



CENTER FOR AIDS PREVENTION STUDIES

Research Portfolio 2010 Addendum

University of California
San Francisco



Center for AIDS
Prevention Studies (CAPS)

CAPS is a research center funded by the National Institutes of Mental Health. This Portfolio is an addendum to the 2009 Research Portfolio, and includes 22 recently-funded research studies at CAPS. These are studies that are in process and may not yet have scientific results. Therefore, inclusion in this Portfolio does not imply that any intervention or other studies have been proven effective.

In this Portfolio you will find:

- Table of contents listing research by population
- Descriptions of each research project
- Index of research by keyword

To contact a researcher listed here or for comments or questions about the Research Portfolio, contact Carolyn Hunt at 415/597-9110 or e-mail CAPS.Web@ucsf.edu.

This Research Portfolio is available at www.caps.ucsf.edu/research/.

Center for AIDS Prevention Studies
University of California, San Francisco
50 Beale Street, Suite 1300
San Francisco, CA 94105
Tel: 415/597-9100
Fax: 415/597-9213
E-mail: CAPS.Web@ucsf.edu
www.caps.ucsf.edu

Tell us what you think of the Research Portfolio! We'd love to hear any comments or suggestions: CAPS.Web@ucsf.edu.

Updated October 2010



Research Portfolio Addendum

2010

Acronyms

ART	Antiretroviral treatment
CAPS	Center for AIDS Prevention Studies
CBA	Capacity Building Assistance
CBO	Community-based organization
CDC	Centers for Disease Control and Prevention
MSM	Men who have sex with men
PI	Principal Investigator
RCT	Randomized controlled trial
STD	Sexually transmitted disease
UCSF	University of California, San Francisco

TABLE OF CONTENTS

Acronyms	i
DRUG USERS	
Affect Regulation Treatment to Enhance Methamphetamine Intervention Success (ARTEMIS)	2
Stonewall Treatment Evaluation Project (STEP)	3
Study Targeting Affect Regulation (STAR).....	4
GAY MEN AND MEN WHO HAVE SEX WITH MEN AND WOMEN	
Archival Analysis of the Urban Men’s Health Study 2002 (UMHS-2002)	6
Evaluation of SFAF’s Magnet Program	7
Partner Management Among Latino Men Who Have Sex with Men	8
Serosorting among Men at Risk for HIV	9
HIV+ PERSONS	
iAspire.....	12
Impact of a Computer-Assisted SBIRT Program in an HIV Care Setting	13
Investigating Motivations for Participation in Anal Cancer Prevention Trials (IMPACT)	14
INCARCERATED PERSONS	
Navigator-Enhanced Case Management for Jail Inmates Transitioning to the Community	16
INTERNATIONAL	
<i>Latin America</i>	
Assessing the Feasibility of Conducting a Randomized Community Trial of the <i>Encontros</i> Intervention Model among Sex Workers in Brazil	18
<i>Asia</i>	
Influence of Stigma and Discrimination on HIV Risk among Men in China.....	19
<i>Africa</i>	
Sex Differences in Patterns of Migration and HIV Risk in Western Kenya	20
Toward Understanding Community Mobilization for HIV Prevention in the African Context.....	21
METHODS	
Improving Self-Reports about High Risk Sexual Behavior	24
POLICY	
AIDS Policy Research Center	26
TECHNICAL ASSISTANCE AND CAPACITY BUILDING	
Capacity Building Assistance (CBA) Project.....	28
TRANSGENDER PERSONS	
Barriers to and Retention in Support Services among HIV+ Transwomen.....	30
TRANSLATIONAL AND IMPLEMENTATION RESEARCH	
Mpowerment Evaluation and Monitoring (MEM)	32
Oakland Community Research Consortium	33
YOUNG ADULTS	
Characterizing the Social Environment for STI Testing and Treatment and STI Testing Preferences for Young, Minority Men in San Francisco.....	36

RESEARCH:
Drug Users

Affect Regulation Treatment to Enhance Methamphetamine Intervention Success (ARTEMIS)

PI: Adam Carrico PhD

Project Description:

This pilot randomized controlled trial (RCT) will examine the feasibility, acceptability and potential clinical utility of delivering a time-limited intervention to increase positive affect to methamphetamine-using MSM (HIV+ or HIV-) who are initiating outpatient substance abuse treatment at the Stonewall Project in San Francisco, CA. ARTEMIS is a booster stress management intervention adapted from a 5-session positive affect intervention we have developed for recently diagnosed HIV+ persons. In total, 14 participants who are receiving substance abuse treatment will be randomized to ARTEMIS or a control condition.

The primary outcome for this pilot RCT will be positive affect. Secondary outcomes that will be examined include: substance use and HIV risk taking behavior.

Significance

Boosting the effectiveness of substance abuse treatment for methamphetamine-using MSM would alleviate human suffering related to substance abuse as well as address an important driver of the HIV/AIDS epidemic, which could ultimately reduce HIV transmission rates.

Stonewall Treatment Evaluation Project (STEP)

UCSF PI: Adam Carrico PhD

Community PI: Michael Siever PhD

Project Description

The purpose of this project is to conduct a systematic program evaluation of the Stonewall Project, which is currently deployed in four community settings by the San Francisco AIDS Foundation. The Stonewall Project is an innovative, outpatient substance abuse treatment program for methamphetamine-using MSM that is implementing evidence-based interventions (i.e., the Matrix Model) in a real world clinical setting.

