Folkhälsomyndigheten

Hiv- och STI-prevention och sexuell hälsa för migranter

Beskrivning av de 27 inkluderade artiklarna i litteraturöversikten

Innehåll

I. Beskrivning och Kvalitetsgradering av inkluderade randomiserade kontrollerade studier med hjälp av TREND checklista 3

II. Beskrivning och kvalitetsgradering av inkluderade icke-randomiserade studier med hjälp av TREND checklista 41

III. Detaljerad beskrivning av olika interventioner 75

I. Beskrivning och Kvalitetsgradering av inkluderade randomiserade kontrollerade studier med hjälp av TREND checklista

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
Hee-Soon Juon, Carol Strong , Frederic Kim, Eunmi Park, Sunmin Lee, 2016: **Lay Health Worker Intervention Improved Compliance with Hepatitis B Vaccination in Asian Americans: Randomized Controlled Trial.** *PLoS ONE 11(9): e0162683. doi:10.1371/journal.pone.0162683*	**AIM**: To evaluate the effect of a lay health worker (LHW) telephone intervention on completing a series of hepatitis B virus (HBV) vaccinations among unprotected foreign-born Asian Americans in the Baltimore-Washington Metropolitan area **THEORY**: none reported **METHODS** **Design**: RCT **Eligibility:** Foreign-born Asian American adults, aged 18 years and older who had never been tested for hepatitis **Recruitment and sampling Method:** Participants were recruited from the community-based organizations in the Baltimore Washington Metropolitan Area using a **non-probability sampling**. **Recruitment sites**: local Chinese, Korean, and Vietnamese newspapers and in local Asian grocery stores, churches and temples. **Settings**: community-based organizations, Baltimore, USA **Intervention**: The intervention group received a list of resources by mails for where to get free vaccinations as well as reminder calls for vaccinations from trained lay Health workers (LHWs,), and the control group received only list of resources by mail **Study period:** April 2013-march 2014, follow-up: January 2014-february 2015 **Sample size details:** Unclear **Assignment method:** computer-automated random assignment (1:1) was used to ensure equivalence between groups on key factors: gender, age, education, length of stay in the United States.	**TREND Score:** 15.14 (max=22) **Limitations (TREND):** No theory, incentives (unclear), primary and secondary outcomes : Not clearly described, No information on measurement instrument validity, Sample size determination: unclear, Blinding: unclear, Methods of imputing missing data: Unclear, Statistical software used: unclear, no description of study protocol, comparison between study population and target population at baseline: No, Intent to treat analysis: No, Results on pre-specified pathways : not included, Summary of adverse events: no **Other Limitations:**

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Sample: 232 Asian Americans (Chinese=32%, Koreans=34% and Vietnamese=34%) who were found to be unprotected after a free hepatitis B screening of 600 screened eligible participants were assigned to the **intervention group (n = 124)** or **control group (n = 108).** **Sample profile: *Sex*:** 56.9% were females, **Ag*e*:** average 48.8 years, **Proportion of migrants**:,75% not fluent in English, **Country of origin**: China (32%), Korea (34%) and Vietnam (32%), **Length of stay**: Unclear **Follow up:** 7-month **Retention rate**: overall=185 (79.7%) completed follow-up. Intervention= 81%, Control=81% **Comparison**: between groups at follow-up) **Blinding**: Unclear **Instrument**: Unclear **Outcome measures:** Hepatitis B Vaccination (Self-reported vaccinations were verified with the medical records): Number of the recommended series of 3 vaccinations each participant received: none, 1 or 2, or all 3 (complete). **Statistical analysis**: multivariate multinomial logistic regression with 3 categories of outcome: none, 1 or 2, or all 3 (complete) and a subgroup analysis to examine the promoters to vaccinations among those who had vaccinations and the barriers to vaccinations among those who did not have vaccinations at all. **RESULTS** **Baseline equivalence**: Unclear **Outcomes and Estimation**: Those in the intervention group were about three times more likely to have1or more vaccines than the control group (OR=3.04, 95% CI 1.16, 8.00) compared to those who had never received a hepatitis B vaccination. Those in the intervention group were seven times more likely to complete a series of vaccinations than those in the control group (OR=7.29, 95% CI 3.39, 5.67) compared to those who never received a vaccination. <u>Promoters of Vaccination</u>:	Non random sample (selection bias), small effect, low cross-verification of self-reported screening with the medical record **Generalizability (limited):** may only apply to Asian members of CBOs and only those interested (selection bias) **Overall quality**: Moderate

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Among the 89 respondents who received vaccine (2 did not complete a posttest), 70.8% (n=63) reported our screening program and educational program (e.g., reading photo novels) motivated them to do so. About half (49.4%) reported that they were motivated by self-awareness after receiving the letter along with screening results Barriers to vaccination: Out of the sample of 96 who did not receive vaccine, 46% indicated that they did not have time; 19% did not know where to get the vaccination; 13% either had no health insurance or could not afford to get a vaccination; 11% reported that receiving the vaccination was not important to them; 9% forgot to receive the vaccination **DISCUSSION** **Interpretation**: The LHW intervention was successful at increasing HBV vaccinations rates among foreign-born Asian Americans. This study suggests that this culturally integrated intervention program may be useful for reducing liver cancer disparities from chronic HBV infection in high risk Asian Americans. **Generalizability (External validity)** : Clearly reported	
Roland C. Merchant, Melissa A. Clark, Claudia A. Santelices, Tao Liu, Dharma E. Cortès: **Efficacy of an HIV/AIDS and HIV testing video for Spanish-speaking Latinos in healthcare and non-healthcare settings.** *AIDS Behav (2015) 19:523–535 DOI 10.1007/s10461-014-0889-6*	**Aim**: To assess the efficacy of a Spanish-language HIV/AIDS and HIV testing video as a substitute for comparable orally-delivered information in healthcare and non-health care settings for Spanish-speakers regardless of health literacy level **Theory:** None reported **METHODS** **Design**: RCT **Eligibility:** primarily and preferentially spoke Spanish, self-identified as Latino, were 18–64 years-old; did not present for evaluation of a psychiatric illness; not prison inmates; not critically ill or injured, intoxicated or known to be HIV infected, in an HIV vaccine study, or have a physical disability or mental impairment. **Recruitment and sampling Method**: in the health care settings**,** a research assistant (RA) approached potential participants, verified their eligibility, and enrolled those who were eligible and willing to participate. In the non-healthcare settings, the RA solicited volunteers from classes and through posted announcements.	**TREND score:** 14.49 (Max=22) **TREND Limitations:** No theory, Nonrandom sample, No baseline data for comparison (post only, cross sectional design), no follow-up, did not assess effectiveness on risk behaviors or testing. **Generalizability**:

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Recruitment sites: an ambulatory medicine clinic, an Emergency Department at an urban, not-for-profit, medical school-affiliated hospital and two related non-healthcare, community-based organizations. **Intervention:** Intervention group watched a video on a tablet computer, listened to the audio using headphones and the control group received in person, orally-delivered information by an HIV test counselor. **Study period:** September 2011 to February 2012 **Settings:** an ambulatory medicine clinic, an Emergency Department at an urban, not-for-profit, medical school-affiliated hospital and two related non-healthcare, community-based organizations, that provide educational and support services to immigrants in Providence, Rhode Island, USA **Sample size details:** Based upon the results of our previous English-language video study, a minimum sample size of 60 participants per randomization arm was needed to detect a mean difference of 10 (assuming 90 % power). **Assignment method:** block randomization at each study site, stratified by health literacy level. **Sample**: 150 adult Spanish-speaking Latinos recruited an ambulatory medicine clinic (n = 50) and an ED (n = 50) and two community-based organizations (n = 50) were randomly assigned to the two study arms using **Sample Profile**: *Sex:* Male, female, *Age*: 27-47 years, *Country of origin*: 73 % (n= 109) of participants foreign born from The Dominican Republic (43 %), Puerto Rico (22 %), Guatemala (17 %), El Salvador (7 %), and Mexico (5 %); the remainder (6 %) from Bolivia, Columbia, Ecuador, and Venezuela.,*Length of stay*: median 17 years (video) vs. 14 years (orally-delivered information) **Follow up:** No **Retention rate**: 81 % per study arm **Comparison**: between groups (Video (intervention) vs Orally delivered (control)) after the intervention (Immediately after) **Blinding:** unclear **Outcome measures:** Comprehension of information (HIV knowledge Score) **Instrument**: test–retest reliability of the questionnaire at one month was r = 0.61 and internal consistency (Cronbach's α = 0.80).	Limited to similar settings, deliverer (competence) and mode of delivery (-) **Overall**: moderate

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Statistical analysis: *Wilcoxon rank-sum* and *Student's t test* (continuous variables), Fisher's exact test, and *Pearson's X^2 test* (categorical variables): comparison of demographic characteristics by study arm and study site. *Wilcoxon rank-sum* test (comparison of mean scores on the questionnaire by health literacy level) and *Multivariable linear regression* (assess the influence of demographic characteristics, nativity, US acculturation, health literacy level, and HIV testing history on mean scores on the questionnaire). **RESULTS**: **Baseline equivalence**: the study arms were similar by demographic characteristics (except for race) and participant characteristics by study site, except for a predominance of Black Hispanics and individuals with fewer years of formal education at the community-based organization. **Outcomes and Estimation**: Mean scores on the questionnaire for the video (20.4; 95 % CI 19.5 ~ 21.3) and the orally-delivered information arms (20.6; 95 % CI 19.7 ~ 21.5) were similar. Mean scores among lower health literacy participants also were similar (18.3 (video) vs. 19.6 (in-person); $p < 0.30$). In the multivariable linear regression analyses, lower mean scores were related only to health literacy level (b -2.4; 95 % CI -3.8, -1.1), and not demographic characteristics (age, gender, race, insurance status, years of formal education, nativity, US acculturation, study arm (video or orally delivered information), study location (ambulatory medicine clinic, ED, or community-based organization) or prior HIV testing. The results of Fisher's exact analysis showed no difference in the proportion of correct responses and ''Don't know'' responses between the in-person informational session and video arms. **DISCUSSION** **Interpretation**: This Spanish-language video is a viable substitute for orally-delivered HIV/AIDS and HIV testing information. **Generalizability (External validity)** :-	
Roshan Bastani, Beth A. Glenn, Annette E. Maxwell, Angela M. Jo, Alison K. Herrmann, Catherine M. Crespi, Weng K. Wong, L. Cindy Chang, Susan L. Stewart, Tung T. Nguyen , Moon S. Chen Jr and Victoria M. Taylor:	**Aim**: to evaluate a church-based small group intervention to improve HBV testing among Koreans in Los Angeles **Theory**: The health behavior framework **METHOD** **Design**: RCT (True Experimental), Pretest Posttest control group design	**Trend score =** 19.72 (Max =22) **Trend Limitations:** No information on questionnaire validity, incentive, blinding, or protocol deviations. No results

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
Cluster-Randomized Trial to Increase Hepatitis B Testing among Koreans in Los Angeles. *Cancer Epidemiol Biomarkers Prev; 24(9) September 2015*	**Recruitment and Sampling Method**: Eligible churches were classified into six strata defined by size (small, medium, large) and geographic location (Korea town versus other). Within each stratum, a pair of churches was randomly selected and members of the pair were randomly assigned to either the intervention or the control condition. Participants were recruited on-site by study staff to participate in a "Korean Health Study," and screened for eligibility **Recruitment sites:** Churches **Intervention**: *Intervention churches*: a single-session small group discussion on liver cancer and HBV testing, and *control church*: a similar discussion session on physical activity and nutrition **Study period**: between 2006 and 2012 **Sample size details**: Power calculations determined that 21 churches per group with a mean of 20 participants per church would provide 80% power to detect a 10 percentage point group difference in test rates at follow-up (5% versus 15%) assuming an intra class correlation (ICC) of 0.05. **Setting**: Korean Churches in Los Angeles, USA **Assignment method**: Stratified randomization **Sample:** 52 of 179 churches that comprised the sampling frame for the study were stratified by size (small, medium, large) and location (Korea town versus other) and randomized to intervention (N=26) or control condition (N=26), %). Thereafter, a total of 1,866 participants were screened for eligibility at the 52 churches. Of these, 1,196 (64%) met study eligibility criteria and 1,123 (94%) were enrolled and completed the baseline survey, n=543 from intervention churches and n= 580 from control churches. **Baseline demographic data**: *Sex*: female (65%) *Age*: 18-64 years (mean=46 years) *Country of origin*: foreign born 97% (born in Korea) *Length of stay*: on average >16 years **Comparison**: between groups at follow-up	of pre-specified causal pathways) **Other limitations**: Self-reported data, small effect (only small proportion reported HBV testing), Contamination of some sites (similar intervention at the same time) **Generalizability**: may apply to Koreans (not all migrants) and similar settings **Overall quality**: high

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Follow up: 6 months **Retention rate**: Six-month follow-up interviews were completed by 86% of enrolled participants **Blinding:** Unclear **Outcome measures:** Comprehension of information (HIV knowledge Score) **Instrument:** unknown validity and reliability **Outcome Measures**: HBV testing(self-reported) **Statistical analysis**: *Mixed effects models* accounting for clustering on church (comparison of the intervention and control groups on baseline sociodemographic and access to health care, and comparison of participants lost to follow-up to those retained). *Intent-to-treat analyses* (of all randomized participants and in which individuals lost to follow-up were assumed not tested for HBV) using *mixed effects logistic regression* with random intercepts for church and session to account for the hierarchical structure of the data. S*ensitivity analyses*: the analysis was repeated with missing outcomes multiply imputed using the MICE system of chained equations. **RESULTS:** **Baseline equivalence**: no statistically significant differences between intervention and control participants at baseline. Compared with participants lost to follow-up, those completing the 6-month interview tended to be older (mean 46 vs. 42 years, $P < 0.002$) and have longer length of stay in the United States (mean17vs.14 years, $P < 0.001$). **Outcome and estimation**: The effect was large, with the odds of HBV testing in the intervention group nearly five times higher than in the control group [OR= 4.9, P<0.001, 95% CI: 2.4–9.9], with 19% of intervention and 6% of control group participants reporting a HBV test. Sensitivity analysis using multiple imputation of missing outcomes also showed a significant intervention advantage, with estimated rates of 22.8% and 6.7% (OR= 4.8, $P < 0.001$; 95% CI, 2.5–9.2). Statistically significant intervention effects were observed within small, medium, and non-Koreatown churches in stratified secondary analyses. In the restricted sample, the overall effect of the intervention remained significant (OR= 5.7, $P < 0.001$) and statistically significant intervention effects were also observed among large and Koreatown churches. **DISCUSSION**	

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Interpretation: the intervention achieved a large and robust intervention effect. However, the actual proportion of individuals in the intervention group that received HBV testing was modest suggesting that more intensive interventions and interventions conducted in settings other than churches may be needed to achieve higher population level coverage rates. **Generalizability (External validity)** :+/-	
Hee-Soon Juon, Sunmin Lee, Carol Strong, Rajiv Rimal, Gregory D Kirk, Janice Bowie,, USA, 2014: **Effect of a liver cancer education program on hepatitis B screening among Asian Americans in the Baltimore-Washington metropolitan area, 2009-2010,** *Prev Chronic Dis 2014;11:130258. DOI: http://dx.doi.org/10.5888/pcd11.130258*	**Aim**: to test the effectiveness of a culturally tailored liver cancer education program for increasing screening for HBV among Chinese, Korean, and Vietnamese Americans residing in the Baltimore-Washington metropolitan area, from November 2009 through June 2010. **Theory**: the PRECEDE–PROCEED planning model **METHODS** **Design**: RCT (True Experimental), Pretest Posttest control group design **Recruitment and sampling method**: a cluster sampling design to recruit Asian Americans aged 18 years or older from the membership of Asian community-based organizations (CBOs). Each CBO was randomly selected from either an intervention or control site. A total of 27 CBOs, 15 in the intervention site and 12 in the control site, agreed to participate. Nine of these organizations served Korean Americans, 8 served Chinese Americans, and 10 served Vietnamese Americans. Eligible participants were then recruited from among members of these organizations on a voluntary basis. **Recruitment site**: Chinese, Korean, and Vietnamese CBOs, such as churches, temples, language schools, and college cultural organizations. Asian grocery stores, restaurants, and nail salons were additional sources for recruitment. Korean participants came predominantly from churches (n = 7, up to 70%)), Chinese participants were enrolled predominantly from language schools (n = 5, up to 63%). Vietnamese participants did not have a predominant recruitment site and were recruited from various venues such as temples, churches, and nail salons **Intervention**: The intervention group received a culturally integrated 30-minute liver cancer education program. Those in the control group received the English-language brochure, *What I Need to Know About Hepatitis B*, developed by the National Institute of Diabetes and Digestive and Kidney Diseases. **Study period**: From November 2009 through June 2010 **Setting**: community-based organizations (CBOs) in the Baltimore metropolitan area (as the intervention site) and the Washington, DC–suburban Maryland area (as the control site), USA	**Trend score=** 14.5 (Max=22) **Trend limitations:** No information about incentives, questionnaire validity unclear, how sample size was determined, assignment methods, **blinding**, methods for imputing missing data, the number of participants screened for eligibility or deviations from study protocol. No comparison between study population at baseline and target population of interest, no indication of the use of intent to treat analysis or how non-compliers were treated. No results from testing specified causal pathways and no clear description of generalizability issues **Other Limitations**

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Sample size details: Unclear **Assignment method**: unclear **Sample**: Of the 940 eligible volunteer participants from the 27 CBOs, 5.0% (n = 47) did not show up for the program. Of the 893 who came to the educational program, 13 did not complete a baseline survey or did not participate in the program, and 3 had participated in a liver education program in the past year. Of the 877 participants who completed the baseline survey, 441 (50.3%) drawn from 15 CBOs were in the intervention group and 436 (49.7%) drawn from 12 CBOs were in the control group. **Baseline demographic data:** *Age*: ≥18 years *Country of origin*: Chine, Vietnam and Korea **Comparison**: between groups at follow up **Follow up:** 6 months (telephone survey) **Retention rate**: 79% (n = 688) of participants completed the 6-month follow-up telephone survey (intervention=345, control=343) **Blinding:** Unclear **Instrument:** Unknown validity and reliability **Outcome Measure:** HBV screening (Self-reported) **Statistical analysis**: descriptive and multiple logistic regression analyses with generalized estimating equation to adjust for the cluster effect **RESULTS** **Baseline equivalence**: No significant differences between arms at the individual and cluster level. Those who dropped out of the study (n = 189; attrition rate, 21.6%) were not statistically different from those who remained in both arms except for education (College graduates were	Intervention and control sites were not randomly selected rather agreed to participate, unclear assignment method, no power, self-reported data, unknown validity and reliability of questionnaire, blinding unclear **Generalizability** : limited **Overall**: moderate

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	more likely to follow-up than their less-educated counterparts (57.4% vs 37.6%, P < .001) and race/ethnicity (Vietnamese were more likely to drop out than Chinese or Koreans (39.7%, 34.9%, and 25.4%, respectively, P .010)). **Outcomes and estimation**: The intervention group had higher HBV screening rates at follow-up than the control group without any adjustment (odds ratio [OR], 4.63; 95% confidence interval [CI], 2.30–9.32, P < .001). The overall adjusted odds of a participant self-reporting having had HBV screening at 6-month follow-up was significantly higher for the intervention group than for the control group (odds ratio = 5.13; 95% CI: 3.14–8.39; P < .001). Chinese Americans (OR= 3.00; 95% CI, 1.66–5.41) and Vietnamese Americans (OR= 3.59; 95% CI, 2.04–6.34) had higher odds (both P < .001) of being screened at 6-month follow-up than Korean Americans, after adjusting for the intervention effect. Among the 74 respondents in the intervention group who obtained HBV screening in that period, 78.4% (n = 58) reported that the educational program motivated them to do so. In the subset analysis of the 58 who were motivated by our education program, 86.2% identified the slide presentation as the primary motivator followed by the role-playing video (32.8%), photonovel (31.0%), discussion after the presentation (25.9%) and the resource list for HBV screening (15.5%). **DISCUSSION** **Interpretation**: Culturally tailored education programs that increase liver cancer awareness can be effective in increasing HBV screening among underserved Asian American populations. Generalizability: limited	
Lois M. Takahashi, Karin E. Tobin, Stacy To, Samuel Ou, Chui Hing (Helen) Ma, Fiona Ka Wa Ao, and Jury Candelario, 2013: **Chieh Mei Ching Yi: A Randomized Controlled Trial of a Culturally Tailored HIV Prevention Intervention for Chinese Massage Parlor Women in Los Angeles.** *AIDS Education and Prevention, 25(6),*	**Aim**: to assess the efficacy of a gender and ethnically tailored HIV prevention intervention for monolingual Chinese-speaking women who work as masseuses in Los Angeles **Theory**: Social Cognitive Theory and theories of gender and power **METHODS** **Design**: RCT (True Experimental), Pretest Posttest control group design (post session, 3 months) **Recruitment and sampling methods**: outreach by trained study staff to massage parlors, word of mouth, advertisements in Chinese newspapers, and referrals from community agencies, law offices that provide services, and massage schools targeting Chinese-speaking women. Eligible participants provided oral consent to be randomized into either the intervention or control condition. **Recruitment sites**: newspaper advertisements and referrals from agencies and massage schools	**TREND Score = 13.1** **TREND Limitations:** Abstract not structured, outcomes not clearly defined as primary and secondary measures, validity of the questionnaire unclear, unclear how sample size was determined, assignment method unclear, blinding unclear, methods for imputing missing data, no description of protocol deviation or fidelity, no confidence interval, no subgroup analyses, no

