Contents

Please see the Index on page 52 for areas of scientific study

★ Basic Science/Clinical
HIV Superinfection Among Seroconcordant Couples .......................................................... 3
The Positive Partners Study of HIV-1 Superinfection .......................................................... 4
Study of the Consequences of the Protease Inhibitor Era (SCOPE) ...................................... 5
Valley Fever Vaccine Project .................................................................................................. 6

★ Epidemiology
HEPCAP: Hepatitis C in the California Prisons Project ......................................................... 7
The HEYMANN Project ........................................................................................................... 8
HOT Study: Oral Transmission of HIV ................................................................................... 9
Staphylococcus aureus in Young Adults (SiYA) ..................................................................... 10
The UFO Study -- HIV and Hepatitis in Young Injectors: A Community Study .................. 11

★ Evaluation
Berkeley, Alameda & Sonoma Evaluation Study (BASES) .................................................... 12
CapacityLEAP: Evaluating capacity building demonstration projects with people of color based agencies in San Francisco and San Mateo Counties ................................................. 13
Cochrane Collaborative Review Group on HIV Infection and AIDS ..................................... 14
Empowering Women and Girls in Poor Communities through Information Delivery and Dialogue to Address HIV/AIDS and Development Needs ................................................................ 15
Evaluating HIV Prevention Interventions for High-Risk Asian and Pacific Islander Men Who Have Sex With Men ................................................................................................. 16
Systematic Reviews of HIV Behavioral Prevention Trials in U.S. Minority Populations ........... 17

★ Improving Health Care
Challenges in HIV/AIDS Treatment (CHAT) .......................................................................... 18
Providing Prevention: An Intervention for HIV Medical Providers .......................................... 19

★ Policy
Abstinence Only vs. Comprehensive Sex Education: What are the arguments, What is the evidence? .......................................................................................................................... 20
AIDS Profile Project ................................................................................................................ 21
Prevention and Control of Chlamydia in California: The California Chlamydia Action Coalition ................................................................................................................................. 22

★ Primary Prevention
A Randomized Clinical Trial of the Efficacy of a Behavioral Intervention to Prevent Acquisition of HIV Among Men who have Sex with Men (Project EXPLORE) ........................................... 24
California Syphilis Elimination Initiative ................................................................................ 25
Condom Skills Building Intervention in STD Clinic Waiting Rooms ....................................... 26
Draw the Line/Respect the Line: An HIV Prevention Intervention for Middle School Children ................................................................................................................................. 27
Drug Abuse Treatment for Male-to-Female Transgenders ...................................................... 28
Female Condom Intervention Trials (FEMIT) .......................................................................... 29
High Volume Needle Exchange to Avert New Infections ....................................................... 30
HIV Prevention Interventions Targeting Asian Masseuses .................................................. 31
Intergenerational HIV Prevention Initiative for Latina Women: “De Madre a Hija: Protegiendo Nuestra Salud” ..........................................................32
Post Exposure Prevention (PEP) Study .................................................................................................................................................33
Project HIP HOP (Health in Prison, Health out of Prison) ..................................................................................................................34
Seropositive Urban Men’s Intervention Trial .................................................................................................................................35
The Mpowerment Project: A Community Level HIV Prevention Intervention for Young Gay/Bisexual Men .........................................................................................................................36
Transgender Life Care (TLC) Project ..................................................................................................................................................37
Unity Project ......................................................................................................................................................................................38
VOICE: A prevention intervention for HIV seropositive (HIV+) injection drug users (IDUs) ....39

★ Program Delivery Research
Developing Appropriate Strategies to Evaluate The Mpowerment Project at CBOs ..........40
Replicating the Mpowerment Project: Helping CBOs Put Prevention Science Into Practice ...41

★ Risk Behavior
A Qualitative Study Of Cybersex And MSM’s HIV Risk Behavior .................................................................42
Exploring the Cultural and Social Context of HIV Risk Among Filipinos in San Francisco ......43
HIV Risk Behaviors Among Japanese Nationals Temporarily Staying in Thailand ..............44
HIV Risk Behaviors Among MTF Transgenders of Color .........................................................................................45
Methamphetamine Dependence and the Risk of HIV Infection .............................................................46
Project ÒRÉ (ÒRÉ is a Yoruba [an African language] word meaning friends) ..............................47
Qualitative Evaluation Project (QEP) ..............................................................................................................................48
The Couple’s Study ..................................................................................................................................................49

★ Tobacco
Determinants of Smoking Among Gay and Lesbian Youth ..........................................................50
Using Tobacco Industry Marketing Strategies to Improve Tobacco Control Campaigns for Young Adults ..........................................................................................................................51
HIV Superinfection Among Seroconcordant Couples

**Project Staff:** Greg Greenwood, Jeff McConnell, & Robert Grant

**Project Description:** The question of whether an individual who is infected with one variant of HIV-1 can be re-infected with a second variant of HIV-1 has been posed since promising HIV treatments became available. Regrettably, we still do not know the answer to this question. We seek to establish the feasibility of a study of HIV superinfection by enrolling 50 HIV positive couples (male-male, female-female, male-female, and male-transgender) in a one-year cohort study. We hope to demonstratethat virological assays can identify couples whose viral strains are readily distinguishable at baseline. These data will then be used to support an R01 proposal to the National Institute of Health, or a proposal to the Center for Disease Control and Prevention to conduct the full study (200+ seroconcordant couples). The primary, long-term aim is to determine if a person who is infected with one variant of HIV-1 can be re-infected with a second variant of HIV-1 that is drug resistant. If HIV superinfection occurs, secondary aims are to determine the frequency of such transmission, and to identify its medical, behavioral, relational, and attitudinal cofactor effects.

**Significance:** Knowing whether or not HIV superinfection occurs, and how often, has serious implications. If it does not occur, it would be good news for HIV-positive couples who enjoy unprotected intercourse with each other, who want to have children, or who need organ transplantation from HIV-positive donors. It would also provide a scientific basis for public health officials and physicians to counsel seroconcordant couples about the risks of unprotected intercourse. If superinfection does occur, risk reduction protocols could clearly outline the risks for HIV-positive couples to make more informed decisions about their sexual practices. Additionally, HIV superinfection might worsen disease progression or complicate treatment in other ways, or could provide additional obstacles in HIV vaccine development.

**Interesting Findings:** With the aid of a diverse and dedicated Community Advisory Board (CAB) consisting of 20+ HIV-positive community members and HIV providers from the San Francisco Bay Area, we built the research infrastructure to start the pilot study. From mid-December 2000 to early February 2001, we recruited and enrolled 10 pilot couples. Preliminary analysis of the behavioral and virological data on eight of these couples suggest that this design will return a sample well suited to the study of HIV-1 superinfection, and that these data will contribute to the exploration of the superinfection question from early on in the data collection process.
The Positive Partners Study of HIV-1 Superinfection

Project Staff: Arthur Arroyo, Robert M. Grant, Greg Greenwood, J. Jeff McConnell

Project Description: The question of whether an individual who is infected with one variant of HIV-1 can be re-infected with a second variant of HIV-1 has been posed since promising HIV treatments became available. Regrettably, we still do not know the answer to this question. We seek to establish the feasibility of a large cohort study of HIV superinfection by enrolling 50 HIV positive couples (M/M, M/F, M/T, & F/F) in a one-year study. We hope to demonstrate that epidemiological screening along with virological assays can identify couples whose viral strains are readily distinguishable at baseline. Data from our 18 couple pilot study have been used to support an R01 proposal to the National Institute of Health to conduct the full study (250 seroconcordant couples and 200 high-risk singles). The primary, long-term aim is to determine if a person with an established HIV-1 infection can be re-infected with a second variant of HIV-1 that is drug resistant. If HIV superinfection occurs, secondary aims are to determine the frequency of such transmission, and to identify its medical, behavioral, relational, and attitudinal cofactor effects. Additionally, the Positive Partners study will assess broader virological and epidemiological implications of unprotected sex between partners already infected with HIV. This will eventually include monitoring and testing for the transmission of other viral STDs, and an assessment of how unprotected sex among partners both positive for HIV affects choices about high-risk sex with partners of negative or unknown status.

Significance: Since a case of HIV-1 superinfection has not yet been documented the discovery of a single case would be a significant addition to basic science on HIV. Superinfection with drug resistant HIV may produce clinical implications similar to those for patients with primary resistance; the “menu” of ART alternatives may be reduced potentially contributing to faster progression to AIDS. Epidemiological modeling conducted by our own group has also shown that transmission of drug resistance via superinfection, if it occurs, could significantly reduce the usable life span of antiretrovirals for the entire HIV-infected community. Finally, the possibility of HIV-1 superinfection is assumed in prevention messages to deter infected individuals from a course of high-risk sexual intercourse. Little data exists, however, to support a connection between concern about HIV superinfection and sexual choices, and the continuing paucity of good evidence on superinfection may have unintended consequences for prevention efforts.

Interesting Findings: Community reaction to the study, including our Community Advisory Board, was quite positive and supportive. Couples appropriate to an investigation of HIV-1 superinfection were willing to enroll in the study. The telephone screening procedure effectively identified couples that had genetically distinguishable viruses at baseline in about 75% of cases. Superinfection, if it occurs during follow-up, should be detectable in these couples; no evidence of prior superinfection (dual infections or recombinant viruses) has been found in the baseline analysis of 12 pilot couples. Analysis of preliminary data on concerns about superinfection and sexual choices did show the two were related. Beliefs about superinfection apparently fostered harm reduction strategies that may have reduced the risk of superinfection for all partners (i.e. withdrawal), or shifted risk to partners willing to practice more frequent receptive intercourse and to HIV-1 uninfected partners. Concerns about superinfection may disrupt primary relationships and increase risk of new HIV-1 infections.
Study of the Consequences of the Protease Inhibitor Era (SCOPE)

**Project Staff:** Jeffrey N. Martin, Steven G. Deeks, Melissa Krone, Martha Hector

**Project Description:** The Study of the Consequences of the Protease Inhibitor Era (SCOPE) is a prospective cohort study dedicated to evaluating the long-term consequences of highly active antiretroviral therapy (HAART) among HIV-infected persons. Eligible participants must have a baseline CD4+ T-cell count > 50 cells/mm³ and a nadir CD4+ T-cell count < 500 cells/mm³. Treatment history must meet one of the following categories: (1) **untreated** (target n=100): no antiretroviral therapy for the preceding 24 weeks; (2) **virologic responders** (target n=100): stable combination therapy with a plasma HIV RNA < 50 copies/ml during the preceding 24 weeks and (3) **virologic non-responders** (target n=200): stable combination therapy with a plasma HIV RNA > 500 copies/ml during the preceding 24 weeks. Participants are seen every four months where a detailed questionnaire is administered regarding antiretroviral use and adherence as well as transmission risk behavior. Plasma, serum, peripheral blood mononuclear cells, and saliva are obtained at each study visit.

**Significance:** The relationship between viral replication, CD4 T cell depletion and disease progression has been well described among untreated HIV-infected adults. However, the relationship between these factors has not been adequately described in the era of HAART, especially in patients who fail to maintain durable suppression of viral replication. We have therefore established a prospective cohort study with two primary objectives: (1) to observe the long-term outcome of patients failing to achieve complete viral suppression with combination therapy and (2) to develop a repository of clinical, epidemiologic, and behavioral data as well as biologic specimens aimed at supporting investigation of the factors associated with virologic, immunologic and clinical progression among treated patients.

**Interesting Findings:** Enrollment in the initial phase of the project is complete: 407 patients have been enrolled (334 male, 65 female, 8 male-to-female transgender). The mean age is 44.3 years, and there is a diverse racial distribution (54% White; 26% African-American; 10% Latino; and 10% other). Of the 407 patients, 107 are treatment naïve or untreated, 108 are virologic responders and 192 are virologic non-responders.
Valley Fever Vaccine Project

Project Staff: George Rutherford, Krysia Lindan, Richard Hector.

Project Description: The goal of this laboratory-based collaboration is to produce a candidate vaccine for coccidioidomycosis (valley fever) that would lead to initiation of human clinical trials by the end of 2004. The approach taken by investigators (based at five different academic institutions) has been (1) antigen discovery through recombinant and genomic approaches, (2) antigen evaluation in mice, and (3) secondary evaluation in large animal model(s). To date, four antigens have been designated as possible vaccine candidates and further evaluations are in progress.

Under the sponsorship of the project, a Phase 1 trial was started to assess the safety and activity of the skin-test antigen coccidioidin. The study, being conducted at two study sites with Drs. Rutherford, Lindan and Hector monitoring the study. It is anticipated that the first study period of the Phase 1 trial will be completed in March 2002, with the second study period begun later that year. It is hoped that with validation of the skin test reagent, large prospective incidence and prevalence studies for coccidioidomycosis will be conducted in military personnel at Twenty-nine Palms, Ft. Irwin, Luke AFB and Edwards AFB.

Significance: Presently available therapeutics for coccidioidomycosis are unsatisfactory and the relapse rate is high. There is significant morbidity and public health care costs associated with this disease. An effective vaccine may therefore have a significant impact.

Interesting Findings: Protection in animal models has been demonstrated for candidate vaccines. However, confirmation in a larger species is a stated goal of the project before human trials will be initiated.

Project Web Site: http://www.valleyfever.com/
HEPCAP: Hepatitis C in the California Prisons Project

**Project Staff:** Kimberly Page-Shafer, Principal Investigator, Steve Morin, Teresa Wright and Michael Busch, Co-Investigators. Project Staff: Nancy Moss, Sue Currie, Alison Canchola, Joyce Balls.

**Project Description:** This is a study of hepatitis C virus (HCV) infection in the California State Correctional System that began in December, 2000. This comprehensive multi-site investigation includes epidemiological, clinical and policy studies. This investigation:

- studies the risk of prevalent and incident (newly acquired) hepatitis C infection in California prisons for both inmates and employees
- evaluates HCV treatment candidacy and response among those who are enrolled in the study
- collaborates with Corrections to assess and develop current policy and prevention procedures in infection control and safety procedures in order to protect correctional officers and uninfected inmates from blood-borne pathogens, including HCV, HBV and HAV.

