HEALTHY CHOICES: COMPARATIVE EFFECTIVENESS OF HEALTH BEHAVIOR INTERVENTION FOR YOUTH WITH HIV

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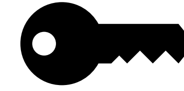
RATIONALE: YOUTH ARE A KEY POPULATION



- Youth account for almost a quarter of new infections
- Half of youth do not know they are infected
- Youth are the least likely age group to be linked to care and adhere to life saving antiretroviral treatment (ART)
- Black and Latinx youth at greatest risk
- Youth often considered 13-24, but emerging adults 25-29 are at highest risk for new infections in the US

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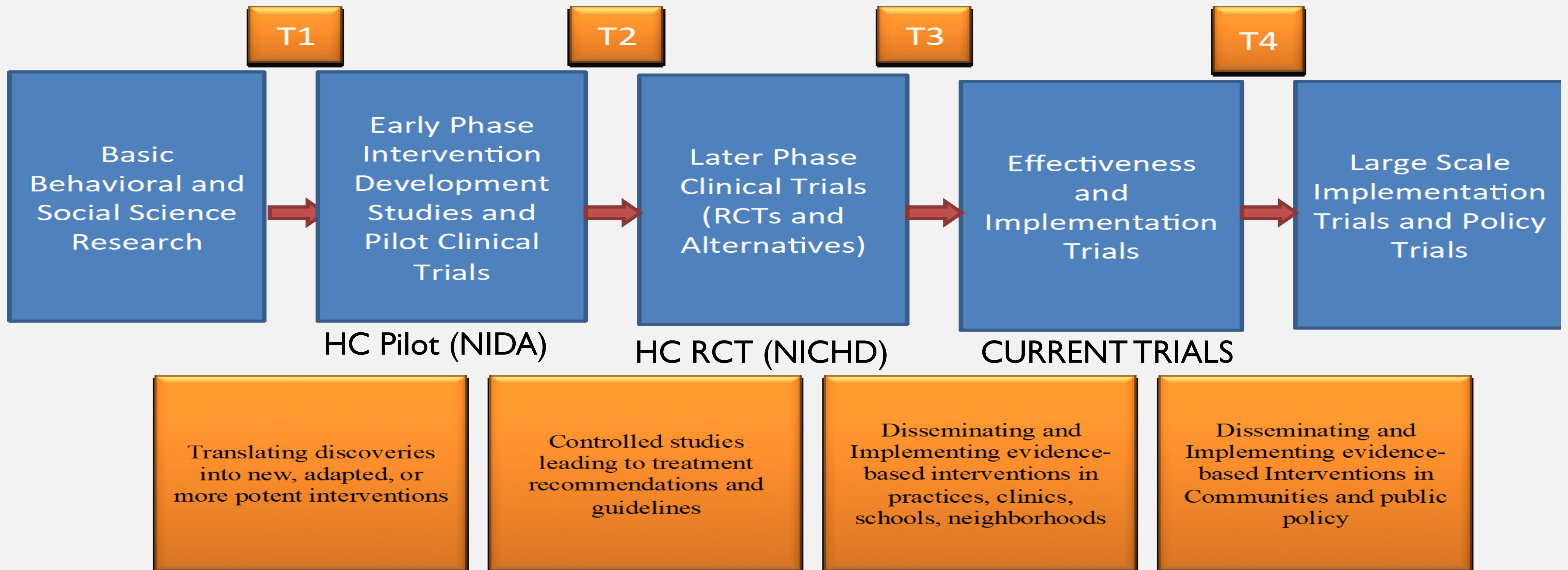
HEALTHY CHOICES: TRANSLATIONAL BEHAVIORAL SCIENCE



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WHAT IS HEALTHY CHOICES?

- Adapted from Motivational Enhancement Therapy – clinic-based, therapist delivered, targets two risk behaviors (adherence, sexual risk, substance use)
- Session 1 (week 1): engaging, focusing on which behavior to address first, evoking change talk (including personalized feedback), and planning
- Session 2 (week 2): four processes with focus on second behavior
- Session 3 (week 6): four processes with focus on both behaviors and evoking change talk for continued change or maintenance planning
- Session 4 (week 10): follow up and linkage to clinic and referrals

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T2: HEALTHY CHOICES MULTI-SITE CLINICAL TRIAL SUMMARY

- 4-session clinic-based MI intervention showed short-term improvements in viral load and reductions in alcohol use and sexual risk among most youth (trajectory analysis)
- More intensive or ongoing interventions may be necessary to sustain viral load improvements
- Intervention retention was suboptimal – consider briefer interventions or alternative mode of delivery
- JAMA Pediatrics (and others)

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T3: HEALTHY CHOICES TYPE 1 HYBRID COMPARATIVE EFFECTIVENESS-IMPLEMENTATION TRIAL

T3: HEALTHY CHOICES TYPE 1 HYBRID TRIAL METHOD

- 183 youth randomized to community-based or office-based Healthy Choices for non-adherence and alcohol use (Effectiveness Aim)
- Intervention delivered by clinic community health workers with local supervisors (Implementation Aim)
- Eligibility included unsuppressed viral load and any drinking in the last three months
- Completed a decade later (science practice gap!!!)

