Thomas Osmand

**Project Description:** This study takes place in a range of health care settings in two large Indian cities situated in high HIV prevalence states. Specifically we propose to:

- Examine the nature, extent, and context of AIDS stigma and discrimination by gender, at multiple levels, among people coming into contact with urban health care systems, including a) People Living with HIV/AIDS (PLWHAs), b) families of PLWHAs, c) healthcare staff; and d) general hospital outpatients.
- Measure the potential health-relevant consequences of AIDS stigma and discrimination among both perpetrators and targets of stigma at each of the above levels.
- Develop a) a culture-specific theoretical understanding of AIDS stigma and health in urban India as well as b) measures of AIDS stigma that can be used to evaluate future stigma reduction policies and programs in health care and community settings among both victims and perpetrators of stigma.
- Develop specific data-based program and policy recommendations to reduce AIDS-related stigma and discrimination in urban Indian health care settings and to disseminate these among regional stakeholders

**Significance:** AIDS stigma is a major barrier in the fight against HIV/AIDS. It adds to the suffering of those infected and interferes with decisions to seek HIV counseling and testing, disclosure of HIV infection, and seeking treatment for HIV-related problems. Members of marginalized groups often experience dual stigma, forcing them to conceal their lifestyles and making it more difficult for them to access AIDS prevention programs and treatment. Family members and health care workers who provide care to HIV positive patients also become the target of AIDS stigma and discrimination. Our research suggests that these problems exist in India as well. Previous qualitative work in urban India by Bharat has identified AIDS stigma attitudes and overt discrimination, both in the health care setting and the family. This has included refusal to care for HIV infected individuals, additional charges for protective equipment such as extra gloves, masks, fumigation of rooms, and lack of confidentiality. The data also suggest that AIDS stigma in urban India is a gendered phenomenon. Reports of women being neglected and maltreated by their husbands and in-laws were common, and many women were found to have less access to treatment than their husbands.

Although many important culture-specific issues were identified in Bharat's qualitative research, there is now a need to extend this work to develop culture-specific quantitative models and measures of AIDS stigma and its health consequences and to examine the prevalence and correlates of stigma in the Indian context. The current study has been designed to meet this need. It will build on the qualitative work by Bharat, by incorporating the culture-specific themes into a modified version of a quantitative measure developed and administered in the US by Herek.

**Project End Date:** June 2008

## Chemoprophylaxis for HIV Prevention in Peruvian Men

**Project Staff:** Gladstone Institute of Virology and Immunology: Robert Grant, Vivian Levy, Jeff McConnell, Vanessa McMahan; UCSF: Kimberly Page-Shafer, David Glidden; IMPACTA: Javier Lama, Pedro Goicochea, Juan Guanira, Lorena Vargas, Rosario Leon, Juan Carlos Hinojosa Boyer, Lucia Ruiz, Graciela Meza

**Project Description:** Novel approaches to HIV-1 prevention warrant urgent evaluation. Tenofovir disoproxil fumarate (tenofovir or TDF), a nucleotide reverse transcriptase inhibitor, has been demonstrated to prevent transmission of simian immunodeficiency virus (SIV) when administered near the time of virus challenge. The efficacy of tenofovir chemoprophylaxis for HIV-1 prevention in people is not known. The primary goal of this proposal is to conduct a randomized blinded clinical trial evaluating the safety and efficacy of chemoprophylactic therapy using once daily tenofovir 300 mg to prevent HIV-1 acquisition in high-risk uninfected men who have sex with men (MSM).

**Significance:** Pre-exposure prophylaxis, or PrEP, is one of several experimental prevention interventions (including microbicides and vaccines) which could potentially provide additional modes of minimizing the risk of HIV infection.

**Project End Date:** August 2009

## Couples-based HIV Prevention in South Africa

**Project Staff:** Lynae Darbes

**Project Description:** This project has two primary aims. The first is to identify barriers and facilitators for heterosexual couples for utilizing couples-based voluntary counseling and testing in Soweto, South Africa. The second is to identify relationship-based predictors of HIV risk behavior in couples (e.g., communication, intimacy, commitment, etc.).

The study is comprised of two phases. The first phase is qualitative in nature, and focused on obtaining information from men and women regarding their relationships and their perceptions and attitudes about couples-based testing. The second phase will be a cross-sectional quantitative study of predictors of HIV risk behavior and of utilizing couples-based testing in a sample of 200 couples (in 2007). The research is based at the Chris Hani Baragwanath Hospital and the Perinatal HIV Research Unit at the University of the Witwatersrand in Johannesburg, South Africa.

**Significance:** Although South Africa is one of the countries most impacted by the HIV epidemic, very few studies have examined HIV from a couples-based perspective. There is little to no information about how couples may communicate about sexual issues (e.g., outside partners) and how couples-based testing is perceived by the community.

**Interesting Findings:** Both individual interviews and focus groups were conducted (N=48). Data collection was completed for this phase in February of 2006, and qualitative analysis will be conducted in Spring and Summer of 2006. We recruited couples from both an HIV testing clinic and the Soweto community. We found it more difficult than we had anticipated to recruit couples from the community, as some people reported a reluctance to come to the clinic for research. However, once couples were recruited and completed their participation, all evaluated their participation positively and commented that they believed a focus on couples' issues and on relationship was important in the context of HIV for the Soweto community.

**Project Recruitment Dates:** We will begin recruiting for Phase II in South Africa in early 2007.

**Project End Date:** June 2009

## Drug Use and HIV-Related Risk Behaviors among Female Sex Workers in Bangkok, Thailand and Ho Chi Minh City, Vietnam

**Project Staff:** Tooru Nemoto, Principal Investigator; Mariko Iwamoto, Research Associate; Serena Wong, Project Assistant; Hongmai Nguyen, Project Assistant

**Project Description:** “Drug Use and HIV-Related Risk Behaviors Among Female Sex Workers in Bangkok, Thailand and Ho Chi Minh City, Vietnam” is a two year NIDA-funded supplemental study to our current study, “HIV Prevention Interventions Targeting Asian Masseuruses” in San Francisco.

Employing both quantitative and qualitative methods, this supplemental study will identify and describe drug use, sexual behaviors, and access to HIV/STI testing and health care among Thai and Vietnamese female commercial sex workers in Bangkok, Thailand and Ho Chi Minh City, Vietnam, respectively. This study will also compare the behaviors of Vietnamese and Thai sex workers in their home countries with those of Vietnamese and Thai commercial sex workers in the US.

**Significance:** Findings from the parent study show that a large number of Thai and Vietnamese female sex workers immigrate into US cities to earn money through employment at massage parlors. Past research studies have mainly focused on risk behaviors among Asian female sex workers in Asian countries. However, this study will describe cultural and immigration issues among Asian female sex workers and compare drug use and HIV risk behaviors of Thai and Vietnamese sex workers in their home countries and in the US. Understanding differences in socio-cultural and economic environments, patterns of immigration, and transitional work issues will allow us to design effective interventions that are more culturally and occupationally appropriate to Asian female sex workers.

## Epidemiologic and Formative Studies for HIV Prevention Research in Bangkok, Thailand

**Project Staff:** UCSF: Kimberly Page-Shafer, Ellen Stein; Thai Red Cross AIDS Research Center: Praphan Phanuphak; Nittaya Phanuphak, Sunee Sirivichayakul, Somsri Tantipaibulwut, Tippawan Pankam, Rapeepun Jommaroeng, Somsong Teeratakulpisarn, Suphatchara Chaitiamras, Tanakorn Apornpong; National Centre in HIV Epidemiology and Clinical Research, University of New South Wales: John Kaldor, Iona Millwood, Phillip Cunningham

**Project Description:** This project consists of three studies:

*(1) Assessment of HIV incidence and HIV risk behaviors among HIV testing clients in Bangkok*  
This study is being conducted at the Thai Red Cross AIDS Research Center (TRCARC) among male and female clients at the Anonymous HIV Testing Clinic at the TRCARC in Bangkok, Thailand. The primary objectives of this study are: (1) To estimate population incidence in newly identified cases of HIV-1 infection in individuals seeking HIV testing; (2) To identify groups at high risk of newly acquiring HIV infection by assessing associated HIV risk behaviors with incident HIV infections using an anonymous interviewer-administered questionnaire linked to de-identified venous samples (3) To develop an archive of clinical specimens that may be utilized for future research projects related to newly identified HIV infections, such as transmission of antiretroviral drug resistance. This study will inform prevention programs and prevention research regarding risk and target populations.

*(2) HIV prevention education and survey of the willingness to participate in HIV prevention trials*  
This project will develop culturally and linguistically appropriate HIV prevention educational materials aimed at a specialized target population: clients attending the TCRARC Anonymous HIV Testing Clinic service. Following the distribution and review of these materials with the target population, the study will identify which HIV prevention methods are most acceptable and of interest utilizing a brief anonymous survey. The survey will also assess willingness to participate in future HIV prevention trials conducted by the Thai Red Cross. This information will be used to plan and prepare for a possible future trial of chemoprophylaxis for HIV prevention in this population and locale.

*(3) Community participatory activities in preparation for HIV prevention trials in Thailand.*  
This work supports the planning phases for an HIV Prevention Clinical Trial of antiretroviral chemoprophylaxis in Thai women at risk for HIV infection. The proposed study agents are reverse transcriptase inhibitors that are licensed for the treatment of established HIV-1 infection in humans by the US FDA. Participants include leaders and members of community based organizations, non-governmental organizations, religious organizations, other local (Thai) HIV prevention and therapeutic research groups, and governmental organizations such as the Thai Ministry of Health. The proposed work includes convening and chairing general discussions and specific working groups with community leaders, who will identify optimal approaches for introducing at-risk populations to current and novel HIV prevention technologies and chemoprophylaxis studies. Other topics for discussion will include trial design and procedures, content of educational materials, appropriate materials and procedures for obtaining informed consent of participants, effective strategies for subject recruitment, and social and scientific issues specific to HIV prevention chemoprophylactic interventions such as behavioral disinhibition, social benefits and harms associated with trial participation.

**Project End Date:** December 2006

## Epidemiologic and Formative Studies for HIV Prevention Research in Phnom Penh, Cambodia

**Project Staff:** UCSF: Kimberly Page-Shafer, Ellen Stein; Soleak Sim; National Center for HIV, AIDS, Dermatology and STDs and National Institute for Public Health: Saphonn Vonthanak, Mean Chhi Vun, Ly Penh Sun, Nhem Thouk; National Centre in HIV Epidemiology and Clinical Research, University of New South Wales: John Kaldor, Iona Millwood, Phillip Cunningham, Robert Oelrichs

**Project Description:** This project consists of two studies:

*(1) Assessment of HIV incidence and HIV risk behaviors among clients seeking HIV testing in Phnom Penh, Cambodia.*

This study is being conducted among male and female clients at the Anonymous HIV Testing Clinic in Phnom Penh. The primary objectives of this study are: (1) To estimate population incidence in newly identified cases of HIV-1 infection in individuals seeking HIV testing using the Calypte HIV-1 BED enzyme immunoassay (BED-EIA) test on venous samples; (2) To identify groups at high risk of newly acquiring HIV infection by assessing associated HIV risk behaviors with incident HIV infections using an anonymous interviewer-administered questionnaire linked to de-identified venous samples (3) To develop an archive of clinical specimens that may be utilized for future research projects related to newly identified HIV infections, such as transmission of antiretroviral drug resistance. This study will inform prevention programs and prevention research regarding risk and target populations.

*(2) Establishment of reference ranges for hematology, chemistry, & CD4-positive lymphocyte parameters in the adult Cambodian population*

In this study, 200 blood specimens from healthy male and female adult blood donors at the Cambodian Blood Bank, Phnom Penh shall be tested for Hematology (CBC and Prothrombin Time/INR), Chemistry and CD4 positive Lymphocyte parameters in the National Institute for Public Health, National Public Health Laboratory. Collated data shall be statistically analysed to derive population reference ranges for these parameters in male and female Cambodian adults. Access to accurate reference ranges is an essential part of interpreting clinical laboratory assays. The population distribution of reference ranges is known to vary by gender and by population. In Cambodia, no published national reference ranges exist for Hematology, Chemistry and CD4 positive Lymphocyte Parameters, which are therefore usually interpreted using values established in Caucasian populations.

**Significance:** These epidemiology and laboratory studies provide essential biological information which will inform future HIV preventive and therapeutic clinical trials in Cambodia.

**Project End Date:** December 2006

## An Ethnography of MSM in Gauteng, South Africa

**Project Staff:** Tim Lane

**Project Description:** This study is a systematic exploration of MSM communities in Gauteng province, South Africa. It will be an important first step in the larger process of HIV prevention research and intervention development for this population. It aims to develop a more detailed profile of the social, sexual and community life of MSM in Gauteng through qualitative research. Through in-depth interviews with a purposive sample of 30 MSM, the project will explore constructions of sexual identity and choices about sexual partners; drug, alcohol, and condom use; and HIV testing and disclosure of HIV status, in order to describe prevailing cultural norms and around these subjects and behaviors.

The study population consists of MSM from Gauteng Province, which includes the greater Johannesburg and the greater Tshwane (formerly Pretoria) metropolitan areas. The study is especially interested in the perspectives of black MSM who reside and socialize in “township” areas (the peri-urban residential communities to which the black urban population of South Africa was restricted during the apartheid era), and will recruit participants primarily in the townships of Soweto, Tembisa, Mamelodi, Atteridgeville, and Soshanguve.

**Significance:** In South Africa, where the vast majority of HIV infections occur during heterosexual intercourse, the impact of the HIV epidemic on MSM communities has not been well studied. MSM are not included in national surveillance statistics, and nationally coordinated HIV prevention campaigns and programs that encourage sexual risk reduction behaviors target heterosexuals only. Places where MSM can receive voluntary counseling and testing (VCT) in an environment free of stigma are practically nonexistent, especially in underserved Black communities. Anecdotal evidence suggests that much of the sex that takes place between men in South Africa is high risk. Community-based interventions that promote sexual health and HIV prevention among MSM are needed, but there is not at present a sufficient understanding of the community’s size, its culture, or its HIV prevention needs to undertake these interventions effectively.

This study is the first of its kind in South Africa, and among a handful of MSM studies currently underway in sub-Saharan Africa.

**Project Recruitment Dates:** April 1 – October 31, 2006

**Project End Date:** December 31, 2006

## Exploring Barriers to Utilization of Prevention of Mother-to-Child Transmission (PMTCT) Services and Post-Natal Antiretroviral Treatment (ART) among HIV-Positive Women in Ho Chi Minh City

**Project Staff:** Annette Sohn, Deborah Bain Brickley, Dang Le Dung Hanh, Luu Thi Nguyet; Nguyen Thi Thanh Thuy

**Project Description:** This 12-month study is exploring barriers to utilization of prevention of mother-to-child transmission (PMTCT) services at a large obstetrics hospital in Ho Chi Minh City, Vietnam, as well as successful referral of HIV+ women for post-natal antiretroviral treatment (ART) that is available at separate clinical sites. In 2004, Vietnam was selected as the only Asian country to receive PEPFAR (President's Emergency Plan for AIDS Relief) funding. Implementation of PMTCT, a priority of the national ART program, has begun at four pilot sites in Ho Chi Minh City. However, recent data and compelling anecdotal evidence suggest that HIV+ women may face difficulties when accessing these programs. Stigmatization of persons with HIV/AIDS may be a major obstacle as AIDS in Vietnam is widely associated with the "social evils" of drug use and prostitution. Research before the availability of ART suggests that health providers may segregate or refuse to treat HIV+ women, and may not describe medical options, and that women with HIV may avoid accessing health care for fear of disclosure of HIV status.

CAPS and the Ho Chi Minh City Provincial AIDS Committee are currently conducting a clinical study of an early infant HIV diagnostic strategy. The proposed study addresses obstacles to care faced by women in this parent study, as well as women not enrolled in the parent study. Subjects are HIV+ pre- and post-natal women and their health providers, as well as other key informants such as AIDS advocates and family members of women with HIV. Through key informant interviews and focus groups of women with HIV and public health personnel, we are exploring utilization of PMTCT; related behaviors and attitudes of health providers; and referral to post-natal ART clinics. Findings will be used to design an intervention trial to enhance utilization of PMTCT and ART services in the context of a family-centered HIV care and treatment program.

**Significance:** Stigmatization of HIV is strong in Vietnam, as summarized by UNAIDS Deputy Executive Director Kathleen Cravero in 2004, "I've visited over 50 countries and the problem of stigma and discrimination is as great or greater in Vietnam than in any country I've visited." With the widespread introduction of antiretrovirals in 2005, barriers such as stigma, which may prevent access to care, must be addressed.

**Project Recruitment Dates:** September 2005 – February 2006

**Project End Date:** August 2006

## Family-Based HIV Voluntary Counseling and Testing in Patients at Risk for Tuberculosis

**Project Staff:** Edwin Charlebois

**Project Description:** This study will test the efficacy of an intervention utilizing HIV rapid testing and integration of HIV VCT into Tuberculosis (TB) evaluation and home-based VCT for family members, to overcome identified logistical and psychological barriers to HIV VCT among new TB patients and their family members. The specific aims of the study are:

- 1) To determine the uptake of and barriers to HIV VCT among a cross-sectional sample of 2,000 TB evaluation patients offered same-day results HIV counseling and testing at the Uganda National TB and Leprosy Programme outpatient TB clinic at Old Mulago Hospital in Kampala, Uganda.
- 2) To conduct a randomized trial of HIV VCT among 600 households comparing VCT uptake between Home-based VCT and TB Clinic-based VCT for family and household members of TB evaluation patients.
- 3) To investigate the effectiveness of Home-based and TB Clinic-based VCT in linking HIV infected persons among the 600 randomized households to HIV medical care and social support.

**Significance:** The global call for the rapid introduction of HIV antiretroviral therapy to sub-Saharan Africa urgently requires improved identification of HIV infected persons and successful linkage to HIV medical care and social support. VCT for HIV has been shown to be effective in helping individuals learn their HIV status and get into care. TB patients present one of the greatest opportunities for VCT to identify HIV infections and link individuals into HIV specific care. In the developing world, the HIV epidemic overlaps significantly with pre-existing epidemics of TB and the HIV prevalence among individuals newly diagnosed with TB is greater than 50%. Family and household members of TB patients, especially spouses and young children, also have a greatly elevated prevalence of HIV infection compared to that of the general population. However, VCT use among all these groups is low (<10%).

From our pilot data we have evidence to suggest that a strategy like the one proposed here could be up to ten times more efficient in detecting HIV infection than current generalized HIV testing strategies. This strategy also builds on significant pre-existing TB control infrastructure making it easier to implement across the region in the absence of much needed improvements in healthcare infrastructure. Through this study's results dissemination plan and the proposed policy and community forums, information on a successful model could be made rapidly available to key stakeholders responsible for setting national policy and local HIV/AIDS control programs.

**Project End Date:** March 2011

## Feasibility of the Mpowerment Project in Argentina

*Para la versión en español de este abstract vaya a la página 79*

**Project Staff:** Susan M. Kegeles, Principal Investigator; Gregory Rebchook, Co-Investigator; Andre Maiorana, Co-Investigator/Project Director

**Project Description:** The goal of this project is to conduct formative research in Córdoba and Rosario, two cities in Argentina, to assess the feasibility of adapting an evidence-based community-level intervention developed in the US, the Mpowerment Project, for men who have sex with men (MSM) in Argentina. The specific aims of this project are:

- To identify and describe the different segments of MSM in two different cities in Argentina;
- To gain a preliminary understanding of the psychosocial, contextual and cultural factors associated with sexual risk behavior among MSM;
- To obtain evidence about the appropriateness and acceptability of the Mpowerment Project in Argentina, and identify potential research sites for a larger research endeavor;
- To assess the HIV prevention programs, strategies, and messages addressing MSM currently being implemented in the two cities in Argentina, to analyze secondary data collected previously by community based organizations (CBOs) and other organizations in Argentina, and
- to further develop collaborative relationships.

**Interesting Findings:** We conducted data collection during August, November, and December, 2003. We conducted 24 semi-structured interviews with MSM, 23 interviews with HIV prevention providers, observations in gay venues, and a review of secondary data. There were perceptions of increased risk behavior since the advent of HAART, but men younger than 22, in poor areas, transvestites, and straight-identified MSM were particularly identified as in need of HIV prevention efforts. Prevention efforts were limited to condom distribution, and this is not consistently done. MSM's, "consciousness" of HIV determined their ability to protect themselves. Such consciousness appeared to be the result of a process of building one's self-esteem, self-respect, and commitment to oneself and having a 'life plan.' The support of family, partners, and friends were essential for that process to evolve. While MSM might talk about their specific risk behaviors to intimate friends, talk about HIV in a larger group involved joking or wanting to know who to avoid who had HIV. HIV+ MSM, did not disclose their HIV status for fear of being rejected sexually or socially. Many men considered their relationship as protection against HIV, but had not been tested and were not necessarily mutually monogamous. Safer sex negotiation between stable partners regarding casual sex practices outside the relationship was problematic. (Maiorana A, Sivori H, Kegeles S. Assessment of needs for HIV prevention among different segments of men who have sex with men (MSM) in the cities of Rosario and Cordoba, Argentina. Int Conf AIDS. 2004 Jul 11-16;15:abstract no. C11615.)