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
508–518, 2013	**Intervention**: The intervention group received two group-based sessions focused on HIV risk and prevention knowledge and condom skills. The control condition received a single-session HIV review **Study period:** November 2010 to July 2012 **Settings**: APAIT Health Center in Los Angeles, USA **Sample size details**: Unclear **Assignment method**: Unclear **Sample**: 200 Chinese women with low English proficiency who were current and former massage parlor workers were randomly assigned to the intervention (n= 101) or control condition (n= 99). **Baseline demographic data**: *Sex*:100% female *Age*: 20-74 years *Country of origin*: China *Length of stay*: **Follow up**: at 3 month **Retention Rate**: at 3-month follow-up was 93% and did not vary by condition **Comparison**: between groups at baseline, posttest and follow up **Blinding**: Unclear **Instrument**: unknown validity and reliability **Outcome Measures**:	summary of adverse events, no discussion on the success of and barriers to the implementation **Other Limitations:** Non random samples, no power, risk for contamination, no multivariate analysis to control for potential confounders, self-reported data, limited generalizability **Overall quality**: low

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Knowledge about HIV (transmission and prevention) risk factors, Knowledge about preventive factors and condom use skills **Statistical analysis (STATA 10)**: Chi-square tests (categorical variables) and t-tests (continuous variables) were used to compare participants by randomized condition at baseline, post-workshop, and 3-month follow-up. Fisher's exact test was used in lieu of chi-square tests when variables had sparse cells (< 5 participants in a category). All analyses were based on the intent-to-treat assumption regardless of number of sessions attended. **RESULTS** **Baseline equivalence:** no statistically significant differences between the intervention and control conditions on baseline socio-demographic characteristics, except the proportion single/never married **Outcome and estimation**: Participants in both conditions demonstrated marked increases from pre-workshop to post-workshop in knowledge about where to get condoms and how to put on a male and female condom. These effects were sustained at the 3-month follow-up period. Correct knowledge on all items improved in both conditions and was sustained at the 3-month follow-up survey. The intervention condition was associated with a greater proportion of correct knowledge on HIV transmission risk from mosquitoes and hugging an HIV-positive person at 3-month follow-up, and marginally significant with correct knowledge about HIV transmission risk from dining with an HIV-positive individual or breastfeeding. The intervention condition was also associated with increased correct knowledge about the ineffectiveness of HIV prevention from a vaccine and Chinese medicine. **DISCUSSION** **Interpretation**: The results highlight the possible efficacy of a one-workshop intervention in increasing HIV knowledge, but that more intensive participant interaction may be needed for improved condom use knowledge. **Generalizability**: limited	
Hee-Soon Juon, Byung Joon Park, USA, 2013: **Effectiveness of a culturally integrated liver cancer**	**Aim**: To assess the effectiveness of a hepatitis B virus (HBV) educational program in increasing HBV knowledge **Theory**: the PRECEED-PROCEED model **Design**: RCT (True Experimental), Pretest Posttest control group design	**TREND score=** 14.9 (Max=22) **Trend limitations:** No clearly defined primary and secondary

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
education in improving HBV knowledge among Asian Americans. *Preventive Medicine 56 (2013) 53–58*	**Recruitment and sampling method**: self-identified Asian American adults in the targeted areas were recruited from 27 Chinese, Korean, and Vietnamese CBOs (15 for intervention, 12 for control) that agreed to participate in our study. **Recruitment sites**: Chinese, Korean, and Vietnamese CBOs such as churches, temples, language schools, college cultural group organizations, Asian grocery stores, restaurants, and nail salons. Korean participants were recruited predominantly from churches (n=7, 70% of the organizations for Korean recruitment). Chinese participants were recruited predominantly from language schools (n=5, 63% of Chinese participating organizations). Vietnamese participants did not have a predominant recruitment site because interventions were scattered in different venues **Intervention**: participants in the intervention group received a culturally integrated 30-minute liver cancer educational program; those in the control group received an English brochure developed by the National Institute of Diabetes and Digestive and Kidney Diseases: "*What I need to know about Hepatitis B.*" **Study period**: Between November 2009 and June 2010 **Settings**: community-based organizations (CBOs) in the Baltimore–Washington Metropolitan Area, USA **Sample size details**: Unclear **Assignment method**: unclear **Sample**: Of the 940 potentially eligible participants from CBOs, 5% (n=47) did not show up. Of the 893 participants who came, 13 (1.5%) did not complete a baseline survey or did not participate in the education program. 877 Asian Americans were recruited from Chinese, Korean, and Vietnamese community-based organizations (CBOs) and randomly assigned to Intervention group n=441 (50.3%) or control group n= 436 (49.7%). **Baseline demographic data**: Sex: 58.5% were females, *Age*: 18+ *Country of origin*: China (n=303), Korea (n=294) and Vietnam (n=280) *Length of stay*:Unclear	outcomes, no information about how sample size was determined, assignment method, blinding, methods for imputing missing data. No baseline comparisons of those lost to follow up and those retained, No comparison between study population at baseline and target population, no confidence interval, no discussion of success and barriers to implementing the intervention **Other Limitations:** Non random samples (CBOs and participants), unclear assignment method, no power, blinding unclear, self-reported data, cannot be generalized to other Asian Americans who do not attend CBOs **Overall**: moderate

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Follow-up: 6- month **Retention**: at 6 month follow up intervention n=345 (78.2%) and control group n=343 (78.7%). **Comparison**: between groups and between baseline, posttest and follow-up **Blinding**: Unclear **Instrument**: questions about modes of HBV transmission (n=10, alpha=0.91) and 0 to 7 for sequelae of HBV (n=7, alpha=0.78). **Setting**: Community based organizations (CBOs) **Outcome Measures**: HBV Knowledge **Statistical analysis (STATA 11)**: Student's t test (continuous variables) and the Pearson's $\chi 2$ (categorical variables) to compare baseline characteristics between the intervention and control. T tests to compare the scores between intervention and control groups at pretest and 6-month follow-up using t tests. Then, paired t tests to examine changes in knowledge scores between baseline and post-education, and between baseline and posttest as well as changes by subgroup of Asian Americans and three age groups. Participant data were analyzed as part of their original random group assignment (n=877), following intent-to-treat (ITT) principles (with baseline values carried forward for missing values). **RESULTS:** **Baseline equivalence: no** baseline differences between the intervention and control groups, except for age that differed significantly by intervention group. Those who dropped out of the study (n = 189; attrition rate, 21.6%) were not statistically different from those who remained in both arms except for education (College graduates were more likely to follow-up than their less-educated counterparts (57.4% vs 37.6%, P < .001) **Outcome and estimations:** The intervention group showed significantly higher knowledge scores than the control group at the 6-month follow-up (between-group difference was 1.44 for knowledge of transmission modes and 0.59 for sequelae, P<0.01). For the intervention group, the increase in knowledge of HBV transmission modes in post-education was much higher at 6-monht follow-up than at the baseline (4.18 vs. 2.07), P<0.01). Those older than 60 years reported the lowest knowledge scores of transmission mode in all three points.	

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	DISCUSSION **Interpretation**: Findings suggest that this culturally integrated liver cancer educational program increased HBV knowledge. Differential strategies are needed to target age groups, separately educating those younger and those older. **Generalizability**: - , cannot be generalized to other Asian American who do not attend CBOs	
Moon S. Chen Jr, Dao M. Fang, Susan L. Stewart, May Ying Ly, Serge Lee, Julie H.T. Dang, Tram T. Nguyen, Annette E. Maxwell, Christopher L. Bowlus, Roshan Bastani, and Tung T. Nguyen, USA, 2013: **Increasing Hepatitis B Screening for Hmong Adults: Results from a Randomized Controlled Community-Based Study.** *Cancer Epidemiol Biomarkers Prev; 22(5); 782–91*	**Aim**: To evaluate a 5-year randomized controlled trial testing a lay health worker (LHW) intervention to promote HBV testing through in-home education and patient navigation **Theory**: the Health Behavior Framework (HBF) METHODS **Design**: RCT (True Experimental), Pretest Posttest control group design **Recruitment and sampling method**: community collaborators gathered the names, addresses, and telephone numbers of Hmong residents using the 18 distinctive Hmong surnames from local telephone directories. Over 3,408 Hmong households constituted the database. A batch of households was randomly selected from the database, the address of each household was examined in the order selected, and any address within half a mile of a current participant or another household in the same batch was rejected. The household was contacted and screened by telephone. If an adult Hmong individual was reached, we conducted a screening interview was conducted with each consenting household member aged 18 to 64, selected in random order, until a person who had not been tested for hepatitis B was identified; the person was then invited to participate. **Recruitment sites**: Homes **Intervention**: the intervention group received information in Hmong or English (respondent's preference) in a culturally appropriate and comprehensible way on the value of serologic testing for HBV to the eligible respondent and control group received education about healthy nutrition and physical activity. **Study period**: **Settings**: in the Greater Sacramento, California area (Sacramento County and its 4 contiguous counties), USA	**TREND Score= 13.9 (Max=22)** **TREND Limitations**: outcomes not clearly defined as primary and secondary measures, validity of questionnaire unclear, assignment method unclear, blinding unclear, no comparison between study population and target population or between those lost to follow up and those retained, no description of protocol deviation or fidelity, issues of generalizability not clearly described **Other limitations:** small effect, maybe limited to those who possess a phone **Overall quality**: low

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Sample size details: 80% power to detect a difference of 20 percentage points between the study arms at the 0.05level, (2-sided) based on an assumption that 5% to 20% of the control group participants would report being serologically tested, with a sample size of 100 per arm at posttest. **Assignment method**: Unclear **Sample**: Of the 1,860 households selected, only 869 were contacted; the remainder had no phone (n=48), a disconnected phone number (n=551), or did not answer (n= 392). Within contacted households, 552 potential respondents were identified. Of these, 490 were screened for eligibility, 59 refused the screener, and 3 could not be contacted. Of those screened, 260 consented and were randomized equally to intervention and control conditions. The remaining individuals were ineligible (n= 107) or refused to participate in the trial (n = 123; 260 Hmong adults from Thailand and Laos were randomized equally to intervention and control conditions, intervention (130) or control (130). **Baseline demographic data**: *Sex:59.6 % female* *Age: 18-64 years* *Country of origin:* Laos =73.1 % and Thailand= 21.5% *Length of stay*: ≤ 10 years (37.9%), >10 years (62.1 %) **Follow up**:6-month **Retention**: At the Posttest: 217, intervention (n=105) and control (N0112) 6 months follow-up **Comparison**: between groups at follow up **Instrument**: Unknown validity **Blinding**: unclear **Outcome Measures**: HBV Knowledge and factors affecting testing, HBV testing	

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Statistical Analysis*: X^2 tests* were used for categorical variables and *Student t tests* for continuous variables (to compare baseline data), X^2 test (to assess the difference between the intervention and control arms with respect to the post-intervention proportions). Analogous *intent-to-treat* analysis (dropouts were considered not serologically tested). *McNemar's test* (to assess the change from pre- to post-test in the proportion answering each item correctly in each arm) was assessed using, and *a z-test* (to assess the difference in scores between the study arms. *Logistic regression* model for the self-reported receipt of serologic testing during the study period (yes or no) as a function of factors potentially associated with testing according to the HBF. **RESULTS** **Baseline equivalence**: No statistically significant differences in sociodemographic characteristics were detected between control and intervention participants at baseline and no differences in HBV-related knowledge were detected for 8 of 11 items. **Outcomes and estimation**: *HBV testing*: The proportion of participants who reported serologic testing for HBV at posttest was also significantly greater in the intervention group than the control group (24% vs.10%, P=0.0056). The most often cited reason for testing was a doctor's recommendation. *HBV Knowledge*: The mean knowledge score gain between pretests and posttests was significantly higher in the intervention compared with the control group (1.3vs.0.3points, P=0.0003). *Factors affecting serologic testing*: Multivariable modeling indicated that self-reported test receipt was associated with intervention group assignment [OR=3.5; 95% CI:1.3–9.2], pretest to posttest change in knowledge score (OR 1.3 per point; 95% CI 1.02–1.7), female gender (OR 5.3; 95% CI 1.7–16.6), and having seen a doctor in the past year at baseline (OR 4.8; 95% CI 1.3–17.6). **Conclusions**: LHWs were effective in bringing about HBV screening. Doctor visits and adherence to doctors' recommendations were pivotal. Participation of health care providers is essential to increase HBV testing.	
Nilda Peragallo, Rosa M. Gonzalez-Guarda, Brian E. McCabe, Rosina Cianelli, USA, 2012: **The Efficacy of an HIV Risk Reduction Intervention for Hispanic Women.**	**Aim:** The purpose of this study was to evaluate the efficacy of SEPA on biological, behavioral, social cognitive risk for HIV and community prevention over a 1 year follow-up period and examine possible mediators of intervention effects on condom use **Theory**: social cognitive theory of behavior change METHODS	**TREND Score**=14.6 (Max=22) **TREND Limitations**: Abstract not structured, outcome measures not clearly defined as primary and secondary, no information

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
AIDS Behav . 2012 July ; 16(5): 1316–1326. doi:10.1007/s10461-011-0052-6.	**Design:** RCT (True Experimental), Pretest Posttest control group design. Participants were assessed at baseline and 3-, 6-, and 12-months post-baseline between January 2008 and April 2010 **Recruitment and sampling method**: Participants were recruited through the distribution of flyers and outreach at public places where Hispanic women go frequently **Recruitment sites**: public places where Hispanic women go frequently (e.g., churches, supermarkets, community organizations) **Intervention**: five sessions covering STI and HIV prevention; communication, condom negotiation and condom use; and violence prevention. **Study period**: between January 2008 and April 2010 **Settings**: Community sites in Miami-Dade and Broward counties, USA **Sample size details**: Assuming a 70% retention rate over the course of the study, $N = 548$ gives sufficient power (>.80) to detect an effect of this size ($d = 0.17$). **Assignment method**: permuted-block randomization **Sample:** In total 872 women were screened, 119 of whom were not eligible (14%) and 204 of whom were excluded for various reasons. A total of 548 women (63%) between 18 and 50 years old, and reporting sexual activity in the last 3 months were randomized using a permuted-block randomization procedure to intervention (n=274) and delayed intervention control group(n=274) **Setting:** Community sites Baseline demographic data: *Sex:* All females *Age:*18-50 years *Country of origin:* Colombia (34%), 13% in Cuba, 8% in Peru, 8% in the U.S., 6% in the Dominican Republic, and 5% or fewer women were born in one of eleven other nations. Total of 92% foreign-born *Length of stay*:	about blinding, methods for imputing missing data or deviation from study protocol. No baseline comparisons of those lost to follow up and those retained, no comparison between study population at baseline and target group, No data on study group equivalence at baseline, no information about the number of participants included in each analysis, no summary of other performed analyses, no summary of unintended effects or adverse events. Generalizability issues not clearly described **Other Limitations:** Non random samples, self-reported data, unknown validity and low reliability for some scales, moderate effect, too many variables, assessors were not blinded Generalizability: limited Overall quality: moderate

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Follow up: 3-,6- and 12-month **Retention**: 3 months (SEPA=202, Control=143) , 6-month (SEPA=201, Control=171), 12-month (SEPA=198, Control=183) **Comparison**: between groups at 3,6 and 12-month **Instrument**: low reliability **Blinding**: Assessors were not blinded to the study condition **Outcome Measure:** Biological (*Chlamydia infection*), Behavioral (*condom use, Intimate partner violence, Got drunk,*) Social-Cognitive and community prevention (*Partner communication, Perceived HIV risk, Self-efficacy for HIV/AIDS prevention, HIV related Knowledge, Safer sex peer norms, perceived barriers to condom use, Behavioral intentions to use condom Community prevention, Depression, Hispanicism and Americanism).* **Statistical analyses (SPSS 17):** Each hypothesis was tested in a separate intent-to-treat (ITT) generalized estimating equations (GEE), which allowed the inclusion of all data over time. Goodness of fit between linear change (Time × Condition) and quadratic change (Time squared × Condition) over time was evaluated using the Corrected Quasi-likelihood under Independence Model Criterion. Mediation was tested using latent growth modeling in M plus 5.21 **RESULTS** **Baseline equivalence:** no significant baseline differences in demographics or outcomes between conditions **Outcome and estimation:** SEPA has moderate efficacy with many of the HIV risk factors under investigation. *Chlamydia incidence*: Control women showed an initial drop in infection followed by an increase to original levels, but Chlamydia rates in SEPA remained very low across the year. *Condom use*: SEPA women were more likely to use condoms over time. *IPV*: SEPA women reported greater reductions in IPV over time. *Get drunk*: SEPA women were less likely to get drunk over time. *Partner communication*: SEPA women showed a lower decrease over time in the probability of engaging in partner communication. *Perceived HIV risk*: no difference, *self-efficacy*: no difference. *HIV knowledge*: SEPA women showed a greater increase in HIV knowledge through 6-months, but had similar knowledge to controls by 12-months. *Norms*: no difference. *Perceived barriers*: SEPA women had decreased perceived barriers through 6-months, but a similar probability as controls at 12-months. *Behavioral intentions to use condoms*: SEPA women showed a greater increase in intentions through 6-months, with little difference by 12months. *Community prevention*: SEPA women were more likely to talk about HIV/AIDS through 6-months, but little difference by 12-months. *Depression*: no difference over time.	