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HEALTHY CHOICES
SAMPLE COMPARISON

	2005-2007 N=186	2015-2017 (N=183)
Eligibility	Problem level adherence, sexual risk OR substance use (3 months)	Detectable viral load and any alcohol use (3 months)
Mean age	21	21
African American	83%	80%
Biological Male	53%	87
Non-heterosexual	43%	79%
Polysubstance Use	"Hard Drugs" <10%	Frequent Polysubstance use 29%

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DATA ANALYSIS

- Viral load data were gathered from electronic medical records taken from clinic visits conducted at baseline as well as 4-.8- and 12- months post-intervention.
- Adherence self-report using the visual analogue scale (0 to 100 percent)
- Intent to Treat analysis
- Latent Growth Curve modeling to detect between-condition differences (community-based versus clinic-based)

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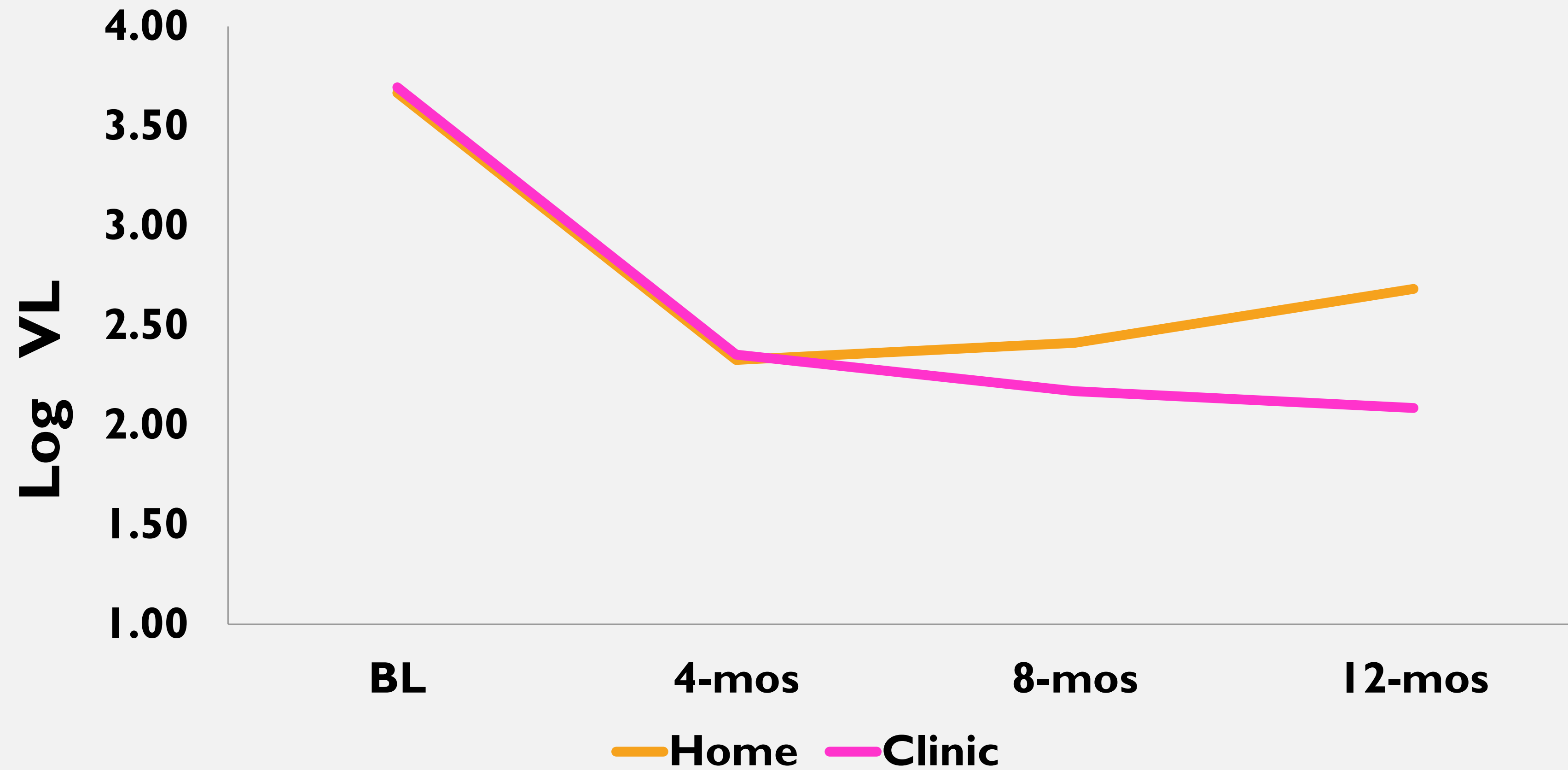
RESULTS: VIRAL LOAD



