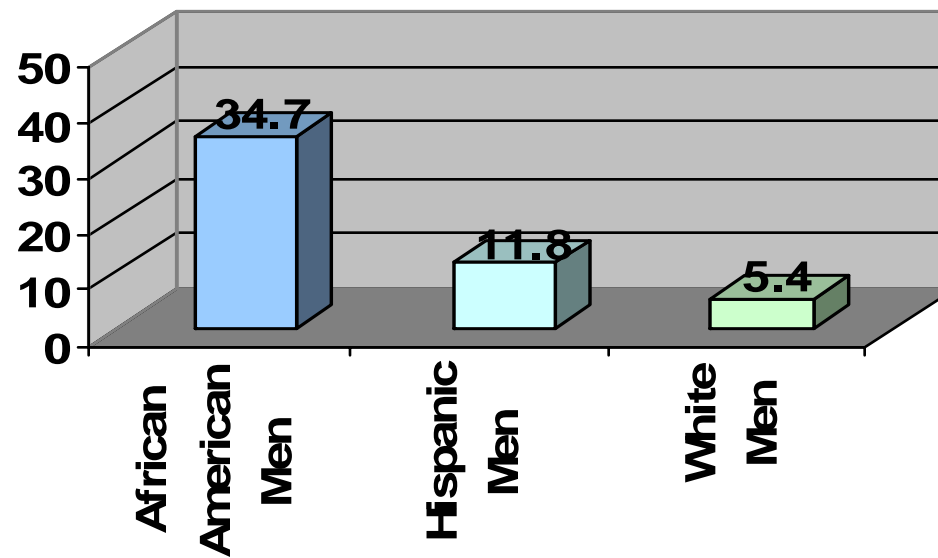


Focus on the Future

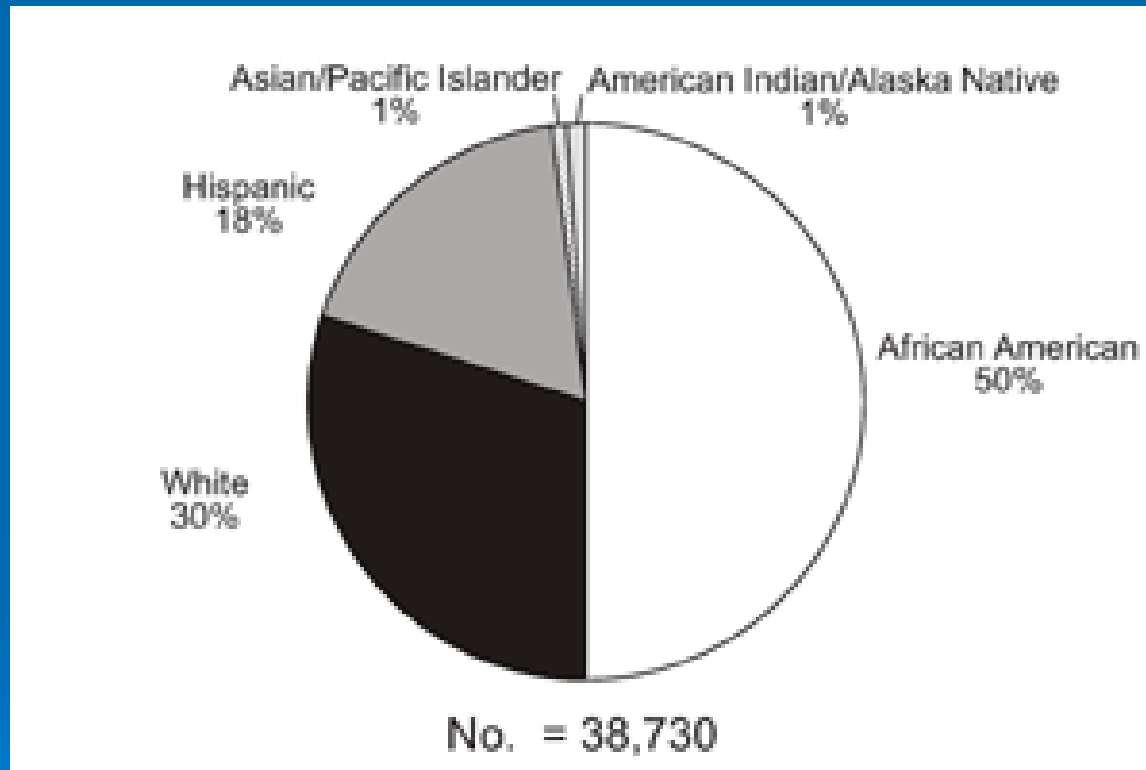
- ❖ NIMH-funded RCT (2 arms) created in response to the growing disparity in HIV incidence experienced by African Americans
- ❖ Designed to test the feasibility of a brief, clinic-based, intervention for young African American men newly diagnosed with an STD

To start...