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Change in partner communication was not related to change in condom use, indicating no mediation. Change in HIV knowledge was related to change in condom use, and the indirect effect (intervention to change in HIV knowledge to change in condom use) was statistically significant, indicating mediation. Change in perceived barriers was not related to change in condom use. Change in behavioral intentions to use condoms was related to change in condom use, and the indirect effect (intervention to change in behavioral intentions to change in condom use) was statistically significant, indicating mediation. Change in community prevention was related to change in condom use, but the indirect effect (intervention to change in community prevention to change in condom use) was not statistically significant, which indicated no mediation. DISCUSSION **Interpretation:** Culturally specific interventions have promise for preventing HIV for Hispanic women in the U.S. The effectiveness of SEPA should be tested in a translational community trial. **Generalizability**: -	
Scott D. Rhodes, Thomas P. McCoy, Aaron T. Vissman, Ralph J. DiClemente, Stacy Duck, Kenneth C. Hergenrather, Kristie Long Foley, Jorge Alonzo, Fred R. Bloom, Eugenia Eng,.2011: **A randomized controlled trial of a culturally congruent intervention to increase condom use and HIV testing among heterosexually active immigrant Latino men,** *AIDS Behav (2011) 15:1764–1775. DOI 10.1007/s10461-011-9903-4*	**Aim:** To test the efficacy of an HIV prevention intervention to increase condom use and HIV testing among Spanish-speaking, heterosexually active immigrant Latino men. The objective of this study was to test whether participants randomized to a small-group HIV prevention intervention increased condom use and HIV testing when compared to their peers randomized to a cancer education comparison intervention. **Theory**: METHODS **Design**: True Experimental (RCT), Pretest-Posttest control group design **Recruitment and sampling method:** Study team members distributed recruitment materials, approached and screened Latino men for eligibility. After potential participants were identified and screened, study team members scheduled a meeting to complete informed consent procedures and baseline assessments. **Recruitment sites:** tiendas (small Latino community-focused grocers), laundromats, businesses that employ large numbers of Latinos (such as poultry plants, construction sites, and hotels), sports leagues, English as a Second Language (ESL) classes, housing communities and apartment complexes, and Latino restaurants throughout rural central NC.	TREND Score =15.3 (Max=22) **TREND limitations:** Abstract not structured, **duration of intervention** unclear, no information about the validity of the questionnaire, sample size determination unclear, no information about blinding, no adjusted analysis, no information about study period, no baseline comparisons of those lost to follow up and those retained, no comparison between study

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Intervention: HIV prevention intervention program (the epidemiology of HIV and health disparities, HIV transmission, risk behavior, cultural and social influences on sexual health, access to healthcare services, predictors of behavior change, and group facilitation) and Cancer education control program (prevention of cancers particularly relevant to men: prostate, lung, and colorectal cancers. **Study period:** Unclear **Settings:** the offices of CBPR partners and in the homes of participants, North Caroline, USA **Sample size details:** A sample size of 120 was determined a priori based on condom use power calculations established using previously reported condom use among immigrant Latino in NC. **Assignment method**: Each participant was randomized by his selecting an envelope that contained an appointment card including the date(s), time(s), and location of their intervention (either HIV prevention intervention or cancer education intervention) **Sample**: Of the 145 men screened, all met inclusion criteria and 142 elected to enroll in the study, yielding a 98% participation rate. The142 heterosexually immigrant Latino men were randomized to the HIV prevention intervention n=72) or the cancer education intervention (n=70). **Baseline demographic data:** *Sex: all* male *Age:* 18-53 years *Country of origin:* Mexico= 59 % El Salvador=26.8, Guatemala=13.4 Honduras= 9.9 Nicaragua= 1 % Other=7.7 % (foreign born 100%) *Length of stay***:** **Follow up:** 3-month **Retention:** 98% retention rate (70, 69). **Comparison:** between groups **Instrument:** unknown validity, high to moderate reliability	population at baseline and target population, no results from testing pre-specified pathways **Other Limitations:** Non random samples, self-reported data, short follow up, no blinding, intervention and comparison program not equivalent in time, limited generalizability **Overall quality**: moderate

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Blinding: No **Outcome Measures:** Condom Use, HIV testing **Statistical Analysis**: an intent-to-treat protocol with participants analyzed in their assigned study arms from randomization irrespective of the number of sessions attended. Differences between arms at baseline were assessed using Student's t-tests or Wilcoxon rank sum tests for continuous variables and Chi-square or Fisher's exact tests for categorical variables. Intervention differences were assessed using logistic regression on follow-up outcome measures after adjusting for baseline characteristics and additional covariates. For sensitivity analyses regarding missing data, multiple imputation using chained equations (MICE) was used to impute missing data and compare these results to those in the complete-case analysis. **RESULTS** **Baseline equivalence:** No other differences between the arms were observed at baseline and outcomes except for age and consistent condom use **Outcome and Estimation**: *Condom use :* Participants in the HIV prevention interventions were significantly more likely to report consistent condom use during the past 3 months and HIV testing during the past 12 months. Specifically, adjusting only for baseline condom use, intervention participants had higher condom use during the past 3 months than those in the comparison arm (adjusted odds ratio [AOR] = 3.52; 95% confidence interval [CI] = 1.29–9.63; P = 0.014). Adjusting for baseline condom use and covariates, intervention participants had higher condom use during the past 3 months than those in the comparison arm (AOR = 11.2; 95% CI = 1.2–101.8; P = 0.032). Using multiple imputation to examine sensitivity of results to missing data, intervention participants had higher condom use during the past 3 months than those in the comparison arm when adjusting only for baseline condom use (AOR = 2.61; 95% CI = 1.07–6.34; P = 0.035), and when adjusting for baseline condom use and covariates (AOR = 3.87; 95% CI = 1.31–11.5; P = 0.015). *HIV testing*	

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Adjusting only for baseline HIV testing, intervention participants had higher HIV testing during the past 12 months than those in the comparison arm (AOR = 5.18; 95% CI = 2.26–11.9; P<0.001). Adjusting for baseline testing and covariates, intervention participants had higher HIV testing during the past 12 months than those in the comparison arm (AOR = 18.3; 95% CI = 3.59–92.9; P <0.001). Again, examining sensitivity using multiple imputation, intervention participants had higher HIV testing during the past 12 months than those in the comparison arm when adjusting only for baseline HIV testing (AOR = 6.2; 95% CI = 2.83–13.6; P<0.001), and when adjusting for baseline HIV testing and covariates (AOR = 9.51; 95% CI = 3.52–25.6; P<0.001). DISCUSSION **Interpretation:** Community-based interventions for immigrant Latino men that are built on state of the art prevention science and developed in partnership with community members can greatly enhance preventive behaviors and may reduce HIV infection**.** **Generalizability**: limited	
Gina M. Wingood, Ralph J. DiClemente, Kira Villamizar, Deja L. Er, Martina DeVarona, Janelle Taveras, Thomas M. Painter, Delia L. Lang, James W. Hardin, Evelyn Ullah, JoAna Stallworth, David W. Purcell and Reynald Jean, MD, USA, 2011: **Efficacy of a health educator-delivered HIV prevention intervention for Latina women: a randomized controlled trial.** *American Journal of Public Health, Vol 101, No. 12:2245-52*	**Aim**: To develop and assess AMIGAS [friends, Latina women informing, guiding and supporting each other against AIDS], a culturally congruent HIV prevention intervention for Latina women adapted from SiSTA, an intervention for African American women. **Theory**: the social cognitive theory and the theory of gender and power METHODS **Design**: RCT (True Experimental), Pretest Posttest control group design: Pretest, Posttest (3 months) and follow-up (6-months) **Recruitment and sampling method:** From October 2008 through October 2009, outreach workers screened a convenience sample of 753 self-identified Latina. Of these, 340 (45.2%) met the eligibility criteria. Of those who were ineligible, 48.4% were not sexually active or reported using condoms 100% of the time, 20% were married, and15% were outside the specified age range. **Recruitment sites:** **Intervention:** AMIGAS HIV risk reduction intervention (intervention group) and the general health intervention (control group) **Study period:** from August 2007 to August 2010 **Settings:** Miami-Dade County HIV/AIDS Office, Miami Metropolitan area, USA **Sample size details:** Unclear	**TREND Sore = 15.4** **TREND Limitations:** recruitment setting unclear, sample size determination unclear, no information about methods for imputing missing data or statistical software used for analysis, no information about baseline characteristics, no comparison between study population at baseline and target group, No information about the number of participants included in each analysis, no inclusion of results from testing pre-specified pathways, no summary of other analyses or unintended/adverse events,

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Assignment method: Before enrollment, an investigator used a random-numbers table to generate the allocation sequence. As participants completed baseline assessments, they received sealed opaque envelopes with their assignments **Sample**: 252 (74%) of 340 eligible young adult Latino women aged 18 to 35 years selected from a sample of 753 Latino women were randomized to the 4-session AMIGAS intervention (n=125) or a 1-session health intervention (n=127) and surveyed at baseline and at 3- and 6-month post intervention follow-ups. **Baseline demographic data**: *Sex*: all females *Age:* 30.3 ± 6.86 (SD) years *Country of origin:* South American countries= 38.2% Cuba= 25.5%, Central American Countries= 19.9% Dominican Republic= 4% Puerto Rico= 2% Mexico= 1.6%. USA=Only 8.8% *Length of stay*: on average 9.2 ± 8.6 (SD) years **Follow up**: 3- and 6-month **Retention:** Of the 125participants assigned to the AMIGAS intervention, 102 (81.6%) completed the 3-month assessment, and109 (87.2%) completed the 6-month assessment. Of the127 participants allocated to the general health intervention, 1 01(79.5%) completed the 3-month assessment, and115 (90.6%) completed the 6-month assessment. **Comparison:** between and within groups at posttest and follow-up **Instrument:** Psychometric measures reported **Blinding:** concealment-of-allocation procedures. Analysts were blinded concerning the intervention arm to which participants were assigned. **Outcome Measures:** Consistent condom use, Cultural norms: traditional views of gender roles, HIV knowledge, Perceived barriers to condom use, Self-efficacy for negotiating safer sex, Feelings of power in relationships, Condom use self-efficacy **Statistical analysis**: intent-to-treat protocol to analyze participants' outcomes relative to their assigned intervention, irrespective of the number of sessions they attended. Differences between interventions were assessed with the t test for continuous variables and X^2 analysis for	issues of generalizability not clearly described. **Other Limitations** Non random sample, no power, unclear how missing data were treated, self-reported data, both interventions focused on HIV

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	categorical variables. The intervention effects for each 3-month assessment period were assessed with logistic regression to compute adjusted odd ratios (AORs) for dichotomous outcomes and linear regression to compute adjusted means and mean differences for continuous outcomes. Each regression model included the corresponding baseline measure as a covariate in the analysis as well as a measure of intraclass correlation. Logistic and linear generalized estimating equation regression models to control for repeated within-person measurements were used to assess the AMIGAS intervention effects for the entire 6-month follow-up period, **RESULTS** **Baseline equivalence:** only the difference in health insurance status was significant **Outcomes and estimation:** Consistent condom use: AMIGAS participants reported increased over the 6-month follow-up during the past 90 (adjusted odds ratio [AOR] =4.81 (2.48, 9.35); P<.001) and 30 (AOR=3.14 (1.78, 5.56); P<.001) days and at last sexual encounter (AOR=2.76 (1.64, 4.65); P<.001). The proportion of reported condom use during the past 90 (relative change=55.7%; P<.001) and 30 (relative change =43.8%; P<.001) days was also higher than in the comparison participants. AMIGAS participants reported fewer traditional views of gender roles (P=.008), greater self-efficacy for negotiating safer sex (P<.001), greater feelings of power in relationships (P=.02), greater self-efficacy for using condoms (P<.001), and greater HIV knowledge (P=.009) and perceived fewer barriers to using condoms (P<.001). DISCUSSION **Interpretation**: The results support the efficacy of this linguistically and culturally adapted HIV intervention among ethnically diverse, predominantly foreign-born Latina women **Generalizability**: Not clearly reported	
Vicky M. Taylor, T. Gregory Hislop , Shin-Ping Tu, Chong The, Elizabeth Acorda, Mei-Po Yip, Erica Woodall, Yutaka Yasui , North America (USA & Canada), 2009a: **Evaluation of a hepatitis B lay health worker intervention for**	**Aim:** to evaluate the effectiveness of a hepatitis B lay health worker intervention for Chinese Americans/Canadians Theory: none reported **Design:** True Experimental (RCT), Pretest Posttest control group design **Recruitment and sampling method**: Trial participants were individuals of Chinese descent who participated in baseline, community-based surveys (conducted in Seattle and Vancouver) during 2005. Survey participants were recruited from Chinese households identified from a previously validated list of 50 Chinese last names that was applied to electronic versions of the metropolitan Seattle and Vancouver telephone directories. All identified households in geographic areas of Seattle with a relatively high proportion of Chinese residents were included in the	**TREND Score= 14.6 (Max score=22)** **TREND limitations:** Abstract not structured, no theory, number and duration of sessions unclear, no information on questionnaire validity, sample size determination or assignment

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
Chinese Americans and Canadians. *J Community Health (2009) 34:165–172*	US baseline survey sample. In Canada, a random sample of identified households in East Vancouver (an area with a high proportion of Chinese residents) was selected. Six months after baseline survey completion, respondents who reported they had never been tested for hepatitis B were randomly assigned to an experimental group or a control group. Seattle and Vancouver participants were randomly assigned separately **Recruitment sites**: households **Intervention**: individuals in the experimental group received a hepatitis B lay health worker intervention (a video (available in Cantonese, Mandarin, and with English sub-titles) and a pamphlet (with simplified Chinese, traditional Chinese, and English text). Control group participants received a mailing of physical activity print materials (pamphlet and fact sheet), as well as a pedometer with instructions for use **Study period**: Unclear **Settings**: Home visits in Seattle (USA) and Vancouver (Canada) **Sample size details**: unclear **Assignment method**: unclear **Sample:** 460 Chinese living in Seattle (n=226) and Vancouver (n=234) in area with a high proportion of Chinese residents and who reported they had never been tested for hepatitis B were assigned to experimental group or control group The primary outcome was hepatitis B testing completion within 6 months of randomization (intervention=61% and control=77%) **Setting**: Participants' homes in two West Coast cities with sizeable Chinese communities: Seattle (Washington) and Vancouver (British Columbia) **Baseline demographic data**: *Sex:* Male (Intervention= 42%, control=50%) *Age:* ≥ 50% were < 45 years *Country of origin:* China *Length of stay*: 61 % have spent <50% of their life in USA	method, only interviewers were blinded, Methods used for imputing missing data and statistical software used for analysis unclear, unclear how many were screened for eligibility, no baseline comparison between those lost to follow up and those retained, no comparison between study population and target population, no inclusion of results from testing pre-specified pathways, no summary of adverse events, success or barriers to implementing the intervention **Other Limitations:** Non random sample (only those who completed the baseline survey), randomization method unclear, low response rate in the intervention group at follow up and differential retention rate between intervention and control groups, no power, self-reported data, unknown validity and reliability, small effect, no comparison with source population, sample selected from two cities

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Follow up: 61% (n=142) intervention and 77%(n=177) control groups **Retention**: Baseline survey in Seattle and Vancouver were 58 and 59% **Comparison**: between groups at follow up **Instrument**: unknown validity and reliability **Blinding**: Follow-up survey interviewers were unaware of each participant's trial randomization assignment **Outcome Measures:** HBV testing (primary), HBV Knowledge (secondary) **Statistical Analysis**: ''intent-to-treat'' analysis including all randomly assigned individuals with follow-up data. Chi-square tests and Fisher's exact tests when necessary to evaluate statistical significance with respect to differences in proportions. Unconditional logistic regression techniques were used to adjust for potential confounders. Regression analysis of knowledge at follow-up also included baseline knowledge as covariates. **RESULTS** **Baseline equivalence:** the two trial groups were equivalent with respect to sociodemographic characteristic except for a significantly higher proportion of currently married individuals in the control group than the experimental group (P = 0.03). There were no significant baseline knowledge differences between the experimental and control arms. **Outcome and estimation:** *HBV knowledge*: At follow-up, a higher proportion of individuals in the experimental arm than individuals in the control arm knew that hepatitis B can be spread by razors OR= 2.66 (1.57–4.51) (P<0.001) and during sexual intercourse OR=1.61 (0.96–2.71 (P = 0.07). *HBV testing*: The intervention had a very limited impact on hepatitis B testing completion. Only twenty-two (15%) of the 142 experimental group participants reported hepatitis B testing following randomization into the trial, compared to 17 (10%) of the 177 control group participants (P = 0.21). Medical records data verified hepatitis B testing since randomization for 9 (6%) of the 142 experimental group participants and 3 (2%) of the 177 control group participants (P = 0.04). DISCUSSION	**Overall** quality: Moderate

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Interpretation: Findings suggest that lay health worker interventions can impact hepatitis B-related knowledge. However, our hepatitis B lay health worker intervention had a very limited impact on hepatitis B testing completion. Future research should evaluate other intervention approaches to improving hepatitis B testing rates among Chinese in North America. **Generalizability**: no comparison with source population, sample selected from only two cities	
Victoria M. Taylor, Chong Teh,, Wendy Lam, Elizabeth Acorda, Lin Li, Gloria Coronado, Yutaka Yasu, Christopher Bajdik, and Gregory Hislop, Canada, 2009b: **Evaluation of a hepatitis B educational ESL curriculum for Chinese immigrants** *Can J Public Health. 2009; 100(6): 463–466.*	**Aim:** to evaluate the effectiveness of a hepatitis B ESL educational curriculum for Chinese immigrants **Theory**: none reported **Design:** RCT (True Experimental), Pretest Posttest control group design **Recruitment and sampling method**: the regular teacher explained that the study thereafter project staff distributed Chinese language recruitment flyers (which provided detailed information about the project at each recruitment class and answered questions. Students who agreed to participate provided written consent and completed a brief baseline data collection form (in simplified or traditional Chinese) **Recruitment sites**: schools (CBOs) **Intervention**: The students in the experimental group received a three-hour ESL curriculum addressing hepatitis B, and students in the control group received a three-hour ESL curriculum addressing physical activity Study period: during 2006 and 2007 **Settings**: Five community-based organizations that provide ESL (English as Second Language) education in the greater Vancouver are, British Columbia (BC), Canada **Sample size details**: Unclear **Assignment method**: A blocked randomization scheme was used whereby classes from each of the five participating community organizations formed a stratum and were randomized within the stratum. **Sample:** 41 ESL classes including 325 Chinese students attending CBOs ESL classes. Were randomly assigned to the intervention (=141) or control group N=157) **Baseline demographic data**:	**TREND Score=13.5** **TREND Limitations:** no theory, number and duration of sessions attended unclear, sample size determination unclear, blinding unclear, methods used for imputing missing data and software used for analysis unclear, no description of protocol deviation or fidelity, no comparison between study population and target group a or between those lost to follow up and those retained, unclear how non-compliers were treated in the analyses, no summary of other analyses or adverse events, no discussion of success and barriers to the implementation **Other Limitations:**

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Sex:88 men and 201 women *Age: >18 years* *Country of origin:* China =255 or other country=43 *Length of stay*: < 2 years (146), ≥ 2years (162) **Follow up**: 6-month **Retention**: Over 90% at follow-up survey (91% of the experimental group and 92% of the control group) **Comparison**: between groups at follow-up **Instrument**: Unknown validity and reliability **Blinding**: unclear **Outcome Measures**: Knowledge about HBV **Statistical Analysis**: chi-square tests to compare the demographic characteristics of students who were randomly assigned to the experimental and control arms. Evaluation of intervention effectiveness was based on generalized estimating equations because our randomization was by group rather than by individual **RESULTS** Students in the experimental group were significantly more likely than those in the control group to know that: immigrants have higher hepatitis B infection rates than people who were born in Canada, hepatitis B can be spread during childbirth, sexual intercourse and by sharing razors; hepatitis B is not spread by sharing eating utensils; and hepatitis B infection can cause cirrhosis and liver cancer. DISCUSSION **Interpretation**: The findings indicate that ESL curricula can have a positive impact on health knowledge among Chinese immigrants with limited English. Future research should evaluate the effectiveness of ESL curricula for other immigrant groups, as well as other health topics.	non-random sample, no power, self-reported data, unclear how many classes were assigned to intervention and control groups, limited generalizability **Overall quality**: low

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Generalizability: only level 3 classes included, convenient sample, no comparison with source population	
Nilda Peragallo, Bruce DeForge, Patricia O'Campo, Sun Mi Lee ,Young Ju Kim, Rosina Cianelli, Lilian Ferrer, USA, 2005: **A randomized clinical trial of an HIV-risk-reduction intervention among low-income Latina women.** *Nursing Research, Vol 54, No 2, March/April 2005*	**Aim:** to evaluate a randomized culturally tailored intervention to prevent high-HIV-risk sexual behaviors for Latina (Mexican and Puerto Rican) women residing in urban areas. **Theory**: the social cognitive theory of behavior change **Design**: RCT, true Experimental, Pretest Posttest control group design **Recruitment and sampling method**: Recruitment methods included: (a) flyers in English and Spanish placed at community agencies (e.g., Head Start Program, community-based health clinic serving Latinas in Chicago metropolitan area), grocery stores, and laundromats, (b) public service announcements broadcast on the Mexican and Puerto Rican radio stations, (c) advertisements in the free Latina newspaper and (d) referrals from program participants (i.e., word of mouth). Interested women were recruited after a phone call to the investigator. **Recruitment sites**: community agencies that served undocumented women (i.e., foreign-born women who did not come to the United States through traditional immigration processes and lack the proper documentation of official resident status, even though they may have lived in the United States for many years), grocery stores, newspaper and radio stations **Intervention**: culturally tailored sessions on understanding their bodies, HIV/AIDS and sexually transmitted diseases, condoms (myths and use), negotiating safer sex practices, violence prevention and partner communication. **Study period**: between February 1999 and October 2000. **Settings**: unclear in Chicago, USA **Sample size details**: Sample size was calculated to obtain sufficient power (.80) to detect differences between the groups. **Assignment method**: unclear	**TREND Score=14** **TREND Limitations:** Number and duration of sessions attended unclear, outcomes not clearly described as primary and secondary measures, no blinding, methods for imputing missing data unclear, no description of protocol deviation or fidelity, no comparison between study population and target population, unclear how non-compliers were treated, no results from testing pre-specified causal pathways, no subgroup analyses (within group), no summary of adverse events, generalizability issues not clearly described **Limitations:** No theory, non-random sample, no power, self-reported data, unclear how many classes were assigned to intervention and control groups, limited generalizability **Overall quality**: low

