Appendices

A.   Studies Included in Systematic Review
B.   Quality Rating of Studies
C.   Ongoing Studies Focusing on Women of Color
D.   Studies Included in the Review

Appendix A: Studies Included in Systematic Review

First Author	Location	N	Intervention	Results	Adaptation	Quality	Follow-up time	Theory
Dancy (2000)	Urban	N=280 100% African American	- HIV Prevention Intervention group compared to Health Maintenance Intervention (control) - Information - Behavioral skills, role-play - Led by peer educators - 6 sessions (90 minutes) per week followed by boosters at 3, 6, 9 months	Based on 9-month follow-up - Knowledge: $p<0.025$ compared to control; $p<0.021$ from post-test to pre-test - Perceived HIV vulnerability: $p<0.015$ compared to control; $p<0.001$ from post-test to pre-test - All other outcomes (protective sexual behavior, self-efficacy, level of sexual activity, HIV prevention community behavior) were not significant	Cultural Gender Ethnicity	Adequate Blinded: N Random: Y Discuss loss to f/u: Y	3, 6, 9 months	Health belief model Social cognitive theory Theory of reasoned action
DiClemente (1995)	San Francisco	N=128 100% African American	- Social skills intervention and single-session HIV education condition compared to delayed HIV education control - Skills Training: communication and condom-use skills, role-play - Led by peer educators - Multi-session (5 2-hour weekly sessions)	- Social skills compared to delayed HIV education control: consistent condom use $p=0.04$ - Greater sexual self-control $p=0.05$ - Greater sexual communication $p=0.002$ - Greater sexual assertiveness $p=0.05$ - Partners' adoption of norms supporting consistent condom use $p=0.03$ - Condom use skills $p=0.52$ - No significance in outcomes btwn single-session HIV education condition and delayed control	Cultural Gender Ethnicity	Good Blinded: Y Random: Y Discuss loss to f/u: Y	3 months	Social cognitive theory Theory of gender and power
DiClemente (2004)	Birmingham, Alabama	N=522 100% African American adolescents	- HIV risk reduction intervention compared to exercise/nutrition control intervention - Skills Training: communication and condom-use skills, role-play - Led by peer educators - Multi-session: 4 4-hour group sessions	Based on baseline to 12-month follow-up - consistent condom use (condom use during every episode of vaginal intercourse) use in past 30d $p=0.003$; in past 6 months $p<0.001$ - condom use during last sex $p<0.001$ - new vaginal sex partner in past 30d $p=0.01$ - %condom use in last 30d $p<0.001$; in last 6 months $p<0.001$ - episodes of unprotected vaginal sex in last 30d $p=0.001$; in last 6 months $p=0.001$ - frequency of applying condoms on sex partners $p<0.001$ - barriers to using condoms $p=0.002$ - communication frequency $p=0.001$ - condom use skills $p<0.001$ - HIV knowledge $p<0.001$ - attitudes about condoms $p<0.001$ - condom-use self-efficacy $p<0.001$ - self-reported pregnancy $p=0.06$; no significant results for gonorrhea, trichomonas	Cultural Gender Ethnicity	Good Blinded: Y Random: Y Discuss loss to f/u: Y	6 and 12 months	Social cognitive theory Theory of gender and power
Harris (1998)	Eastern City (~ 1 million people)	N=130 100% African American Methadone-dependent	- Two conditions: 1) peer counseling and leadership training (PCLT), or 2) control group - Information - Skills Training - PCLT: 16-week program; 1st 8 weeks (2 hr/day, 1 day/week), 2nd 8 weeks (1 hr/week)	Based on baseline to 7-month follow-up - self-reported safer sex $p<.03$ - depression $p<.005$ - self-reported community action $p<.005$	Cultural Gender	Adequate Blinded: N Random: Y Discuss loss to f/u: N	2-, 4-, and 7- month post-tests	Culturally congruent care

Appendix A: Studies Included in Systematic Review (cont.)