## HIV Risk Behaviors Among Thai Transgender Women

**Project Staff:** Tooru Nemoto, Mariko Iwamoto, Project Director, Ms. Perngarn, (Chulalongkorn University) Training Coordinator

**Project Description:** A number of Thai transgender women (kathoe) are engaging in sex work (transgender female sex workers) in large cities such as Bangkok. The aims of the study are:

- 1) To provide scientific data regarding HIV risks among Thai transgender female sex workers in Bangkok, which have not been investigated and reported.
- 2) To fill a gap in understanding HIV risk behaviors in sociocultural contexts among Thai transgender female sex workers in comparison with those among Thai female sex workers.
- 3) To fill a gap in understanding HIV risk behaviors in sociocultural and international contexts by comparisons with our previous research findings from transgender female sex workers in San Francisco.
- 1) To provide the preliminary findings for developing a HIV prevention intervention study for Thai transgender female sex workers.

A total of 10 pilot interviews with transgender female sex workers will be conducted by trained Thai Health Educators. The pilot interviews will examine the appropriateness of the survey questionnaire, which will be modified from our current survey questionnaire for Thai female sex workers. A total of 100 survey interviews with Thai transfemale sex workers will be conducted. We will conduct uni- and multivariate analyses to describe HIV risk behaviors among Thai transfemale sex workers in comparison with those among female sex workers.

## NIMH Collaborative HIV/STD Prevention Trial in Peru

*Para la versión en español de este abstract vaya a la página 77*

**Project Staff:** Susan M. Kegeles, Principal Investigator at UCSF; Thomas J. Coates, Principal Investigator at UCLA, Carlos Caceres, Co-Principal Investigator, Jeff Klausner, Consultant, Andre Maiorana, Project Director. Research Team in Peru at Universidad Peruana Cayetano Heredia.

**Project Description:** The NIMH Collaborative HIV/STD Prevention Trial is a randomized study designed to test a community-level popular opinion leader (C-POL) preventive intervention in five international sites. UCSF collaborates with Cayetano Heredia University in Lima on the intervention in Peru. The aims of the study are:

- To assess prevalence of HIV and STDs and risk behaviors in the target populations aged 18-40 in 20 low-income neighborhoods in the cities of Lima, Trujillo, and Chiclayo in Peru.
- To design and implement a community-level prevention intervention in 10 of those neighborhoods by training and monitoring community popular opinion leaders for a period of two years to promote HIV and STDs risk reduction.
- To assess the impact of the intervention in target sites compared to control sites.

We have completed collection of behavioral and biological data for the baseline and two annual follow up assessments in Lima. The intervention has also been completed in Lima. Behavioral and biological data collection for the first yearly follow up assessment was completed in Trujillo and Chiclayo. The study intervention is being conducted in the cities of Trujillo and Chiclayo.

**Significance:** Community intervention models such as those applying principles of Rogers' diffusion theory are being used increasingly in HIV/STD prevention in North America. A community-level intervention, in contrast with individual interventions, focuses on community members to promote change in risk behavior and community norms.

**Interesting Findings:** Study venues in Peru are lower income barrios, which provide opportunities for social interaction in bars, pool halls, sports fields, street corners, and hair salons. Much of this interaction occurs at night, accompanied by alcohol and drug use, which frequently leads to sexual activity: Study population segments are (1) "esquineros" (corner men), mostly single, unemployed men, who frequently engage in petty theft and gang activity, drug use and dealing, and transactional sex with gay men; (2) "moviditas" ("loose women"), who, contrary to social norms around female behavior, have multiple partners; (3) men identified as gay and transvestites, often working in hair salons and, often, selling sex outside the barrio; within the barrio they will frequently have sex with young esquineros and may become their partners, supporting them financially.

For the men, we found that HIV, herpes, and syphilis are epidemic among MSM. Chlamydia and gonorrhea are prevalent among esquineros. For the women, we found that sexuality is strongly conditioned by the perception of "being in love", particularly in poor areas. Among monogamous women, their concept of love, faithfulness and a steady permanent partnership place them at a higher vulnerability for HIV and STDs.

**Project End Date:** August 2007

## A Phase III Randomized Controlled Trial of Community Mobilization, Mobile Testing, Same-Day Results, and Post-Test Support for HIV in Sub-Saharan Africa and Thailand

**Project Staff:** UCSF: Steve Morin, Principal Investigator; Gertrude Khumalo-Sakutukwa, Co-Investigator; Olga Grinstead, Co-Investigator; Joanne Mickalian, Project Director; Jay Newberry, Project Staff. University of Zimbabwe-UCSF Research Collaborative in Harare, Zimbabwe: Alfred Chingono, Principal Investigator; Katherine Fritz, Co-Investigator; Godfrey Woelk, Co-Investigator; Tserayi Machinda Project Director.

**Project Description:** UCSF is one site of an NIMH funded multisite, international efficacy trial of a behavioral intervention in reducing the incidence of HIV infection. Collaborating international sites teamed with U.S. sites are: Zimbabwe (Steve Morin, UCSF, PI), South Africa (Thomas Coates, UCLA, PI), Tanzania (Michael Sweat, Johns Hopkins University, PI) and Thailand (David Celantano, Johns Hopkins University, PI). In this prevention trial, 34 communities in Africa (Tanzania, Zimbabwe, and South Africa) and 14 communities in Thailand will be randomized to either a community-based HIV voluntary counseling and testing (CBVCT) intervention or clinic-based standard VCT (SVCT).

The CBVCT intervention has three major strategies: (1) to make VCT more available in community settings; (2) to engage the community through outreach and community mobilization; and (3) to provide post-test support services. These three strategies are designed to change community norms and reduce risk for HIV infection among all community members, irrespective of whether they participated directly in the intervention. Thus, we plan a community-level sampling approach as opposed to a cohort design to evaluate outcomes.

A theoretically based, pragmatic, and sustainable approach to community level change will be tested. The approach can be culturally tailored for appropriateness in different countries, as well as sensitivity to gender-based issues. Community level approaches to prevention need to (a) tip the scale to establish as the community norm reductions in behaviors and attitudes (e.g., stigma, fears of getting tested for HIV) which lead to HIV transmission as well as increases in behaviors that help people maintain health (e.g., getting tested for and discussions about HIV); (b) support early adopters of behavior change so that others are encouraged to follow their lead; (c) ensure that individuals have the information and skills they need to initiate and maintain risk reduction; and (d) establish support systems to promote effective coping for those diagnosed with HIV.

**Significance:** This is the first randomized controlled Phase III trial to determine the efficacy of a behavioral/social science intervention with an HIV incidence endpoint in the developing world. Achieving important and meaningful reductions in HIV-1 incidence in countries hit hard by the HIV/AIDS epidemic requires evidence-based approaches to prevention that mobilize communities.

**Project Recruitment Dates:** 2004 – 2007

**Project End Date:** Approximately 2008

## A Pilot Project of IDU in Tehran, Iran

**Project Staff:** PI Nooshin Razani; Co-Investigators/Research Assistants: Mohsen Malekinejad (UC Berkeley), Parastoo Khairandish (Iran), Hamid Reza Shaeri (Iran); Mentors: Minoo Mohraz (Iran), Hossein Malekafzali (Iran), Willi McFarland, George Rutherford

**Project Description:** This pilot study has two goals. The first is to serve as a feasibility study and formative research for a future population based HIV prevalence survey among injection drug users (IDUs) in Iran. The second goal is to understand HIV risk behaviors in this group. Key informant interviews, focus groups, and a review of existing data were conducted in Tehran, Iran. Key informants were physicians, policy makers, police, advocates, family of IDU, male and female, current and ex-IDU. Focus group participants were current and ex-IDU recruited from substance use clinics and via peer referral through a residential camp for youth, needle exchange/methadone programs and an NGO for HIV+ persons. IDU (some current, some on methadone therapy, some members of Narcotics Anonymous) were trained as focus group moderators, and researchers were not present in the focus groups. Several focus groups were held in homes, given the stigma associated with this topic.

**Significance:** Iran faces parallel increases in HIV infection and injection drug use, with >60% of HIV cases occurring among IDU. As such, Iran is poised for a rapidly growing HIV/AIDS epidemic. Given the difficulties in reaching out to this group, to date, there has been no population-based estimate of HIV prevalence among this group. We are working with Tehran University to initiate a population based survey, of which respondent driven sampling seems most promising. It is of note that, recent policies in Iran have shifted to harm reduction. The impact of these policies on and details of risk behavior in this group are unknown.

**Interesting Findings:** Forty interviews and ten focus groups were conducted; 23 interviews were with IDU or their families. Participants were diverse in gender, education, income, and geography. A consistent theme was increased access to needle exchanges and methadone. Interviewees mentioned decreases in needle sharing due to increasing awareness of HIV and availability of needles. However, needle and spoon sharing persists in jails, at parties and in lower SES. Injection is increasing as switching from smoked opium, a tradition in Iran, to injected heroin is attributed to incarceration, high expense of opium in the short term and visibility of smoke. New injection drugs include buprenorphine derivatives and a more potent heroin. Sexual risks center on exchange of sex for drugs in and out of jails. Amphetamine and MDMA (ecstasy) use are also rising and contributing to sexual risk.

This study helped set the stage for a community based prevalence study of HIV in this group in the future. We have also described the experience of harm reduction in Iran—while the efforts to date have been commendable, we were able to pinpoint areas for future intervention. Addressing sexual risk surrounding IDU, particularly in jails, presents an enormous challenge.

## Survey of Heterosexual Anal Intercourse Practices in South Africa

**Project Staff:** Tim Lane

**Project Description:** This qualitative study will examine individuals' sexual choices, HIV risk perception, and risk reduction practices in the context of heterosexual anal intercourse (HAI). We will conduct in-depth interviews with a sample of 15 men and 15 women who have discussed their practice of HAI in the context of clinical care or ongoing behavioral research. These interviews will be structured on the three domains of cultural knowledge that are relevant to this choice: sexual history, contraception, and HIV risk reduction. This study will take place in three communities in greater Johannesburg, South Africa, among HIV+ individuals and individuals at high-risk for HIV infection. This project is a collaboration with the Reproductive Health and HIV Research Unit of the University of the Witwatersrand, Johannesburg.

This project will assess the feasibility of recruiting a purposive sample of men and women to discuss HAI; assess the feasibility of using in-depth interviews to collect meaningful data on HAI; and develop hypotheses about individuals choices of HAI that can be tested in future behavioral research.

**Significance:** The role of HAI in sub-Saharan Africa's HIV epidemic has been almost entirely ignored. The only population-based assessment, from a nationally representative household survey of South African youth aged 15-24, found that at least 5% of heterosexually active youth practiced both anal and vaginal intercourse. Young men were twice as likely to be HIV-infected if they reported anal and vaginal intercourse; and the youngest men, ages 15-19, were more than four times more likely to be HIV infected if they reported anal and vaginal intercourse. Frank discussions of sexuality are discouraged in many African cultures, and frank discussions of HAI may be the most discouraged of all. As a result, there are no HIV prevention messages that discuss the risks of unprotected anal intercourse. In the absence of this information, people may be concluding that anal intercourse is a safer alternative to vaginal intercourse, and may therefore be disinclined to use condoms. The data from South Africa point to an urgent need to examine individuals' sexual choices, HIV risk perception, and risk reduction practices around HAI, but there is very little data to suggest the best way to capture information on this taboo topic.

**Project Recruitment Dates:** April -July 2006

**Project End Date:** August 31, 2006

## Assessing Community Involvement in HIV Prevention Research: Process, Results and Application of Findings

**Project Staff:** Simon Morfit, Steve Morin (CAPS); Jeff Stanton, Stella Kirkendale (Family Health International)

**Project Description:** We designed a new instrument to measure community involvement in the HIV Prevention Trials Network (HPTN), a worldwide collaborative of clinical trials and research sites. Using a collaborative process involving Community Advisory Board (CAB) members, community educators and research staff, we created a thirty-one item questionnaire that divided community participation into six domains: CAB function, CAB process, Research Team Involvement, Research Design and Process, Ethical Issues and Outcomes. Research staff and CAB members at 22 international HPTN sites completed the survey.

**Significance:** While community involvement in HIV prevention research has become increasingly common, evaluation of such partnership approaches is limited. Monitoring and evaluation are essential for strengthening community involvement in research and identifying challenges to collaboration. These assessments can identify action steps so that research is responsive to community needs and the full potential of researcher-community partnership is achieved.

**Interesting Findings:** Respondents (N=315) rated sites comparatively well on ethical issues, such as ensuring community understanding of the risks and benefits of research involvement, (mean score 87%). Sites performed lowest on communicating findings and research results to communities (mean score 77%). Site level discussions identified the causes of the observed scores, ways to maintain high performing areas, and means to improve low performing areas. Research staff and trial managers used the survey data to identify technical assistance needs to enhance community partnership. Common themes raised by the survey included the diversity of community representation, quality of communication between researchers and host communities and adequate community involvement in the development of new studies.

## Measuring and Understanding HIV Treatment Expectancies

**Project Staff:** Mallory Johnson, PI; Tor Neilands, Co-PI

**Project Description:** Guided by theory, we propose to develop an innovative measure of HIV treatment expectancies. We will follow rigorous scale construction procedures and will rely on previous research and measurement of HIV expectancies and the proposed qualitative research in the development of potential content, and comprehensive statistical analytic expertise in the finalization of the measure. This measure will target multiple dimensions of expectancies, including treatment efficacy, adherence self-efficacy (confidence in one's ability to take medications as prescribed), side effects, and reductions in transmissibility resulting from treatment. This measure can then be used in larger studies to reliably explore the role expectancies in adherence, clinical outcome, and treatment optimism (beliefs that treatment advances have negated the need to practice safe sex).

**Significance:** In a wide range of illness contexts, expectancies about treatment outcome play an important role in patients' health behaviors such as accessing care and adhering to treatments. In the context of HIV treatment, we know from cross-sectional findings that expectancies about benefits of treatment and confidence in one's ability to adhere to antiretroviral medications (ARV) are associated with adherence, which is related to clinical outcome. There is also strong concern that beliefs that treatment may make it harder to spread HIV may lead HIV+ persons to engage in risky sex with HIV negative or partners whose HIV status is unknown. To study these factors, we must first be able to reliably and accurately measure treatment expectancies. Measures used in prior research were either focused on disease progression (without regard for treatment expectancies) or were not developed using standard scale development protocols.

# Process Analysis of Rapid Testing (PART) Study

**Project Staff:** Nicolas Sheon, PI, Shelley Facente, Project Director

**Project Description:** The Process Analysis of Rapid Testing (PART) study is using qualitative process analysis methods to describe the strategies counseling and testing (C&T) counselors use in their rapid HIV test counseling session and identify obstacles counselors face in providing effective risk reduction counseling. A major obstacle to counseling we identified in our research is the standardized client risk assessment form that must be completed for each client. Counselors spend one quarter to half the session completing this form, using valuable time that could be better spent providing client-centered risk-reduction counseling.

We recently piloted a new way to collect this data in order to facilitate counseling. Through a collaboration with test sites and health departments in San Francisco and Berkeley, we developed a client self-administered survey using handheld, touch-screen computers to collect the client-level data prior to the test session. Data are transmitted directly into local and state databases without the need for manual data entry by the DPH. Most importantly, counselors and clients are free to have a deeper discussion about the client's current and future concerns instead of interrogating the client about past risk behavior for the form. Without the form structuring the session, counselors will need additional training and supervision to determine the most effective ways to use the 20 minutes with clients.

We will work with the State Office of AIDS on a guide to help test sites implement the computerized method for collecting client data. We are currently seeking additional funds to develop software that would enhance supervision and training and facilitate process analysis at the test sites. The software would be based on Transana, a free and open source software program for segmenting and transcribing video and audio data. We are working with the Transana developer to enable it to create time charts as you segment and code audio files. We will collaborate with two test sites to develop protocols for training and supervision using software and evaluate the effects of the software on counselor practice using counselor focus groups and time charts. The ability to create time charts easily with Transana will also provide powerful new research tools to evaluate the effectiveness of new HIV prevention interventions and better understand current services such as HIV test counseling or prevention for positives.

**Significance:** Rapid HIV testing is currently being implemented nationwide as part of an initiative to bring services directly to high-risk populations. The OraQuick® rapid test represents a revolution in the practice of C&T because it compresses the standard pre- and post-test sessions, normally separated by a week, into a single session, thus ensuring that clients receive their test results. While eliminating the stress of a week-long wait for the client, rapid testing presents new challenges for test counselors. For example, counselors learn their clients' results immediately before disclosing it to the client and no longer have time to prepare to deliver the news. Counselors also find it challenging to develop enough rapport with frequent testers to engage them in risk-reduction counseling during the 20 minutes between collecting the sample and disclosing the result.

## The Balance Project: A Randomized Clinical Trial of an HIV Treatment Side Effects Coping Intervention

*Para la versión en español de este abstract vaya a la página 85*

**Project Staff:** Mallory Johnson, PI; Susan Folkman, Judy Moskowitz, Tor Neilands, Co-Investigators; Joey Taylor, Project Director; Samantha Dilworth, Data Manager; Kristi Gamarel, Project Assistant/Interviewer; Greg Austin, Adina Morguelan, Shay Skye, Interviewers; David Olem, Clinical Supervisor.

**Project Description:** The Balance Project is a randomized clinical trial that tests a counseling intervention to help HIV+ men and women achieve an active role in their health care. In particular, the intervention is designed to help individuals

- cope with the challenges of taking medications,
- deal with side effects and
- maintain an active collaboration with their health care providers.

The intervention consists of 5 individualized counseling sessions. We will enroll approximately 300 HIV+ adults taking antiretroviral medications, and will evaluate the impact of the intervention on quality of life and medication adherence. Participants are assessed at baseline and at 6-, 12-, and 18-month follow-up periods. Psychosocial and behavioral variables are assessed via computerized (ACASI/CAPI) interviews at the CAPS project offices.

**Significance:** While the life-extending benefits of highly active antiretroviral therapies (HAART) are well-documented, aversive side effects accompany drug benefit. Side effects are predictable, undesirable, dose-related pharmacologic effects that occur within therapeutic dose ranges. The most common side effects from HAART are gastro-intestinal problems such as diarrhea, nausea and vomiting and dermatological problems such as rashes. Additional “unseen” negative effects that become apparent over time include cardiac and liver problems, and increased triglyceride levels. Side effects are often cited when evaluating the impact of HAART on the HIV treatment arena. While researchers are actively attempting to develop new medications that have fewer side effects, the goal of a side effect-free, clinically effective regimen is far from realized. As such, HIV+ persons will have to face the realities of side effects in the foreseeable future.

**Project Recruitment Dates:** Enrollment began in February 2005 and is ongoing.

**Project End Date:** February 2009

## The Focus Project

**Project Staff:** Mallory Johnson (PI), Eunice Stephens (Project Manager), and Noah Carraher.  
Other investigators: Judy Moskowitz and Rick Hecht.

**Project Description:** The Focus Project, funded by the National Center for Complementary and Alternative Medicine at the NIH, is a randomized controlled trial to test the efficacy of a Mindfulness-Based Stress Reduction (MBSR) intervention to remediate HIV treatment challenges. The MBSR course consists of a standardized series of 8 weekly sessions of 2.5 to 3 hours. There are daily home assignments of formal and informal practice. Participants take part in a series of research interviews to evaluate the impact of the intervention.

MBSR is a program that provides systematic training in mindfulness meditation as a self-regulation approach to reduction of stress and medical and psychological symptoms. MBSR draws on centuries old meditation practices, particularly Buddhist Vipassana and Zen practices, but adapts these practices to a Western audience. It aims to teach participants to respond to stressful situation “mindfully”- a state in which one focuses on the present moment, accepting and acknowledging it without getting caught up in thoughts that are about the situation or emotional reactions--to enable people to respond to the situation making conscious choices instead of automatic responses.

The study will be conducted at CAPS and the Osher Center for Integrative Medicine.

**Significance:** Challenges associated with antiretroviral therapy for HIV, such as treatment side effects, impact quality of life and adherence to care, and they influence decisions about health care. Decreases in medical and psychological symptoms have been observed following MBSR in a wide range of illness contexts, but the approach has not been applied to HIV. Addressing HIV treatment side effects through MBSR is a logical yet untested next step in complementary and alternative medicine research.

**Project Recruitment Dates:** Recruitment will begin in April 2006.

**Project End Date:** October 2008

## Provider Recommendations for Intervention Development

**Project Staff:** Mallory Johnson (PI), Adina Morguelan (PA)

**Project Description:** This pilot study will gather data to aid in preparing a submission of an R01 intervention proposal to develop and test an expectancy-based program for HIV+ adults who are planning to initiate antiretroviral therapy.