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Sampling method: unclear (convenience) **Sample**: 657 underserved Latina Women sexually active 3 months prior to enrollment were recruited and randomized into intervention (n=404) and control (n=253) groups. Those who attended three or more intervention sessions were followed for the 3- (n=394) or 6-month (422) interview points. **Baseline demographic data**: *Sex: Females* (100%) *Age*: 18-44 years *Country of origin*: Mexico=89.4%, Puerto Rica= 10.6% *Time spent in host country*:>1 to 21+ *Baseline comparison*: no differences **Comparison:** Intervention vs control group at baseline, 3 and 6-month follow up **Retention rate:** Intervention (72%), Control (75%), total (75%) **Follow-up:** at 3 and 6-month after **Measurement instrument**: Validated **Outcome Measures**: HIV knowledge, Partner communication, Risk-reduction behavior intentions, Safer sex peer norms, Condom use and Perceived barriers to condom use **Statistical analysis (SAS version 8)**: The intervention and control groups were compared using chi-square statistics. GEE regression analysis was conducted to examine whether these differences between intervention and	

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	control groups remained after accounting for potential confounders. Effect sizes (ES), magnitude of the treatment effects, were calculated using Hedges' g method. **RESULTS** **Baseline equivalence:** The intervention and control groups were similar with respect to the distribution of age, years in the United States, education, employment status, and number of lifetime partners. There were no differences between those who were successfully followed versus those who were lost to follow-up over the 6-month period for the following characteristics: education, language of preference, years residing in the United States, HIV risk, and poverty status. There were no differences between the recruitment periods on the main outcome variables, therefore, recruitment periods were combined into one group. An examination of the distribution of key outcome variables confirmed that there were no substantial differences between the intervention and control groups at baseline. **Outcome and estimation:** At 3 months, the intervention group had better levels than those of the control group for condom use: X^2= 7.46 P=006, HIV knowledge X^2= 83.10 P=.001, Communication X^2= 15.01P= .0001, Risk-reduction behavioral intention X^2= 12.10 P= .0005 intention and Perceived barriers to condom use X^2=16.81 P=.001. There were no differences between the groups for the outcome safer sex peer norms (the intervention was not designed to target peer activities) Safer sex peer norms X^2= 0.78 P=.376. Although a greater proportion of the intervention (23%) compared to the control group (17%) always used condoms with vaginal sex, the p value was .141. At the 6-month point, no differences continued between the two groups in the outcome safer sex peer norms. GEE results, which adjust for potential confounders, indicate that there were significant improvements for all outcomes in the intervention group compared with the control group. The intervention improved HIV knowledge, partner communication, risk-reduction behavioral intentions, and condom use, and decreased perceived barriers to	

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	condom use. The intervention group had levels that were better than those of the control group for many of the outcomes. The ES of the 3-month and 6-month outcome data ranged from small to large. The effect size for HIV knowledge was the largest at both 3 and 6 months. The communication with partner had a moderate ES at 3 months, but dropped to small ES at 6 months. DISCUSSION **Interpretation**: it is important for public health officials to develop prevention strategies that are consistent with social and cultural norms of a community at risk. Interventions that address social, economic, and cultural issues may be more acceptable, effective, and sustainable within a targeted community. **Generalizability**: no comparison with source population, one area, two countries and may not apply to all latina	
McPhee SJ et al., USA, 2003: **Successful Promotion of Hepatitis B Vaccinations Among Vietnamese American Children Ages 3 to 18: Results of a Controlled Trial**	**Aim:** To evaluate the success of a media-led information and education campaign in Houston and a community mobilization strategy in the metropolitan area of Dallas in a controlled trial, using the Washington, DC metropolitan area as a control site **Theory:** None reported **METHODS** **Design**: True Experimental (RCT), Pretest Posttest control group design **Recruitment and Sampling method:** Participants were selected using telephone numbers of individuals with Vietnamese surnames randomly selected from area telephone books. A potential survey respondent was considered eligible if she or he was at least 18 years old, self-identified as being Vietnamese or Chinese-Vietnamese, was a parent of at least 1 child ages 3 to 18 living in the household, and was the adult in the household most familiar with the child(ren)'s vaccination records. Children ages 3 to 18 were ranked by age, then 1 child was randomly selected by birth order and parents were asked questions about that child's vaccination status. **Recruitment sites:** by phone call **Intervention:** *A media-based education and outreach campaign* to encourage Vietnamese-American parents to get their children ages 3 to 18 vaccinated with the Hepatitis B over two years (April 1998 through March 2000) in the Houston area (in the Houston, Texas metropolitan area). *A community mobilization* strategy was undertaken by the East Dallas Counseling Center (EDCC). EDCC convened a coalition in the	**TREND Score = 14.8** **(Max=22)** **TREND Limitations:** No theory, outcome measures are not clearly defined as primary and secondary, unknown validity for the questionnaire used, assignment method unclear, blinding unclear, no description of protocol deviations or fidelity, no baseline comparison of those lost to follow up and those retained, no comparison between study population at baseline and target population, no inclusion of results from

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Dallas/Fort Worth Metroplex (including health professionals, city and county department of public health and education officials, business leaders, veterans, seniors, teachers, researchers, parents, grandparents, homemakers, newspaper editors, and community-based organization representatives) to develop and implement an action plan of activities and timeline with the goal of improving vaccination rates over 3 years (from April 1998 to March 2000). **Study period:** April 1998 **Settings:** Three areas with large Vietnamese-American populations that had not received interventions for hepatitis B vaccination were selected: Houston (media campaign, Dallas (Community mobilization) and Washington (control site) **Sample size details:** 25% to 35% as the expected pre-intervention vaccination rate for Vietnamese-American children. The calculations were based on conservative estimates of effect size (*h*= 10%), with α= 0.05 and β =0.80. A sample size of 376 parents would detect at least a 10 percentage point difference between groups in the proportion of children who had ever received 3 doses of Hepatitis B in each community. The goal was to interview at least 500 eligible parents in each area (control and both intervention areas). **Assignment method**: Unclear how sites were allocated the intervention **Sample**: At baseline, 1624 parents were surveyed in the intervention and control areas and 1508 (93%) responded 1,500 Vietnamese American parents to children aged 3-18 years (500 by site). At post intervention, call attempts reached 1673 eligible respondents, of which 1547 agreed to complete the interview for a post intervention response rate of 92.5%. **Baseline demographic data**: *Age*:18-79 years *Country of origin*: Vietnam Length of stay: 24-46 years **Comparison**: within groups and between sites (at baseline and follow-up) **Retention rate**: Baseline=1508/1624 parents (93%). At post-intervention, 1547/1673 agreed to complete the interview for a response rate of 92.5%. **Follow up**: 2 years	pre-specified pathways, other performed analyses or adverse events, no discussion about pathways **Other Limitations:** Risk for selection bias, Sites were not randomly assigned to intervention or control rather an attempt to select random samples from each area was made, independent samples (unclear how differences between the intervention and control communities and between the pre- and post-intervention survey populations were addressed), risk for contamination and misclassification, new law on mandatory vaccination in a portion of the control area (possible influence),, significant but modest effect, failure to validate self – reported vaccination in > 50% both samples and cities may not be representative

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Instrument validity: Not reported **Outcome Measures**: Parents' awareness and knowledge about HVB, Children vaccination **Statistical analysis (SAS 8.0)**: *t* test of differences in means and X^2 *t*ests of differences in proportions, multiple logistic regression analyses to assess the impact of the interventions at post-intervention and to identify other variables that were significantly associated with vaccine receipt **RESULTS** **Baseline comparison:** Several differences between the intervention and control communities and between the pre- and post-intervention survey populations **Outcomes and estimations**: Awareness of hepatitis B increased significantly between the pre- and post-intervention in all 3 areas, and the increase was larger in the media education area (+21.5 percentage points) than in the control area (+9.0 percentage points). At post intervention, significantly more parents knew that free vaccines were available for children in the media education (+31.9 percentage points) and community mobilization (+16.7 percentage points) areas than in the control area (+4.7 percentage points).. Knowledge of sexual transmission of hepatitis B virus increased significantly in the media education area (+14.0 percentage points) and community mobilization areas (+13.6 percentage points) compared with the control area (+5.2 percentage points) Receipt of 3 hepatitis B vaccinations increased significantly in the community mobilization area (from 26.6% at pre- to 38.8% at post-intervention) and in the media intervention area (28.5% at pre- and 39.4% at post-intervention), but declined slightly in the control site group (37.8% at pre- and 33.5% at post-intervention). The odds of receiving 3 hepatitis B vaccine doses were significantly greater for both community mobilization (odds ratio 2.15, 95% CI 1.16–3.97) and media campaign (odds ratio 3.02, 95% confidence interval 1.62–5.64) interventions compared with the control area. DISCUSSION **Interpretation**: Both community mobilization and media campaigns significantly increased the knowledge of Vietnamese-American parents about hepatitis B vaccination, and the receipt of "catch-up" vaccinations among their children.	**Overall assessment**: moderate

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Generalizability: samples and sites may not be representative	
Kocken P. et al, Netherlands, 2001: **Effects of peer-led AIDS education aimed at Turkish and Moroccan male immigrants in The Netherlands:** **A randomised controlled evaluation study**	**Aim**: to evaluate the effect of peer-led AIDS education aimed at male Turkish and Moroccans on perceived threat of AIDS and beliefs about condom use **Theory**: The health belief model **METHODS**: **Design**: RCT, True Experimental design: Separate Sample Pretest (control) Posttest (intervention) design **Recruitment and sampling method:** Moroccan and Turk men who happened to be present at selected sites were invited to attend the session **Recruitment sites:** **Intervention**: Information about HIV/AIDS epidemiology, causes mode of transmission and prevention strategies. The intervention group receive information before the survey and the control group after the survey **Study period:** Unclear **Settings:** **Sample size details:** **Assignment method**: A stratified matching procedure (Nationality, type of site: coffee house, mosque or others, mean age and degree of conservatism) was used to assign localities (sites) where the AIDS education took place to the experimental and control group. **Sample size details**: Unclear **Sample**: 589 Turkish and Moroccan men Intervention=293, control =296) were selected from eight sites that were matched (four experimental and four control settings) in every city per language group. *Age*: 18- 40 + years *Country of origin*: Turkey and Morocco: % not reported	**TREND Score=13.5** TREND limitations: no information about incentives, sample size determination unclear, outcomes not clearly defined as primary and secondary measures, blinding unclear, unclear how many were screened for eligibility, no follow up, unclear how many were included in the analysis, no comparison between those lost to follow up and those retained, no baseline data relevant to HIV prevention, unclear how non-compliers were treated, no results from pre-specified causal pathways, low validity for the questionnaire, generalizability issues not clearly described **Other Limitations:** Non-random assignment of participants, unclear randomization of sites, low response rate, risk for contamination (intervention and control in same city), self-reported data, Questionnaire

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	Length of stay: <3 years(intervention=30, control=40), >3 years(intervention=250, Control=244) **Settings**: Community venues in four big cities in the Netherlands **Follow up**: No **Comparison**: between intervention (posttest) and Control (pre-test) groups **Retention**: response rate: Turks: experimental group (54%) and control group (40%), Moroccans response among the Moroccans: experimental group (49%) and control group (67%). **Outcome Measures:** Misunderstandings about HIV, Risk appraisal for HIV infection, Perceived benefits of condom use, Perceived barriers for condom use, Condom self-efficacy, Perceived threat, Beliefs about condom use, and Intention to use condom **Instrument validity**: reported (α = 0.56-0.66) **Blinding**: unclear **Statistical analysis**: Factor analysis, multilevel logistic regression **Baseline data**: The response group was fairly comparable to national census data with respect to age and marital status of male Turkish and Moroccan immigrants; however, the educational level of the response group was higher compared to data from national surveys **Baseline equivalence**: The experimental and control groups did not differ significantly with respect to their background characteristics. **Results:** Outcomes and Estimation: Misunderstandings about HIV transmission were cleared up (OR=5.9 and 95% Cl: 2.3-15.3**).** Risk appraisal for HIV infection improved (OR=2.9 and 95% Cl: 1.3-6.3). Perceived benefits of the protective effect of condom use were improved in men 30 years and older. Perceived barrier of diminished satisfaction if using condoms was changed among unmarried men. Condom self-efficacy was improved only in men who valued peer education as important. and Intention to use condoms: an effect was found only among Moroccan men	with questionable/poor internal consistency (low alpha Cronbach), low response rate, no follow up, blinding unclear, high and significant between group variations in multilevel analysis **External validity:** low educated were under-represented **Overall: poor evidence**

Publication (Record) details	Study details	Quality Assessment (TREND Statement)
	DISCUSSION **Interpretation:** Continuation of peer-led AIDS education for immigrants and adaption of the message to the needs of specific target groups is recommended. **Generalizability**:	

II. Beskrivning och kvalitetsgradering av inkluderade icke-randomiserade studier med hjälp av TREND checklista

Publication (Record) details	Study description	Quality assessment (TREND)
Britt Rios-Ellis, Davida Becker, Lilia Espinoza, Selena Nguyen-Rodriguez, Gaby Diaz, Ana Carricchi, Gino Galvez, Melawhy Garcia, USA, (2015): **Evaluation of a Community Health Worker Intervention to Reduce HIV/AIDS Stigma and Increase HIV Testing Among Underserved Latinos in the Southwestern US.** *Public Health Reports, September–October 2015, Volume 130*	**Aim**: To evaluate interventions aimed to reduce HIV/AIDS stigma and increase HIV-related knowledge, perception of risk, and willingness to discuss sexual risk with partners **Theory**: Airhihenbuwa and Webster's PEN-3 model and Elder et al.'s framework METHODS **Design**: NRCT: Pretest-posttest design (single subject/group) **Recruitment and Sampling methods**: After introducing the study, the promotores asked potential participants about their availability and interest in participating in an interactive group education session. Individuals were eligible to participate if they were ≥ 18 years of age, self-identified as Latino/Hispanic, and resided in the service areas of the partnering community-based organizations. **Recruitment sites**: community locations in Latino-dominant neighborhoods: public transportation stops, outdoor marketplaces, community centers and events, and laundromats **Study Settings**: a variety of accessible locations, including community health clinics, community centers, housing complexes, schools, and churches in San Ysidro, El Paso and Los Angeles, USA **Intervention**: The intervention consisted of one 60- to 90-minute interactive HIV prevention education group session. **Study period**: April-June 2008 **Sample size details**: Unclear **Assignment method**: N/A	**TREND Score: 13.8 (Max=22)** **TREND Limitations:** Outcome measures not clearly defined as primary and secondary, no information about how potential bias induced due to non-randomization were minimized, blinding unclear, no information about the flow of participants through each stage of the study or sample size calculation, no information about protocol deviation or fidelity, no comparisons between those lost to follow up and those retained or between study population and target

Publication (Record) details	Study description	Quality assessment (TREND)
	Sample: A total of 579 participants attended the interactive group education sessions (204 in El Paso, 200 in Los Angeles, and 175 in San Ysidro) and pretest and posttest surveys immediately before and after the intervention. **Baseline demographic data (Sample profile):** *Sex*: More than half (57%) were women *Age*: 25–44 years Country of origin: 55% were born outside of the United States, of which 97% were from Mexico Length of stay: on average 14.8 years (SD= 11.8) **Follow up**: N/A **Retention rate**: N/A **Comparison**: Within group (before and after) **Blinding**: Unclear **Outcomes measures**: HIV knowledge, Stigma, Risk perception and Willingness to discuss sexual risk with partner (communication) **Instrumen**t: Validated **Statistical Analysis (STATA 11.2**): Descriptive statistics, the chi-square test to compare demographic characteristics and sexual risk behaviors across sites at baseline. Paired t-tests to compare pretest vs. posttest scores on HIV knowledge, HIV/AIDS stigma, willingness to be tested for HIV, willingness to communicate about HIV with sexual partners, and HIV risk perception. ANOVA or t-tests on gain scores to test for differences in intervention outcomes across sites, by age group, and by sex. Descriptive statistics for items measured on the posttest only that measured participants' perceptions of the intervention.	population, no information about how no compliers were treated, no results from testing pre-specified pathways or adverse events, no discussion of pathways or success and barriers in implementing the intervention. **Other Limitations** Convenience sampling, no control group, NRCT, self-reported data, no follow up period, no power Generalizability: limited, predominantly Mexicans. **Overall quality** : Low

Publication (Record) details	Study description	Quality assessment (TREND)
	RESULTS **Baseline equivalence**: significant differences in baseline characteristics across sites (country of origin, marital status, number of children, education, age). **Outcomes and estimate***: HIV/AIDS stigma scores* decreased from pretest to posttest (2.5 vs. 2.2; t=11.2, P<0.001). *HIV/AIDS knowledge scores* increased significantly from pretest to posttest (6.0 vs. 7.1; t=215.8, p< 0.001), as did *perceptions of HIV risk (*3.7 vs. 3.9; t=22.8, p<0.006) and *willingness to communicate with one's sexual partner about HIV/AIDS* (4.0 vs. 4.2; t=23.8, p< 0.001). No significant differences were found in *willingness to seek HIV testing* in the next three months for the sample overall. Women demonstrated a greater reduction in HIV/AIDS stigma scores when compared with their male counterparts. **DISCUSSION** **Interpretation**: Promotores interventions to reduce HIV/AIDS stigma and increase HIV-related knowledge, perception of risk, and willingness to discuss sexual risk with partners show promise in reaching underserved Latino communities. **Generalizability**: Clearly described	
Frank H. Galvan, Mohsen Bazargan, Enrique Gomez-Bastidas & Eric G. Bing, Mexico, (2015): **Using Peer Educators to Promote HIV Awareness Among Male Migrants in Mexico.**	**Aim**: To compare the effectiveness of three different methods of educating migrant men about HIV: (a) prevention **pamphlets**, (b) a **small-group** lecture, and (c) **peer-based** prevention education. **Theory**: none reported METHODS: **Design**: NRCT, quasi-experimental pretest-posttest design **Recruitment and Sampling methods**: Participants were migrant men 18 years of age and older. They were recruited through direct interactions with the study staff who approached potential participants at the shelters (albergues) and described the study to them.	**TREND Score = 10.8 (Max=22)** **TREND Limitations:** Abstract unstructured, no theory, duration of intervention unclear, outcome measures not clearly defined as primary or secondary, no information about how sample size was determined, NRCT

Publication (Record) details	Study description	Quality assessment (TREND)
Journal of HIV/AIDS & Social Services, 14:1, 74-94, DOI: 10.1080/15381501.2014.973133	**Recruitment sites**: Two shelters in Mexicali serving male migrants were the primary recruitment sites for the study. Nearby parks or other similar locations used by migrants as sites to congregate were used as additional recruitment sites. **Study settings**: Individuals recruited at a shelter received the interventions there. Those recruited at parks or similar locations were accompanied to one of the project's study sites to assure confidentiality. The study took place in the city of Mexicali in the state of Baja California Norte in Mexico, Mexico **Intervention**: Depending on the month of participation, participants received either only written information about HIV, participate in a lecture about HIV, or speak with an educator in more detail about HIV education. **Study period**: Unclear **Sample size details**: Unclear **Assignment method**: unclear **Sample**: 536 Latino men were assigned to "No treatment" =201 (38%), "Small-group lectures" = 201 (38%) and "Peer education" =134 (25%) were surveyed at baseline and 1-month after the intervention **Baseline demographic data:** *Sex*: all male *Age*: 18-25 years (26.5%), 26-39 years (47.2%) and 40 or older (26.3%) *Country of origin*: 69.2 % of the sample were Mexicans (**78%** of the ''no treatment'' group, **72%** of the small-group lecture and **53%** of the peer education participants), with the remainder 30.8 % coming from various Central American countries (Honduras, El Salvador, Guatemala and Nicaragua). **71.6** % of participants previously **reside in USA (returnees)** on average 9 years. *Length of stay*: 9.33 (SD=7.9):only for those who entered the USA	design, no information about aspects used to help minimize potential bias due to non-randomization, blinding unclear, unclear how missing data were treated and which software program was used for analysis, unclear how many were screened for eligibility, study period unclear, no comparisons between those lost to follow up and those retained or between study population and target population, no information about how no compliers were treated, no results from testing pre-specified pathways or adverse events, no discussion of pathways or success and barriers in implementing the intervention.