First Author	Location	N	Intervention	Results	Adaptation	Quality	Follow-up time	Theory
Jemmott (2005)	Philadelphia	N=682 68% African American, 32% Latina adolescents	- Skill-based HIV risk reduction intervention compared to information-based intervention (A) - Skill-based intervention compared to health promotion control group (B) - Information - Skills Training, role-play - 250 minute single-session intervention	Results are based on 12-month follow-up comparisons - number days sex without condom past 3 months A: p=.03, B: p=.002 - no. partners past 3 mos A: p=.17, B: p=.04 - % reporting multiple partners past 3 mos A: p=.20, B: p=.002 - no. days of sex while on drugs or alcohol in past 3 mos A: p=.65, B: p=.37 - no. days of unprotected sex while on drugs or alcohol in past 3 mos A: p=.28, B: p=.02 - % testing positive for STI A: p=.23, B: p=.05 - HIV/STI risk-reduction knowledge A: p=.19, B: p<.001 - Condom-use knowledge A: p<.001, B: p<.001 - Condom-use intention A: p=.24, B: p=.008 - Condom hedonistic beliefs A: p=.67, B: p<.001 - Sexual partner approval A: p=.47, B: p=.009 - Technical skills beliefs A: p=.54, B: p=.01 - Impulse control beliefs A: p=.94, B: p=.02 - Negotiation skills beliefs A; p=.19, B: p=.88	Cultural Ethnicity	Adequate Blinded: N Random: Y Discuss loss to f/u: Y	3, 6, 12 months	Theory of reasoned action Theory of planned behavior Social cognitive theory
Kalichman (1993)	Chicago	N=106 100% African American	- 3 interventions (videos): 1) standard public health message (control), 2) ethnicity and sex control, 3) cultural context condition - Information - Single-session 20 minute videotapes	- Self-reported HIV behavior (seeking more HIV info, use condoms more often, talking about condoms with partners, buying condoms): no differences - Condom request: those in #2 and #3 requested more condoms at f/u (<0.001), also more likely to have talked with friends abt AIDS (<0.05) at f/u time - HIV testing: 18% in #3 reported being tested at 2wk f/u compared to none in #1 and #2 (p<0.01) - Attitudes: those in #3 reacted with significantly more fear/anxiety (p<0.05) and greater concern (<0.01) than those watching #1; presenters in #3 were perceived as expressing more care/concern than in #1 (<0.01) - Knowledge/attitude: same across conditions; women less concerned about getting HIV in restrooms (<0.01), from being near people w/ AIDS (<0.05)	Cultural Gender Ethnicity	Poor Blinded: N Random: Y Discuss loss to f/u: N	2 weeks	unspecified
Kalichman (1996)	Milwaukee	N=87 100% African American	4 interventions (facilitated groups): 1) 1 education sensitization + 3 sessions of sexual comm. 2) 1 session covering basic HIV risk educ-sensitization + 3 sessions of behav self mngmt 3) 1 session of educ-sens, 1.5 sessions of behav self-mngm, 1.5 sessions of sex comm. 4) 4 sessions of risk educ-sens w/o skills training (control) - Information - Skills Training, role-play - 4 sessions that met 2x/ week	- Communication/self-management behaviors: communication skills training led to increased discussion of condom use with sex partners (<0.05); #1 and #3 (comm. skills) increased refusal of unprotected sex (<0.05) - No diffs among groups for substance use before sex - Sexual risk behaviors: #3 had lowest rate of unprotected intercourse with no diff among other groups; in condom use among all groups (<0.01); 77% of women in comm. skills (#1, 3) used condoms, 55% women in #2,4 used condoms (significant difference <0.01) - Knowledge: no differences btwn groups; knowledge increased in all groups (<0.001) - Behavior Change Intentions: no difference btwn groups; increased in all groups (<0.001)	Cultural Gender Ethnicity	Poor Blinded: N Random: Y Discuss loss to f/u: N	3 months	Social learning theory Cognitive behavior modification

Appendix A: Studies Included in Systematic Review (cont.)

