Success at Achieving Client-Generated Risk-Reduction Plans Following HIV Counseling: Findings from the RESPECT-2 Study

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Purpose

- The 3-month Audio-CASI interview includes questions, customized for each participant, assessing recall of the risk-reduction plan, success at achieving it, and barriers making it difficult to achieve
- This talk provides descriptive data about recall, success, and barriers, and compares responses for male and female participants

Construction of Risk-Reduction Plan Question

- At the 3-month visit, the participant's plan is entered into the ACASI program as response 2, with specific identifiers removed so that the choice is not obvious
- Two other plans are selected from a list of potential plans and entered as responses 1 and 3
- The two other plans that are chosen are not to be too similar to the correct plan, but must not be irrelevant to the participant's actual risk situation (e.g. plan about reducing alcohol use in sexual situations not used for participant who reports no alcohol use)

Sample Risk-Reduction Plan Question

- This is a list of risk reduction plans. If you recognize one of these plans as similar to your plan, please select it. If you do not recognize a plan, please select an answer that best describes your experience.
  - 1 Have fewer partners
  - 2 Use less alcohol when I have sex
  - 3 Use condoms more often
  - 4 None of these plans are familiar to me
  - 5 I do not remember my plan
  - 6 My counselor and I did not develop a risk reduction plan

Enrollment and 3-Month Follow-up

- 3293 enrolled
- 3-month follow-up data on 2369 (72%)
- Demographic description of those with follow-up data
  - Sex
    - 52% Male
  - Race/ethnicity
    - 49% African American
    - 23% White
    - 18% Latino
    - 10% Other

Comparison of Those Who Returned vs. Those Who Did Not

	% Return	*p*
Sex		
Male	69%	
Female	76%	<.001
Race/ethnicity		
African American	70%	
White	75%	
Latino	73%	
Other	75%	.03
Working 40+ hours/wk		
No	77%	
Yes	71%	.011

Mean age of those who returned was 25.9 years vs. 24.8 years for those who did not return (*p <.001)*

Results
Plan Identification, Effort, and Success

- 66% (n=1566) correctly identified the plan, 30% (n=702) identified a plan that was not theirs, 4% (n=101) said none of the plans were familiar or could not remember
- After reminding those who did not correctly identify their plan, 92% (n=2187) of total reported trying to do plan
- Self-reported success of the 2187 who tried
  - 15% (n=335) very unsuccessful
  - 16% (n=347) somewhat unsuccessful
  - 32% (n=700) somewhat successful
  - 37% (n=805) very successful

Results
Perception of Risk Reduction

- Of the 1505 who reported some success at plan, most reported that their efforts were likely to have reduced their HIV/STD risk
  - 58% (n=870) very likely (26% of total sample)
  - 25% (n=378) likely (12% of total sample)

