Increasing Access to Group-Based Programs for People Living with HIV/AIDS: The HER Study

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Overview of Presentation

• Rationale and description
• Adaptation
• Implementation
• Preliminary findings
• Next steps
• Summary
• How you can get involved
Rationale
Rationale

• “Prevention with positives” initiatives have been deemed important for controlling/reducing the HIV epidemic in the US

• 30 Evidence-Based Interventions (EBIs) have been selected for the CDC’s Dissemination of Effective Behavioral Interventions (DEBI) program for HIV prevention
  – 5 are for people living with HIV
Rationale

• Need to expand access to behavioral interventions for people living with HIV
  – Effective programs have been disseminated but many people in rural or remote areas often cannot access these programs
• One potential strategy is to use group video-group conferencing
Potential Long-Term Advantages of Group Video-Conferencing

- Expand access
- Increase anonymity
- Decrease costs per agency
- Ability to offer an array of programs
- Decrease stigma
Preliminary Work

• Focused on women living with HIV (WLH)
• Surveys with 92 WLH and focus groups with 27 WLH (Marhefka et al., 2012, *AIDS and Behavior*)
  – < 50% had Internet access and a home computer
  – Concerned about privacy and confidentiality
  – Perceived Internet-based video-phones as more secure than computers
Video-Groups: A Novel Strategy for Expanding Access

• Group-based video-conferencing
• Each woman accesses the group from a separate computer with a specialized video-phone
  – Accessed in community settings (AIDS Service Organizations, Health Department Clinics, etc)
• Expert facilitators are centralized
Fig. 1 Internet-based video-phone. Reproduced with permission from Cisco Systems, Inc.
An Intervention Station

A Facilitator Station
Participant Manipulation of the Video-Phone

- Volume
- Mute
- Screen change for role plays
Goal of the HER Study

• Explore group video-conferencing for disseminating *Healthy Relationships*—an effective behavioral intervention (EBI)—to women living with HIV (WLH)
  – Adapt
  – Pilot test
  – Feasibility Trial to Explore
    • Changes in self-efficacy and behavioral intentions for disclosure decision-making and sexual behavior
    • Changes in sexual risk behavior
Healthy Relationships

- Prevention with positives
- Five-sessions
- Group-based
- Movie quality video-clips
- Disclosure and safer sex skills building

http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/healthy-relationship.htm
Adaptation
Adaptation Framework

- Wingood & DiClemente’s ADAPT-ITT model (2008)
  - Multi-phase method
  - Unique feature is theater-testing
    - Completing select intervention activities with target population
    - Study team and key stakeholders observe
    - All involved complete open- and close-ended surveys
    - Results inform adaptation
Modified ADAPT-ITT

• Recruited Community Advisory Board (CAB) members (n=10 WLH; n=4 key stakeholders) to complete the adaptation process

• A small subset of the CAB and study team adapted intervention activities before theater testing
Adaptation (Selected Examples)

• Challenges
  – How to pair people into groups
  – How to display printed materials
  – How to do role play activities
  – How to do condom demonstration & practice
  – How to play video clips
Implementation
Implementation

• Single group pilot trial (n=4)
• Feasibility Randomized Control Trial (RCT) with partial crossover
• 7 intervention stations
  • 7 women in each group
  • 6 participating sites
  • 4 counties
Facilitator’s Station
Intervention Stations

• Private Rooms at
  – AIDS Service Organizations
  – Health Department
  – Community Agency
Demands of Participating Agencies

• Space
• Ability to get Internet access (we pay)
• Someone to serve as a liaison/host
  – Turn on/set up video-phone and computer
  – Greet participants/confirm identities
  – Monitor instant messaging
  – Administer incentives
  – Assist with related paperwork
Session Demonstration

http://www.youtube.com/watch?v=palL9GCAw&feature=youtube_gdata
Important Questions

• Are WLH comfortable attending video-groups?
• Are WLH satisfied with HR-VG?
• Does HR-VG reduce sexual risk behavior?
• What did we learn about improving the process of implementing HR-VG?
• How did liaisons and agencies benefit from involvement?
Feasibility Trial Methods

• WLH were recruited at care clinics and AIDS service organizations

• N = 78 met eligibility criteria and were randomized to intervention or wait-list control
  – Age > 18
  – Live in 1 of 4 Florida counties
  – Did not previously attend HR
  – Available to attend groups at specified times