In collaboration with the Stonewall Project, we will conduct a comprehensive treatment outcome evaluation with 150 participants who are newly initiating services. Participants in the treatment outcome evaluation will complete quantitative assessments at baseline as well as three and six months follow-up to examine changes in substance use and HIV risk-taking behavior. We will also build the capacity of the Stonewall Project to conduct ongoing evaluation efforts by developing a web-based assessment system. This system will automate existing self-monitoring activities that participants complete prior to each counseling session at the Stonewall Project to facilitate ongoing evaluation of treatment outcomes.

Significance

Evidence-based approaches to substance abuse treatment and HIV prevention often require substantial adaptation to be implemented in the community. Establishing that participants receiving services at the Stonewall Project report reductions in substance use and HIV risk taking would support the effectiveness of this unique implementation of the Matrix Model. Disseminating effective treatments for methamphetamine-using MSM would improve the lives of a marginalized, underserved population and address an important driver of the HIV epidemic.

Study Targeting Affect Regulation (STAR)

PI: Adam Carrico PhD

Project Description:

The STAR study will develop and pilot test a multi-component intervention to promote affect regulation among HIV+ methamphetamine-using MSM.

In Phase 1a of this study, the intervention will be pilot tested with 10 HIV+ methamphetamine-using MSM to obtain initial feedback that will assist with refining the protocol.

In Phase 1b, we will conduct a pilot randomized controlled trial to examine the feasibility, acceptability and potential clinical utility of this affect regulation intervention with 70 HIV+ methamphetamine-using MSM.

Significance:

In prior research conducted by our team, we observed that enhanced affect regulation (lower HIV-specific traumatic stress and depressive symptoms as well as higher positive affect) was associated with decreased stimulant use and improved HIV disease management. Establishing that this affect regulation intervention is safe, feasible, and potentially efficacious with HIV+ methamphetamine-using MSM represents a crucial first step to inform subsequent clinical research designed to examine whether it can boost the effectiveness of substance abuse treatment.

RESEARCH:

Gay Men & Men Who Have Sex with Men & Women

Archival Analysis of the Urban Men's Health Study 2002 (UMHS-2002)

PI: Adam Carrico PhD

Project Description:

This study will utilize data from the Urban Men's Health Study 2002, a probability-based survey of 879 men who have sex with men (MSM) in San Francisco. These data provide a unique, cost-effective opportunity to examine psychological correlates of stimulant use among MSM who were recruited through probability-based sampling methods. Informed by Stress and Coping Theory, the study will utilize structural equation modeling to examine psychological correlates of engaging in any stimulant use during the past 6 months with 711 MSM who completed a mail-in questionnaire that assessed psychological factors and substance use.

Significance:

There is increasing recognition that the elevated rates of cocaine and methamphetamine use among MSM are key drivers of the HIV/AIDS epidemic in this population. By advancing our basic understanding of stress and coping processes that may promote engagement in stimulant use, this study will inform the development of innovative interventions to prevent stimulant use or decrease the frequency of stimulant use in the broader population of MSM who are not actively seeking formal substance abuse treatment.

Evaluation of SFAF's Magnet Program

PIs: Wayne T. Steward PhD MPH (UCSF), Steve Gibson MSW (San Francisco AIDS Foundation)

Co-Is: Kimberly Koester MA, Gabriel Galindo DrPH

Project Description

In this project, funded as a community collaborative by the California HIV/AIDS Research Program (CHRP), CAPS and the San Francisco AIDS Foundation (SFAF) seek to evaluate Magnet, a clinic and community center located in the Castro District of San Francisco, the City's primary gay and lesbian neighborhood. The primary study will consist of a large survey of gay men in San Francisco. Data from the work will enable us to examine the characteristics of men in the city who use Magnet and other sexual health services, and to determine if their use of Magnet is associated with HIV risk reduction practices (like condom use). In addition, we will conduct a preliminary study involving qualitative interviews with gay men. The interviews will allow us to explore the facilitators and barriers of using sexual health services, and to develop a comprehensive list of all such resources available in the Bay Area. This work will ensure that the main study's survey fully covers the types and organization of resources available to gay men.

Magnet offers sexual health services out of a storefront facility located in the heart of San Francisco's Castro District. But it is also more than just a clinic. The center is intended to empower men with the information, skills, and confidence they need to make informed decisions during sex. The founders of Magnet placed it in an inviting location in the heart of the Castro in the hopes that would encourage men to think and talk about sexual health. Magnet has become very popular, with 4600 clients in 2007 alone. But it is unknown to what degree Magnet is influencing decisions about safer sex and other HIV prevention practices among men in the local community, a gap this study aims to fill.

Significance

Recent data have shown that almost half of all Americans living with HIV are MSM. In California, MSM make up nearly three-quarters of all HIV/AIDS cases and, in San Francisco, are 85% of all cases. Studies also have shown that substantial numbers of MSM engage in behaviors that can transmit HIV. In some cases, men may not be using condoms because they are serosorting (choosing sexual partners that they believe have the same HIV status as them). Although such strategies may help prevent HIV transmission to some degree, the number of new infections each year is still so high that approximately 25% of MSM in San Francisco are HIV-positive. As such, it is urgent that we identify new, culturally-appropriate means of enhancing prevention norms among gay men in the city.

Project Recruitment Dates: Anticipated for October 1, 2010 to December 31, 2011

Project End Date: July 31, 2012

Partner Management Among Latino Men Who Have Sex with Men

PI: Gabriel R. Galindo DrPH MPH CHES

Project Description

Literature on risk has historically focused on individual behavior (“How many partners have you had? How often do you use a condom? etc.); however recent studies have begun to recognize the need to acknowledge the social and sexual context of risk behavior. For example, studies have examined the role of partner preferences, sexual situations, partner selection, sexual stereotypes and, most recently, seroadaptive behaviors. Additionally, studies of sexual risk behaviors integrate social influences that may impact sexual negotiations (homophobia, sexual silence, cultural influences, etc.). Building from this body of literature, the PI has introduced the term of “partner management” to describe a process in which men initiate behaviors to maximize their sexual pleasure and minimize the risk involved. We will conduct 36 in-depth interviews with participants to explore the partner management processes of Latino MSM (LMSM).