**Significance:** Epidemiological data shows that over 40% of inmates entering California Prisons are infected with HCV. It is believed that the majority of these infections occur before incarceration. However, correctional facilities may also represent a high-risk environment for HCV infection because of the combination of a high prevalence among this population and their continued use of drugs and tattooing. It is possible that sexual activities may also play a role in the transmission of HCV among prison populations. The rate of new infections and the risk of transmission of HCV that may be occurring in California prisons is unknown. Due to exposures to various body fluids, including blood, correctional personnel, particularly enforcement officers and medical technicians, may be at increased risk of HCV from the inmate population. Until now, this study would have been extremely difficult and cumbersome to undertake due to the high cost of enrolling large cohorts and following them prospectively. Our group will be using biomedical strategies that will allow for the detection of new or incident cases of HCV, facilitating a unique one-time study of HCV infection and associated risk. As well, this project will, for the first time ever, provide an accurate knowledge base for the prevention of HCV in correctional institutions and the implementation of treatment, education, policies and procedures—for both inmates and staff persons—in the California State Correctional System.
The HEYMAN Project

**Project Staff:** Juan Ruiz (California DHS -Office of AIDS), Kimberly Page-Shafer, Matthew Facer, George Lemp, Jeffrey Klausner, Fred Molitor, Barbara Allen, Geneva Bell-Sanford, William McFarland, Scott Morrow

**Project Description:** The HEYMAN Project: A Survey of HIV Seroprevalence, Markers for Hepatitis and Sexually Transmitted Diseases, and Assessment of Associated Risk Behaviors in Young Men Residing in Low-Income Neighborhoods in Five Northern California Counties is a sequel to the Young Women’s Survey (YWS) which was conducted between the period of 1996-1998. Just like YWS, HEYMAN is a collaboration of the California Department of Health Services, Office of AIDS and Center for AIDS Prevention Studies.

HEYMAN will be conducting a survey of young men, aged 18 to 35 years, who live in San Francisco Bay Area low-income neighborhoods (where the median household income estimated from the 1990 U.S. Census was below $15,000). These neighborhoods will be selected from the counties of Alameda, Contra Costa, San Francisco, San Joaquin, and San Mateo. The study will be conducted through to September 30, 2003 and approximately 500 participants at each of the five proposed sites (for a total of 2,500 participants) will be recruited.

The purpose of this survey is to estimate prevalence and risk factors for HIV infection and sexually transmitted diseases such as syphilis, chlamydia, gonorrhea, herpes, and hepatitis A, B, and C. The sample of 2,500 young men will be recruited from households in selected low-income neighborhoods. This survey will also collect a blood sample and information regarding sexual activity, drug-use, needle-sharing behaviors and other factors that may place young men at increased risk for infection with HIV.

**Significance:** The HEYMAN study provides a means not only to monitor the HIV epidemic but to provide risk behavior data and prevalence information on young men in low-income neighborhoods. This information will be used to improve health programs for young men in these areas and to target and develop better methods of helping young men prevent disease and promote good health.
Epidemiology

HOT Study: Oral Transmission of HIV

Project Staff: Principal Investigator: Dr. Kimberly Page-Shafer; Co-investigators: Drs. Caroline Shiboski, Dennis Osmond, Deborah Greenspan, James Dilley, and William McFarland. Project Staff: Joyce Balls, Daniel Tracy (CAPS), Shannon Casey, Gareth Hollands (AIDS Health Project), Drs. Khanh Phan, Nirav Metah (Oral AIDS Center)

Project Description: The HOT Study is investigating whether oral health, oral hygiene practices, different oral sex practices and/or drug use influences whether a person can acquire HIV virus orally. The HOT study is being conducted over a five year period, which includes four years of data collection. The study will be conducted in the San Francisco Bay area in collaboration with the AIDS Health Project. Subject recruitment will consist of 80 Case Individuals (those individuals who acquired HIV via oral transmission) and 320 Control Individuals (corresponding in gender and location, with similar risk factors but who have not acquired HIV). Each respondent will receive free HIV testing, oral exams by an oral health professional and behavioral/clinical questionnaires. Specific project aims:

1. To evaluate if host oral environment including signs and symptoms or periodontal disease, and/or health practices are associated with increased odds of oral acquisition of HIV infection.
2. To evaluate which specific orogenital sexual practices and oral exposure to ejaculatory fluids (including swallowing and not swallowing semen) are associated with increased or decreased odds of oral acquisition of HIV.
3. To evaluate if documented comorbid conditions within the seroconversion period (for instance- sexually transmitted disease such as gonorrhea, chlamydia and other viral infections like HSV-1 or 2) are associated with increased or decreased odds of oral acquisition of HIV.
4. To evaluate whether non-injecting substance use which may modify the oral or nasopharyngeal mucosa and or sexual behavior is associated with increased or decreased odds of oral acquisition of HIV.

Significance: This study is the only one of its kind! The design and methods are aimed at really giving us the information we want to establish how someone might get HIV infection from performing oral sex. The case-control method cannot estimate infectivity or the rate of oral HIV infection, but it is the only feasible way to study factors which may influence the risk of oral infection. Identification of the cofactors possibly associated with orogenital HIV acquisition will provide the kind of data that can be used by AIDS prevention programs and members of AIDS risk groups in order to reduce the risk of HIV infection.
Epidemiology

*Staphylococcus aureus* in Young Adults (SiYA)

**Project Staff:** David Bangsberg, MD, MPH, Erica Pan, MD, MPH; Co-Investigators: Edwin Charlebois, MPH, PhD; Colette Auerswald, MD, MS; Francoise Perdreau Remington, PhD

**Project Description:** This is a cross sectional study of the molecular epidemiology of *Staphylococcus aureus* colonization and prevalence of antibiotic resistant *S. aureus* in homeless youth in San Francisco. The primary research questions are:

1) What is the prevalence of methicillin-sensitive and methicillin-resistant *Staphylococcus aureus* (MRSA) nasal colonization in homeless youth in San Francisco?

2) How do specific clonal types of *S. aureus* compare to those previously described in older urban poor and clinical isolates in San Francisco?

The study targets 14-24 year old youth seeking services at Larkin Street Youth Center in the Tenderloin neighborhood in San Francisco. Sample size goal is 300 subjects.

**Significance:** *S. aureus* causes infections such as abscesses, pneumonia, bone infections and bloodstream infections. The emergence of antibiotic-resistant *S. aureus* in the hospital setting and more recently in the community has become an increasing concern worldwide. Homeless and marginally housed youth are at particularly high risk for staphylococcal disease due to injection drug use (IDU), HIV infection, and crowded living conditions with minimal access to sanitation facilities. Homelessness and younger age are associated with increased *S. aureus* colonization.

This population has multiple risk factors for MRSA but has likely had less antibiotic exposure than older similar cohorts with histories of multiple soft tissue infections. Thus we hypothesize that street youth are more likely to be colonized with *S. aureus*, but less likely to carry MRSA secondary due to less exposure to antibiotics.

Few community-based studies on MRSA exist outside of hospital and/or clinic populations. Studies in homeless teens with high proportions of HIV infection and IDU are rare or non-existent. The modes of community transmission of *S. aureus* are poorly delineated, thus further description of clones circulating in the community is needed in order to understand increases in MRSA prevalence and transmission. Such information will help to elucidate mechanisms of spread, acquisition or loss of resistance determinants and the impact of previous antibiotic exposure in this population. More importantly, as drug-resistant infections increase, adjustments for empiric antibiotic therapy may be needed based on local rates of resistance. Results may also inspire innovative mechanisms for the elimination of colonizing strains of MRSA.
The UFO Study -- HIV and Hepatitis in Young Injectors:
A Community Study

Project Staff: PI: Dr. Andrew Moss. Co-Investigators: Dr. Kimberly Page-Shafer, Dr. Philippe Bourgois, Dr. Paula Lum, Medical Director, and Dr. Judith Hahn, Research Director. Project Staff: Ellen Stein, Field Director, Peter Davidson, Jennifer Evans, and Bridget Prince.

Project Description: This NIDA-funded study is a prospective cohort study with an ethnographic component, to examine HIV and hepatitis B and hepatitis C infection in young injectors. The study is now screening young (under age 30) injection drug users (IDUs) in San Francisco and recruiting 300 of those who are seronegative for HCV into a prospective cohort study. The principal aim is to study risk factors for HCV seroconversion. We are also testing an accelerated schedule for vaccination against HBV, and using participant-observation ethnography methods to document the lifestyles and injecting practices of young injectors.

Significance: In our previous studies we found moderate HIV seroprevalence among young heterosexual injectors (2%), probably attributable to the widespread use of clean needles. Yet HCV seroprevalence was high (42%), and rose rapidly with age to 69% in those aged 25-29, among a population with high access to needle exchange. Thus, we are exploring risk factors such as sharing drug equipment used to dissolve drugs, such as cookers, cottons, and water, and the practice of backloading, used to divide drug solutions. We are using ethnographic methods to reveal how partnerships based on obtaining and sharing drugs, previously studied among older injectors, may have social benefits in addition to HCV risk for young IDUs. We set out to use novel viral technology, sensitive nucleic acid amplification testing technology (NAT) to detect HCV RNA prior to seroconversion. We also found in our previous work that only 13% of young IDUs in San Francisco had serological evidence of vaccination against HBV. This is a scandalous situation when an effective vaccine exists, and we are therefore testing a method of achieving rapid and persistent vaccine-mediated immunity to HBV in young IDUs.

Interesting Findings: Preliminary results of 193 young IDUs studied for a median of 9 months show that HCV incidence is very high (31.4% py (95% CI: 23.4-42.1% py). 19 of 45 observed HCV seroconversions were detected at an earlier visit using NAT. The HCV seroconversion rate was somewhat higher in young female IDUs (43.7% py; 95% CI: 27.5-65.2% py) than in the young male IDUs (25.2% py; 95% CI: 16.4-36.7). This difference was attributed to higher levels of risk behaviors observed among the young female IDUs. We examined the risks of sharing drug preparation equipment, backloading the contents of one syringe into another, and needle sharing and found that needle sharing and backloading were independent risk factors for seroconversion. In a model that included broader injecting and social factors, such as type of drug and injecting and sexual partnerships, needle sharing (AHR=2.2, p=0.01), injecting heroin (AHR=4.4, p=0.01), and reporting having a main sex partner who was HCV positive (AHR=2.4, p<0.01) were independent predictors of HCV seroconversion. These results show that HCV risk is a natural consequence of buying drugs together, an economic and social process, and of sexual partnerships that are formed on the street. While prevention is direly needed, this cohort also provides the ability to study acute HCV infection, and the virological and immunological correlates of viral clearance that may provide clues to vaccine and treatment development. 119 participants have been enrolled in a trial to test the efficacy of an accelerated HBV vaccine schedule, and results are pending.

URL: www.caps.ucsf.edu/ufostudy/
Evaluation

Berkeley, Alameda & Sonoma Evaluation Study (BASES)

Project Staff: Co-Principal Investigators: Olga Grinstead & Diane Binson; Moher Downing, Beth Freedman, Sherry Fung, Tor Neilands, Thomas Riess, Karen Vernon and Bill Woods

Project Description: The BASES project at UCSF’s Center for AIDS Prevention Studies (CAPS) is collaborating with Alameda County Health Care Services, Berkeley Public Health Department, Sonoma County Department of Health Services and eight community based organizations [Alliance Medical Center, CAL-PEP, Drug Abuse Alternatives Center, Face to Face, Pacific Center, Southwest Community Health Center, Tiburcio Vasquez Health Center and West Oakland Health Center] to conduct outcome and process evaluations of HIV prevention interventions targeting men-who-have-sex-with-men (MSM) and people of color (POC) [Latinos and African-Americans], and to provide technical assistance (TA).

The Specific Aims of the project are: 1) to conduct longitudinal outcome evaluations of one-on-one counseling interventions for MSM in Berkeley and POC in Alameda County and to compare outcomes across sites; 2) to conduct qualitative interviews with intervention participants three months post-intervention; 3) to conduct process evaluations of interventions in each health jurisdiction; 4) to provide technical assistance and capacity building to each health jurisdiction through individual consultation and skills-building workshops.

Outcome Evaluation: Our project team is conducting outcome evaluations of one-on-one counseling programs for MSM in the Berkeley health jurisdiction and for POC in the Alameda county health jurisdiction. We will conduct baseline interviews with clients to assess HIV risk behaviors before they have the intervention, and then conduct follow-up interviews approximately three months later to assess behavior change. Cross-site analyses will compare differences in intervention outcome between risk groups (e.g. MSM vs. POC) and geographic areas.

Process Evaluation: At each intervention site we will interview service providers and conduct observations of the intervention implementation and utilization. Through interviews with intervention clients at the time of their three-month follow-up, we will also assess client perceptions of the interventions and their satisfaction with the intervention programs.

Technical Assistance: We provide TA to each health department and collaborating community based organizations to build their capacity for both their intervention and evaluation. Through the CAPS Technology and Information Exchange (TIE) Core, we provide educational materials, individual consultation and skills building workshops as needed. We will also provide consultation and training on research methods (qualitative techniques and survey design and implementation), as well as assistance on such topics as recruitment, program implementation, literature and internet searches, selecting and adopting/adapting scientifically evaluated HIV prevention interventions, and the development of scientist-community collaborations.
CapacityLEAP: Evaluating Capacity Building Demonstration Projects With People of Color Based Agencies in San Francisco and San Mateo Counties

Project Staff: Ellen Goldstein, Beth Freedman, Olga Grinstead, Karen Vernon, Nancy Warren

Project Description: CAPS staff are serving as external evaluators on two initiatives funded by the Office of Minority Health to improve and support HIV prevention and care agencies based in people of color communities. CAPS staff are conducting both qualitative and quantitative analyses of the development and impact of these novel capacity building efforts. Capacity building technical assistance is being provided by CompassPoint Nonprofit Services and the San Francisco Department of Public Health.

Significance: The overall grant has two components: CapacityLEAP and ReadyGrant. CapacityLEAP provides in-depth capacity building technical assistance to 7 people of color based HIV prevention and care agencies. The model includes an application process, requiring each agency to actively commit to participating in capacity building activities; a Lead Consultant, who provides capacity building TA and coordinates the provision of specialized TA wherever necessary; and direct funds for the participating agencies to purchase capacity in the form of computers, fiscal services, staff time, or other needs. The ReadyGrant component of the grant, delivered by the San Francisco Department of Public Health, focuses on assisting people of color based agencies to successfully compete for public and private funds and diversify their fiscal portfolio. ReadyGrant publicizes funding opportunities, works with agencies to strategize for fundraising, and provides epidemiology and other science for the basis of competitive grants.

Interesting Findings: The initial assessments from Capacity LEAP revealed agencies with strong ties to their communities, and staff with close community connections. Each of the seven agencies has unique capacity building needs and readiness, including executive transitions, a merger, and growth situations. After conducting the in-depth assessment (surveys, interviews, documents), each agency and their Lead Consultant negotiated a workplan for the 2 1/2 year contract time. Common areas to begin working included computer infrastructure and planning, Board Development, fiscal system upgrades, and strategic planning/ thinking processes. Lead Consultants have provided well-received technical assistance and brought other specialists in to focus on computer, human resource, accounting, and Board development issues. Capacity purchasing has primarily bought staff time and computer hardware, software, and consultation. This grant is at the mid-point, and agencies are beginning intensive work on their personalized workplans.