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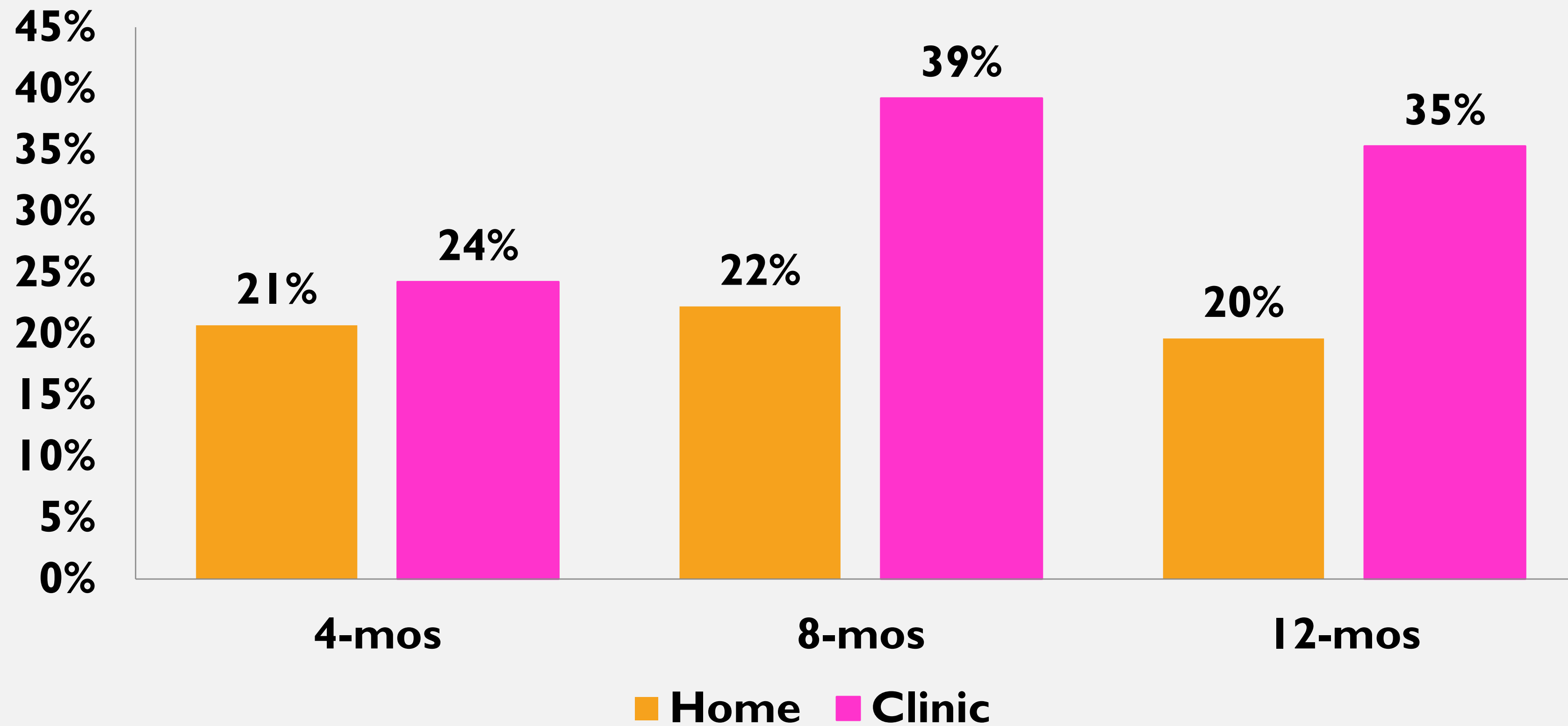
B = -0.33; 95% CI: -0.58, -0.07; p = .011