The specific research aims of this study are to:

- Understand the factors (social, cultural, psychological) that influence partner management among LMSM
- Describe the impact of acculturation processes (sexual scripts, cultural values, negotiated identities) on the partner management process of LMSM
- Characterize the ways in which partner management is operationalized when LMSM negotiate sexual situations

Significance

LMSM constitute one of the most vulnerable groups in the US for the transmission of HIV. LMSM have disproportionately high rates of unprotected anal intercourse as well as high rates of HIV infection. Research has shown that HIV programs are effective when they link HIV prevention to the fulfillment of the other, non-HIV specific, pressing psychosocial needs. However, to date, the CDC’s Compendium of Evidence Based Interventions does not include an HIV prevention program that is specific to the needs of LMSM. This formative study recognizes the call for HIV interventions that contextualize the lives of LMSM, and the need to understand the process by which LMSM find themselves in sexual situations. As such, this study will gain critical insights into the partner management process of LMSM.

Project Website: www.caps.ucsf.edu/CAPS/about/recruitment.php#PM

Serosorting among Men at Risk for HIV

PIs: Willi McFarland PhD, Hong-Ha Truong PhD

Project Description

This study will obtain cross-sectional and longitudinal data on “HIV serosorting” among MSM in San Francisco. We broadly define HIV serosorting as diverse strategies to reduce HIV acquisition or transmission by intentionally selecting sexual partners of the same serostatus or by modifying sexual practices depending on the partner’s serostatus. We will recruit a community-based cohort of HIV- and HIV+ MSM using a probability-based time-location sampling method with longitudinal follow-up over the Internet.

Significance

The current phase of the HIV epidemic in San Francisco is complex with rising levels of overall unprotected anal sex (UAS) and STDs, yet stable HIV incidence. We hypothesize that HIV serosorting may explain these apparently contradictory findings; that is, increasing UAS with partners of the same HIV serostatus is leading to increases in STD incidence but not HIV incidence. While some evidence suggests serosorting may be increasing among MSM in San Francisco, many questions remain: How prevalent is serosorting as a deliberately adopted HIV prevention strategy in the MSM community? How do MSM identify partners of the same serostatus? What factors contribute to the success or failure of adhering to serosorting strategies? We need detailed and prospectively collected data in order to answer these questions and to assess the causal relationship between reported serosorting and actual risk for HIV. Accurate information is essential for 1) dispelling misperceptions of serosorting if it is not causally associated with reducing serodiscordant UAS, 2) increasing serosorting success if it is, or 3) framing serosorting in the context of risk reduction (but not elimination) if its role in reducing risk is mixed.

RESEARCH:
HIV+ Persons

iAspire

UCSF PI: Adam Carrico PhD

Community PI: Joseph Ramirez-Forcier BS

Project Description

The purpose of this project is to evaluate an existing HIV prevention intervention, the Employment Services Program, a vocational rehabilitation program for HIV+ persons at the Positive Resource Center (PRC) in San Francisco. The Employment Services Program is an innovative and comprehensive program that helps clients overcome structural barriers (poverty, homelessness) to HIV prevention and care. This outcome evaluation will examine the effects of vocational rehabilitation on improved ART adherence and reduced HIV transmission risk.

Our team will recruit 200 HIV+ persons who are newly initiating services at the PRC. Participants will complete a baseline assessment and 6-month and 12-month follow-up assessments to examine changes in HIV-related health behaviors as well as evaluate plausible mechanisms (enhanced psychological adjustment and increased socio-economic status) whereby the PRC achieves beneficial outcomes.

We also plan to conduct in-depth qualitative interviews at baseline and 12-month follow-up with a subset of 20 participants. Qualitative interviews will examine the perceptions of PRC clients regarding important components of the Employment Services Program as well as barriers to continuing to receive services at the PRC.

Significance

In order to optimize HIV prevention efforts, innovative interventions that empower individuals to surmount structural barriers like poverty that affect vulnerability and risk could substantially impact the course of the HIV/AIDS epidemic. If the PRC vocational rehabilitation program is effective in improving ART adherence and reducing HIV transmission risk behavior, then this vocational rehabilitation approach could be disseminated widely to mitigate the effects of poverty as a structural barrier to prevention with HIV+ persons.

Impact of a Computer-Assisted SBIRT Program in an HIV Care Setting

PI: Carol Dawson-Rose PhD MSN RN

Project Staff: Shanon Eng MBA, Emily Huang BS

Project Description

Drug and alcohol use is not always addressed with patients in medical care settings, including HIV primary care settings. The screening, brief intervention, and referral to treatment (SBIRT) strategy has demonstrated an effective model to introduce screening for substance use, and standardized guidelines in a number of clinical populations, but SBIRT for drug and alcohol use has not been tested in an HIV primary care setting. This is remarkable because several studies suggest that HIV+ and at-risk individuals have high rates of substance use. Therefore, the goal of this project is to assess the impact of SBIRT for harmful alcohol use, illicit drug use, and opioid analgesic use in an HIV primary care setting at San Francisco General Hospital's Positive Health Program (PHP). Specifically, the project aims to examine and compare the feasibility, acceptability and impact of introducing SBIRT into this clinic population. In addition, this study will compare two different modes of SBIRT administration:

- A self-administered, web-based Personal Health Record
- A provider-administered protocol during clinic appointments

A randomized, two-arm cohort methodology will be used. Three hundred HIV+ clinic patients will be enrolled, and will receive the SBIRT either through the web-based system (called myHERO), or from a provider. Participants will be seen for four study visits (baseline, 1 Month, 3 Months, 6 Months). SBIRT will be conducted at baseline and at six Months.