ReadyGrant has issued nearly 20 funding alerts and fact sheets on HIV epidemiology for African Americans and Latinos. ReadyGrant staff has provided individual technical assistance on strategic planning for fundraising for several agencies in the Bay Area. CAPS has conducted analysis of the assessment reports; interviews with Board members, Executive Directors, and staff at each agency; a focus group with the Lead Consultants; and an analysis of time spent through logs. Client satisfaction surveys will also be conducted.
Cochrane Collaborative Review Group on HIV Infection and AIDS

**Project Staff:** Gail Kennedy and George Rutherford

**Project Description:** The Cochrane Review Group on HIV Infection and AIDS has its editorial base at the University of California’s AIDS Research Institute (ARI) in San Francisco. The mission of the Group is to conduct systematic reviews of randomized and other rigorously controlled studies with clinical, serologic, behavioral, economic and other outcomes relating to the prevention and treatment of HIV infection and AIDS, as well as to the organization and financing of health care services. We seek volunteers to join the Group who are interested in peer reviewing completed documents and working on the production of systematic reviews. In addition, the editorial staff has compiled a specialized database of completed trials of HIV prevention that is made available to members of the Group conducting reviews.

**Significance:** Physicians, researchers, public health practitioners, and patients are deluged with unmanageable amounts of information about the best approaches to prevention, treatment and health care delivery. To address the health information overload, systematic reviews have been developed to synthesize the vast number of studies and data sets culled from those studies. These reviews are useful to health care providers because they link and correlate huge amounts of information in order to identify beneficial or harmful interventions. For individuals, systematic reviews can help them to make more informed decisions about their health care. Policymakers can use systematic reviews to formulate practice guidelines, identify appropriate interventions for funding, and promote health care legislation grounded in sound public health science. Researchers can use the results of systematic reviews to identify opportunities for further study and to insure that they are not inadvertently investigating an intervention that has already been proven effective or ineffective. Although they can be time-consuming and slow, systematic reviews are intrinsically quicker and more cost-effective than using research funds for new studies to address questions that may already have been answered.

**Interesting Findings:** With over 100 active members from 15 countries, we presently have 12 completed systematic reviews and 40 reviews are in progress. We are focusing on producing reviews of high-priority for the developing world and resource-poor settings and have teamed with collaborators in southern Africa to produce reviews of interest to that region. Topics include male circumcision for HIV prevention, female microbicides for HIV prevention, condom promotion strategies for HIV prevention, the efficacy of combivir and trizivir treatments, and the use of broad-based antibiotics for prevention and treatment of opportunistic infections (OIs). The reviews we have prioritized for use in the developed world include HIV prevention interventions targeting ethnic and racial minorities, the efficacy of three- or four-drug treatment combinations versus two-drug combinations, salvage therapies, issues around adherence to highly active antiretroviral therapy (HAART) and discontinuation of prophylaxis for OIs in people taking HAART.

We have found that reviewers need assistance in the production of reviews so we have instituted a mentoring system with more experienced reviewers offering guidance and assistance to first time reviewers. We offer training workshops in the San Francisco area for those interested in joining the Group. In addition, we are working closely with the South African Cochrane Center to support Group members throughout Africa.

**URL:** [www.cochrane.org/](http://www.cochrane.org/)
Evaluation

Empowering Women and Girls in Poor Communities through Information Delivery and Dialogue to Address HIV/AIDS and Development Needs

**Project Staff:** George Rutherford (PI), Krysia Lindan, Erica Pan

**Project Description:** In this project we are assisting in the evaluation of an educational intervention being conducted in Nepal by Equal Access, a San Francisco-based non-governmental organization, and Valley Research Group in Kathmandu. The project is funded by the United Nations Fund for Global Partnerships. The unique aspect of the educational intervention is that it makes use of solar-powered digital broadcasting.

**Significance:** This is an evaluation primarily of the new broadcasting technology. HIV was picked as a disease of interest and Nepal as a country of interest because of the emerging HIV epidemic in Nepal, both among injection drug users (not the target of this intervention) and young women.
Evaluating HIV Prevention Interventions for High-Risk Asian and Pacific Islander Men Who Have Sex With Men

Project Staff: Tooru Nemoto, Don Operario, Toho Soma (CAPS staff); Daniel Bao, Alberto Vajrabukka, Huy Le, Sheryl Uyan (Asian & Pacific Islander Wellness Center staff).

Project Description: The purpose of this study is to evaluate an HIV prevention modality targeting high-risk Asian and Pacific Islander (API) men who have sex with men (MSM). The study will focus on two high-risk groups among API MSMs: 1) youth aged 18-24, and 2) HIV positive people. We have conducted focus groups with both target populations to describe current concerns around HIV and other health issues. Findings from these focus groups helped finalize the curriculum and formulate survey measures.

The intervention will consist of an intensive weekend retreat program, and is based upon a curriculum currently implemented at the API Wellness Center. The intervention program will be evaluated on its effectiveness by comparing outcome measures at three instances: pre-intervention, post-intervention, and 3-month follow-up. We plan on having 120 youth and 80 HIV positive people from the San Francisco Bay Area participate in the intervention.

Significance: This HIV prevention evaluation study will be the first in the nation to target API MSM youth and HIV+ people. The study findings and experience will be disseminated through networks among API-focused AIDS service organizations in California and the rest of the nation, with the aim of providing culturally competent services to this understudied population.

Interesting Findings: To date, we have conducted all focus groups and a pilot study for youth. Recruitment for the intervention has been a challenge, as little intervention research in the Asian community has been conducted before. To deal with this situation, the API Wellness Center has restructured its outreach efforts.
Systematic Reviews of HIV Behavioral Prevention Trials in US Minority Populations

Project Staff: Lynae Darbes, Gail Kennedy and George Rutherford

Project Description: We conducted systematic reviews of all controlled trials of behavioral interventions designed to prevent HIV infection in communities of color in the U.S. The reviews focused on four risk groups (men who have sex with men/gay men, heterosexuals, youth/adolescents, and injection drug users) among African Americans, Latinos/Hispanics, Asian Americans and Pacific Islanders, and American Indians and Alaskan Natives. The reviews were conducted and are being maintained and updated by the Cochrane Collaboration’s HIV/AIDS Group (based at UCSF), in collaboration with the Centers for Disease Control and Prevention. Although the reviews were originally supported by the Surgeon General’s Leadership Campaign on AIDS, current maintenance and dissemination are being funded by the California Department of Health Services, Office of AIDS. The reviews entailed the following steps: a comprehensive systematic search of published and unpublished intervention trials; contacting researchers regarding ongoing relevant research; describing characteristics of identified studies in terms of the targeted populations, components of the intervention, demographics of the participants, research design and study outcomes; summarizing the findings of both successful and unsuccessful interventions; and identifying research gaps.

Significance: Recent statistics have indicated a substantial increase in the number of HIV infections in communities of color across all risk groups. For example, a study conducted by the CDC in six U.S. cities found that nearly one in every three African-American MSM has HIV. Prevention efforts to stem the increase of HIV have been undertaken throughout the epidemic. However, few well designed intervention trials targeting high risk groups within communities of color have been conducted. We will continue to maintain and update a database of prevention interventions conducted within communities of color. In addition, we will disseminate information regarding the best research evidence via fact sheets provided to and distributed by California local health departments to community-based organizations.

Interesting Findings: We found that relatively few HIV prevention trials have specifically targeted communities of color, and none have targeted American Indians and Alaska Natives. In particular, compared to other risk groups, prevention intervention trials specifically focusing on men of color who have sex with men are few. We found that culturally sensitive (e.g., race, gender) interventions produced positive results. Skills training is also an important component for effective behavior change. Sustainable behavior change is also facilitated by multiple sessions given over longer periods of time. Researchers who conduct prevention intervention trials with people of color should include analyses of the findings by race/ethnicity and objective outcomes (e.g., STD infection) when feasible.

URL: www.caps.ucsf.edu/pdfs/cochanecolor.pdf
Challenges in HIV/AIDS Treatment (CHAT)

**Project Staff:** G. Michael Crosby (Principal Investigator); Maria Ekstrand (Co-Principal Investigator); Jeffrey R. Martin (Co-Investigator); David Bangsberg (Co-Investigator); Robert D. Webster (Project Director); Jay Paul (Consultant); Kevin Sciecinski (Project Assistant); Sherry Fung (Interviewer); Angel Gil (Phlebotomist/Interviewer); Ami Student (Interviewer); Milam Freitag; Malka Wietman; Mary Schroeder (Counselors); and Nigel Reyes (Recruiter)

**Project Description:** CHAT is a controlled, randomized trial of a behavioral intervention designed to increase HIV antiretroviral treatment adherence, thereby lowering HIV viral load levels among HIV positive individuals who use or abuse alcohol and/or drugs. The intervention, derived from Social Action Theory, consists of a series of six individual counseling sessions. The efficacy of the intervention will be tested by comparing the prevalence (and level of) detectable HIV viral loads in blood, level of CD4 counts in blood, and rates of self-reported adherence to antiretroviral treatment regimens in subjects of the regular treatment (control) and intervention arms. Those individuals living in the San Francisco Bay Area who are currently taking antiretroviral medications, who have a detectable viral load, and who use or abuse alcohol and/or drugs, specific to our screening requirements, are eligible for participation. The goal is to enroll 500 individuals from the San Francisco Bay Area.

Individuals who meet the study inclusion criteria are randomly assigned to either the intervention or control group. Intervention participants receive 6 one-on-one counseling sessions, utilizing a standard set of intervention "tools" tailored to individual needs, and motivational interviewing techniques. Participants are re-assessed at 4, 8 and 12 months.

We hypothesize that the intervention group will have a greater reduction in viral load, a greater increase in CD4 counts, and higher rates of self-reported adherence to antiretroviral treatment regimens at follow up compared to control group participants.

**Significance:** A number of HIV antiretroviral treatment failures are thought to result from the inability of HIV to develop drug resistant strains. The rapid reproduction rate of the virus, when not suppressed by medications, is thought to contribute greatly to the development of drug resistant strains. Adherence to triple combination therapies is highly complex, involving the use of approximately 20 pills per day under a variety of dietary restrictions. Alcoholic and substance users have long been characterized as non-adherent for other medication treatments (i.e., TB). Behavioral interventions that increase adherence of complicated regimens among those who have alcohol and/or drug problems must be developed and implemented community-wide.

**Findings:** Data collection began on 08/11/99 and will continue until 12/01/02. Presently, 218 individuals have been recruited for the baseline qualifying interview, 158 (72.5%) have been randomized. Baseline findings for the first 100 participants show that the mean age was 40 years, 91% were male, and 85% identified as homosexual. Eighty-nine percent reported some lifetime drug use, 24% reported drug use in the past 4 months, and 18% reported frequent/heavy drinking. At baseline, alcohol and drug use was associated with non-adherence to HIV-antiretroviral medication. Sexual risk taking was significantly related to identifying as "gay" (p<.005) and to having sex while high on recreational drugs (p<.0001). Compared to those who adhered, participants who reported missing at least 10% of their medications were more likely to report medication side-effects (60% vs. 40%, p<.08), more likely to be angry (p<.07), have less structured lives (p<.10), and tended to have lower incomes (p<.09).

**URL:** www.caps.ucsf.edu/chat/
Providing Prevention: An Intervention for HIV Medical Providers

**Project Staff:** Carol Dawson Rose, PI, Grant Colfax, Co-PI, Kelly Knight and Cynthia Gomez, Co-Investigators, Mary Schroeder Project Director, Oscar Macias, Field Coordinator

**Project Description:** Intervention which will be delivered to HIV medical providers with the goal of training HIV primary care providers to conduct HIV transmission risk assessments in the clinical setting with their HIV-positive clients. Providers from 3 clinics will be randomly assigned to one of two groups. Behavioral outcome data will be collected from their clinic patients to assess the impact of the provider initiated prevention discussion. The three clinical sites are located in the San Francisco Bay Area. The sample will include 30 HIV primary care providers and 600 clinic patients.

**Significance:** Prevention falls within the domain of medical care, yet few medical providers are adequately trained to deliver health promotion and prevention content within the medical care encounter. Additionally, in order to decrease the number of new HIV infections, prevention interventions with HIV-positive individuals are needed. We believe that linking these two components may show an effect on the rate of new HIV infections. Moreover, HIV-positive individuals who have participated in our past research want to talk to their HIV care providers about preventing the transmission of HIV to others. Our hope is that this intervention will be successful in building the skill of the provider in this area and further that this collaboration between the patient and their provider will help decrease the number of HIV exposures.
Abstinence Only vs. Comprehensive Sex Education: What are the Arguments, What is the Evidence?

**Project Staff:** Stephen F. Morin, Principal Investigator; Chris Collins, Consultant; Stuart Gaffney, Editorial Assistant

**Project Description:** The Until There’s A Cure Foundation has provided financial support for the UCSF AIDS Policy Research Center since 1998. One of the primary goals of this funding is to research and publish a monograph analyzing an area of current HIV/AIDS public policy. Last year’s monograph was on steps to encourage development and deployment of an AIDS vaccine. This year’s project, funded by Until There's A Cure Foundation, was designed to evaluate abstinence-only and comprehensive sex education. The goal of this project was to explore the arguments for both types of sex education, examine the current policy environment, and ground these discussions in the scientific research on the subject. Virtually everyone agrees that sex education is intended to serve a very practical public health purpose – to reduce STIs, HIV/AIDS, and unintended pregnancy among the country’s young people. The debate centers on a question of methods (i.e. how to prevent negative health outcomes) and the ancillary goals of advocates on all sides (e.g. teaching particular moral values, or encouraging autonomous decision making).

**Significance:** This project is timely because President George Bush and leaders in Congress call for increased funding for federal abstinence programs, and the new Chairperson of the committee appointed to advise the White House on the HIV/AIDS epidemic is a staunch abstinence-only advocate. Federal public health policy is on a collision course with scientific evidence.

This project is important because unprotected sexual activity among young people can have severe personal, social and financial costs. Unprotected sex among youth results in nearly four million STIs each year, many with serious long term consequences. The great majority of the 10,000 annual new HIV infections among people under 22 occurs through sexual activity. The United States still has the highest rates of STIs and teen pregnancy of any industrialized nation. Credible research clearly demonstrates that some comprehensive sex education, or “abstinence-plus,” programs can achieve positive behavioral changes among young people and reduce STIs, and that these programs do not encourage young people to initiate sexual activity earlier or have more sexual partners.

**Interesting Findings:** We have determined that the abstinence-only approach to sex education is not supported by the extensive body of scientific research on what works to protect young people from HIV/AIDS, sexually transmitted infections (STIs), and unplanned pregnancy. An assessment of the peer-reviewed, published research reveals no evidence that abstinence-only programs delay sexual initiation or reduce STIs or pregnancy. By contrast, credible research clearly demonstrates that some comprehensive sex education, or “abstinence-plus,” programs can achieve positive behavioral changes among young people and reduce STIs, and that these programs do not encourage young people to initiate sexual activity earlier or have more sexual partners.

We are currently finishing the final revisions for a policy monograph on the findings of this study. The monograph will be distributed to all members of the US Senate and House of Representatives, various AIDS organizations, and other interested groups as well as being available on HIVInsite.

