

POPULAR OPINION LEADER (POL)

Good Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Intended Population

- Men who frequent gay bars

Goals of Intervention

- Eliminate or reduce sex risk behaviors

Brief Description

Popular Opinion Leader (POL) is a community-level intervention designed to identify, enlist and train key opinion leaders to encourage safer sexual norms and behaviors within their social networks of friends and acquaintances through risk-reduction conversations. Cadres of trusted, well-liked men who frequent gay bars are trained to endorse safer sexual behaviors in casual, one-on-one conversations with peers at bars and other settings. During these conversations, the POL corrects misperceptions, discusses the importance of HIV prevention, describes strategies he uses to reduce his own risk (e.g., keeping condoms nearby, avoiding sex when intoxicated, resisting coercion for unsafe sex), and recommends that the peer adopt safer sex behaviors. Popular opinion leaders wear buttons displaying the project logo, which also is on posters around the bars, as a conversation-starting technique. Each POL agrees to have at least 14 conversations with peers and to recruit another POL. POLs attend four weekly 90-minute training sessions that involve didactic and group discussions, modeling of effective health promotion messages, and extensive role play.

Theoretical Basis

- Diffusion of Innovations

Intervention Duration

- Ongoing

Intervention Setting

- Gay bars

Deliverer

- Popular opinion leaders who are trusted, well-liked men frequenting gay bars, and trained to endorse safer sex behaviors

Delivery Methods

- POL training
 - Goal setting
 - Group discussion
 - Modeling
 - Role play
 - Skill building
- Casual, one-on-one conversations
- Printed materials (logos, symbols, other devices)

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact **Jeffrey Kelly**, Medical College of Wisconsin, Center for AIDS Intervention Research, Department of Psychiatry and Behavioral Medicine, 2071 North Summit Avenue, Milwaukee, WI 53202.

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EVALUATION STUDY AND RESULTS

The original evaluation was conducted in Biloxi, MS; Hattiesburg, MS; and Monroe, LA between 1989 and 1991.

Key Intervention Effect

- Reduced unprotected sex with HIV-negative partners
- Increased condom use
- Reduced number of sex partners

Study Sample

The baseline study sample of 659 men in three communities is characterized by the following:

- 86% White, 14% Black or African American, or Hispanic/Latino
- 100% male
- 100% MSM
- Mean age of 29 years
- Mean education level: 15 years

Recruitment Settings

Gay bars

Eligibility Criteria

- The eligible *communities* were small cities (50,000 to 75,000 residents) that were separated by at least 60 miles from another city included in study or any other larger city (> 75,000 residents) and had one or two large gay bars.
- Men were eligible for assessment if they frequented gay bars in the eligible communities.

Assignment Method

One city (Biloxi, Mississippi) was randomly selected to receive the intervention and the remaining two cities (Hattiesburg and Monroe, Mississippi) served as comparison cities.

Comparison Group

The comparison cities received no specific intervention, but AIDS prevention brochures and posters were generally available in gay bars.

Relevant Outcomes Measured and Follow-up Time

- Sex behaviors during past 2 months (including any unprotected anal intercourse, unprotected receptive anal intercourse, or unprotected insertive anal intercourse; condom use during any anal intercourse, receptive

anal intercourse, or insertive anal intercourse; and number of sex partners) were measured at baseline and 3 to 6 months post intervention.

Participant Retention

Not applicable due to cross-sectional samples¹

Significant Findings

- Participants in the intervention city reported significantly greater reductions in any unprotected anal intercourse (including any, receptive or insertive) than participants in the two comparison cities (all p 's < .05).
- Participants in the intervention city reported significantly greater increases in condom use during anal intercourse (including any, receptive or insertive) than participants in the comparison cities (all p 's < .05).
- Participants in the intervention city reported significantly greater reductions in having multiple sex partners than participants in control communities (p < .05).

Considerations

- This intervention fails to meet the best-evidence criteria due to insufficient number of communities (1 city received the intervention; 2 cities served as comparison cities).
- Intervention efficacy was evaluated by comparing the first city to receive the intervention (Biloxi) to two comparison cities (Hattiesburg and Monroe). The intervention was evaluated in all three cities using a sequential stepwise lagged design. The intervention produced reductions in high-risk behaviors (e.g., unprotected anal intercourse) with the same pattern of effects replicated in all three cities (Kelly et al., 1992).
- Additional evidence is found in a replication study conducted by Kelly et al., 1997. However, this replication intervention fails to meet the *Good-evidence* criteria due to excluding 8 (4 intervention and 4 comparison) of 16 intended communities and dropping participants who were transient or exclusively partnered (32% of baseline assessment and 39% of follow-up assessment) from the analysis.
- Additional evidence is found in an adaptation study conducted by Jones et al., 2008 for African American MSM. This adaptation study also fails to meet the *Good-evidence* criteria due to lack of a comparison arm.

¹The evaluation did not follow a cohort of participants across time but selected a different representative sample of community members at each assessment.

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