First Author	Location	N	Intervention	Results	Adaptation	Quality	Follow-up time	Theory
Peragallo (2005)	Chicago	N=657 100% Latina	- Condom use, communication and assertiveness skills-based intervention compared to control - Skills Training, role-play - 6 sessions per week	Results are based on 3- and 6-month follow-up using GEE - All outcomes had significant increases except safer sex peer norms - Condom use p=.006 - HIV knowledge p<.01 - Communication p=.0001 - Risk reduction p=.0005 - Safer sex peer norms p=.376 - Perceived barriers to condom use p<.001	Cultural Ethnicity	Poor Blinded: N Random: N Discuss loss to f/u: Y	3 and 6 months	Social cognitive theory
St.Lawrence (2001)	Southern city in Mississippi	N=445 100% African American	- Three interventions compared to each other and to a wait list control condition - Intervention on Theory of Gender and Power, TGP (info) - Intervention on Social Learning Theory, SLT (skills observation) - Intervention on Cognitive Behavior Modification, CBM (skills training) - Information - Skills Training, role-play in CBM - Led by peer educators - Multiple sessions: one 90-120 minute session per week for 6 weeks	- Interventions compared to control at 6 weeks: Attitudes (<0.03), perceived HIV risk (<0.05), intentions to use condoms (0.001), self-efficacy (0.008), communication comfort (<0.05), knowledge (p<0.0001) - Behavioral skills: for all interventions at 6 wks (<0.001) - Post compared to 12-month f/u: Communication frequency (<0.05), comm. comfort (<0.05), behavioral intentions (<0.001), perceived risk (<0.001) Pre-test compared to post-test: - Condom application: all interventions (<0.0001); women in SLT/CBM significantly increased ability to apply condom - Info provided to family/friends: all interventions (<0.0001), - Change in % of condom-protected vaginal intercourse: not significant in any group	Cultural Gender Ethnicity	Adequate Blinded: N Random: Y Discuss loss to f/u: Y	6 and 12 months	Theory of gender and power Social learning theory Cognitive behavior modification Social cognitive theory
Sterk (crack cocaine) (2003)	Atlanta, GA	N=265 100% African American Crack cocaine users	1) 4 one-on-one session enhanced motivation intervention (MI) 2) 4 one-on-one session enhanced negotiation intervention (NI) 3) a 2-session NIDA standard intervention for drug users (SI: control) - Information - Counseling - Skills Training - Individual sessions held once per week, over period of 4 weeks	Based on behavior in past 30 days at 6-month follow-up - Number of days used crack: MI vs. SI p<.10; NI vs. SI: NS - Number of paying partners vaginal sex: MI vs. SI NS; NI vs. SI: NS - Number of paying partners oral sex: MI vs. SI p<.01; NI vs. SI: NS - Number of times sex with paying partners: MI vs. SI p<.10; NI vs. SI p<.0001 - Frequency of condom use: MI vs. SI NS; NI vs SI p<.001 - Sex on crack: MI vs. SI NS; NI vs. SI NS	Gender Ethnicity	Good Blinded: Y Random: Y Discuss loss to f/u: Y	2-4 weeks post-intervention interview; 6-mo f/u interviews	Social cognitive theory Theory of reasoned action Theory of planned behavior

27

Appendix A: Studies Included in Systematic Review (cont.)