**URL:** http://hivinsite.ucsf.edu/
AIDS Profile Project

**Project Staff:** Stephen F. Morin, Principal Investigator; Lisa Garbus, Policy and International Editor of HIV InSite; Elliott Marseilles, Ph.D., Lead Policy Researcher; Norm Jeffries, Database Programmer; Jay Newberry, Research Coordinator.

UCSF will conduct policy research to create 12 multidisciplinary profiles of HIV/AIDS in USAID Rapid Scale-Up/Intensive Focus/Basic Program countries. Profiles will be linked with national strategic plans for HIV/AIDS prevention, care, and support in each country. Each profile will include extensive links to related resources and a table of key socioeconomic comparative indicators and an interactive database of key socioeconomic indicators spanning all profiled countries. This database will allow users to conduct comparative analyses with other countries in their region or subregion, other developing countries, and/or the world.

Each profile will contain standard indicators from UN agencies (UNAIDS, UNICEF, UNFPA), the World Bank, Population Reference Bureau data sheets, and the U.S. Bureau of the Census. Government sources will also be included as available. Discrepancies among data sources will be highlighted and analyzed. Data sources for determinants of the epidemic, impact, and response will include peer-reviewed articles from the scientific literature, reports from research institutes within and outside the country, surveys, government reports, conference proceedings, and project reports and web sites.

The profiles will include research on and analysis of epidemiological factors, as well as key determinants of the epidemic, its impacts, and responses to it at the household level, within key sectors, and at the macroeconomic level. Issues researched and analyzed in the profiles will include:

- sexual & reproductive health
- voluntary counseling & testing
- sentinel surveillance
- changing demographic structure
- increasing labor costs and shifts in labor force composition
- gender
- cultural and behavioral issues
- care and support
- indigenous expertise and approaches to HIV/AIDS prevention and care
- debt relief and mechanisms to increase treatment access

The project will establish a scientific advisory board, comprising regional technical experts, to provide scientific research and editorial guidance. The board will be convened electronically.


Prevention and Control of Chlamydia in California:  
The California Chlamydia Action Coalition

Project Staff: George Rutherford and Jas Nagra

Project Description: The California Chlamydia Action Coalition (CCAC) is a public-private partnership led by the University of California, San Francisco, the California Department of Health Services, and the California HealthCare Foundation. The Coalition is comprised of representatives from commercial and Medicaid managed care organizations, state and local health departments, federal agencies, community-based organizations, women’s health and family planning agencies, universities, and laboratories and pharmaceutical companies. The goal of CCAC is to reduce the incidence of chlamydia infection in California by 75% by 2005. The Coalition takes action in three areas – science, policy, and awareness.

Major activities undertaken by the CCAC include: 1) the Chlamydia Quality Improvement Initiative with Medicaid managed care and commercial health plans, 2) provider education including an interactive web-based training program, 3) passage and implementation of partner-delivered therapy legislation, and 4) planning and development of a chlamydia data warehouse that will receive chlamydia test results from laboratories and provide data to managed care organizations for Health Plan and Employer Data Information Set (HEDIS) reporting and prevalence monitoring and to public health agencies for disease reporting purposes.

Significance: Sexually transmitted chlamydia infection is the most common reportable disease in California with an estimated incidence of 600,000 per year. Managed care organizations (MCOs) have the capacity to promote and facilitate screening and treatment of large numbers of individuals at risk for chlamydia infections; therefore, their involvement is central to statewide chlamydia reduction efforts. The CCAC has recognized the importance of managed care involvement and has initiated several collaborative activities with both commercial and Medicaid managed care plans.

Interesting Findings: Comprehensive chlamydia prevention and control programs must mobilize stakeholders from both the public and private sectors and utilize multifaceted approaches that include providers, insurers, researchers, patients, and policymakers. Future research and evaluation will monitor the effectiveness or our comprehensive and collaborative approach and will focus on the outcomes of chlamydia incidence, chlamydia prevalence, rates of complications of chlamydia infections and provider screening and prescribing practices.

Project Web Site: www.ucsf.edu/castd
Among Ryan White CARE Act Providers

Project Staff: Stephen F. Morin, Principal Investigator, James O. Kahn, Co-Principal Investigator, Margaret Chesney, Co-Investigator, T. Anne Richards, Co-Investigator, Andre Maiorana, Project Director

Project Description: This project, funded by Health Resources and Services Administration (HRSA), is designed to assess the extent and variation of prevention practices for HIV-infected patients in a sample of clinics funded under the Ryan White CARE Act. The goal of this project is to better understand how clinical settings can be used to assist HIV-infected people to interrupt further transmission of HIV. The specific aims for this study are to assess: 1) the current practices of providers regarding prevention for HIV-infected patients in Ryan White funded primary care settings, 2) the incentives and barriers to providing prevention services for HIV-infected patients in these clinical settings, and 3) the perceptions of patients receiving care in these clinical settings regarding their prevention needs and the services provided.

This project will assess clinic prevention practices in eighteen primary care settings in nine US cities with varying AIDS incidences. This study involves four procedures: 1) exit surveys, 2) qualitative interviews, 3) ethnographic observations, and 4) secondary data analysis. 100 exit surveys will be conducted in each city to obtain information directly from patients receiving HIV care regarding their access to and utilization of HIV prevention services available through the clinic. One key clinic administrator, four health care providers, and four patients will be interviewed to determine how each evaluates prevention services and practices at the clinics. Observational field notes will take place at each site for availability of prevention materials such as posters, brochures, condoms and referrals for needle exchange. Secondary data to be reviewed will include the mission statement for the organization, populations served, guidelines and protocols related to prevention activities, and funding patterns in each location.

Significance: Primary prevention services for people living with HIV has emerged as a recent priority in HIV prevention research, due in part to the fact that more people with HIV are living longer and more sexually active lives. If prevention programs are to more effectively reach HIV-infected people, linking clinical care and prevention is the next logical step. Medical providers are in a very strategic position to help prevent transmission of HIV by assessing their patients for risky sexual and needle-sharing behaviors, and providing counseling or referrals to prevention services. The findings from this project will assist HRSA in deciding what approach to take to respond to the recent recommendations of the Institute of Medicine to provide more specific prevention services for HIV-infected individuals in primary care settings. We hope to be able to develop and evaluate model programs, and to contribute to the development of guidelines for primary prevention that could be incorporated into clinical standards of care.

Interesting Findings: We have gathered data from 15 different clinics in 10 cities in the US. A total of 480 patient exit surveys and 135 qualitative interviews with providers and patients have been conducted. Preliminary data from the exit surveys indicate that 65% of all patients interviewed have been sexually active in the last 6 months. Out of the sexually active patients, 23% have had more than one sexual partner and 19% are concerned that they might have transmitted HIV to someone else in the last 6 months. 28% of all patients reported that someone at the clinic had mentioned or talked to them about HIV prevention during that day’s visit, though only 4% were asked about specific sexual activities. We expect to finish data analysis for this project by June, 2002.
A Randomized Clinical Trial of the Efficacy of a Behavioral Intervention to Prevent Acquisition of HIV Among Men who have Sex with Men (Project EXPLORE)

Project Staff: Margaret A. Chesney, PI; Thomas J. Coates, Co-PI; Beryl Koblin (New York Blood Center), Co-PI; Patrick Barresi, Project Director; Kevin Filacamo, Project Assistant; Cliff Leonardi, Project Assistant; Matthew Troy.

Project Description: This is a Phase IIb randomized controlled, proof of concept trial, which will assess the efficacy of a behavioral intervention vs. standard risk reduction counseling to prevent HIV infection among men who have sex with men. The behavioral intervention consists of ten sessions over a four-month period followed by quarterly maintenance sessions. The control condition consists of semi-annual risk reduction counseling sessions based on the Centers for Disease Control and Prevention (CDC)/Project RESPECT model for HIV pre- and post-test counseling. The trial has enrolled 4,296 MSM recruited at sites in Boston, Chicago, Denver, New York, San Francisco and Seattle study sites. The participants will be followed for three years. The seroincidence rate of HIV infection will be compared between the two arms of the study at the end of the three-year period.

Significance: Data from the HIVNET Vaccine Preparedness Study (VPS) have shown that brief (less than one-hour), didactic, one-session HIV risk reduction counseling in which HIV test results are discussed is not sufficient to change behavior. On the other hand, recent reports from the Project RESPECT I study suggest that two or four individual, participant-centered counseling sessions, such as those to be studied in this trial, can lower HIV and STD infection rates among heterosexual patients being tested and treated for STDs. This study extends these positive findings to a higher risk sample of MSM, and focuses on a number of risk reduction targets, including condom use, sexual behaviors in the context of alcohol or drug use, and sexual behaviors in the context of different types of partners and relationships. It also looks at communication skills, where participants meet their sexual partners, and how thoughts and feelings may influence their risk-taking.

The number of participants in each arm who become HIV-infected will be the end-point measure. This is the first time that an HIV biological endpoint will be used to test the efficacy of a behavioral intervention in the United States.
California Syphilis Elimination Initiative

Project Staff: Gail Kennedy and George Rutherford

Project Description: The California Syphilis Elimination Initiative is a cooperative effort of the California Department of Health Services (DHS), the California Health Care Foundation, and the University of California, San Francisco, Prevention Sciences Group. The mission of the Initiative is to eliminate the indigenous sexual transmission of syphilis in California by 2005. Cases of primary and secondary syphilis acquired in California and cases of congenital syphilis in California newborns will be used as the epidemiological markers of progress toward syphilis elimination. The strategies used for elimination include enhancing the capacity of DHS and local health departments for case detection and rapid response during case outbreaks. Improved syphilis prevention and detection activities include: the creation of new partnerships with HIV prevention and care programs, correctional health care agencies, drug treatment, social services agencies, and community-based organizations serving populations at highest risk of syphilis; the development of communication linkages with staff of private venues where syphilis can be transmitted, such as bathhouses and sex clubs; the improvement of policymakers’ and the public’s understanding of the causes of syphilis; and the mobilization of adequate human and financial resources for testing, treatment, partner management, health education, and prevention in clinical and community-based settings, especially during outbreaks.

Significance: Primary and secondary (P&S) syphilis rates declined 87 percent from 1990 to 1998 in the United States. In 2000, syphilis was eliminated from 80% of U.S. counties and 99.5% of primary and secondary cases were reported from only 19% of U.S. counties. With these historical declines, efforts have now focused on syphilis elimination. In October 1999 the Centers for Disease Control and Prevention (CDC), Division of STD Prevention launched the National Plan to Eliminate Syphilis. The goal of this initiative is to reduce P&S syphilis cases to 1,000 or fewer within the United States and to increase the number of counties free of syphilis to 90% by 2005. In 2000, California experienced a 15% increase in reported primary and secondary syphilis cases (from 284 in 1999 to 326 in 2000). MSM accounted for 56% of reported syphilis cases where sexual orientation data was available and these MSM cases were highly concentrated in urban settings throughout the state. Of those cases with known HIV infection status, 53% reported being HIV infected.

Since infectious syphilis, especially in the primary stage, facilitates both the transmission and acquisition of HIV infection and there is an increased rate of progression of HIV disease in a person who is co-infected with syphilis, elimination of syphilis is an important adjunct to HIV prevention and treatment.

Interesting Findings: We have been collecting enhanced syphilis morbidity data and disseminated to counties statewide analyses to assist with greater case detection. We have developed a draft Outbreak Response Plan to assist communities in responding to outbreaks of syphilis. We are working with key HIV prevention organizations to supplement their existing prevention efforts with information and training about syphilis and have worked with the DHS Office of AIDS to develop and disseminate a letter to California AIDS service providers about syphilis detection and treatment in HIV-infected clients.
Primary Prevention

Condom Skills Building Intervention in STD Clinic Waiting Rooms

Project Staff: Jeff Klausner (SFDPH, PI), Greg Greenwood (Co-PI), Cynthia Gomez, Carolyn Hunt, & Edwin Ramos-Soto

Project Description: San Francisco Department of Public Health and University of California, San Francisco are collaborating with the Centers for Disease Control & Prevention (CDC), as well as Denver Metro Health Clinic and Educational Development Center in Boston/NYC, to investigate whether a brief waiting room intervention will reduce incident STD infections. We will recruit high-risk men and women (N=6,000) receiving services at three inner-city clinics. Participants will be randomly assigned (by week of clinic attendance) to one of two arms: (1) a Video Plus Materials Intervention, derived from the Information-Motivation-Behavior (IMB) skills model, and (2) a Control Intervention that includes usual care. We will compare new STD infections (clinical data for gonorrhea, chlamydia and trichomoniasis) between participants in the Video Plus Materials Intervention and the Control Intervention at 3- and 6-months post-baseline. Secondary outcomes will include other self-report STDs, and behavioral risk factors. Process measures will assess the quality and acceptability of the intervention program.

Significance: A number of disease and behavioral risk patterns demonstrate that HIV/STD prevention is still the best medicine, particularly with high-risk men and women in STD clinics. STDs (particularly chlamydia and gonorrhea) and HIV/AIDS remain high among vulnerable groups (high-risk heterosexual men and women (HRH), men who have sex with men (MSM) and injection drug users (IDU)), and the number of new infections is rising among some of these groups. Correct and consistent condom use has been historically problematic and has recently decreased. There are no cures for viral STDs (HIV, herpes simplex virus, human papilloma virus and hepatitis B virus), and significant challenges in HIV vaccine development make identifying and promoting effective condom intervention campaigns an urgent priority. Providing effective condom use interventions to vulnerable populations like STD clinic patrons whose medical histories place them at high risk for STD re-infection has the potential to positively impact public health.

Interesting Findings: In this current first year, we will conduct formative studies to develop, field test and revise the intervention, study procedures and 3-6 months tracking and follow-up protocols. We will launch the intervention during Year 2 and evaluate it during Year 3.
Primary Prevention

Draw the Line/Respect the Line: An HIV Prevention Intervention for Middle School Children

Project Staff: Barbara V. Marin, Cynthia Gomez, Steve Gregorich, Estie Hudes (CAPS) and Douglas Kirby, Karin Coyle (ETR Associates, Santa Cruz)

Project Description: Draw the Line/Respect the Line is an effective educational curriculum that assists students in developing their personal sexual limits and practicing skills needed to maintain those limits even when they are challenged. The Draw the Line curriculum utilizes small group discussions, role playing, stories, games and other approaches to actively involve participants in the learning process and help them connect the learning to their own lives. It involves 19 lessons, provided between 6th and 8th grades.

Draw the Line/Respect the Line was developed as part of a research project funded by the National Institute of Mental Health. The researchers and educators involved in this project spent several years developing and pilot testing the curriculum. Students in focus groups provided information about how youth think and feel about sex and they provided feedback about lesson ideas. To evaluate the curriculum, 19 middle schools were randomly assigned to treatment or control groups. Students whose parents had consented to their participation (N=2829) were surveyed before receiving the curriculum in 6th grade and at the end of 7th, 8th and 9th grades (90%, 87% and 63% follow-up respectively) regarding their sexual behavior, attitudes, peer norms, opportunities for sex, and intentions to have sex.