We will conduct individual interviews with 10 HIV medical providers (physicians, Nurse Practitioners, and Physician Assistants) who treat a large number of HIV+ clients in their practice will include providers who work in HIV specialty clinics (such as Ward 86 at SFGH and EBAC in Berkeley), and providers who are in private practice settings that have many HIV+ patients in their caseloads. Additionally, we will conduct three focus groups with (1) case managers/treatment advocates, (2) nurses, and (3) pharmacists who work in the above settings. The objective of these activities is to solicit recommendations from providers for intervention content, format, and timing so that the resulting intervention program is most responsive to the needs of patients and the providers who treat them.

**Significance:** There is compelling evidence from cross-sectional research with HIV-positive adults on antiretroviral therapy that beliefs about treatment and self-efficacy for adherence are related to adherence and clinical outcome. It is unknown whether the beliefs held once treatment has begun are the same as the expectancies the patient held before starting medications.

**Project Recruitment Dates:** Recruitment began in January 2006.

**Project End Date:** August 2006

## Providing Prevention: An Intervention for HIV Medical Providers

*Para la versión en español de este abstract vaya a la página 84*

**Project Staff:** Carol Dawson Rose, PI; Grant Colfax, Co-PI; Kelly Knight and Cynthia Gomez, Co-Investigators; Charles Pearson, Project Director; Pat Borch, Field Coordinator

**Project Description:** This project features an intervention delivered to HIV medical providers with the goal of training HIV primary care providers to conduct HIV transmission risk assessments in the clinical setting with their HIV+ clients. Providers from 3 clinics were randomly assigned to one of two groups. Behavioral outcome data was collected from their clinic patients to assess the impact of the provider-initiated prevention discussion. The three clinical sites are located in the greater San Francisco Bay Area, including San Mateo and Sacramento. The sample includes 44 HIV primary care providers and 450 clinic patients.

**Significance:** Prevention falls within the domain of medical care, yet few medical providers are adequately trained to deliver health promotion and prevention content within the medical care encounter. Additionally, in order to decrease the number of new HIV infections, prevention interventions with HIV+ individuals are needed. We believe that linking these two components may show an effect on the rate of new HIV infections. Moreover, HIV+ individuals who have participated in our past research want to talk to their HIV care providers about preventing the transmission of HIV to others. Our hope is that this intervention will be successful in building the skill of the provider in this area and further that this collaboration between the patient and their provider will help decrease the number of HIV exposures.

**Interesting Findings:** Preliminary baseline data from 2005:

*Patient Participants* (N=283) Median age: 43 (range 22-67); Race: African-American 37% (106), Latino 18% (50), White 36% (103), API 1% (3), mixed/other 6% (18), Sex: male 70% (197), female 26% (74), transgender 4% (12); Education: 27% have less than a high school degree.

*Sexual Identity:* Male: Gay 55% (109), straight 26% (52), bisexual 14% (28) other 4% (8); Female: Straight 78% (58), bisexual 16% (12), gay 4% (3), other 1% (1); Transgender (MTF): Straight 41% (5), gay 33% (4), bisexual 0% (0) other 25% (3).

*Baseline Sexual risk behavior:* Unprotected Anal or Vaginal Sex (past 6 months)

Men: 55% (109) reported unprotected anal or vaginal sex with either male or female partners; 44% (86) reported unprotected anal sex with male partners; 13% (26) reported unprotected anal/vaginal with female partners. Women: 56% (41) reported any unprotected anal/vaginal with male partners.

*Injection Drug Use Risk:* 33% (93) reported injection drug use in the past; 28% (79) reported injection related risk with serodiscordant partner.

*Relationship with Provider:* 50% of patient participants had six visits with provider in last year. Time spent with provider during last visit 32% greater than 30 minutes. During last visit, 60% reported provider asked if they were sexually active.

**Project End Date:** October 2006

## The Role of Positive Affect in Adjustment to HIV: The CHAI Study

**Project Staff:** Judith Moskowitz, Susan Folkman, Rick Hecht, Judith Wrubel, Mallory Johnson, Leslie Wilson, Michael Acree, Silver Sisneros (Alameda County Medical Center); Jeff Burack (East Bay AIDS Center at Alta Bates); Stephanie Maurer, Jen Hult

**Project Description:** A growing body of literature indicates that positive affect may have a unique adaptive role in the process of adjustment to chronic stress, independent of the effects of negative affects like depression. The overarching goal of this research is to provide evidence and direction for the development of interventions for people with HIV that include a focus on positive affect. To this end, this study will document the occurrence, predictors, and consequences of positive affect during the 18 months post-notification of HIV+ serostatus. This is a longitudinal cohort study in which 300 participants will be interviewed 7 times over the course of 18 months after notification of HIV+ serostatus. Data will consist of quantitative questionnaires, qualitative interviews (audiotaped), and CD4 and viral load measures.

The specific aims of the study are to:

- 1) Document the co-occurrence of positive and negative affect in response to notification of HIV+ serostatus (and the cascade of associated stressors) over the course of 18 months in a sample of 250 men and women;
- 2) Explore the potential adaptational significance of positive affect by examining its unique concurrent and prospective associations with adherence, HIV risk behaviors, healthcare utilization, health behaviors, role functioning, quality of life, and symptoms of clinical depression; and
- 3) Identify coping processes (e.g., problem focused coping, positive reappraisal, meaningful events) and coping resources (e.g., social support, self esteem, optimism) that are uniquely associated with increases in positive affect over time.

In addition, we have two secondary aims:

- 1) To explore the association of positive affect with progression of HIV as evidenced by CD4, viral load, and symptoms; and
- 2) To explore the association of positive affect with cost of HIV treatment based on healthcare utilization and medication costs.

**Interesting Findings:** We have currently recruited 94 participants and will be recruiting for two more years.

**Project End Date:** November 2008

## The SET Project : Structural Ecosystems Therapy for HIV+ Men Re-Integrating into Families and Communities

**Project Staff:** Olga Grinstead, (Principal Investigator), Kathleen McCartney, Claudine Offer, Allison Futeral, Jackie Ramos – CAPS. Barry Zack, (Co-Principal Investigator), Katie Kramer, Annette Lerma, Kelly Dalzell, David Caplan – Centerforce. Dan Feaster, Carleen Robinson-Bautista, José Szapocznik – University of Miami.

**Project Description:** Structural Ecosystems Therapy (SET) is an intervention designed to mobilize participants' families and other ecosystem members (e.g. service providers) to support and motivate behavior change. In this intervention, participants and their ecosystem members meet with the intervention staff in sessions designed to restructure interactions and communication patterns among ecosystem members. SET has been adapted to a variety of populations and target behaviors. In this study, the SET intervention has been adapted with the goal of reducing HIV transmission risk behavior and increasing medical adherence among HIV+ men being released from prison.

In this study we will recruit a total of 186 men from San Quentin State Prison and the California Medical Facility prison (CMF). Participants will be randomly assigned to receive either SET or an individually focused comparison intervention. Each intervention is four months in length. All participants will be assessed before treatment and at 4, 8 and 12 months after their release from prison.

This is a collaborative project involving CAPS, Centerforce (a community-based agency providing advocacy and services for incarcerated persons and their families), and the University of Miami, Center for Family Studies who developed the SET intervention and have been testing it with various populations.

**Significance:** HIV+ persons have an important role in preventing new HIV infections. The ever-increasing rates of incarceration in the US, and the disproportionate rate of HIV infection among incarcerated persons makes risk reduction among HIV+ men leaving prison an urgent public health priority. Interactions with family and other support systems are critical to reducing HIV transmission risk and improving HIV related medical adherence among HIV+ persons.

**Project Recruitment Dates:** Recruitment is being conducted at San Quentin State Prison and the California Medical Facility Prison in Vacaville, CA.

**Project End Date:** December 2007

## Study of the Consequences of the Protease Inhibitor Era (SCOPE)

**Project Staff:** Jeffrey N. Martin and Steven G. Deeks, Melissa Krone and Josh Partlow

**Project Description:** The Study of the Consequences of the Protease Inhibitor Era (SCOPE) is a prospective cohort study dedicated to evaluating the long-term consequences of highly active antiretroviral therapy among HIV+ persons. Eligible participants must have a baseline CD4+ T-cell count > 50 cells/mm<sup>3</sup> and a nadir CD4+ T-cell count < 500 cells/mm<sup>3</sup>. Treatment history must meet one of the following categories: (1) untreated (target n=100): no antiretroviral therapy for the preceding 24 weeks; (2) virologic responders (target n=100): stable combination therapy with a plasma HIV RNA < 50 copies/ml during the preceding 24 weeks and (3) virologic non-responders (target n=200): stable combination therapy with a plasma HIV RNA > 500 copies/ml during the preceding 24 weeks. Participants are seen every four months, where a detailed questionnaire is administered regarding antiretroviral use and adherence as well as transmission risk behavior. Plasma, serum, peripheral blood mononuclear cells, and saliva are obtained at each study visit.

**Significance:** The relationship between viral replication, CD4 T cell depletion and disease progression has been well described among untreated HIV-infected adults. However, the relationship between these factors has not been adequately described in the era of highly active therapy, especially in patients who fail to maintain durable suppression of viral replication. We have therefore established a prospective cohort study with two primary objectives: (1) to observe the long-term outcome of patients failing to achieve complete viral suppression with combination therapy and (2) to develop a repository of clinical, epidemiologic, and behavioral data as well as biologic specimens aimed at supporting investigation of the factors associated with virologic, immunologic and clinical progression among treated patients.

**Interesting Findings:** Among 279 participants on antiretroviral therapy, 168 (60%) had genotypic resistance to at least 1 drug. In those with drug resistance, 27% of men who have sex with men (MSM) and 11% of heterosexual men and women reported at least 1 episode of unprotected penile-anal or penile-vaginal intercourse in the previous 4 months; 17% of MSM and 6% of heterosexual participants reported unprotected intercourse with an HIV-uninfected or status unknown partner. In a multivariable model of predictors of unprotected anal or vaginal intercourse with an HIV-uninfected or status unknown partner, there was strong evidence for an effect of younger age, depression, and sildenafil use and moderate evidence for frequent alcohol use. (Chin-Hong PV, Deeks SG, Liegler T, Hagos E, Krone MR, Grant RM, Martin JN. High-risk sexual behavior in adults with genotypically proven antiretroviral-resistant HIV infection. *J Acquir Immune Defic Syndr.* 2005 Dec 1;40(4):463-71.)

## Addressing the Intersection of HIV/AIDS and Violence: Perspectives and Experiences of Service Providers

**Project Staff:** Anthony DiStefano

**Project Description:** This is a 1-year pilot study that will describe how health and social service providers are addressing the overlap in risk between HIV/AIDS and several specific forms of violence (e.g., intimate partner violence, child sexual abuse, suicidal ideation/self-harm, bias-motivated violence) in the client/patient populations they serve. The study will use in-depth, qualitative, semi-structured interviews to acquire data on the perceptions and professional experiences of 20 HIV/AIDS-related service providers and 20 violence-related service providers (N=40) in the San Francisco Bay Area. The specific aims of this pilot study are:

1. To describe institutional policies and actual practices currently in use to address the intersecting epidemics of HIV/AIDS and violence in a) HIV/AIDS prevention and case management services; and b) violence prevention and case management services.
2. To assess the current needs of providers to effectively serve their client/patient populations with regard to the crossover risk between HIV/AIDS and violence.
3. To indicate areas of overlap in the two epidemics, a) which have been identified by researchers, but are not being addressed in the provision of services; and b) which have been identified by service providers, but are not being examined by researchers.
4. To determine the feasibility of conducting a subsequent, nationwide study using a cross-sectional survey design and multi-site participant observation, and of testing an intervention designed to effectively address this intersection of the two epidemics.

**Significance:** Experiencing specific forms of abuse, such as intimate partner violence (IPV) and child sexual abuse, can increase a person's risk for HIV. Likewise, being HIV+ can increase a person's risk for experiencing IPV, suicidality/self-harm, and bias-motivated violence. Efforts made to avoid HIV infection (e.g., requesting condom use) also have shown an association with experiencing IPV. However, actual practices by health and social service providers to address this overlap in the epidemics are poorly understood, as are the institutional policies regarding such practices in agencies and/or clinics where they are employed. This study has the potential to contribute significantly to the ongoing feedback mechanism between research and practice, particularly in terms of how each side of this important partnership can collaborate more effectively with the other to make a difference in areas of overlap between the two epidemics.

**Project Recruitment Dates:** March 2006 – August 2006

**Project End Date:** January 2007

## HIV/AIDS Conspiracy Theories: Gender, Power and Prevention

**Project Staff:** Sonja Mackenzie, Co-Investigator, Project Director; Cynthia Gómez, Principal Investigator, Jeffrey Moore, Interviewer, Debra Allen, Recruitment Coordinator

**Project Description:** This qualitative pilot study aims to examine the ways that HIV/AIDS conspiracy theories might present barriers to HIV prevention efforts with African Americans, and to explore differences in these theories by gender that have been raised in prior research. The study investigates, through in-depth qualitative interviews the types, meaning and implications of HIV/AIDS conspiracy theories among 20 HIV- and 10 HIV+ African American men and women in the Bay Area. Additionally, we plan to conduct in-depth interviews with a diverse sample of 10 HIV prevention providers working with African Americans in the Bay Area in order to investigate provider perspectives on the impact of conspiracy theories on the delivery of HIV prevention programs, as well as these providers' own conspiracy beliefs, which may affect the delivery of prevention services.

**Significance:** HIV/AIDS conspiracy theories range from theories involving government involvement in the creation of the virus, to beliefs that testing and medications themselves can be used as instruments to wipe out “undesirable” populations. The research on HIV/AIDS conspiracy theories conducted to date has consistently found that approximately one quarter of African Americans of all socioeconomic backgrounds agree with statements such as “HIV/AIDS is a man-made virus that the federal government made to kill and wipe out black people,” and has concluded that conspiracy beliefs present significant challenges to HIV. HIV/AIDS conspiracy theories have been hypothesized as barriers to HIV testing among African Americans; as barriers to health education and health care; as barriers to needle exchange; and as barriers to participation in research. The most recent research on this topic corroborates prior findings of stronger conspiracy beliefs among men, and presents a need to examine the specific relationship between gender and conspiracy beliefs in order to better understand the specific impact of these theories on HIV prevention.

**Interesting Findings:** We held a community meeting with a group of prevention providers prior to conducting individual interviews. This meeting presented information about this research project and generated engaged dialogue among prevention providers about the effects of HIV/AIDS conspiracy beliefs, as well as feedback on the interview instrument during its development. The community meeting exemplifies the instrumental role of research-community collaboration in research on sensitive topics such as beliefs about the origins of HIV/AIDS.

We have interviewed 17 HIV- men and women so far. Data indicate that participants are willing to discuss their theories about the origins of HIV/AIDS. Data analysis will attend to the political economies of HIV/AIDS raised in these interviews and to themes of gender and power--and their connection to individual and collective vulnerability to HIV/AIDS among African Americans.

**Project Recruitment Dates:** December 2005 – May 2006

**Project End Date:** August 2006

## IRBs and Ethical Issues in Psychiatric Research

**Project Staff:** Joe Catania

**Project Description:** The proposed study will

- (a) conduct an initial "screener" survey of 500 Institutional Review Boards (IRBs) with Federal Assurances, and screen these on gender and ethnicity of their IRB Chairs and on their total review volume and
- (b) present case scenarios to and interview a subsample of 175 IRB Chairs composed of an oversample of IRB Chairs of color and female chairs.

We will study how IRB Chairs would respond to scenarios that depict controversial issues in research ethics, such as drug withdrawal studies and research on persons with questionable decision-making capacity. Based on qualitative in depth and semi structured interviews, this work will

- (a) characterize the human participant concerns that IRB Chairs consider significant in these scenarios,
- (b) characterize the suggestions IRB Chairs make to address these human participant concerns,
- (c) characterize how IRB Chairs would communicate their concerns and protocol modifications to investigators who are skeptical of IRB review and
- (d) produce updated statistics on IRB work volume and IRB Chair demographics based on our screener survey.

**Significance:** Some research that promises important knowledge about mental health and psychiatric illness also raises difficult human participants concerns. This project is significant because IRB Chairs may identify human participants concerns that need further discussion, suggest best practices that other IRBs might adopt, provide feedback on strategies suggested in the literature, and suggest how to overcome the skepticism of researchers regarding IRB review.

**Project End Date:** 2006

## The Relationship Between Cash Entitlements, Housing Stability and HIV Risk Among Injection Drug Users in the Context of “Care Not Cash”

**Project Staff:** Carol Dawson Rose and Kelly Knight, Co PI; Martine Lappe and Robert Thawley, interviewers

**Project Description:** The goal of this project is to explore and characterize the impact of the loss of welfare entitlement and access to stable housing on HIV risk among a community recruited sample of HIV- injection drug users (IDU). There is much speculation about the relationship between the structural factors of housing and welfare entitlements and behavioral decision-making about HIV risk and prevention. This is particularly true among HIV- injection drugs users, whose HIV risk behavior is driven by participation in risk environments (shooting galleries, drug/sex economies) that are highly linked to poverty and housing instability. Currently, the City of San Francisco is conducting an unevaluated natural experiment, through the “Care Not Cash” policies, which provides an excellent opportunity to study the complex relationships of cash subsidy, housing access, and HIV risk in real time among a community at high risk for HIV infection. As part of this effort we will conduct 20 in-depth interviews with individuals recruited through Mission Neighborhood Resource Center.

**Significance:** We are trying to talk to individuals about their experience of a new San Francisco policy as it is implemented. Our hope is that the results of this work will have local policy and broader scientific implications.

**Project End Date:** August 2006

## Faith-based HIV Prevention for Young African American MSM

**Project Staff:** Susan Kegeles (Academic PI); Minister Haqumai Sharpe (Community PI); Greg Rebchook (Co-PI); Michael Foster (Project Director); David Huebner (Co-investigator); Emily Arnold (Co-investigator)

**Project Description:** The Unity Fellowship Church Movement (UFCM) and CAPS are collaborating to develop an innovative HIV prevention approach, positioned within a faith-based organization. It will mobilize Young Black men who have sex with men (YBMSM) ages 18-29 to reach into the Black community to encourage their peers to have safer sex, obtain HIV testing when needed and, for their HIV+ peers, to access appropriate medical treatment, if necessary. This project will build on our previous UARP-funded work focusing on developing a community-level prevention model for use in Black AIDS service organizations. We will assess the capacity, interest and attitudes of certain Black churches towards HIV prevention by conducting semi-structured telephone interviews with representatives of select Black churches in California. Additionally, we plan to conduct a series of focus groups with YBMSM, including some groups with YBMSM who do not attend church to discuss their attitudes towards churches running HIV prevention programs and their beliefs about barriers and facilitators to the success of such interventions. Finally, UFCM, CAPS, community experts and consultants will collaborate to develop an HIV prevention intervention for Black faith-based organizations.

**Significance:** YBMSM are at extremely high risk for HIV both in California and throughout the US. Our previous research indicated that religion and spirituality are very important in the lives of YBMSM—most were raised in the church and many remain connected to it—yet few HIV prevention interventions have incorporated faith-based approaches into their prevention strategies.

**Project Recruitment Dates:** We expect to begin data collection in Spring 2006

**Project End Date:** Fall/Winter 2007

## Primary Prevention

### Female Condom Intervention Trials (FEMIT)

**Project Staff:** Kyung-Hee Choi, Principal Investigator, Olga Grinstead, Co-Investigator, Cynthia Gomez, Co-Investigator, Colleen Hoff, Co-Investigator, Steven Gregorich, Co-Investigator, Wendy Hussey, Project Manager

**Project Description:** The FEMIT study developed and evaluated a theoretically- and empirically-based intervention to increase use of the female condom among ethnically diverse women who are between the ages of 18 to 39 and who engage in multiple sexual partnerships. The aims are:

- To develop an intervention promoting the female condom and evaluate the efficacy of the intervention in increasing use of the female condom by comparison with a control condition of the same duration.
- To assess the impact of the intervention on female condom self-efficacy, sexual communication, gender role expectations, sexual comfort, initial female condom use experiences, attitudes toward the female condom, partner attitudes toward the female condom, partner objections to female condom use, and social support for the adoption of female condom use.
- To examine the mechanisms of change by which the intervention affects the study outcomes.

The intervention was evaluated in a randomized clinical trial design. Study participants were randomly assigned to one of two conditions: female condom skills training and women's general health promotion. Both conditions consist of four sessions. Subject recruitment took place in six Planned Parenthood clinics of the San Francisco Bay Area. Eligible subjects were interviewed at baseline, 3 months, and 6 months using a standard survey questionnaire. Attitudinal, psychosexual, and behavioral data were collected to evaluate the intervention.