AIDS Cases Among Men Residing in Kentucky (Per 100,000), 2003



More...



More...

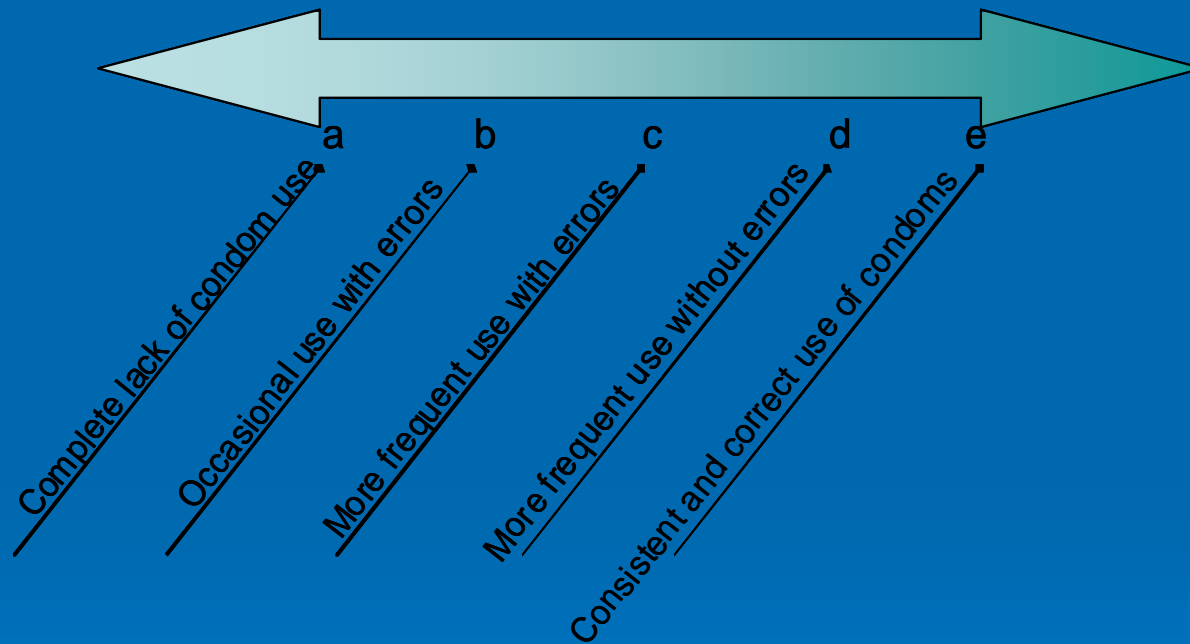
<u>Chlamydia</u>	Rate for White Men	Rate for African American Men
20 - 24 years old	334.4	2515.5
25 - 29 years old	167.3	1442.3

<u>Gonorrhea</u>	Rate for White Men	Rate for African American Men
20 - 24 years old	95.7	2715.5
25 - 29 years old	72.1	1214.2

Missed Opportunity?

Evidence strongly suggests that repeat infections are typically acquired from the same or from new sex partners, meaning they are typically not attributable to failed treatment. In most populations studied, about 1 of every 6 persons diagnosed with a treatable (i.e., bacterial or parasitic) STD will be reinfected within 12 months.

“Condom Sense”



Let's be Practical (please)

- ❖ Moving from research to practice is not easy
- ❖ Complex programs create problems with implementation fidelity
- ❖ Resources are not plentiful
- ❖ Clinics are not designed for behavioral intervention

Focus...

