

Developing an HIV/STI/Hepatitis Prevention Intervention Targeting Older Adults Living with and at risk for HIV and Hepatitis



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Background

Older adults are often not tested for HIV, STIs, or hepatitis, due to a lack of patient empowerment, a lack of knowledge, few programs geared toward seniors, and the persistent myth among health care providers that older adults are not at risk.

Objectives

- Increase testing of older adults for HIV, STIs, and hepatitis
- Improve access to care for older adults with HIV or hepatitis

Methods

A prevention intervention targeting older adults at risk for and living with HIV was developed based upon theories of behavior change: Transtheoretical Model, Health Belief Model, Theory of Reasoned Action, and Social Cognitive Theory. A core set of behavioral determinants were identified to encourage behavior change. A team of older adults was organized to reach out to peers with role model stories that included common risk themes.

Over a four-year period, ACRIA interviewed 187 older adults at risk for and living with HIV from several New York City communities: women of color, male-to-female transgender people, men who have sex with men, and Spanish-speaking immigrants, to identify the behavioral determinants needed to target older adults and create behavior change. Nine common themes appeared among the participants. Stories were developed based on the interviews.



Figure 2. Samples of stories developed to target older MSM, women of color, and transgender women with or at risk for HIV.

Results

The behavioral determinants identified were:

- **Perceived Susceptibility:** "I'm not at risk, only younger people get HIV."
- **Self-esteem:** "It's hard enough to find someone who will like me now that I'm older. I am glad I can get sex with anyone, so I don't ask for condoms or their HIV status."
- **Knowledge and Attitudes of HIV/STI Risk and Correct Condom Use**
- **Positive and Negative Moods:** "I feel so lonely sometimes, I just want the company of another and it ends with sex."
- **Ambivalence:** "I know I need to use condoms, but I feel I can't get an erection with one on."
- **Cultural and gender norms about sexuality:** "I wouldn't dare bring up the issue of condoms with the gentleman I'm dating, he would think I slept around."
- **Group Norms:** "None of my friends talk about sex – it feels like it's over."
- **Social support:** "My doctor doesn't even ask me if I'm having sex. I can't talk to anyone."

Conclusions

Over 40 short stories were developed from the interviews that addressed the behavioral determinants identified. "Community PROMISE" successfully targeted and reached the intended population. In the last year, the stories created incorporated messages specific to older adults and long term survivors, such as treatment as prevention, sexual positioning and role in male serodiscordant couples, loneliness, social isolation, depression, etc. These stories also incorporated STI and hepatitis as part of sexual risk. The peer team was able to refer older adults to HIV/STI and hepatitis services and care.

What is Community PROMISE?

PROMISE (Peers Reaching Out and Modeling Intervention Strategies) is a community-level HIV prevention intervention based on several behavior change theories.

Core Elements include:

- Community identification and assessment
- Peer advocate recruitment
- Development of role model stories
- Distribution of role model stories along with other risk reduction materials
- Continuous formative evaluation

The PROMISE Team

Table 1. A diverse team that reflected the targeted population was trained.

Year	Participating Seniors	Active Team	Heterosexual Men	Women	MSM	TG
2009	64	8	1	3	3	1
2010	81	9	1	3	4	1
2011	87	10	1	3	5	1
2012	101	11	1	3	5	2
TOTAL	333	38	4	12	17	5

Who did the team reach?

Table 2. Race/ethnicity

Year	AI	API	B/AA	Latino	White	Multi	Total
2009	6	21	728	911	168	411	2245
2010	3	23	797	929	154	472	2378
2011	5	27	833	1011	181	521	2578
2012	4	33	1027	1361	170	757	3352
Total	18	1043	3385	4212	523	2161	10553

Table 3. Gender

Year	Male	Female	M-F TG	Total
2009	1687	455	103	2245
2010	1791	462	125	2378
2011	1911	530	137	2578
2012	2502	609	241	3352
Total	7891	2056	606	10553

Table 3. Transmission/risk category

Year	IDU	MSM	Heterosexual	Total
2009	23	1712	510	2245
2010	38	1797	543	2378
2011	59	1821	698	2578
2012	105	2215	967	3352
Total	225	7545	2088	10553

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