**Interesting Findings:** Our qualitative study of 62 women attending a family planning clinic explored various communication styles they used to introduce and negotiate female condom use in their sexual relationships. We further examined how different introduction and negotiation styles were related to actual use of the device. The device was introduced using a direct, semidirect, indirect, or nonverbal communication approach. Use of the female condom was negotiated by avoiding sex, using humor, discussing the possibility of using the condom, or being argumentative with partners. The outcome of introducing and negotiating female condom use was often mediated by other factors including partner characteristics, relationship power dynamics, situational context, and use of additional discourse strategies (e.g., describing the female condom as a sexual toy or taking the opportunity to educate partners about the female condom). Less direct approaches appeared to be as effective in facilitating use of the female condom as more direct approaches. Female condom introduction and negotiation styles that continued to engage their partners by using additional discourse strategies led to more frequent use of the device. (Choi KH, Wojcicki J, Valencia-Garcia D. Introducing and negotiating the use of female condoms in sexual relationships: qualitative interviews with women attending a family planning clinic. *AIDS Behav.* 2004 Sep;8(3):251-61)

**Project End Date:** 2005

## HOLLA: Developing an HIV/Hepatitis C/STD Prevention Intervention for Men Recently Released from Prison

*Para la versión en español de este abstract vaya a la página 80*

**Project Staff:** Janet Myers, Barry Zack, Craig Hutchinson, Gonzalo Rucobo, Olga Grinstead

**Project Description:** In Project *HOLLA*, we are exploring the context of HIV risk behavior among men leaving prison and aim to design an intervention based on men's input and experiences so that it can address the unique HIV prevention needs of recently released men. In the formative phase of this multi-phase study, we recruited 28 men released in the prior week from diverse corrections settings across California and conducted in-depth interviews. Twenty five men were interviewed again, two weeks later. All but one man interviewed was African American and preliminary results are presented below. In the next phase of the project, we will use the information gained through the formative interviews as a guide to choosing, tailoring, implementing and evaluating an intervention to increase HIV testing and decrease risk behavior. We plan to examine short-term trends in HIV testing and HIV risk behavior outside of prison and associations between testing, risk and exposure to the intervention among men in the study. In addition to the quantitative survey, we will conduct qualitative interviews to explore facilitators and barriers to intervention effectiveness.

**Significance:** HIV prevention services for men who have been incarcerated are important because these men are at increased risk for acquiring HIV and for transmitting it to their sex and needle sharing partners. In Project *HOLLA*, we are exploring the context of HIV risk behavior inside prison in order to understand men's HIV prevention needs both inside and outside. Understanding how incarceration shapes risky behavior is important, but complex. Behavior on the inside clearly has consequences for behavior on the outside and should be considered when designing and delivering HIV prevention services.

**Interesting Findings:** Men participating in the formative interviews remarked that the prevalence of both consensual and nonconsensual sex inside prison was sensationalized in popular culture. All of the men we interviewed were concerned about HIV and most had taken steps to avoid infection inside. Men described an array of strategies for coping with threats to health while inside prison from seeking "protection" in gangs to self-imposed "lockdown" in their own cells. Very few described sexual contact with other men inside prison but all were able to relate stories of the extent and social dynamics of prison sex and drug use. With an exception for some men who were out as "gay," there was little tolerance for sex among men and when it did occur, it was considered a shameful act. More than one man remarked that they would have to "kill" in retribution for experiencing a sexual assault. Men said that while the subject seldom came up, they would be willing to discuss incarceration experiences with sex partners, family or friends.

**Project End Date:** December 2007

## HOME Project (Health Options Mean Empowerment)

*Para la versión en español de este abstract vaya a la página 86*

**Project Staff:** Olga Grinstead (PI), Megan Comfort (Project Director), Kathleen McCartney, Tor Neilands, Kelly Knight, Angela Allen, Barbara Garcia, Christine Soriano (CAPS). Philippe Bourgois (Department of Anthropology, History, and Social Medicine, UCSF). Jolene Forman, Katie Kramer, Tara Regan, Barry Zack (Centerforce).

**Project Description:** The purpose of the HOME project is to design and test an intervention to reduce HIV risk among women whose male partner is being released from San Quentin State Prison. This study is funded by the National Institute of Nursing Research (NINR). The 12-month HOME intervention ran from February 2005 through January 2006. Weekly activities addressing HIV and STD prevention, women's health, and population-specific topics such as parole information were held at a center for visitors directly outside of the gates of San Quentin. Eleven women who visit incarcerated men were trained as peer educators and were closely involved with project staff in facilitating weekly activities. We collected data during the intervention period using the same quantitative surveys used in our formative research. We also are comparing participants in two cross-sectional surveys, one conducted immediately prior to the launch of the intervention and one conducted immediately after the intervention left the field. Finally, we conducted longitudinal qualitative interviews with the project peer educators.

**Significance:** Women with incarcerated partners are at particular risk for HIV infection. Their partners are over five times more likely than men in the general population to be HIV+. Incarcerated men also have a high incidence of injection drug use. Women with incarcerated partners are primarily low-income women of color for whom racism, poverty and sexism contribute to increased HIV risk and whose life stressors are exacerbated by their partners' imprisonment.

**Interesting Findings:** In an effort to deepen our understanding of how circumstances of forced separation and the interdiction of physical contact affect women's sexual behavior, we investigated the development and maintenance of heterosexual couples' intimacy when the male partner is incarcerated. We recognize that correctional control extends to these women's bodies, both when they are within the facility's walls visiting their mates and when they are at home striving to remain connected to absent men. Using our formative qualitative interviews with 20 women who visit their incarcerated partners and 13 correctional officers who interact with prison visitors, we examined how institutional constraints such as the regulation of women's apparel, the prohibition of physical contact, and the lack of forums for privacy result in couples forging alternative "spaces" in which their relationships occur. Romantic scripts, the build-up of sexual tension during the incarceration period and conditions of parole promote unprotected sexual intercourse and other HIV/STD risk behavior following release from prison. (Comfort M, Grinstead O, McCartney K, Bourgois P, Knight K. You cannot do nothing in this damn place": sex and intimacy among couples with an incarcerated male partner. *J Sex Res.* 2005 Feb;42(1):3-12.)

**Project End Date:** June 30, 2006

## Primary Prevention

### HIV Prevention Interventions Targeting Asian Masseuses

**Project Staff:** Tooru Nemoto, Principal Investigator; Mariko Iwamoto, Project Director; Samantha Witt, Research Assistant; Mary Hsueh, Project Assistant; Ivy Chu, Yoon-jung Kim, Yon-Hee Kim, and Phuong Ngo, Health Educators.

**Project Description:** Health Project for Asian Women (HPAW) is a four year community-level intervention study funded by NIDA. This study identified and described drug use and HIV-related behaviors among Asian female sex workers at massage parlors (Asian masseuses) in San Francisco. The study also conducted an exploratory intervention and evaluated the efficacy of the intervention modalities (Massage Parlor Owner Education Program and Peer/Professional Counseling Program) by addressing the determinants of the HIV-related risk behaviors in the cognitive and sociocultural contexts among the targeted Vietnamese and other Asian masseuses. This study is a community-based research project which has been developed in collaboration with API-focused AIDS service organizations.

**Interesting Findings:** A total of 25 massage parlors were identified in the City. 100 one-on-one interviews were conducted with Asian masseuses who had exchanged sex work for money. Nine interviews were conducted in Vietnamese. The study sample (N = 100) included 81 Vietnamese, 5 Thai, 4 Korean, 2 Hong Kongnese, 2 Taiwanese, and 6 missing. The average age was 32.8 years old. All participants were born outside of the U.S. and the average years living in the U.S. was 8.4. On average, Asian masseuses had worked as masseuses for 3.2 years, worked 10.5 hours a day for 5.3 days a week, and had sex with 26.6 customers a week. The participants reported that they always use condoms with customers for vaginal sex. However, they do not use condoms all the time for oral sex and manual release. 23% of the participants had a private sex partner in the past 6 months, however 17% of them reported always using condoms with a private partner. 32% of the participants reported that they had experienced breakage of condoms. A number of masseuse participants (62%) reported that they had been beaten by customers, and 16% reported being beaten by massage parlor owners. 22% of the participants reported being infected with Hepatitis B, and none reported HIV positive status. The majority of participants had consumed alcohol (82%), while 22% had used marijuana, 14% had used crack, and 3% had used cocaine. (Nemoto T, Takenaka M. HIV risk behaviors among Asian massage parlor workers in San Francisco. Int Conf AIDS. 2000 Jul 9-14;13:abstract no. WePeD4786.)

A total of 18 male clients who engage in sex with Asian female masseuses were recruited from 22 massage parlors in San Francisco for focus groups. The majority of participants reported rarely or never using condoms for oral sex with masseuses, although they were more likely to report using condoms for vaginal sex. Many participants described frequently having sex with Asian masseuses while under the influence of alcohol, and some described paying additional money to have unprotected sex with masseuses. Participants tended to perceive Asian women as exotic and submissive and described feelings of power over the masseuses with whom they had sex. Moreover, participants described rarely using condoms for vaginal sex with private partners, indicating a potential risk for HIV and STDs for private partners as well. (Nemoto T, Iwamoto M, Wong S, Le MN, Operario D. Risk for HIV/STDs at Asian massage parlors: Male clients' perspective. Int Conf AIDS. 2004 Jul 11-16;15:abstract no. ThPeC7353.)

**Project End Date:** June 30, 2006

## Intervention for African American MSM Who Do Not Identify as Gay

*Para la versión en español de este abstract vaya a la página 81*

**Project Staff:** Susan Kegeles, PI; Carla Dillard Smith, Co-PI; Don Operario and Perry Rhodes III, Co-investigators.

**Project Description:** Creating effective HIV interventions for African American men who have sex with men (MSM) is among the most urgent priorities for the public health community. Among those at highest risk for HIV are African American MSM who do not identify as gay or bisexual. Through formative research and input from members of this group and community gatekeepers, this project will develop a culturally and gender-appropriate intervention tailored to the needs of these men. The study will compare an enhanced HIV intervention, which involves HIV counseling and testing plus a series of individual health promotion counseling sessions, relative to a standard program involving HIV counseling, testing and referral to general case management services.

The enhanced health promotion counseling sessions will address:

- 1) increasing comfort with one's personal identity,
- 2) establishing positive relationships, and
- 3) building adaptive life skills.

A sample of 200 African American MSM who do not identify as gay or bisexual will be recruited from the San Francisco Bay Area. After receiving HIV counseling and testing, half will be randomly assigned to the enhanced intervention condition and half randomly assigned to the standard program. All participants will complete baseline, 3-month, and 6-month follow-up behavioral risk assessments using an audio computer-assisted interview. A subset of participants will also complete post-intervention qualitative interviews to provide in-depth experiential insight into the intervention process. Through outcome and process evaluation we will measure and describe behavioral differences associated with the enhanced intervention, as well as develop plans for a larger-scale randomized control HIV intervention trial for this group of men.

This work is a collaboration between the California Prevention and Education Project (CalPEP) in Oakland, CA and CAPS. Our team works out of a shared understanding that service providers, researchers, and community members must work together to create solutions that can mitigate the spread of HIV/AIDS in the African American community.

**Significance:** African American men who have sex with men (MSM) have been highly impacted by HIV, with reports showing disproportionate levels of HIV infection, HIV-related illnesses, and mortality rates due to AIDS among these men. Several research studies indicate that many African American MSM do not identify themselves as gay or bisexual, and consequently may not perceive themselves at risk for HIV, undergo HIV testing, utilize HIV prevention services, or disclose their sexual behaviors to others.

**Project End Date:** 2008

## The Mpowerment Project: A Community Level HIV Prevention Intervention for Young Gay/Bisexual Men

*Para la versión en español de este abstract vaya a la página 87*

**Project Staff:** Susan Kegeles, Greg Rebchook, Ben Zovod, Lance Pollack

**Project Description:** The Mpowerment Project is a community level HIV prevention intervention designed to reduce the frequency of unprotected anal intercourse among young gay/bisexual men, ages 18-29, by mobilizing young gay men to support each other about safer sex and to build a stronger, healthier young gay men's community. It is the only scientifically developed and empirically tested intervention that has been shown to reduce HIV sexual risk taking behaviors among young gay men. The Mpowerment Project meets the CDC's Prevention Research Synthesis project criteria for relevance and methodological rigor, and it has the positive and significant behavioral/health findings required to be listed in the *Compendium of HIV Prevention Interventions with Evidence of Effectiveness*.

**Significance:** Young gay men are more likely than their non-gay peers to leave home at an earlier age, suffer from depression, use alcohol and drugs, and engage in behaviors that put them at risk for HIV infection. The Mpowerment Project is a gay-positive and sex-positive peer-based intervention that relies on peers as agents of change since peers exert tremendous influence at this stage of life. The Mpowerment Project is based on an empowerment model in which young men take charge of the project because when individuals are actively involved in finding and implementing solutions to their problems, the behavior change is more lasting. The project focuses on young gay men's social concerns, since formative research indicated that HIV is not particularly motivating or captivating for young gay men. Hence, the program relates HIV risk reduction to the satisfaction of other, more compelling needs. The goal of the program is to create a stronger and healthier young gay men's community in which safer sex becomes the mutually accepted norm.

**Interesting Findings:** Program evaluation data from the original study in Santa Cruz, CA, Santa Barbara, CA and Eugene, OR showed that the proportion of men who engaged in unprotected anal sex decreased from 38.3% to 30.9% (-19.3% relative reduction), with a reduction from 19.2% to 13.6% (-29.2% relative reduction) with non-primary partners, and a reduction from 57.7% to 41.8% (-27.6% relative reduction) with boyfriends. Preliminary evaluation data from our current study in Albuquerque, NM, Austin, TX, and Phoenix, AZ show that the Mpowerment Project was able to stave off enormous increases in risky sex with casual partners that we documented in our non-intervention communities, and in some groups of young gay men, to reverse the trend. The intervention was intentionally designed to be easily adaptable to each community's culture and social environment, and although the framework of the program remains the same across communities, it has been successfully tailored by each community.

**Project Web Site:** [www.caps.ucsf.edu/MPindex.html](http://www.caps.ucsf.edu/MPindex.html) or [www.Mpowerment.org](http://www.Mpowerment.org)

## Multi-level Prevention in Culture and Context with Latino MSM

*Para la versión en español de este abstract vaya a la página 83*

**Project Staff:** Diane Binson, PI; LeRoy Blea, Co-PI

**Project Description:** This study will develop, implement and evaluate an HIV prevention program for Latino men who have sex with men (MSM) who do not self-identify as gay (MSM/NG). The project will rely on an established community collaborative relationship between CAPS and the City of Berkeley AIDS Office. To evaluate the program we will use tested questions and methods from previous and current studies of the project team. The goals for this project are:

- 1) Design a program in dialogue with the target community of Latino MSM/NG to ensure a culturally sensitive, multi-level approach that will address critical aspects of HIV prevention both for the individual and for the environment of public places where sex takes place.
- 2) Implement the program for the individual by providing a one-on-one intensive, non-traditional counseling and testing session using “loteria” cards or photo-novellas or peer stories that contain coded, community-derived themes that may include racism, homophobia and other risks particular to Latino MSM. We will carry these themes to the context of sexual behavior in a social marketing campaign that will lead men to continue an internal and community dialogue about risk and risk behavior. In addition, we will pursue changes in the environment to improve lighting, condom availability and policy changes that increase safety for Latino MSM when having sex in these venues.
- 3) Conduct evaluations of the program by administering a survey to 150 men just prior to their participation in the program and a follow-up interview 3 months later. We will also evaluate how the program worked through focus group discussions and in-depth interviews.

**Significance:** MSM have been and continue to be one of the demographic groups most affected by HIV in the US, especially in California. The impact of HIV disease on Latinos in the US is particularly severe, as Latinos account for 19% of AIDS cases while representing only 13% of the population. In Berkeley, CA, census data show that Latinos comprise 10% of the population, yet 18% of the HIV+ persons identified at publicly funded HIV test sites in the city; over 70% of these are MSM. It is critical to address the growing epidemic among Latino MSM in a way that takes into account the considerable challenges of providing HIV prevention services for this population.

## Outreach and Pretreatment for Gender Variant Individuals

*Para la versión en español de este abstract vaya a la página 75*

**Project Staff:** Tooru Nemoto, PI; Jae Sevelius, Project Director; Angel Manaois, Project Assistant

**Project Description:** The primary goal of this project is to expand and enhance an existing outreach and drug abuse and HIV prevention project for gender variant individuals (GVIs). The outreach expansion program will expand the outreach to include GVIs in jail and to female-to-male (FTM) GVIs in addition to the current target population of male-to-female (MTF) GVIs. The current intervention project will continue to provide gender sensitive workshops for GVIs to reduce their drug use and HIV risk behaviors and increase their life-skills. The Drug Treatment Readiness Enhancement Program (DTREP) component will provide pre-treatment support groups and case management to GVIs who are interested in enrolling in treatment. Furthermore, the project will also enhance the capacity of treatment programs by providing gender sensitivity workshops for staff in selected substance abuse treatment agencies in San Francisco.

**Significance:** Despite apparent needs, there is a lack of substance abuse treatment programs specific to GVIs. Furthermore, few CBOs provide GVIs with referrals to substance abuse treatment programs. This project will expand our current TRANS programs to increase health and well-being among gender variant individuals and facilitate enrollment in substance abuse treatment programs for those in need.

**Interesting Findings:** Preliminary data showed that GVIs are at the highest risk for HIV and drug abuse. This study will expand the success of our previous project, in which more than 3,000 MTF GVIs had received outreach services, 1,554 MTF GVIs had utilized the project space, and 359 had enrolled in the prevention workshops. Furthermore, a total of 59 MTF GVIs had enrolled in a gender-specific substance abuse treatment programs in a collaborating agency.

**Project Recruitment Dates:** January 2004 to March 2008

**Project End Date:** September 29, 2008

## Primary Prevention

### Project ÒRÉ

ÒRÉ is a Yoruba [an African language] word meaning friends

**Project Staff:** Peggy Dolcini, Cherrie Boyer, Gary Harper, India Alexis, Amy Foell, Kristin Burnett, Rashone Bow, Cassandra Perkins

**Project Description:** Project ÒRÉ is a randomized, controlled trial of a friendship-based HIV intervention for young African American women aged 14-18. The project is funded by the Adolescent Trials Network (ATN), a national network funded through NIH and focused on adolescents and HIV. Project ÒRÉ is based on prior research in a San Francisco community and is now being conducted at CBOs in four communities in SF. ÒRÉ identified young women in each community who then recruited their friends to come to the group intervention. Groups are made up of 3 to 6 youth: just the close friends. We recruited 15-17 groups at each site.

There are two intervention and two control sites. The control intervention is a general health program delivered the same way (through friendship groups) with a focus on exercise and nutrition. The HIV/STD intervention is a half-day (5 hours) intervention. There is a strong focus on using the energy of friendship groups-- friends protecting friends to influence behavior change. The intervention presents HIV prevention education, skills building and condom use and ties it in to local and cultural issues.

**Significance:** African American adolescents living in inner cities are vulnerable to the threat of HIV due to the higher prevalence of STDs/HIV in their communities. In San Francisco, adolescents in Bayview Hunters Point district have the highest rates of STD infection. Typically, adolescent prevention programs have focused on changing peer norms (and thus behavior), but little attention is given to the myriad of subgroups that exist in the adolescent population. Such interventions have been delivered to a group of adolescents as a whole, failing to utilize naturally occurring social groups as a vehicle for program implementation.

**Interesting Findings:** Fifteen African American adolescents residing in an urban neighborhood participated in individual in-depth qualitative interviews. The findings suggest that close friends play a critical role in the dating and sexual behaviors of inner-city African American adolescents, as they appear to serve as socializing agents that impact how adolescents conceptualize and socially construct dating and sexual roles and behaviors. Close friends also play a significant role in acquiring new dating and sexual partners and in determining the course of dating and sexual relationships. Although females and males expressed similar expectations regarding sexual fidelity and condom use, they differed with regard to their method and process of talking with friends about dating and sex, their shared social constructions about dating and sexual roles and expectations, and their perceptions of the meaning of dating. (Harper GW, Gannon C, Watson SG, Catania JA, Dolcini MM. The role of close friends in African American adolescents' dating and sexual behavior. *J Sex Res.* 2004 Nov;41(4):351-62.)

## Primary Prevention

### Target Expansion Project for Outreach and Treatment (TEPOT)

**Project Staff:** Tooru Nemoto, Principal Investigator; Mariko Iwamoto, Project Director; Samantha Witt, Research Assistant; Peggy Lee, Walter Chang, Natalie Sacramento, Koji Sakakibara, and Naishin Fu, Health Educators

**Project Description:** “Target Expansion Project for Outreach and Treatment (TEPOT)” is a five- year project funded by SAMHSA. This project is a collaboration between UCSF-CAPS Health Studies for People of Color and the National Asian Pacific American Families Against Substance Abuse (NAPAFASA). NAPAFASA is a national advocacy agency for improvement of substance abuse treatment and prevention for APIs in the US.

TEPOT's primary objective is to extend outreach efforts to include MSM and high-risk API women. Health Educators provide outreach, brief risk assessment, and referral services for the target API populations in San Francisco, San Mateo and Santa Clara counties. Through NAPAFASA's member organizations, we will provide HIV prevention education for clients in substance abuse treatment programs and sensitivity training for clients and staff at selected agencies to improve access to substance abuse treatment programs particularly for API women and gay men. These programs will also increase clients' retention and completion rates of the programs. In addition, these participating agencies will improve their treatment capacity by increasing sensitivity toward AAPI gay men, women, and other under-served populations in the AAPI community.

