

Intervention Increases Enrollment of Under-Represented Groups into AIDS Clinical Trials (ACTs)

Purpose of the study

- Not enough people of color enroll into ACTs, particularly African-Americans/Blacks and, to a lesser extent, Latinos/Hispanics.
- These groups face many complicated barriers to enrolling in ACTs.
- We evaluated how well a peer-driven intervention (PDI) worked to increase rates of screening for and enrollment into ACTs for these groups.

How was the study conducted?

- Participants were 540 adult African-American/Black and Latino/Hispanic persons living with HIV/AIDS in New York City, recruited through peers.
- Most participants had been living with HIV/AIDS for over 10 years but very few had been given access to ACTs. **Click HERE** for description of the participants.
- The study compared how well the intervention worked compared to a typical health education program.

Description of the Peer-Driven Intervention (called the “ACT2 Program”)

- Intervention elements included small group sessions, the opportunity to educate 3 peers about ACTs, and “navigation,” that is, support from others through the screening, eligibility, and enrollment process.
- ACT2 was specifically designed for African-Americans/Blacks and Latinos/Hispanics.

Main findings of the study

- Participants in the intervention group were **>30 times more likely** to go through the screening and eligibility process for ACTs than those who did not receive the ACT2 intervention (see Figure 1).
- About 1/2 of those who went through the screening process were found eligible for studies (48.6%). Almost all of those found eligible for a study joined the study, resulting in a total of 44.4% of those screened deciding to join a study.
- That means **9 out of 10 of those found eligible for a medical study joined a study** (see Figure 2).
- ACTs included studies of new treatments, and also studies where people participated in medical testing or gave blood or tissue samples but did not receive treatments (called “observational” studies).
- It was much easier to involve participants in observational studies than studies of new treatments.

SUMMARY

An intervention called the ACT2 Project greatly increased the numbers of African-American and Latino/Hispanic persons living with HIV/AIDS who entered research studies of treatments for HIV/AIDS (called AIDS clinical trials) and other similar medical studies.

Gwadz M, Leonard NR, Cleland CM, Riedel M, Banfield A, Mildvan D, & the ACT2 Project Collaborative Research Team (2011). The effect of peer-driven intervention on rates of screening for AIDS clinical trials among African Americans and Hispanics. *American Journal of Public Health*, v101, 1096-1102

Gwadz, M., Cleland, C.M., Leonard, N.R., Ritchie, A.S., Banfield, A., Riedel, M., Colon, P., & Mildvan, D. (2012). Predictors of screening for AIDS clinical trials among African Americans and Latino/Hispanics enrolled in an efficacious peer-driven intervention: Uncovering socio-demographic, health, and substance use-related factors that promote or impede screening. *AIDS and Behavior*. Advance online publication. doi: 10.1007/s10461-012-0194-1

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IMPLICATIONS

Sites providing HIV care and services, or units that conduct trials, can put this approach into place so that more African-American and Latino/Hispanic individuals with HIV/AIDS can gain access to these important medical research studies.

FIGURE 1
Percentage Screened for ACTs (N=540)

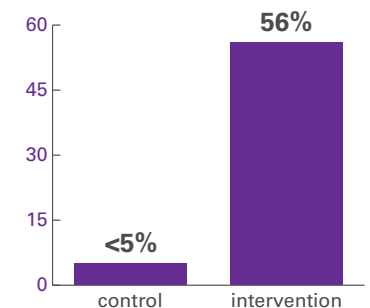


FIGURE 2
Proportion of Those Found Eligible who Joined Medical Studies



Supplement to ACT2 Project Fact Sheet

ACT2 cohort at baseline
(N=540 participants)*

Sociodemographic characteristics	
Female	44.3
<i>Age</i>	
Age (Mean [SD])	49.1 (7.5)
Age 18-40	11.3
Age 41-50	46.3
Age 51+	42.4
<i>Where born</i>	
United States	88.5
Puerto Rico or US Virgin Islands	4.4
Caribbean	3.5
Mexico or Central America	0.6
Other	3.0
<i>Immigration status</i>	
US Citizen	95.2
Visa/Green Card/Protected	3.7
Undocumented	1.1
<i>Race/Ethnicity</i>	
African American/Black	64.4
Hispanic/Latino	26.5
Bi or Multi-racial/Asian/White/other	9.1
<i>Sexual orientation</i>	
Heterosexual	69.3
<i>Borough of residence</i>	
Brooklyn	28.1
Bronx	31.7
Manhattan	28.5
<i>Indicator of socio-economic status</i>	
Eligible for Medicaid	93.5
Receives HIV/AIDS Services Administration (HASA) benefits and services (a resource specific to NYC)	72.4
Health characteristics (self report)	
Currently taking antiretroviral therapy (ART)	65.6
Past use of ART (but not current)	7.4
ART Naïve (never took ART)	27.0
CD4 < 350	34.9
CD4 < 350 & No Current ART	11.3
CD4 < 500	59.5
CD4 < 500 & No Current ART	18.4
Undetectable Viral Load	65.5
HIV Diagnosis > = 10 Years Ago	80.1
AIDS Diagnosis	57.2
Ever Hepatitis C virus positive	34.1
Ever Hepatitis B virus positive	19.6
Receive care in a hospital-based clinic	55.6
Ever screened for ACTs in the past	19.6
Substance use	
Ever Injected Drugs	29.3
Currently Inject Drugs	3.0
Weekly Drug Use	27.6
Daily Alcohol Use	6.3

*Figures are percents unless otherwise noted

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