Significance: The Draw the Line/Respect the Line curriculum is one of the first developed for students in middle school. Given that a substantial proportion of middle school youth may be sexually active, delaying the onset of sexual activity is an important goal.

Interesting Findings: The results indicate the intervention delayed sexual initiation among boys (p=0.02), but not girls (p=0.40). Boys in the intervention condition also exhibited significantly greater knowledge than comparison students (p=0.00), perceived fewer peer norms supporting sex (p=0.00), had more positive attitudes toward reasons for not having sex (p=0.00), had greater sexual limits (p=0.01), and had fewer opportunities for engaging in sexual behaviors (p = 0.00). There were no significant differences for girls except regarding peer norms; girls in the intervention condition perceived fewer peer norms supporting sex than did girls in the comparison condition (p=0.01). The results indicate that Draw the Line/Respect the Line was effective for boys, but not for girls.

Program will soon be available from ETR Associates (1-800-321-4407; www.etr.org).
Drug Abuse Treatment for Male-to-Female Transgenders

Project Staff: Tooru Nemoto (Principal Investigator), JoAnne G. Keatley (Project Director), Don Operario (Research Associate), Toho Soma (Research Assistant), Melenie Eleneke (Project Assistant), Christine M. Soriano (Project Assistant), Pedro Arista (Project Assistant), Claudia Adao (Health Educator/Outreach Worker), Anna Fernandez (Health Educator/Outreach Worker), Breonna McCree (Health Educator/Outreach Worker)

Project Description: CAPS and Walden House propose a two-pronged program to provide culturally- and gender-appropriate substance abuse intervention and treatment services to this population. One component, the TRANS (Transgender Resource and Neighborhood Space) site, will provide participants the opportunity to attend workshops addressing substance abuse, HIV, commercial sex work, and general life skills. In addition, TRANS will provide an informal drop-in center where MTF transgenders can relax, shower, and socialize. Three full-time MTF transgender Outreach Workers—an African American, an API, and a Latina—will recruit MTF transgenders from minority communities and facilitate their participation in CLSP activities. The second component of our program is the Walden House Transgender Recovery Program (WH-TRP), which will expand current residential treatment programs to address the unique needs of MTF transgender clients. WH-TRP will provide expanded therapy, counseling, curricula, mentorship programs, and life training skills for this population. Walden House will hire MTF transgender staff members, including a psychological therapist and detox counselor, to implement new programs and develop sensitivity training workshops for the organization. We will evaluate both projects to assess the impact of expanded services on program retention and success rates, and on participants’ drug use, sexual behavior, HIV-related attitudes, and health and well-being.

The two project teams, Walden House and CAPS, initiate a MTF Transgender Network comprising of local Community Based Organizations and AIDS Service Organizations that work with transgenders. This MTF Transgender Network will meet regularly throughout the project to ensure cultural and gender sensitivity of programs, discuss emerging issues in transgender health, and strategize toward long-term solutions for drug and HIV issues confronting this population. We will disseminate findings from the TRANS and WH-TRP programs to MTF Transgender Network members, to national organizations working with the transgender community, at national HIV and public health conferences, and in scientific journals.

Significance: Our prior research with African American, Asian and Pacific Islander (API), and Latina MTF transgenders in San Francisco has revealed alarming levels of high-risk drug abuse, sexual behavior, and injection hormone abuse. An array of psychological, socioeconomic, and cultural forces exacerbate drug and HIV vulnerability in this population, including depression, stigmatization, racism, poverty, and victimization. Moreover, our findings indicated a deficiency in culturally- and gender-sensitive substance abuse treatment programs for MTF transgenders of color.

Interesting Findings: Utilization of TRANS (Transgender Resource and Neighborhood Space) and TRP (Transgender Recovery Program) by the targeted population is very encouraging. To date, over 80 transgender women have enrolled in TRANS. TRP has increased the retention rates of transgender women in treatment and presently has 22 transgender women in their residential treatment program.
Female Condom Intervention Trials (FEMIT)

**Project Staff:** Kyung-Hee Choi, Principal Investigator, Olga Grinstead, Co-Investigator, Cynthia Gomez, Co-Investigator, Steven Gregorich, Co-Investigator, Dellanira Valencia-Garcia, Project Director

**Project Description:** The FEMIT study will develop and evaluate a theoretically- and empirically-based intervention to increase use of the female condom among ethnically diverse women who are between the ages of 18 to 39 and who engage in multiple sexual partnerships. The aims are:

- To develop an intervention promoting the female condom and evaluate the efficacy of the intervention in increasing use of the female condom by comparison with a control condition of the same duration.
- To assess the impact of the intervention on female condom self-efficacy, sexual communication, gender role expectations, sexual comfort, initial female condom use experiences, attitudes toward the female condom, partner attitudes toward the female condom, partner objections to female condom use, and social support for the adoption of female condom use.
- To examine the mechanisms of change by which the intervention affects the study outcomes.

The intervention will be evaluated in a randomized clinical trial design. Study participants will be randomly assigned to one of two conditions: female condom skills training (N=314) and women’s general health promotion (N=314). Both conditions consist of four sessions. Subject recruitment will take place in six Planned Parenthood clinics of the San Francisco Bay Area. Eligible subjects will be interviewed at baseline, 3 months, and 6 months using a standard survey questionnaire. Attitudinal, psychosexual, and behavioral data will be collected to evaluate the intervention.

**Significance:** The promotion of the female condom is urgently needed for HIV prevention among women. While the female condom is a viable option for safer sex, it has not been widely accepted as the male condom by both men and women. The device is the only female-controlled barrier method currently available to protect women from STDs including HIV. The female condom has several advantages over the male condom. The device provides more physical coverage for women and thus may provide them with better protection against HIV and other sexually transmitted diseases. Its polyurethane material is stronger and less likely to break than latex rubber. Women can wear the female condom prior to intercourse and thus are less likely to be exposed to pre-ejaculate. The female condom offers women a potentially important alternative for HIV prevention. However, little research has been conducted to identify effective approaches to promote this only female-controlled barrier method available to date.
High Volume Needle Exchange to Avert New Infections

Project Staff: David R. Gibson, James G. Kahn, Daniel Perales, Joseph Guydish

Project Description: This project followed a cohort of injecting drug users (IDU) over a period of 21 months, comparing the HIV risk behavior of users versus nonusers of a model syringe exchange in Santa Clara County, CA. In addition, the study is modeling the effectiveness and cost-effectiveness of the exchange in averting new HIV infections.

Significance: Along with street outreach and drug treatment, needle exchange is a major prevention modality for IDU. The project sought to determine the magnitude of protective effect associated with use of it, in addition to its effectiveness and cost-effectiveness.

Interesting Findings: Comparing users with nonusers of syringe exchange, we found that use of syringe exchange has a two- to seven-fold protective effect against high-risk injection behavior. The upper bound of a seven-fold protective effect was for IDU who did not have other sources of syringes. We also found that syringe exchange pays for itself 27 times over in terms of the cost of operating needle exchange versus the cost of treating new infections that would have occurred in the absence of needle exchange.
Primary Prevention

HIV Prevention Interventions Targeting Asian Masseuses

**Project Staff:** Tooru Nemoto (Principal Investigator), Mai Nhung Le (Project Director), Mariko Iwamoto (Research Associate), Christine M. Soriano (Research Assistant), Jenifer Wanous (Project Assistant), Huynh Dong (Health Educator/Outreach Worker), Phuong Kim Chen (Health Educator/Outreach Worker)

**Project Description:** This study will identify and describe drug use and HIV-related behaviors among Asian female commercial sex workers (CSWs) at massage parlors (Asian masseuses) in San Francisco by employing both qualitative and quantitative methods. The study will also conduct an exploratory intervention and evaluate the efficacy of the intervention modalities (Massage Parlor Owner Education Program and Peer/Professional Counseling Program) and identify the determinants of HIV-related risk behaviors in the cognitive and socio-cultural contexts among the targeted Thai and Vietnamese masseuses. This study is a community-based collaboration of CAPS and the Asian and Pacific Islander Wellness Center (APIWC) which is a community based AIDS service organization (ASO) and has been providing AIDS education and prevention programs to the target populations since 1988.

**Significance:** This is the first HIV intervention study targeting Asian commercial sex workers at massage parlors in the U.S., a difficult to reach population that has been neglected by HIV/AIDS and drug abuse prevention efforts. Very limited data exists on drug use and HIV-related behaviors among Asian masseuses in the U.S. Ignorance and myths are prevalent in this country and in Asian communities. First, there are still persistent stereotypical views on Asians: Asians achieve higher education and professional jobs, and are model minorities with relatively little trouble with drugs, violence, and crime. Diversity within Asian ethnic groups is ignored despite large socioeconomic disparities among Asian subgroups (e.g., Yen, 1992). Second, despite the high rate of increase in AIDS cases among APIs in the U.S. and a formidable explosion of AIDS cases in Asian countries, HIV prevention issues among Asians in this country have not been taken seriously in the Asian communities and among public health professionals (Aoki et al., 1989; Gock, 1994). Third, studies targeting ethnic minorities are costly and face a number of barriers to conduct “rigorous” research. Last, Asian masseuses are discriminated against because of their race, gender, occupation, and immigrant status (Asian AIDS Project [AAP], 1995). Therefore, their voices have never been heard.

**Interesting Findings:** The study is at its initial stage. Based on our preliminary findings from mapping out the locale of massage parlors and from holding informal discussions with massage parlor workers in San Francisco, there are approximately 23 massage parlors in San Francisco which are owned by or employ Asian women. Massage parlors in San Francisco are clustered in the Tenderloin and Chinatown districts and most masseuses are Asian immigrants. The Tenderloin district is also known for its heavy drug trafficking, street CSWs, and violent crimes. The majority of masseuses in the district are immigrants from Thailand and Vietnam, and lack English language negotiation skills with customers. Asian masseuses often engage in unsafe sex with customers because of economic pressure to support family members in their home countries, and to pay gambling and other debts.
Primary Prevention


Project Staff: Cynthia A. Gómez, Principal Investigator, Carmen Gómez Mandic, Project Director, Angelica Martinez, Field Coordinator San Francisco, Maria Guadalupe Rocha, Field Coordinator Watsonville

Project Description: “De Madre a Hija: Protegiendo Nuestra Salud” is an intergenerational HIV prevention initiative for Latina women in San Francisco and Watsonville (Monterey County, CA). The two-year formative research study will culminate in the piloting of a four-session intervention based on focus group and interview data, community input, and prior research with Latina women. The intervention will target Spanish-speaking Latina mothers of adolescents and will focus on improving mother-daughter communication across generational and cultural barriers, improving sexual knowledge and comfort, understanding risk, examining gender/sex role attitudes, and building risk reduction skills.

The intervention will be piloted across two different community settings in a rural (Watsonville) and urban (San Francisco) environment. Through pre- and post-intervention surveys, we will assess initial impact of the intervention on participants’ HIV/STD knowledge, perceived risk, sexual comfort, sexual and gender role attitudes, mother-daughter communication, and self-efficacy with respect to risk reduction behavior.

Significance: HIV has disproportionately affected Latina women in the U.S. Among Latinas aged 13 years and older, the AIDS case rate is almost seven times greater than that for white women. And while Latinos constitute 13% of the US population, they account for an estimated 18% of all new HIV infections among women. Young women are increasingly at risk as well. As of 1998, women accounted for almost half (48%) of HIV cases among 13-24 year-olds. Condom use among Latino adolescents is very low, as evidenced by high rates of unintended pregnancy and STD infections.

The reasons for Latinas’ vulnerability to HIV are multiple and complex. In addition to structural barriers to sexual health care, such as lack of insurance and anti-immigrant legislation that discourages service utilization, cultural factors impact risk as well. Some of these cultural factors include discomfort with sexuality and oppressive gender and sexual roles. In addition, the intergenerational conflicts that are normal in families are often made more burdensome within immigrant families by cultural conflicts that arise between parents and adolescents.

Cultural strengths such as “familismo,” or family-orientation, however, can be harnessed for the promotion of sexual health and HIV prevention within families. Research has shown that Latino parents strongly desire to talk to their kids about sex, but find it very difficult to do so. This intervention targets mothers who want to improve communication about sexual health with their daughters, and helps them to build those skills while working toward improving their own sexual health.
Primary Prevention

Post Exposure Prevention (PEP) Study

Project Staff: Thomas Coates, Jeffrey N. Martin, Melissa Krone, Tor Neilands, Josh Partlow

Project Description: Our research group recently conducted a Post Exposure Prevention (PEP) feasibility study in which over 400 individuals potentially exposed to HIV-1 via sexual contact or recreational drug use (index case) were successfully recruited, retained, and assessed. This second PEP study is a randomized trial to determine whether enhanced (multi-session) risk reduction and adherence counseling is equivalent to standard (2 session) risk reduction and adherence counseling in terms of subsequent demand for repeated courses of PEP, self-reported risk behaviors, documented STDs, and adherence to PEP medications. To be included in this study, participants must report a suspected HIV exposure during the previous 72 hours. Participants are randomized into either the enhanced or standard counseling group and followed for one year. Self-reported measures of HIV-related risk behavior are collected at baseline, 6 months, and 12 months. The study will enroll 600 index participants and all available and consenting source cases.

Significance: PEP has two promising possibilities: 1) it may prevent HIV infection and 2) it may be a viable way to attract high risk uninfected individuals into counseling. But considerable uncertainty remains about how to integrate PEP into existing clinical and prevention programs. Because it was felt that risk reduction counseling was essential to prevent disinhibition, the PEP feasibility study provided intensive (5 session) prevention counseling as well as adherence counseling. However, multi-session counseling is very resource intensive. The primary aim of this second PEP study is therefore to assess whether PEP medications must be offered with an enhanced counseling program, or if standard HIV pre- and post-test counseling and routine adherence counseling will result in equivalent risk behaviors following PEP, and adherence to antiretroviral medications.

Interesting Findings: The project has recruited 268 index and 25 source participants during the first eleven months of enrollment. Of the 268 index participants, 255 are male, 11 are female, and 2 are transgender. The mean age is 34.1 years, and there is a diverse racial distribution (69% White; 18% Latino; 4% African American; and 9% other). The vast majority (93%) of index cases reported the risk of HIV exposure via sexual transmission.