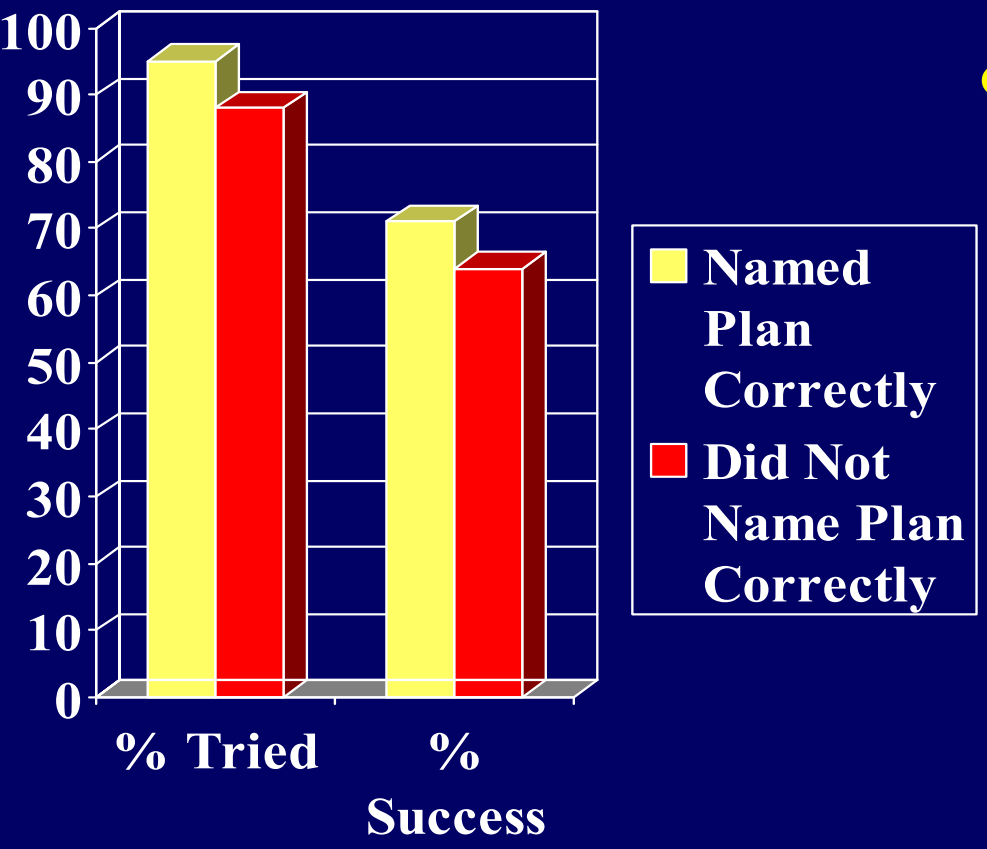
Results
Main Reason for Lack of Success

- Main reason given for not trying/not succeeding with plan (% of total N of 2369)
  - 3.3% (n=79) tried another plan
  - 2.5% (n=59) partner did not want to do it
  - 2.4% (n=57) too difficult
  - 2.4% (n=57) concerned about partner's reaction
  - 2.4% (n=55) forgot

Results
Barriers Making Plan Difficult

- Which things made doing the plan difficult? (Check all that apply; % of total N of 2369)
  - 12.2% I had concerns about my partner's reactions
  - 8.8% My partner was not cooperative or supportive
  - 7.6% It was uncomfortable for me
  - 6.5% It was hard to remember I had made the plan
  - 5.9% I needed to change the plan to make it work
  - 5.4% I needed someone to talk to about my plan
  - 3.1% I felt I needed more skills
  - 17.5% I had other barriers
  - 46.2% I did not have difficulty with the plan