RESULTS: PERCENT UNDETECTABLE



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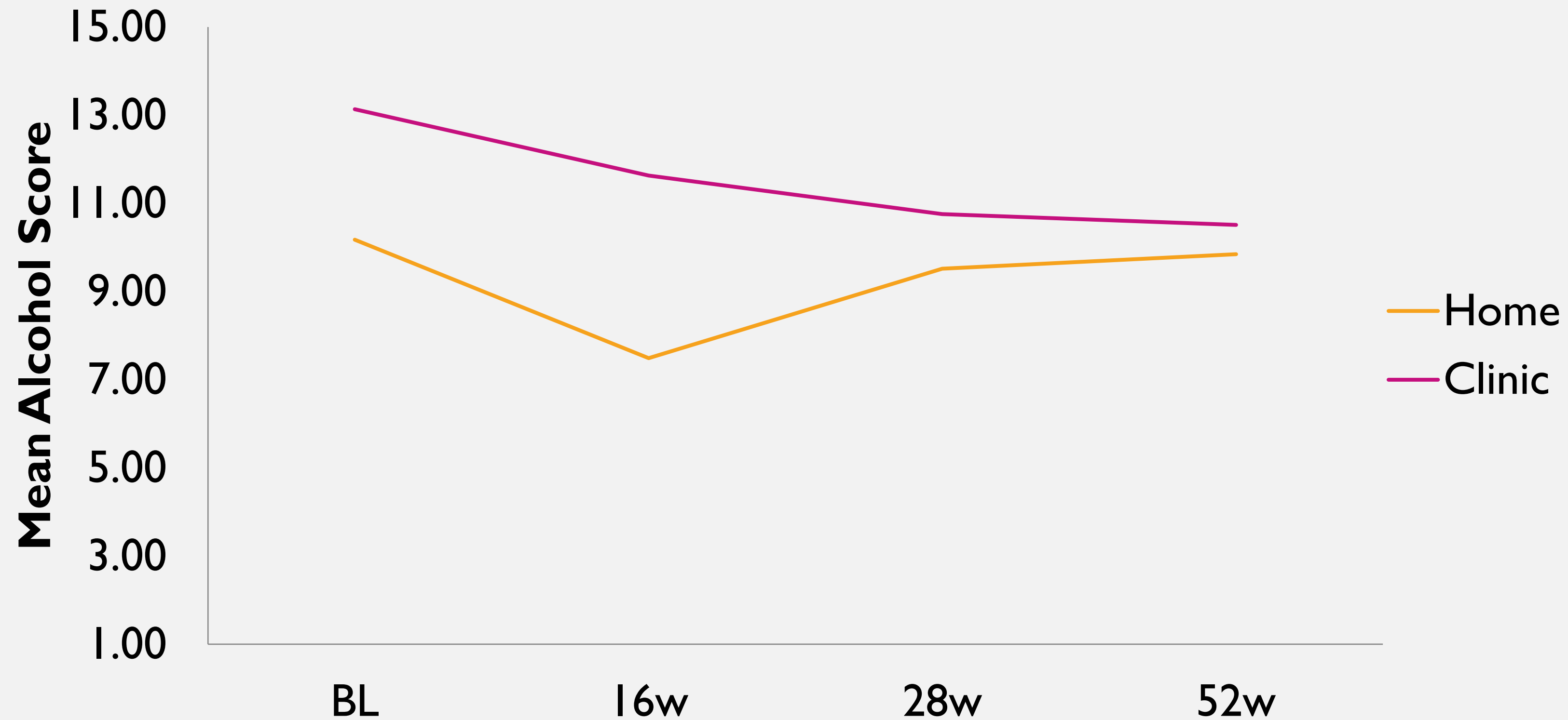
ALCOHOL USE – WORLD HEALTH ORGANIZATION MEASURE



