

PROJECT NGAGE

Evidence-Based for Retention in Care
Good Evidence for Medication Adherence

INTERVENTION DESCRIPTION

Goal of Intervention

- Improve retention in HIV care
- Improve antiretroviral (ART) adherence
- Improve viral load suppression

Target Population

- Young black men who have sex with men (YBMSM)

Brief Description

Project nGage is a social network support intervention designed to improve retention in care and antiretroviral (ART) adherence among young black men who have sex with men (YBMSM) who have been successfully linked to care. This client-centered, 90-minute session consists of individual and dyadic components between an index young man and a support confidant (SC) who is identified by the index participant. In the first 20 minutes of the session, the social work interventionist (SWI) discusses the importance of HIV care and social support with the SC-index dyad. The next component consists of a 40-minute one-on-one discussion between the SWI and the SC on identifying and finding solutions to overcome barriers to providing social support to the index participant. For the final 20 minutes of the session, the SWI and the SC-index dyad create a tailored “care and support plan” that identifies the barriers to retention in care and ART adherence for YBMSM while also identifying the best solutions for each barrier. Following the completion of the 90-minute session, the SWI delivers four telephone boosters to the index participant at 2, 5, 8, and 11 months post-baseline. The booster sessions focus on the implementation of the care and support plan, as well as the emotional quality of the SC and index relationship.

Theoretical Basis

- Information-motivation-behavioral skills theory
- Motivational Interviewing (MI) strategies
- Cognitive behavioral therapy (CBT) strategies

Intervention Duration

- One 90-minute session and four telephone booster sessions conducted at 2, 5, 8, and 11 months post baseline

Intervention Settings

- Federally qualified health centers (FQHCs)
- Telephone

Deliverer

- Social work interventionist

Delivery Methods

- Goal setting/plan
- Problem-solving

Structural Components

There are no structural components reported for this study.

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact **Alida Bouris**, School of Social Service Administration and Chicago Center for HIV Elimination, University of Chicago, Chicago, IL 60637; and **John Schneider**, Departments of Internal Medicine and Public Health Sciences and Chicago Center for HIV Elimination, University of Chicago, Chicago, IL 60637.

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EVALUATION STUDY AND RESULTS

Study Location

The original evaluation was conducted in Chicago, Illinois between 2012 and 2015.

Key Intervention Effects

- Increased retention in HIV care
- Improved ART adherence

Recruitment Settings

Federally qualified health centers (FQHCs)

Eligibility Criteria

Patients were eligible if they were HIV positive for more than 3 months, identified as black, were defined male at birth, and between the ages of 16 and 29 years old. Patients were also eligible if they engaged in anal or oral sex with a cisgender male in the past two years, owned a cell phone, and had one person in their social network who was aware of their HIV status. Young black gay, bisexual, and other men who have sex with men were excluded from the study if they were unable to provide consent or were planning on moving out of the study area within the next 12 months.

Study Sample

The baseline study sample of 98 YBMSM is characterized by the following:

- *Mean age of 23.8 years*

Assignment Method

Participants (N = 98) were randomized to 1 of 2 study arms: Project nGage (n = 45) or a treatment as usual (TAU) comparison (n = 53).

Comparison

The treatment as usual (TAU) arm consisted of standard HIV primary care that is conducted within each clinical site.

Relevant Outcomes Measured

- Self-reported ART medication adherence was measured at 3 and 12 months post-completion of the intervention using a visual analog scale to rate adherence for each medication taken in the last 30 days on a scale of 0 – 100%. The study used 90% adherence as the cut-off for optimal adherence.
- Retention in care was defined as having at least three HIV primary care visits within the past 12 months.
- Viral load was measured as 12 months post-completion of the intervention and was defined as viral suppression at ≤ 500 copies per mL

Participant Retention

Because participant retention is not a criterion for the Linkage to, Retention in and Re-engagement in HIV Care chapter, the Prevention Research Synthesis project does not evaluate that information.

Significant Findings on Relevant Outcomes

- A significantly greater proportion of Project nGage participants had at least three HIV primary care visits in the previous 12 months than TAU participants (OR = 3.01, 95% CI: 1.05-8.69, $p = 0.04$).

Considerations

- The study meets good-evidence criteria for the Medication Adherence Chapter, as a significantly greater proportion of Project nGage participants self-reported $\geq 90\%$ medication adherence (OR=2.91, 95% CI: 1.10 – 7.71; $p = 0.03$) than TAU participants. However, there were no significant intervention effects on viral load ($p = 0.23$).

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REFERENCES AND CONTACT INFORMATION

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