Results
Success at plan by correct recall of plan

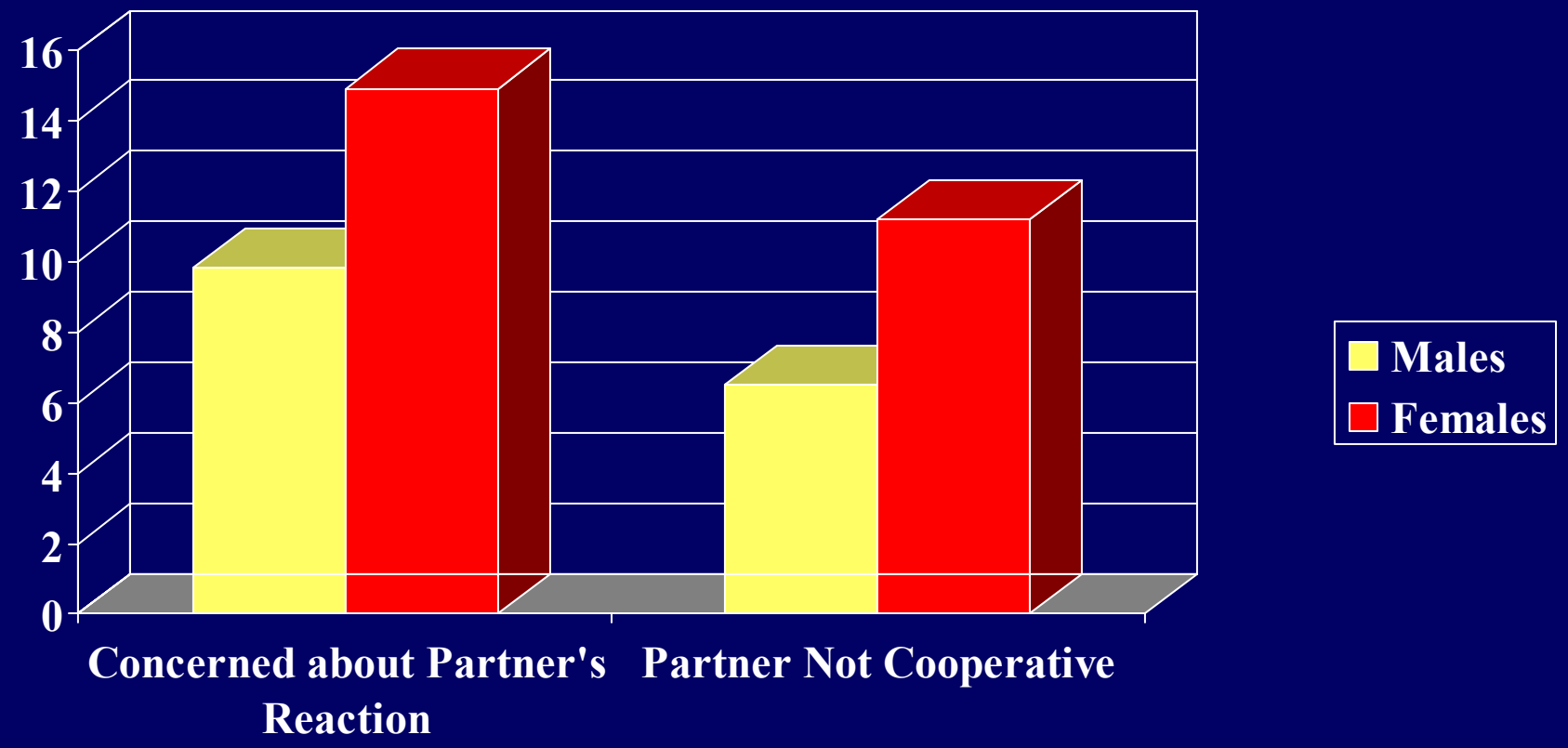


- As expected, a larger percentage of participants who correctly named their plan reported trying to do the plan and being successful at achieving the plan ($p<.001$). These participants also reported fewer barriers to achieving the plan

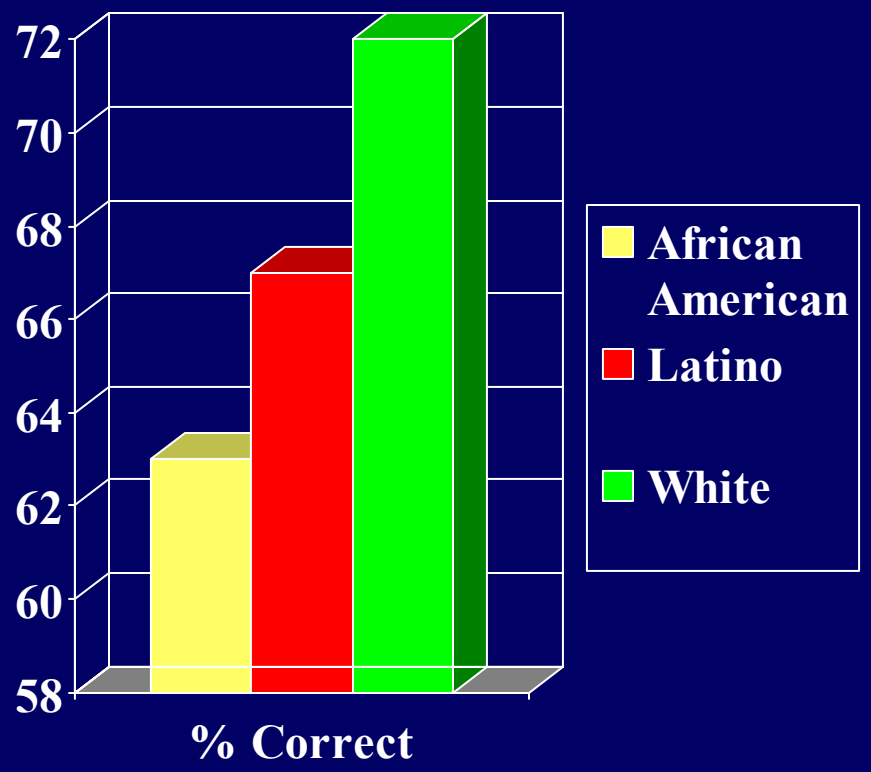
Results
Males Vs Females

- There were no differences between males and females in remembering the plan, trying to do the plan, or success in doing the plan.
- Females were significantly more likely to report that concerns about partner's reaction and lack of partner cooperation/support were barriers that made doing the plan difficult ($p<.001$)

Results
Males Vs Females



Results
Race/Ethnicity



- White participants (72%) were more likely to correctly identify their plan than were Latino (67%) or African American (63%) participants ($p<.001$). African Americans were somewhat less likely to think their plan reduced risk, but all groups were similar on all other measures.

Study Limitations and Suggestions for Further Analysis

- Data are based on self-report with a potentially large social desirability bias and potential correct guessing in plan identification
- Analysis by treatment condition (study arm) must await unblinding of assignment
- Additional comparisons of interest include diagnosis at baseline (STD vs. no STD), behavior at baseline (number of partners, how often unprotected intercourse, etc), and type of plan selected (e.g. use condoms vs. talk with partner)

Conclusions

- A majority of participants correctly identified their risk-reduction plan, most reported success at achieving it, and most felt that their efforts had reduced their risk
- One-third of participants could not identify their plan, however
- Concern about partner's reaction or real lack of support/cooperation from partner(s) were the most commonly cited barriers to achieving the plan, especially for females.
- Additional efforts should be focused on dealing with real or perceived partner resistance and tips for helping clients to remember their plan

RESPECT-2 Study Group

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The RESPECT-2 Study Group

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http://www.cdc.gov/hiv/projects/respect-2/