

ADAPTED-STAGE ENHANCED MOTIVATIONAL INTERVIEWING (A-SEMI)

Good Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- High-risk[†] Hispanic/Latino migrant workers

Goals of Intervention

- Reduce risky sexual behaviors
- Improve psychosocial factors for HIV risk-reduction behaviors

Brief Description

Adapted-Stage Enhanced Motivational Interviewing (A-SEMI) is a culturally tailored intervention consisting of 4 sessions delivered in Spanish to groups of 6 Hispanic/Latino migrant workers. The intervention uses an adapted, stage-enhanced motivational interviewing approach, which integrates contextual components from effective HIV-prevention interventions, such as peer counseling and motivational enhancing therapy, and links them to maintenance of risk-reduction behaviors. Session 1 focuses on developing group cohesion and HIV education. Session 2 consists of motivational enhancement and goal setting, including the development of a personalized risk-reduction plan. Session 3 focuses on increasing commitment to and empowerment for safer sex. Session 4 focuses on identifying high risk situations and building negotiation skills.

Theoretical Basis

- Social Cognitive Theory
- Motivational Interviewing

Intervention Duration

- Four 2.5-hour sessions delivered over two consecutive weekends

Intervention Settings

- Farmworker association offices

Deliverer

- Trained community health workers

Delivery Methods

- Discussion
- Goal setting
- Normative feedback
- Risk-reduction plan
- Skills building

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Presently, there is no current contact information for this intervention.

EVALUATION STUDY AND RESULTS

The original evaluation was conducted in south Florida from 2008 to 2010.

Key Intervention Effects

- Increased consistent condom use
- Decreased sex without condoms

Study Sample

The analytic study sample of 278 Hispanic/Latino men and women is characterized by the following:

- 43% Mexican, 27% other country of origin, 20% Guatemalan, 10% Honduran
- 54% male, 46% female
- Mean age of 37 years
- 28% had no formal education, 69% did not complete high school, 4% completed high school

Recruitment Settings

Neighborhoods and migrant camps in areas known for high concentrations of Hispanic/Latino migrant workers

Eligibility Criteria

Participants were eligible if they were of Latino origin, 18 years or older, had a “farm card”, self-reported one or more episodes of unprotected sex in the past three months, and were likely to be in the general geographic area for six months.

Assignment Method

Hispanic/Latino men and women (N = 290) were randomized to 1 of 2 study arms: A-SEMI (n = 145) or a health promotion comparison (n = 145).

Comparison Group

The health promotion comparison targeted specific health issues of special relevance to Latino migrant workers, including general health strategies, such as hygiene and living in crowded conditions, first aid, and skin problems. The format and length (four 2.5-hour group sessions delivered over two consecutive weekends by community health workers) were identical to those of the A-SEMI intervention.

Relevant Outcomes Measured and Follow-up Time

- Sex behaviors (including consistent condom use during vaginal sex in the past 30 and 90 days; never using condoms in the past 30 and 90 days; and condom use at last sex) were measured at 3 and 9 months post-intervention.

Participant Retention

- A-SEMI
 - 91% retained at 3 months
 - 88% retained at 9 months
- Health Promotion Comparison
 - 88% retained at 3 months
 - 86% retained at 9 months

Significant Findings

- Across the three assessments (baseline to 9 months), intervention participants were significantly more likely than comparison participants to report consistent condom use in the past 30 days (Adj OR = 3.03, 95% CI = 1.65, 5.52, $p < 0.001$) and in the past 90 days (Adj OR = 4.62, 95% CI = 2.37, 9.67, $p < 0.001$). Significant intervention effects were also found at 3 months post-intervention for consistent condom use in the past 30 days (Adj OR = 3.03, 95% CI = 1.65, 7.14, $p = 0.004$) and in past 90 days (Adj OR = 5.28, 95% CI = 2.33, 13.58, $p < 0.001$) and at 9 months post-intervention for consistent condom use in the past 30 days (Adj OR = 3.33, 95% CI = 1.58, 7.12, $p < 0.001$) and in the past 90 days (Adj OR = 4.66, 95% CI = 2.18, 9.96, $p < 0.001$).
- Across the three assessments (baseline to 9 months), intervention participants were significantly less likely than comparison participants to report never using condoms in the past 30 days (Adj OR = 0.51, 95% CI = 0.28, 0.93, $p = 0.02$) and in the past 90 days (Adj OR = 0.45, 95% CI = 0.27, 0.80, $p = 0.008$). Significant intervention effects were also found at 3 months post-intervention for never using condoms in the past 30 days (Adj OR = 0.58, 95% CI = 0.24, 0.82, $p = 0.005$) and in the past 90 days (Adj OR = 0.29, 95% CI = 0.13, 0.74, $p = 0.006$) and at 9 months post-intervention for never using condoms in the past 90 days (Adj OR = 0.51, 95% CI = 0.23, 0.99, $p = 0.05$).
- Across the three assessments (baseline to 9 months), intervention participants were significantly more likely than comparison participants to report condom use at last sexual encounter (Adj OR = 2.61, 95% CI = 1.58, 4.59, $p < 0.001$). Significant intervention effects were also found at 3 months post-intervention (Adj OR = 3.49, 95% CI = 1.77, 6.86, $p < 0.001$) and at 9 months post-intervention (Adj OR = 2.03, 95% CI = 1.10, 3.51, $p = 0.02$).

Considerations

- This intervention fails to meet the best-evidence criteria due to a lack of information to rule out potential bias, including differences in characteristics between those lost and retained, both overall and by arm.
- Across the three assessments (baseline to 9 months), intervention participants reported significantly fewer traditional views of gender roles ($p = 0.006$), significantly fewer perceived barriers to condom use ($p < 0.001$), significantly greater HIV knowledge ($p = 0.009$), and significantly greater condom use self-efficacy ($p < 0.001$) than comparison participants.

‡High risk defined as having condomless sex

REFERENCES AND CONTACT INFORMATION

Sánchez, J., De La Rosa, M., & Serna, C. A. (2013). [Project Salud: Efficacy of a community-based HIV prevention intervention for Hispanic migrant workers in south Florida](#). *AIDS Education and Prevention*, 25, 363-375.

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