URL: www.pepstudy.com
Project HIP HOP (Health in Prison, Health out of Prison)

**Project Staff:** Olga Grinstead, Diane Binson, Bonnie Faigeles, Bill Woods, Kathleen McCartney (CAPS staff). Barry Zack, Katie Kramer, Ricardo Bracho, Carolyn King, Merjo Roca (Centerforce staff)

**Project Description:** The purpose of Project HIP HOP is to design and test an intervention to reduce HIV, STD and hepatitis risk among young (18-29 years old) men who are being released from prison. In this study we are comparing two interventions. One intervention occurs prior to release and focuses on HIV, STD and hepatitis risk only. The other intervention occurs both before and after release and addresses a broader range of issues relevant to young men leaving prison (e.g. job skills and placement, housing). The intervention was developed after two years of formative research with young men leaving prison and with service providers. The intervention is based on principles of harm reduction, motivational enhancement and prevention case management. The study, funded by the Centers for Disease Control and Prevention, is also being conducted at sites in Mississippi, Rhode Island and Wisconsin. We will recruit 125 men at each site.

**Significance:** There is an incarceration epidemic in the United States. There are currently 2 million Americans incarcerated, and 4 million more on probation or parole. As a result of the “war on drugs,” there is a concentration of injecting drug users in prison and a corresponding concentration of individual living with HIV and AIDS. Consequently, incarceration provides an opportunity to intervene with large numbers of at-risk individuals who might be difficult to reach or difficult to engage in prevention education in the non-prison community. In this study we focus on young men who are less likely to have been infected and more likely to be serving short sentences and returning to the community.

**Interesting Findings:** In addition to testing the effectiveness of the two interventions, we also expect to gain valuable information about the lives of young men before, during and after incarceration. This information will be essential to understanding the outcome of the intervention trial and in developing additional interventions for these young men and for their sexual and needle-sharing partners in the community. We are also collecting detailed information about retention and tracing and data on the cost of the interventions so that the cost-effectiveness of the intervention can be assessed.

**URL:** [www.caps.ucsf.edu/mapindex.html](http://www.caps.ucsf.edu/mapindex.html)
Primary Prevention

Seropositive Urban Men’s Intervention Trial

Project Staff: Cynthia Gomez, Colleen Hoff, Bonnie Faigeles, William Woods, Carmen Mandic, Byron Mason, Nick Alvarado

Project Description: The Seropositive Urban Men’s Intervention Trial (SUMIT) is a randomized controlled trial of an intervention designed to reduce the risk of HIV transmission by HIV-seropositive (HIV+) men who have sex with men (MSM) to sex partners who are not infected with HIV. The intervention consists of a six-session intervention and was based on formative and pilot research. The purpose of this study is to test a 6-session multi-component HIV intervention developed to reduce HIV transmission among HIV+ MSM to sex partners whose serostatus is negative or unknown.

The study design is a randomized controlled trial with longitudinal follow-up. A total of 500 HIV-seropositive MSM will be recruited over a period of under two years. We conduct baseline assessments until we have collected data on a cohort of approximately 100 men (6-8 weeks estimated time). This group of 100 men is randomized to one of two arms: a six-session enhanced intervention consisting of six semi-structured intervention sessions or a standard-of-care intervention consisting of one HIV-related information and discussion session. Risk behavior will be assessed at baseline, three months and six months after intervention.

We also collect biologic samples at baseline and six-month follow-up assessments, which are tested for evidence of sexually transmitted disease (STD) and, at baseline only, verification of HIV seropositive status. STD data will serve as a descriptive supplement to primary and secondary outcome measures and will not be used to determine the effectiveness of the intervention with regard to reducing unprotected sexual activity with HIV seronegative/unknown status partners.

Significance: As part of our earlier research, over 400 HIV+ MSM were recruited to provide data regarding their sexual behaviors, drug-use practices, and disclosure of HIV status. Many men reported feeling isolated, stigmatized and uneasy disclosing their serostatus to partners. Many felt that prevention programs they had participated in were too narrow in scope and did not attract ethnic diversity. The SUMIT intervention addresses many of these issues.

Interesting Findings: We do not have data available from this study yet. However, many men who participated told us anecdotally that they enjoyed the opportunity to talk about being HIV+ and being with so many other HIV+ men. They liked that we were able to integrate social time, fun, food and serious discussions into the program and appreciated the opportunity to address difficult issues in a safe environment. We have been very successful recruiting a diverse sample of participants, approximately half of whom are men of color.
Primary Prevention

The Mpowerment Project: A Community Level HIV Prevention Intervention for Young Gay/Bisexual Men

Project Staff: Susan Kegeles, Robert Hays, Greg Rebchook, Lance Pollack, Pilgrim Spikes, Ben Zovod; Brady Ralston

Project Description: The Mpowerment Project is a community level HIV prevention intervention designed to reduce the frequency of unprotected anal intercourse among young gay/bisexual men, ages 18-29, by mobilizing young gay men to support each other about safer sex and to build a stronger, healthier young gay men’s community. It is the only scientifically-developed and empirically-tested intervention that has been shown to reduce HIV sexual risk taking behaviors among young gay men. The Mpowerment Project meets the CDC’s Prevention Research Synthesis project criteria for relevance and methodological rigor, and it has the positive and significant behavioral/health findings required to be listed in the Compendium of HIV Prevention Interventions with Evidence of Effectiveness.

Significance: Young gay/bisexual men are often invisible in society and have few support resources available. Young gay men are more likely than their non-gay peers to leave home at an earlier age, suffer from depression, use alcohol and drugs, and engage in behaviors that put them at risk for HIV infection. Several studies have documented alarmingly high rates of HIV infection among young gay/bisexual men. There are few positive role models for these young men, and negative images of homosexuality abound. The Mpowerment Project is a gay-positive and sex-positive peer-based intervention that relies on peers as agents of change since peers exert tremendous influence at this stage of life. The Mpowerment Project is based on an empowerment model in which young men take charge of the project because when individuals are actively involved in finding and implementing solutions to their problems, the behavior change is more lasting. The project draws on the theory of diffusion of innovations, which suggests that people are most likely to adopt new behaviors that have already been accepted by others who are similar to them and whom they respect. The project focuses on young gay men’s social concerns, since formative research indicated that HIV is not particularly motivating or captivating for young gay men. Hence, the program relates HIV risk reduction to the satisfaction of other, more compelling needs. The goal of the program is to create a stronger and healthier young gay men’s community in which safer sex becomes the mutually accepted norm.

Interesting Findings: Program evaluation data from the original study in Santa Cruz, CA, Santa Barbara, CA and Eugene, OR showed that the intervention was successful in reducing rates of unprotected sex among young gay/bisexual men who lived in the communities when the intervention took place. The proportion of men who engaged in unprotected anal sex decreased from 38.3% to 30.9% (-19.3% relative reduction), with a reduction from 19.2% to 13.6% (-29.2% relative reduction) with non-primary partners, and a reduction from 57.7% to 41.8% (-27.6% relative reduction) with boyfriends. Preliminary evaluation data from our current study in Albuquerque, NM, Austin, TX, and Phoenix, AZ show that the Mpowerment Project was able to stave off enormous increases in risky sex with casual partners that we documented in our non-intervention communities, and in some groups of young gay men, to reverse the trend. The intervention was intentionally designed to be easily adaptable to each community’s culture and social environment, and although the framework of the program remains the same across communities, it has been successfully tailored by each community.

URL: www.caps.ucsf.edu/MPindex.html
Transgender Life Care (TLC) Project

**Project Staff:** Tooru Nemoto (PI, UCSF-CAPS), Dr. Wayne Clark (PI, SFDPH), JoAnne G. Keatley (Project Director, UCSF-CAPS), Don Operario (Evaluator, UCSF-CAPS)

**Project Description:** The primary goals of the TLC program are to provide enhanced gender- and culturally-appropriate services for transgenders who seek services at Castro Mission Health Center (CMHC). The proposed TLC project will expand existing mental health services to MTF transgenders with multiple problems. The project will implement case management and support group programs for the targeted groups. The case management program for transgenders will be integrated with existing primary health care, HIV/AIDS services, and substance abuse counseling programs at CMHC. The support group program for transgenders will be offered at CAPS, Health Studies for People of Color. Case management and support group programs aim to identify, alleviate, and reduce the prevalence of mental health problems in the transgender community.

The target population consists of MTF transgenders in San Francisco. We will particularly target African Americans, Asian Americans, and Latinas, and individuals with co-occurring problems such as HIV and drug abuse.

**Significance:** The prevalence of mental health problems and other co-occurring health issues in the Male-to-Female (MTF) transgender community reaches near epidemic levels. Due to a complex network of socioeconomic and cultural forces, the MTF transgender community is highly vulnerable to a host of psychological problems—including depression, bipolar disorder, affective disorders, post-traumatic stress disorders (PTSD), alienation, and suicidality—in addition to multiple health problems—including drug and alcohol abuse, HIV/AIDS, and STDs.

There are currently only 2 publicly funded primary health clinics in San Francisco that have programs targeting transgenders; however, neither currently provides expanded mental health services for this population. Most primary health service providers lack the capacity to understand and treat the complex array of mental health issues facing this community, including the effects of hormones on physical and mental health, gender confirmation procedures, and daily living struggles associated with being MTF transgender, in addition to mental health, substance abuse, and HIV/AIDS problems common in this community.

**Interesting Findings:** A recent study by Nemoto (2001) of 245 MTF transgenders of color in San Francisco has revealed alarming mental health risks co-occurring with other diagnosable health problems. Roughly one-half (58%) of the sample revealed some level of depression during the prior week. Ethnic differences in depression were obtained: 52% of African Americans, 62% of Latinas, and 22% APIs met criteria for depression (based on CES-D standards; Hann, Winter, & Jacobsen, 1999). Almost half of the MTF transgenders of color (48%) had contemplated suicide, and of those, 66% actually attempted suicide. Specifically, 51% of African Americans, 31% of Latinas, and 18% of APIs in the sample had attempted suicide. Mental health services were an urgent need in this population, as 64% of African Americans, 43% of Latinas, and 36% of APIs expressed the need for psychological counseling.
Primary Prevention

Unity Project

**Project Staff:** Margaret Chesney, Principal Investigator; Steve Morin, Co-Investigator; Mallory Johnson, Co-Investigator/Clinical Supervisor; Joanne Mickalian, Project Director; Tom Holt, Clinical Supervisor; Neal Carnes, Recruitment Coordinator/Assessment Interviewer; Larry Lariosa, Jennifer del Val, Sheri Storey, Adam Christensen, Magaly Pena, Tanya Stallworth, Assessment Interviewers; Steve Bruce, Assessment Quality Assurance; Julia Lim, Project Assistant; Bettina O’Brien, David Olem, Brady Ralston, Nina Rodrigues, Facilitators.

**Project Description:** The Unity Project is a five-year study being conducted at four locations: San Francisco, Los Angeles, Milwaukee, and New York. The Unity Project is funded by the National Institute of Mental Health (NIMH). In San Francisco, Dr Margaret Chesney and Dr Steve Morin of the Department of Medicine serve as the Principle Investigators.

At each site, the study will enroll up to 300 HIV positive people, 18 years of age or older. We are conducting the Unity Project to learn about different ways to help people who are living with HIV. The purpose of the research is to test a program developed to help people living with HIV to live longer and healthier lives as well as to reduce the risk of passing HIV on to others. Enrolled participants are randomly assigned (by chance) to either engage in the 15 one-on-one meetings immediately or a modified version later in the study. The overall goal of the meetings is to give the participant a greater sense of control over many aspects of his/her life.

**Significance:** As a result of medical treatment advances, greater numbers of Americans are living with HIV infection and will be able to live in good health for longer periods of time. In addition, there is now considerable evidence that a substantial number of HIV+ men and women have difficulty avoiding sexual and drug use transmission risk behaviors. Following notification of their HIV+ serostatus, many HIV-infected individuals make and maintain changes in their sexual and injection drug use practices to avoid transmitting HIV to others (Cleary et al., 1991; Higgins et al., 1991). At the same time, there is growing evidence that a substantial number of persons living with HIV continue to engage in unprotected sexual and injection risk activities. This project will examine social, psychological, situational, and contextual factors that influence and mediate patterns of continued high-risk sexual and drug injection behavior among HIV+ people, including affective factors such as affective states, coping patterns, and psychological distress; self regulatory factors such as substance use; and contextual and relationship factors such as serostatus disclosure, relationship status, and economic and "survival" sex patterns.

**Interesting Findings:** Recruitment for the Unity Project currently involves several methodologies, including outreach to community-based organizations serving people living with HIV, substance users, sexual minorities, and women.

**URL:** [www.caps.ucsf.edu/unity/](http://www.caps.ucsf.edu/unity/)
Primary Prevention

VOICE: A prevention intervention for HIV seropositive (HIV+) injection drug users (IDUs)

Project Staff: Cynthia Gomez, Kelly Knight, Carol Dawson-Rose, Paula Lum, Catherine Lyons, Starley Shade, Sonja Mackenzie, Reggie Payne, Erin Rowley, Barbara Garcia, Jeff Moore, Caryn Pelegrino, Senobia Ellis, Shawnna Demmons

Project Description: The VOICE Project is a randomized controlled trial of a prevention intervention for HIV+ IDUs funded by CDC and HRSA. UCSF is one site in this multi-site collaboration that includes New York Academy of Medicine, John Hopkins University, and University of Miami. The intervention seeks to decrease risky sex and drug-taking behaviors, increase healthcare utilization, and increase adherence to HIV medications among HIV+ IDUs. Based on our formative research (the VENUS Study) we designed a peer mentorship training intervention that teaches HIV+ IDUs risk reduction and health care management skills while highlighting their importance as valuable mentors to other HIV+ IDUs. Because HIV+ IDUs often have problematic relationships with services, this intervention includes an experimental agency volunteer component to increase service delivery knowledge, utilization and resource expertise. 375 HIV+ IDU men and women will be recruited from San Francisco and the East Bay.

Significance: While many studies have addressed the HIV prevention needs of IDU, few have specifically focused on the risk-reduction needs of HIV+ IDU. In fact, prevention needs of HIV+ individuals have been largely ignored until relatively recently. Attention to this population is critical because some HIV+ IDU continue to engage in risky sexual and drug injection practices. Moreover, substance use, mental illness, homelessness, and other factors can make it particularly difficult for HIV+ IDU to access and utilize medical care and adhere to HIV treatment regimes. Poor adherence may increase the transmissibility of HIV and contribute to the emergence of drug resistant strains of HIV. Targeted intervention strategies for HIV+IDU need to be tested and disseminated.

Interesting Findings: Selected initial findings from the VENUS Study:

- HIV+ IDUs qualitatively reported increased drug use, isolation, depression, and risk behavior when first diagnosed HIV+.
- HIV+ IDUs described participation in formal and informal peer education and support to other HIV+ drug users.
- Half of the participants who had a main sex partner reported that partner’s status as HIV- or HIV unknown.
- Unlike HIV+ MSM, HIV+ IDUs do not seem to significantly decrease their sexual risk taking behaviors with HIV negative/unknown status partners when compared to HIV+ partners.
- Sexual risk was driven by a need to preserve intimacy in relationships, power dynamics within the drug-sex economy, and lack of skills toward HIV disclosure.
- Almost all IDUs in this sample reported access to and utilization of HIV care, but many verbalized difficult barriers to consistent utilization and medication taking.
- Women were less likely than others to be taking HAART when indicated by self-reported Viral Load or CD4 cell count.
Developing Appropriate Strategies to Evaluate The Mpowerment Project at CBOs

Project Staff: Susan Kegeles, Greg Rebchook, Scott Tebbetts

Project Description: To gain a more comprehensive understanding of “real world” program evaluation, this project examined attitudes about evaluation, as well as evaluation methods from the perspectives of community based organizations (CBOs), funders, and evaluation professionals who provide technical assistance (TA).