**Significance:** On a national level, there is no integrated drug abuse and HIV prevention programs for Asian populations. To meet this need, the project combines HIV prevention efforts with existing substance abuse treatment programs for API populations throughout the country. Although a few community-based organizations in various states may provide culturally sensitive and appropriate substance abuse treatment or HIV prevention programs for API populations, substance abuse treatment programs do not often have HIV prevention programs for their clients. Moreover, HIV prevention programs targeting APIs typically do not address drug abuse prevention and treatment issues to their clients.

**Project Recruitment Dates:** Now to June 30, 2007

**Project End Date:** September 2007

## Video-Based Educational Intervention in STD Clinic Waiting Rooms

**Project Staff:** Jeff Klausner (SFDPH, PI), Greg Greenwood (Co-PI), Carolyn Hunt, Elizabeth Varela, David Bandy and Kevin Filocamo

**Project Description:** San Francisco Department of Public Health and University of California, San Francisco collaborated with the Centers for Disease Control & Prevention (CDC), as well as Denver Metro Health Clinic and Educational Development Center in Boston/NYC, to investigate whether a brief waiting room intervention will reduce incident STD infections and impact risk behavior among STD clinic patrons. Staff from all sites worked collaboratively with filmmaker Jesse Moss to develop a 20-minute video, *Safe in the City*, that models a variety of condom negotiation skills with heterosexual, gay, and bisexual characters of several races. In this structural intervention, the video was shown and related posters were displayed to all patrons in the waiting room on alternate months. The control group received standard clinic services (e.g., patient education print materials).

**Significance:** A number of disease and behavioral risk patterns demonstrate that HIV/STD prevention is still the best medicine, particularly with high-risk men and women in STD clinics. STDs (particularly chlamydia and gonorrhea) and HIV/AIDS remain high among vulnerable groups (high-risk heterosexual men and women (HRH), men who have sex with men (MSM) and injection drug users (IDU)), and the number of new infections is rising among some of these groups. Correct and consistent condom use has been historically problematic and has recently decreased. There are no cures for viral STDs (HIV, herpes simplex virus, human papilloma virus and hepatitis B virus), and significant challenges in HIV vaccine development make identifying and promoting effective condom intervention campaigns an urgent priority. Providing effective and easy to implement condom use interventions to vulnerable populations, like STD clinic patrons whose medical histories place them at high risk for STD re-infection, has the potential to positively impact public health.

**Interesting Findings:** We are currently analyzing the results of this study. We will compare new incident STD infections (gonorrhea, chlamydia, trichomoniasis, syphilis) among the intervention and control groups up to 6 months after initial visit (N=30,000), using medical record and surveillance data. In addition, we will recruit, follow, and assess a sub-sample of patrons on a variety of behavioral risk factors (N=1,500). Process measures will assess the quality and acceptability of the intervention program.

## Web-Based, Structural HIV Prevention in MSM's Networks

*Para la versión en español de este abstract vaya a la página 82*

**Project Staff:** Greg Rebchook (Co-Principal Investigator), Deb Levine (Principal Investigator), Jeffrey Klausner (Co-Investigator), Alberto Curotto (Project Director)

**Project Description:** This project will develop and pilot a multicomponent, structural intervention website to evaluate new ways to prevent HIV among MSM who use the Internet. The study, funded by a grant from the Universitywide AIDS Research Program, is a collaboration between CAPS researchers, the San Francisco-based non-profit Internet Sexuality Information Services, Inc. (ISIS), and the San Francisco Department of Public Health. This collaboration presents a unique opportunity to address the risk factors that have emerged since the Internet became a major venue where men who have sex with men (MSM) come together to form social and sexual networks. We will collect formative data from statewide focus groups with MSM who meet sexual partners online and from consultations with website operators, designers, and programmers. We will integrate these data with our previous research findings and experience developing online prevention tools for MSM.

The goal is to design a website, with multiple components, to help MSM reduce their risks for HIV through a combination of individual- and community-level, Web-based interventions. Participants will be offered a choice of skill-building interactive and educational tools, designed to encourage healthy personal behaviors. Alongside these tools, and with the ultimate goal of disseminating healthy norms among online users, there will be several opportunities for participants to come together online as a community by engaging in an ongoing discussion about issues that are relevant to their lives and health as MSM. To evaluate the outcome of the project, the researchers will collect website usage statistics to summarize how the different components are used, and interview in detail a select group of participants in the study about their experience using the website.

**Significance:** Many studies, including our own, have documented that chatrooms and personals websites are popular socialization tools among MSM and *may* be related to HIV risk-taking behavior. Fortunately, research and experience have also demonstrated that the Internet can be a vehicle for HIV prevention interventions with the potential to improve public health. Until now, most programs have targeted individual behaviors; while such efforts play an important role in HIV prevention, environmental and structural-level interventions may have a greater potential to change the social climate where risk behaviors take place and, by affecting community norms, reach a larger population than the individuals directly participating in the program. This study is particularly important in that it aims to build on the successes of existing Web-based, STD/HIV-prevention programs by consolidating their experiences and expanding the focus beyond the individual level.

**Project Recruitment Dates:** Expected to begin in early 2006.

**Project End Date:** December 2007

## Drug Use and HIV Risk Behaviors Among Transgenders

**Project Staff:** Tooru Nemoto (PI), Jae Sevelius, Project Director; Ari Rinzler, Project Assistant

**Project Description:** The main aim of this study is to further investigate the social and cultural determinants of drug use and HIV risk behaviors among male-to-female (MTF) transgenders. The continuation study will target MTF caucasian transgenders in San Francisco and African Americans in Oakland, CA. The recruitment of these groups in addition to the current study samples of African American, Asian and Pacific Islander (API), and Latina transgenders in San Francisco, is necessary to investigate ethnic and community differences in drug use and HIV risk behaviors in relation to access to care, transphobic experiences, community involvement, and other sociocultural factors.

**Significance:** This study will provide a systematic description of drug use and HIV risk behaviors among transgenders where risk and urgent needs for interventions are evident but research has thus far been limited. The study findings will help clarify ethnic and community differences in drug use and HIV risk behaviors in relation to cognitive sociocultural factors, and will be utilized at the collaborating community agencies to further understand the target groups and lay the groundwork for developing intervention studies in the future.

**Interesting Findings:** Data analysis based on a MTF transgenders of color study in San Francisco revealed significant ethnic differences in mental health, substance use, and HIV risk behaviors among the study participants. We conducted focus groups consisting of African American, Latina and Asian and Pacific Islander MTF transgenders (N = 48) who reside or work in San Francisco. Participants were likely to report having unprotected sex with primary partners to signify love and emotional connection, as well as to receive gender validation from their partners. In contrast, viewing sex work with customers as a business encouraged intention to use condoms. Safer sex intentions with customers were frequently undermined by urgent financial needs, which stemmed from transphobia, employment discrimination and costly procedures associated with gender transition. Participants reported using drugs as a way to cope with or escape life stresses associated with relationships, sex work, transphobia and financial hardship. (Nemoto T, Operario D, Keatley J, Villegas D. Social context of HIV risk behaviours among male-to-female transgenders of colour. *AIDS Care*. 2004 Aug;16(6):724-35)

**Project Recruitment Dates:** Now until September 31, 2006

**Project End Date:** March 31, 2007

## An Ethnographic Study of Ballroom-attending African American Gay and Bisexual Men

**Project Staff:** Emily Arnold

**Project Description:** This is a descriptive study of the ballroom community in Oakland and San Francisco to gather pilot data. The ballroom community consists of two social phenomena: 'houses' or social networks of men who organize ballroom events and also socialize together, and 'balls', public events held where young men who have sex with men (YMSM) perform and compete for trophies. Initial research demonstrated the importance of house networks in disseminating safer sex messages and providing social support to YMSM. The current study will establish how widespread ballroom community participation is among young African American gay and bisexual men, and the extent to which house involvement contributes to HIV-related risk behavior, testing, and disclosure. This research will also test recruitment strategies and will delineate Bay Area house structures for a larger study. Data collection will consist of participant observation and 15 in-depth interviews with young African American gay and bisexual men who are involved in the ballroom community.

**Significance:** The ballroom community is a vital part of urban gay communities of color, yet no research has investigated its role in facilitating or halting the spread of HIV. The study will yield highly innovative results, both for its focus on the ballroom community, and for its examination of social networks, or 'houses,' of young African American gay and bisexual men and their impact on HIV transmission. Collecting data on house networks may also suggest innovative avenues for future prevention interventions with this population which is at high risk for contracting HIV.

**Project Recruitment Dates:** March 2006-June 2006

**Project End Date:** August 31, 2006

## Feasibility Study of Surveying Parents of Lesbian, Gay and Bisexual Adolescents

**Project Staff:** David Huebner (PI), Jennifer Arter (Project Director)

**Project Description:** This study aims to pilot the feasibility of recruiting a linked sample of sexual minority adolescents (SMAs) and their parents into a quantitative survey study and to document the effect sizes for associations between parent variables and adolescent risk behaviors. SMAs will be recruited from local community-based organizations and will be invited to complete a self-administered questionnaire assessing their risk behaviors, along with experiences with parent acceptance and rejection for their sexual orientation. SMAs will also be invited to take a survey home for one of their parents/caregivers to complete.

The primary goal of the project will be to determine what percentage of parents we are able to recruit using this technique and to identify how that sample of parents might be biased (e.g., are parents who return surveys more accepting than parents who fail to return them?). The secondary goal of the project will be to use the data gathered to begin to estimate the sizes of the associations between parent variables and adolescent risk behaviors.

**Significance:** Relative to their heterosexual peers, SMAs are at increased risk for substance use, suicide, and HIV-infection. Emerging research suggests that experiences of parental acceptance and rejection are important predictors of these SMA risk behaviors. Given the importance of parents in adolescents' lives, and in the lives of SMAs in particular, understanding the relationship between parent variables and adolescent risk will be essential to developing effective interventions for SMAs.

**Project Recruitment Dates:** April-June 2006

**Project End Date:** August 30, 2006

### Gay Couples Study

*Para la versión en español de este abstract vaya a la página 78*

**Project Staff:** Principal Investigator: Colleen Hoff; Co-Investigators: Lynae Darbes, Tor Neilands, Cynthia Gomez; Project Director: Edwin Ramos-Soto; Senior Statistician: Lei Han; Research Associates: Sean Beougher, Brad Vanderbilt, Chris Boyd

**Project Description:** The UCSF Gay Couples Study seeks to identify relationship dynamics that may be related to risk with both primary and non-primary partners. In the qualitative phase of the study we conducted in-depth interviews with 40 gay male couples. The interview was designed to explore how couples relate to each other, communication, perception of risk, and agreements about sex. In the pilot phase, the “Sexual Agreement Quality” scale (a quantitative measure developed from the qualitative data) was administered as part of a larger survey to 200 couples, using A-CASI. The larger survey included a number of existing scales that explore health, communication patterns, sex behaviors, intimacy, dyadic adjustment, marital satisfaction, commitment, attachment, autonomy, equality, trust, honesty, power, depression, anxiety, and substance use. For the final cross-sectional phase, we are recruiting 450 couples to complete a survey which takes about an hour to complete. This is a single-site study and as such all couples have been and will continue to be recruited from The San Francisco Bay Area. All phases of this study include a strong representation of men of color and an equal division of couples who are HIV discordant, HIV+ concordant and HIV- concordant, plus a broad age range and couples of different relationship length.

**Significance:** Relevant research shows that men in relationships engage in substantially higher rates of unprotected anal intercourse with their primary partner as compared with single men. Studies differentiating men in relationships by the serostatus of each partner find that men with seroconcordant partners report significantly higher rates of unprotected anal sex than men with serodiscordant partners. Further illumination is needed in order to understand the context in which risk behavior takes place. The Gay Couples Study promises to be quite pioneering as there is very little behavioral research looking at gay male couples, the sexual agreements they make and that also look at the role of serostatus of the partners.

**Interesting Findings:** In our qualitative study we found that couples developed agreements for many reasons including: sexual exploration and enhancement, HIV and STD prevention, to maintain the relationship, and to express trust in the relationship. Maintaining agreements was a struggle for most couples, particularly if the agreement was broken. On the other hand, several couples changed their agreements proactively as needs in their relationship changed. In many agreements, sex behaviors were explicitly stated as acceptable or unacceptable as a way to protect partners from HIV or STD's. When behaviors were not explicitly identified, safety was usually assumed. Less explicit agreements tended to breakdown more frequently than explicit agreements and lead to opportunities for unsafe sex within the couple. For many, agreements served as an integral part of the relationship by supporting gay identity, enhancing relationship quality, improving sexual satisfaction, and challenging couples to communicate honestly. (Darbes LA, Hoff CC, Mahosadha R, Ramos-Soto E. Agreements about outside sex partners support and hinder safety among gay male couples. International Conference on AIDS,2004 : Bangkok, Thailand. Abstract no. WePeC6131)

**Project Recruitment Dates:** Spring 2005 – Spring 2006

**Project End Date:** June 2007

## Preventing Substance Use, Sexual Risk and Suicide in Gay, Lesbian and Bisexual Teens

**Project Staff:** David Huebner, Jennifer Arter

**Project Description:** This study will provide the formative research necessary to design an intervention for sexual minority adolescents who are at increased risk for substance use, suicide, and HIV infection.

This research will comprise 3 phases:

- 1) assessing the current practices and capacities of community-based organizations that serve sexual minority adolescents,
- 2) gathering quantitative data designed to test how sexual-minority-specific stress (e.g., victimization and family rejection) contributes to these adolescents' sexual risk behaviors, substance use, and suicidality, and
- 3) using this knowledge to develop an intervention and pilot its feasibility and acceptability in a community setting.

**Significance:** Relative to their heterosexual counterparts, sexual minority adolescents are at increased risk for substance use, suicidality and, in males, HIV-infection. Although existing prevention interventions designed for heterosexual adolescents may be effective for sexual minorities, research suggests that sexual minority adolescents experience unique stressors (e.g., anti-gay harassment, victimization, or family rejection) that may facilitate their risk behaviors. These issues are not addressed in standard prevention programming. Thus, intervention models that address the unique experiences of sexual minority adolescents are needed.

**Project Recruitment Dates:** 2006

**Project End Date:** August 2009

## A Qualitative Exploration of Gender Roles and Sexual Risk Among African American Adolescent Males Living in High-risk Communities

**Project Staff:** Peggy Dolcini, Gary Harper

**Project Description:** The aim of this study is to provide a first step toward increasing our understanding of the gender roles of inner-city African American adolescent males, the extent to which these young men demonstrate patterns that reflect “hypermasculinity”, and the relationship between gender roles, sexual risk behavior, and expectations about the future. The proposed one year study includes: 1) qualitative analyses of existing interviews with sexually experienced inner-city African American males, and 2) enlisting key informants in the community to provide feedback on the themes developed in this project (“member checking”). The existing interviews were collected for a prior study on a different topic; a purposive sampling design was used to obtain in-depth interviews from 13 African American adolescent males living in low-income areas of San Francisco. The qualitative analyses involve thematic, comparative, and initial model building approaches. The findings will provide preliminary data to support future larger scale studies of gender roles and HIV related sexual risk in African American males. The focus on adolescent males is well placed because their sense of emerging manhood provides a window of opportunity for intervention.

**Significance:** African American males who are sexually active are at disproportionately high risk for HIV and other sexually transmitted infections (STIs). Gender roles (i.e., beliefs, expectations and behavior of males/females) impact sexual behavior, but little is known about the cultural and social factors that influence the development and maintenance of gender roles during adolescence.

**Project End Date:** August 31, 2006

## Sexual Trauma and HIV Risk Behavior of Gay Men

**Project Staff:** Joe Catania

**Project Description:** This study will re-interview 2,200 men who have sex with men (MSM) from the Urban Men's Health Study to look at the relationship of child/adolescent sexual abuse (CSA) and sexual risk taking. Guided by social learning theory and preliminary research, we will examine differences between men with histories of CSA and non-CSA. We will interview MSM on HIV-risk appraisal and enactment of HIV-related sexual risk behaviors. MSM with a history of CSA, relative to other MSM, are expected to have sexual and interpersonal motivations, and coping strategies that predispose to lower risk appraisals for themselves and their sexual partners, and to have motivations, coping strategies, interpersonal-regulatory abilities and sexual scripts that facilitate high risk sex. A general model is proposed to accommodate the relevant effects of CSA on adult sexuality in the context of HIV risk reduction. Data on the prevalence of CSA among MSM attending social and health venues will be collected as an aid future studies and prevention efforts.

**Significance:** MSM have, for over a decade, sustained a high incidence of HIV, and continue to have instances of high-risk sex. In an effort to better understand the antecedents of high-risk sex, some investigators have turned to the study of sexual development including CSA histories. Several studies suggest that the prevalence of CSA among MSM is high (19-37%), and is correlated with higher rates of risk behavior and HIV infection. Although research on the antecedents of these relationships among MSM is limited, research on heterosexual women has shown that CSA is a significant correlate of cognitive, motivational and social antecedents of sexual risk behavior.

## Social/Sexual Networks & HIV Risk: Men of Color

**Project Staff:** Kyung-Hee Choi, George Ayala, Jay Paul, Steven Gregorich, and Trista Bingham

**Project Description:** This study will advance theoretical understandings of HIV risk behaviors by examining potential mechanisms (i.e., social networks and sexual partnerships) through which social discrimination impacts sexual risk among MSM of color and offer valuable insights for possible interventions involving both individual and structural changes. In three-phases, we will describe sexual partnership patterns and explain the association between social discrimination, social networks, sexual partnerships, and HIV risk among African American, Asian and Pacific Islander (API), and Latino men who have sex with men (MSM) in Los Angeles, CA.

- In Phase 1, we will conduct ethnographic mapping, in-depth individual interviews (N=60), and focus groups (N=96) to explore the nature of sexual partnership formation and examine the key domains hypothesized to influence social networks, sexual partnerships, and HIV risk in our working model.
- In Phase 2, we will utilize qualitative data to develop measures of the constructs of interest, and test these new scales to establish their reliability and validity (N=168). Based upon these new measures and existing measures in the research literature, we will develop a quantitative survey instrument.
- In Phase 3, we will conduct a cross-sectional survey to describe sexual partnership patterns, and examine our working model of HIV risk. A venue-based sample of 1200 men will complete audio computer-assisted self-interviews using a standardized questionnaire developed in Phase 2.

**Significance:** African American and Latino MSM have reported some of the highest rates of HIV seroprevalence in the U.S. By contrast, API MSM have reported much lower rates of HIV infection. More recent data, however, indicate that API and Latino MSM engage in unprotected anal intercourse (UAI) at near equal rates, but Latino men are more likely to become infected with HIV. African American men, on the other hand, report lower rates of UAI compared to API and Latino men, but are exhibiting the highest rate of HIV infection among all three groups. Our work suggests that ethnic differences in HIV prevalence may be explained to a great degree by variations in sexual partnership patterns and that sexual risk behavior among MSM of color is influenced by social discrimination (i.e., racism, poverty, and homophobia).

## Together Again: Feasibility, Content and Analysis of Interviews with Male Parolees and their Female Partners

**Project Staff:** Megan Comfort (PI), Olga Grinstead (Co-PI), Nicolas Alvarado

**Project Description:** This 18-month study piloted the feasibility of recruiting, simultaneously scheduling and interviewing both members of heterosexual couples in which the male partner was recently released from prison. Ten couples are recruited from community sites in Oakland, CA. Each couple comes to an appointment together but is interviewed separately. All interviews are digitally audio-recorded for detailed analysis of concordance and discordance between partners in their perceptions of the impact of the man's incarceration on their relationship, expectations for the post-release period and motivations for protected or unprotected intercourse post-release.

**Significance:** The HIV/AIDS epidemic disproportionately affects prisoners and women of color in the US. Unprotected intercourse (UPI) with an HIV+ man accounted for approximately 80% of infections for women in 2003. Data from our previous studies show consistently high levels of UPI between men who were recently released from prison and their female partners. In our previous work we have studied incarcerated and formerly incarcerated men who are in heterosexual relationships and we have studied women whose male partners are imprisoned, but we have never worked directly with both members of a specific couple. Examining the perspectives of both members of a couple will illuminate additional contexts that lead to UPI in these populations.

**Interesting Findings:** To date, recruiting, simultaneously scheduling and interviewing both members of heterosexual couples in which the male partner was recently released from prison has been feasible. Participants have been receptive to our study methods and have expressed that they enjoyed their study participation. Systematic data analysis has not yet begun.

**Project Recruitment Dates:** August 2005 – March 2006.

**Project Ending Date:** August 2006

## *Trayectos*: Social Context and HIV Risk among Mexican Gay Immigrants

*Para la versión en español de este abstract vaya a la página 89*

**Project Staff:** Héctor Carrillo, PI (CAPS-UCSF); Steven Epstein, Co-investigator (UCSD); Stephen Scott, Project Director; Jorge Fontdevila, Ethnographer; Jaweer Brown, Ethnographer; Carlos Hermosillo, Project Assistant.