B = -1.7, 95% CI -3.10, -0.52, p = .018

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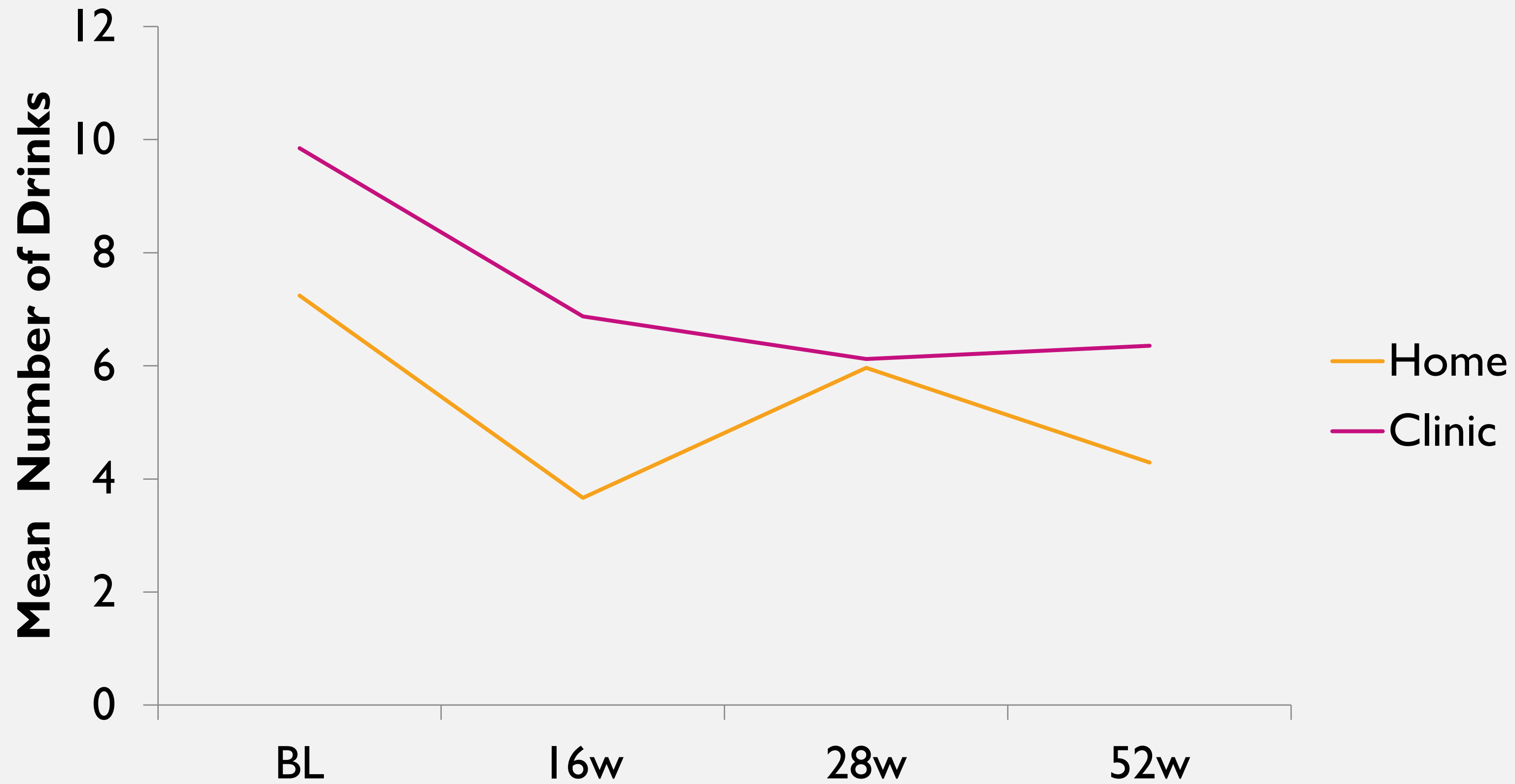
ALCOHOL USE – TIMELINE FOLLOW BACK(30 DAYS)



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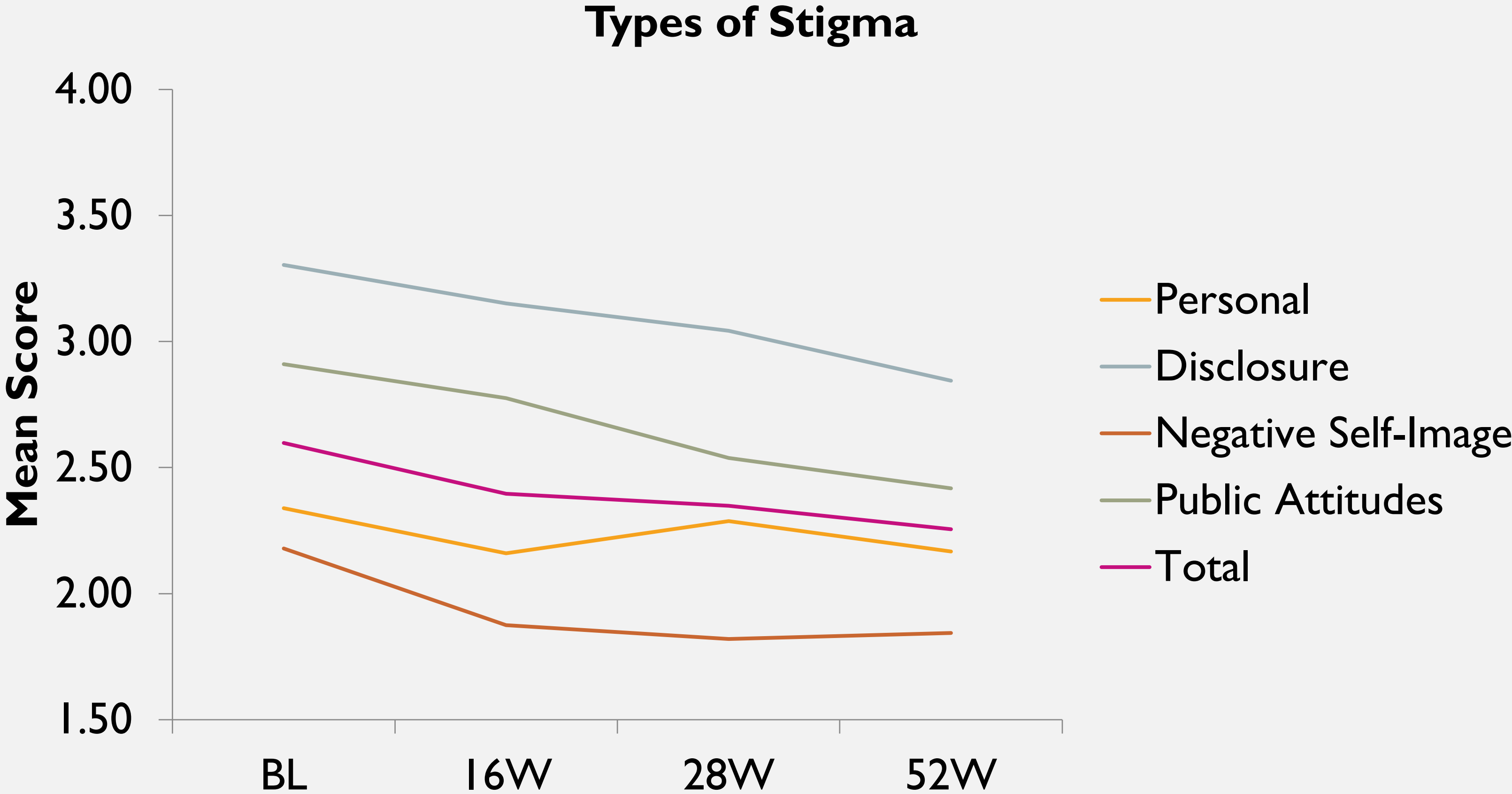
Between groups NS; both groups significantly reduced drinking