Publication (Record) details	Study description	Quality assessment (TREND)
	Follow up: 1-month **Retention rate**: at 1-month follow-up interviews: 83% (‘‘no treatment’’=76%, small-group lectures=92%, and peer education =82%). **Comparison**: between and within(baseline and follow-up) groups **Blinding**: Unclear **Outcomes measures**: HIV knowledge, Self-efficacy, Behavioral change intentions, Perceived HIV threat, Self -Control, Self- efficacy. **Instrument**: three of the four scales tested for reliability were within the acceptable range (greater than 0.70), and one (Perceived HIV Threat) was slightly below this threshold **Statistical Analysis**: Comparisons were made of the three study groups (‘‘no treatment,’’ ‘‘small-group lecture intervention,’’ and ‘‘peer education’’) on the various sociodemographic variables using v2 tests, ANOVAs, and Tukey B post-hoc tests. Repeated-measures general linear models were used to make comparisons of the trends from baseline to follow-up for the three study groups for each of the five HIV-related outcome variables. **RESULTS** **Baseline equivalence:** no significant differences were found among the three study groups regarding socio-demographic variables except for two of the variables (country of origin and having previously entered the USA) at baseline **Outcomes and estimation**: *HIV Knowledge*: The ‘‘no treatment’’ group experienced the greatest change in AIDS knowledge from the baseline to the follow-up interviews, followed by the peer education group and then the small-group lecture intervention. The groups were found to be significantly different from each other (p<.001).	no baseline comparison, **Other Limitations** Non-random sampling, non-random assignment, short follow up (1 month), no power, self-reported data, blinding unclear, different retention rates between groups. Generalizability limited: predominantly Mexicans **Overall quality**: Poor

Publication (Record) details	Study description	Quality assessment (TREND)
	Behavioral change intentions: the peer education group also experienced a greater change from the baseline to the follow-up interviews compared with both the small-group lecture intervention and the ‘‘no treatment’’ group (both at p<.001). *Perceived HIV threat*: no significant differences for the trends from the baseline to the follow-up interviews among any of the groups *Self-control*: The peer education group also experienced a greater change in self-control from the baseline to the follow-up interviews compared with the small-group lecture intervention (p<.05) *Self-efficacy*: The peer education group had the largest change from the baseline to the follow-up interviews, followed by the ‘‘no treatment’’ group and then the small-group lecture intervention. DISCUSSION **Interpretation**: This suggests that there is much value in promoting the transmission of HIV information among migrant populations through the use of peer educators. Generalizability: clearly described (limited)	
Peter D. Drummond , Ayse Mizan , Katie Brocx, Bernadette Wright, Australia,(2011): **Using peer education to increase sexual health knowledge among West African refugees in Western Australia.**	**Aim**: To investigate whether peer education could be used as a means to increase knowledge of sexually transmitted infections and HIV modes of transmission and protection against these infections, and to enhance attitudes toward condom use among West African men and women living in Perth, Western Australia. **Theory**: none reported **METHODS**: **Design**: NRCT, Pretest-posttest (after several weeks) design (single group)	**TREND Score= 7.22 (Max=22)** **TREND limitations:** Abstract not structured, no theory, NRCT, eligibility criteria unclear, recruitment sites unclear, number and duration of sessions

Publication (Record) details	Study description	Quality assessment (TREND)
Health Care for Women International, 32:190–205, 2011. DOI: 10.1080/07399332.2010.529215	**Recruitment and Sampling methods**: Each peer educator recruited 4–8 friends or relatives to attend the community workshops (convenience sample). **Recruitment sites**: Unclear **Study settings**: Community hall in Perth, Western Australia **Intervention**: workshops on sexual health, cardiovascular health, mental health, and perinatal health **Study period**: unclear **Sample size details**: unclear **Assignment method**: N/A **Sample**: Sixty-five participants completed the pre-intervention questionnaire, but seven (11%) did not attend any of the workshops. The remaining 58 West African refugees who recently had settled in Perth participated in the workshops and complete an evaluation surveys before and after the workshops. **Baseline demographic data:** *Sex*: 14 men and 51 women *Age*: 16-67 years (mean age 32 ± 12 years) *Country of origin*: Sierra Leone or Liberia (proportions unknown) *Length of stay*: Unclear **Follow up:** Unclear (several weeks after the workshops) **Retention rate**: 58/65 **Comparison**: before and after single group)	unclear, unknown validity for questionnaire used, outcome measures not clearly defined as primary and secondary, no information about aspects employed to minimize potential bias due to non-randomization, blinding unclear, no information about methods for imputing missing data, software used. No adjusted analysis, unclear how many were screened for eligibility, no information about protocol deviation or fidelity, study period unclear, no comparison between those retained and those lost to follow up and between study population and target population, no description of how no compliers were treated,

Publication (Record) details	Study description	Quality assessment (TREND)
	Blinding: N/A **Instrument:** unknown validity **Outcomes measures**: Knowledge of Sexually Transmitted Infections, Knowledge About How Infections Are Sexually Transmitted, Myths About Sexually Transmitted Infections and HIV Transmission, Myths About Protection Against HIV, Knowledge of Condom Use, Negative Attitudes Toward Condom Use, Responses to Being Asked to Use a Condom. **Statistical Analysis**: differences from before to after the intervention were investigated for individual items with McNemar tests. Differences between scores for sets of items before to after the intervention were investigated with Wilcoxon's matched paired signed-ranks tests. **RESULTS** **Baseline equivalence**: N/A **Outcomes and Estimation**: There were significant increases in the participants' *knowledge of sexually transmitted infections and HIV*, how these infections are spread, and how to protect against infection. In addition, attitudes toward condom use became more positive. DISCUSSION(1) **Interpretation**: the peer-education approach was successful in assisting a new and emerging community to work effectively on sexual health topics generally considered "taboo" or too sensitive to discuss. Overall, this study supports the view that peer education is a cheap, effective, and culturally sensitive way to disseminate knowledge about sexual health in culturally and linguistically diverse communities. **Generalizability**: Not clearly described	no summary of other analyses or adverse events, issues of generalizability not clearly described **Other Limitations:** Non-random sample, no control group, No power, missing data, unclear follow up time, self-reported data, Generalizability: limited **Overall quality**: Poor
Miriam Y. Vega, Andrew R. Spieldenner, Dennis DeLeon,	**Aim**: To evaluate a multilayered HIV intervention designed to incorporate and integrate psychosocial and community factors through multiple session groups, social marketing and community presentations.	**TREND Score =9.5 (Max=22)**

Publication (Record) details	Study description	Quality assessment (TREND)
Bolivar X. Nieto, Carolyn A. Stroman, USA, (2011): **SOMOS: evaluation of an HIV prevention intervention for Latino gay men.** *Health Education Research, Vol.26 (3), 2011. Pages: 407–418*	**Theory**: Social identity theory METHODS: **Design:** NRCT: Pretest-posttest design (single group) **Recruitment and Sampling methods**: Outreach staff, who were not only peers but also part of the local social networks, approached prospective participants, talked about HIV and then invited them to participate in the program. A total of 119 men were screened but 6 of them had not had sexual intercourse for more than 6 months prior to the intervention were ineligible. **Recruitment sites**: Latino gay bars, university groups, ethnic-specific organizations and ethnic-specific gay social groups **Study Settings**: CBOs in New York city, USA **Intervention**: SOMOS ('we are') was a theory-based HIV prevention intervention targeting Latino gay men with three components: group sessions, social marketing and community presentations. The group sessions consisted of five meetings, dealing with family issues, gay identity, homophobia, body image and sex. **Study period**: The sample was recruited and participated in the intervention continuously from 2002 through 2006 **Sample size details**: Unclear **Assignment method**: N/A **Sample**: 130 Latino gay men assessed at baseline, follow-up at 90 days and follow-up at 180 days **Baseline demographic data:** *Sex*: all males	**TREND limitations:** Abstract not structured, NRCT, Outcome measures not clearly defined as primary and secondary, questionnaire validity unclear, unclear how sample size was determined, no description of aspects employed to minimize potential bias due to non-randomization, blinding unclear, no adjusted analysis, methods for imputing missing data unclear, flow of participants through each stage of the study unclear, no description of protocol deviation or fidelity, no comparison between study population and target population, generalizability issues not clearly described,

Publication (Record) details	Study description	Quality assessment (TREND)
	Age: 20-62 years, mean= 35.35 years (SD = 9.11) *Country of origin*: Central American Countries=12%, South American countries=47%, Puerto Rico=22% and Dominic =19% Length of stay: **Follow up:** at 90 days and at 180 days **Retention rate**: 100% **Comparison**: within group over time **Blinding**:N/A **Statistical Analysis (SPSS 17.0)**: To assess changes in indicators from baseline to follow-up, t-tests were conducted, and multiple regression analyses were used to identify predictors of the outcomes of interest. **Outcome Measures:** Total number of sexual partners in the past 30 days and sexual risk, HIV and Hepatitis C Knowledge, HIV Risk assessment and psychosocial measures: Self-esteem, internalized homophobia and connectedness. total number of sexual partners in the past 30 days and sexual risk as measured by a risk index score calculated from: types of high-risk partners and situations ever, in the past 30 days and in the past 90 days (with each of those weighted differently); HIV testing history; injection drug use and whether they consistently carry condoms **Instrumen**t: Unknown validity **RESULTS** **Baseline equivalence** *:*N/A	**Other Limitations:** No random sampling, no control group, instrument with unknown validity, self-reported data **Overall quality**: Low

Publication (Record) details	Study description	Quality assessment (TREND)
	Outcomes and estimation*:* *HIV/AIDS and hepatitis C*: there was a statistically significant increase in HIV/AIDS knowledge (from 35.98 at baseline to 40.08 at the 90-day follow-up out of a possible score of 45, t = 10.84, p < 0.05) and hepatitis C knowledge (from a score of 5.19 at baseline to a score of 8.07 at the 90-day follow-up, t = 12.87, P < 0.05). *The number of sexual partners:* The mean number of sexual partners decreased from 1.62 (SD = 1.44) to 1.18 (SD = 0.83), t (112) = 4.33, P = 0.000. Additionally, the mean number of partner types in the past 90 days decreased from 2.17 (SD = 0.98) to 1.97 (SD = 0.72), t (112) = 3.89, P = 0. 000. There was a statistically significant difference in number of sexual partners reported at baseline (mean = 1.62, SD = 1.44) to the 180-day follow-up (mean = 1.07, SD = 0.66); t = 4.76, P = 0.000. *The HIV risk index* score showed a statistically significant decrease from baseline (mean = 5.33, SD = 6.04) to the 90-day follow-up (mean = 4.35, SD = 4.61) (t = 4.08, P = 0.000). decreased at 3 and 6 months after the intervention *Psychosocial measures*: there was an increase in *self-esteem* from baseline (mean = 15.18, SD = 2.27) to 90-day follow-up (mean = 16.17, SD = 1.94), (t = 3.89, P = 0.000); *The reported number of social provisions* (resources for social support) increased from 11.44 (SD = 2.85) at baseline to 12.19 (SD = 2.30) at the 90-day follow-up and this effect remained enhanced from baseline (mean = 11.44, SD = 2.85) to the 180-day follow-up (mean = 12.19, SD = 2.29); t = -4.15, P = 0.000; Connectedness: increased from baseline to the 90-day follow-up in how participants' Latino public self-esteem changed, meaning how they felt the Latino community regarded them. *Hierarchical regression analysis:* The full model was statistically significant (F8/104 = 12.87, P = 0.000) predicting a substantive 50% of the variance in the number of sexual partners reported at 90 days. *The multiple linear analyses* showed that connectedness (social identity and social support networks) was a strong predictor of the number of sexual partners at 90 days (R^2 = 0.51, F5/104 = 13.34, P = 0.000)	

Publication (Record) details	Study description	Quality assessment (TREND)
	DISCUSSION **Interpretation**: This homegrown program represents a culturally responsive, highly needed and relevant intervention that should be subjected to further rigorous testing. **Generalizability**: not clearly described	
Ana P. Martınez-Donate, Jennifer A. Zellner, Fernando Sanudo, Araceli Fernandez-Cerdeno, Melbourne F. Hovell, Carol L. Sipan, Moshe Engelberg, Hector Carrillo, USA, (2010): **Hombres Sanos: evaluation of a social marketing campaign for heterosexually identified Latino men who have sex with men and women.** *Am J Public Health., 2010 ;Vol 100, (2). Pages: 2532–2540. doi:10. 2105/AJPH.2009.179648)*	**Aim**: To evaluate the effectiveness of Hombres Sanos [Healthy Men], a social marketing campaign which was intended to increase condom use and HIV testing among heterosexually, especially among heterosexually identified Latino men who have sex with men and women (MSMW). **Theory**: a social-ecological framework and social marketing principles **METHODS** **Design**: NRCT: Pretest-posttest design (independent samples) **Recruitment and Sampling methods**: Depending on the venue, different sampling procedures were used to maximize the representativeness of the sample. In the bars and clubs, the adult bookstore, and one of the shopping centers, men were consecutively intercepted and recruited from the beginning to the end of each sampling shift. In the ESL center and the men's shelter, a lottery system was used to select those to be approached for participation in the study. At all other venues, dice was rolled to randomly select potential study participants. **Recruitment sites**: 7 low-risk venues (a workplace, a migrant camp, a labor pickup site, 2 shopping centers, a center for the teaching of English as a second language [ESL], and a men's shelter) and 5 high-risk venues (an adult bookstore and 4 bars or clubs) **Settings**: 12 targeted community venues: 7 low-risk venues (a workplace, a migrant camp, a labor pickup site, 2 shopping centers ,a center for the teaching of English as a second language [ESL], and a men's	**TREND Score= 11.9 (Max=22)** **TREND limitations:** NRCT, unclear who delivered the intervention, outcome measures are not clearly defined as primary and secondary, validity of questionnaire unclear, unclear how sample size was determined, blinding unclear, independent samples, no comparison between study population and target population, unclear how non-compliers were treated, no summary of adverse

Publication (Record) details	Study description	Quality assessment (TREND)
	shelter) and 5 high-risk venues (an adult bookstore and 4 bars or clubs) in northern San Diego County, California, USA. **Intervention**: The campaign targeted low-acculturated, mostly Spanish speaking Latino men. The Hombres Sanos [Healthy Men] campaign was intended to increase condom use and HIV testing among heterosexually identified Latino men, especially among heterosexually identified Latino MSMW. In addition to HIV and STI testing, a male health exam was offered at a local community clinic, which included a physical examination and screening for low-stigma conditions, such as diabetes, hypercholesterolemia, and hypertension. **Study period**: before (December 2005–April 2006), during (June–December 2006), and after (January–April 2007) **Sample size details**: unclear **Assignment method**: Unclear **Sample**: Of 4879 men intercepted, 2378 agreed to complete the survey. About19% of respondents reported having participated in the Hombres Sanos survey previously. After excluding data from repeat surveys and from participants whose sexual orientations were not heterosexual, the final sample consisted of 1763 heterosexually identified Latino men who have sex with men and women, and who completed an anonymous, self-administered survey on sexual practices and testing for HIV and other sexually transmitted infections. Of them, 626 men completed the survey during the baseline period, 752 completed the survey during the campaign, and 385 completed the survey after the termination of the campaign. The overall response rate was 49% (51% and 47% in low- and high-risk venues, respectively). By sexual orientation, 1665 (94.4%) men were classified as heterosexual and 98 (5.6%) as heterosexually identified Latino MSMW. **Baseline demographic data (Sample profile):** *Sex*: Males	events, issues of generalizability not clearly described **other limitations:** cross sectional design, non random samples, independent samples of different subpopulations, simultaneous intervention, no control group, self-reported data **Overall quality**: low

Publication (Record) details	Study description	Quality assessment (TREND)
	Age: mean: 27-30 years Country of origin: Mexico= 80%, USA=6.7% and Other =13.3% Length of stay: <1 year (21-51 %), 1-5 years (14-38%), >5 years (31-44%). **Follow up:** N/A **Retention rate**: Baseline: The overall response rate was 49% (51% and 47% in low- and high-risk venues, respectively), **Comparison**: between groups at different study phases **Blinding**: N/A **Outcome Measures:** Recent (in the previous 60 days) unprotected vaginal or anal sex with female partners, Unprotected anal sex with male partners, Perception of HIV risk, Lifetime and previous 6 months HIV/STI testing, Knowledge of HIV testing locations, Knowledge of the community clinic that offered the male health exam, Carrying a condom at the time of the interview (verified by a research assistant). **Instrument**: **Statistical Analysis (SPSS version14.0**): Logistic and linear regression models were estimated to test for significant differences in study outcomes from the baseline to the campaign and post campaign periods **RESULTS** About 86.8% and 85.9% of the MSMW and MSW respondents, respectively, reported exposure to the campaign. *Sexual risk behaviors*: The prevalence of unprotected sex with females decreased significantly from the baseline to the campaign (adjusted odds ratio [AOR] =0.17; 95% confidence interval [CI] =0.04, 0.69; P =.013) and post campaign	

Publication (Record) details	Study description	Quality assessment (TREND)
	phases (AOR=0.06; 95%CI=0.01, 0.45; P =.006) among Heterosexually identified Latino MSMW. But, there was no change among Heterosexually Identified Latino MSW. The number of unprotected female sexual partners was also significantly lower during the campaign than during the baseline phase among both Heterosexually identified Latino MSMW (B=–6.03; 95% CI=–11.7, –0.31; P =.039) and Heterosexually Identified Latino MSW (B=– 0.45; 95% CI=–0.75, –0.15; P =.003). The proportion of Heterosexually identified Latino MSMW who had had unprotected anal sex with males during the previous 60 days decreased significantly during the post campaign phase compared with the baseline phase (AOR=0.10; 95% CI=0.02, 0.65; P=.016) as did the number of unprotected male sexual partners during the campaign (B=–3.60; 95% CI=–6.27, –0.92; P=.01). This trend continued during the post campaign phase, but was not significant because of the smaller sample size. Rates of condom carrying increased during the campaign and post campaign phases for both groups, but these changes were only significant among Heterosexually Identified Latino MSW during the campaign (AOR=2.28; 95% CI=1.59, 3.27; P <.001) and post campaign phases (AOR=1.62;95% CI=1.06, 2.49; P =.026), compared with baseline. *Lifetime and recent HIV testing*: Lifetime rates of HIV testing decreased significantly during the campaign (AOR=0.32; 95% CI=0.10, 0.98; P =.046) and post campaign phases compared with the baseline phase (AOR=0.24; 95% CI=0.05, 1.06; P =.059) among Heterosexually identified Latino MSMW. However, no significant differences were observed across the 3 study phases in lifetime testing for HIV among Heterosexually Identified Latino MSW. A significant decrease in the rates of recent HIV testing from baseline to campaign was also observed for both Heterosexually identified Latino MSMW (AOR=0.18; 95% CI=0.04, 0.085; P =.03) and Heterosexually Identified Latino MSW (AOR=3.13; 95% CI=2.06, 4.75; P <.001). *Knowledge and risk perception*: and average level of perceived HIV risk were higher in both groups at the post campaign phase than at the baseline and campaign phases. However, these differences were statistically significant only for Heterosexually identified Latino MSW. Knowledge of HIV testing locations was higher at the campaign (AOR=1.60; 95% CI=1.26, 2.02; P <.001) and post campaign phases (AOR=1.57; 95%CI=1.18, 2.08; P =.002). Average level of perceived risk for HIV was higher during the campaign	