First Author	Location	N	Intervention	Results	Adapta-tion	Quality	Follow-up time	Theory
Sterk (IDUs) (2003)	Atlanta, GA	N=71 100% African American IDUs	1) 4 one-on-one session enhanced motivation intervention (MI) 2) 4 one-on-one session enhanced negotiation intervention (NI) 3) a 2-session NIDA standard intervention for drug users (SI: control) - Information - Counseling - Skills Training - Individual sessions held once per week, over period of 4 weeks	Based on behavior in past 30 days at 6-month follow-up: - # days used heroin: MI vs SI p<.01; NI vs SI p<.05 - # days inject heroin: MI vs SI p<.01; NI vs SI p<.NS - # days used speedball: MI vs SI p=NS; NI vs SI p<.10 - # days inject speedball: MI vs SI p<.10; NI vs SI p<.10 - # injections: MI vs SI p<.05; NI vs SI p<.05 - % had paying sex partner MI vs SI p=NS; NI vs SI p<.05 - # paying sex partners MI vs SI p=NS; NI vs SI p<.10 - % had sex for drugs MI vs SI p<.10; NI vs SI p<.01 - % had sex for money MI vs SI p<.01; NI vs SI p<.01 - Alcohol before sex MI vs SI p=NS; NI vs SI p<.10 - Alcohol during sex MI vs SI p=NS; NI vs SI p<.10	Gender Ethnicity	Good Blinded: Y Random: Y Discuss loss to f/u: Y	2-4 weeks post-intervention interview; 6-mo f/u interviews	Social cognitive theory Theory of reasoned action Theory of planned behavior
Suarez Al-Adam (2000)	New Jersey	Parent study: N= 3706 42% men 58% women 25% Latino 74% African American Sub-study: N=46 100% Latina	- HIV prevention intervention compared to health promotion control - Information - Skills: condom use and communication - Seven 90-120-min sessions over 3.5 weeks	- condom use: non-significant compared to control (p>0.2); significant compared to baseline (p<0.05) - psychological/physical use: no difference in levels btwn intervention and control - in intervention group: partner's hypermasculinity was negatively related to frequency of conversations about condoms (p<0.1) - satisfaction with communication: among women (in intervention and control) who discussed condoms with partners, those in intervention more likely to report satisfaction with outcome of conversation (p<0.01)		Poor Blinded: N Random: N Discuss loss to f/u: Y	3 months	Social cognitive theory
Wechsberg (2004)	North Carolina Wake-Durham counties	N=620 100% African American Crack users	1) woman-focused (WF) intervention with skills training on risk reduction and drug use 2) NIDA standard (STI) same as above but without gender or culture specificity - These were compared to a delayed-treatment control group - 4 modules, 2 individual and 2 group sessions, over a period of up to six weeks	Results based on 6-month follow-up - Mean # days used crack in past 30 days: WF vs. control, p=.09, STI vs. control p=.03 - Any unprotected sex past 30 days :WF vs control p=.03, STI vs control p=.15 - Any trading sex for drugs, past 30 days WF vs. control:0.94 (0.55-1.59) p=.8144; STI vs. control: 0.80 (0.46-1.39) p=.4284	Cultural Gender Ethnicity	Good Blinded: Y Random: Y Discuss loss to f/u: Y	6 months	
Workman, (1996)	Inner-city	N=60 43% African American 57% Latina adolescents	- HIV prevention intervention compared to Womanhood Development intervention (control) - Information - Communication skills, role-play - 12 30-minute weekly sessions	- AIDS knowledge: Latinas increased knowledge (p<0.05); AA did not have significant change - AIDS preventive behaviors and sexual decision-making: not significant - Sexual assertiveness: AA had significantly higher level than Latinas - Comfort discussing AIDS-related behaviors: AA had significantly higher level than Latinas		Poor Blinded: N	1 week after intervention	Cognitive behavioral theory