The screening instruments will include the "Alcohol, Smoking and Substance Involvement Screening Test" and "The Alcohol Use Disorders Identification Test." The screening tool scores and interpretation will be added to the Active Problem List in the patient's electronic medical record, and will alert the provider to the need for follow-up.

The brief intervention and referral to treatment will be delivered by a clinic-based social worker trained in substance use counseling and motivational interviewing techniques. Participants will be assessed at all four visits for the outcome indicators including alcohol and drug use, HIV transmission risk behaviors, and antiretroviral medication adherence.

Significance

Despite research with HIV+ patients showing relationships between drug and alcohol use and increased morbidity, mortality, and HIV transmission risk behaviors, many HIV primary care providers do not address drug and alcohol use with their patients. Enhancing the capacity of the PHP to implement standardized screening for substance use and, when indicated, a systematic approach to brief intervention and referral for more in-depth treatment as needed, has the potential to address preventable health problems among HIV+ clinic patients. More broadly, the project has the potential to reduce morbidity and mortality among HIV+ people, use technological innovation to improve clinic quality of care, and increase engagement of patients in their own health and healthcare.

Project Recruitment Dates: April 2010- October 2010

Project End Date: August 2011

Investigating Motivations for Participation in Anal Cancer Prevention Trials (IMPACT)

PIs: Joel Palefsky MD, Nicolas Sheon PhD

Project Staff: Michael Scarce, Aung Chein

Project Description

This project is designed to provide information that will be critical to the performance of a pivotal RCT of screening and treatment of anal intraepithelial neoplasia (AIN) to prevent anal cancer. This project will study determinants of participation in an RCT in which 50% of participants with AIN will be screened and treated, and 50% will be observed without treatment. At the end of a 5-year period, the number of anal cancer cases will be compared in both arms.

The IMPACT study will conduct focus groups with ethnically and geographically diverse populations in cities across the US in order to:

- Identify and assess the determinants of provider willingness to refer eligible participants
- Identify and assess the determinants of patient willingness, motivations, barriers, concerns and incentives to participate in the RCT
- Determine the optimum study design, sample size and recruitment strategies based on what we learn

Information gathered from these focus groups and interviews with health care providers will be analyzed and used to develop a national survey for collecting further data relevant to preparation of the RCT. Given the complexities of the underlying clinical issues that might govern willingness to participate, the increasing proportion of underrepresented minorities that comprise the HIV epidemic, and the varying issues around participation that racial and ethnic groups might have, a rigorous study to measure these determinants is critical.

Significance

Anal cancer is a growing problem in the US, increasing by approximately 2 percent per year among both men and women in the general population. It is particularly common among certain high-risk groups such as HIV+ men and women. Among HIV+ individuals, the incidence of anal cancer has continued to increase despite the availability of effective ART. The incidence of anal cancer among people with HIV is higher than cervical cancer was before routine cervical cytology screening was introduced. However, unlike cervical cancer, there are currently no screening recommendations in place for anal cancer.

This study will be essential to planning a large definitive RCT in HIV+ men and women to test whether treatment of anal cancer precursors identified through anal cytology screening can prevent anal cancer. Planned with the assistance of this study, the proposed RCT will establish a standard of care for HIV+ men and women, but will also have wide implications for screening and treatment for HIV- populations, as well as understanding the factors underlying progression to cervical and anal cancer.

Project Recruitment Dates: December 2009 – October 2011

Project End Date: October 2011

RESEARCH:
Incarcerated Persons

Navigator-Enhanced Case Management for Jail Inmates Transitioning to the Community

PI: Janet Myers PhD MPH

Co-PI: Jackie Tulsy MD

Project Staff: Luisa Manfredi-Batki, Becky Packard

Intervention Lead: Alissa Riker (San Francisco Pre-Trial Diversion Project)

Jail Collaborators: Milton Estes and Kate Monico Klein (Forensic AIDS Project)

Project Description

While some community-based services exist, there remains a critical need to improve linkages to care and adherence to care plans among HIV+ adults as they move between community and jail. An effective service delivery model used in similar high-needs populations exists, but has not been tested with HIV+ drug users leaving jails. The model is called navigator case management and is based on harm reduction, motivational interviewing and general social work principles. Case managers work with paraprofessional peer navigators to help clients make better use of available resources, more effectively communicate with providers, sustain care over time and successfully connect with multiple service provider sectors.

In this study, we propose to:

- Tailor the navigator case management approach to meet the needs of HIV+ individuals with substance use and mental health disorders.
- Pilot test the intervention and assessment procedures.
- Conduct a randomized study with 360 HIV+ men and women leaving jail. Participants will receive either navigator case management delivered by the non-profit San Francisco Pre-Trial Diversion project, or the standard of care currently provided to transitioning inmates: 90-days of as-needed case management provided by the San Francisco Department of Public Health's Forensic AIDS Project.
- Test the effectiveness of the intervention in reducing sexual and drug-related HIV transmission risk, increasing HIV medication adherence, reducing drug dependence and reducing reincarceration.
- Characterize both the navigator and Forensic AIDS Project intervention processes and conduct exploratory analyses of the mediators of HIV transmission risk and risk reduction and HIV-related adherence among HIV+ individuals leaving jail.

