

Appendices

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Appendix A. Search Strategy for Identification of Studies

The researchers conducted systematic, comprehensive searches for relevant studies on electronic databases and by combing through key journals and conference proceedings, scanning lists of relevant outcome evaluation studies and reviews, and directly contacting researchers and research organizations. The main aim was to identify published and unpublished reports of outcome evaluation studies of HIV/AIDS behavioral prevention interventions targeting ethnic minority populations in the USA: African American, Latino, Asian/Pacific Islander, and American Indian/Alaskan Native.*

For studies up to 1996, the Behavioral Prevention Register of the Cochrane Collaborative Review Group on HIV Infection and AIDS was searched. More recent studies (1996–2000) were identified from searches on AIDSLINE, the Cochrane Controlled Trials Register, EMBASE, MEDLINE, PsycINFO, and Sociofile. For each of these databases, sensitive search strategies were developed consisting of both controlled vocabulary terms (where available) and free text terms.

All search results were subsequently entered or downloaded into an electronic register (using BiblioScape, CG Information, Duluth, Georgia). The titles and abstracts, where available, were scanned and classified according to their relevance to the review (relevant, not relevant, unclear) and for those citations deemed to be relevant also according to the study population (minority population, other population, unclear) and the type of study (outcome evaluation, other study, unclear).

In addition, researchers known to have conducted relevant research were contacted. Researchers were identified by having published studies that had previously been identified as meeting the inclusion criteria, such as HIV prevention intervention research with minority participants. Additional researchers were identified through agency websites as having, or having had, grants funded in the area of HIV prevention intervention research. A total of 45 researchers were contacted, and 17 responded with information regarding current research and/or manuscripts, either published or unpublished.

Full reports were obtained for all relevant outcome evaluation studies, and a standardized coding strategy was developed to describe the key characteristics of each of these studies in terms of the city where the study was conducted, the type of intervention, the target population, age of the study population, sex of the study population, percent race/ethnicity, intervention setting, intervention components, research design, and types of outcomes.

*This review incorporates only studies for African Americans; reports for other ethnic minority populations will be forthcoming.

Appendix B. Studies Included in the Systematic Review

This appendix describes HIV prevention interventions with African American heterosexuals.

Note: Studies in **boldface** were conducted in California.

Intervention Studies with 100% African Americans (Randomized Controlled Trial Design)

Studies Focusing on Heterosexual Behavior								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Dancy (2000)	Chicago, IL	N = 280 100% women recruited from community	RCT (randomization was at level of community) (mentions random) Quality rating: Good	Information Skills training Modeling/social norms Role Playing Increase Self-efficacy Six sessions followed by 3 boosters at 3,6,9 months 90 minute sessions	--Women in treatment group significantly increased protective HIV sexual behavior at 6-month follow-up, however at 9-month follow-up, they had returned to 3-month level --Women in treatment group significantly increased self-efficacy for low-risk HIV behavior at 6-month follow-up, however, at 9-month follow-up, they had returned to 3 month level	Ethnicity gender	--Differences between groups at entry --more than 20% attrition	Social Cognitive/ Theory of Reasoned Action/ Health Belief Model
DiClemente (1995)	San Francisco, CA	N = 128 100% women Recruited from low income neighborhood	RCT (mentions random, single blind) Quality rating: Good	Information Peer education Skills Training Peer Health Education Gender/racial pride 3 groups - Enhanced intervention = 5 sessions (delivered by peer health educators) - Single session HIV education - Delayed HIV education control (sessions = 2 hours in length)	At 3-month follow-up Women in social skills group: --increased condom use --greater sexual self-control --greater sexual communication --greater sexual assertiveness --increased partners' adoption of norms supporting consistent condom use	Ethnicity Gender	--differences between groups at entry --differences between groups in attrition at follow-ups --short follow-up period	Social cognitive theory Gender and power theory

Studies Focusing on Heterosexual Behavior								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Kalichman (1999a)	Atlanta	N = 117 100% male recruited from STD clinic	RCT (mentions random) Quality rating: Good	Information Risk reduction materials Skills training Video/movie Info regarding triggers of high risk behavior Two 3-hour sessions 2 groups: 1) Motivational-skills building intervention (video based) 2) Video-based education comparison condition	--Decrease drug use with sex --decrease alcohol use before sex (3- and 6-month follow-up) --No difference between groups in knowledge, condom attitudes or behavioral intentions At 3-month follow-up, not 6-month follow-up: --increase using condoms at every intercourse --increase talking with partner about AIDS --decreased rates of intercourse --increased condom use --increased carrying condoms	Ethnicity Gender	--30% attrition at 6 month follow-up --relatively small sample size	Information-Motivation-Behavioral Skills model
Kalichman (1996)	Milwaukee	N = 128 100% women recruited from social service agencies and housing projects	RCT (mentions random) Quality rating: Good	Information Skills training Education 4 groups: • 1 education session and 3 sessions of sexual communication skills • 1 session covering basic HIV education and 3 sessions of behavioral self-management skills • 1 session education, 1.5 session behavioral self-management, 1.5 session sexual communication skills • 4 sessions of risk education (w/o skills training) All groups had 4 sessions that met twice weekly	At 3-month follow-up: --across groups, intentions to change risk behavior increased --groups with communication skills showed increased rates of talking to partners about sex, refusing unprotected sex --across groups, increase in condom use --groups with communication skills had significant increase in number of participants reporting "any use of condoms" --lowest risk was for women who received both sexual communication and behavioral self-management skills	Ethnicity Gender	- Completers were more likely to have an STD and an IDU partner at entry - Relatively small sample size - Short follow up period	Cognitive behavioral