Appendix B: Quality Rating of Studies

First Author	Allocation	Blinding	Loss to follow up, exclusions	Other potential sources of bias	Notes
Dancy (2000)	Block randomization: picked similar communities and randomized	Not discussed	Good description of drop-outs: Logit analysis revealed that both communities had similar retention patterns over time; 48 women completed only pretest and were loss to f/u; 33 of those women were from treatment. Comparisons of those lost to f/u and those retained show no differences by any demographic characteristics or pretest measures.	Response bias	prevented Hawthorne effects by giving control condition the same # of sessions
DiClemente (1995)	Used random numbers table to generate allocation sequence	researchers stayed blinded	Of the 128 partcipants completing baseline, 100 completed the 3-month interview. f/u rates differed by treatment condition; unavailability of f/u attributable to moving away; analyses assessing attrition bias identified no differences on baseline variables across treatment conditions for participants unavailable for f/u	Did not give the control group an intervention of same length/time; response bias	
DiClemente (2004)	Used random numbers table to generate allocation sequence	researchers stayed blinded	No diffs in attrition were observed btwn study conditions at 6 and 12 months. No diffs btwn study conditions for sociodemographic characteristics observed at 6 or 12 months. analyses assessing attrition bias identified no differences on baseline variables across treatment conditions for participants unavailable for f/u	Response bias	prevented Hawthorne effects by giving control condition the same # of sessions; field-tested the intervention; used pilot/formative data
Harris (1998)	Randomization mentioned	Not discussed	89% of original sample avlbl 1t 16 wks; 64% avlbl at 7 months; there was no statistically sig diffs btwn groups for attrition rates; those lost to f/u did not differ significantly by demographic variables or by baseline values on any of the outcome measures; researchers attribute drop-out to high mobility of population	Possible self-selection bias; did not give the control group an intervention; response bias	
Jemmott (2005)	Used computer generated random number assignments	Not discussed	There was little attrition, 88.6% attended the 12 month visit; intervention conditions did not differ significantly in percentage of adolescent participants who attended f/u sessions and who returned for STI exams; nonreturnees reported more frequent intercourse while intoxicated, more unprotected sex while intoxicated. Latinos less likely to return (compared to AA); adolescents who didn't live with mothers less likely to return		formative research done
Kalichman (1993)	Don't describe the randomization	Not discussed	2-week follow-up; no discussion of loss to f/u		
Kalichman (1996)	Don't describe the randomization	Not discussed	95% who completed intervention came for 3-month f/u; full description of demographics of drop-outs given in table	Response bias	
Peragallo (2005)	No description of randomization.	Not discussed	Those lost to follow up (n=112) were different from those who attended at least one intervention session in terms of age, years in US, education, marital status, insurance source, and acculturation. There were no differences between those who were successfully followed and those who were lost to follow-up over the 6-months post-intervention.	Selection, follow-up biases.	Only limitation discussed is potential bias because of inability to obtain all data on all individuals who were initially recruited to the study.
St.Lawrence (2001)	Randomization was both at the individual and block level (entire recruitment sites were randomized to one condition if numbers were small). No other specifics were given.	Not discussed	Overall retention for women attending at least one intervention setting was 85%; 8% attrition from the intervention and another 9% loss to follow-up at 6- and 12-month intervals.	Recall bias	No limitations section in discussion.

Appendix B: Quality Rating of Studies (cont.)