Significance

Each year, there are over 600 unduplicated HIV+ persons incarcerated in the San Francisco jail and almost two-thirds released with HIV-focused discharge planning were reincarcerated within one year. More than half of HIV+ jail inmates are diagnosed with mental health conditions severe enough to require medication and a similar proportion report substance abuse disorders at the time of detention.

HIV+ adults incarcerated in the US criminal justice system are predominantly active drug users and disproportionately people of color. The complex interplay of poverty, race, lack of education and sanctions—rather than treatment—for addictions, reinforces returns to the criminal justice system and pervasive health disparities for HIV+ individuals. Underlying behaviors that lead to repeated incarceration closely correlate with behaviors that are associated with HIV transmission and increased morbidity and mortality from HIV. In drug addicted adults, recidivism is driven by drug relapse and illegal activities associated with drug use, failure to engage and remain in mental health treatment or failure to break free from social instability in the form of homelessness and joblessness.

Project Recruitment Dates: February 2010

Project End Date: June 2014

Project Website: For more information, contact Luisa Manfredi-Batki (luisa.manfredi@ucsf.edu)

RESEARCH:
International

Assessing the Feasibility of Conducting a Randomized Community Trial of the *Encontros* Intervention Model among Sex Workers in Brazil

PI: Sheri A. Lippman PhD MPH

Co-I: Deanna Kerrigan PhD MPH

Project Description

This study will determine the feasibility of conducting a CRCT of a promising multi-component intervention among sex workers in Brazil. Determining study feasibility includes documenting local interest and input from key stakeholders and carrying out an analysis of costs to implement a large intervention trial. This study combines qualitative interviewing of key stakeholders (n=20) and modeling of sample size projections and costs to outline:

- Intervention design
- Study logistics
- Study ethics
- Study location
- In-country collaborators
- Strategies for community participation
- Costs

Significance

Prevention experts have called for multi-component interventions that incorporate the multiple levels of influence shaping HIV risk. However, few multi-component interventions have been conducted that aim to modify structures and social environmental barriers that keep populations from attaining improved HIV outcomes. Even fewer social interventions have included the most rigorous evaluation design for community research: a cluster randomized control trial (CRCT).

The data generated from this innovative grant proposal will provide critical information as to the feasibility and details of study design needed to develop the future intervention trial among sex workers, a trial that could potentially reduce the burden of STI/HIV among sex workers, a population which almost universally experiences extreme social exclusion and are deprived of health services and human rights.

Influence of Stigma and Discrimination on HIV Risk among Men in China

PI: Kyung-Hee Choi PhD MPH (CAPS)

Co-PI: Pierre Miège PhD (Beijing Normal University)

Co-Is: Wayne Steward PhD MPH, Steve Gregorich PhD, Xiulan Zhang PhD (Beijing Normal University)

Project Description

This is a three-phase study to identify the specific mechanisms by which MSM stigma affect sexual risk behaviors among MSM in Beijing, China.

In Phase 1, we will explore the range of management strategies used to cope with MSM stigma via 30 in-depth qualitative interviews with MSM.

In Phase 2, we will develop, using Phase 1 qualitative data and adapting existing quantitative scales, culturally-relevant measures of explanatory constructs of interest (e.g., MSM stigma management) to establish reliability and validity (N=170).

In Phase 3, we will examine potential mediators (e.g., stigma management strategies, psychological distress, sexual contexts/situations) that explain how MSM stigma are linked to sexual risk for HIV with a respondent-driven sample of 500 MSM who will complete baseline and two follow-up assessments at 6 and 12 months.

We will also conduct 20 in-depth qualitative individual interviews with a subset of men selected from the Phase-3 participants to examine the acceptability of potential intervention components to address the link between MSM stigma and HIV risk.

Significance

By the end of 2007, sexual transmission was responsible for more than half (52%) of the estimated 700,000 HIV infections in China and is expected to drive the country's future HIV epidemic. The prevalence of HIV among MSM in China is on the rise (1%-10.4%). Efforts to control the emerging HIV epidemic among these men may be hindered by stigma and discrimination related to sexual orientation. Our work found that experiences of MSM stigma were highly prevalent among Chinese MSM and that those who had had such experiences were more likely to engage in unprotected sex with men or with both men and women. Similarly, studies of MSM in other countries have found a similar relationship between MSM stigma and sexual risk behaviors. However, the exact mechanisms by which such experiences of MSM stigma become linked to sexual risk behaviors remain largely unknown.

This study will break new ground in our understanding of the influence of MSM stigma management strategies on sexual risk for HIV among MSM. It will also advance theoretical understanding of HIV risk by examining potential mechanisms through which MSM stigma and discrimination impact sexual risk. It will inform the next generation of HIV prevention strategies targeting those mechanisms of MSM stigmatization, which in turn may help prevent the worsening of the HIV epidemic among MSM throughout the world, including those in China.

Project Recruitment Dates: October 2009 – January 2010 for Phase 1

Project End Date: May 31, 2014

Sex Differences in Patterns of Migration and HIV Risk in Western Kenya

Co-PIs: Carol Camlin PhD MPH, Craig R. Cohen MD MPH

Co-Is: Zachary Kwena MA, Shari Dworkin PhD

Project Description

This study is the first phase of a research agenda to address a neglected topic of HIV prevention research: HIV risks to female migrants in sub-Saharan Africa. This study will lay the groundwork for a collaboration between UCSF and Kenyan organizations for a subsequent, larger mixed-methods study to assess the contribution of female migration to the HIV/AIDS epidemic in western Kenya, and inform development of an HIV prevention intervention with female migrants. In this qualitative pilot study, we aim to:

- Characterize and compare the types of migration and mobility among women and men in western Kenya;
- Characterize the spatial and social features of the common destinations of female migrants;
- Identify the features of women's migration experience which render it particularly hazardous vis-à-vis their HIV infection risk.