Studies Focusing on Heterosexual Behavior								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Kalichman (1997)	Milwaukee	N = 81 100% male recruited from social service agencies and housing developments	RCT (mentions random) Quality rating: Good	Information Skills Training Identify triggers/barriers to high risk behavior 2 groups • Cognitive-behavioral skills training • Risk-education sensitization Both groups were 4 sessions, met 2 x weekly for 2 weeks	--No differences between groups on any outcome. --Across groups, increases in knowledge, intentions, and reductions in vaginal intercourse --neither intervention increased condom use	Ethnicity Gender	- 45% dropped out during intervention - Differences in group at entry - Small sample size	Cognitive Behavioral
Kalichman (1999b)	Atlanta, GA	N = 105 100% female recruited from a sexually transmitted infection clinic	RCT (mentions random) Quality rating: Good	Information Skills Training (including communication) Culturally relevant 2 groups: • Skills building intervention focused on increasing use of female condom • General women's health intervention Both groups were 2.5 hours, 1 session	Female condom intervention participants --at 1-month follow-up reported greater use of female condom, effect was strongest for those women with only 1 partner --at 3-month follow-up, women in female condom intervention significantly more likely to redeem coupons for female condoms, -- women with 1 partner were significantly more likely to use female condom <u>across</u> both groups—no group differences	Ethnicity Gender	--although significant group differences in female condom use, actual use was quite low (less than 20%) --small sample size	Information-Motivation-Behavioral skills model
Malow (1994)	New Orleans	N = 152 100% male Recruited from admission to inpatient VA drug dependence treatment program	RCT (mentions random) Quality rating: Good	Information Skills training Increase perceived susceptibility Benefits of safer sex Barriers to changing high risk behavior 2 groups • Psychoeducational (skills training, risk reduction, potential barriers, etc) • Information Each group conducted in 2 hour group sessions on 3 consecutive days	--increased communication skills --increased condom use skills --decreased risk behavior , participants went from 75% at "high risk" to 32% at 3-month follow-up --across groups decreased number of sex partners	Ethnicity Gender	--30% attrition at 3 month follow-up	AIDS Risk Reduction Model (ARRM)

Studies Focusing on Heterosexual Behavior								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Nyamathi (1999)	Los Angeles	N = 410 100% women recruited from homeless shelters and drug recovery programs	RCT (computer generated sub-sample of larger N) Quality rating: Good	HIV testing and counseling Information Referrals Risk reduction materials Skills training Threat appraisal Coping/self-efficacy 2 groups: • standard intervention received 1 hour basic AIDS education ("culturally competent") • enhanced intervention received 2-3 hours "culturally competent" AIDS education and counseling	At 2-year follow-up --standard group had improved more in knowledge --standard group significantly more likely to have multiple partners --no difference between groups in reductions in IDU, but both groups decreased their use --enhanced group less likely to report use of noninjection drugs at both 1- and 2-year follow up	Ethnicity Gender	--attrition was nonrandom --some of sample could not be followed up	Comprehensive health-seeking and coping paradigm (Nyamathi)
Nyamathi (1997)	Los Angeles	N = 300 100% women recruited from homeless shelters and drug recovery programs	RCT (computer generated sub-sample of larger N) Quality rating: Good	HIV testing and counseling Information Referrals Risk reduction materials Skills training Threat appraisal Coping/Self-efficacy 2 groups: • Standard intervention received 1 hour basic AIDS education • Enhanced intervention received 2 hours "culturally competent" AIDS education and counseling	At 2 year follow-up, intervention group showed --less drug use behavior --increased social resources --less avoidant coping --less emotional disturbance --across groups, less AIDS risk behavior, but no difference between groups	Ethnicity Gender	-- many participants also in drug rehabilitation	Comprehensive health-seeking and coping paradigm

Studies Focusing on Heterosexual Behavior								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Kalichman (1999)	Georgia	N = 108 100% male recruited from urban STD clinic	RCT (mentions random) Quality rating: Good	Information Risk reduction materials Skills training Single, 3-hour session 3 groups: • Latex condom skills building intervention • Polyurethane condom skills building intervention • HIV-AIDS education comparison condition	--no difference between groups in knowledge, attitudes, or intentions (across groups all improved) --polyurethane group more likely to request condoms at follow-up --skills interventions increased condom use at 1-month but not 3-month follow-up	Ethnicity Gender	--small sample size --participants recruited from single health clinic	Information- Motivation- Behavioral skills model
Kalichman (1993)	Chicago	N = 106 100% women recruited from community service centers, health clinics, and outreach programs	RCT (mentions random) Quality rating: Fair	Information Risk reduction materials 3 groups, each had presentation of a video- taped HIV information presentation, which varied by ethnicity and cultural context of presenter • Standard tape with White broadcaster • Identical info: African- American women presenters • Same info, but more culturally relevant info to African-American women	2-week follow-up: --no change in attitude or knowledge across conditions --no difference between groups in: seeking info about AIDS; attempting to use condoms more often, talking with sex partners about condoms, or purchasing condoms --women in groups 2 and 3 more likely to request condoms at follow-up, more likely to talk to friends about AIDS, more likely to identify AIDS as a personal threat --women in cultural group more likely to be tested for HIV	Ethnicity Gender	--28% attrition --small sample size --very short follow-up	Precaution Adoption Process Threat sensitization
Harris (1998)	?	N = 204 100% women Methadone dependent women who volunteered	RCT (mentions random) Quality rating: Fair	Counseling Information Methadone- maintenance/support (usual treatment) Enhanced intervention: 8 weeks (2-hr sessions 1x/week) 8 weeks (1-hr session 1x/week)	--Across time, women in tx group engaged in safer sex practices (condom use) --women in tx group reported less depression	Ethnicity Gender	--more than 30% attrition at 3 month follow-up --28.5% "not engaging in any type of sexual behavior at onset of study"	No specific theory