Publication (Record) details	Study description	Quality assessment (TREND)
	(B=0.13; 95% CI=0.04, 0.13; P =.003) and post campaign (B=0.27; 95%CI=0.17, 0.37; P <.001) phases than during baseline. Even knowledge of the clinic that offered the male health exam also increased significantly from baseline to campaign (AOR=1.82; 95%CI=1.44, 2.30; P <.001) and post campaign (AOR=2.24; 95% CI=1.68, 2.99; P<.001) among Heterosexually identified Latino MSW. DISCUSSION **Interpretation:** Social marketing represents a promising approach for abating HIV transmission among heterosexually identified Latinos, particularly for heterosexually identified Latino MSMW. Given the scarcity of evidence-based HIV prevention interventions for these populations, this prevention strategy warrants further investigation. **Generalizability**:	
Madelief G.B.C. Bertens, Ellen M. Eiling, Bart van den Borne, Herman P. Schaalma, Netherlands, 2009 (2008 Epub): **Uma Tori! Evaluation of an STI/HIV-prevention intervention for Afro-Caribbean women in the Netherlands.** *Patient Education and Counseling 75 (2009) 77–83*	**Aim:** To assess the effectiveness of 'Uma Tori', an STI/HIV-prevention intervention for women of Afro-Surinamese and Dutch Antillean descent in the Netherlands. The main goal was to enhance women's control of their sexual health and to commence and maintain healthy sexual relationships. **Theory**: problem-based learning (PBL), the Trans theoretical Model (TTM), self-regulated learning and observational learning METHODS: **Design**: NRCT: Pretest-posttest design (single subject/group) **Recruitment and Sampling methods**: referral (snowball) sampling through recruited hostesses (social network) **Recruitment sites**: Unclear **Study Settings**: homes of recruited hostesses, Rotterdam, The Netherlands	**TREND Score= 12.7 (Max=22)** **TREND Limitations**: Abstract not structured, NRCT, eligibility criteria and recruitment sites, duration of intervention unclear, outcomes not clearly defined as primary and secondary measures, unclear how sample size was determined,

Publication (Record) details	Study description	Quality assessment (TREND)
	Intervention: five-session, interactive small-group intervention provided by peer health educators. Intervention sessions aimed at increasing awareness of sexual risk and power in relationships and improving sexual decision-making skills, and involved dramatic relief, active group interaction and discussion of topics and themes relevant to the particular groups of women, and role modeling. **Study period**: 2004 and 2005 (unclear) **Sample size details**: Unclear **Assignment method**: N/A **Sample**: A total of 322 women signed up for the intervention, of whom 273 (85%) participated and completed the pre-test; 218 women took a post-test questionnaire; and 185 (68%) finished the pre- and post-tests. Eighty-three percent (N = 227) of the participants attended all five sessions. **Baseline demographic data:** *Sex*: Female *Age*: The average age of the participants was 33 years (S.D. = 12.7; range 15–71). *Country of origin*: 70% first generation migrants from Countries in the Caribbean Length of stay: 16.4 years (S.D. = 11.1). **Follow up:** Unclear **Retention rate**: 68 % **Comparison**: before and after **Blinding**: Unclear **Measurement Instrument**: Validated	no inclusion of aspects to minimize potential bias, blinding unclear, methods for imputing missing data unclear, unclear how many were screened for eligibility, no comparison between study population and target population, number of participants in each analysis unclear **Other limitations** Non-random sampling (Snowball sampling, no control/comparison group, Short follow up time,. Self-reported data, missing values for some questions due women's reluctance to answer questions about

Publication (Record) details	Study description	Quality assessment (TREND)
	Outcome Measures: HIV knowledge, risk perception and perceived norms, sexual assertiveness and intentions to negotiate safe sex, communication about sexual behavior with partners **Statistical Analysis (SPSS 13.0)**: **intention-to-treat** analyses employing multivariate analysis of variance with repeated measures (pretest– post-test) and **Bonferroni correction** for multiple comparisons. The contents of the logbooks, answers to the open end questions, and transcriptions of the interviews and FGDs were analyzed with NVivo 7.0 **RESULTS** **Baseline equivalence: N/A** **Outcomes and estimation**: statistically significant changes in dependent variables between pre-test and post-test, F (14, 121) = 9.54, p = .000. Within-subjects contrast tests revealed that women scored significantly higher at post-test measurement on all outcome variables except lifetime susceptibility and social support. Intervention effects were dependent on relationship status (F (14, 121) = 2.81, p = .001) and educational level (F (14, 121) = 2.71, p = .002), but not on age group (F (14, 121) = 1.47, p = .133). Univariate effects revealed that changes between pre- and post-test were most profound among women with a steady partner and women with a low educational level. The 'dropouts' did not differ from other participants as regards age (X^2 (1) = 1.848, p = .174), educational level (X^2 (1) = 1.949, p = .163), and migrant generation (X^2 (1) = 3.313, p = .069). Analyses of variance revealed that the 'dropouts' scored significantly higher on response efficacy (F(1) = 8.747, p = .003), attitudes towards condom use with a new partner (F(1) = 8.121, p = .005) and negotiated safety (F(1) = 6.651, p = .011), self-efficacy (F(1) = 5.599, p = .019), and intention to safe sex strategies (F(1) = 6.741, p = .010). DISCUSSION **Interpretation**: The effects of 'Uma Tori' are promising and the intervention seems to support attempts to reduce sexual-risk behaviour among Afro-Caribbean women.	condom use, low retention rate (<70%) **Overall quality**: low

Publication (Record) details	Study description	Quality assessment (TREND)
	Generalizability: lack of representativeness	
Molly Martin, Maria Camargo, Lori Ramos, Diane Lauderdale, Kristin Krueger, John Lantos, USA, (2005): **The Evaluation of a Latino Community Health Worker HIV Prevention Program** *Hispanic Journal of Behavioral Sciences, Vol. 27 No. 3, August 2005 371-384. DOI: 10.1177/0739986305278146*	**Aim:** to evaluate the effectiveness of a community health promotion project to increase HIV knowledge in an urban, immigrant Latino community in Chicago. **Theory**: None reported METHODS: **Design**: NRCT: Pretest-posttest design (single subject/group) **Recruitment and Sampling methods:** Participants were recruited primarily from other Centro San Bonifacio (community center) programs, community centers, and by word of mouth. **Recruitment sites**: **Study Settings**: the home for individual or family groups, at a home in a Tupperware-party style for small groups, or at schools and churches for larger groups in Chicago, USA **Intervention**: an education session (using aids such as videos, charts, handouts, and condoms). The education session content and format varied depending on the needs of the audience and the style of the *promotora* (Community health worker). **Study period**: Unclear **Sample size details**: Unclear **Assignment method**: N/A **Sample**: 704 Latino migrants **Baseline demographic data:** Sex: male (36%) and females (54%)	**TREND Score=10.4 (Max=22)** **TREND Limitations:** no theory, NRCT, Abstract not structured, eligibility criteria unclear, number and duration of sessions unclear, unclear validity for the questionnaire used, unclear how sample size was determined, outcomes not clearly described as primary and secondary measures, no description of aspects employed to minimize bias, blinding unclear, no adjusted analysis at center level, methods for imputing missing data unclear, study period unclear, unclear how many were screened for eligibility, no summary of adverse

Publication (Record) details	Study description	Quality assessment (TREND)
	Age: 13-69 years *Country of origin*: Mexico= 76%, Central/South America=10%, Puerto Rico=6%, Other=1% *Length of stay*: Unclear **Follow-up**: No (pretest-posttest on the same occasion) **Retention rate*:*** some observations dropped (pretest: n = 10; posttest: n = 110) and more than 30% missing data on some variables ***Comparison***: Before and after (operationalization unclear **Blinding**: Unclear **Outcomes measures**: HIV knowledge and Self-perceived risk **Instrument validity and reliability:** unclear **Statistical Analysis (STATA 7.0):** two-tailed t test analysis (pretest-posttest knowledge scores), Multiple linear regression (factors associated with changes in knowledge, including missing observations), McNewar's test for paired analysis(to evaluate whether the HIV education changed self-perceived risk, 151 observations with missing data were dropped), Multivariate logistic regression (factors associated with change in self-perceived risk) **RESULTS** **Baseline equivalence:** N/A **Outcomes and estimation**: HIV Knowledge**:** Significant increase in the knowledge score was associated with being Central/ South American (p=.017; 95% CI=.01, .10) and being educated 6 years or less (p = .001; 95% CI = .025, .098).	events or discussion of success of and barriers to implementing the intervention and fidelity of the implementation **Other Limitations**: Missing data, no follow up (post-test immediately after intervention), unclear operationalization, self-reported data, education session varied depending on audience and *promotoras* style, limited generalizability (mainly Mexicans) **Overall quality**: Low

Publication (Record) details	Study description	Quality assessment (TREND)
	After controlling for the pretest score, being Central/South American (p = .038; 95% CI = .0021, .073) or being female (p = .027; 95% CI = .0029, .047) was associated with a larger change-in-knowledge score Self-perceived risk: increased significantly after the intervention (McNemar's $\chi 2 = 14.82$, p = .0001), and for each 10% gain in the knowledge score after the intervention, the odds ratio for a change in self-perceived risk was 1.22 (p =.016; 95% CI=1.04, 1.44).This was similar for those who changed their self-perceived risk from no to yes. DISCUSSION **Interpretation**: The Centro San Bonifacio HIV Prevention Program successfully reached a Latino community, increased HIV knowledge, and changed self-perceptions of HIV risk. **Generalizability**: Clearly described	
Martijn C et al., Netherlands, 2004: **The effects of AIDS prevention programs by lay health advisors for migrants in The Netherlands**	**Aim:** Study 1: to assess whether AIDS education by means of LHAs results in an increase in knowledge about AIDS and HIV, and a more favorable attitude and social norm towards the use of condoms as a means to protect oneself against HIV; and whether AIDS education led to higher perceived behavioral control and a more positive intention to use condoms. Study 2: a direct comparison of LHA- and PHA-based programs **Theory:** reported METHODS: **Design:** Study 1: NRCT design, Pretest-Posttest design Study 2: Quasi-experimental design (Nonequivalent control group)	**TREND Score= 10 (study1) and 8.8 (study 2).** **Trend limitations (study 1+2):**Abstract not structured, NRCT, eligibility criteria and recruitment methods unclear, no information about incentives, sample size determination unclear, no information about aspects to minimize bias, blinding unclear, no information about

Publication (Record) details	Study description	Quality assessment (TREND)
	Sample: Study 1: 75 migrants in Netherlands, *Age:* 18-35, *Country of origin*: Turkey= 68%, Morocco=17.3%, Tunisia, Sudan and Iraq=14.6% *Time spent in host country:* *Baseline comparison*: Study 2: 36 new migrants at a refugee center. Half of the subjects received information from a LHA whereas the other half received information from a Dutch public health nurse assisted by an interpreter (random allocation based on name list) *Age* :20-50 *Country of origin*: Iraq: 100% *Time spent in host country*: unclear *Baseline comparison*: N/A **Comparison:** Study 1**:** Before (2 weeks before) and after (2 weeks after), Study 2**:** Before (2 weeks before) and after (2 weeks after), and LHAs vs PHAs **Retention rate:** Study 1 (72%), study 2 (75%), total (75%) **Follow-up:** 2 weeks **Measurement instrument**: Validated, modified in study 2 **Study Settings**: Study 1: language (integration) schools,	methods used for imputing missing data and statistical software used, unclear how many were screened for eligibility, no description of protocol deviation or fidelity, unclear how no compliers were treated, no summary of adverse events, no confidence interval, issues of generalizability not clearly described **Other limitations**: Short follow up time (2 weeks), small sample size, no control group (study 1), > 20 % loss to follow up, different settings and questionnaire modified in study 2 **Overall quality**: Low

Publication (Record) details	Study description	Quality assessment (TREND)
	Study 2: Refugee center **Outcome Measures**: Knowledge about AIDS, Attitudes towards condom use, Social norms towards condom use, Perceived behavioral control and Intention to use condom **Analysis:** Study 1: ANOVA's with pretest and posttest responses as repeated measurements. **Results:** Study 1: showed positive effects at posttest on knowledge, behavioral control, and social norm towards condom use. *Knowledge about AIDS*: from 12.4 correct answers at pretest, to 16.6 correct answers at posttest ($F(1, 73) = 162.03$; $P < 0.001$). The increase was associated with education level ($F(1, 73) = 27.30$; $P < 0.001$), but not Nationality (Turkish, Moroccan or other Arabic), length of stay, sex, age or marital status. *Attitude towards condom use*: marginally significant change in mean attitude score between pretest (3.42) and posttest (3.57) in a positive direction ($F(1, 71) = 3.64$; $P = 0.061$). No association with nationality, length of stay, level of education, sex, age or marital status. *Social norm towards condom use*: positive change, but marginally significant (*M* pretest 3.84, *M* posttest 4.11; $F(1, 68) = 3.25$; $P < 0.076$). Change was significantly associated with length of stay ($F(1, 68) = 12.98$; $P < 0.01$). No association with nationality, level of education, sex, age or marital status. *Perceived behavioral control*: On the posttest participants indicated more behavioral control than on the pretest (M pretest 3.56, M posttest 3.80; $F(1,72) = 4.93$; $P<0.05$). No association with sociodemographic factors. Study 2: Both programs had **positive effects** on **knowledge** and **attitude**, but the **LHA** program resulted in a stronger intention to discuss AIDS with children. **LHA** programs also led to a **stronger relation** between	

Publication (Record) details	Study description	Quality assessment (TREND)
	attitudes and intention suggesting that LHA-based AIDS programs are more successful in inducing internally motivated intentions to safe sex practices, such as condom use. DISCUSSION **Interpretation**: The two studies reported here, both show positive effects of group education sessions on AIDS. Both studies show an increase of knowledge about HIV and AIDS and more positive perceptions of the use of condoms. Study 2 shows that lay health advisors are equally successful at achieving change as trained professionals. Generalizability: Not clearly described	
J. Busza & S. Baker, Cambodia, (2004): **Protection and participation: an interactive programme introducing the female condom to migrant sex workers in Cambodia.** *AIDS Care, 16:4, 507-518, DOI: 10.1080/09540120410001683457*	**Aim:** to evaluate the introduction of female condom effect on sex workers' negotiation skills and social support networks **Theory:** reported METHODS: **Design**: Mixed Methods design, Qualitative methods (direct observation, interviews and FGDs) and Quantitative methods (structured questionnaire survey). **Recruitment and Sampling methods:** Unclear (convenience: available). **Recruitment sites**: **Study Settings**: Brothels and MSF clinics in Svay Pak village, Phnom Penh, Cambodia **Intervention**: introduce the female condom through informed debate, group skills building and collective support to improve ability to negotiate safe sex, and social networks and sense of community identity	**TREND Score= 8.4 (Max=22)** **TREND limitations:** Abstract not structured, NRCT, eligibility criteria unclear, number of sessions unclear, unknown validity for questionnaire, unclear how sample size was determined, no description of aspects employed to minimize potential bias, blinding unclear, statistical analysis, software and

Publication (Record) details	Study description	Quality assessment (TREND)
	Study period: in December 2000 and in March 2001 **Sample size details**: Unclear **Assignment method**: N/A **Sample**: A structured questionnaire was administered to all available sex workers over four rounds. Qualitative information from direct observation, in-depth interviews and detailed notes from 25 types of workshop, attended by over 300 available Vietnamese illegal migrant sex workers **Baseline demographic data:** *Age:* 15-30, majority < 20 *Country of origin*: Vietnam (100%) *Length of stay*: unclear **Follow up:** Unclear (Several months later) **Retention rate**: Unclear **Comparison**: Female condom users vs Non-users **Blinding**: N/A **Instrument:** unclear **Outcome Measures and themes**: Female condom use, Attitudes towards condom, Willingness to discuss female condom use with clients, brothel owners, boyfriends and peers. Qualitative data address the dynamics of use, negotiation strategies, client reactions and how availability of the female condom affected use of the male condom.	methods used for imputing missing data unclear, flow of participants unclear, no comparison between study population and target population and between those retained and those loss to follow up, number of participants in each analysis unclear, no confidence interval, generalizability not clearly described **Other limitations**: convenience sample, independent samples, different exposure, unclear allocation, no baseline comparison, self-reported data **Overall quality**: Low

Publication (Record) details	Study description	Quality assessment (TREND)
	Statistical Analysis: Unclear **RESULTS** **Baseline equivalence:** **Outcomes and estimate:** Condom use: survey data indicated increased rates of *condom use*. Ever-use was significantly associated with participation in intervention workshops, and with indicators of both individual and community empowerments. Community identity: Survey data showed that sex workers who incorporated the female condom into their work were also more likely to feel a sense of community identity. Even qualitative data suggest that introduction of the female condom catalyzed or reinforced sex workers' intentions to share experiences and support one another in successfully adopting a new method. Communication (enhanced): survey data indicate that women who used female condoms were more likely to communicate about protection from STIs or feel comfortable interacting with other community members. They also responded more positively to statements reflecting a sense of shared experience with other sex workers Negotiation skills: interviews and group discussions suggest that some sex workers perceived female condoms to contribute to greater control over the negotiation process with clients, including positively influencing use of the male condom. Constraints: there was also qualitative evidence suggesting that for a majority of sex workers, use of the female condom proved neither feasible nor appealing. DISCUSSION **Interpretation**: Introduced through an appropriate process, the female condom can serve as an 'entry point' to building community capacity. It can support sex workers in achieving protected sex and developing cooperative relationships, even in severely restrictive settings.	

Publication (Record) details	Study description	Quality assessment (TREND)
	Generalizability: not clearly reported	
Edward H. Kaplan, Varda Soskolne, Bella Adler, Alex Leventhal, Ronnya. Shtarkshall, Israel, (2002): **A Model-Based Evaluation of a Cultural Mediator Outreach Program for HIV+ Ethiopian Immigrants in Israel.** *EVALUATION REVIEW,Vol. 26 No. 4,August 2002 382-394*	**Aim:** to evaluate of a program designed to reduce HIV transmission from HIV-infected Ethiopian immigrants in Israel **Theory**: None reported METHODS **Design**: NRCT: Pretest-posttest design (single subject/group) **Recruitment and Sampling methods**: **Recruitment sites**: regional HIV center **Settings**: regional HIV center in Israel **Intervention**: Case Managers had to provide individual or couple behavior modification counseling, facilitate access to HIV care and other necessary services, and provide emotional and social support **Study period** :Unclear **Sample size details**: Unclear **Assignment method**: N/A **Sample**: 321 HIV positive Ethiopian migrants and their sexual partners **Baseline demographic data:** Sex: 145 female and 176 male clients *Age*: adults	**TREND Score:16.3 (Max=22)** **TREND Limitations:** Abstract not structured, no theory, number and duration of sessions unclear, no information about incentives, unclear how sample size was determined, blinding unclear, no information about statistical software used, **Other limitations:** NRCT, No control group, risk for selection bias (pregnant more likely to enroll), reporting bias (underreporting among partner to male clients),

Publication (Record) details	Study description	Quality assessment (TREND)
	Country of origin: Ethiopia (100%) *Length of stay*: Not reported **Comparison:** before and after **Follow up**: 2 years **Retention**: cohort design **Retention rate**: N/A **Comparison**: before and after **Blinding**: N/A **Instrument**: Biological indicator **Outcome Measures**: Pregnancy rates (incidence) as a measure of unprotected sex **Statistical analysis**: pregnancy incidence, Non parametric pregnancy Hazard estimate **RESULTS** **Baseline data:** the baseline pregnancy rates among female clients were quite similar to fertility rates among Ethiopian immigrants in Israel. **Baseline equivalence**: N/A (single group design) The ongoing pregnancy rates estimated during the intervention ***were significantly lower*** than the estimated baseline pregnancy rates among both HIV+ women (fell from 19.58 per 100 person years, 95% confidence interval [CI]=10.63-29.53) to 9.93 per 100 person years (95% CI=3.81− 16.12), a marginally significant decline ($\chi 2$ df=1 =3.00, p-value = .083) and the female sex partners of HIV+ men (fell from 12.04 per 100	heterogeneity in ability to conceive, External validity +: pregnancy rate at baseline was equivalent to that of the target population **Overall quality**: moderate

