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CDC RECOGNIZES UCSF'S RESEARCH AS CRITICAL TO HIV PREVENTION

Two HIV prevention interventions developed by UCSF researchers have been selected as additions to the Centers for Disease Control and Prevention's *2008 Compendium of Evidence-based HIV Prevention Interventions*.

The UCSF interventions—*Positive Choice: Interactive Video Doctor* and the *Healthy Living Project*—comprise two of the eight added to the list of 57 rigorously evaluated highly effective HIV prevention programs recommended by the CDC for implementation.

“Both of these interventions meet the CDC's very highest standard and reflect UCSF's leadership in developing efficacious behavioral HIV prevention programs. The release of the CDC's 2008 Compendium is particularly timely as a new administration with a preference for evidence based approaches and a desire to better fund domestic HIV prevention programs takes charge,” said Healthy Living senior investigator, Stephen F. Morin, director of UCSF's Center for AIDS Prevention Studies and UCSF professor of medicine.

In addition, these UCSF research programs are among the first interventions to establish a reduction in the risk of transmission acts among people living with HIV, commonly called “prevention with positives.” This has emerged as a top priority in CDC prevention planning because the approach can efficiently concentrate resources on reducing the number of new infections by engaging people living with HIV as partners in prevention.

Positive Choice: Interactive Video Doctor uses a video doctor to simulate the ideal doctor-patient risk counseling conversation. Interactive video clips using an actor-portrayed doctor are matched to patients' answers from assessment questions allowing the omission of any non-relevant counseling. The counseling sessions, which last an average of 24 minutes, end with a prompt to patients to discuss the risky behaviors with their healthcare provider during their regular appointment following the video counseling session. The program sharply reduced sexual and drug risk behaviors by the HIV-positive patients and in some cases, eliminated risky behaviors all together.

“*Positive Choice* does not replace a patient's healthcare provider, but facilitates and supports an important dialogue. Key features of the program are that it was developed so anyone can easily use it—even those with low literacy skills—and it can target multiple risk behaviors. Importantly, the program was evaluated with a diverse group of patients of both genders. In fact, we have already been contacted by providers who want to implement the program,” said the program's principal investigator, Barbara Gerbert, PhD, professor in the Division of Behavioral Sciences, Professionalism, and Ethics and director of the Center for Health Improvement and Prevention Studies (CHIPS) at UCSF.

Healthy Living addresses three crucial interrelated aspects of living with HIV: stress and coping, transmission risk behaviors, and adherence to anti-HIV medication regimens. The three aspects are addressed in a series of individually tailored client centered 90 minute counseling sessions. Starting with stress and coping and building on the framework and skills developed in those sessions, counselors then guide their clients through risk reduction sessions that allow clients to

identify their own risk behaviors. Clients then identify boundaries for their risk behaviors that they are able to stay within. In one sub-group of men who have sex with men, researchers found that many clients chose to engage in risky sexual behaviors solely with known HIV positive partners—a strategy termed serosorting.

Clients address the third aspect, medication adherence, in sessions that focus on the development of a personal health plan. Using the same client based problem solving approach, counselors help clients identify barriers to taking their pills as directed and assist them in distilling solutions to overcome those barriers.

“*Healthy Living* was rigorously tested in a diverse group of men and women in cities across the country and was shown to reduce risk behaviors. The program equips clients with skills to self identify and reduce HIV transmission risk behaviors and develop strategies to ensure that they take their vital anti-HIV medications as directed. By reducing risky behavior and lowering levels of virus in the blood through enhanced treatment adherence, the intervention provides two mechanisms for lowering HIV transmission,” said program investigator, Mallory O. Johnson, PhD, associate professor of medicine at UCSF’s Center for AIDS Prevention Studies (CAPS).

The National Institute on Drug Abuse provided funding for the development of *Positive Choice: Interactive Video Doctor*. The National Institute of Mental Health provided funding for the development of *Healthy Living*. Both NIDA and NIMH are part of the National Institutes of Health.

Co-investigators for *Positive Choice: Interactive Video Doctor* include Daniel Ciccarone, Stuart Gansky, Stephen McPhee, Sophia Calderón, and Alyssa Bogetz from UCSF; and Katherine Clanon, from the East Bay AIDS Education and Training Center, Oakland, CA; David R. Bangsberg, from Harvard; and Elizabeth Robertson, Richard Jenkins, and Eve Reider from the National Institute on Drug Abuse.

Co-investigators for *Healthy Living* include Willo Pequegnat from the National Institute of Mental Health; Cheryl Gore-Felton, Lance S. Weinhardt, Jeffrey A. Kelly, and Sheryl L. Catz from the Center for AIDS Intervention Research at the Medical College of Wisconsin, Milwaukee; Mary Jane Rotheram-Borus from UCLA; Sheri B. Kirshenbaum, Anke A. Ehrhardt and Robert Remien from Columbia University; Margaret Chesney from the University of Maryland; and Margarita Lightfoot, Edwin Charlebois, and Wayne Steward from UCSF CAPS.

UCSF’s CAPS and CHIPS are affiliated with the AIDS Research Institute (ARI) at UCSF. UCSF ARI houses hundreds of scientists and dozens of programs throughout UCSF and affiliated labs and institutions, making ARI one of the largest AIDS research entities in the world.

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