Significance

Research on migration and HIV/AIDS in sub-Saharan Africa has focused largely on the consequences of male labor migration. Studies consistently find migration to be a risk factor for men and their sexual partners, yet little research has directly investigated the effect of migration on HIV infection risks to women in the region—despite their high levels of mobility and disproportionate burden of HIV infection risk.

Our preliminary research in South Africa found that female migrants were at higher risk of HIV infection than were male migrants, or non-migrants of either sex. Moreover, sexual risk behavior was more likely to lead to HIV infection for female migrants than for female non-migrants, and males of either category. These findings warrant confirmation in other settings in the region, particularly settings, such as western Kenya, where HIV is highly prevalent and women are at a disproportionately high risk of HIV relative to men. If female migrants are particularly vulnerable to HIV infection, targeted HIV prevention efforts are called for, and may serve as an important component of HIV prevention for the region. Moreover, as the HIV/AIDS pandemic continues to mature, population mobility will undoubtedly continue to play a role in its evolving dynamics. A better understanding of the sex-specific patterns of population mobility in the region is necessary both to improve our capacity to control HIV/AIDS and to respond to future emerging infectious disease threats.

Project End Date: July 2010

Toward Understanding Community Mobilization for HIV Prevention in the African Context

PI: Sheri Lippman PhD MPH

Co-Is: Tor Neilands PhD (CAPS); Audrey Pettifor, Suzanne Maman (University of North Carolina), Kathleen Kahn, Stephen Tollman (University of the Witwatersrand).

Project Description

Increasingly HIV prevention specialists are focusing efforts on community social mobilization (CSM) strategies as a powerful and sustainable means of combating the HIV epidemic. This study aims to

- Develop a conceptual definition of CSM, including exploration of dimensions of CSM appropriate to the context of rural South Africa. We will conduct focus group discussions with young men and women and in-depth-interviews with community leaders in order to adapt and refine prior work conceptualizing the definition and dimensions of CSM to fit the rural South African context.
- Generate context-specific items that capture dimensions of CSM and evaluate the properties of the new community mobilization measure. We will generate a pool of items measuring the dimensions of CSM, pilot test the items among 100 young people, conduct exit surveys, and evaluate the scale properties in order to refine the measure for use in a large scale survey.
- Test the measure of CSM in the large scale community survey of young people aged 18-35 years (1,200 people in 25 communities) being implemented in the study entitled “Effects of cash transfer and community mobilization in young South African women.” The scale performance will be evaluated for reliability and validity using both item response modeling and confirmatory factor analysis in a large sample.

Significance

Health promoters and researchers have made important strides in recognizing that mobilizing communities to improve health is a powerful and sustainable tool to combat the HIV epidemic. However, further conceptual development of CSM, including examination of the dimensions of mobilization and the means or pathways through which CSM encourages HIV prevention, is needed in the field. Performing an in-depth examination of CSM, furthering conceptual development and improving measurement of CSM will improve the design and evaluation of future mobilizing interventions, which are particularly important in high HIV prevalence settings.

RESEARCH:

Methods

Improving Self-Reports about High Risk Sexual Behavior

Co-PIs: Diane Binson PhD and William J. Woods PhD

Project Staff: Lance M. Pollack PhD and Dale Danley MPH

Project Description

In this study we will conduct an experiment to test the effectiveness of an innovative method of administering a survey interview--conversational interviewing--in reducing respondents' reporting errors in their responses to sexual behavior questions common in HIV/AIDS research. In studies comparing conversational interviewing to standardized interviewing, conversational interviewing resulted in remarkable improvements in respondents' understanding of the intended meaning of survey questions and in the accuracy of respondents' answers.

The standardized method of administering survey questions states that if respondents request clarification regarding the meaning of a survey item, interviewers are instructed to read the question again, and if confusion persists, say, "Whatever it means to you." In contrast, the conversational interviewing method maintains the basic structure of the survey interview but adds procedures to allow interviewers to assist respondents to understand survey questions that are posing difficulties.

We will use a mixed method design (n=200) to (1) conduct an experiment comparing conversational interviewing to standard interviewing in a sexual behavior survey; and (2) conduct an in-depth debriefing interview immediately after the survey interview is completed to identify the types of comprehension issues that occurred in the interview.

Significance

Research findings of sex surveys over the past two decades provide abundant empirical evidence that the validity of self-reports of sexual behavior is a major problem. Improving respondents' comprehension of survey questions about sexual behavior is an important step in improving the quality of data fundamental to HIV research, particularly intervention research in which the ultimate findings are dependent on respondents' comprehension of survey items used to assess intervention effectiveness. To date, experiments evaluating the effectiveness of conversational interviewing have been confined to surveys about employment or recent purchases. No research has explored the application of the conversational interviewing method to sexual behavior research.