Publication (Record) details	Study description	Quality assessment (TREND)
	person years, 95% CI = 5.79-18.69) to 3.93 per 100 person years (95% CI = 0.10-7.80), a decline of greater significance ($\chi 2$ df=1 =4.55, p-value =.033). **Interpretation**: The results indicate that there has been a significant decline in pregnancy incidence among both female clients and the female sex partners of male clients in this intervention, which in turn suggests that the rate of unprotected sexual exposures has declined as intended. **Generalizability**: Clearly described	
Raj A et al, USA, 2001: **Is a general women's health promotion program as effective as an HIV-intensive prevention program in reducing HIV risk among Hispanic women?**	**Aim**: to assess whether participants in an HIV-intensive prevention program and participants in a general women's health promotion program reported greater HIV risk-reduction than participants in a wait-list control group immediately following program participation and at three-month follow-up. **Theory**: **METHODS** **Design**: NRCT design with control group: (quasi-experimental) **Recruitment and sampling method**: 190 eligible women were approached through community outreach at housing projects, community service programs (ESL, GED and Non-HIV education classes) and clinics. 170 agreed to participate, eight were dropped (ineligible). **Recruitment sites**: Community service programs and clinics **Settings**: Community center (HIV-IP) and Community clinic (WHP) in Boston, USA **Intervention**: The HIV-IP and the WHP were both intensive programs tailored to women whose primary risk for HIV is through unprotected sex with infected men. **HIV-IP** group received information on HIV transmission and prevention and other STIs, sexual and reproductive health, HIV risk with substance use, partner violence, body image and socio-cultural risk factors such as oppression and economics. **WHP** group received HIV education sessions on transmission and prevention, STDs, sexual and reproductive anatomy,	**TREND Score=11.3 (Max=22)** **Trend limitations:** NRCT, outcomes not clearly defined as primary and secondary measures, unclear how sample size was determined, unclear how potential bias were minimize, blinding unclear, methods used for imputing missing data and statistical software for analysis unclear, unclear how many were lost to follow up, study period unclear, no baseline data of

Publication (Record) details	Study description	Quality assessment (TREND)
	condom practice and negotiation skills. **The wait list control group** recruited from the same low-income catchment areas were not placed in to a program. **Study period**: Unclear **Sample size details**: Unclear **Assignment method**: N/A **Sample**: 162 Hispanic women most of them immigrants () assigned to HIV intensive (HIV-IP) program (n=42), a general women's health promotion (WHP) program (n=54) and a waiting list (n=66) **Baseline Data**: *Age*: 18-35 years (mean=28.6) *Country of origin* (89%): Dominican Republic: 55%, Puerto Rico: 13%, Central America: 13%, South America: 8%, *Length of stay*: Unclear **Comparison**: pre-test and posttest and follow-up, control group **Follow-up**:12 weeks after pre-test and three months after posttest **Retention rate**: Unclear **Comparison**: between groups at baseline, after and at follow up **Blinding**: Unclear **Instrument validity**: reported (α=0.74 for sample) **Outcome measures:** Condom use, intention to use condom, sexual self-efficacy (safer sex negotiation), HIV testing (self-reported)	participants in each study condition, study group equivalence unclear, no comparison between study population and target population, retention rate unclear, no summary of adverse events, no discussion of the success and barriers to implementing the intervention Other limitations: non-random samples, small sample size, intervention setting confounded with type of intervention, variability in facilitator's skills. Generalizability: Limited to specific sexual risk profile and demographic characteristics **Overall quality**: Low

Publication (Record) details	Study description	Quality assessment (TREND)
	Statistical methods: Chi square and ANOVA (differences across groups, comparison loss to follow up and those retained), logistic and linear regressions: crude, adjusted , dose response analyses (change in outcome variables across treatment groups and dose response effect), Multivariate analysis using generalized estimating equations (association of study group and outcome, and the possibility of a group by time interaction on outcome **RESULTS** **Baseline equivalence**: Unclear **Outcomes and estimation** Condom use: Both groups were more likely than the wait-list control group to report increased condom use from pre-test to post-test (HIV-IP OR= 2.51 95%CI: 0.96, 6.55, WHP OR=2.67, CI: 1.10-6.52) and from pre-test to follow-up HIV-IP OR= 4.26 95% CI: 1.46, 12.56, WHP OR=4.88, CI: 1.80- 13.19). Intent to use condom: Both groups were more likely to report increased intent to use condom than the waiting list group from pre-test to post-test (HIV-IP OR= 3.92 95% CI: 1.21, 12.69, WHP OR=6.56, CI: 2.19- 19.69). Pre-test-follow-up showed maintenance of effect only for WHP (WHP OR=5.54, CI: 1.96-15.70) Safer sex communication: only HIV-IP group was significantly likely to report increased safer sex communication at post-test (HIV-IP OR= 3.88 95% CI: 1.53, 9.80) and at three months follow-up (HIV-IP OR= 3.26 95% CI: 1.34, 7.92) and Safer sex negotiation at post-test (HIV-IP OR_{dose}= 4.40 95% CI: 1.53, 12.60, but not at follow-up (HIV-IP OR= 1.91 95% CI: 0.75, 4.85) HIV testing: only WHP group was likely to report increased HIV testing at post-test (WHP OR=2.50, CI: 1.02- 6.12) but not at follow-up. Multivariate analyses revealed no significant group by time interaction in any of the analyses. **Interpretation:** Both intervention increased condom use. The HIV-intensive program appeared to be more effective in promoting safer sex negotiation, and the women's health promotion program appeared to be	

Publication (Record) details	Study description	Quality assessment (TREND)
	more effective in promoting HIV testing. The findings suggest that both approaches may be viable ways to package HIV prevention for short-term behavior change in this population. **Generalizability** :clearly described (limited to specific sexual risk profile and demographic characteristics)	
Shtarkshall R et al, Israel, 1993: **A culturally specific educational program to reduce the risk of HIV and HBV transmission among Ethiopian immigrants to Israel II: Evaluating the effect of the training program on veteran immigrant trainees**	**Aim**: to evaluate the change in knowledge, attitudes, and skills among veteran Ethiopian immigrants during a health educators/cultural mediators training program **Theory:** None reported **METHODS** **Design**: NRCT: Pretest-posttest design (single subject/group) **Recruitment and sampling method**: The trainees were selected from lists of professionals supplied by the Ministry of health and screened by the Ethiopian members of team. 34 people enrolled in the training program, but only 29 completed it. **Recruitment sites**: based on list **Study Setting:** Israel **Intervention**: a program to train veteran Ethiopian immigrants to be educators to general Ethiopian population of recent immigrants about HIV transmission and its prevention , and be cultural mediators **Study period**: Unclear **Sample size details**: Unclear **Assignment Method**: N/A **Sample size details**: Unclear	**TREND Score=7.7 (Max=22)** **TREND limitations:** Abstract not structured, no theory, study, settings unclear, incentive unclear, outcomes not clearly defined as primary and secondary measures, validity of questionnaire unclear, aspects employed to minimize bias unclear, blinding unclear, Statistical methods used, methods used for imputing missing data and statistical software used unclear, study period unclear, no comparison between study population and target population, no

Publication (Record) details	Study description	Quality assessment (TREND)
	Sample: 29 Ethiopian veterans trained to become health educators/cultural mediators, but only 28 completed the questionnaire at the beginning of the 3-days seminar, at its end and four months later after 7 half-days training sessions comprising the whole training program. **Baseline demographic data:** *Sex*: men 76.5%, women 23.5% *Age*: 35±11 years (24-46) *Country of origin*: Ethiopia (100%) *Length of stay*:6-25 years **Follow-up**: end of 3-days training workshop (B), 4 months after 7 half days sessions (C) **Retention rate**: 82% **Comparison**: before and after **Blinding:** Unclear **Instrument:** Unknown validity **Outcome measures:** Knowledge on transmission and myths about transmission, general knowledge, knowledge about preventive measures, attitudes towards people with HIV, their rights and behavior towards them, and regarding the use of condom, feelings about teaching HIV and HBV topics and teaching skills **Statistical Analysis**: McNemar test of significance of change **RESULTS** **Baseline equivalence:** N/A	discussion of barriers, generalizability issues not clearly described Other limitations: small sample size, non-random sample, no control group, self-reported data **Overall quality** : low

Publication (Record) details	Study description	Quality assessment (TREND)
	Outcomes and estimation: *Knowledge on HIV mode of transmission and its prevention:* Consistent increase in level of knowledge of mode of transmission between pret-test and posttest, but the changes were not significant because of small sample size. A similar increase about how to prevent HIV was found. *HIV related attitudes and attitudes towards condom use* A consistent shift was found towards attitudes that were considered as appropriate for working as educators. *Perceptions of knowledge gained and education skills development* At the end of the workshop, a large proportion of the trainees felt they acquired much knowledge on HIV/AIDS and had developed teaching skills. At the end of the follow up period additional trainees felt more confident in their knowledge and teaching skills. **DISCUSSION** **Interpretation**: The results demonstrate that changes in knowledge, attitudes and the readiness to teach this difficult and embarrassing subject can be achieved in a relatively short time, namely when the trainees are teaching the subjects that they are trained for at the same time. Observations of the teaching process suggest that more attention should be paid to the age and gender of message deliverers when teaching older people or mixed gender groups. **Generalizability**: not clearly described	

III. Detaljerad beskrivning av olika interventioner

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
Juon HS et al, 2016., Washington, USA	**Theory:** None reported **Topic:** Hepatitis B vaccination (self-reported) ***Targeted group***: Asian American Migrants. **Content**: Follow up of a culturally integrated and linguistically appropriate program that consisted in reading educational materials (e.g., reading a photonovels): The intervention group: received a list of resources by mails for where to get free vaccinations as well as reminder calls for vaccinations from trained LHWs, while the control group: received only list of resources by mail a list of resources that offered free vaccinations, such as local health departments. **Delivery Method**: Mailing of test results and phone calls as a reminder for vaccination. LHWs conducted phone interventions by reminding participants of a series of vaccinations at months 1, 2 and 5 **Unit of delivery**: individual **Deliverer***:* Lay Health Workers **Setting**: Community and Home based outreach (phone calls) **Number and duration of sessions*:*** 5 to 10 minutes to read educational material and phone calls to remind participants in the intervention group of a series of vaccinations at months 1, 2 and 5	Self-reported Hepatitis B Vaccination ↑

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
	Time span: 7 months (April 2013-February 2015) **Language**: English, Chinese, Korean, or Vietnamese **Incentives**: N/A	
Merchant RC et al, USA, 2015	**Theory:** None reported **Topic:** HIV/AIDS **Target group**: Mixed: 73% migrants (foreign born) and 27 % US born **Content:** The orally-delivered information and video had identical factual content and contained CDC-recommended elements of HIV/AIDS and HIV testing information, as well as information about acute HIV infection and current methods of HIV testing **Delivery method:** Video and orally delivered. **Unit of delivery:** group (Video vs Orally) **Deliverer:** Research Assistant, HIV counselor, **Setting:** Medicine clinics, Emergency Department, STIs clinic and CBOs providing HIV testing **Number and duration of sessions:** one session for each information method**.** Orally delivered: 10min, Video: 15-min animated and live action, Spanish-language video.	Mean score for video group ↔ Mean score for Orally delivered information

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
	Time span: Six months **Language:** Spanish **Incentives**: N/A	↑
Galvan FH et al, 2015, Mexico	**Theory**: none reported **Topic**: HIV **Targeted Group**: Migrants from central American countries (30%) and Mexican born (70%) of which the majority were returnee (deportees) Mexicans who migrated to from the USA (72%) **Content:** (a) HIV prevention pamphlets: how HIV is transmitted, symptoms associated with HIV, myths related to HIV transmission, and how to protect oneself from HIV infection, such as not having multiple sexual partners, the use of condoms, not sharing needles, and not mixing drugs with sex (b) a small-group lecture provided by an HIV prevention educator: HIV knowledge, HIV-related risk reduction skills, and promoting self-efficacy with respect to such skills and (c) peer-based HIV prevention education: HIV knowledge, HIV-related risk reduction skills, promoting self-efficacy **Delivery Method***:* Outreach: group lecture, peer led and pamphlets **Unit of delivery:** group **Deliverer:** Project staff and peer educators	**HIV knowledge**: ‘‘no treatment’’: ↑↑, ↑↑ the peer education group ↑, the small-group lecture ↑↑↑ **Self-efficacy**: peer education ↑↑, ↑No treatment , small group lecture ↑ **Behavioral change intentions**: peer education: ↑↑↑ Other groups: **Perceived HIV threat**: ↔, ↑↑ **Self –Control**: Peer education ↑, small group lecture: ↑↑↑

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
	Setting: Migrant Shelters and surrounding places **Number and duration of sessions***:* Peer led: (one session ≥30 min), group lecture: (one session 1.5 h) **Time span**: N/A **Language**: Spanish **Incentives**: N/A	**Self- efficacy**: Peer education "no treatment" ↑↑ ,small group lecture ↑
Bastani R et al, 2015, *Korean Health Study*, (2006-2012) Los Angeles, USA	**Theory**: The Health Behavior Framework **Topic**: Hepatitis B testing (self-reported) **Targeted population**: Korean migrants to the USA **Content:** The intervention consisted of a single-session small-group discussion supplemented by print materials. Intervention church participants attended a single-session small-group discussion on liver cancer and HBV testing, and control church participants attended a similar session on physical activity and nutrition **Delivery Method*:*** Outreach, church-based small group sessions **Unit of Delivery**: group **Deliverer**: Peer, lay health worker **Setting**: churches	Hepatitis B testing (self-reported): ↑

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
	Number and duration of sessions: a single-session small-group discussion supplemented by print materials **Time span**:2006-2012 **Language**: Korean **Incentives**:N/A	
Rios-Ellis et al., 2015, *"Salud es Cultura: ¡Protégete!" (Health Is Culture: Protect Yourself!)*	**Theory**: Airhihenbuwa and Webster's PEN-3 model and Elder et al.'s framework for promoting Latino health through communication **Topic :** HIV/AIDS stigma and testing behavior ***Targeted population*****:** 579 Latino adults recruited (55% were born outside of the United States, of which 97% were from Mexico **Content**: (1) project introduction; (2) an interactive activity emphasizing healthy Latino cultural values (3) HIV/AIDS transmission, prevention, and testing information and discussions; (4) overview of general Latino cultural attitudes about sexuality and discussion about cultural myths and stereotypes; (5) information about how to discuss sex with children; (6) information about the concept of HIV/AIDS stigma; (7) a novelita (story) about an HIV-positive neighbor that was used to stimulate discussion of HIV/AIDS and how HIV stigma can affect prevention; (8) ways to eliminate HIV/AIDS stigma; and (9) strategies to maintain personal and family health. Dissemination of brochures in Spanish and English to each interactive group education session with stories on HIV prevention focused on families, men, women, and young people, as well as outreach cards	HIV knowledge: ↑ Stigma: ↓ Risk perception: ↑ Willingness to discuss sexual risk with partner (communication): ↑ Willingness to seek HIV testing: ↔

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
	containing facts about the impact of HIV/AIDS on Latino communities and contact information for local HIV testing sites, including addresses, phone numbers, and HIV testing and counseling services. **Delivery method*:*** outreach, interactive group education sessions and brochures **Unit of delivery:** group **Deliverer**: Peer HIV positive and HIV affected (those who have, or have had, a close family Member or friend with HIV/AIDS **Settings:** various accessible locations, including community health clinics, community centers, housing complexes, schools, and churches (CBOs) ***Number and duration of sessions***: The intervention consisted of one 60- to 90-minute interactive group education session held at a variety of accessible locations under three months **Time span**: April-June 2008 (three months) **Language**: Spanish and English **Incentives**: T-shirts	
Juon HS et al, ***the Asian American Liver Cancer Education Program***, USA, 2014	**Theory**: the PRECEDE–PROCEED planning model **Topic**: HBV screening (self-reported) ***Targeted population*:** Asian migrants	Hepatitis B screening (Self-reported): ↑

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
	Content: Intervention group: educational session consisting of 3 parts: 1) a slide presentation of comprehensive information about HBV by trained bilingual staff, 2) a role-play video that showed ideal patient–physician communication at the clinic, and 3) an ethnicity-specific photonovel featuring Asian Americans, Control group: the English-language brochure, What I Need to Know About Hepatitis B **Delivery method*:*** group educational session and brochure **Unit of delivery:** group/CBOs **Deliverer**: Trained bilingual staff **Settings:** Community based organizations (CBOs) ***Number and duration of sessions***: a 30 min education session **Time span**: one single 30 min session **Language**: Korean, Chinese and Vietnamese Incentives:	
Lois M. Takahashi et al, **Chieh Mei Ching Yi (translated from**	**Theory**: Social Cognitive Theory and theories of gender and power **Topic**: HIV	HIV knowledge: ↑ Condom use skills**:** ↑

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
Mandarin as "*Sister Love*"), USA, 2013	***Targeted population*:** Asian migrants **Content**: HIV risk and prevention knowledge and condom use skills (condom demonstration and participant practice in condom application. **Delivery method*:*** group educational session and distribution of safe sex kits including information about free anonymous HIV testing. **Unit of delivery:** group (2-8 participants for intervention and) **Deliverer**: Chinese female facilitator **Settings:** Health center ***Number and duration of sessions***: two 3-hour sessions for intervention and one 2-to 3-hour session for control **Time span**: two, 3-hour sessions over 1 to 2 weeks for the intervention and 2- to 3-hour one-session workshop for the control group **Language**: Mandarin and Cantonese Incentives: $50 gift cards to a local grocery store	↑
Juon HS &Park BJ, USA, 2013	**Theory**: the PRECEDE–PROCEED model **Topic**: HBV	Hepatitis B knowledge:

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
	Targeted population: Asian migrants **Content:** participants in the intervention group received a culturally integrated 30-minute liver cancer educational program; those in the control group received an English brochure developed by the National Institute of Diabetes and Digestive and Kidney Diseases: "What I need to know about Hepatitis B." Intervention group participants also completed a post-education survey. **Delivery method*:*** group educational session and distribution of safe sex kits including information about free anonymous HIV testing. **Unit of delivery:** group (2-8 participants for intervention and) **Deliverer:** Trained bilingual educator **Settings:** CBOs ***Number and duration of sessions*:** two 3-hour sessions for intervention and one 2-to 3-hour session for control **Time span:** two, 3-hour sessions over 1 to 2 weeks for the intervention and 2- to 3-hour one-session workshop for the control group **Language:** Mandarin and Cantonese **Incentives:** $50 gift cards to a local grocery store	

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
Chen MS et al, USA, 2013: "Community-Based Hepatitis B Interventions for Hmong Adults"	**Theory:** the Health Behavior Framework (HBF) **Topic:** HBV **Targeted population:** Hmong migrants **Content**: LHWs used a colored flip chart on HBV (**intervention**: the value of serologic testing for HBV and phone calls one week after the education session to offer navigation to a serologic testing site) or nutrition **(control**: education about healthy nutrition and physical activity. At the end of the educational session, the LHWs offered navigation services ,including linking participants to nutrition programs, such as women, infants, and children and local food banks, and taking them to grocery stores) where the key points were presented **Delivery method*:*** educational session and navigation services through home visits and phone calls **Unit of delivery:** Individual **Deliverer:** Trained lay health workers (LHWs) **Settings:** Homes ***Number and duration of sessions*:** one 45-minutes session for each arm **Time span**: one 45-minute session once **Language:** Hmong or English	Hepatitis B knowledge: Hepatitis B testing (self-reported**):** ↑

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
	Incentives: Participants received a 25 lb bag of rice for doing each survey	
Peragallo N et al, USA, 2012 "SEPA: (Salud /Health, Educación /Education, Promoción /Promotion, y/ and Autocuidado /Self-care)	**Theory:** The social cognitive theory of behavior change and and Freire's pedagogy **Topic:** HIV **Targeted population:** Latino migrant women (94%) **Content:** HIV/AIDS in the Hispanic community, STIs, HIV/AIDS prevention (e.g., condom use), negotiation and communication with the partner, IPV and substance abuse. **Delivery method**: Role play, participatory sessions, videos and discussions. **Unit of delivery:** small groups (M = 4.79 women, SD = 1.97) **Deliverer:** Five bilingual and bicultural Hispanic female facilitators with a range of education (bachelors to doctoral) delivered the intervention **Setting:** community sites easily accessible to participants **Number and duration of sessions**: Five, 2-h sessions. At the 6-month follow-up, women in SEPA were invited to a booster session to discuss topics related to the HIV intervention. In total, there were 14 booster sessions offered **Time span:** five, 2-h sessions **Language:** Spanish and English	Chlamydia incidence: ↓ Condom use: ↑ Intimate partner violence: ↓ Got drunk: ↓ Partner communication: ↑ Perceived HIV risk: ↔ Self-efficacy for HIV/AIDS prevention: ↔ ↑ HIV Knowledge: (6 month), ↔ (12 month) Safer sex peer norms: ↔ Perceived barriers to condom use: ↑(6 month) , ↔(12 month)