Studies Focusing on Youth								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Jemmott (1998)	Philadel., PA	N = 659 Youths recruited from 3 schools—students in 6 th and 7 ^h grade 53% female 47% male	RCT (computer generated random number sequences) Quality rating: Good	Knowledge Self-efficacy Skills training Peer education 3 groups: 1)An abstinence HIV intervention 2)a safer sex HIV intervention 3)A Health promotion intervention (control group) Delivered in 8 1 hour modules (in small groups) divided equally over 2 consecutive Saturdays	At 3 month follow-up, youths in abstinence group significantly less likely to have had intercourse than control group, marginally less likely than safe sex group --safe sex group significantly more likely to have consistent condom use, higher frequency of use, and less likely to have unprotected sex than either of other 2 groups At 6 month follow-up --safer sex group reported more frequent condom use than control group At 12 month follow-up --both intervention groups reported more condom use than control group --At all follow ups, there were interactions between level of sexual experience and the effect of the intervention such that the intervention had positive effects on those students who were already sexually experienced, while there were little or no differences between groups in students were not sexually experienced --Peer facilitators were as effective as adult facilitators --only safer sex group had positive outcomes on frequency of unprotected intercourse	ethnicity		Social Cognitive Theory Theory of Reasoned Action
Jemmott (1999)	Trenton, NJ	N = 496 Youths recruited from public schools 54% female 46% male	RCT (computer generated random number sequences) Quality rating: Good	Information Skills training Role Playing 2 groups: 1) AIDS risk-reduction intervention 2) General Health promotion intervention Both were 5 hours in length	At 3 month follow up --HIV group reported greater HIV knowledge, greater self-efficacy regarding condoms, more favorable prevention beliefs, and stronger intentions to use condoms --All except prevention beliefs were significant at 6 month follow-up With regard to behavioral outcomes: --No significant differences at 3 month follow-up --At 6 month follow-up, less HIV risk behavior and less anal intercourse	Ethnicity		Social Cognitive Theory Theory of Reasoned Action

Studies Focusing on Youth								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Jemmott (1992)	Philadel., PA	N = 157 100% male recruited from medical clinic, high school, and YMCA	RCT (mentions random, stratified by age) Quality rating: Good	Information Skills Training Role Playing Video 2 groups: 1) AIDS risk reduction condition 2) Career-opportunities condition Both were 5 hours in length	At 3 month follow-up, intervention group reported: --greater AIDS knowledge --weaker intentions for risky sex --less risky behavior --fewer days of sex --involved with fewer women --involved with fewer women who were involved with other men --fewer episodes of sex without condom	Ethnicity Gender	--Relatively short follow-up	Cognitive Behavioral Theory of Reasoned Action
Stanton (1996)	?	N = 383 Youths recruited from housing developments Male + female	RCT (randomized by group) (stratified random allocation, generated by random number table) Quality rating: Good	Information Peer education Risk reduction materials Skills training 2 groups: 1) delivered in the context of natural occurring friendship-groups, more structured intervention provided AIDS info, without friends, without theoretical context 8 weekly meetings (7 1.5 hour sessions, and 1 day long session) 6 monthly booster sessions following completion Additional booster sessions at 15 months post-intervention, over 1 month	The intervention group reported; --increased condom use at 6 month follow-up, disappeared by 12 month follow-up --increased condom use intentions, disappeared by 12 month follow-up (Stanton, 1996 --at 6 month follow-up, homogeneity of the intervention groups had increased from 31% to 46%, and condom use was universal in homogenous groups --at 6 month follow-up, % of groups in which all sexually active members of group used condoms increased from 33% at baseline to 69% (control group rates remained stable) (Fang et al., 1998) --intervention youth who used oral contraceptives also used condoms at follow-up (Stanton, Li, et al., 1996)	Ethnicity Age Gender Previous sexual experience	--30% attrition (did not differ by intervention group) --some differences between groups at pretest	Protection Motivation Theory

Studies Focusing on Youth								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
St. Lawrence (1995)	Mississippi	N = 246 Recruited from health center for low-income minority patients 28% male 72% female	RCT (mentions random) Quality rating: Good	Information Skills training Peer education Role plays Self Efficacy 2 groups: 1) one time educational program (2 hours) 2) 8 week education + behavioral skills training (sessions 90-120 minutes)	Significant gender differences such that males had much higher levels of risk behavior than females --male intervention participants lowered rates of unprotected sex compared to control --female intervention participants maintained low levels of risk behavior whereas control group females increased --both male and female intervention participants increased condom use (females still present at 1 year follow-up) --intervention participants who were not sexually active had significantly different rates of onset for sexual activity (later) than control group participants (also not sexually active) --intervention participants demonstrated greater skills (e.g. communication, negotiation) at follow-up	Ethnicity		Cognitive Behavioral Social Learning Theory
Kennedy (2000)	Nashville	N = 535 Adolescents living in low-income housing 41% male 59% female	RCT (mentions random) Quality rating; Fair	Information Referrals Skills Training Parent intervention Role Plays 2 groups: 1) AIDS risk reduction intervention (based on Jemmott et al) 2) Wait list control	At follow-up, intervention group reported: --Increased skill --increased carrying condoms --decreased frequency of unprotected sex	Ethnicity	--High attrition (44% intervention, 25% control) --differences between groups at entry --short follow-up (1 month)	Social cognitive Theory of Reasoned Action