Key Principles

1. Unconditional respect for men
2. Options and know how
3. Practice is good
4. Condoms can feel better
5. Protect your future

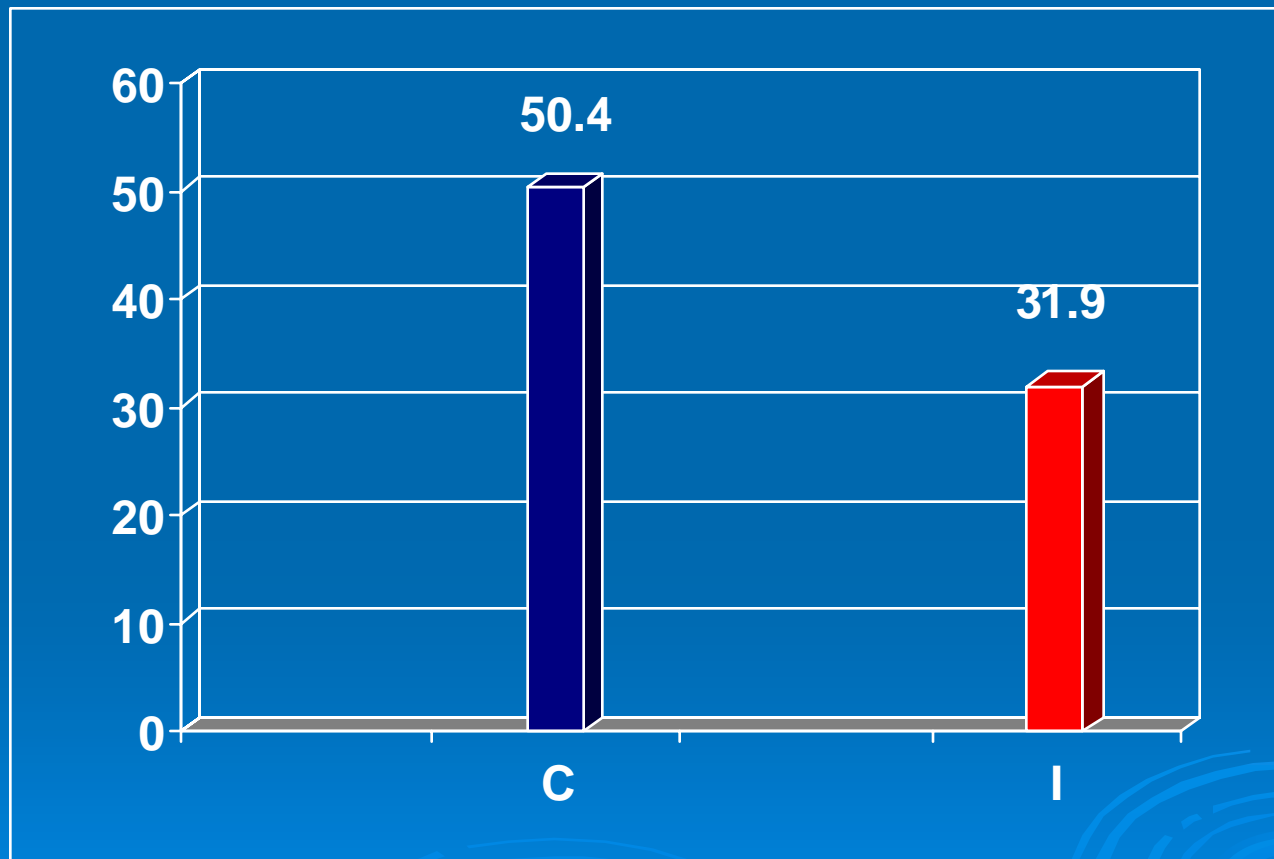
Key Formative Work

- (1) the “fit and feel” of condoms;
- (2) condom brand and size;
- (3) application problems;
- (4) availability of condoms and lubricants;
- (5) commitment to condom use