REDUCTIONS IN STIGMA ACROSS BOTH GROUPS



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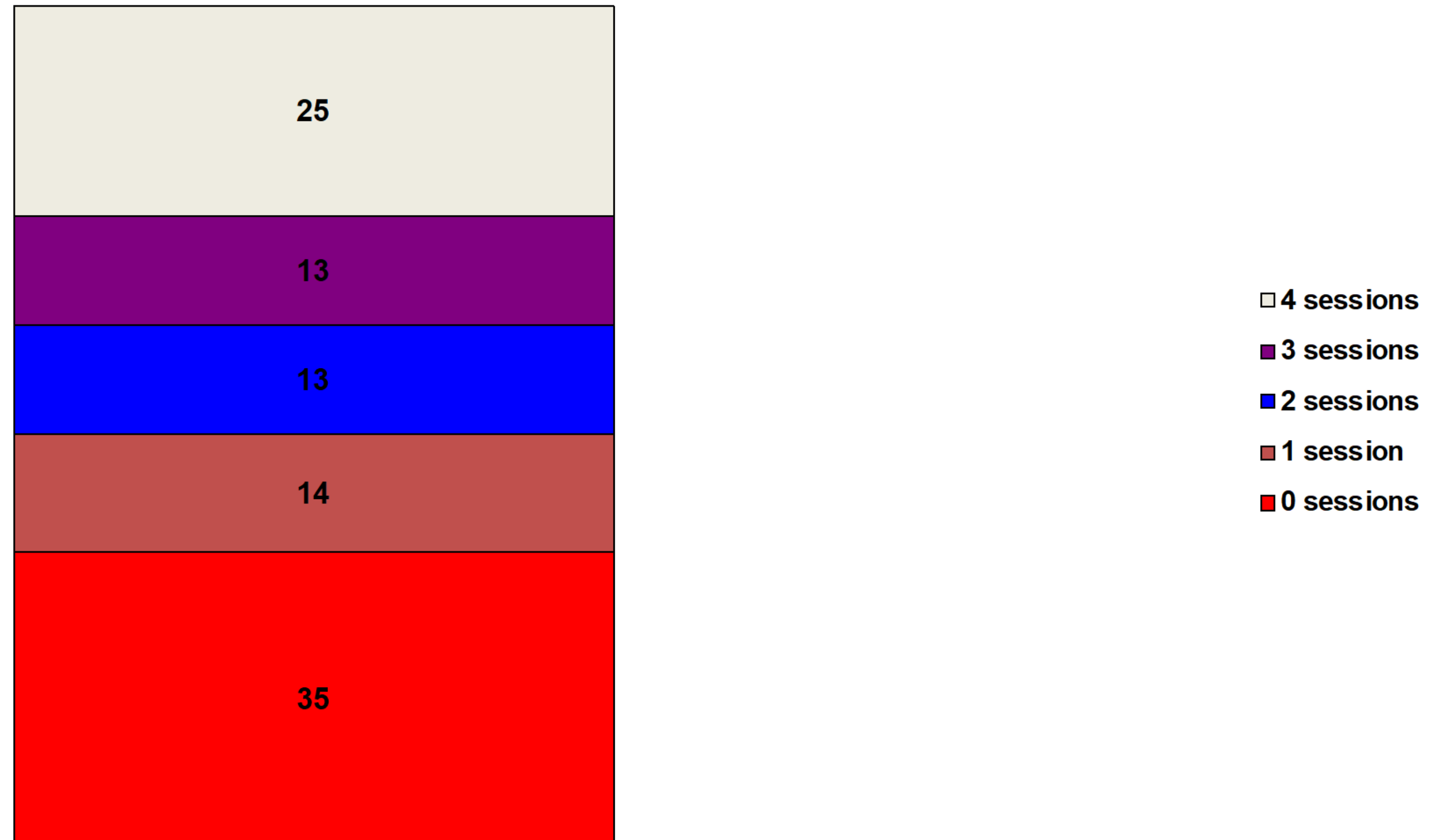
INTERVENTION RETENTION (N=94)

