LIVING IN GOOD HEALTH TOGETHER ("light")

Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- Sexually active, low-income, inner-city clinic patients at high-risk for HIV and STD infection

Goals of Intervention

- Eliminate or reduce sex risk behaviors
- Prevent new STD infections
- Increase self-efficacy and problem-solving skills for practicing safer sex

Brief Description

Living in Good Health Together or "*light*" is a 7-session, small-group HIV-risk reduction intervention to stimulate motivation for behavior change along with individualized skill building required to accomplish personal HIV-related goals. The intervention covers topics, including HIV/AIDS knowledge, identification and management of triggers for risk acts, problem-solving in risk situations, condom use, interpersonal assertiveness to negotiate safer sex, and maintenance of new behavioral routines. Each session has a focus, but skills are reinforced and practiced throughout the 7 sessions. Each participant practices skills specific to his or her risk circumstances involving steady partners, casual partners, drug-using partners, and other personally relevant relationships. Goals to reduce risk are set every session and revised at the following session for feedback, review or problem-solving as appropriate. Each session contains scripted role plays and activities to facilitate group interaction and learning. The intervention is delivered to same-sex small groups of 5 to 15 persons twice weekly.

Theoretical Basis

- Social Cognitive Theory

Intervention Duration

- Seven 90- to 120-minute sessions conducted twice weekly

Intervention Setting

- Inner-city community based clinics, including STD clinics and primary care clinics at Health Service Organization (HSO)

Deliverer

- Co-led by one male and one female trained facilitators

Delivery Methods

- Demonstration
- Exercises
- Goal setting/plan
- Role play
- Practice
- Video

INTERVENTION PACKAGE INFORMATION

An intervention package was developed with funding from CDC's Replicating Effective Programs (REP) project. "**LIGHT**" is unavailable for dissemination through the REP website. No additional information is currently available.

EVALUATION STUDY AND RESULTS

The original evaluation study was conducted in Bronx, Harlem, Manhattan, and Brooklyn, New York; northern New Jersey; Baltimore, Maryland; Atlanta, Georgia; Milwaukee, Wisconsin; and Los Angeles, Orange and San Bernardino counties, California between 1994 and 1997.

Key Intervention Effects

- Reduced unprotected sex
- Increased condom use
- Reduced STD infections

Study Sample

The baseline study sample of 3,706 clinic patients is characterized by the following:

- *74% black or African American, 25% Hispanic/Latino, 1% other*
- *42% male, 58% female*
- *97% heterosexual, 3% homosexual or bisexual*
- *25% < 25 years old, 42% 25 to 35 years old, 33% > 35 years old*
- *55% completed high school education or more*

Recruitment Settings

Men were recruited from STD clinics and women were recruited from both STD clinics and primary care clinics at Health Service Organizations (HSOs).

Eligibility Criteria

Men and women were eligible if they were sexually active, did not consistently use condoms, and engaged in one of the following activities in the last 90 days: sex with a new partner, sex with more than one partner, sex with someone who was having sex with others, treated for STD or at clinic to be treated for STD, injected drugs, sex with someone who injects drugs, or sex with someone who has HIV. The age requirement for STD patients was 20 years or older and for women attending HSOs was 18 years or older.

Assignment Method
Participants (N = 3,706) were randomly assigned to 1 of 2 groups: "light" (n = 1,851) or AIDS education comparison (n = 1,855).

Comparison Group
The comparison group received a 60-minute AIDS education session which included a videotape, a question-and-answer period, and a brochure that had referral numbers for HIV/AIDS information. It was delivered by trained facilitators at community based clinics.

Relevant Outcomes Measured and Follow-up Time
- Sex behaviors during past 90 days (including number of unprotected vaginal and anal intercourse, consistent condom use or abstinence, proportion of condom-protected vaginal or anal intercourse) were measured at 3-, 6-, and 12-month follow-ups.
- STD infection during the 12-month follow-up period was assessed by reviewing medical charts for incidence of gonorrhea and urine test result for point prevalence of Chlamydia and gonorrhea. Self-reported STD symptoms in the past 90 days were also measured at 3-, 6-, and 12-month follow-ups.

Participant Retention
- "light" intervention
  - 84% retained at 3 months
  - 85% retained at 6 months
  - 83% retained at 12 month

- AIDS Education comparison
  - 83% retained at 3 months
  - 86% retained at 6 months
  - 84% retained at 12 months

Significant Findings
- Intervention participants reported significantly fewer unprotected vaginal and anal intercourse acts than comparison participants at each of three follow-ups and longitudinally over time (all p's < .0001). The intervention effect for this outcome was also found to be significant at each follow-up and longitudinally over time for the following subgroups: male STD clinic patients, female STD clinic patients, and female HSO patients.
- Intervention participants reported significantly greater proportion of condom-protected vaginal or anal intercourse acts than comparison participants at each of three follow-ups and longitudinally over time (all p's < .0001). The intervention effect for this outcome was also found to be significant at each follow-up and longitudinally over time for the following subgroups: male STD clinic patients, female STD clinic patients, and female HSO patients.
- Intervention participants were more likely to report either consistent condom use or abstinence than comparison participants at each of three follow-ups and longitudinally over time (all p's < .0001). The intervention effect for this outcome was also found to be significant at each follow-up for male STD clinic patients and female HSO patients, at the 3- and 12-month follow-ups for female STD clinic patients, and longitudinally over time for all subgroups.

- Intervention participants were less likely to report STD symptoms at one or more follow-ups than comparison participants ($p = .001$). The intervention effect for this outcome was also found to be significant for the following subgroups: male STD clinic patients, female STD clinic patients, and female HSO patients.
- A significantly smaller percentage of intervention participants were diagnosed with incident gonorrhea (based on medical chart review) than comparison participants during the 12-month follow-up period ($p < .05$). This finding was also found to be significant among the subgroup of male STD clinic patients.

Considerations

- Intervention effect was consistent across racial/ethnic subgroups of African American and Hispanic.
- Participants who attended more "*light*" intervention sessions exhibited greater magnitudes of behavior change.
- Significant intervention effects were observed for self-reported STD symptoms and medical chart review of gonorrhea rates, but urine assessments for point prevalence of Chlamydia and gonorrhea were not found to be significant.
- The reduction of gonorrhea rates was found to be significant among men but not among women, which may be due to the fact that gonorrhea is more prevalent among men than women over the age of 24 years and is generally more symptomatic in men than women.

REFERENCES AND CONTACT INFORMATION

NIMH Multisite HIV Prevention Trial Group. (1998). The NIMH Multisite HIV Prevention Trial: Reducing HIV sexual risk behavior. *Science, 280*, 1889-1894.

NIMH Multisite HIV Prevention Trial Group. (1997). Screening, recruiting and predicting retention of participants in the NIMH Multisite HIV Prevention Trial. *AIDS, 11*(Suppl. 2), S13-S19.

NIMH Multisite HIV Prevention Trial Group. (1997). Methodological overview of the NIMH Multisite HIV Prevention Trial for populations at risk for HIV. *AIDS, 11*(Suppl. 2), S1-S11.

NIMH Multisite HIV Prevention Trial Group. (1997). Conceptual basis and procedures for the intervention in a multisite HIV prevention trial. *AIDS, 11*(Suppl. 2), S29-S35.

Researcher: **Multisite Staff Collaborator**
National Institute of Mental Health (NIMH)
Public Information and Communications Branch
6001 Executive Boulevard, Room 8184, MSC 9663
Bethesda, MD 20892-9663
Email: **nimhinfo@nih.gov**