**Project Description:** *Trayectos* is an ethnographic, four-year study in San Diego, CA, that focuses on the lived experiences of self-identified gay and bisexual Mexican immigrants and their sexual HIV risk. *Trayectos* is based on participant observation in settings where immigrants participate, as well as individual interviews with men who are: Mexican gay or bisexual immigrants; US-born Latino gay or bisexual; and US-born gay or bisexual, of any ethnic background, who have been sexually or romantically involved with a Mexican immigrant in the previous twelve months.

The purpose of the research program is to describe how Mexican gay and bisexual male immigrants are incorporated into US gay life and how their participation in social and sexual contexts in the US affects their sexual health and HIV risk. As part of this goal, we will compare Mexican gay and bisexual immigrants' lived experiences regarding sexuality and HIV risk with those of their US-born Latino counterparts. In practical terms, we aim at generating and disseminating data that HIV educators can use to design and improve HIV prevention programs for gay and bisexual Latino immigrants. In more theoretical terms, we seek to advance our understanding of the emergence of health risks out of the intersection of migration, sexual orientation, participation in US social settings, and social inequality.

**Significance:** In contrast to white, non-Hispanic MSM, among whom there has been a modest decline in incidence of AIDS cases beginning in 1996, Hispanic MSM "accounted for an increasing proportion of AIDS cases and had smaller proportionate declines in AIDS incidence and deaths" (MMWR, 2000). The epidemiological data available in California suggests that a considerable proportion of Latino MSM with AIDS in California were born in Mexico.

To date, however, little is known about differences in HIV risk, sexual practices and behaviors, and sexual identities between US-born Latino gay men and immigrants. Analysis of data collected by Drs. Rafael Díaz and George Ayala in N.Y., Miami, and L.A. showed that, contrary to what might be expected, recent Latin American gay immigrants have lower levels of sexual HIV risk than US-born Latino gay men. For longer-term immigrants, however, the levels of HIV risk increase, suggesting that the immigrants' length of residence in the US is somehow related to changes in lifestyles experienced by the immigrants as they become incorporated into US society and into gay culture. Explaining how these changes happen is a major goal of the present study.

**Project Web Site:** [www.sdtrayectos.org](http://www.sdtrayectos.org)

## Understanding the Social and Psychological Context of Acute HIV Infection

*Para la versión en español de este abstract vaya a la página 76*

**Project Staff:** Steve Morin, Olga Grinstead, Mallory Johnson, Wayne T. Steward, Hong-Ha M. Truong

**Project Description:** The purpose of this study is to collect data to lead to behavioral interventions to prevent HIV transmission during acute HIV infection, the period of time immediately following infection when HIV is replicating in a person's body but an antibody response has not yet developed. The research aims to determine the feasibility of detecting and recruiting individuals with acute HIV infection for prevention research; to understand better the social and psychological context of recent HIV transmissions; and to assess sexual behavior, substance use, and psychological state of individuals with acute infection.

The study is funded as supplemental grants to each of the six NIMH AIDS Research Centers (UCSF, UC Los Angeles, UC San Diego, Columbia, Medical College of Wisconsin, and Yale) Each site has arranged collaborations with clinical research colleagues to identify and recruit individuals with acute HIV infection. Participants complete in-depth qualitative interviews about HIV infection, diagnosis, and transmission events, as well as quantitative assessments of HIV transmission risk behaviors.

**Significance:** People who are in the first ten weeks of HIV infection are up to 11 times more likely to transmit the virus to others than individuals who have been infected for longer. Given this finding, identifying acutely infected individuals and developing intervention to change their transmission risk behaviors offers a promising new direction for reducing significantly the spread of HIV.

**Project Recruitment Dates:** February 1, 2006 – January 31, 2007

**Project End Date:** January 31, 2007

### Young Asian Men's Health Study

**Project Staff:** Kyung-Hee Choi, Jay Paul and Hector Carrillo

**Project Description:** This is a two-year exploratory study as a first step to understanding the association between drug use and sexual risk among Young Asian and Pacific Islander (API) men who have sex with men (MSM) (i.e., ages 18-29). Specifically, we will:

- explore subjective meanings and expectations about the effects of drug use on social interactions, inhibition, and sex (i.e., "drug expectancies");
- characterize social networks (e.g., network member characteristics, norms, support) and explore their role in determining levels of drug use and sexual risk;
- identify "personal vulnerabilities" (e.g., experiences of social discrimination), sexual partnership characteristics (e.g., partner age and ethnicity), and social contexts (e.g., multiday MSM social gatherings) related to drug use during sexual activity; and
- explore possible pathways by which these five domains (e.g., drug expectancies, social networks, personal vulnerabilities, sexual partnerships, social contexts) link drug use with sexual risk among young API MSM.

We collected qualitative data in three phases: 1) 20 interviews with key informants knowledgeable about drug-using young API MSM and ethnographic mapping of venues frequented by these API men; 2) in-depth interviews with 60 drug-using young API MSM; and 3) focus group discussions with another 60 drug-using API MSM.

**Interesting Findings:** (This data is from a previous research study with API MSM.) Substance use has been shown to be an important factor associated with having unprotected anal intercourse (UAI) among Asian and Pacific Islander (API) men who have sex with men (MSM). However, little is known about which substances are used in conjunction with sexual activity and whether having UAI varies by substance choice in this population. From January 2000 to September 2001, we sampled API MSM aged 18-29 years from 30 gay-identified venues in San Francisco, California, and interviewed 496 API men face-to-face using a standardized questionnaire. Overall, 47% of the sample reported UAI in the past 6 months. During the same time period, 32% and 34% reported being "high" or "buzzed" on alcohol and drugs during sex, respectively. The most common drugs used in conjunction with sex were methylenedioxymethamphetamine ("ecstasy"; 19%), followed by marijuana (14%), inhalant nitrites ("poppers"; 11%), and crystal methamphetamine ("crystal"; 10%). In a multivariate model, we observed associations between UAI and being high or buzzed on ecstasy (odds ratio [OR] = 2.62; 95% confidence interval [CI] = 1.37, 5.02) and poppers during sex (OR = 3.29; 95% CI = 1.50, 7.25). However, being high or buzzed on alcohol, marijuana, gamma-hydroxybutyrate (GHB), and crystal methamphetamine during sex had no association with UAI. One third of sampled young API MSM used drugs or alcohol during sex. The co-occurrence of ecstasy and popper use and unprotected sex underscores the need to develop HIV prevention programs focusing on particular drugs. (Choi KH, Operario D, Gregorich SE, et al. Substance use, substance choice, and unprotected anal intercourse among young Asian American and Pacific Islander men who have sex with men. *AIDS Educ Prev.* 2005 Oct;17(5):418-29.)

**Project End Date:** July 2006

## Collaborative HIV Prevention in Minority Communities Program

**Project Staff:** Judith Barker, Cherrie Boyer, Hector Carrillo, M. Margaret (Peggy) Dolcini, Olga Grinstead, Tor Neilands, Jeanne Tschann, Stacey Wertlieb

**Project Description:** The Collaborative HIV Prevention Research in Minority Communities Program was developed to address the simultaneous over-representation of communities of color among those with HIV and under-representation of researchers of color at the National Institutes of Health. The program is designed to help scientists develop their programs of research and obtain significant research funding. The 27-month program has the following elements: small grant funding, a structured summer program, individualized long-term research collaboration, access to behavioral science expertise, and internal peer review of all products.

**Significance:** Institutes throughout the National Institutes of Health (NIH) and other entities could use this model to develop investigators of color, improve the quality of research with communities of color, and begin to address health disparities. Congress has directed the NIH to address the significant health disparities, including those related to HIV.

**Interesting Findings:** During the nine years of the program, our participants have produced a large number of successful applications and have received over \$20 million of funding to conduct their culturally specific research with communities of color, have contributed to the scientific literature on these issues, have trained their students and colleagues, have participated in peer review of grant proposals, including NIH study sections, and have developed interventions to ameliorate health disparities. The program also provides a network of support for investigators who tend to feel isolated at their universities and has helped create a network of HIV prevention investigators of color.

**Project Web Site:** [www.caps.ucsf.edu/projects/minorityindex.html](http://www.caps.ucsf.edu/projects/minorityindex.html)

**Project End Date:** July 2008

## ICOHRTA Visiting Scientists Program

**Project Staff:** George Rutherford, PI; Kimberly Page-Shafer, Jeffrey Mandel, Rochelle Hartwig, Ritu Sehgal (CAPS); Mauro C. Ramos, Co-PI; Erno Harzheim; Isabel Valdez (CEARGS)

**Project Description:** This project is an extension of the International Traineeships in AIDS Prevention Studies Program (I-TAPS) through a partnership with the Centro de Estudos de AIDS do Rio Grande do Sul (CEARGS) in Porto Alegre, Brazil. It is aimed at training scientists in AIDS prevention research, with a focus on epidemiological and behavioral studies. In-country training at CEARGS is conducted in Portuguese. CEARGS works in conjunction with the Brazilian Ministry of Health, UNAIDS, CDC, and other partners to identify trainees in Brazil. The main goal is to provide self-sufficiency for research scientists in Brazil, capable of designing and implementing AIDS intervention research, independently or in collaboration with US investigators.

This is a five-year project, from 2001-2006. Two visiting scientists from Brazil attended the I-TAPS summer intensive training course in 2002, and four others in the summer of 2003; each produced a pilot research protocol. In 2005, four Brazilian scientists attended a group writing sabbatical program to analyze their data and to prepare scientific manuscripts. In 2006, three Brazilian scientists will attend a second group writing sabbatical program at CAPS.

At CEARGS in Porto Alegre, a total of 162 Brazilian scientists have been trained since 2002 in short courses on clinical research methods, basic epidemiology, and data analysis using Epi-Info. Two additional short writing sabbaticals focusing on data analysis and scientific writing were attend by a total of 69 scientists in 2004 and 2005. To date, 23 trainees have received pilot study funding for their projects. A distance learning component was added at the end of 2005, enabling scientists from all over Brazil to attend the basic clinical research methods trainings through teleconferencing.

**Project Web Site:** [www.ceargs.org.br](http://www.ceargs.org.br)

**Project End Date:** September 2006

### International Traineeships in AIDS Prevention Studies (ITAPS)

**Project Staff:** George Rutherford, Director; Jeffrey S. Mandel, Co-Director; Ritu Sehgal, Program Manager; Debbie Bain, Senior Research Associate; Krysia Lindan, Core Regional Faculty for Asia; Kim Shafer, Core Regional Faculty for Latin America; Willi McFarland, Core Regional Faculty for Africa; and Tom Novotny, Core Regional Faculty for Eastern Europe and Central Asia.

**Project Description:** In our current funding cycle (2001-2006), we sponsor three types of training: 1) a summer course in designing and conducting prevention research, 2) a writing sabbatical/scientific manuscript preparation course and 3) formal graduate study. In 2002, 2003 and 2004, we accepted a total of 23 visiting scientists from developing countries for a 10-week intensive training program at UCSF; the product of this course is a study protocol. Subsequently, we provided assistance to these visiting scientists to obtain funds to conduct pilot studies in their home countries with technical assistance from a CAPS faculty mentor. In 2005 and 2006, 19 scientists who have completed data collection have returned for one of two group writing sabbaticals, in which we provide statistical support and faculty consultation for preparation of a scientific article. An additional 5 scientists attended individual writing sabbaticals during the funding cycle and received similar support and consultation. The writing sabbatical program is open to other international collaborators who are ready to complete scientific manuscripts. We also serve as a “portal of entry” for the AIDS International Research and Training Program at UC Berkeley for MPH and PhD degrees in epidemiology (Arthur Reingold, P.I.).

**Significance:** Training of scientists from developing countries in U.S. academic institutions has traditionally been through formal long-term instruction leading to advanced degrees or postdoctoral fellowships. We have developed an alternative training model, which combines short-course training in the US and faculty-supervised pilot studies in scientists’ home countries.

**Interesting Findings:** Over the years, our emphasis has shifted from descriptive studies to intervention trials. ITAPS has trained 130 scientists from 37 countries over the past 17 years, of whom 38 have participated in one or more Scientific Writing Workshops, or returned to participate a second time in the Intensive Research Methods Program to design a new research protocol or an intervention phase of a descriptive study. ITAPS trainees have developed 116 pilot research projects to date, of which 85 have been completed and 14 are ongoing. We have also trained an additional 144 scientists from 9 countries in regional or in-country short courses. Our alumni have published more than 350 peer-reviewed articles in scientific journals.

**Project Web Site:** [www.caps.ucsf.edu/capsweb/projects/ISindex.html](http://www.caps.ucsf.edu/capsweb/projects/ISindex.html)

**Project Recruitment Dates:** Each year 6-10 scientists from developing countries are selected to participate in the program through an application process initiated by our international core faculty.

### Traineeships in AIDS Prevention Studies (TAPS)

**Project Staff:** Susan Kegeles, Willi McFarland, Rochelle Hartwig

**Project Description:** The Traineeships in AIDS Prevention Studies (TAPS) program trains scientists for academic and public health careers. Candidates must have a PhD, MD, or equivalent doctorate degree. The program is suitable for those who have recently completed their training, and for those who are already faculty members of academic or clinical departments. At the end of the two- or three-year program each trainee will have: completed an MPH degree or its equivalent; taken advanced courses in research methods, statistics and other topics relevant to their major fields of interest; participated in and led numerous seminars on research topics; designed several research protocols; completed at least one significant research project under the direction of a faculty mentor; made several presentations at national or international meetings; learned how to write a grant proposal; and submitted several papers for publication.

*Academic Preparation -- The MPH Requirement.* Trainees without an MPH or its equivalent will matriculate into a relevant track at the UC Berkeley School of Public Health. Such training or its equivalent represents a very important part of the overall traineeship program. Public health training provides trainees with a thorough grounding in biometrics skills, and in the art and science of disease prevention and control. Equally important to the acquisition of specific skills and knowledge, such training provides physicians and social and behavioral scientists with both the time and intellectual environment they will need if they are to broaden their perspective from one which focuses primarily on the characteristics and problems of individuals to one which also gives major attention to the community and how it affects individuals.

*Academic Preparation at UCSF.* In 2004, the program began offering the 2-year UCSF Master's in Clinical Research (MCR) as an alternative for trainees with a clinical focus. The University of California, San Francisco, provides a wealth of formal and informal educational opportunities related to AIDS. Early during the first year of the traineeship the Program Directors and mentor will review with each trainee his or her overall educational needs that are to be met during the two- or three-year period and may recommend the Training in Clinical Research (TICR) courses, the Advanced Training in Clinical Epidemiology (ATCR), or individual courses in statistics or specific research methods, such as qualitative research. Every trainee is required to take a course in the ethical conduct of research during their fellowship. We want to ensure that every trainee, in addition to having excellent qualifications in his or her basic discipline, biometry, research methods and public health, also has a solid grounding in research ethics and the basics of HIV infection and AIDS. Moreover, whatever their area of special interest, e.g., medicine, social sciences, behavioral science, epidemiology or policy, trainees should be reasonably well acquainted with the fundamentals of the other areas. The traineeship experience should provide breadth as well as depth.

*Research Projects.* Trainees will plan and carry out at least one major research project during their training program. Planning begins during the summer of the first year, guided by the TICR course and by getting familiar with existing CAPS research projects and potential mentor and departmental affiliations. The research question and design will be chosen jointly by each trainee and his or her mentor, drawing from topics relevant to the research opportunities offered by participating faculty.

**Project Web Site:** [www.caps.ucsf.edu/tapsindex.html](http://www.caps.ucsf.edu/tapsindex.html)

## Alcance e Impulso al Tratamiento para Individuos de Género Variante

*For an English version of this abstract go to page 54*

**Equipo del proyecto:** Tooru Nemoto, Investigador Principal, Jae Sevelius, Director del Proyecto; Angel Manaois, Asistente del Proyecto

**Descripción:** El objetivo principal es expandir y fortalecer un proyecto existente sobre prevención de VIH, consumo de drogas y trabajo de alcance para individuos de género variante (IGV). El trabajo de alcance se expandirá para incluir IGV en cárceles y personas transgéneros de femenino a masculino (FAM) además de la población objetivo actual de IGV transgéneros de masculino a femenino (MAF). Continuaremos proporcionando talleres especialmente diseñados para IGV sobre reducción del consumo de drogas y de conductas de riesgo del VIH así como para aumentar su capacidad de autocuidado y sus destrezas para sobrevivir al medio. El programa de preparación e impulso para iniciar tratamiento para el consumo de drogas (Drug Treatment Readiness Enhancement Program) es un componente de manejo de casos y de grupos de apoyo previos al tratamiento para IGV que expresen interés en dichos tratamientos. Este proyecto aumentará la capacidad de los programas de tratamiento de drogas de las agencias colaboradoras en San Francisco, al ofrecer talleres de sensibilización sobre género y sus variables al personal de dichas agencias

**Importancia:** A pesar de la necesidad, existe una falta de programas de tratamiento específicos para IGV contra el abuso de drogas. Pocas organizaciones de servicios de SIDA refieren a IGV a programas de tratamiento contra el abuso de drogas. Este proyecto expandirá nuestro actual programa TRANS para mejorar la salud y el bienestar entre individuos de género variante y facilitar la participación en programas de tratamiento contra el abuso de drogas a quienes lo necesiten.

**Resultados de interés:** Datos preliminares muestran que IGV tienen un riesgo más alto para contraer VIH y para el consumo excesivo de drogas. Este estudio expandirá el éxito de nuestro proyecto anterior (TRANS) en el que más de 3,000 MAF-IGV recibieron servicios de alcance, 1,554 MAF-IGV utilizaron las instalaciones del proyecto y 359 participaron en los talleres de prevención. Además, un total de 59 MAF-IGV se inscribieron en programas especialmente diseñados para IGV para el tratamiento contra el abuso de drogas en una de las agencias colaboradoras.

**Fecha de reclutamiento:** De enero de 2004 a marzo de 2008

**Fecha de terminación:** 29 de septiembre de 2008

## Comprendiendo el Contexto Social y Psicológico de la Infección Aguda del VIH

*For an English version of this abstract go to page 69*

**Equipo del proyecto:** Steve Morin, Olga Grinstead, Mallory Johnson, Wayne T. Steward, Hong-Ha M. Truong

**Descripción:** El propósito de este estudio es recolectar datos que conduzcan al desarrollo de intervenciones conductuales para prevenir la transmisión del VIH durante la infección aguda del VIH, que es el tiempo que prosigue inmediatamente al momento de la infección durante el cual el VIH se replica dentro del cuerpo en un periodo en que la respuesta de los anticuerpos aún no se genera. La investigación busca determinar la factibilidad de detectar y reclutar individuos con infección aguda del VIH para una mejor comprensión del contexto social y psicológico de las transmisiones recientes del VIH y para valorar las conductas sexuales, el consumo de drogas y el estado psicológico de los individuos con infección aguda.

Los fondos del estudio provienen del financiamiento complementario que se otorga a cada uno de los NIMH AIDS Research Centers (UC San Francisco, UC Los Angeles, UC San Diego, Columbia, Medical College of Wisconsin y Yale). Cada sitio ha establecido colaboraciones con colegas investigadores clínicos para identificar y reclutar personas con infección aguda del VIH. Los/las participantes responderán a entrevistas cualitativas a profundidad sobre infección, diagnóstico y transmisión del VIH, así como a valoraciones cuantitativas sobre conductas de riesgo para la transmisión del VIH.

**Importancia:** Las personas que se encuentran en las primeras diez semanas de la infección del VIH tiene once veces más posibilidades de transmitir el virus en comparación con las que tienen un mayor tiempo con la infección. Dado este descubrimiento, identificar personas con infección aguda y desarrollar una intervención que cambie sus conductas de riesgo de transmisión, ofrecen una nueva dirección prometedora para reducir notablemente la propagación del VIH.

**Fecha del reclutamiento:** 1o. de febrero de 2006 – 31 de enero de 2007

**Fecha de terminación:** 31 de enero de 2007

## Ensayo Colaborativo de Prevención de ETS/VIH del NIMH

*For an English version of this abstract go to page 28*

**Equipo del proyecto:** Susan M. Kegeles (Investigadora principal-UCSF), Thomas J. Coates (Investigador Principal-UCLA), Carlos Cáceres, (Investigador principal asociado), Jeff Klausner (Consultor), Andre Maiorana (Director del proyecto) y el equipo de investigación de la Universidad Peruana Cayetano Heredia en Lima, Perú.

**Descripción:** El Ensayo Colaborativo de Prevención de ETS/VIH del Instituto Nacional de Salud Mental de los EE.UU. (NIMH sus siglas en inglés) es un estudio randomizado que prueba un programa de prevención a nivel comunitario utilizando Líderes Comunitarios de Opinión Popular (LCOP) en 5 países del mundo. La Universidad de California en San Francisco colabora con la Universidad Cayetano Heredia de Lima en la intervención en Perú. Los objetivos del estudio son:

- Valorar la prevalencia del VIH/ETS y las conductas de riesgo de la población objetivo (18-40 años) en 20 barrios de sectores populares de 3 ciudades del Perú: Lima, Trujillo y Chiclayo.
- Diseñar e implementar una intervención comunitaria para la prevención de VIH/ETS en 10 de los barrios, capacitando y monitoreando durante dos años a los LCOP para promover la reducción del riesgo de contraer VIH y ETS.
- Evaluar el impacto en los barrios de la intervención, comparándolos con los del grupo control.