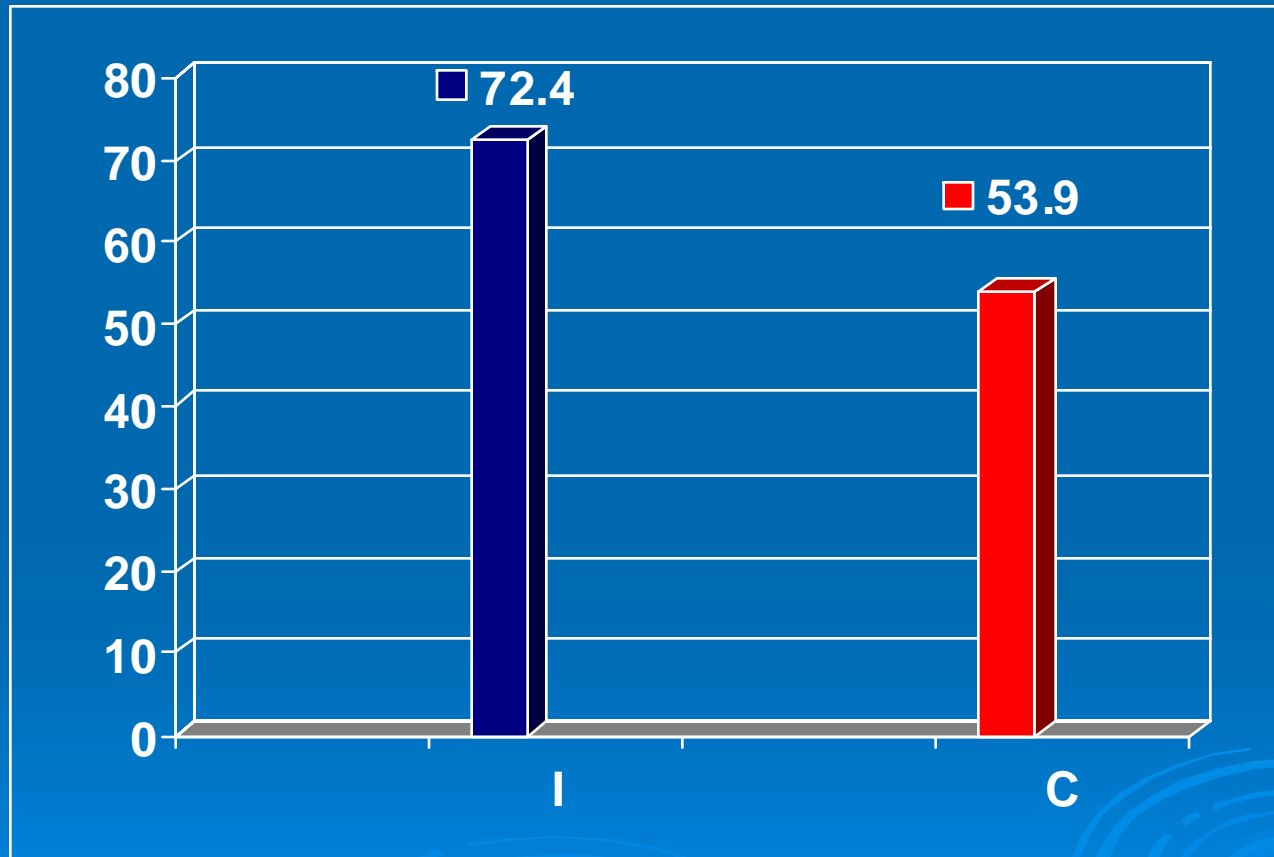
Findings

The most common diagnosis at enrollment was gonorrhea (44%) followed by Chlamydia (27%), and mixed infection with both gonorrhea and Chlamydia (10%).