Project Dates: August 2009 through July 2011

RESEARCH:

Policy

AIDS Policy Research Center

PI/Center Directors: Stephen Morin PhD (UCSF), Judith Auerbach PhD (San Francisco AIDS Foundation), Dana Van Gorder (Lead at Project Inform)

Center Co-Director: Wayne Steward PhD MPH

Co-Is: Janet Myers PhD MPH, Emily Arnold PhD, Kimberly Koester MA, Starley Shade PhD MPH, Gabriel Galindo DrPH, Stuart Gaffney BA

Project Description

UCSF, the San Francisco AIDS Foundation (SFAF), and Project Inform have created an AIDS Policy Research Center (APRC) to conduct timely research to help policymakers, planning councils and community organizations address the HIV epidemic in the State of California. The center is supported with funds from the California HIV/AIDS Research Program (CHRP). The work of the APRC includes both a Rapid Response Core and a set of planned research projects.

The purpose of the Rapid Response Core is to:

- Identify HIV-related policy issues affecting California
- Develop specific research questions and to design studies that answer critical questions of relevance to pressing policy issues
- Collect and analyze research data
- Relay findings back to policymakers and other individuals involved in the formulation of policies

The planned research projects focus on:

- Modeling costs to the State under healthcare reform
- An evaluation of medical homes
- A model of care recently endorsed by the California Visioning Change Initiative
- Estimating funding to the state and its cities under a reauthorization of the Ryan White Program anticipated in the next several years

Research conducted at the APRC is guided by an external Policy Research Advisory Committee (PRAC) that guarantees regular and ongoing communication between the scientific investigators and community partners. The PRAC consists of approximately 10 individuals from non-governmental and community-based HIV/AIDS organizations, public health offices, and clinical care and prevention services programs throughout the State of California.

Significance

An important goal of HIV research is to provide a base of scientific evidence for policy decisions about HIV prevention and care. Scientists need to be aware of policy deliberations by local, state, and federal agencies to design research pertinent to policy decisions. And to assure that policymakers are familiar with research findings, scientists need to present their research results to policy stakeholders through briefings and testimony, in addition to communicating to other scientists through peer-reviewed journals. The APRC is intended to help bridge the divide between the science and policy worlds to ensure that decisions about HIV prevention and care in California are well informed by data.

Project End Date: March 31, 2012

RESEARCH:

Technical Assistance and Capacity Building

Capacity Building Assistance (CBA) Project

PI: Greg Rebchook PhD

Co-PIs: Susan Kegeles PhD, Michael Reyes MD MPH, Jae Sevelius PhD, Marguerita Lightfoot PhD

Project Staff: JoAnne Keatley MSW, Jamison Green, Yavanté Thomas-Guess, Andre Maiorana MA MPH, Kevin Khamarko MA, John Hamiga, Luis Gutierrez-Mock MA, Angel Ventura (CAPS); Katie Kramer MSW MPH, Barry Zack MPH (The Bridging Group, LLC)

Project Description

Using a culturally and linguistically competent approach to all capacity building assistance (CBA) services, CAPS is partnering with transgender communities and communities of young gay/bisexual men to build their capacity to mobilize and increase access to and utilization of HIV prevention services. We provide CBA to communities by developing collaborative relationships with members of high-risk and/or racial and ethnic minority populations, as well as with the agencies and professionals who work within such communities. We offer the following services:

The Mpowerment Project - A 3-day experiential training and customized technical assistance (TA), implementation and adaptation materials—including web-based multi-media materials, individual work plan development, ongoing individual post-training support, and support for Mpowerment Project adaptations.

The Transitions Project - Individualized CBA for CBOs adapting EBIs for transgender populations, transgender adaptation toolkits and training, and training to build HIV prevention competency within the transgender community.

Street Smart - Training and TA on successfully implementing and adapting Street Smart for homeless and runaway youth populations.

Monitoring and Evaluation - Materials, training (online or in person), and individualized CBA services on monitoring and evaluation.

Project START and other EBIs for Correctional Settings - TA on organizational readiness assessments, customized work plan development, evaluation planning and design, ongoing post-training support, and specialized assistance for working with and within correctional settings.

Project Website: www.caps.ucsf.edu/projects/CBA/

RESEARCH:

Transgender Persons

Barriers to and Retention in Support Services among HIV+ Transwomen

PI: Erin Wilson DrPH

Co-Is: Jae Sevelius PhD, Shalini Eddens

Project Description

The purpose of this study is to examine barriers to and retention in support services among HIV+ transwomen (women who were assigned a male sex at birth) and to explore the challenges and potential benefits of integrating HIV+ transwomen into services for HIV+ non-transgender women. This study will collect qualitative data with 14 HIV+ transwomen and 10 support services providers in Alameda County, CA.

This study will provide preliminary data to inform an R01 application responding to an RFA to examine the test, treat and retain paradigm.

Significance

The increased identification of HIV/AIDS among transgender women, or transwomen, has recently received much attention due to the disproportionate impact of the epidemic on this at-risk group. HIV+ transwomen also have low access to care that has led to disproportionately high morbidity and mortality. A critical bridge to HIV care services for marginalized populations is support services. Yet, support services targeting the specific needs of this population are limited, perhaps explaining the late diagnoses, high morbidity, and early mortality since AIDS diagnoses observed among transgender women. There is a need for research to investigate access to and retention in support services among HIV+ transwomen and to explore ways in which HIV+ transwomen may be integrated into existing programs that have not historically included services for this population.