**Intervention Studies with at Least Some Percentage of Sample
African American, with Separate Analyses
(Randomized Controlled Trials)**

Studies Focusing on Injection Drug Users								
Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Booth (1996)	Anchorage Columbus Denver Detroit Flagstaff Houston New Orleans NYC Long Beach Miami Philadel. Portland Tucson San Juan Wash. DC	N = 4443 Out of treatment opiate IDUs Male + female 46% African-American	RCT (mentions random) Quality rating: Fair	HIV testing and counseling Information Risk reduction materials Skills training 2 groups: 1) standard intervention (HIV testing and counseling) 2) enhanced intervention (SI + additional educational sessions)	At 6 month follow-up: --Enhanced intervention significantly predicted drug tx, which, in turn, significantly predicted less drug use --African-Americans more likely to use crack --active referral as part of intervention predicted drug treatment	No	--33% attrition at 6 month follow-up --interventions were not standardized across sites	none
Copher (1990)	New Orleans	N = 66 Recruited from housing project 86% African-American male + female	RCT (mentions random) Quality rating: Fair	Information Coping training Demonstration/skills training 2 groups: 1) Information regarding AIDS/HIV prevention (10 minutes) 2) Above information + film, coping training, skills training (3 hours)	Enhanced intervention reported at 1 month follow-up: --greater AIDS knowledge --less needle risk --being African-American predicted lower needle risk --MORE sex risk		--small sample size --differences between group at entry --large attrition	Barriers to risk reduction

Studies Focusing on Heterosexual Risk Behavior								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
NIMH (1998)	NYC Northern NJ Baltimore Atlanta Milwaukee Los Angeles Orange Co. San Bernardino Co.	N = 3706 Community-based clinic patients 74% African-American male + female	RCT (mentions random) Quality rating: Good	Information 2 groups: 1) control condition, 1 hour AIDS education 2) 7 90-120 min HIV risk reduction sessions, conducted 2x weekly in small groups, grouped by gender	Follow-ups conducted at 3, 6, and 12 months after the intervention. Intervention groups reported: --reduced frequency of unprotected intercourse across each follow-up point, and reduced by 50% from baseline to 12 month follow-up --increased condom use, across all time points --more consistent condom users --participants who attended more sessions exhibited greater behavior change --less gonorrhea in men *Analyses were conducted investigating whether race was a significant predictor of behavioral outcomes, it was not.		--low rates of STD in population --only 75% of medical charts available for review	none
Cohen (1992a)	Los Angeles	N = 903 Patients in STD clinics 72% African-American male + female	RCT (random number table) Quality rating: Good	Information Risk reduction materials Skills training 4 groups 1) Skills approach (condom demonstration) 2) Social influence approach 3) Distribution (cards given out to get free condoms in the community) 4) control	Examined medical records for presence of STD approximately 6-9 months after intervention: --lowest rates of known STD reinfection were found in young men between 20-30 and in African-American men exposed to the Condom Skills and Social Influence interventions --no difference between groups for women	No	--possible self-selection bias	Social Learning theory

Studies Focusing on Heterosexual Risk Behavior								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
O'Donnell (1998)	New York	N = 2004 Patients at STD clinic 62% African-American 100% male	RCT ("proportionate random sampling to establish ethnic quotas") Quality rating: Good	Counseling Information Risk reduction materials Culturally appropriate strategies 3 groups: 1) Video viewing only 2) Video viewing + group discussion 3) Control (regular STD clinic services) All participants offered free condoms	Average rate of follow-up was 18 months (checking records for STD diagnosis) --new infections significantly lower for those exposed to video based prevention education as compared to regular clinic services --no difference between intervention groups --significant reduction in STD diagnosis for men who had previously reported multiple partners	Gender		none
O'Donnell (1995)	New York	N = 3257 Patients at STD clinic 62% African-American 60% male	RCT (treatment conditions were assigned at random to days of clinic operation) Quality rating: Good	Information Counseling Risk reduction materials Culturally appropriate strategies Skills Training 3 groups: 1) Video viewing only 2) Video+ interactive session 3) control	--Video intervention participants were significantly more likely to redeem coupons for condoms than control participants --Video+interactive participants more likely than video only participants to redeem condoms --African-american women least likely to redeem coupons after exposure to video alone		--condom acquisition was measured rather than report of condom use	Theory of reasoned Action

Studies Focusing on Youth								
Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Rotheram-Borus (1997)	New York	N = 312 Runaway youths Male + female 57% African-American	RCT (random-ized by shelter) Quality rating: Good	Counseling Information Mass media Referrals Risk reduction materials Skills training 2 groups: 1) intervention group (2 shelters for runaway youths) (complete dose was 10 sessions) 2) control group (2 shelters)	Intervention participants reported: --greater reductions in unprotected sex --less substance use --did not influence number of sex partners --African-American youths made greater reductions in substance use compared to Whites and Hispanics	No	--some differences between groups at baseline --30% attrition at 2 year follow-up	Social Learning Theory
Rotheram-Borus (1998)	New York	N = 151 Runaway youths male + female 53% African-American	RCT (mentions random) Quality rating: Good	Counseling Information Skills training 3 groups: 1) 7 sessions of 1.5 hour each (10.5 hrs total) 2) 3 sessions of 3.5 hours each (10.5 hrs total) 3) no intervention control	At 3-month follow up: --youths who had participated in the 7 session intervention had significantly fewer partners than those who attended 3 sessions --intervention participants reported fewer sexual risk acts ---African-Americans reported fewer risk acts than other ethnic groups --no differences between control group and 3 session intervention	no	--relatively small sample size --short follow-up time period	Cognitive behavioral Social Learning theory

