

## IRIS House

**NAME:** Tonya N Taylor, Patricia Shelton, Michelle Lopez, Rusti Miller-Hill, Yolanda Dias, Mari Banks.

**ORGANIZATION:** SUNY Downstate Medical Center/STAR Program

**TRACK(S):** All 5 tracks (Our Care/Bodies/Vision/Voices, and Challenges) are applicable

**TITLE:** Findings from the SHAPE (Sexual Health and Aging Program) Pilot Study

**BACKGROUND:** The HIV epidemic in the United States is graying due to the success of antiretroviral therapy (ART). As of 2015, more than 50% of all people living with HIV (PLWH) in the US will be over 50 years of age. Among the growing number of older PLWH, women and minority groups are disproportionately affected. The HIV prevention needs of older PLWH are a neglected area of research, in part due to the assumption that they are no longer engaging in risk sexual activity. However, current studies have found that older PLWH are having unprotected sex, and many with serodiscordant partners. Risk factors for unprotected sex among PLWH include low levels of knowledge about HIV transmission, recent substance use and poor psychological well-being. There is also evidence that over time PLWH might abandon safer sex practices due to the belief that they are protected by adherence to ART and low viral loads. **INNOVATION:** To date there are no gendered, sexual risk reduction interventions targeted for older women with HIV that address changing psychosocial and interpersonal needs as they age.

**OBJECTIVE:** To test the feasibility, safety, and acceptability of study procedures of the SHAPE program to reduce sexual risk behaviors and enhance disclosure skills among heterosexual women with HIV aged 50 years and older.

**METHODS:** Inclusion criteria include: women with HIV who were 45 years old and older and reported unprotected sex using the SOC *Prevention for Positive* screen, which is a 10-item questionnaire to assess sexual risk behaviors in the last 3 months. Following the baseline assessment, participants were consecutively assigned to a control and intervention arm. An ACASI survey was administered to all participants to collect self-reported data at baseline (pre-intervention) and also at 3- and 6-month follow-up from the date of baseline. Assessment included validated survey measures on HIV disclosure, safer sex self-efficacy, perceived stress, coping self-efficacy, sexual function, social support, loneliness and quality of life. Thirty women participated in the SHAPE program, which is a brief (4, 2-hourlong), small-group (5-8 women), skills-based behavioral intervention that focuses on identifying life stressors (including triggers and barriers), enhancing coping, self-efficacy and decision-making skills for self-disclosing HIV status to sex partners and positive expectations about maintaining safer sex behaviors. The program was implemented over two day (2 sessions per day).

**RESULTS:** We found that the SHAPE program, study procedures and evaluation processes were feasible, safe, and acceptable to reduce sexual risk behaviors and enhance HIV disclosure self-efficacy. We were able to validate the outcome measures, recruitment procedures and estimate attrition rates. Finally, we were able to derive a crude estimate of the effect of the intervention needed to develop a confirmatory study.

**CONCLUSIONS:** Findings from this pilot will be used to develop a larger, fully-powered confirmatory prevention study.