

Introduction

Background

- HIV/AIDS
 - Threat to lives, health & well being of individuals worldwide.
 - Leading cause of death globally among women of reproductive age.
- Primary mode of infection in women: heterosexual transmission
- Adolescent young women particularly vulnerable – age & gender power differentials
- No cure & no vaccine
- Need to rely on behavioral interventions to prevent HIV infection
- Motivational interviewing (MI) & behavioral skills building (BSB) proven to be efficacious
- MI & BSB modes of intervention flexible enough to address cultural and developmental differences

Purpose: To pilot a behavioral HIV prevention intervention to reduce heterosexually transmitted HIV in a culturally diverse sample inclusive of Black, Hispanic & White adolescent young women ages 15-19 years.

Aims:

- 1. Determine feasibility of HIV prevention intervention that consists of MI & BSB techniques in a primary care setting
- 2. Establish fidelity of intervention
- 3. Determine training needs of health care providers who deliver intervention
- 4. Enhance nursing students' research experience

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Pilot HIV Prevention Study for Adolescent Young Women

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Methods

Sites

- Urban community health center
- University-based adolescent primary care site

Sample: Culturally diverse sample of adolescent young women ages 15-19 years

Measures

- 1. Measures of feasibility of MI/BSB intervention
- Length of time for participants to complete demographic & sexual practices survey
- Length of time to implement MI/BSB intervention
- Period of time for participant enrollment
- Integration of intervention into a primary care setting
- 2. Measures of fidelity of MI/BSB intervention
 - Motivational Interviewing Treatment Integrity (MITI) Coding Instrument & the Behaviour Change Counseling Index (BECCI)
- 3. Measure of training needs
 - Determined by length of time for trainees to achieve fidelity in intervention delivery
- 4. Measures of enhancement of nursing students' research experience
 - Students' self-report of experience as research assistants
 - Faculty member/principal investigator's (PI) observations of students' experiences

Procedures

- 3 graduate nursing students hired as research assistants (RA); trained in MI & BSB methods
 - Training sessions: Seven sessions, 3 hours in length
- Interactive training sessions with RAs didactic information, discussion & clinical simulation
- Topics HIV/STIs, MI & BSB
- Fidelity testing of MI/BSB intervention with RAs
- Intervention piloted by PI at two primary care sites
 - Inclusion criteria: female between 15-19 years,
 ability to read & speak English, well at time of visit
 - Wavier of written & parental consent
- Survey & intervention completed after office visit
- Thank you gift for participation \$20 gift card

Results

1. Feasibility of Motivational Interviewing/Behavioral Skills Building HIV prevention Intervention

Table: Time Measurement

Site A: Community Health Center Teen Clinic

Site B: University-Based Adolescent Primary Care Site

| Length of Time | Sample | Site A | Site B |
|---|--------|--------|--------|
| | N=8 | n=5 | n=3 |
| Mean # of minutes to obtain consent | 3.9 | 4.4 | 3.0 |
| Range of minutes to obtain consent | 2-6 | 3-6 | 2-4 |
| | | | |
| Mean # of minutes to complete survey | 4.5 | 4.6 | 4.3 |
| Range of minutes to complete survey | 3-5 | 3-5 | 4-5 |
| | | | |
| Mean # of minutes for intervention | 14.6 | 14.6 | 14.7 |
| Range of minutes to complete intervention | 10-20 | 10-20 | 11-17 |

Acceptability of survey & intervention

- Surveys completed with no systematic missing data
- No objections expressed about questions or content of survey or intervention
- Survey & intervention data consistent

Participant enrollment:

- 2 participants recruited per 4 hour clinic session
- 100% of those invited participated in study.
- After enrolling, 100% completed study.

Integration of intervention into primary care setting

- No disruption in clinic schedule
- No disruption of physical resource utilization

2. Fidelity of intervention

- Use of MITI & BECCA both instructive & evaluative of motivation interviewing & behavioral skills building techniques
- Fidelity in MI/BSB intervention delivery reached by 15 hours of training

3. Training needs:

 Determined by iterative process of fidelity testing that guided training session content

4. Research experience for nursing students:

- Students self-report: Increased understanding & interest in research process, opportunity to be part of a research team, knowledge & skill development in topics & methods relevant to clinical practice
- Faculty/PI observations: active engagement in research process, development of teamwork skills, enjoyment of experience

Discussion

- As research is ongoing, results are preliminary.
- 15 minute intervention consistent with brief office visit
- Survey & intervention acceptable to sample
- Survey & intervention not disruptive to practice sites
- Intensive MI/BSB training needed to achieve intervention fidelity
- Nursing students found RA experience enriching & gratifying.
- Limitations
 - Small sample, cross sectional design
- Implications for future research
- Development of larger, longitudinal investigations
- Outcomes of MI/BSB intervention on HIV risk reduction behaviors

Conclusions

- Nursing students can be effectively incorporated into the research team with clear benefits for both students & faculty.
- Preliminary data suggest that a one-on-one HIV prevention intervention is feasible in an primary care office setting.



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