Studies Focusing on Youth								
Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Levy (1995)	Chicago	N = 312 7 th and 8 th graders male + female (subset of larger study was those students who became sexually active between 7 th and 8 th grade) 63% African-American	RCT (school district was unit of randomization) (mentions random) Quality rating: Good	Information Skills training 3 groups: 1) Parent-interactive treatment (5 districts) 2) Parent noninteractive treatment (5 districts) (both treatments above consisted of 10 sessions over a two week period in 7 th grade, and 5 additional sessions over a week in 8 th grade) (two tx groups combined into 1 for analysis) 3) Delayed treatment/control (5 districts) (received standard AIDS education as stipulated by school district)	Students who received the intervention: --positively influenced extent of condom with foam use in the past year and past month --positively influenced intentions to use condoms and foam in the next 12 months --have sex less often --no difference in use of condoms alone --African-Americans were referent group for analysis—no significant results for ethnicity	no	--around 30% attrition --differences between those lost to follow-up and those who remained	Self-efficacy Social Influence model
Workman (1996)	?	N = 60 100%female recruited from an inner-city all-female parochial high school in inner city 43% African-American (57% Latina)	RCT (mentions random) Quality rating: Good	Information Modeling Skills training 2 groups: 1) 12 30 minute weekly group sessions on HIV prevention 2) 12 30 minute group seminars ("womanhood development") (did not emphasize sexual risk reduction)	1 week following intervention --intervention group demonstrated greater knowledge --sexual assertiveness increased for African-Americans but not Latinas --African-Americans reported significantly greater level of comfort discussing AIDS preventive behaviors than Latinas --no significant change in AIDS preventive behavior, but baseline levels were already quite high, and a high percentage of sample was not yet sexually active	gender	--Relatively small sample size --short follow-up	Cognitive behavioral

Studies Focusing on Youth								
Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Ashworth (1992)	Augusta, GA	N = 1194 High school students Male + female 65% African-American	RCT (school was unit of randomization) (mentions random) Quality rating: Good	Information 2 groups: 1) Received 1 hour AIDS education program 2) No-treatment control	2 week follow-up, intervention group reported: --greater AIDS knowledge --African-Americans expressed greater worry that they had been exposed to HIV --no effect on drug use or behavior change	age	--could not ask about condom use --very short follow-up --differences bet. groups at entry	Comprehensive health seeking

**Intervention Studies with At Least Some Percentage of the Sample
African American, with Separate Analysis
(Nonrandomized Controlled Trial Design; No Quality Rating)**

Studies Focusing on Injection Drug Users								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
H.V. McCoy (1998)	Miami, FL	N = 541 100% female injection drug users recruited by indigenous outreach workers	Prospective cohort time series	HIV-testing and counseling Information Referrals Risk reduction materials Skills training Gender and culture specific strategies 2 groups: Standard intervention (2 sessions) including HIV testing and counseling) Enhanced intervention (2 additional sessions)	Enhanced intervention: --less drug use --less drug use during sex --combined variable of condom use more than 50% of occasions AND using drugs less than 15 days in last 30 days was significant	Gender Ethnicity	--no differentiation between follow up periods (6, 12, or 18 months) --no outcome for condom use for vaginal sex alone --not randomized	Social influence theory Health Belief Model Social Learning Theory

Studies Focusing on Heterosexual Risk								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Cohen (1991)	Los Angeles	N = 192 Patients in STD clinic male+ female 76% African-American	Non-randomized comparison group	Information Skills training 2 groups: 1) those who attended a clinic on days when a condom skills education program was conducted 2) those who attended clinic on days when program not conducted	At 1 year follow-up, records examined for diagnosis of STD --patients who received education were significantly less likely to return to clinic with new STD --African-Americans more likely to have STD reinfection	no	--difficult to control for HIV information patients might have received from staff in "control" condition	None

Studies Focusing on Youth								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Siegel (1998)	Rochester, NY	N = 3635 Middle and high school students 50% African-American male+female	Nonrandomized control	Information Peer education Skills training 3 groups: 1) Adult health education/intervention 2) Peer educator/intervention 3) Control/usual health ed, taught by teacher	--students in intervention reported significantly higher knowledge scores --high school students (but not middle school) in intervention reported greater safe behavior intentions --ethnicity was looked at as a predictor, and there were no significant differences for African-American students --intervention improved self-efficacy for females but not males --no difference between adult and peer educators	Gender age	--outcome is intentions, not behavior --group differences at baseline --moderate attrition	Theory of Reasoned Action Developmental

**Studies with At Least 80% of Sample African American, Without Separate Analyses
(Randomized Controlled Trial Design)**

Studies Focusing on Injection Drug Users								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Cottler (1998)	St. Louis MO	N = 725 93% African-American 61% male 39% female Recruited from community by outreach workers	RCT (mentions random) Quality rating: Good	HIV testing and counseling Information Peer education Referrals Risk reduction materials Skills training 2 groups: 1) standard intervention (2 sessions, including HIV testing) 2) enhanced (standard + 4 additional peer delivered sessions)	At 3 month follow-up --enhanced intervention participants had significantly improved their crack cocaine use, compared to standard (significant for men, not women), but both groups had improved --no differences between groups for number of sexual partners, improvement for both groups --for condom use, the enhanced group worsened more than it improved, no group differences		--categorical analysis	
Mandell (1994)	Baltimore MD	N = 105 90% African-American 86% male Recruited from list of probationers and parolees	RCT (mentions random) Quality rating: Good	Counseling HIV testing and counseling Information 2 groups: 1) standard intervention 2) enhanced intervention (includes standard) 1 hour	At 6 month follow-up --participants in both groups decreased injection drug use (from 42% reporting daily injections to 18%), but no group differences --decrease in visiting shooting galleries across groups, but no group differences --increase in needle cleaning, but no differences between groups --intervention had no effect on cognitive mediators of risk (e.g. perceived risk)		--small sample	Conflict-theory model of decision making Model or persuasive communication Relapse prevention