Significance: As suggested by the CDC, many CBOs and health departments throughout the U.S. are beginning to implement HIV prevention programs with proven effectiveness. Numerous issues exist about moving programs from science into practice. One unresolved issue is how CBOs can meet the evaluation requirements established by their funders, since scientific evaluation methods used to establish an intervention’s effectiveness are beyond the capacity and funding levels of most CBOs. As scientists with funding from NIH, we have been able to conduct sophisticated and rigorous evaluation of the Mpowerment Project; however, the methods that we have used are complex, time-consuming, and expensive (e.g., lengthy randomized controlled trials with large, longitudinal samples). Indeed our evaluation procedures were much more costly than the intervention program itself. There is a lack of appropriate methods that CBOs can use to evaluate their implementation of the Mpowerment Project of any other community-level interventions. As increasing numbers of CBOs are expressing interest in implementing the Mpowerment Project, it is critical that we are able to offer them evaluation methods that are feasible within the context and resources of a CBO and user-friendly for CBOs of varying capacities, i.e., easy, inexpensive, not disruptive to the organization, can be used relatively quickly, and are acceptable to the staff.

Interesting Findings: We conducted semi-structured interviews with 22 CBOs, 13 funders and 8 TA providers. CBO interviews assessed the types of process and outcome measures CBOs use to evaluate community-level interventions. Funder interviews assessed preferences and requirements funders have regarding evaluation methodologies. TA provider interviews helped establish evaluation recommendations regarding feasible and effective evaluation strategies that CBOs can implement. A number of important themes emerged in this research: 1) CBOs, funders and TA providers misunderstand each others’ expectations and capacities and do not collaborate optimally; 2) For CBOs, evaluation is often seen as an irritating, bothersome task, imposed by outsiders, which results in fewer resources for the most important task of CBOs, that of providing services; 3) Larger, better funded CBOs, and those with staff with training or skills in evaluation however, recognize the benefits to their organizations of doing good evaluation; 4) TA providers should strive to increase CBOs’ capacity to conduct evaluations; 5) funders need to have realistic expectations of what can be done by CBOs, and to make these expectations clear to organizations they fund. Based on these results, we developed a LOGIC Model that CBOs can use to evaluate Mpowerment. This Model provides a basic overview of the Mpowerment project, and it suggests beginning, interim, and ongoing activities, as well as the outcomes of the activities and evaluation tools for CBOs to use.
Replicating the Mpowerment Project: Helping CBOs Put Prevention Science Into Practice

**Project Staff:** Susan Kegeles, Greg Rebchook, Scott Tebbetts; Brady Ralston; Ben Zovod

**Project Description:** Many community-based HIV prevention programs are responding to high levels of HIV risk taking behavior among young gay/bisexual men by implementing community-level interventions. Additionally, funders are now encouraging HIV prevention providers to implement programs with demonstrated effectiveness. The Mpowerment Project is one such intervention. In order to help local HIV prevention providers tailor the intervention to the unique needs of their own communities, we have collaborated with CBOs to develop a replication package including: 1) an *Overview Video*, a 22-minute video presenting an overview of the project’s philosophy, components and effectiveness, with testimonials by project participants; 2) a *Program Manual* providing background information and detailed guidance to implement each component of the Mpowerment Project; 3) an *M-group Facilitator Guide*, providing step-by-step instructions for running M-groups, and 4) a *Facilitator Training Video*, a 45-minute tape depicting a simulated M-group in action with narrator comments that highlight important tips in facilitating an M-group. Additionally, we collaborated with a California CBO to study the effectiveness of the replication package as they implemented the Mpowerment Project. We also are collaborating with the California STD/HIV Prevention Training Center to provide a comprehensive training program on the Mpowerment Project. We are seeking funding to finalize our package so that it is more user-friendly, including putting it on the web in such a way that it is easily downloaded by CBOs. We are also seeking funding to widely disseminate our replication package, expand our training efforts, and provide on-going technical assistance and capacity building for CBOs wishing to implement the Mpowerment Project.

**Significance:** Substantial research effort has gone into developing and evaluating HIV prevention interventions that are based on current theories of behavior change, utilize rigorous research designs, and focus on groups at high risk for HIV. However, despite the progress that we and other scientists have made in developing HIV prevention programs that are scientifically proven to be effective, critical questions remain regarding how such research can be put into practice by community-based HIV prevention providers. This replication project hopes to answer many of these questions.

**Interesting Findings:** 1) *The Mpowerment Project can be successfully replicated in a variety of diverse communities.* Projects from all across the U.S. are now implementing the Mpowerment Project with great success. Many of these programs have received assistance from CAPS to develop their interventions, and have received local or national funding for the Mpowerment Project. 2) *The Replication Package helps CBOs plan, tailor/adapt, and implement the Mpowerment Project in their communities.* Currently, we have distributed over 100 replication packages to HIV prevention providers both nationally and internationally. We have draft versions of our training manual and small groups facilitators guide posted on-line (hard copies are also available). 3) *Training on the Mpowerment Project is available and beneficial.* We have developed a comprehensive 3-day training for community-based HIV prevention providers who want to learn more about the Mpowerment Model. Several agencies who have participated in the training have subsequently written successful grants to implement the project in their communities. 4) *The Mpowerment Project developers are available to provide technical assistance to community-based HIV prevention providers.* We have provided limited technical assistance on-site, over the telephone, via e-mail, and through a web-based e-group which provides an e-forum for those interested in Mpowerment to exchange thoughts, and ideas.
A Qualitative Study Of Cybersex And MSM’s HIV Risk Behavior

Project Staff: Greg Rebchook, Susan Kegeles, Alberto Curotto

Project Description: We are conducting semi-structured, on-line interviews and focus groups with 164 Internet-using MSM to: a) explore the role of the Internet in MSM’s sexual lives by describing how and why they use the Internet for sexual purposes (e.g., engaging in on-line sexually-oriented conversations, using the Internet to meet sexual partners, viewing sexually explicit Web sites); b) determine the characteristics of MSM who use the Internet for sexual purposes; and c) examine how MSM’s attitudes and HIV risk behaviors are influenced by these on-line activities. Additionally, we will collect pilot data to assess the feasibility of using an Internet-based intervention to prevent HIV transmission.

Significance: Alarming numbers of MSM continue to engage in unprotected anal intercourse, putting themselves and others at significant risk for HIV infection or reinfection. MSM account for over one-quarter of all new HIV infections in the U.S. and more AIDS cases than any other group. Unprotected anal intercourse with serodiscordant or unknown partners remains common among MSM, and rates of HIV risk behavior are increasing. Also of concern is evidence that drug-resistant strains of HIV are being sexually transmitted from man to man.

From many reports, the Internet now supplements the role of bars, bath-houses, and sex clubs in the gay community by providing opportunities for MSM to socialize on-line. MSM can access gay-oriented websites for a wide variety of topics including: resources, education, health issues, pornography, etc. Some of these sites eroticize unprotected sex. Gay chat rooms provide opportunities for real-time communication in groups. These rooms are organized primarily by location or by special interest. Internet-using MSM can read personal profiles of each chat room participant to identify potential friends, sex partners, lovers, or partners for other relationships. Some of these chat rooms are also devoted to unprotected sex. Instant messaging and private chats provide opportunities for individual conversations that may result in the development and maintenance of relationships, “cyber-sex” (sexually explicit chat), and/or immediate or future in-person meetings. On-line personal ads can also be used to arrange in-person meetings.

Clearly, the Internet has created new opportunities for MSM to engage in a wide variety of sexual behaviors. An Internet study of 129 gay HIV-positive men in the San Francisco Bay Area who used AOL chat rooms found that 95% identified the Internet as their primary and preferred method of finding sexual partners. They routinely disclosed their HIV status to their partners, and they reported a variety of risk behaviors including high rates of using illicit drugs and nitrates during sex. In August 1999, at least eight male subscribers to AOL, all of whom reported multiple sex partners in the past two months, contracted syphilis from sex partners they met through gay-oriented, San Francisco Internet chat rooms, and three of the men also reported testing HIV-positive. This incident raises numerous questions about the role of cybersex in emerging patterns of HIV risk behavior, including "barebacking." However, little is known about how the widespread use of this technology may be affecting MSM's sexual behavior.

Interesting Findings: Since the project was only recently funded no data have been collected yet. Data collection is not scheduled to start until 3/01.
Risk Behavior

Exploring the Cultural and Social Context of HIV Risk Among Filipinos in San Francisco

**Project Staff:** Don Operario (PI), Victor Hall, Executive Director, Filipino Task Force on AIDS (consultant)

**Project Description:** Filipinos living in the U.S. constitute the largest number of reported AIDS cases among all Asian and Pacific Islanders (APIs). Unique social, psychological, and cultural factors potentially underlie the concentration of AIDS cases among Filipinos in the U.S. relative to other API groups. For example, stigmas and attitudes surrounding ethnicity, acculturation, sexuality, and gender roles can influence HIV-risk behaviors among Filipinos. Investigation of these factors is vital for the development of theory and interventions that target this growing population.

This proposal describes a pilot study aiming to:

- Examine culturally-embedded stigmas and attitudes related to HIV-risk behavior among Filipinos in San Francisco.
- Identify social and psychological factors that can be targeted in future research and in interventions, particularly factors that either amplify or diminish risk for HIV infection among members of target population.

The study will be conducted in collaboration with the Filipino Task Force on AIDS (FTFA), a community-based organization that has been providing services to the San Francisco community since 1988.

**Significance:** The Filipino population in the US remains an overlooked and understudied group, despite recent trends indicating large growth in size. Filipinos tend to be aggregated within the API umbrella, thereby masking unique social, cultural, historical forces that influence Filipino health. The significant rate of HIV within the Filipino community, particularly in comparison with other API groups, suggests increased research must address social and behavioral factors that render this group vulnerable to HIV. Prevention efforts must begin immediately in order to curb further spread of HIV within this growing population.

In collaboration with the Filipino Task Force on AIDS, we are conducting in-depth focus groups with 3 Filipino sub-populations: Men who have sex with men, recent immigrants, and youth. We will convene a total of 6 focus groups (2 per sub-population).

**Interesting Findings:** Data collection is currently in progress. Preliminary findings suggest that sexuality, sexual behavior, and HIV are extremely stigmatized issues within the larger Filipino community. HIV knowledge among recent immigrants and non-MSM youth is fairly low. Many participants state that the Filipino community considers itself relatively insulated from HIV. Families tend not to discuss issues surrounding sexuality, and Catholicism underlies some of this tension. Participants stated that stereotypes about and prejudice toward Filipinos abounds in the larger San Francisco community, particularly regarding some men’s attitudes toward (and preferences for) Filipino gay men and women. Because of cultural and historical forces, many Filipinos fulfill their groups’ stereotype (e.g., gender and sexual roles) in the context of interracial relationships.

Strategies for new HIV prevention interventions are being discussed based on findings.
HIV Risk Behaviors Among Japanese Nationals
Temporarily Staying in Thailand

Project Staff: Tooru Nemoto, Fumihiko Yokota

Project Description: This study, funded by the Japanese Foundation for AIDS Prevention, investigates HIV-related drug use and sexual behaviors among Japanese tourists in the Khaosan road area in Bangkok, Thailand. 151 subjects participated in the survey conducted by stratified sampling method.

Significance: Approximately one million Japanese (982,116) visited Thailand in 2000 which was nearly a two-fold increase from that of 1991 (559,501). The number of Japanese tourists visiting Thailand is increasing each year; 1.0% in 1998, 7.7% in 1999, and 11.4% in 2000. Based on the surveillance reports on HIV sero-prevalence in Japan during 1995 through 1999, it was estimated that 23% of the heterosexual male cases, 14% of the female heterosexual cases, and 5% of the male homosexual cases were infected with HIV in foreign countries. The countries where these Japanese were infected with HIV were not reported. However, it is likely that the majority of these heterosexual male cases were infected in South-East Asian countries, because many recent Japanese heterosexual cases were identified HIV sub-type E which was very common among HIV positive women from South-East Asian countries.

Interesting Findings: About two thirds of the study participants had used illicit drugs including marijuana, hallucinogens, ecstasy, and amphetamines, in Thailand, Japan, and other countries. A number of the participants reported current use of illicit drugs, particularly marijuana. The participants had engaged in unprotected sexual behaviors; that is, less than 100% condom use with casual partners and commercial sex workers and sex under the influence of alcohol and drugs. The participants tended to practice safer sex in Thailand than in Japan. However, in term of vaginal sex, 12.5% had never used condoms with casual partners and 11.8% had not always used condoms with sex workers in Thailand. The majority of participants had engaged in sex with casual partners and sex workers under the influence of alcohol. Those who engage in unprotected sex in Japan (sex without condom) are more likely to engage in the same behaviors in Thailand, and vise-versa. Drug abuse and HIV/AIDS prevention programs targeting Japanese youths should be established in Thailand.
HIV Risk Behaviors Among MTF Transgenders of Color

Project Staff: Tooru Nemoto (Principal Investigator), JoAnne G. Keatley (Project Director), Don Operario (Research Associate), Toho Soma (Research Assistant), Melenie Elenke (Project Assistant), Christine M. Soriano (Project Assistant), Pedro Arista (Project Assistant), Claudia Adao (Health Educator/Outreach Worker), Anna Fernandez (Health Educator/Outreach Worker), Breonna McCree (Health Educator/Outreach Worker)

Project Description:
Investigates the determinants of drug and hormone use and HIV risk and protective behaviors among male-to-female transgenders of color, including African American, Asian and Pacific Islander (API), and Latina transgenders who have engaged in commercial sex work in San Francisco.

Significance: This study will provide a systematic description of drug and hormone use and HIV risk and protective behaviors of transgenders of color where risk and urgent needs for interventions are evident, but research has thus far been limited.

Preliminary Findings based on Focus Groups
• Mental health issues were the most recurring themes across all ethnic groups, and these issues influenced risky behaviors such as commercial sex work and drug use.
• Commercial sex work and drug use usually starts during adolescence or early adulthood, so interventions should particularly target transgender youth.
• Unprotected sex was more common with primary partners than with clients; however, clients will pay more to not use condoms during sex.
• Existing drug treatment and harm reduction programs are inadequate for the needs of transgender clients; some programs discriminate against transgender clients.
• Roughly half of the participants reported having supportive parents and family, and family support was associated with more self-esteem.
• Many participants found support from older transgender mentors who assisted their gender development process, so a mentorship program could benefit transgender youth.
• Clinics distribute hormone pills but not shots; however, transgenders prefer hormone shots because they find the physical effects more satisfying.
• Because existing transgender resources are inadequate, transgenders need to help themselves by helping each other. The transgender community, in collaboration with CBOs, need to consistently demand for better resources and funding for transgender programs.