%



CONTEXT OF IMPLEMENTATION QUALITATIVE FINDINGS

ENGAGEMENT

- Incentives and transportation
- Locations of aessions

STAFFING

- Need for more training
- Need for more staff time

YOUTH

- More tailoring of sessions
- Some youth need more time

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T3: HEALTHY CHOICES COMPARATIVE EFFECTIVENESS TRIAL SUMMARY

- Healthy Choices in effectiveness context resulted in improvements in viral load, alcohol use and stigma
- Greater improvements in clinic-based delivery
  - Youth too unstable for community-based (but no difference in dose)?
  - Fidelity lower for community-based ?
  - Increased retention in care?
- Limitations: suboptimal retention, clinic ability to sustain implementation

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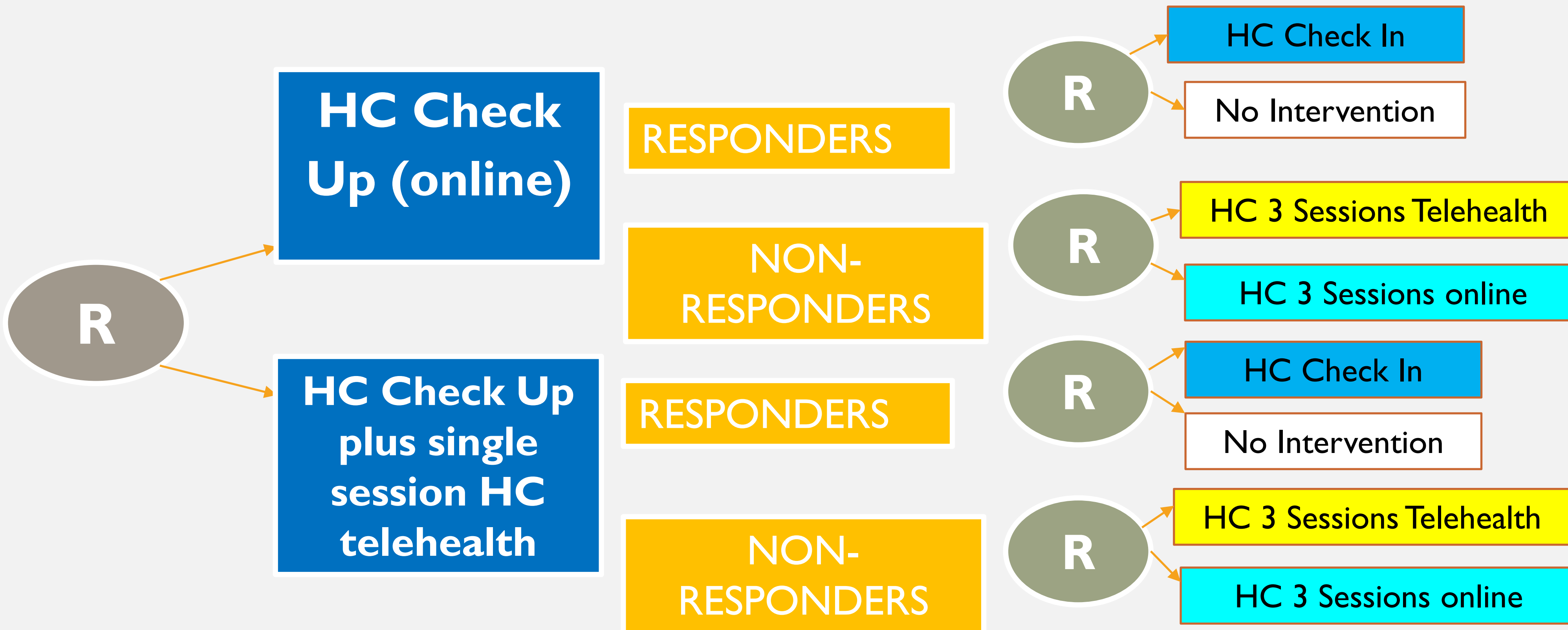
NEXT STEPS FOR HEALTHY CHOICES