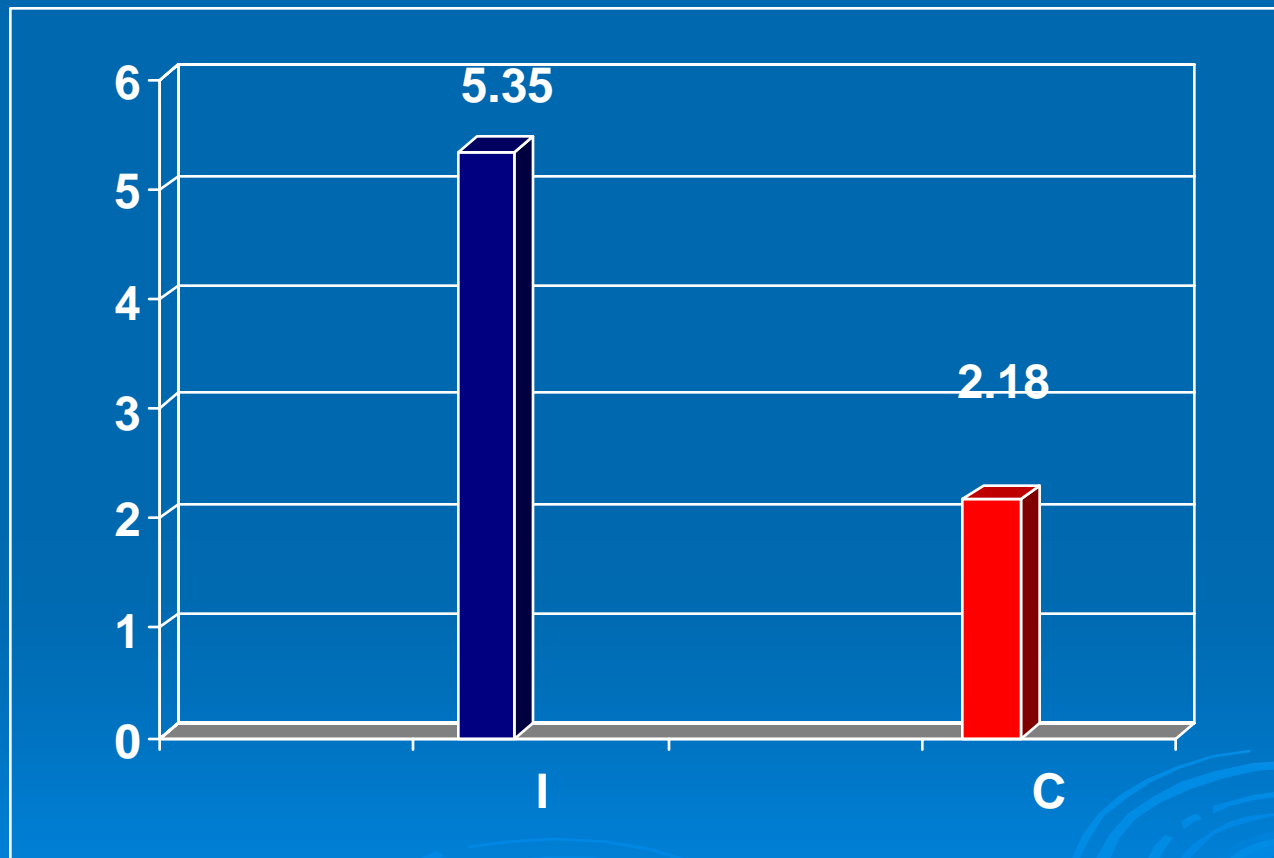
New Infections (6 months)