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
	Incentives: Participants were compensated $50 per interview and $20 per SEPA session	Behavioral intentions to use condom: ↑ (6 month), ↔ (12 month) Talking about HIV/AIDS: ↑ (6 month), (12 month) ↔ Depression: ↔
Rhodes SD et al,.2011, ***HoMBReS-2: Hombres Manteniendo Bienestar y Relaciones Saludables-2 (Men-2: Men Maintaining Wellbeing and Healthy Relationships-2,*** USA	**Theory:** Social cognitive theory and empowerment education **Topic**: HIV **Targeted population:** heterosexually active immigrant Latino men. **Content:** the HIV intervention included 4 modules: 1) Intervention overview and introduction to sexual health, 2) Protecting ourselves, 3) Cultural norms that affect our health and 4) review: Delineate common modes of HIV and STD transmission and prevention Learn what life is like for a heterosexual Latino man living with HIV. The cancer education comparison intervention was delivered in one 2-h session and focused on prevention of cancers particularly relevant to men: prostate, lung, and colorectal cancers **Delivery method**: Rapport and trusting building activities; didactic teaching; DVD segments that served as role modeling and triggers for discussion; role plays; group discussion; and skills building, practice, and feedback	Condom use (self-reported) during the past 3 months: ↑ HIV testing (self-reported) during the past 12 months**:** ↑

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects  Improve, positive or increase:  Same or similar:  Decrease or negative or limited:
	Unit of delivery: small groups **Deliverer:** peer educators known as *companeros de salud*. **Setting:** **Number and duration of sessions**: multiple sessions for HIV intervention and one session for cancer program **Time span:** **Language:** Spanish **Incentives**: Participants were paid $35.00 for the baseline and $55.00 for the 3-month follow-up assessments	
Drummond PD et al, Australia, 2011: **Using peer education to increase sexual health knowledge among West African refugees in Western Australia**	**Theory:** None reported **Topic: HIV** **Targeted population:** West African refugees who recently had settled in Perth **Content:** Unclear (sexual health) **Delivery method**: interactive semiformal workshops (lectures and discussions). **Unit of delivery:** The peer educators worked together in pairs or in groups of three to present the workshop material to groups of 10–15 participants (including their own relatives and friends)	Knowledge about HIV and other STIs: 

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
	Deliverer: bilingual West African peer educators **Setting:** a local community hall in a classroom atmosphere (discussion) **Number and duration of sessions**: unclear **Time span: Unclear** **Language:** English **Incentives:** were paid $200 for expenses incurred for participating (attending workshops on sexual health, cardiovascular health, mental health, and perinatal health, and completing evaluation surveys before and after the workshops)	
Wingood GM et al., USA, 2011 ***"AMIGAS" (Amigas, Mujeres Latinas, Inform andonos, Gui andonos, y Apoy andonos contra el SIDA [friends, Latina women, informing each other, guiding each other, and***	**Theory:** Social cognitive theory **Topic: HIV** **Targeted population:** predominantly immigrant (92%) population of Latina women **Content:** Session1of AMIGAS emphasized ethnic, cultural, and gender pride**.** Session 2 emphasized the importance of healthy relationships. Session 3 used video testimonials by Latina women who were living with HIV to enhance participants' awareness of HIV risk practices and to dispel common myths about HIV in the Latina community. Session 4 explored how experiences such as immigration, deportation, and acculturation can affect HIV risk among Latina women. **Delivery method**: group discussions and role-playing activities, and teaching activities	Consistent condom use (self-reported): ↑ Cultural norms (traditional views of gender roles): ↓ ↑ HIV knowledge: Perceived barriers to condom use: ↓ Self-efficacy for negotiating safer sex: ↑

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
supporting each other against AIDS])	**Unit of delivery:** group (7 to 8 participants per group) **Deliverer:** Latina health educators from the Miami---Dade County Health Department **Setting:** County HIV/ AIDS Office **Number and duration of sessions**: 4 interactive group sessions lasting 2.5 hours each **Time span:** 4 interactive group sessions lasting 2.5 hours each during 4 consecutive weeks **Language:** Spanish **Incentives:** Participants received $50 gift cards for completing study assessments and $30 gift cards for attending each intervention session to compensate them for travel and out of-pocket expenses.	Feelings of power in relationships: ↑ Condom use self-efficacy: ↑ ↑
Vegas MY et al, 2011: ***SOMOS ('we are'),*** USA	**Theory:** Social Identity Theory **Topic: HIV stigma** **Targeted population:** **Content:** meetings, dealing with family issues, gay identity, homophobia, body image and sex. Session 1 focused on family and community. Session 2 focused on gay identity through the coming out process. Session 3 revolved around experienced and societal homophobia. Session 4 looked at the construction of body image. Session 5 explicitly focused on the range of homosexual and heterosexual acts possible, as well as the risk reduction activities surrounding them.	HIV/AIDS and hepatitis C: ↓ The number of sexual partners: ↓ HIV risk index: ↑ Self-esteem: The reported number of social provisions: ↑ ↑ Connectedness:

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
	Delivery method: a combination of exposition and discussion. **Unit of delivery:** group **Deliverer:** Bilingual program staff (peers) **Setting:** CBOs **Number and duration of sessions**: Five meetings **Time span:** five sessions during five weeks **Language:** Spanish and English **Incentives:** gift card and refreshments	
Martinez-Donate AP et al, 2010: the ***"Hombres Sanos" [Healthy Men]***, USA	**Theory:** The principles of social marketing and ecological clues **Topic**: HIV and STIs **Targeted population:** **Content:** Campaign elements included Spanish-language print materials, radio ads and sponsorships, free condom distribution, community-based outreach, and promotional activities at local clubs. Central to the promotion of HIV testing was a comprehensive male health exam offered by a collaborating local community clinic. In addition to HIV and STI testing, the male health exam included a physical	Recent (in the previous 60 days) unprotected vaginal or anal sex with female partners (self-reported) : (MSMW) ↓, (MSW) ↔ Number of unprotected female sexual partners: both groups ↓ Unprotected anal sex with male partners: ↓ (MSMW), ↓ (MSW) ↑

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
	examination and screening for low-stigma conditions, such as diabetes, hypercholesterolemia, and hypertension. **Delivery method**: Mixed Campaign **Unit of delivery:** Individual/group **Deliverer**: N/A **Setting:** Community venues **Number and duration of sessions**: **Time span:** The campaign ran for 7 months and involved more than 170 community venues **Language**: Spanish **Incentives:** Participants received a $5 cash incentive.	Perception of HIV risk: both ↓ Lifetime HIV/STI testing: : (MSMW), ↔ (MSW) Previous 6 months HIV/STI testing: : ↓ (MSMW), ↓ (MSW) Knowledge of HIV testing locations: : both groups ↑ Knowledge of the community clinic that offered the male health exam: ↔ (MSMW), ↑ (MSW) Carrying a condom at the time of the interview (verified by a research assistant): : ↑ (MSMW), ↑ (MSW)
Taylor VM et al, North America, 2009a: **Evaluation of a hepatitis B lay health worker intervention for Chinese**	**Theory: none reported** **Topic :** Hepatitis B **Targeted population:** Asian Americans **Content:** individuals in the experimental group received a hepatitis B lay health worker intervention including audio–visual and print materials that emphasized the importance of hepatitis B serologic testing for all individuals of Chinese descent, and also addressed key hepatitis B facts. Control group participants	Hepatitis B knowledge: ↑ Hepatitis B testing: ↗ (limited impact)

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
Americans and Canadians.	received a mailing of physical activity print materials (pamphlet and fact sheet), as well as a pedometer with instructions for use **Delivery method:** During home visits, lay health workers systematically asked participants if they could watch the video together, offered participants a copy of the video and pamphlet, and showed participants the two visual aids. **Unit of delivery**: Individuals **Deliverer:** bicultural, trilingual (Cantonese, Mandarin, and English) Chinese Americans/Canadians **Setting:** participants' homes **Number and duration of sessions:** Unclear **Time span:** Unclear **Language:** Cantonese and Mandarin **Incentives:** Respondents received a small financial incentive for baseline survey completion	↑
Taylor VM et al, Canada, 2009b: **Evaluation of a hepatitis B educational ESL**	**Theory:** None reported Topic: Hepatitis B **Targeted population: Chinese** **Content:** The students in the experimental group received a three-hour ESL curriculum addressing hepatitis B including information about the high rate of HBV infection in Chinese Canadian communities, the ways in which HBV can be transmitted from person to person and the potential consequences of HBV	Knowledge about hepatitis B:

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
curriculum for Chinese immigrants	infection , and students in the control group received a three-hour ESL curriculum addressing physical activity **Delivery method: ESL** Class sessions **Unit of delivery:** class/group **Deliverer:** ESL teachers **Setting:** CBOs **Number and duration of sessions:** **Time span:** **Language:** Cantonese and Mandarin **Incentives:** Follow-up survey participants were offered $20 as a token of appreciation for their time	
Bertens MGBC, et al, Netherlands, 2009 (2008 Epub): 'Uma Tori! Ko`mbersashon di hende muhe´ ', meaning 'women's stories' and	**Theory:** The problem-based learning (PBL), the Transtheoretical Model (TTM) self-regulated learning and observational learning. **Topic:** HIV and STIs **Targeted population:** women (first generation migrants) **Content:** The main strategy was women sharing experiences and discussing personal testimonies regarding relationships and sexuality. These testimonies – 'taki tori' or storytelling functioned as a tool to	HIV knowledge: ↑ Risk perception: ↑ Perceived norms: ↑ Sexual assertiveness: Intentions to negotiate safe sex: ↑

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
'conversation between women' in, respectively Sranan(Surinamese) and Papiamento (Antillean) –	initiate and reinforce positive attitudes towards safe sex. Through their exchanges with other women in these storytelling sessions, these women furthered their knowledge about safer sex strategies and how to negotiate safe sex with their partners. Topics addressed: relationship status, sexuality, negotiation with partners, risks of unsafe sex, transmission and symptoms of STIs, teenage and unwanted pregnancies and safe sex strategies. **Delivery method**: group interaction and discussion creating opportunities for participants to disclose and share their personal history during the group sessions **Unit of delivery:** Small-group (6-14) **Deliverer:** three Surinamese and two Antillean health educators employed by the Municipal Public Health Services Rotterdam Area in 2004 and 2005. **Setting**: the homes of the hostesses. **Number and duration of sessions:** Five session**s,** duration unclear **Time span:** Unclear **Language:** Papiamentu (Antillean) or Dutch (Surinamese) **Incentives:** Women received 20 Euro for completing both self-administered questionnaires	Communication about sexual behavior with partners: ↑
Martin M et al,USA, 2005:	**Theory**: None reported **Targeted population:**	HIV knowledge: ↑ ↑ Self-perceived risk:

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
The Evaluation of a Latino Community Health Worker HIV Prevention Program	**Content**: introductory exercises to make people comfortable, a pretest, an education session (using aids such as videos, charts, handouts, and condoms), a posttest, and referrals. The education session content and format varied depending on the needs of the audience and the style of the promotora. **Delivery method:** education session (using aids such as videos, charts, handouts, and condoms), **Unit of delivery:** Individual and group **Deliverer:** Community health worker (Promotoras) **Setting:** the home for individual or family groups, at a home in a Tupperware-party style for small groups, or at schools and churches for larger groups **Number and duration of sessions:** **Time span:** Unclear **Language:** Spanish **Incentives:** unclear	
Peragallo N et al, USA, 2005: **A randomized clinical trial of an HIV-risk-reduction intervention among low-income Latina women: *Project***	**Theory**: the social cognitive theory of behavior change **Targeted population:** Latina women **Content:** culturally tailored sessions on understanding their bodies, HIV/AIDS and sexually transmitted diseases, condoms (myths and use), negotiating safer sex practices, violence prevention, and partner communication	HIV knowledge: ↑ Partner communication: ↑ Risk-reduction behavior intentions: ↔ Safer sex peer norms: ↑

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
SEPA (Salud, Educacion, Prevencion y Autocuidado [Health, Education, Prevention and Self Care])	**Delivery method:** hands-on activities, role playing (e.g., for increasing partner communication, negotiating condom use), skill demonstration (e.g., condom use, communication, and assertiveness), homework to build self-efficacy (e.g., educating peers about HIV and condom use), and quizzes (e.g., HIV/STD knowledge) **Unit of delivery:** group (13 women per group) **Deliverer:** bilingual, bicultural, trained Latina women certified by the Red Cross to be HIV counselors and instructors in both English and Spanish **Setting:** unclear **Number and duration of sessions:** unclear **Time span:** Unclear **Language:** English or Spanish **Incentives:** Unclear	Condom use (self-reported): Perceived barriers to condom use: ↓
Martijn C et al., Netherlands, 2004: **The effects of AIDS prevention programs by lay health advisors for migrants in The Netherlands**	**Theory:** The theory of planned behavior **Targeted population:** **Content:** Study 1: AIDS incidence and spread over the world, viral infection, transmission routes, heterosexual and homosexual contact, pregnancy and misunderstandings concerning transmission. Condom as a prevention strategy, display of several types of condoms, disclose the availability of	**Study 1** ↑ Knowledge about AIDS: ↑ Attitude towards condom use: ↑ Social norm towards condom use: ↑ Perceived behavioral control:

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: Same or similar: Decrease or negative or limited:
	condoms and demonstrate how to use of condoms on a model. The audience was actively invited to pose questions or to suggest discussion themes**.** **Delivery method**: group lecture and discussions **Unit of delivery:** group **Deliverer:** Lay health advisors (study 1) and Professional Health advisors (study 2) **Setting:** Language schools (study 1) and Refugee center (study 2) **Number and duration of sessions: Study 1:** one session of 2 h including a 30 min discussion**.** **Time span:** 2h 30 min **Language**: Turkish, Arabic**,** **Incentives:** Unclear	Study 2 Professional health advisor : Lay health advisor:
Busza J& Baker S., Cambodia, 2004: **Protection and participation: an interactive programme introducing the female condom to migrant**	**Theory:** a 'community mobilization' model **Targeted population:** illegal Migrant sex workers **Content:** introduce the female condom through informed debate, group skills building and collective support. (1) ability to negotiate safer sex and (2) social networks and sense of community identity. **Delivery method:** Participatory education techniques, group workshops, skills building and facilitation of communities' ownership over the intervention process	Condom use (self-reported): Community identity: Communication with community about STIs prevention: Negotiation skills:

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
sex workers in Cambodia	**Unit of delivery:** group **Deliverer:** MSF clinic staff **Setting:** clinics and drop-in centers **Number and duration of sessions:** unclear **Time span:** September- December 2000 **Language**: Vietnamese **Incentives:** unclear	Constraints about using female condom: ↔
McPhee SJ et al., USA, 2003: **Successful Promotion of Hepatitis B Vaccinations Among Vietnamese American Children Ages 3 to 18: Results of a Controlled Trial**	**Topic:** HBV **Targeted population:** Vietnamese Americans **Content:** The intervention activities in Houston included Vietnamese-language print, electronic (mass), and outdoor media education, emphasizing the need for hepatitis B catch-up vaccinations. In Dallas, intervention activities included efforts to promote physicians' registration as VFC providers, distribution of referral lists of VFC providers, distribution of health education brochures, conduct of health fairs, targeted mailings, educational presentations, and use of free local media. **Delivery method:** a media-led information and education campaign Houston), and a community mobilization strategy including oral presentation (Dallas). **Unit of delivery**: community	Awareness of hepatitis B: ↑ in all three areas, but more in media campaign area Knowledge of sexual transmission of hepatitis B: ↑ more in the intervention areas. Receipt of 3 hepatitis B vaccinations (children): ↑ in intervention areas, ↓ in control area

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
	Deliverer: local Media and Community members and staff **Setting:** community venues **Number and duration of sessions:** Mass media included development of 8 30- to 60-second radio spots that were aired an estimated 3663 times on 2 Vietnamese radio stations in Houston. In Dallas, the coalition and staff made a total of 8 oral presentations at the health fairs and at various Vietnamese community-based organizations. In addition, Eight announcements were broadcast 3 times daily for 4 days before health fairs and community events. **Time span:** over a 2-year period (from April 1998 through March 2000) in Houston**,** **Language:** Vietnamese **Incentives:** Toys	
Edward H. Kapplan et al., Israel, 2002: **A Model-Based Evaluation of a Cultural Mediator Outreach Program for HIV+ Ethiopian Immigrants in Israel**	**Targeted population:** Ethiopian migrants HIV seropositive and their sexual partners **Content:** behavior modification counseling, facilitate access to HIV care and other necessary services, and provide emotional and social support **Delivery method:** Counselling **Unit of delivery:** individual or couple **Deliverer**: Ethiopian immigrant cultural mediators/case managers (CMs) **Setting:** Regional HIV center/outreach?	Pregnancy incidence: ↓

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
	Number and duration of sessions: **Time span:** Unclear **Language:** Amharic (the Ethiopian language) **Incentives:** Unclear	
Kocken P. et al, Netherlands, 2001: **Effects of peer-led AIDS education aimed at Turkish and Moroccan male immigrants in The Netherlands:** **A randomised controlled evaluation study**	**Theory**: the health belief model **Targeted population:** Turk and Moroccan migrants **Content:** information about the incidence of AIDS, spread over the world, viral infection, transmission routes including intravenous drug use and blood transfusion, heterosexual and homosexual contact, pregnancy and misunderstandings concerning transmission, prevention strategies emphasizing the use of condoms. Several types of condoms were shown, the availability of condoms was mentioned and use of condoms was demonstrated **Delivery method**: lectures and discussions **Unit of delivery:** group on average 23 men per session) **Deliverer:** Peer educators **Setting:** coffee houses, cafes and mosques **Number and duration of sessions:** one 75 min session **Time span:**	Misunderstandings about HIV transmission: ↓ ↑ Risk appraisal for HIV infection: in men 30+ Perceived benefits of the protective effect of condom use: ↑ in unmarried men Perceived barrier of diminished satisfaction if using condoms: ↑ ↑ Condom self-efficacy: ↑ only in men who valued peer education Intention to use condoms: only among Moroccan men

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
	Language: **Incentives:**	
Raj A et al, USA, 2001: **Is a general women's health promotion program as effective as an HIV-intensive prevention program in reducing HIV risk among Hispanic women?**	**Theory:** 1) HIV-IP: Social cognitive theory and empowerment model based on Freirian concepts, self-in relation theory, diffusion of innovation theory and the theory of gender and power (HIV-IP). 2)WHP: theoretical concepts include the rational cognitive behavior al theories: social cognitive theory, theory of reasoned action and the health belief model **Targeted population:** Spanish-speaking Hispanic women **Content: HIV-IP**: information on HIV transmission and prevention and other STIs, sexual and reproductive health, HIV risk with substance use, partner violence, body image and socio-cultural risk factors such as oppression and economics. **WHP**: HIV education sessions on transmission and prevention, STDs, sexual and reproductive anatomy, condom practice and negotiation skills **Delivery method**: Education sessions **Unit of delivery:** Group of 8-17 (HIV-IP) and 10-16 (HP) **Deliverer:** Community Health workers **Setting:** Community center (HIV-IP) and Community clinic (WHP) **Number and duration of sessions:**12 sessions of 90-120 minutes each **Time span:** 12 week **Language**: Spanish	Condom use: ↑ in intervention groups, not waiting list group Intention to use condom: ↑ in intervention groups, not waiting list group Sexual self-efficacy (safer sex negotiation): ↑ only HIV-IP group, but not at follow up HIV testing (self-reported): ↑ only WHP group at posttest, but not at follow up

Authors, ***Name,*** (dates) and location	Intervention description	Intervention effects Improve, positive or increase: ↑ Same or similar: ↔ Decrease or negative or limited: ↓
	Incentives: Childcare, transportation, food and 15 $ (pre-test), 20 $ (posttest), 25$ (three month follow up). Facilitators 50$ per group.	
Shtarshall R et al, Israel, 1993: **A culturally specific educational program to reduce the risk of HIV and HBV transmission among Ethiopian immigrants to Israel II: Evaluating the effect of the training program on veteran immigrant trainees**	**Targeted population:** Ethiopian immigrants **Content:** training program for veteran Ethiopian immigrants to become educators to the general population about HIV transmission and its prevention and to be cultural mediators **Delivery method:** workshop and lectures **Unit of delivery:** group **Deliverer:** Authors **Setting:** Unclear **Number and duration of sessions:** 3-day workshop and 7half-day sessions **Time span:** Unclear **Language:** Hebrew **Incentives:** unclear	Knowledge on HIV mode of transmission and its prevention: ↑ HIV related attitudes and attitudes towards condom use: ↑ Perceptions of knowledge gained and teaching skills development: ↑