PROJECT LIFESKILLS
Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Goals of Intervention
- Reduce sexual risk

Target Population
- Young transgender women

Brief Description
*Project LifeSkills* is a group-level intervention. It includes six sessions to communicate basic HIV risk and transmission information, develop motivation to protect oneself, and promote behavioral skills (e.g., condom use and assertive communication, including sexual partner communication and negotiation) through an empowerment-based approach. A “House of Life Skills” theme is used throughout the sessions to build a sense of community, complete with “House Rules” of behavior, participation, safety and respect. Sessions include information on Trans Pride and skills building to better equip participants to advocate for themselves, promote access to services like medical care and housing, and develop a personal action plan that helps to minimize their HIV risk.

Theoretical Basis
- Empowerment-based; Information-Motivation-Behavioral Skills (IMB)

Intervention Duration
- Six, 2-hour sessions delivered twice weekly over 3 consecutive weeks

Intervention Settings
- Community-based locations

Deliverer
- Peer

Delivery Methods
- Audio-visuals
- Games
- Role plays

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 Robert Garofalo, Division of Adolescent Medicine, Ann & Robert H. Lurie Children’s Hospital, 225 E Chicago Avenue, Box 161, Chicago, Illinois 60611.

Email: rgarofalo@luriechildrens.org for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location
The original evaluation study was conducted in Boston, MA and Chicago, IL between 2012 and 2016.

Key Intervention Effects
- Reduced condomless sex acts
- Reduced number of sex partners

Recruitment Settings
Community-based organizations and other venues

Eligibility Criteria
Participants were eligible if they were between the ages of 16 and 29 years; assigned male sex at birth and currently self-identify as female, a transgender woman, or on the transfeminine spectrum; self-reported sexual risk in the preceding 4 months; spoke English; and had no plan to move from the local area. HIV serostatus was not a criterion for eligibility.

Study Sample
The analytic study sample of 190 young transgender women is characterized by the following:
- 44% black/African American, 25% white, 18% other, 13% Hispanic/Latina
- 100% transgender women
- 38% straight/heterosexual, 26% gay/homosexual, 20% bisexual, 10% other, 5% lesbian
- Mean age of 23 years, 16 (minimum age), 29 (maximum age)
- 35% completed high school or GED, 33% some college or vocational school, 24% less than high school, 8% undergraduate degree or higher
- 21% HIV infected at baseline

Assignment Method
Transgender women (N = 233) were individually randomized to 1 of 3 study arms: LifeSkills intervention (n = 116), a standard of care comparison (n = 74), or an attention control (n = 43). Randomization to the attention control was discontinued in September 2015 per the Data Safety and Monitoring Board’s recommendation. A modified randomization scheme to the LifeSkills intervention or standard of care comparison was employed and data from the attention control were not analyzed.
Comparison
The standard of care (SOC) comparison intervention consisted of HIV and sexually transmitted infection testing and counseling only.

Relevant Outcomes Measured
• Sex behaviors (including number of condomless anal or vaginal sex acts and number of sex partners in the last 4 months) were measured at 4-, 8-, and 12-month follow-ups.

Participant Retention
• LifeSkills Intervention:
  o 87% retained at 4 months
  o 86% retained at 8 months
  o 87% retained at 12 months

• Standard of Care comparison:
  o 89% retained at 4 months
  o 90% retained at 8 months
  o 85% retained at 12 months

Significant Findings on Relevant Outcomes
• Intervention participants reported a significantly greater reduction (30.8%) in condomless sex acts at the 4-month follow-up (RR = 0.69, 95% CI [0.60, 0.80], p < .001) and at the 12-month follow-up (39.8%) (RR = 0.60, 95% CI [0.50, 0.72], p < .001) than comparison participants.
• Intervention participants reported a significantly greater mean reduction (25%) in sexual partners at the 4-month follow-up (RR = 0.75, 95% CI [0.59, 0.95], p = .02) than comparison participants.

Considerations
• Intervention participants reported a significantly smaller mean reduction (22.8%) in sexual partners at the 12-month follow-up visit than comparison participants (1.55 vs. 0.83; RR = 1.77, 95% CI [1.32, 2.38], p < .001). Sexual partners declined in the intervention group as well as the comparison group, but declined more in the comparison group. The study authors noted that the LifeSkills intervention content did not focus on limiting the number of sex partners, but rather on using condoms.

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REFERENCES AND CONTACT INFORMATION


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