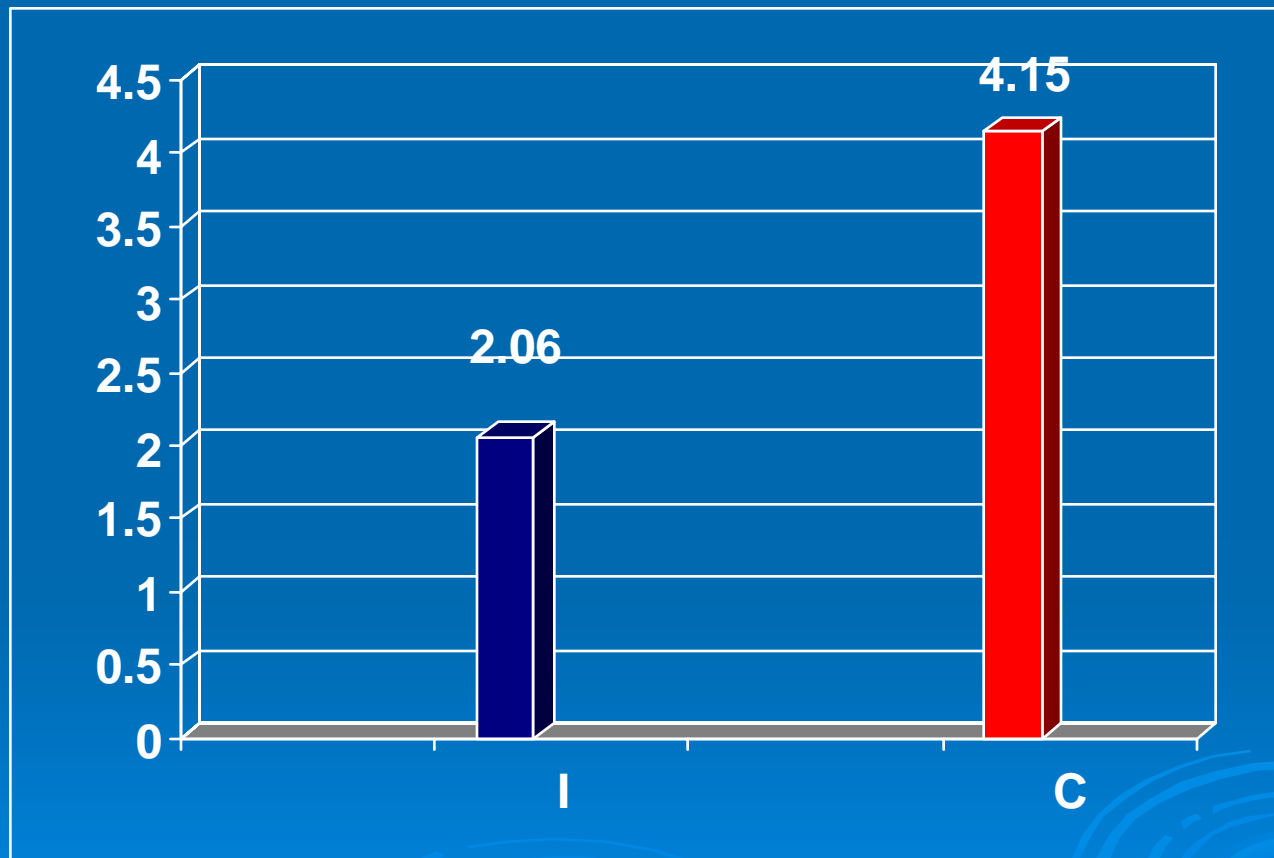
Condom Use (last sex)