En Lima hemos completado la recolección de datos biológicos y de comportamiento para el basal y los dos seguimientos anuales y la intervención misma. En Trujillo y Chiclayo hemos completado la recolección de datos biológicos y de comportamiento del primer año y estamos realizando las intervenciones.

**Importancia:** Los modelos de intervención comunitaria que aplican los principios de la Teoría de la Difusión de Innovaciones de E. Rogers, están siendo utilizados cada vez más en la prevención del VIH/ETS en América del Norte. En contraste con las intervenciones individuales, este modelo se centra en miembros de la comunidad (LCOP en este caso) para promover cambios en las conductas de riesgo y en las normas comunitarias.

**Resultados de interés:** Los ámbitos del estudio en el Perú son sitios de interacción social tales como bares, billares, campos deportivos, peluquerías y esquinas en barrios de bajos ingresos. Mucha de esta interacción sucede durante la noche, acompañada por el consumo de alcohol y drogas, el cual frecuentemente conlleva a la actividad sexual. Los segmentos de la población del estudio son: (1) “esquineros” (hombres que se reúnen en las esquinas del barrio), mayormente solteros, desempleados y frecuentemente involucrados en pandillerismo/robos pequeños; (2) “movidas” (“mujeres fáciles”) quienes, contrariamente a lo que las normas sociales dictaminan, tienen múltiples parejas sexuales; (3) hombres auto identificados como gays o travestís quienes con frecuencia trabajan en peluquerías e intercambian sexo por dinero fuera del barrio, mientras que dentro de éste, tienen relaciones sexuales con los esquineros y les llegan a ayudar económicamente. Encontramos que el VIH, el herpes y la sífilis son una epidemia entre los HSH. La clamidia y la gonorrea tienen prevalencia entre los esquineros. En cuanto a las mujeres encontramos que la sexualidad está fuertemente condicionada a la percepción de “estar enamorada”. Entre las mujeres monógamas, sus conceptos del amor, la fidelidad y una relación de pareja permanente y estable las vuelve muy vulnerables para contraer VIH/ETS.

**Fecha de terminación:** Agosto de 2007

## Estudio de Parejas Gay

*For an English version of this abstract go to page 62*

**Equipo del proyecto:** Colleen Hoff, (Investigadora principal), Lynae Darbes, Lei Han, Tor Neilands, Cynthia Gomez (Investigadores asociados); Edwin Ramos-Soto, (Director del proyecto); Lei Han (Estadística principal); Sean Beougher, Brad Vanderbilt, Chris Boyd (Investigadores asociados).

**Descripción:** El Estudio de Parejas Gay intenta identificar las dinámicas de las relaciones de pareja que pueden estar asociadas al riesgo sexual con compañeros primarios (o principales) y secundarios. En la fase cualitativa del estudio realizamos entrevistas a profundidad con 40 parejas gay. La entrevista fue diseñada para explorar cómo los miembros de la pareja se relacionan entre sí, la comunicación, la percepción de riesgo y los *acuerdos sexuales* que estas parejas establecen. En la fase piloto, y como parte de un cuestionario más amplio, usamos el sistema computarizado A-CASI para administrar a 200 parejas la escala “Sexual Agreement Quality”; una medida cuantitativa que desarrollamos basada en los datos cualitativos. El cuestionario más amplio incluyó varias escalas existentes que exploran la salud, pautas de comunicación, conductas sexuales, intimidad, satisfacción marital, compromiso, apego, autonomía, igualdad, confianza, honradez, relaciones de poder, depresión, ansiedad y consumo de drogas.

Para la fase transversal final del estudio, enlistaremos a 450 parejas quienes completarán una encuesta de una hora. El reclutamiento de este estudio se realiza en el Área de la Bahía de San Francisco. Todas las fases de este estudio incluyen una fuerte representación de hombres de minorías étnicas/raciales e igual proporción de parejas VIH discordantes, VIH positivas concordantes y VIH negativas concordantes, además de una amplia gama de edades y de duración de la relación de pareja.

**Resultados de interés:** En nuestro estudio cualitativo encontramos que las parejas establecen acuerdos por varias razones en las que se incluyen: exploración y mejoramiento de la vida sexual, prevención de VIH/ETS, mantenimiento de la relación de pareja y para expresar confianza en la misma relación. Para la mayoría de las parejas fue difícil mantener los acuerdos, especialmente si éstos se rompían. Sin embargo, muchas parejas cambiaron proactivamente sus acuerdos conforme sus necesidades dentro de la relación iban cambiando. En muchos acuerdos se estableció explícitamente qué conductas sexuales eran aceptables/inaceptables para proteger a la pareja contra el VIH/ETS. Cuando las conductas no fueron identificadas explícitamente, se asumía seguridad. Los acuerdos menos explícitos tendieron a romperse con mayor frecuencia que los explícitos y conllevaban a oportunidades para las relaciones sin protección dentro de la pareja. Para muchos, los acuerdos sirven como una parte integral de la relación de pareja en la medida que apoyan la identidad gay, fortalecen la calidad de la relación de pareja, mejoran la satisfacción sexual y representan un reto para que las parejas se comuniquen honestamente. (Darbes LA, Hoff CC, Mahosadha R, Ramos-Soto E. Agreements about outside sex partners support and hinder safety among gay male couples. International Conference on AIDS, 2004 : Bangkok, Thailand. Abstract no. WePeC6131)

**Fecha de reclutamiento:** De la primavera de 2005 a la primavera de 2006.

**Fecha de terminación:** Junio de 2007

## Factibilidad del Proyecto Mpowerment en Argentina

*For an English version of this abstract go to page 26*

**Equipo del proyecto:** Susan M. Kegeles (Investigadora principal), Gregory Rebchook (Investigador asociado), Andre Maiorana (Investigador asociado/Director del proyecto).

**Descripción:** El objetivo es realizar investigación formativa en dos ciudades de Argentina: Córdoba y Rosario, con el fin de evaluar la factibilidad de adaptar el Proyecto Mpowerment en comunidades de hombres que tienen sexo con hombres (HSH) argentinas. Mpowerment es una intervención a nivel comunitario cuya eficacia ya ha sido comprobada en los EE.UU. Las metas del este estudio son:

- Identificar y describir diferentes segmentos de HSH en dos ciudades de Argentina.
- Adquirir un conocimiento preliminar de los factores sociales, psicosociales y contextuales asociados a conductas de riesgo de los HSH.
- Obtener evidencia sobre la factibilidad y aceptación de Mpowerment en Argentina, así como identificar lugares potenciales de investigación para un proyecto más grande.
- Analizar la información secundaria ya recolectada por organizaciones comunitarias y examinar los programas de prevención para el VIH, las estrategias y los mensajes que actualmente se dirigen a los HSH en dos ciudades de Argentina.
- Sentar las bases para una posible colaboración con las organizaciones comunitarias.

**Resultados de interés:** Recolectamos datos durante agosto, noviembre y diciembre de 2003. Realizamos 24 entrevistas semi-estructuradas con HSH y 23 con proveedores de servicios de prevención de VIH; realizamos observaciones etnográficas en lugares gay y analizamos datos secundarios. Hubo percepciones de un aumento en la conducta de riesgo desde el advenimiento de las terapias antirretrovirales sumamente activas (TARSA). Identificamos que los jóvenes menores de 22 años de áreas empobrecidas, tanto travestis como HSH que no se identifican como homosexuales, en particular tienen una gran necesidad de recibir servicios de prevención. Los esfuerzos de la prevención se limitan a la distribución de condones y no se efectúan de forma constante. La habilidad de estos hombres para protegerse está determinada por su conciencia de ser HSH; dicha conciencia parece ser el resultado de un proceso de construcción de autoestima, respeto a uno mismo, compromiso con uno mismo y de tener un 'plan de vida'. El apoyo de la familia, la pareja y los amigos es esencial en el proceso. Si bien los HSH hablan sobre sus conductas de riesgo en específico con sus amigos íntimos, la plática sobre VIH en un grupo incluye chistes o la manera de evitar a alguien con VIH. Los HSH VIH+ no revelaron su condición de VIH por miedo a ser rechazados sexual o socialmente. Varios hombres consideraron su relación de pareja como una protección contra el VIH, pero no se habían hecho la prueba del VIH ni tampoco eran, necesariamente, mutuamente monógamos. Entre las parejas estables, se reportó como problemática la negociación del sexo con mayor protección en las prácticas sexuales casuales (fuera de la relación). (Maiorana A, Sivori H, Kegeles S. Assessment of needs for HIV prevention among different segments of men who have sex with men (MSM) in the cities of Rosario and Cordoba, Argentina. Int Conf AIDS. 2004 Jul 11-16;15:abstract no. C11615.)

## HOLLA: Desarrollo de una Intervención Preventiva de VIH, Hepatitis C y ETS para Hombres Recién Liberados de Prisión

*For an English version of this abstract go to page 48*

**Equipo del proyecto:** Janet Myers, Barry Zack, Craig Hutchinson, Gonzalo Rucobo y Olga Grinstead.

**Descripción:** Estamos explorando el contexto de las conductas de riesgo del VIH entre los hombres que dejan la prisión con el objetivo de diseñar –basados en las experiencias y recomendaciones de los mismos– una intervención que aborde las necesidades específicas de prevención de VIH de los hombres recién liberados de la prisión. Este es un estudio de fases múltiples. En la fase formativa reclutamos a 28 hombres liberados de diferentes correccionales de California y los entrevistamos a fondo la semana posterior a su liberación. Dos semanas más tarde entrevistamos nuevamente a 25 de los 28. Todos menos uno de los entrevistados fueron afroamericanos. En la siguiente fase usaremos la información obtenida de las entrevistas como guía para seleccionar, adaptar, implementar y evaluar una intervención que aumente las pruebas de VIH y disminuya las conductas de riesgo. Planeamos examinar las tendencias a corto plazo respecto a las pruebas de VIH y a la conducta de riesgo fuera de la prisión así como las asociaciones entre las pruebas, el riesgo y el contacto con la intervención entre los hombres que participan en el estudio. Además de la encuesta cuantitativa, haremos entrevistas cualitativas que exploren los facilitadores y las barreras para la eficacia de la intervención.

**Importancia:** Los servicios de prevención de VIH para hombres que han sido encarcelados son importantes dado que estos hombres tienen un riesgo acrecentado de adquirir el VIH y de transmitirlo a sus parejas sexuales o de compartimiento de jeringas. En el proyecto HOLLA estamos explorando el contexto de las conductas de riesgo del VIH dentro de la prisión para poder entender las necesidades de prevención del VIH de los hombres tanto dentro como fuera de la misma. Entender cómo es que el encarcelamiento delinea la conducta de riesgo es importante pero a la vez complejo. La conducta dentro de la cárcel tiene claras consecuencias sobre la conducta fuera de ésta, por lo que debe considerarse durante el diseño y la provisión de los servicios de prevención del VIH.

**Resultados de interés:** En las entrevistas formativas, los hombres enfatizaron que la prevalencia de las relaciones sexuales con y sin consentimiento dentro de la prisión son sensacionalizadas por la cultura popular. Todos los entrevistados expresaron preocupación sobre el VIH y la mayoría han tomado medidas para evitar infectarse mientras están presos. Los hombres describieron una gama de estrategias para lidiar con las amenazas a la salud durante el encarcelamiento que van desde buscar “protección” dentro de las pandillas hasta el “autoencierro” en sus propias celdas. Muy pocos describieron contacto sexual con otros hombres en la prisión pero todos se relacionaban con historias sobre las dinámicas sociales del sexo y consumo de drogas en la prisión. Con excepción de algunos hombres que abiertamente se identificaban como “gays”, había poca tolerancia para las relaciones sexuales entre hombres y cuando ocurrían se les consideraba un acto vergonzoso. Más de un hombre enfatizó que “mataría” como castigo por ser objeto de un asalto sexual. Los hombres dijeron que a pesar de que el tema rara vez surge, estarían dispuestos a platicar sobre sus experiencias en la cárcel con sus parejas, familia o amigos.

**Fecha de terminación:** Diciembre del 2007

## Intervención para Afroamericanos HSH que No Se Identifican Como Gays

*For an English version of this abstract go to page 51*

**Equipo del proyecto:** Susan Kegeles, PI; Carla Dillard Smith, Co-PI; Don Operario y Perry Rhodes III, Co-investigadores.

**Descripción:** Una de las prioridades más urgentes en la salud pública es la creación de intervenciones para hombres que tienen sexo con otros hombres (HSH) afroamericanos. Entre quienes tienen el riesgo más alto para contraer el VIH se encuentran los afroamericanos HSH que no se identifican como gays o bisexuales. Por medio de la investigación formativa y retroalimentación de los miembros de este grupo y de personas clave de ésta comunidad, desarrollaremos una intervención que tome en cuenta género y cultura para adecuarla a las necesidades de los hombres afroamericanos que no se identifican como gays o bisexuales. El estudio comparará una intervención reforzada que incluye consejería y pruebas de VIH más una serie de sesiones individuales de consejería para la promoción de la salud, con los programas estandarizados de consejería, pruebas y referencias de VIH y los de manejo de caso en general.

Las sesiones reforzadas de consejería para la promoción de la salud abordarán:

- 1) El aumento de los niveles de comodidad respecto a la misma identidad personal,
- 2) el establecimiento de relaciones de pareja positivas,
- 3) el desarrollo de habilidades para la adaptación al medio

Reclutaremos en el Área de la Bahía de San Francisco una muestra de 200 HSH afroamericanos que no se identifican como gays o bisexuales. Después de recibir consejería y prueba del VIH la mitad se asignarán al azar a la intervención reforzada y la mitad al programa estandarizado. Todos los participantes completarán una encuesta de valoración de riesgo al inicio de la intervención, a los tres y a los seis meses posteriores. La encuesta se realizará usando un sistema de audio computarizado (A-CASI). Un subgrupo de los participantes participará en entrevistas cualitativas para proporcionar información a fondo sobre la experiencia en el proceso de la intervención. Por medio de evaluación del proceso y de los resultados, mediremos y describiremos las diferencias conductuales asociadas con la intervención reforzada y crearemos planes para un ensayo randomizado controlado de una intervención a mayor escala.

Este proyecto es una colaboración entre el California Prevention and Education Project (CalPEP) de Oakland, CA y CAPS. Nuestro equipo comparte la filosofía de que prestadores/as de servicios, investigadores/as y miembros/as de la comunidad deben trabajar conjuntamente para crear soluciones que mitiguen el esparcimiento del VIH/SIDA en la comunidad afroamericana.

**Importancia:** El VIH ha impactado fuertemente a los HSH afroamericanos con reportes que muestran niveles desproporcionados de infección del VIH, de enfermedades relacionadas al VIH y de índices de mortalidad por SIDA. Varios estudios de investigación indican que muchos afroamericanos HSH no se auto identifican como gays o bisexuales y consecuentemente pueden no percibirse a riesgo de contraer VIH, no hacerse una prueba de VIH, no usar los servicios de prevención del VIH o no revelar sus conductas sexuales a otras personas.

**Fecha de terminación:** 2008

## Prevención Estructural de la Transmisión del VIH por Medio del Internet en las Redes de HSH

*For an English version of this abstract go to page 58*

**Equipo del proyecto:** Greg Rebhook, Deb Levine, Jeffrey Kalusner, Alberto Curotto

**Descripción:** Este proyecto creará y estrenará en versión piloto un sitio electrónico para la intervención estructural que evaluará nuevas formas de prevenir el VIH entre hombres que tienen sexo con hombres (HSH) que hacen uso del internet. El estudio, financiado por una beca del Universitywide AIDS Research Program, es una colaboración entre los investigadores de CAPS, Internet Sexuality Information Services, Inc. (ISIS, sus siglas en inglés) -una organización no lucrativa con sede en San Francisco-, y el Departamento de Salud Pública de San Francisco. Recolectaremos datos formativos a nivel estatal por medio de grupos focales con HSH que conocen a sus compañeros sexuales en línea y por medio de consultas con los operadores, diseñadores y programadores de los sitios electrónicos. Integramos esta información con los resultados de nuestras investigaciones anteriores y nuestra experiencia en la creación de herramientas para la prevención por vía cibernética, dirigida a los HSH.

El objetivo es diseñar un sitio electrónico de múltiples componentes que ayude a los HSH a disminuir los riesgos de contraer el VIH, a través de una combinación de intervenciones cibernéticas a nivel individual y a nivel comunitario. A los participantes se les ofrecerá la opción de fortalecer sus habilidades mediante el uso de herramientas interactivas y educativas, diseñadas para alentar los comportamientos personales saludables. De manera paralela, junto con estas herramientas y con el objetivo final de divulgar normas de salud entre los usuarios HSH del internet, habrá muchas oportunidades para que los participantes se encuentren en el internet como comunidad, a través de su participación en una discusión continua sobre los temas que afectan sus vidas y su salud. Para la evaluación de los resultados, los investigadores coleccionarán estadísticas del uso del sitio electrónico que resuman la utilización de los diferentes componentes. También se entrevistará en detalle a un grupo selecto de participantes sobre su experiencia en el uso del sitio.

**Importancia:** Varios estudios, incluyendo el nuestro, han documentado que los cuartos para charlar, o *chatrooms*, y los sitios electrónicos de anuncios clasificados personales son herramientas de socialización populares entre los HSH y *posiblemente* se relacionen con el comportamiento riesgoso. Afortunadamente, las investigaciones y la experiencia también han demostrado que el internet puede ser un vehículo para las intervenciones que previenen el VIH y tienen el potencial de mejorar la salud pública. Anteriormente, la mayoría de los programas se concentraban en los comportamientos individuales. Las intervenciones ambientales y a nivel estructural pueden tener un mayor potencial de cambiar el ambiente social en el cual se expresan los comportamientos riesgosos y, al afectar las normas comunitarias, pueden impactar a una población más grande que los individuos que participan directamente en el programa. Este estudio es especialmente importante dado que tiene el objetivo de ampliar los éxitos obtenidos con los programas existentes de prevención del VIH y ETS de tipo cibernéticos, al consolidar sus experiencias y ampliar su enfoque más allá del nivel individual. También desarrollaremos y evaluaremos nuevas estructuras basadas en el internet para ayudar a la población objetivo a participar en la transformación del ambiente social cibernético y asumir la responsabilidad, cuando sea posible, de la salud sexual de su comunidad.

**Fecha de reclutamiento:** Proyectada a principios de 2006

**Fecha de terminación:** Diciembre de 2007.

## Prevención Multinivel Dentro del Contexto y la Cultura de los HSH Latinos

*For an English version of this abstract go to page 53*

**Equipo del proyecto:** Diane Binson (Investigadora Principal); LeRoy Blea (Investigador Asociado)

**Descripción:** Este estudio desarrollará, instrumentará y evaluará un programa de prevención del VIH para hombres latinos que tienen sexo con otros hombres (HSH) y que no se autoidentifican como homosexuales (HSH/NG). Este proyecto opera en base a una relación de colaboración entre CAPS y la Oficina del SIDA de la Ciudad de Berkeley. Para la evaluación del programa utilizaremos preguntas y métodos que han sido probados en estudios previos y actuales de nuestro equipo de investigación.. Los objetivos del proyecto son:

- 1) Diseñar un programa basado en el diálogo con la población objetivo de latinos HSH/NG para asegurar una estrategia multinivel, culturalmente sensible, capaz de abordar los aspectos críticos de la prevención del VIH. Dichos aspectos se abordaran tanto a nivel del individuo como a nivel del ambiente de los espacios públicos donde tienen lugar las relaciones sexuales.
- 2) Instrumentar el programa dirigido al individuo mediante una estrategia no tradicional de consejería intensiva y prueba de VIH (de persona a persona) utilizando tarjetas inspiradas en el juego [mexicano] de “lotería” o fotonovelas o historias de pares; dichos materiales contienen temas codificados que se derivan de la comunidad misma en los que se incluyen el racismo, la homofobia y otras condiciones de riesgos particulares a los latinos HSH. Transportaremos estos temas al contexto de la conducta sexual en una campaña de mercadotecnia social que impulsará a que los hombres continúen con un diálogo interno y comunitario sobre las conductas de riesgo. Además, buscaremos cambios ambientales para mejorar la iluminación en los espacios, la disponibilidad de condones y cambios en las regulaciones que aumenten la seguridad de los latinos HSH cuando tienen relaciones sexuales en estos lugares.
- 3) Para evaluar el programa aplicaremos una encuesta a 150 hombres previa su participación en el programa y haremos una entrevista de seguimiento tres meses después. También evaluaremos el funcionamiento del programa por medio de grupos focales y entrevistas a profundidad.

**Importancia:** Los HSH han sido y continúan siendo uno de los grupos más afectados por el VIH en los Estados Unidos, especialmente en California. El impacto de la enfermedad del VIH en la población latina de los EE.UU. es particularmente severo, ya que este grupo reporta el 19% de los todos los casos de SIDA pero representa sólo el 13% de la población total. En Berkeley, California, las estadísticas del censo muestran que el 10% de la población es latina. De acuerdo con los reportes de los sitios de pruebas de VIH que operan con fondos públicos, un 18% de las personas VIH+ en Berkeley son latinos de los cuales el 70% son HSH. Es de suma importancia responder a esta creciente epidemia entre los latinos HSH afrontando los desafíos que implica proveer servicios de prevención para esta población.