First Author	Allocation	Blinding	Loss to follow up, exclusions	Other potential sources of bias	Notes
Sterk (crack cocaine) (2003a)	Randomized block design used. Only one intervention condition was conducted at a time, in 1-month blocks, and all eligible women recruited during that time were assigned to the current intervention condition. Cycles of intervention conditions continued until sample size goal was reached. Recruitment was done through street outreach	Separate intervention staff used for the different intervention groups to prevent contamination	Overall, 96% of the women who were enrolled in the study completed the 6-month follow-up. Preliminary analysis identified no differences on demographics between intervention groups, and there was no difference in the number lost to follow up among the intervention conditions. Other analysis indicated that there were no differences between those lost to follow-up and those retained in demographics and in sexual and drug behavior. Among those in the analysis at baseline, there were differences in sex and drug behaviors however no specifics were given.	Limited generalizability because of loss to follow-up, regional differences in culture, and small sample size. Other biases include selection bias, though efforts were made to eventually recruit women who refused initially.	
Sterk (IDUs) (2003b)	Same intervention as Sterk (2003a).				
Suarez Al-Adam (2000)	Randomization not described	Not discussed	Of the 60 Latinas who participated in the larger study, 46 completed this study. No other attrition information was given.	No discussion of pre-existing differences between intervention and control groups. Other biases: Recall bias, unvalidated scale measures among Latina populations, relying on woman to provide information on her and her partner.	Small sample size
Wechsberg (2004)	Random assignment to study conditions—no other information given. Authors did look for differences among intervention groups and found that fewer women in the woman-focused intervention group reported having received public assistance benefits in the last year.	Not discussed, although different staff were used as interventionists and as interviewers to try and limit response bias.	176 women dropped out between intake sessions 1 and 2, women who did not return were more likely to report daily crack use, sex trading, and multiple sex partners in the last 30 days. Attrition rates were similar for 3 and 6-month follow up periods, and there were no differences in attrition across all three study groups at either assessment period.	Response bias, recall bias	Not a fully representative sample of African American women who use crack/cocaine because used a street outreach method of recruitment.
Workman (1996)	Randomization not discussed	Not discussed, although the authors did perform a test of fidelity to intervention by using a checklist filled out by intervention staff.	51 of the 111 recruited were lost to follow up. There were no significant differences between those lost and those retained in demographics, AIDS knowledge, sexual decision-making and assertiveness, and AIDS preventive behaviors.	Only half of those recruited were retained, and very few of them were sexually active. So there is low power and generalizability of results. Also, response bias.	