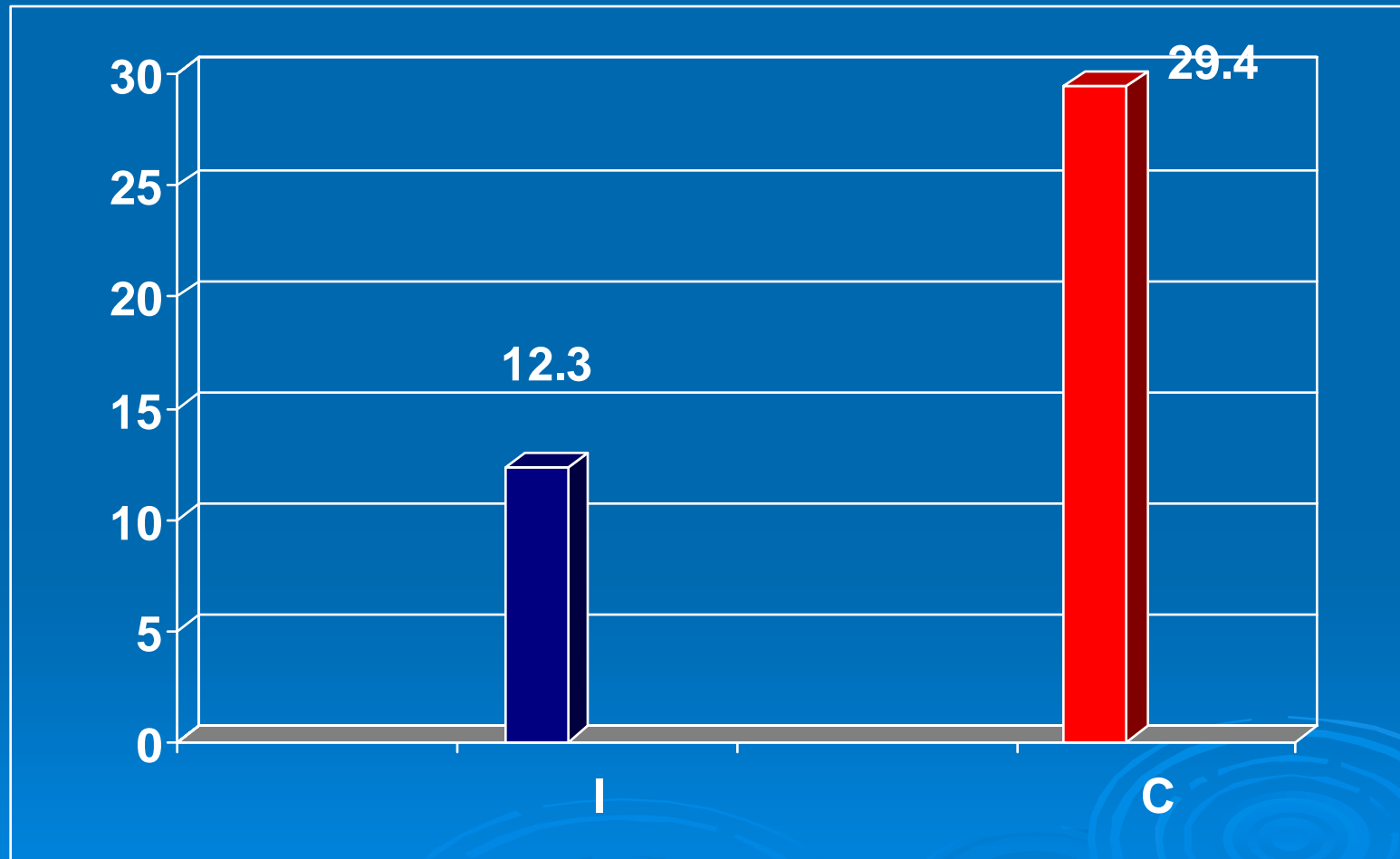
Demonstrated Application Score



Sex Partners (past 3 months)



UVS (past 3 months)



Numbers

Using the complete case analysis, compared to men in the control condition, those receiving the intervention, were significantly less likely to acquire a subsequent STD within the 6-month follow-up interval (50.4% vs. 31.9%; univariate odds ratio estimate = .46, 95% CI=.28,.76).

Numbers

Men receiving the intervention scored higher on the condom application skills assessment (mean difference estimate=3.17, 95% CI= 2.81, 3.53, relative difference= +145%).

Numbers

Also, men receiving the intervention reported significantly fewer sex partners (2.06 vs. 4.15, mean difference estimate = -2.10, 95% CI = -3.22, -.98, relative difference = -51%).

Numbers

Further, men receiving the intervention reported significantly fewer acts of unprotected sex (12.3 vs. 29.4, mean difference estimate= -17.1, 95% CI=-33.6, -.5, relative difference=-58%).

Numbers

Finally, men receiving the intervention were also significantly more likely to report using condoms the last time sex occurred (72.4% vs. 53.9%, univariate odds ratio estimate = 2.25, 95% CI = 1.24, 4.07).

More Numbers

At the multivariable level intervention effects on subsequent STD acquisition appear even stronger (Table 2). Findings from the multiple imputation analyses indicated that men randomized to the intervention condition had about 68% lower odds of acquiring a subsequent STD (AOR=.32, 95% CI=.12, .86).

More Numbers

At the multivariable level intervention effects on subsequent STD acquisition appear even stronger (Table 2). Findings from the multiple imputation analyses indicated that men randomized to the intervention condition had about 68% lower odds of acquiring a subsequent STD (AOR=.32, 95% CI=.12, .86).

More Numbers

Men in the intervention condition had a higher score on the condom application assessment (mean difference=3.19; 95% CI=2.81, 3.56), fewer female sex partners (mean difference estimate=-1.87, 95% CI=-2.96,-.79)

More Numbers

Intervention men were more likely to report condom use at last sexual episode (AOR=2.06, 95% CI=1.07, 3.96).

More Numbers

One outcome did not achieve statistical significance in imputation analyses, namely, number of episodes of unprotected sex in the past 90 days (mean difference estimate = -11.9, 95% CI = -31.3, 7.5).

Conclusion

Crude and adjusted findings from this randomized controlled trial provide strong support for the utility of a brief, clinic-based, intervention for young African American men at-risk of HIV acquisition.

Conclusion

The practical value of the findings is paramount as they demonstrate dramatic reductions in STD incidence without the use of lengthy, resource-intensive, programs.

Conclusion

Of note, the reduction in incidence at 6-months was substantially greater than that observed in previous trials of brief, clinic-based, interventions including Project RESPECT (especially considering the attenuated effect of RESPECT for people over 20 years of age).

Thanks to...

Andrew Forsyth at NIMH

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