Studies Focusing on Injection Drug Users								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Andersen (1996)	Detroit, MI	N = 539 95% African-American 72% male Recruited from high drug use communities	RCT (zip code was unit of randomization) Quality rating: Fair	Counseling HIV testing and counseling Information Referrals Risk reduction materials Skills training Support group 2 groups: 1) standard NIDA tx (2 sessions, including HIV testing) 2) standard + enhanced (3 additional sessions + support group)	At 6 month follow-up --enhanced group demonstrated significantly more decreases in heroin and crack use and number of episodes of unprotected sex --those who participated in support group had significantly more improvement (less crack use), with a dose effect (more groups = more improvement)		--high attrition --no specific information on intervention length	Personalized Nursing LIGHT model
Lurigio (1992)	Chicago, IL	N = 99 86% African-American 90% male Probationers recruited from probation office	RCT (mentions random) Quality rating: Fair	Information Referrals Skills training 4 groups: 1) HIV education (individual) 2) HIV education (group) 3) Heart disease education (individual) 4) Heart disease (group)	At 1 month follow-up, both HIV groups had: --significantly increased knowledge (no effect of group size) --significantly higher intentions to speak to others about bleach for syringes (no effect of group size) (no other behavioral risk reduction intentions were significant) --no significant differences between HIV and heart disease group in actual preventive behaviors (analyzed together) --examined separately, HIV intervention participants had significantly increased condom use compared to heart disease group		--high attrition (50%)	

Studies Focusing on Injection Drug Users								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Malow (1992)	New Orleans, LA	N = 127 85% African-American Inpatients on a drug abuse treatment unit	RCT (mentions random) Quality rating: Fair	Information Skills Training 2 groups: 1) Psychoeducation 2) Information (presented by audiovisual and printed material with limited interpersonal interaction) Both conducted in 6 hour time frame over 3 days	At 1 month follow-up --both groups had increased knowledge, improved needle cleaning and condom use skills, and had improved perceived susceptibility and response efficacy for avoiding HIV infection --psychoeducation group had significantly higher scores on condom demonstration test (at post-test, but not at 1 month follow-up)		--Very short follow-up -- interventions not equivalent	
Kotranski (1998)	Philadel., PA	N = 684 85% African-American 63% male Recruited from community (had hx of drug abuse)	RCT Alternation Quality rating: Limited	Counseling HIV testing and counseling Information Skills training 2 groups 1) standard intervention 2) standard intervention + enhanced (provided opportunity for individual risk self-assessment) both were on an individual basis	At 6 month follow-up, standard intervention participants: --reported less unsafe vaginal sex --less use of cocaine, heroin or speedball with sex --no other group differences -- <u>across groups</u> , participants more likely to report safer behaviors with regards to both sexual and drug use risk			Cognitive behavioral
McCoy (1990)	Belle Glade, FL	N = 237 92% African-American Recruited from community with high incidence of HIV infection	RCT (mentions random) Quality rating: Limited	HIV testing and counseling Information Skills training 2 groups: 1) standard (1 hour group counseling session) 2) standard + 2 intensive group counseling and skills training sessions	--across groups, improvements were made in sexual risk behavior and drug use --no between group differences		--high attrition (50%) --no controlling for different types of facilitators (e.g. HIV+ former IDUs vs. professional staff)	

Studies Focusing on Heterosexual Risk								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Gollub (2000)	Philadelphia, PA	N = 1591 91% African-American 100% female Recruited from STD clinic	RCT (mentions random) randomized by month of presentation in clinic Quality rating: Good	HIV testing and counseling Information Risk reduction materials Skills training 2 groups: 1) Single method message (either male or female condoms) 2) Hierarchical prevention message (male condoms, female condoms, diaphragms, cervical caps and spermicides) Both single session	--no difference between groups in rates of reinfection for STD (either in straight percentages or in survival analysis)	gender	--no "usual care" group	
O'Leary (1998)	GA MD NJ	N = 659 91% African-American 59% male 41% female Recruited from 7 public STD clinics	RCT (mentions random) Quality rating: Good	Information Skills Training 2 groups: 1) Risk reduction intervention 7 90 minute modules 2) Usual care in STD clinic	At 3 month follow-up --no differences were found between intervention groups in sexual behavior outcomes --when groups were combined, all participants reported fewer partners, less risky acts, higher proportion of condom use, increased self-efficacy and outcome expectancies for risk behavior		--low rate of participation among those approached --high attrition	Social Cognitive Cognitive Behavioral