RESEARCH:

Translational and Implementation Research

Mpowerment Evaluation and Monitoring (MEM)

PI: Greg Rebchook PhD

Co-PIs: Susan Kegeles PhD, Alberto Curotto PhD

Project Description

The aim of this project is to better understand the capacity of CBOs to conduct outcome monitoring of the Mpowerment Project (MP) for the purpose of improving their implementation of the intervention. To this end, we will collaborate with the Centers for Disease Control and Prevention (CDC) and the three CBOs funded under the CDC FOA 09-947 to participate in this project. We will do this by:

- Assisting the CDC and the three CBOs to assess the feasibility of conducting outcome monitoring of the MP by collecting individual-, program-, and community-level data during a 30-month project period
- Providing expert technical assistance related to the implementation and outcome monitoring of the MP in the form of consultations with the CDC
- Conducting site visits at each of the three CBOs during their community assessment data collection phase
- Conducting reviews of the community-level assessment data that CBOs will collect once annually
- Providing input on the quality of the outcome monitoring data collected by the three CBOs, highlighting ways outcome monitoring data can be used to improve implementation of the MP
- Assisting the CDC in interpreting, summarizing, and reporting the findings of the outcome monitoring activities described above to both the CBOs and the CDC
- Drafting a comprehensive report of the project's findings, with recommendations for the CDC and the CBOs regarding future implementation and outcome monitoring of the MP

Significance

Program evaluation and monitoring present a challenge for many CBOs conducting HIV prevention programs, and conducting outcome monitoring is even more difficult. Designing and implementing outcome monitoring plans for even the most straight-forward individual- and group-level interventions can be an almost insurmountable task for CBOs, often because they lack the resources and expertise to conduct outcome monitoring. Developing outcome monitoring plans for CBOs conducting community-level HIV prevention programs is even more complex and challenging. Although we previously worked with the CDC to develop sets of outcome monitoring recommendations for community-level, HIV-prevention interventions, we currently do not know whether it is feasible for CBOs to adapt and implement these recommendations.

Project End Date: February 29, 2012

Oakland Community Research Consortium

PIs: Marguerita Lightfoot PhD (CAPS), Alvan Quamina PhD (AIDS Project East Bay - APEB)

Project Description

CAPS and the AIDS Project East Bay (APEB) will build a consortium of health sciences investigators at UCSF, community-based organizations that serve the African American community, and community members to answer significant scientific STI/HIV research questions.

We aim to:

- Develop a research consortium to identify significant research questions and design, implement and disseminate appropriate and scientifically-rigorous research projects that address STI/HIV health disparities in the African American community
- Increase the capacity of the members of the research consortium to participate in community collaborative research projects through relationship building activities, specialized trainings and forums
- Develop an electronic infrastructure to support, grow and ensure sustainability of the consortium and activities by archiving consortium trainings and forums, facilitating communication among consortium members, and providing a forum for support and problem-solving among the subgroups of the consortium
- Stimulate and develop innovative research by providing funding to conduct pilot research that will yield data for collaborative presentations at national conferences and provide preliminary data for use by academic and CBO researchers when submitting future R01 grant proposals to NIH.

Significance

CBOs are typically in direct, daily contact with individuals most at risk for STI/HIV infection. However, CBO members often express frustration both at having researchers approach them in a perfunctory manner to provide access to participants for studies that were not relevant to their community's needs, and at not having access themselves to the research process, including investigation of the issues they identified as most pressing. Accomplishing the goal of reducing STI/HIV disparities requires that community partners be involved in every aspect of the science, from formulating research questions to evaluating interventions in real life settings and disseminating findings.

This research consortium presents a model of authentic community engagement via collaborative research projects, as opposed to a model where the academic researcher conducts a study with the CBO mainly providing access to clients and being excluded from involvement in the research process. By bringing the skill of scientists to the service of HIV prevention and the knowledge of service providers into the domain of research, we can more adequately understand and address the contexts and factors that result in STI/HIV health disparities among African Americans.

RESEARCH:

Young Adults

Characterizing the Social Environment for STI Testing and Treatment and STI Testing Preferences for Young, Minority Men in San Francisco

PI: Sheri A. Lippman PhD MPH

Co-I: Susan Philip MD MPH

Project Description

This project characterizes the STI testing and treatment environment for young, African American men in San Francisco, CA, by exploring STI services use, barriers to care, and preferences for future diagnostic technologies and testing strategies. This cross sectional study is conducted among 100 men aged 15-24 using a street intercept survey in predominantly minority, low income neighborhoods in San Francisco. Recruitment for the study is conducted as part of outreach efforts undertaken by the city's STD branch at the department of public health. Participation includes completion of a structured, self-administered survey using a web-based interviewing tool.

By eliciting questions regarding STI services use, STI-related knowledge, perception of gender norms and social stigma related to STI, and acceptability of varied diagnostic methods and test settings, we hope to generate data to better understand the testing and treatment environment for young African American men. The data generated will inform a future intervention proposal that aims to increase the reach of effective STI prevention strategies, given the disproportionate burden of STI/HIV that young African Americans bear.

A

Adherence 16
 Adolescents 28
 Africa 20, 21
 African American 33, 36

B

Brazil 18

C

California 26
 Capacity building 28, 33
 Case management 16
 China 19
 Clinical trial 14
 Collaborative research 7, 26, 28, 33
 Community mobilization 21
 Computerized 13

D

Discrimination 19

E

Evaluation 3, 12, 32

H

Healthcare providers 13
 Healthcare workers 14
 HIV+ 4, 9, 12-14, 16, 30

I

Incarceration 16, 28
 International 18, 19, 20, 21

K

Kenya 20

L

Latino 8

M

Methods 21, 24
 Migrants 20
 MSM 2-4, 6-7, 9, 19, 28

P

Policy 26

R

Risk behavior 9, 24

S

Sex workers 18
 STI 36
 Stigma 19
 Structural 7, 12
 Substance use 2-4, 6, 13

T

Technical assistance 32
 Testing 36
 Transgender persons 28, 30
 Translational and implementation research 32-33
 Trial 2, 18

W

Women 20

Y

Young adults 21, 28, 36

