RISE

Evidence-Based for the Structural Intervention Chapter
Good Evidence for the Medication Adherence Chapter

POPULATION
- Black or African American persons with HIV (PWH) on antiretroviral therapy (ART) but not yet virally suppressed and/or non-adherent to ART

KEY INTERVENTION EFFECTS
- Improved ART adherence

BRIEF DESCRIPTION

RISE uses a trained peer counselor to conduct motivational interviewing (MI) with Black or African American PWH to address self-identified barriers to taking ART, including psychosocial issues such as HIV, sexual orientation, and race-related stigma and discrimination; shame and stigma around HIV-serostatus disclosure; and medical mistrust. The peer counselor also links PWH to services for unmet basic needs and encourages engagement with sources of resilience in Black or African American communities.

- RISE consists of 3 core sessions and additional booster sessions as needed. Each session includes the counselor and clients viewing downloaded electronically monitored adherence Medication Event Monitoring System (MEMS cap) data and the counselor using structured questions to better understand adherence patterns.
  - Session 1: Building rapport, introducing the intervention and its goals, providing education about ART and adherence, assessing attitudes about treatment and adherence, and conducting a needs assessment for social determinants of health
  - Session 2: Identifying facilitators of and barriers to adherence, applying problem solving steps to address adherence barriers, and tailoring adherence to daily routine cues
  - Session 3: Discussing ways to enhance social support for adherence, checking in about the provider-patient relationship, and offering to interact with the PWH's provider

DURATION: 3 core sessions and up to 4 booster sessions delivered over 6 months
SETTING: Los Angeles, California
STUDY YEARS: 2018 – 2021
STUDY DESIGN: Randomized controlled trial (RCT)
DELIVERERS: Trained peer counselor
DELIVERY METHODS: Motivational interviewing, MEMS cap

STUDY SAMPLE

The overall baseline study sample of N = 245 participants was characterized by the following:

- 76% cisgender male persons
  20% cisgender female persons
  4% transgender, gender queer/non-conforming persons
- 100% Black or African American persons
  9% persons identifying as Hispanic, Latino, or Latina regardless of race
- 71% gay or bisexual persons
  27% straight or heterosexual persons
  2% persons reported being unsure of their sexual orientation, in transition, or another sexual orientation
- Mean age of 49 years (SD =12)
- 52% persons stably housed in the past 12 months

STRUCTURAL COMPONENTS

Social Determinants of Health – Acceptance and Respect

- Counselors facilitated culturally-tailored discussions on discrimination related to HIV, race, sexual minority status, medical mistrust, disclosure, and sources of resilience in Black or African American communities (e.g., spirituality, social support)

Social Determinants of Health – Survival

- Counselors provided referrals for housing services and food assistance

KEY INTERVENTION EFFECTS (see **Primary Study** for all outcomes)

- Interventions participants reported improvement in optimal ART adherence (at least 75% of doses taken, per electronic monitoring) in comparison to control participants, (Odds Ratio, [OR] = 2.0; 95% Confidence Interval [CI]: 1.1 - 3.6).

CONSIDERATIONS

- The COVID-19 pandemic required revised data collection and intervention procedures (e.g., telephone delivery of sessions and no MEMS adherence monitoring by peer counselor), which must be considered for future implementation in different contexts.
- RISE reduced the likelihood of endorsement of stigmatizing beliefs about HIV, (OR = 0.6; 95% CI: 0.3-1.0, p = 0.05) but the effect became marginal when controlling for gender (which was significantly associated with stigmatizing beliefs), OR = 0.6; 95% CI: 0.3-1.0, p = 0.07).
- RISE improved viral suppression from baseline to 13-month follow-up for intervention participants compared to control participants, but the effect was not significant.

Implementation research-related findings

- Cost – estimated cost of rise was $335 per participant in the intervention arm. During COVID-19 pandemic, electronic monitoring, MEMS, was not used. Cost without use of MEMS was $227 per participant. The authors concluded RISE was cost-effective.
- Fidelity – the MPH-level supervisor completed a fidelity form for each intervention session by listening to audio recordings and verifying that key elements of the intervention were covered and counseling was consistent with motivational interviewing. The supervisor provided weekly feedback on content and fidelity.
- One PhD-level clinical psychologist provided training, booster training, and check-in calls as needed for problem solving. Another PhD-level clinical psychologist and the supervisor double-coded a random sample of 10 participants' sessions to verify the counseling was consistent using MI. The mean content rating Kappa was 0.73; the mean MI rating Kappa was 0.70.

*Kappa score means that the interview questions and responses matched the interview guide correctly.

ADVERSE EVENTS

- The author did not report adverse events

FUNDING

- This research was supported by NINR (grant number R01NR017334).

PRIMARY STUDY

Bogart, L. M., Mutchler, M.G., Goggin, K., Ghosh-Dastidar, M., Klein, D.J., Saya, U., Linnemayr, S., Lawrence, S. J., Tyagi, K., Thomas, D., Gizaw, M., Bailey, J., & Wagner, G. J. (2023). Randomized controlled trial of Rise, a community-based culturally congruent counseling intervention to support antiretroviral therapy adherence among Black/African American adults living with HIV. *AIDS and Behavior, 27*(5), 1573-1586. doi: 10.1007/s10461-022-03921-0.

PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.

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