• N = 62 completed baseline and at least 1 of 6 intervention sessions
<table>
<thead>
<tr>
<th>HER Study Participant Characteristics</th>
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<tbody>
<tr>
<td><strong>N</strong></td>
</tr>
<tr>
<td><strong>Age</strong></td>
</tr>
<tr>
<td><strong>Race</strong></td>
</tr>
<tr>
<td>Caucasian</td>
</tr>
<tr>
<td>African American/Black</td>
</tr>
<tr>
<td><strong>Education</strong></td>
</tr>
<tr>
<td>no H/S or some H/S or GED</td>
</tr>
<tr>
<td>H/S diploma</td>
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<tr>
<td>some college or higher</td>
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Are WLH comfortable attending video-groups?
Comfort during each session

Mean Value (1-5 scale; Higher = More Comfortable)

Sessions

expressing thoughts and feelings
speaking with group members
Baseline Technology Comfort and Experience (N = 62)

- Comfortable with computer: 73%
- Use Internet at least Sometimes: 71%
- Have a home computer: 44%
- Internet access at home: 39%
Internet Use among HER Study Participants
(N = 62)

- Daily or Almost daily: 40%
- 3-5 days a week: 13%
- 1-2 days a week: 5%
- At least once every 2 weeks: 5%
- Less than once every 2 weeks: 8%
- Never: 29%
Comfort during each session

Mean Value (1-5 scale; Higher = More Comfortable)

Sessions

- expressing thoughts and feelings
- speaking with group members
Participant Quotes

“I felt very comfortable and able to share with the group members.”

“I felt like that I didn’t have to hide anything or feel embarrassed about my health issues.”

“I really don’t have anyone one to talk to about this. My fiancé just doesn’t understand. I am glad that I can talk to everyone here [at the HER study].”
Are WLH Comfortable Attending Video-Groups?

• Yes, most women were “comfortable” or “very comfortable!”
Are WLH satisfied with video-groups?
Satisfaction with Intervention (N=55)

- Quality of Images: 90%
- Received the information wanted: 100%
- Received the support wanted: 100%
- HR met needs for support: 70%

Colors:
- Yes, Definitely (Excellent)
- Yes, generally (Good)
Satisfaction of Participants (N=55)

- Satisfied with location: Very Satisfied (90-100)
- Satisfied with facilitators: Very Satisfied (90-100)
- Satisfied with Privacy and Confidentiality: Very Satisfied (90-100)
- Overall experience: Very Satisfied (90-100)
How Would You Rate the Quality of the Healthy Relationships Program? (N=55)

- Excellent: 89%
- Good: 11%
Spearman Rank Correlations Showing Relationships between Overall HR-VG Quality Ratings, Group Cohesion, and Other Quality and Satisfaction Ratings

(N = 55)

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<tr>
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<tr>
<td>Quality of participant images</td>
<td>0.40</td>
<td>0.003</td>
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<tr>
<td>Received kind of information wanted</td>
<td>0.38</td>
<td>0.004</td>
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<tr>
<td>Received kind of support wanted</td>
<td>0.42</td>
<td>0.001</td>
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<tr>
<td>Feeling unity/togetherness among group</td>
<td>0.24</td>
<td>0.081</td>
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<tr>
<td>Feeling free to share in the group</td>
<td>0.06</td>
<td>0.66</td>
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Spearman Rank Correlations Showing Relationships between Overall HR-VG Quality Ratings, Group Cohesion, and Other Quality and Satisfaction Ratings

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<th>(N = 55)</th>
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<td>HR-VG Quality</td>
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<tr>
<td>HR met needs for support</td>
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<tr>
<td>Satisfied with location</td>
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<td>Satisfied with facilitators</td>
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<td>Satisfied with privacy &amp; confidentiality</td>
<td>0.30</td>
<td>0.03</td>
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<tr>
<td>Satisfied with overall experience</td>
<td>0.61</td>
<td>$&lt; 0.001$</td>
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Are WLH satisfied with video-groups?

