### BACKGROUND

**The need for evidence-based health care**
- Physicians, researchers, public-health practitioners, and patients are deluged with unmanageable amounts of information about the best approaches to prevention, treatment, and health care delivery.
- To address the health information overload, systematic reviews have been developed to synthesize the vast number of studies and resulting data.
- The Cochrane Collaboration is an international network of health care professionals and consumers who prepare, maintain, and disseminate up-to-date evidence-based systematic reviews of health care interventions.

**Recent studies have shown substantial increase in HIV infections in communities of color**
- The Surgeon General’s Leadership Campaign on AIDS is working with the Cochrane Collaboration’s HIV/AIDS Group to systematically review studies of effective HIV prevention interventions for U.S. communities of color.
- The reviews focus on four risk groups among African Americans, Latinos/Hispanics, Asian Americans and Pacific Islanders, and American Indians and Alaskan Natives: men who have sex with men/gay men, heterosexuals, youth/adolescents, and injection drug users.

### METHODS

- We conducted comprehensive and systematic searches for intervention studies, both published and unpublished via electronic databases (e.g. AIDSLINE, MEDLINE).
- We contacted researchers regarding ongoing relevant research.
- We categorized identified studies in terms of the targeted population, components of the intervention, demographics of the participants, research design, methodological quality, and study outcomes.
- Our inclusion criteria required that studies be randomized clinical trials or controlled clinical trials, and that data must be able to be interpreted for ethnic groups separately.

### RESULTS

We identified a total of 138 potentially relevant studies with ethnic minority participants.

**Studies that met our inclusion criteria**

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Study Type</th>
<th>N</th>
<th>Characteristics of most successful and highest quality interventions</th>
<th>Examples of results from included studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>African Americans</td>
<td>Risk Group</td>
<td>N</td>
<td>Characteristics of most successful and highest quality interventions</td>
<td>Examples of results from included studies</td>
</tr>
<tr>
<td>Men who have sex with men/gay man</td>
<td>Information</td>
<td>1</td>
<td>Skills training</td>
<td>Reductions in reported sexual contacts (Choi et al., 1997)</td>
</tr>
<tr>
<td>Men who have sex with men/gay man</td>
<td>Cultural component</td>
<td>1</td>
<td>Self-identification as being African American homosexual men</td>
<td>Reductions in unprotected intercourse by more than half (OR=4.1; Choi et al., 1996)</td>
</tr>
<tr>
<td>African Americans</td>
<td>Injection drug users</td>
<td>12</td>
<td>Information</td>
<td>Increased condom use (several studies)</td>
</tr>
<tr>
<td>African Americans</td>
<td>Skills training</td>
<td>5</td>
<td>Peer Education</td>
<td>Increased condom use (several studies)</td>
</tr>
<tr>
<td>African Americans</td>
<td>Peer education</td>
<td>7</td>
<td>Sensitivity to issues of gender, and culture</td>
<td>Improved communication regarding condom use (DiClemente et al., 1995)</td>
</tr>
<tr>
<td>Latino/ Puerto Rican</td>
<td>Injection drug users</td>
<td>4</td>
<td>Information</td>
<td>Increased condom use at 3-month follow-up (Raj et al., unpublished manuscript)</td>
</tr>
<tr>
<td>Latino/ Puerto Rican</td>
<td>Skills training</td>
<td>7</td>
<td>Risk reduction</td>
<td>Increased condom use at 3-month follow-up (Raj et al., unpublished manuscript)</td>
</tr>
<tr>
<td>Latino/ Puerto Rican</td>
<td>Peer education</td>
<td>8</td>
<td>Behavioral skills</td>
<td>Improved communication regarding condom use (DiClemente et al., 1995)</td>
</tr>
<tr>
<td>Latino/ Puerto Rican</td>
<td>Referrals</td>
<td>10</td>
<td></td>
<td><strong>DISCUSSION</strong></td>
</tr>
</tbody>
</table>
- Many interventions had positive and significant impacts on risk behaviors associated with transmission of HIV infection.
- Most successful interventions:
  - Were conducted over multiple sessions and/or longer periods of time.
  - Provided the participants with skills training.
- Recommendations for researchers:
  - The need for evidence-based health care interventions.
  - Studies should attempt to measure behavior change over longer periods of time to measure the durability of the intervention effects.
- Recommendations for interventions:
  - Interventions should be theory-based and provide skills training (e.g. communication skills, needle sterilization skills).
  - Interventions should be sensitive to gender, culture and language.
- More studies could have been included if investigators had conducted separate analyses by ethnic group of participants.

### RECOMMENDATIONS

- **Recommendations for interventions:**
  - Interventions should be theory-based and provide skills training (e.g. communication skills, needle sterilization skills).
- **Recommendations for researchers:**
  - The need for evidence-based health care interventions.
  - Studies should attempt to measure behavior change over longer periods of time to measure the durability of the intervention effects.
- **Ideally, behavioral prevention interventions should attempt to demonstrate connections to biological outcomes, when feasible (e.g. sexually transmitted disease re-infection and/or HIV seroconversion).**