

Enhancing Prevention with Positives Evaluation Center (EPPEC)

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Project Description: Funded by HRSA's SPNS, under the HIV prevention with positives (PwP) in Clinical Settings Initiative, EPPEC provides leadership in the design and evaluation of PwP interventions to test whether behavioral interventions help people living with HIV reduce their risk of transmitting HIV and to identify appropriate intervention models for particular patient populations and care settings.

The specific aims of EPPEC are:

- To facilitate and conduct quantitative and qualitative evaluation research across 15 demonstration sites that will have maximum impact on practice and policy of HIV prevention.
- To provide 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.

Findings: Nearing the end of the interventions at the demonstration sites, analysis of quantitative baseline data indicates that providers of primary care and support services in HIV clinical settings have a potential role in HIV prevention. Providers are more likely to deliver PwP if they feel responsible for doing so; providers are less likely to deliver PwP if they express prevention fatalism, the belief that no matter how much counseling is delivered, some HIV+ patients will still infect others. Among all HIV+ patients enrolled in the study—MSM, MSW and women—stimulant use is associated with risk.

Through analysis of pre-implementation qualitative data collected through interviews with project staff and interventionists at the demonstration sites we identified the following common elements to successfully implement complex behavioral interventions in clinical settings:

- Internal leadership and authority to overcome resistance and foster interest and motivation on the part of clinical providers and clinic staff,
- Shared belief in importance, need, viability, and appropriateness of PwP in clinical setting,
- Adequate attention to creating flow between clinic practice and intervention,
- Ongoing training within the clinic that can address clinician and staff needs as prevention programs become a regular part of the care.

Successful implementation depends on the complementary fit between the intervention model and the clinical setting. Assessing the feasibility of whether or not a clinic has the support of providers, staff and patients—as well as the financial resources—is the first step in determining the potential success of implementing an intervention. Developing interventions that resonate with the patient population and the clinical environment will lead to great willingness from and meaningful experience for participants.

An upcoming special issue of AIDS and Behavior will include articles describing the interventions at the demonstration sites and cross-site qualitative and quantitative baseline findings.

Project Website: www.caps.ucsf.edu/projects/EPPEC/

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