Appendix C: Ongoing Studies Focusing on Women of Color*

Focus Population	Study Design	Study Description	Funding Source and Location
African American	RCT	To identify effective culturally sensitive interventions to reduce the risk of STIs/HIV among African American women who use substances. Participants will be randomly assigned to either: a) 2-session skill-building HIV risk reduction intervention or b) 2-session general health promotion intervention (control). Booster interventions will occur at 3- and 6-month follow-up sessions.	NIH PI: Loretta Jemmott Location: Philadelphia
African American	Developmental research; RCT	To develop a computer-based version of SISTA, an in-person, group-administered HIV prevention program; and validate this computer-based system through a RCT in which Digitized SISTA's effects are compared to those of group-administered SISTA.	NIH PI: Josefina Card
African American	Post-RCT analysis	To evaluate the long-term effectiveness of a culturally specific, woman-focused intervention relative to the NIDA standard intervention; to compare the effectiveness of a culturally specific, woman-focused booster follow-up intervention relative to the NIDA standard booster; to examine the mediating effects of employment and housing, as well as moderators, such as age, use history, and psychological distress on effectiveness of intervention; and to estimate the cost and cost-effectiveness of a culturally specific, woman-focused intervention relative to the NIDA standard.	NIH PI: Wendee Wechsberg
African American pregnant substance users	Pilot RCT	To adapt and modify the North Carolina woman-focused intervention (Women's CoOp) to focus on pregnant African American women who use crack, are currently in substance treatment, and are at risk for HIV or are HIV positive. Then propose to test new intervention in a traditional substance use treatment clinic to determine feasibility, relative efficacy compared with substance use treatment-as-usual across several domains of functioning, and the intervention's potential mechanisms of action.	NIH PI: Wendee Wechsberg Location: North Carolina
African American and Puerto Rican	Prospective, longitudinal study	Study aims: 1) to examine factors affecting initial and sustained use of the female condom for HIV/STI prevention among high-risk women after reducing initial barriers associated with lack of information and accessibility; 2) to examine conditions affecting female condom adoption associated with personal network and sexual relationships factors of high-risk women and men over time.	NIH: PI: Margaret Weeks Location: Hartford, CT
African American adolescents	Developmental research; RCT	To determine how best to adapt the EBI to address cultural context, risk determinants, risk behaviors, and other environmental factors that affect risk behavior of adolescent females. Aims are to: a) adapt the Women's CoOp intervention to address needs of out-of-school adolescent females with regard to knowledge about STIs, HIV and sexuality, health consequences of substance use, relationships with males, condom communication and social support, and HIV risk-reduction and violence prevention methods; b) evaluate the efficacy of culturally, age, and gender-focused intervention relative to nutrition intervention (control); c) identify mechanism through both qualitative and quantitative methods that influence intervention outcomes	NIH PI: Wendee Wechsberg Location: North Carolina
African American adolescents	Secondary analysis of data from RCT	To understand why African American female adolescents and young women are vulnerable to HIV/STIs by using the theory of gender and power (TGP) as a framework of social structural constructs that model contextual determinants of HIV/STI preventive behavior such as consistent condom use. Behavioral data derived in part from TGP was collected from 800 women ages 15-20.	NIH: PI: Lara Mirielle Depadilla
African American adolescents	RCT	To evaluate the efficacy of an HIV intervention plus standard of care counseling compared with standard of care counseling only. Adolescent females age 15-19 years will be recruited and randomly assigned to a study group: a) video about nutrition (control) or b) culturally-relevant and gender-tailored HIV intervention led by health educators and assisted by peer educators. The HIV intervention will focus on gender and ethnic pride; HIV prevention knowledge; self-efficacy for condom use, negotiation skills, and refusal skills; norms supportive of abstaining from sex and using condoms when engaging in sex; building healthy relationships.	NIH PI: Ralph DiClemente
African American adolescents	RCT	Friendship-based HIV intervention for young African American women aged 14-18. Two intervention and two control sites. The control intervention is a general health program. The HIV/STI intervention is a half-day intervention that focuses on using the energy of friendship groups. The intervention presents HIV prevention education, skills building, and condom use and ties it in to local and cultural issues.	Adolescent Trials Network Contact: Peggy Dolcini Location: San Francisco
African American adolescents	N/A	HIV Prevention Maintenance for African American Teens. No information available	NIH PI: Ralph DiClemente
African American and Latina adolescents	RCT	To characterize and address the combined effect of early alcohol use and risky behavior. Three parenting mechanisms (PM) are targeted: parental monitoring (P-PM), household rule setting (HR-PM), and communication (C-PM). Parents and daughters will be randomly assigned to 3 conditions: a) an audio-CD intervention focused on prevention of alcohol use; b) an attention-controlled condition; or c) a non-attention controlled condition.	NIH PI: Lydia O'Donnell Location: New York City
Incarcerated adolescents (primarily African American)	Longitudinal cohort	To evaluate a drug use–related HIV risk reduction intervention and to compare outcomes against a STI/HIV information and health education control condition. Half of participants will get HIV prevention intervention and other half will get Health Education control.	NIH PI: Angela Robertson Location: Mississippi
Mentally-Ill Latinas	qualitative	To describe the HIV risk and prevention behaviors of Puerto Rican and Mexican severely mentally ill (SMI) women, ages 18-45. Three phases: focus groups with SMIs and family members; ethnographic interviews; focus groups and interviews to assess acceptability and feasibility of various prevention interventions.	NIH PI: Sana Loue Location: Cuyahoga and San Diego Counties

Appendix C: Ongoing Studies Focusing on Women of Color* (cont.)