Preliminary Findings based on Survey Questionnaire
• Distressing HIV rates pervaded the MTF transgender community. Overall, 26% of the sample reported being HIV positive, with 42% among African Americans, 23% among Latinas, and 13% among APIs.
• Other serious health risks impact the transgender community, including high rates of Tuberculosis, Hepatitis C, and various sexually transmitted diseases.
• Systems of social oppression contribute to health risks, such as racism, transphobia, economic hardship, lack of access to health care, and lack of socioeconomic resources.
• Health care systems must address high levels of substance abuse throughout the community.
• Psychological service providers must address unmet mental health needs in the transgender community.
Methamphetamine Dependence and the Risk of HIV Infection

Project Staff: Gantt Galloway, David R. Gibson, Neil M. Flynn

Project Description: The project is following a cohort of methamphetamine users, half of whom are entering drug treatment. The objectives are to study the natural history of methamphetamine addiction in relation to HIV risk behavior and seroincidence and psychiatric co-morbidity. We are also conducting magnetic resonance imaging (MRI) and spectroscopy (MRS) to evaluate the effect of methamphetamine on brain structure and function, and testing to determine whether paranoid psychosis associated with methamphetamine use may have a genetic basis.

Significance: This project is one of the first in-depth studies of users of methamphetamine, a drug whose use in recent years has spread from California to many other parts of the country.
Risk Behavior

Project ÒRÉ
(ÒRÉ is a Yoruba [an African language] word meaning friends)

**Project Staff:** Peggy Dolcini, PI; Gary Harper, Joe Catania, Jon Ellen, Gail Bolan, Co-Investigators; Susan Watson, Field Director

**Project Description:** Project ÒRÉ, also known as the Neighborhood Adolescent Crowd Study, is a longitudinal study of social networks and sexual behavior among African American adolescents in and around the Bayview Hunters Point neighborhood. The study focuses on the stability of cliques, interaction patterns, sexual and drug using behavior, and rates of chlamydia and gonorrhea. Cliques are important and understudied source of behavioral influence, and this study will provide information to assist in the development of future social group based interventions.

To date, 201 eligible youth and their clique-mates were followed for 12 months (80% follow-up rate). The majority of interviews have been conducted at the project field office in Bayview Hunters Point.

An additional goal of this project is the development of a culturally relevant and theory-based intervention that could be delivered in the context of the friendship group. We have developed an HIV/STD half-day intervention that is based on the AIDS Risk Reduction Model (ARRM). This intervention is currently being pilot tested.

**Significance:** African American adolescents living in inner cities are vulnerable to the threat of HIV due to the higher prevalence of STDs/HIV in their communities. In San Francisco, adolescents in Bayview Hunters Point district have the highest rates of STD infection. Existing adolescent prevention programs focus on changing peer norms (and thus behavior), but little attention is given to the myriad of subgroups that exist in the adolescent population. Interventions are delivered to a group of adolescents as a whole, failing to utilize naturally occurring social groups as a vehicle for program implementation. Additionally, there is minimal research on structure, stability, or characteristics of adolescent cliques, which this study addresses.

**Interesting Findings:** We have found that African American adolescents living in the study community have longstanding friendships with same gender friends. Their friendship groups are stable and many intimacies are shared within the group. Youth discuss dating and sexual issues with their close friends, which highlights the fact that friendship groups may provide a good vehicle for sexually related interventions. Strong gender differences emerge in how youth talk about dating and sex and these differences have implications for intervention as well. Network analyses have shown that group centrality is related to whether or not youth are sexually active.

Youth in our sample engage in behaviors or are in circumstances that put them at risk for HIV/STD transmission. Eighty-six percent of our sample were sexually active at baseline, 56% have had more than one partner in the past year, and nearly 20% have been pregnant or impregnated someone. Although alcohol use with sex is not especially common, about 40% of youth report use of marijuana before sex. The majority of youth consider their most recent partner to be their main partner. Sixteen percent report that this partner has sex with someone besides them, five percent report this partner has a history of an STD, and 32% indicate that this partner has been in jail or juvenile hall. Sixty percent of youth report always using condoms with their most recent partner.
Qualitative Evaluation Project (QEP)

Project Staff: G. Michael Crosby, Nicolas M. Sheon

Project Description: This project aimed to understand the context of risk behavior among MSM engaging in unprotected anal sex in San Francisco. A convenience sample of 150 MSM was recruited between January and December 2000. Sampling attempted to match the characteristics of the target populations and participants of two community-level HIV interventions that were developed through a research collaboration between the San Francisco AIDS Foundation and researchers at the University of California San Francisco Center for AIDS Prevention Studies. First, Black Brothers Esteem (BBE) targets low income, disenfranchised African American MSM in San Francisco’s Tenderloin District. Second, Gay Life targets largely middle-class self-identified gay and bisexual men who tend to reside or socialize in the Castro and South of Market Districts. Sampling also included a proportion of men who participated in both programs as well as those who did not. Additional criteria included men between the ages of 18-55 who engaged in unprotected anal intercourse with another man within the last six months. The men participated in in-depth interviews that elicited a narrative of a recent UAI as well as the participant’s experience of the epidemic and life in San Francisco.

Significance: This project hopes to shed light on recent increases in sexual risk taking among MSM in San Francisco. The qualitative and narrative approach of the interview helps place individual risk and serodisclosure practices in a local cultural, historical and social context.

Interesting Findings: The interviews suggested that HIV-negative MSM’s sense of isolation from a “community” combines with treatment optimism to produce fatalism about seroconversion. Fearing rejection by HIV-positive partners who refuse to use condoms, HIV-negative men see little advantage in disclosing to casual partners. When they did disclose their HIV-negative status, partners frequently failed to reciprocate and expressed hostility or apathy about condom use. HIV-negative men also expressed guilt or embarrassment about their status, viewing themselves as outsiders to the gay community in San Francisco that was perceived as overwhelmingly HIV-positive. By contrast, many HIV-positive men appeared eager to disclose their positive status as a strategy to release themselves from responsibility for transmission and facilitate “bareback” or unprotected sex. In justifying their risky sexual practices, MSM cited a community-wide shift toward non-disclosure and barebacking since the advent of Highly Active Anti-Retroviral Therapy (HAART). Disavowal of individual responsibility for safer sex in deference to perceived community norms contributes to a spiraling of risk behavior and HIV incidence.
The Couple’s Study

**Project Staff:** Colleen Hoff, Byron Mason

**Project Description:** The Couple’s study is a formative study to identify important relationship dynamics that may be related to risk with primary and non-primary partners. We will conduct a series of in-depth interviews to explore how couples (n=30) relate to each other within several domains.

The specific aims of the study are to:

1. Describe the relationship dynamics associated with sexual risk among gay male couples. Specific domains of inquiry include: intimacy, communication, perception of risk, and agreements about sex outside the relationship.
2. Explore the role that serostatus concordance versus discordance has on relationship dynamics of gay male couples.

**Significance:** A qualitative study is needed to contextualize the existing behavioral literature linking sexual risk with serostatus of the couple. Identified variables found to be associated with sexual risk among couples will be contextualized and elaborated upon. In order to tailor interventions to couples, we need a deeper understanding of the relationship factors they face. This study will make both theoretical and practical contributions to HIV prevention among gay couples. Unlike many studies it will include both partners of the couple and explore the influence serostatus has on relationship dynamics as well as sexual risk. Data will be used to inform prevention programs and provide a foundation for targeted intervention. These data will also be clinically useful for mental health practitioners who routinely see gay male couples in counseling settings. Finally, these data will synthesize various relationship dynamics and domains which will be used as a basis for measure development and risk model development in a future grant proposal.
Determinants of Smoking Among Gay and Lesbian Youth

Project Staff: Jay Paul (PI), Diane Binson, John Servilio, Sonja MacKenzie, Mazdak Mazarei

Project Description: This qualitative study is examining the factors that lead to high rates of cigarette smoking among gay, lesbian, and bisexual youth. There are two stages to this research project. The first stage involved conducting a series of focus groups with gay-, lesbian-, and bisexually-identified 18- to 23-year old smokers in Los Angeles and San Francisco. We held a total of 11 focus groups with 92 participants. Focus group demographics: 47 male, 45 female; 22 White, 25 African American, 23 Latino, and 22 Asian/Pacific Islander. Respondents talked about their smoking history, factors that led to initiation of tobacco use (e.g., life experiences concurrent to the onset of cigarette use; functions of smoking behavior) and current factors that influence smoking (e.g., social norms, social/environmental contexts, activities, and social groups with whom they smoke; the meanings given to smoking behavior; perceived health risks; attitudes with respect to smokers vs. non-smokers). From this process, we are exploring what, if any, gay-specific variables may influence the initiation of smoking or maintain smoking behaviors. The focus group data provided a framework for further exploration of evolving themes and concepts in the current second stage of this study, which will involve in-depth individual interviews of 48 smoking and 24 non-smoking gay/lesbian/bisexual 18- to 23-year olds in San Francisco. By getting individual life histories, both of LGB smokers and LGB non-smokers, we hope to confirm and extend some of the project’s emerging findings about what influences are most significant to a smoking career in this population. A theoretical sampling frame continues to guide this recruitment process to ensure diversity of respondents.

Significance: After years of steady declines in rates of use, cigarette smoking may be on the rise among adolescents and young adults. Prior work has demonstrated that tobacco use is more prevalent among gay and bisexual men than among the general population. Other research findings suggest that this is also true for lesbians and bisexual women, in comparison to their general population counterparts. Our prior research has also suggested that these higher rates of smoking are potentially determined by some gay-specific factors. However, we have little information on the determinants of smoking behavior and the specific appeal of cigarettes for gay youth. This hampers our ability to design effective and appropriate prevention campaigns or smoking cessation programs for this population. The results of this study will be used to inform interventions that target gay and lesbian youth to a) reduce the numbers of such youth who initiate smoking, b) address the contexts in which those who have initiated smoking may progress to regular smoking (and addiction), and c) provide appropriate smoking cessation programs.

Interesting Findings: We are just starting to examine the focus group data (having completed 6 of 12 planned groups), and thus cannot provide any clear findings to date. Early initial readings of the responses so far suggest that cigarettes may have a powerful attraction to LGB youth on a number of fronts, including the following: first, as a means of bonding with others (both those who may be also be gay, and those who are simply seen as "nonconformist"), which has a powerful impact on adolescents dealing with a sense of difference and awkwardness due to their sexual orientation; second, as an easy and swift means of manipulating the image they project to others (in some cases, this relates to gender conformity) among youth who are terribly self-conscious of their sense of self as related to their sexual orientation; third, as a means of experimenting with/reconstructing their self-identity, which is interwoven with their exploration of their sexual orientation. In addition, cigarettes are seen as a means of coping with a range of stressors, including coming out and anti-gay stigmatization and violence.
Using Tobacco Industry Marketing Strategies to Improve Tobacco Control Campaigns for Young Adults

Project Staff: Pamela Ling and Stanton Glantz

Project Description: Previously secret tobacco industry marketing documents have been made available to the public on the internet through various sources. This project searches internet document archives and analyzes tobacco industry marketing documents to identify marketing strategies used to sell cigarettes to young adults (age 18-24). We apply these marketing principles and other information the tobacco industry knows about reaching young adult populations to public health interventions in tobacco control. A secondary goal of the project is to apply these principles to HIV prevention, substance use, and other preventive health behaviors relevant to young adults.

Significance: Young adults are an important marketing target for the tobacco industry. Many adult behavior patterns are established at this time. Information in tobacco marketing studies of young adults can improve public health practitioners’ understanding of young adult motivations, and how to reach them. These sophisticated studies are a previously untapped potential resource to help guide public health interventions.

Interesting Findings: Unlike public health smoking programs, which focus almost entirely on youth prevention, tobacco marketing efforts target all ages, especially young adults. Public health studies often target demographic groups or constituencies. In contrast, tobacco marketing research focuses on young adults’ activities, social groups, psychological profiles, ideals, and beliefs.
Index

Adherence ................................................. 19, 40
Adolescents/Youth ... 10, 11, 16, 17, 28, 33, 48, 52
African American ..................... 48, 49
Antiretroviral Therapy ..................... 5
Asian/Pacific Islander .......... 17, 32, 44, 45
Basic Science/Clinical .......... 4, 5, 6
Community Building ......................... 37
Condoms .................................................. 27
Counseling ........................................ 25, 34, 39
Couples ................................................. 3, 50
Drug resistance ......................... 10
Drug Treatment .................. 47
Epidemiology .................. 3, 4, 6, 7, 8, 9, 10, 11
Evaluation .......................... 13, 14, 17
Female Condom ......................... 30
Healthcare Worker ...................... 20, 23
Hepatitis ........................................... 7, 11, 35
Heterosexual .............................. 35
HIV+ ........................................... 5, 9, 17, 20, 24, 36, 39, 40
Homeless ........................................ 10
IDUs ........................................... 8, 10, 11, 19, 31, 38, 40, 47
Improving Health Care .................. 19, 20
International ....................... 16, 22, 45
Internet ........................................... 22, 43
Latino ........................................... 33
Lesbian ........................................... 51
Media ........................................... 52
Mental Health ......................... 38
MSM 9, 13, 17, 25, 36, 37, 41, 42, 43, 49, 50, 51
Needle Exchange ......................... 31
Oral transmission ...................... 9
Parents ........................................... 33
People of Color ........... 13, 14, 18, 29, 38, 46
PEP ........................................... 34
Policy ............... 15, 18, 21, 22, 23, 24, 26, 52
Primary Prevention  . 5, 6, 13, 17, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42
Prison ........................................... 7, 35
Program Delivery Research ........ 41, 42
Risk Behavior 29, 32, 43, 44, 45, 46, 47, 48, 49, 50, 52
School ........................................... 28
Serodiscordance ....................... 3
Sex Education ......................... 21
Sex Work .................................... 29, 32, 46
Social Marketing ...................... 52
STDs ........................................... 8, 23, 26, 27, 35, 36, 38, 48
Substance Use ......................... 8, 19, 29, 32, 45, 46, 47
Superinfection ......................... 4
Superinfection ......................... 3
Systematic reviews ................. 15
Technical Assistance .................. 13, 14, 42
Tobacco ........................................... 51, 52
Transgender ......................... 29, 38, 46
Trials .................. 18, 19, 25, 30, 36, 40
Vaccine .................. 6, 11
Women ........................................... 16, 30, 33
Young Adults ......................... 35, 37, 41, 42, 51