Studies Focusing on Heterosexual Risk								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Nyamathi (1993)	Los Angeles CA	N = 916 100% female 81% African-American Recruited from homeless shelters and drug recovery programs	RCT (mentions random) Quality rating: Good	HIV testing and counseling Information Referrals Risk reduction materials Skills training 2 groups 1) "traditional" (1 hour culturally sensitive AIDS education, included HIV testing and counseling) 2) "specialized" (2 hour culturally sensitive AIDS education and HIV testing and counseling, individually tailored for specific needs)	At 2 week follow-up, women in both groups --improved their knowledge, attitudes about AIDS, emotion-focused coping, decreased # of partners, decreased injection and non-injection drug use, lessened depression and distress However: --women in traditional group had higher knowledge, and less partners than specialized group --specialized group did not have more positive outcome than traditional group	Gender	--very short follow-up	Comprehensive Health Seeking and Coping Paradigm

Studies Focusing on Heterosexual Risk								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Kelly (1994)	Milwaukee, WI	N = 187 100% female 87% African-American Recruited from community primary health care clinic	RCT (mentions random) Quality rating: Fair	Information Role Plays Skills Training 2 groups: 1) comparison group (3 90 minute group sessions) 2) HIV/AIDS intervention (4 weekly 90 minute group sessions, an a 1 month follow-up)	At 3 month follow-up, women in intervention group --had reduced frequency of unprotected sex --increased condom use --used condoms with a larger percentage of their male partners --no change in substance use --had higher AIDS knowledge, better accuracy of personal estimation of risk --were rated higher by AIDS educators in their communication skills (e.g. requesting to postpone sex if condom was not available)	Gender	High attrition	Cognitive Behavioral

Studies Focusing on Heterosexual Risk								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Carey (2000)	Syracuse, NY	N = 102 100% female 88% African-American Recruited from community-based organization	RCT (mentions random) Quality rating: Fair	Information Skills Training Motivational interviewing 2 groups 1) HIV risk reduction intervention 2) targeted stress, anger, nutrition and breast health Both groups conducted during 4 90 minute sessions over 2 weeks	At follow-up (12 weeks after baseline) --women in the HIV risk reduction intervention who expressed imperfect intentions also increased condom use --among women who talked about condom use and HIV testing w/partners (across groups), women in the HIV RR group did so on more occasions and were significantly more likely to refuse unprotected sex --women in HIV RR group increased knowledge and increased intentions for safer sex	Gender	--high attrition	Motivational Interviewing Health belief model Information-Motivation-Behavioral skills model
Wenger (1991)	Los Angeles, CA	N = 256 88% African-American 67% male Recruited from STD clinic	RCT (mentions random) Quality rating: Fair	Counseling HIV testing and counseling Information 2 groups: 1) Standard (received AIDS education) 2) Standard + HIV testing and counseling	At 8 week follow-up intervention group participants: --were more likely to have asked partners about AIDS risk factors --had a decrease in unprotected vaginal and anal intercourse --were not different from standard group participants in terms of knowledge, AIDS worry or mental health status --both groups decreased number of partners		--Conducted early in epidemic 1988 --high attrition --short follow-up	

Studies Focusing on Heterosexual Risk								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Branson (1998)	Houston, TX	N = 996 90% African-American 57% male Recruited from STD clinic	RCT (randomization by small group, computer generated) Quality rating: Fair	Information Peer education Skills Training 2 groups: 1) Standard-- 2 20 minute sessions of client-centered HIV prevention counseling 2) enhanced --4 group sessions within 2 weeks followed by booster group session at 2 months	At 12 month follow up --both groups decreased risky behavior, but there were no differences between intervention groups --both groups had reduction in diagnosis of STD, but no differences between groups		--high attrition for both groups --few people attended multiple sessions	Information-motivation-behavioral skills model
Ashworth (1994)	Augusta, GA	N = 217 95% African-American 100% female Recruited from WIC program	RCT (random numbers table) Quality rating: Limited	Information 3 groups: 1) control (received health dept. pamphlet about AIDS and could ask questions) 2) video tape 3) Nurse educator encounter All received individually. Information in groups 2 and 3 was the same, each group lasted 15 minutes.	At 2 month follow-up, intervention groups had -- higher knowledge --no effect on intentions --less worry about dying if they got AIDS	gender	--no behavioral outcomes (examined intentions) --short intervention --no info on attrition	
Cohen (1992b)	Los Angeles, CA	N = 551 93% African-American 71% male 29% female Recruited from STD clinic	RCT (groups assigned by alternating times) Quality rating: Limited	Information Risk reduction materials Role playing 2 groups 1) control 2) intervention (group setting in waiting room of clinic)	At 7-9 month follow up, charts were re-examined for reinfection of STD --men in intervention group had less re-infection (relative risk = .38)		--patients not uniformly exposed to intervention --high attrition --small # of women	

Studies Focusing on Youth								
First Author	Location	N	Design	Intervention	Results	Matching	Limitations	Theory
Mansfield (1993)	Boston, MA	N = 90 92% female 8% male 83% African-American Recruited from Adolescent Clinic at a children's hospital All had been diagnosed with at least 1 STD	RCT (by even or odd number) Quality rating: Fair	Counseling Information Risk Reduction materials HIV testing 2 groups: 1) "standard care" (10 min.) 2) "intervention" (standard care + HIV testing and individual risk assessment) (20 min) Both groups delivered individually to subjects by 2 physicians	At 2 month follow-up --both standard and intervention participants had decreased # of partners, increased condom use, and decreased sexual activity, but there was no difference between groups		--small sample size --short follow-up --group differences at baseline	

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Appendix D. Ongoing Studies of HIV Prevention Interventions with African American Heterosexuals