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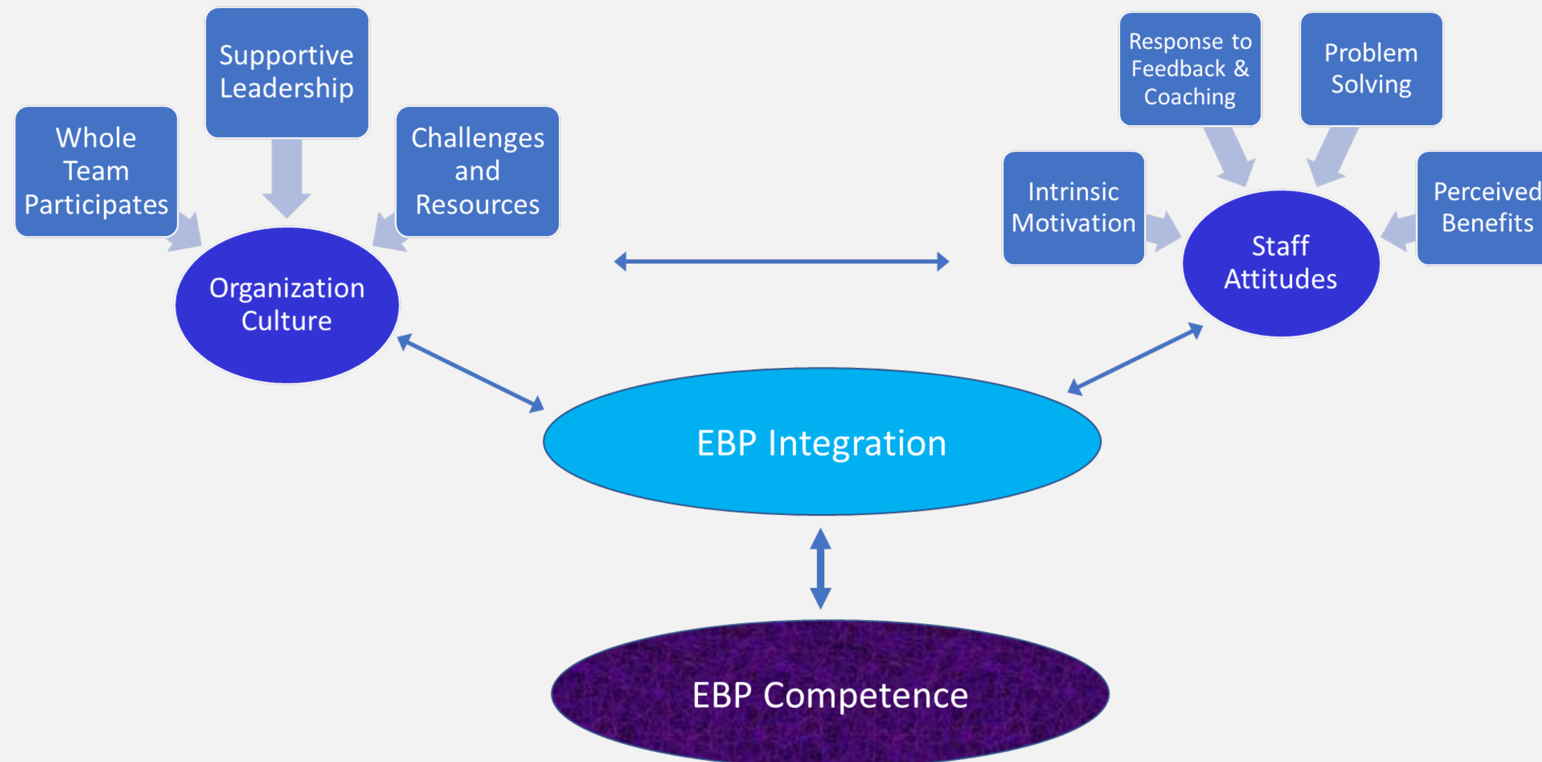
NEXT STEPS FOR MI TAILORED FOR YOUTH WITH HIV

- Improve competency in multidisciplinary adolescent HIV clinics
- Stepped wedge type 3 hybrid trial (JAIDS)



Thank You

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