



January 4, 2007

Dear Colleague:

The Centers for Disease Control and Prevention (CDC) is pleased to announce the publication of “Best-Evidence Interventions: Findings from a Systematic Review of HIV Behavioral Interventions for U.S. Populations at High Risk, 2000-2004,” in the January 2007 issue of the *American Journal of Public Health*. This report describes CDC’s Prevention Research Synthesis (PRS) Project’s efforts to identify interventions with the best evidence of efficacy in studies published or in press between 2000 and 2004. This report is now available at the Journal’s website ([www.ajph.org](http://www.ajph.org)) and adds to the list of interventions that were previously identified in the *Compendium of HIV Prevention Interventions with Evidence of Effectiveness*. CDC is working to make this article available on the CDC website so that it is available to agencies that do not subscribe to the Journal.

The project evaluated information from 100 studies published or in press between 2000 and 2004 that tested the efficacy of behavioral HIV prevention interventions. A total of 18 new interventions serving a range of populations at risk for acquiring or transmitting HIV infection met the criteria for best evidence of efficacy:

- 4 of the interventions were developed for persons living with HIV
- 14 interventions were developed for persons at risk for acquiring HIV:
  - 8 were developed for sexually active heterosexual adults
  - 4 were developed for substance users
  - 2 focus on high-risk youth

In addition, of the 18:

- 8 were developed specifically for women
- Half or more of the participants in 13 of the 18 interventions were persons of color. 8 interventions were specifically developed for African Americans or Hispanics.
- 3 were developed specifically for men who have sex with men

A brief description of these interventions is provided in the enclosed table. As the table illustrates, CDC supports the dissemination of several of these interventions through the Disseminating Effective Behavioral Intervention (DEBI) project and is packaging others through the Replicating Effective Programs (REP) project so that they can be disseminated in the future. Detailed information about the interventions is available at <http://www.cdc.gov/hiv/topics/research/prs/about.htm>.

CDC will be scheduling a telebriefing for interested CDC partners in early 2007 to provide an overview of the review process, the 18 interventions, and efforts to disseminate these interventions. A notice regarding the briefing will be sent out in the very near future.

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It is my sincere hope that this information from the PRS Project will be helpful to you in your future efforts to prevent the further spread of HIV in your communities. Thank you for your continued commitment to HIV prevention.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert S. Janssen", with a long horizontal flourish extending to the right.

Robert S. Janssen, M.D.

Director

Division of HIV/AIDS Prevention

National Center for HIV, STD, and TB Prevention

Enclosure

**Table. Best-evidence Individual-Group level Behavioral Interventions for High-risk Populations<sup>a</sup> (n=18)**  
**(Full description of interventions is available at <http://www.cdc.gov/hiv/topics/research/prs/about.htm>)**

Intervention Name	Author, Year	Target Population	Women (%)	Race/Ethnicity <sup>b</sup> (%)		Delivery: Individuals (I) or Groups (G)	CDC's Division of HIV/AIDS Prevention (DHAP) Dissemination <sup>c</sup>
				African American	Hispanic		
Choices	Baker, 2003	Low-income heterosexual women	100	29	3	G	-
HIP (Health Improvement Project, HIV-Prevention)	Carey, 2004	Sexually active psychiatric outpatients	54	21	0	G	-
SIHLE (Sistering, Informing, Healing, Living, and Empowering)	DiClemente, 2004	Sexually active African American adolescent females	100	100	0	G	To be disseminated by DEBI <sup>d</sup> in 2008
Personalized Cognitive Risk-reduction Counseling	Dilley, 2002	MSM	0	3	11	I	-
Project FIO (The Future Is Ours) (8 session)	Ehrhardt, 2002	Heterosexual women attending family-planning clinics	100	72	17	G	-
Project Connect (couple or woman-alone)	El-Bassel, 2003	African American and Latino heterosexual couples	50	55	39	I, G	Currently being packaged by REP <sup>e</sup>
EXPLORE	EXPLORE Team, 2004	HIV-negative MSM	0	7	15	I	-
Communal Effectance-AIDS Prevention	Hobfoll, 2002	Low-income inner-city women attending urban clinics	100	55	0	G	-
Healthy Relationships	Kalichman, 2001	HIV+ men and women	30	74	0	G	Currently being disseminated by DEBI <sup>d</sup>
SHIELD (Self-Help in Eliminating Life-threatening Diseases)	Latkin, 2003	Low-income, African American DU	39	94	0	G	Currently being packaged by REP <sup>e</sup>
MIP (Modelo de Intervencion Psicomédica)	Robles, 2004	Hispanic, out-of-treatment drug injectors	11	0	100	I	To be disseminated by DEBI <sup>d</sup> in 2007
CLEAR (Choosing Life: Empowerment, Actions, Results) (in person)	Rotheram-Borus, 2004	HIV+ substance-abusing youth	22	26	42	I	Currently being packaged by DEBI <sup>d</sup>

Project S.A.F.E. (Sexual Awareness For Everyone) (standard version)	Shain, 2004	Mexican American and African American women diagnosed with an STD in public health clinics	100	23	77	I, G	-
Female- and Culturally-specific Negotiation	Sterk, 2003	Inner-city, HIV-negative, sexually active, out-of-treatment, crack-using or intravenous DU African American women	100	100	0	I	-
Women's Co-op	Wechsberg, 2004	Inner-city, sexually active, out-of-treatment, crack-using African American women	100	100	0	I, G	-
WILLOW (Women Involved in Life Learning from Other Women)	Wingood, 2004	Sexually active HIV+ female clinic patients	100	84	0	G	To be disseminated by DEBI <sup>d</sup> in 2007
SUMIT Enhanced peer-led Focus on Kids (FOK) + Informed Parents and Children Together (ImpACT)	Wolitski, 2005	HIV+ MSM	0	23	17	G	-
	Wu, Stanton, 2003	Low-income African American youth	58	100	0	G	To be disseminated by DEBI <sup>d</sup> in 2008

a Interventions were identified as having best evidence for efficacy through a systematic review of the 2000-2004 HIV/STD behavioral intervention research literature conducted by CDC's Prevention Research Synthesis Project. Being identified as best-evidence does not necessarily mean the intervention should be packaged and disseminated. It will also depend on additional factors not considered in this review, such as the relative strength of evidence and the feasibility in implementing each of these interventions, as well as the existing needs of CDC's prevention partners and their at-risk communities.

b The remaining study participants were either White, Asian/Pacific Islander, American Indian/Alaska Native, or unspecified. The percentage of whites in these studies ranged from 0% to 74%. The percentage of Asian/Pacific Islanders or American Indians/Alaska Natives ranged from 0% to 6%.

c CDC's DHAP anticipates future opportunities for dissemination of additional best-evidence behavioral interventions. See the PRS website for additional information about the availability of these interventions.

d Diffusion of Effective Behavioral Interventions, [www.effectiveinterventions.org](http://www.effectiveinterventions.org)

e Replicating Effective Programs, [www.cdc.gov/hiv/projects/rep/](http://www.cdc.gov/hiv/projects/rep/)