Target Population	Study Design	Study Description	Funding Source & Location
Women	Randomized field experiment	Will compare the effectiveness of 3 interventions: 1. A "woman-focused" intervention 2. A standard NIDA intervention 3. Control group that only receives HIV testing and counseling. The "woman-focused" intervention aims to be culturally tailored and address contextual factors. Will focus on changing both sexual and drug risk behavior.	NIDA (National Institute on Drug Abuse) PI: Wendee Wechsberg Location: North Carolina
African-American couples	Multi-site randomized controlled trial	To compare the efficacy of two interventions that aim to reduce the rates of sexually transmitted infections in HIV sero-discordant couples. One intervention will be specifically focused on HIV/STI risk-reduction (8 sessions), while the other will serve as a control and will focus on general health issues (8 sessions). Biological and behavioral outcome measures will be used.	NIMH (National Institute of Mental Health) PIs: Nabila El-Bassel, Loretta Jemmott, Gina Wingood, Gail Wyatt Location: New York City, Philadelphia, Atlanta, Los Angeles
Homeless and mentally ill men	Comparison group clinical trial	Will compare an experimental intervention (6 session) that will be tailored to issues of homeless African-American men to a 6 session control intervention. Will have behavioral and biological outcomes.	NIGMS (National Institute of General Medical Sciences) PI: James Gary Linn Location: Memphis, TN
Low income men and women who meet "high risk" criteria	Randomized control trial	Will compare two video-taped interventions. Experimental intervention will be comprised of a theoretically based videotape, control group will be time and contact matched, but represent a more standard HIV prevention approach.	NIMH (National Institute of Mental Health) PI: Ekere Essien Location: Texas
Men ages 18-29, diagnosed with any STD	Randomized control trial	Will test effectiveness of a brief, clinic-based intervention implemented at STD clinics. Will compare an experimental brief counseling program to standard-of-care. Will have behavioral and biological outcomes	NIMH (National Institute of Mental Health) PI: Richard Crosby Location: Atlanta
Women ages 18-29 with a history of repeated STDs	Randomized controlled trial	Will compare an enhanced intervention to usual care. The enhanced intervention will include peer counseling and individualized counseling (based on a nursing model), and will have an intensive phase followed by a maintenance phase. Will have biological and behavioral outcomes.	NINR (National Institute of Nursing Research) PI: Lucy Marion Location: Chicago, IL
Not-in-treatment crack cocaine smokers	Longitudinal cohort design	Community based intervention will test the effectiveness of a "peer self-efficacy intervention) to a standard care intervention. A random sub-sample from community-based study will be selected. Intervention is based on cognitive-behavioral theory. Outcome measures will be behavioral.	NIDA (National Institute on Drug Abuse) PI: Mark Williams Location: Houston, TX
Drug-using women	Randomized control trial	Will compare a theoretically-based HIV risk-reduction intervention (2 sessions) to a general health intervention (2 sessions). Outcomes will be both behavioral and biological (STD outcome).	NIMH (National Institute of Mental Health) PI: Loretta Jemmott Location: Philadelphia, PA
Drug-dependent men	Stratified randomized cluster design	Will test culturally tailored and theoretically based intervention to reduce drug and sexual risk behavior to an attention control intervention.	NIDA (National Institute of Drug Abuse) PI: Larry Gant Location: Detroit, MI

Target Population	Study Design	Study Description	Funding Source & Location
Adolescents ages 12-16	Randomized controlled trial	Will compare a safer sex intervention, an abstinence intervention, (both culturally tailored and theory-based) to a control group. Will have biological and behavioral outcomes.	NICHD (National Institute of Child Health and Human Development) PI: Kaye Sly Location: Jackson, MS
Adolescent daughters (ages 11-14) and their mothers	Qualitative and pilot intervention	Will compare treatment intervention (wherein adolescents are administered the HIV risk reduction intervention by their mothers) to both an intervention delivered to the daughters by research staff, and a general health intervention delivered by mothers. Interventions will be randomly assigned to different study settings. Outcomes will focus on delay of sexual activity, or, if sexually active on fewer partners and condom use.	NIMH (National Institute of Mental Health) PI: Barbary Dancy Location: Chicago, IL
6 th and 7 th grade children recruited from Black Baptist churches and their parents	Randomized controlled trial	Parent-child dyads will be randomly assigned to an intervention consisting of either 1) an HIV risk-reduction intervention or 2) a general health promotion intervention. Both interventions will be comprised of 12 sessions. The experimental intervention is theory based and culturally tailored.	NIMH (National Institute of Mental Health) PI: Loretta Jemmott Location: Philadelphia, PA
Female adolescents ages 15-19 recruited from STD clinic	Randomized controlled trial	Will compare a theoretically grounded HIV risk reduction intervention (tailored for both cultural issues and gender) to a standard-of-care treatment. Will have both behavioral and biological outcomes.	NIMH (National Institute of Mental Health) PI: Ralph DiClemente Location: Atlanta, GA
Adolescents ages 13-16 recruited from public housing developments	Randomized controlled trial	Will compare the efficacy of an enhanced intervention (that delivers intervention to both children and has a parental monitoring component) and booster sessions to a standard-of-care intervention. Behavioral outcomes will be examined.	NIMH (National Institute of Mental Health) PI: Bonita Stanton Location: Baltimore, MD
6 th and 7 th grade low-income urban adolescents	Randomized controlled trial	Will compare the efficacy of several interventions: 1) abstinence-only intervention (8 hours) 2) safer-sex intervention (8 hours), 3) combined abstinence and safer sex intervention (8 hours), 4) combined abstinence and safer sex intervention (12 hours), 5) general health promotion (8 hours). Half of subjects will also receive booster sessions. Interventions are theoretically based and culturally tailored. Behavioral outcomes will be examined.	NIMH (National Institute of Mental Health) PI: John Jemmott Location: Philadelphia, PA