Focus Population	Study Design	Study Description	Funding Source and Location
Latino and African American adolescents	RCT	To expand risk-reduction interventions created in previous studies to further increase intervention efficacy for the high-risk group of physically or sexually abused adolescents who used drugs or alcohol (age 14-18 years). Aims include: 1) to obtain a more in-depth understanding of configurations of psychosocial and situational factors associated with high-risk sexual behavior, substance use, STI/HIV and contraceptive use; 2) to implement a RCT of a risk-reduction intervention consisting of small group sessions, individual counseling and support groups; 3) to evaluate the effects of the adolescent intervention model in comparison to enhanced counseling.	NIH PI: Jane Dimmitt Champion
African American Mothers/daughters	RCT	To examine systematically the effectiveness of the Mother/Daughter HIV Risk-Reduction (MDRR) Intervention in increasing daughters' self-reported HIV risk-reduction behavior. Convenience sample of low-income, inner-city adolescent females age 11-14 years. The study will compare the MDRR intervention with 2 control groups: a) the Health Expert HIV Risk Reduction Intervention and b) the Mother/Daughter Health Promotion Intervention.	NIH PI: Barbara Dancy Location: Chicago

*Taken from NIH's Computer Retrieval of Information on Scientific Projects database, and University of California, San Francisco, current research projects.

Appendix D: Studies Included in the Review

Dancy, B. L., R. Marcantonio, and K. Norr, "The long-term effectiveness of an HIV prevention intervention for low-income African American women," *AIDS Educ Prev,* 12, no. 2 (2000): 113–25.

DiClemente, R. J. and G. M. Wingood, "A randomized controlled trial of an HIV sexual risk-reduction intervention for young African American women," *JAMA* 274, no. 16 (1995): 1271–6.

DiClemente, R. J., et al., "Efficacy of an HIV prevention intervention for African American adolescent girls: a randomized controlled trial," *JAMA* 292, no. 2 (2004): 171–9.

Harris, R. M., et al., "An intervention for changing high-risk HIV behaviors of African American drug-dependent women," *Res Nurs Health* 21, no. 3 (1998): 239–50.

Jemmott, J. B., et al., "HIV/STD risk reduction interventions for African American and Latino adolescent girls at an adolescent medicine clinic: a randomized controlled trial," *Arch Pediatr Adolesc Med* 159, no. 5 (2005): 440–9.

Kalichman, S. C., et al., "Culturally tailored HIV-AIDS risk-reduction messages targeted to African American urban women: impact on risk sensitization and risk reduction," *J Consult Clin Psychol* 61, no. 2 (1993): 291–5.

Kalichman, S. C., D. Rompa, and B. Coley, "Experimental component analysis of a behavioral HIV-AIDS prevention intervention for inner-city women," *J Consult Clin Psychol* 64, no. 4 (1996): 687–93.

Peragallo, N., et al., "A randomized clinical trial of an HIV-risk-reduction intervention among low-income Latina women," *Nurs Res,* 54, no. 2 (2005): 108–18.

Suarez-Al-Adam, M., M. Raffaelli, and A. O'Leary, "Influence of abuse and partner hypermasculinity on the sexual behavior of Latinas," *AIDS Educ Prev,* 12, no. 3 (2000): 263–74.

St. Lawrence, J. S., et al., "Community-based interventions to reduce low income, African American women's risk of sexually transmitted diseases: a randomized controlled trial of three theoretical models," *Am J Community Psychol,* 29, no. 6 (2001): 937–64.

Sterk, C. E., et al., "HIV risk reduction among African American women who inject drugs: a randomized controlled trial," *AIDS Behav,* 7, no. 1 (2003): 73–86.

Sterk, C. E., K. P. Theall, and K. W. Elifson, "Effectiveness of a risk reduction intervention among African American women who use crack cocaine," *AIDS Educ Prev,* 15, no. 1 (2003): 15–32.

Wechsberg, W. M., et al., "Efficacy of a woman-focused intervention to reduce HIV risk and increase self-sufficiency among African American crack abusers," *Am J Public Health* 94, no. 7 (2004): 1165–73.

Workman, G. M., et al., "A school-based approach to HIV prevention for inner-city African American and Hispanic adolescent females," *J of Prev and Inter in Comm.* 14 (1996): 41–60.