

iENGAGE (INTEGRATING ENGAGEMENT AND ADHERENCE GOALS UPON ENTRY)



Evidence-Based for the Structural Intervention Chapter

POPULATION

- People with HIV (PWH) who are new to care

KEY INTERVENTION EFFECTS

- Reduced internalized HIV stigma

BRIEF DESCRIPTION

iENGAGE (integrating ENGagement and Adherence Goals upon Entry) is individually tailored to improve information, motivation, and behavioral skills to promote treatment adherence and viral suppression.

The intervention:

- Facilitates adjustment to living with HIV
- Helps manage negative emotions
- Normalizes the experience of PWH
- Assists with goal setting
- Teaches and strengthens problem-solving skills
- Aims to help identify and combat self-identified barriers to treatment adherence, including retention in care and ART adherence

DURATION: Four face-to-face sessions over 48 weeks

SETTING: HIV Clinical sites (University of Alabama at Birmingham (UAB), University of North Carolina at Chapel Hill (UNC), Johns Hopkins University (JHU), and the University of Washington at Seattle (UW))

STUDY YEARS: Not reported

STUDY DESIGN: Randomized controlled trial

DELIVERERS: Trained counselors

DELIVERY METHODS: Counseling, Goal setting, HIV education, Skills building, Phone calls (i.e., interim enhanced personal contact, visit reminders, and missed visit follow up)

STUDY SAMPLE

The analytic study sample of 371 patients was characterized by the following:

- 29% White persons
- 62% Black or African American persons
- 8% Persons who identify as other race/ethnicity
- 79% male persons, 19% female persons, 2% transgender persons
- Mean age: Intervention = 35 years; Control = 36 years

STRUCTURAL COMPONENTS

Capacity Building

- Provider/supervisor training

Social Determinants of Health

- Acceptance and respect

KEY INTERVENTION EFFECTS (see **Primary Study** for all outcomes)

- The interaction between time and study arm for internalized HIV stigma was significant ($F(1,298) = 5.06, p = 0.025$). Post hoc comparisons indicated that intervention participants reported a significant decrease in internalized HIV stigma ($M = 2.11, SD = 0.68$) than at baseline ($M = 2.32, SD = 0.75, p = 0.000$), whereas in the control group, no significant difference between baseline and follow-up scores were detected ($M = 2.27, SD = 0.75; M = 2.23, SD = 0.77, p = 0.514$).
- The intervention effect was moderated by depression ($B = 0.03, SE = 0.01, t = 2.05, p = 0.04$) suggesting the intervention had stronger effects for participants who have higher levels of depression.
- The intervention effect was also moderated by self-blame as a coping mechanism ($B = 0.08, SE = 0.03, t = 2.30, p = 0.02$) suggesting the intervention had stronger effects for participants who have higher levels of self-blame.

CONSIDERATIONS

- None reported

ADVERSE EVENTS

- The author did not report adverse events.

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PRIMARY STUDY

Yigit, I., Modi, R. A., Weiser, S. D., Johnson, M. O., Mugavero, M. J., Turan, J. M., & Turan, B. (2020). [Effects of an intervention on internalized HIV-related stigma for individuals newly entering HIV care](#). *AIDS*, 34(Suppl. 1), S73-S82. doi: 10.1097/QAD.0000000000002566

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