- Yes!
- Believing HR-VG met their needs for support was especially important in shaping overall perceptions of the program.
Does HR-VG reduce sexual risk behavior?
Zero-Inflated Poisson Regression
Outcome = Unprotected Sex at 6 Months (n=59)

<table>
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<tr>
<th>Variable</th>
<th>IRR</th>
<th>Standard Error</th>
<th>p value</th>
<th>95% Confidence Interval</th>
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<td>Poisson Regression</td>
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<td>Intervention vs. Control</td>
<td>.145</td>
<td>.018</td>
<td>&lt;.001</td>
<td>.115-.184</td>
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<tr>
<td>Baseline Unprotected Sex (#)</td>
<td>1.016</td>
<td>.000</td>
<td>&lt;.001</td>
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<tr>
<td>Constant</td>
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<td>1.520</td>
<td>&lt;.001</td>
<td>25.881-31.851</td>
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<td>Logistic Regression (OR)</td>
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<td>Intervention vs. Control</td>
<td>1.063</td>
<td>.730</td>
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<td>Baseline Unprotected Sex (Y/N)</td>
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<td>Constant</td>
<td>.297</td>
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Change in Unprotected Sex Occasions

Before Intervention

After Intervention
Does HR-VG reduce sexual risk behavior?

- Yes!
- Thus, HR-VG shows potential for reducing transmission to partners of WLH and reducing STIs among WLH
What did we learn about the process of implementing HR-VG?
Implementation Process Evaluation

• Interviews with
  – All intervention station site administrators (n=4; 2 oversaw multiple stations)
  – 1 dual-role (administrator and liaison)
  – > 1 liaison from each site
Implementation Lessons Learned

• Participant needs
  – Training on use of the video-phone was good
  – Needed more training on computer use (for assessments); don’t leave this up to liaisons
Implementation Lessons Learned

• Liaison role
  – At times challenging, due to competing demands
    • Person in this role would ideally have paper-work or other desk or reception work that could be completed concurrently
  – Instant messaging may be too burdensome
  – Liaison buy-in was critical
  – Communication between administration and liaisons about their role was important
  – Need to train multiple liaisons per site
Implementation Lessons Learned

• Communication with sites
  – Should be frequent, clear, and brief
  – Lengthy manuals not helpful; quick guides are preferable
  – Information should be available in various formats
  – Need a system for training as staff turnover occurs
Implementation Lessons Learned

• Overall
  – Scheduling of sessions and assessments must fit with agency*
  – The most cumbersome aspects were largely research-related
    • Assessments
    • Managing complicated incentive schedules
  – Some minor process changes will reduce burden to the sites
How did liaisons and agencies benefit from involvement?
Liaison/Agency Benefits

- Felt good about helping WLH
- Expanded programs offered
- Being on the cutting edge
- Increased visibility in community
- Partnership with university on NIH grant may lead to other opportunities
Summary

• WLH are comfortable with HR-VG
• WLH are satisfied with HR-VG
• Are receiving HR-VG, women reduced their sexual risk behavior
• Participating sites identify multiple benefits of offering HR-VG
• We have identified ways to make it easier for sites to implement
• There is more work to do; join us!
Additional Questions to Answer

• Can we successfully incorporate ART adherence promotion into HR-VG?

• Will HR-VG work for men, especially MSM? Will MSM go to intervention stations for this type of program?
Additional Questions to Answer

• Will HR-VG work for Latinos?

• Can HR-VG be successfully implemented and sustained as part of standard HIV prevention programming in Florida and elsewhere?
Next Steps

• Survey of HIV care/service providers throughout Florida to understand potential barriers/feasibility concerns
  – Please respond!
  – We need your help!
Next Steps

• Possible survey of MSM with HIV and Latina WLH to determine potential interest/willingness to participate
  – How can we survey rural MSM and Latinas with a limited budget?
Next Steps

• Seek NIH funding for a larger trial to:
  – Add adherence component
  – Include MSM and Latinos

• We need community partners throughout Florida (NOT just rural areas) to host intervention stations!
If you want to get involved

• Give me your name and contact information
• Complete the care/service provider survey
• Share your thoughts about the program (smarhefk@health.usf.edu)
• Let’s talk
In Summary

• Preliminary work suggests video-groups are a promising new way to offer programs
• More research is needed to understand the potential as well as the true costs of offering video-groups
• We are seeking community partners; let us know if you can help!
Acknowledgments

- Study Participants
- CAB Members
- Study Liaisons
- Key Stakeholders
- Francis House
- Tampa Hillsborough Action Plan
- Drug Abuse Comprehensive Coordinating Office
- Metro Wellness & Community Centers
- Alachua County Department of Health
- Hillsborough County Department of Health
- Polk County Department of Health
- St. Joseph’s Tampa Care Clinic
- St. Anthony’s Pinellas Care Clinic
- Operation Hope Pinellas
- A & B Pharmacy
- Bioscript Pharmacy
- Cisco systems (video-conferencing technology)
- Florida State University Technical Team
- USF College of Public Health
- HER Study Research Staff
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