

# INSIGHTS

## Good Evidence – Risk Reduction

### INTERVENTION DESCRIPTION

#### Target Population

- Heterosexually active, non-monogamous, young women

#### Goals of Intervention

- Increase condom use

#### Brief Description

*Insights* is an individually-tailored minimal self-help intervention that consists of two prevention packets mailed to participants three months apart. The information in the packets is tailored to the individual based on a baseline risk assessment. The first packet includes a tailored 12-page self-help magazine-style booklet, called *Insights*, male and female condoms, a condom carrying case, and instructions on how to use condoms. The magazine-style booklet includes non-tailored and tailored elements. The tailored elements are pulled from a “library” of all possible prevention messages to coordinate with responses from the baseline risk assessment survey. The tailored messages are developed utilizing the stages of readiness to use condoms, beliefs and norms about condom use, intentions and efficacy to use condoms, perceived barriers/facilitators to use condoms, and perceived risk. Messages are also tailored based on the following participant characteristics: type of sex partner, ethnicity, binge drinking, STD history, number of sex partners, oral contraceptive use, and whether or not the participant had children. The booklet contains 11 sections – 4 generic sections and 7 sections with varying degrees of tailoring, including an advice column and testimonial stories. Three months later, the participants are mailed a follow-up tailored feedback newsletter, called *Extra Insights*. *Extra Insights* focuses on reinforcing messages, removing barriers, and enhancing facilitators to condom use and contains some information tailored to the 3-month telephone survey responses.

#### Theoretical Basis

- Transtheoretical Model of Behavioral Change
- AIDS Risk Reduction Model
- Theory of Reasoned Action

#### Intervention Duration

- Risk assessment followed by two rounds of materials mailed approximately 3 months apart

#### Intervention Setting

- Residential

#### Deliverer

- Materials delivered by mail

#### Delivery Methods

- Printed materials
- Supplies (condoms)

### INTERVENTION PACKAGE INFORMATION

Information, tools and materials on the *Insights* intervention are online at [www.effectiveinterventions.org](http://www.effectiveinterventions.org). In August 2013, the Centers for Disease Control and Prevention's Division of HIV/AIDS Prevention (DHAP) **announced** that in accordance with its High Impact Prevention approach, DHAP will focus its behavioral intervention portfolio on interventions that are cost-effective, scalable and prioritize prevention for persons living with HIV and those persons at highest risk for acquiring HIV. *Insights* **will no longer be funded by DHAP** for diffusion, adoption, and implementation, but the online resources continue to be available.

### EVALUATION STUDY AND RESULTS

The original evaluation was conducted in two managed care settings in Washington State and North Carolina between 1999 and 2000.

#### Key Intervention Effect

- Increased condom use

#### Study Sample

The baseline study sample of 1,210 women is characterized by the following:

- 69% white, 19% black or African American, 12% other
- 100% female
- 100% heterosexual
- Mean age of 21 years; 48% 18-20 years, 52% 21-25 years
- 70% completed high school education or more

#### Recruitment Settings

Two United States managed health care systems

#### Eligibility Criteria

Heterosexual women were eligible if they were between 18 and 24 years old, had a clinic visit to either health care system within the prior 6 months, were unmarried, had sex with a male partner in the prior 6 months, were not pregnant, and were not in a monogamous relationship for more than 12 months.

### Assignment Method

Women (N = 1,210) were randomly assigned to 1 of 2 groups: Self-help *Insights* (n = 596) or comparison (n = 614).

### Comparison Group

The comparison group received care as usual for each managed health care site.

### Relevant Outcomes Measured and Follow-up Time

- Sex behaviors during past 3 months (including condom use with any, primary, or non-primary partner, percent of condom-protected sex acts, and consistent condom use) were measured at baseline and 3 and 6 months after randomization.
- Self-reported STD diagnosis during past 3 months was measured at baseline and 6 months after randomization.
- Because the Extra Insights newsletter was given to participants on average 21 days after the 3-month assessment, the 6-month assessment is equivalent to a 2-month post-intervention follow-up.

### Participant Retention

- Self-Help Intervention
  - 91% retained after 1<sup>st</sup> round of materials
  - 88% retained at 2 months after complete intervention
- Usual Care
  - 87% retained after 1st round of materials
  - 85% retained at 2 months after complete intervention

### Significant Findings

- At 2 months after intervention, sexually active participants in the intervention group were significantly more likely to use condoms during sex with any partner ( $p = .0005$ ) and with a primary partner ( $p = .0003$ ) than those in the comparison group. These findings were also demonstrated over the two assessment time points ( $p = .0005$  and  $p = .0001$ , respectively).
- At 2 months after intervention, sexually active participants in the intervention group had a significantly greater percent of condom-protected sex with any partner ( $p = .05$ ) than those in comparison group.

### Considerations

- This intervention fails to meet the best-evidence criteria due to a short follow-up time.
- At 2 months after intervention, there were no differences in self-reported STD diagnoses among those sexually active in the prior 3 months between groups ( $p = .93$ ). Detecting effects on STD diagnoses, however, was not a primary goal of the study.
- Sexually active participants who received the intervention in North Carolina were significantly more likely to report consistent condom use with all partners ( $p = .002$ ) and reported a significantly greater percent of condom-protected sex with any partner ( $p = .001$ ) than participants in the comparison group, at 2 months after the intervention.
- The intervention had a significantly positive effect on other non-relevant outcomes at 2 months after the intervention. Intervention participants were more likely to report carrying condoms in the prior 3 months ( $p$

- < .0001), more likely to report discussing condom use with a male partner in the prior 3 months ( $p < .01$ ), and had greater self-efficacy to use condoms ( $p = .03$ ) than control participants.
- Almost all intervention participants (96%) recalled receiving one or both of the tailored self-help packets; and, of these, 60% reported reading at least some of the materials while another 33% reported “skimming” the materials.
  - Face-to-face contact is not required to deliver this intervention; however, a risk assessment does need to be conducted to inform the prevention messages in the individually-tailored materials. In this study, the risk assessments were done using a computer-assisted telephone interview (CATI).
  - Due to the intervention duration, the 6-month assessment is equivalent to a 2-month post-intervention follow-up for the intervention group but a 6-month follow-up for the comparison group.

## REFERENCES AND CONTACT INFORMATION

Scholes, D., McBride, C., M., Grothaus, L., Civic, D., Ichikawa, L. E., Fish, L. J., & Yarnall, K. S. (2003). [A tailored minimal self-help intervention to promote condom use in young women: Results from a randomized trial.](#) *AIDS*, 17, 1547-1556.

**Researcher:** [Delia Scholes, PhD](#)  
Group Health Research Institute  
Group Health Cooperative  
1730 Minor Ave., Suite 1600  
Seattle, WA 98101  
**Email:** [scholes.d@ghc.org](mailto:scholes.d@ghc.org)