## Proveer Prevención: Una Intervención Dirigida a Quienes Proveen Atención Médica del VIH

*For an English version of this abstract go to page 38*

**Equipo del proyecto:** Carol Dawson Rose (Investigadora principal), Grant Colfax, (Investigador principal asociado), Kelly Knight y Cynthia Gómez, (Investigadoras asociadas), Charles Pearson, (Director del proyecto), Pat Borch, (Coordinador de campo).

**Descripción:** Este proyecto es una intervención dirigida a quienes proporcionan servicios médicos del VIH. La meta es capacitar a proveedores/as de atención primaria del VIH para realizar valoraciones del riesgo de transmisión del VIH con sus pacientes VIH+. Personal de tres clínicas será asignado al azar a uno de dos grupos. Los datos del comportamiento de pacientes de las clínicas participantes serán recolectados para evaluar el impacto de la charla sobre prevención del VIH iniciada por el proveedor/a. Las clínicas se ubican en Sacramento, San Mateo y San Francisco en California. La muestra incluye 44 proveedoras/es de atención primaria del VIH y 450 pacientes.

**Importancia:** La prevención abarca los dominios de atención y cuidado médico; sin embargo, son pocas las personas con formación médica que están capacitadas adecuadamente para implementar promoción de salud y prevención durante la consulta. Además, para poder disminuir la cantidad de nuevas infecciones del VIH, es necesario realizar intervenciones con las personas VIH positivas. Creemos que enlazando éstos dos componentes se puede tener un impacto en la tasa de nuevas infecciones. Aun más, las personas VIH-positivas que han participado en nuestros estudios anteriores han expresado su deseo de tratar con su médico/a del VIH el tema de prevenir el contagio del VIH a otros. Nuestro deseo es que esta intervención tenga éxito para ayudar a desarrollar las habilidades de quienes proporcionan servicios médicos en esta área y que la colaboración entre paciente- médico ayude a disminuir la cantidad de personas expuestas al VIH.

**Resultados de interés:** Los datos preliminares del basal en 2005 reportan: Participantes: (N=283), edad mediana: 43 (rango 22-67), raza/etnicidad: afroamericana 37% (106), latina 18% (50), blanca 36% (103), asiática/islas del pacífico 1% (3), otros 6% (18); Sexo: hombres 70% (197), mujeres 26% (74), transgéneros 4% (12); Educación: 27% estudios preparatorios (high school) o de menor grado. Identidad sexual: Hombres: homosexual 55% (109), heterosexual 26% (52), bisexual 14% (28) otra 4% (8); Mujeres: heterosexual 78% (58), bisexual 16% (12), homosexual 4% (3), otra 1% (1); Transgéneros de hombre a mujer: Heterosexual 41% (5), homosexual 33% (4), bisexual 0% (0) otra 25% (3). Basal del comportamiento de riesgo: Sexo anal/vaginal sin protección (últimos 6 meses): Hombres: 55% (109) reportaron sexo sin protección con parejas mujeres u hombres, 44% (86) sexo anal sin protección con hombres; 13% (26) sexo anal/vaginal sin protección con mujeres. Mujeres: 56% (41) reportaron sexo anal/vaginal sin protección con hombres. Usuarios de Drogas Inyectables: 33% (93) reportaron inyección de drogas en el pasado, 28% (79) reportaron inyección de drogas con un compañero/a serodiscordante. Relación con proveedor/a médico/a: 50% de los/las participantes tuvieron seis visitas en el último año. El 32% pasó más de 30 minutos con su proveedor/a en la última visita y el 60% reportó que su proveedor/a le preguntó si era sexualmente activo/a durante esa última visita.

**Fecha de terminación:** Octubre de 2006.

## Proyecto Equilibrio: Ensayo Clínico Randomizado de una Intervención para Lidar con los Efectos Secundarios del Tratamiento para el VIH

*For an English version of this abstract go to page 35*

**Equipo del proyecto:** Mallory Johnson (Investigador principal), Susan Folkman, Judy Moskowitz, Tor Neilands, (Investigadores asociados), Joey Taylor (Directora del proyecto), Samantha Dilworth (Administradora de datos), Kristi Gamarel (Asistente del proyecto/entrevistadora), Greg Austin, Adina Morguelan, Shay Skye (Entrevistadores), David Olem, (Supervisor clínico).

**Descripción:** El Proyecto Equilibrio es un estudio clínico randomizado que pone a prueba una intervención de consejería (psicoterapia) que ayude a mujeres y a hombres seropositivos a asumir un papel activo en su cuidado médico. La intervención está diseñada especialmente para ayudar a los individuos a:

- lidiar con los desafíos de tomar medicamentos
- lidiar con los efectos secundarios de los mismos
- mantener una colaboración activa con sus proveedores de atención médica

La intervención consiste de cinco sesiones individualizadas de consejería. Inscribiremos a aproximadamente 300 adultos seropositivos que estén tomando medicamentos antirretrovirales y evaluaremos el impacto de la intervención en la calidad de vida y el apego a los medicamentos. Realizaremos valoraciones basales y daremos seguimiento a los seis, doce y dieciocho meses. Las variables psicosociales y conductuales se evaluarán mediante entrevistas computarizadas (ACASI/CAPI) en las oficinas del proyecto en CAPS.

**Importancia:** Si bien los beneficios de las terapias antirretrovirales sumamente activas (TARSA) para la prolongación de la vida han sido ampliamente documentados, los efectos secundarios adversos van de la mano de los beneficios farmacológicos. Los efectos secundarios son predecibles e indeseables efectos de la dosis farmacológica y ocurren en los parámetros de la dosis terapéutica. Los efectos secundarios más comunes de las TARSA son los problemas gastrointestinales como diarrea, náusea, vómito y los problemas dermatológicos, como la urticaria. Otros efectos adversos “invisibles” que se hacen evidentes al paso del tiempo, incluyen los problemas cardiacos, renales y el aumento de los niveles de triglicéridos. Los efectos secundarios se citan con frecuencia cuando se evalúa el impacto de las TARSA en el tratamiento del VIH. A la vez que los investigadores activamente intentan desarrollar nuevos medicamentos con menores efectos secundarios, el objetivo de un régimen sin efectos secundarios y clínicamente eficaz está lejos de alcanzarse. Por consiguiente, las personas seropositivas tendrán que enfrentarse a las realidades de los efectos secundarios en este futuro previsible.

**Fecha de reclutamiento:** Inició en febrero de 2005 y continúa a la fecha.

**Fecha de terminación:** Febrero de 2009

## Proyecto HOME (Health Options Mean Empowerment) Las opciones de salud significan empoderamiento

*For an English version of this abstract go to page 49*

**Equipo del proyecto:** Olga Grinstead (Investigadora principal), Megan Comfort (Directora del proyecto), Kathleen McCartney, Tor Neilands, Kelly Knight, Angela Allen, Barbara Garcia, Christine Soriano (CAPS). Philippe Bourgois (Department of Anthropology, History, and Social Medicine, UCSF). Jolene Forman, Katie Kramer, Tara Regan, Barry Zack (Centerforce).

**Descripción:** El propósito de HOME es diseñar y probar una intervención para la reducción del riesgo del VIH de las mujeres cuyos compañeros están siendo liberados de la Prisión Estatal de San Quintín. La intervención se llevó a cabo en doce meses de febrero de 2005 a enero de 2006. En el centro de visitantes que se ubica directamente afuera de las puertas de San Quintín, realizamos actividades semanales que abordaban prevención de VIH y ETS, salud de mujeres y otros temas relevantes para esta población como la libertad condicional. Capacitamos en educación de pares a once mujeres que visitaban sus compañeros presos; ellas trabajaron de cerca con el personal del proyecto para facilitar las actividades semanales. Recolectamos datos durante la intervención usando las mismas encuestas cuantitativas que usamos durante la investigación formativa. Estamos comparando a las participantes de dos encuestas transversales, una que se llevó a cabo justo antes de lanzar la intervención y otra que se efectuó inmediatamente después que terminamos el trabajo de campo. Por último, realizamos entrevistas cualitativas longitudinales con las educadoras de pares.

**Importancia:** Las mujeres con parejas encarceladas tienen un riesgo en particular por contraer el VIH, ya que sus parejas tienen una tendencia cinco veces mayor a ser VIH+ que la población general. Los hombres privados de su libertad tienen una alta incidencia de consumo de drogas inyectables. Las mujeres con parejas encarceladas tienden a ser personas de bajos ingresos y de minorías étnicas/raciales con un riesgo mayor de contraer el VIH debido al racismo, la pobreza y el sexismo. Además sus estresores cotidianos se ven agravados por el encarcelamiento de sus parejas.

**Resultados de interés:** Con el fin de profundizar en nuestro entendimiento sobre cómo es que las circunstancias de separación forzada y la prohibición del contacto físico tienen un efecto en la conducta sexual de las mujeres, hemos investigado el desarrollo y el mantenimiento de la intimidad de las parejas heterosexuales cuando el compañero se encuentra preso. Reconocemos que el control del sistema correccional se extiende a los cuerpos de estas mujeres, tanto cuando se encuentran dentro de las paredes de la institución visitando a sus compañeros como cuando se encuentran en casa luchando por permanecer conectadas a sus hombres ausentes. De nuestras entrevistas cualitativas con 20 mujeres que visitan a sus compañeros internos y con 13 oficiales correccionales que interactúan con visitantes, examinamos cómo las restricciones institucionales tales como regulación de la apariencia de las mujeres, la prohibición de contacto físico y la falta de foros que permitan la privacidad, derivan en que las parejas forjen “espacios” alternativos en los que su relación tiene lugar. Los guiones románticos, la intensificación de la tensión sexual durante el encarcelamiento y las circunstancias propias de la libertad condicional promueven tanto la relación sexual sin protección, como otros comportamientos de riesgo para el VIH/ETS que prosiguen a la liberación de los internos. (Comfort M, Grinstead O, McCartney K, Bourgois P, Knight K. You cannot do nothing in this damn place”: sex and intimacy among couples with an incarcerated male partner. *J Sex Res.* 2005 Feb;42(1):3-12.)

**Fecha de terminación:** Junio 30 del 2006

## El Proyecto Mpowerment: Una Intervención a Nivel Comunitario de Prevención de VIH para Varones Jóvenes Gay y Bisexuales

*For an English version of this abstract go to page 52*

**Equipo del proyecto:** Susan Kegeles, Greg Rebchook, Ben Zovod y Lance Pollack

**Descripción:** El Proyecto Mpowerment es una intervención de prevención del VIH a nivel comunitario diseñada para reducir la frecuencia de las relaciones sexuales anales sin protección entre jóvenes gay/bisexuales de 18 a 20 años de edad. La estrategia es la movilización de los jóvenes de forma que entre ellos se apoyen en la práctica de relaciones sexuales más seguras y construyan una comunidad fuerte y saludable de jóvenes gays. Ésta es la única intervención diseñada científicamente y probada empíricamente que ha demostrado una reducción de las conductas riesgo sexual para contraer el VIH entre los jóvenes gay. Mpowerment cumple con los criterios de rigor de relevancia y metodología establecidos para la *Prevention Research Synthesis* de los Centros de Control de Enfermedades (CDC) y cuenta con resultados positivos y significativos en conducta y salud para formar parte del *Compendium of HIV Prevention Interventions with Evidence of Effectiveness* de los mismos CDC.

**Importancia:** Los jóvenes gay tienen mayores probabilidades que los jóvenes heterosexuales de salir de su casa a una edad más temprana, sufrir depresión, consumir alcohol/drogas y participar en conductas que los ponen a riesgo de contraer el VIH. El Proyecto Mpowerment es una intervención de pares con principios de sexualidad positiva y homosexualidad positiva que confía en los mismos pares para que sean agentes del cambio, tomando en cuenta la gran influencia que los pares pueden ejercer en esta etapa de la vida. Mpowerment se basa en el modelo de empoderamiento/apoderamiento en el que los jóvenes se hacen cargo del proyecto; ya que cuando los individuos se involucran activamente para encontrar e implementar soluciones a sus problemas, los cambios de conducta son más duraderos. Mpowerment se concentra en los intereses sociales de los jóvenes gays, pues la investigación formativa nos indica que el VIH no es un motivo que los cautive o inspire. Por lo tanto, este programa relaciona la reducción del riesgo del VIH a la satisfacción de otras necesidades más imperantes. La meta es crear una comunidad fuerte y saludable de jóvenes gays en la que las relaciones sexuales con mayor protección se vuelven la norma aceptable.

**Resultados de interés:** Los datos de evaluación del estudio original realizado en Santa Cruz, CA, Santa Bárbara, CA y Eugene, OR, mostraron que la proporción de jóvenes que participaron en relaciones sexuales anales sin protección disminuyó del 38.3% al 30.9% (-19.3% reducción relativa), con una reducción del 19.2% al 13.6% (-29.2% reducción relativa) con parejas sexuales no-primarias y con una reducción del 57.7% al 41.8% (-27.6% reducción relativa) con novios o parejas primarias. Los datos de la evaluación preliminar de nuestro actual estudio en Albuquerque, NM, Austin, TX, y Phoenix, AZ muestran que Mpowerment pudo prevenir enormemente las relaciones sexuales de riesgo con parejas casuales, mismas que fueron documentadas en comunidades del estudio que no recibieron la intervención y en ciertos grupos de hombres jóvenes con el propósito de revertir esa tendencia. Mpowerment fue diseñado con la intención de que se adaptara fácilmente a la cultura y el ambiente social de cada comunidad y al tiempo que mantuviera el mismo marco de referencia a través de las distintas comunidades.

**Sitios electrónicos:** [www.caps.ucsf.edu/MPindex.html](http://www.caps.ucsf.edu/MPindex.html) y [www.Mpowerment.org](http://www.Mpowerment.org)

## El Proyecto Mpowerment:

Poniendo en Práctica la Investigación de Nivel Comunitario para la Prevención del VIH

*For an English version of this abstract go to page 12*

**Equipo del proyecto:** Susan Kegeles, Greg Rebchook, David Sweeney, John Hamiga, Ben Zovod, Scott Tebbetts, Lance Pollack, Dave Huebner y Wayne Steward.

**Descripción:** Este proyecto es parte de la iniciativa de Translating Research into Practice (TRIP) de los Centros de Control de Enfermedades (CDC). Hemos desarrollado un refinado *sistema colaborativo de intercambio de tecnología* para asistir a las organizaciones comunitarias en la implementación de Mpowerment en sus comunidades. El Sistema de Intercambio de Tecnología del Proyecto Mpowerment (Mpowerment Project Technology Exchange System-MPTES) utiliza, entre otras, las teorías de Difusión de Innovaciones y las del Aprendizaje Social. El MPTES consiste de: 1) Paquete de replicación -con dos manuales de capacitación y dos cintas de video-, 2) amplia capacitación de tres días y capacitaciones de seguimiento, 3) programa de apoyo técnico (AT) y 4) una variedad de servicios de Internet como sitio electrónico, chat rooms, listas de distribución y foro electrónico de discusión.

El Proyecto Mpowerment fue diseñado para reducir la frecuencia de conductas de riesgo del VIH entre jóvenes gay/bisexuales entre 18 y 29 años de edad. La estrategia es la movilización de los mismos jóvenes de forma que entre ellos se apoyen en la práctica de relaciones sexuales más seguras. Mpowerment forma parte del *Compendium of HIV Prevention Interventions with Evidence of Effectiveness* de los mismos.

**Resultados de interés:** Más de 300 organizaciones comunitarias (OC) y departamentos de salud (DS) han solicitado apoyo técnico para implementar el Proyecto Mpowerment. La intervención es compleja debido a su sofisticación teórica, sus multicomponentes interrelacionados, el trabajo de apoderamiento/empoderamiento con los jóvenes HSH para la toma de decisiones y los métodos de organización comunitaria. Sin embargo, las teorías actuales sobre HSH y conductas sexuales de riesgo indican que las intervenciones complejas son necesarias para concordar con los complejos contextos socioculturales que enmarcan las problemáticas psicosociales y de conducta que afectan a los jóvenes HSH.

Descubrimos que por sí mismo el paquete de replicación era insuficiente para traducir eficazmente la parte de la investigación a la práctica. Los materiales deben proporcionar guías y ejemplos para la implementación el programa, al tiempo que no dictamine cómo hacerlo. La capacitación debe ser intensiva y experiencial y debe motivar a las OC y los DS a compartir sus experiencias mutuamente. El Apoyo Técnico (AT) debe ser adaptado a las necesidades individuales de la comunidad que cada OC/DS sirve, considerando las características únicas de la misma y la fase de implementación apropiada. El AT debe ofrecerse no sólo cuando las OC/DS lo solicitan, sino con regularidad. Las cuestiones organizacionales deben tomarse en consideración en cada componente del sistema. El Sistema de Intercambio de Tecnología del Proyecto Mpowerment (MPTES en inglés) representa por sí mismos una “intervención de segunda generación” que implica una extensiva colaboración con las OC y los DS. (Kegeles SM, Rebchook G. Translating Research into Practice: Experiences of an Evidence-Based Community-Level HIV Prevention Intervention for Young MSM. National HIV Prevention Conference. 2003;abstract no. M1-D0202.)

**Sitio electrónico:** [www.Mpowerment.org](http://www.Mpowerment.org)

**Fecha de terminación:** 2006

## Trayectos: Contexto Social y Riesgo de VIH entre Inmigrantes Gay Mexicanos

*For an English version of this abstract go to page 68*

**Equipo del proyecto:** Héctor Carrillo, Investigador Principal (CAPS-UCSF); Steven Epstein, Co-investigador (UCSD); Stephen Scott, Director de Proyecto; Jorge Fontdevila, Jaweer Brown, Etnógrafos; Carlos Hermosillo, Asistente de Proyecto.

**Descripción:** Trayectos es un estudio etnográfico de cuatro años en San Diego que se enfoca en las experiencias de vida de inmigrantes Mexicanos gay y bisexuales y en su riesgo de adquirir o transmitir el VIH. Trayectos ha sido financiado por el Instituto Nacional de Salud Infantil y Desarrollo Humano (NICHD, siglas en inglés).

Metodológicamente hablando, Trayectos está basado en observación participativa en lugares en que los inmigrantes gay socializan y en entrevistas individuales con hombres que son: (1) inmigrantes mexicanos gay o bisexuales; (2) hombres latinos gay o bisexuales nacidos en E.U.; y (3) hombres gay o bisexuales nacidos en E.U. de cualquier raza o grupo étnico que hayan estado involucrados romántica o sexualmente con inmigrantes Mexicanos en los últimos doce meses.

El propósito de este programa de investigación es describir cómo se incorporan los inmigrantes Mexicanos gay y bisexuales en la vida gay de E.U., así como la forma en que dicha incorporación afecta su salud sexual y riesgo de VIH. Como parte de esta meta, compararemos las experiencias de vida (en cuanto a sexualidad y VIH) de los inmigrantes con las de hombres gay Latinos nacidos en E.U. En términos prácticos, generaremos y diseminaremos resultados que puedan ser utilizados por las y los educadores de SIDA para diseñar y mejorar los programas de prevención para inmigrantes latinos gay o bisexuales. En términos teóricos, buscamos contribuir al conocimiento sobre cómo la intersección de migración, orientación sexual, participación en la vida norteamericana, e inequidad social generan riesgos de salud.

**Importancia:** Entre los hombres que tienen sexo con hombres (HSH) en E.U., los latinos tienen la segunda tasa más alta de transmisión de VIH (después de los hombres africano-americanos). En comparación con los HSH blancos no hispanos, entre quienes se ha visto cierta disminución en la incidencia de casos de SIDA a partir de 1996, los HSH hispanos “contribuyen una proporción creciente de casos de SIDA y tienen reducciones proporcionales menores en incidencia y muertes por SIDA” (MMWR, 2000:4). Los datos epidemiológicos disponibles en California sugieren que una proporción considerable de HSH latinos con SIDA en California nació en México.

Hasta ahora se sabe poco sobre las diferencias en riesgo de VIH, prácticas y comportamientos, e identidades sexuales entre hombres gay Latinos nacidos en E.U. e inmigrantes. El análisis de datos recolectados en Nueva York, Miami y Los Angeles por los Drs. Rafael Díaz y George Ayala muestra que, contrario a lo que se esperaría, los inmigrantes recientes tienen niveles menores de riesgo de VIH que los hombres latinos gay nacidos en E.U. Sin embargo, entre los inmigrantes que han vivido más tiempo en E.U., los niveles de riesgo se incrementan, lo que sugiere que el tiempo de estancia en E.U. está de alguna forma relacionado con cambios en los estilos de vida de los inmigrantes conforme se incorporan a la sociedad americana y a la cultura gay. Explicar cómo suceden estos cambios es una de las metas principales de este estudio.

**Sitio electrónico:** [www.sdtrayectos.org](http://www.sdtrayectos.org)

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