

SECTION 8: INTERVENTIONS

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In 2004, the Vermont Community Planning Group adopted three lists of interventions for use in Vermont:

- 1) DEBIs (Diffusion of Effective Behavioral Interventions for HIV Prevention)
- 2) Compendium of Effective Interventions
- 3) A list of programs with demonstrated effectiveness for HIV prevention targeting people who are living with HIV/AIDS, a/k/a, Prevention with Positives.

Each of these lists is detailed further down in this section of the Comprehensive Plan.

A NOTE ON RURAL-SPECIFIC LIMITATIONS

Many of the interventions and prevention programs named on these lists were developed in, and for, an urban environment. One of the real challenges of implementing effective, science-based HIV prevention in Vermont is in bringing those urban-based models into a largely rural state such as ours.

The Vermont CPG strongly encourages providers to look closely at these intervention programs in terms of feasibility, and where possible, to adapt the named interventions in such a way as to maximize their chances for success with the intended audience.

Factors to consider include:

- Vermont's small population size in general;
- The relatively small size of target populations and sub-populations here;
- Limited resources (including funding, staffing, media outlets, gathering spaces)
- Rural isolation and disparate populations;
- Lack of available transportation;
- Vermont's fluctuating weather and the limitations that go with it.

Elements of a Successful HIV Prevention Program

People at increased risk for HIV infection and/or transmission must be at the heart of HIV prevention program design. Programs must meet the real needs of those they seek to serve. Accordingly, certain common elements should apply to any HIV prevention effort, whether it is a direct implementation of a prescribed curriculum, or a well-considered and science-based adaptation of an existing program. Those elements include:

Behavior Change Counseling

Sexual and needle using behaviors are the most basic elements of HIV transmission. Individuals who receive HIV prevention services should be given the opportunity to address their need for the initiation, re-initiation, or maintenance of safer practices.

Skills Building

The intent of prevention interventions is to affect changes in behaviors that put people at risk for HIV. Building skills through role-playing and other interactive exercises and creating social norms for adopting healthy behaviors are critical when focusing on behavior change. Skills building generally refers to specific experiential activities aimed at helping people increase their confidence and abilities for condom usage; negotiation, refusal and communication skills; safer injection techniques; and other preventive behaviors.

Harm Reduction

A harm reduction approach acknowledges that people engage in unhealthy behaviors and seeks to reduce the harm that results from the behavior. For example, injection drug use is a behavior for which the potential for harmful effects can be reduced if the person does not share needles; therefore, an intervention that promotes the use of a new syringe for every injection is based on harm reduction principles.

Peer Involvement

Any targeted program should be designed in consultation with, and to the extent possible, implemented by members of the population for whom the program is intended. Programs should be responsive to community needs. Staff and volunteers should be knowledgeable and sensitive toward the issues their target population faces, including issues directly and indirectly related to HIV/AIDS.

Cultural Competency and Appropriateness

Cultural competency includes but is not limited to issues of race, ethnicity, language and sexual orientation. The target population's norms, perceptions and practices should have a direct relationship to program design. These factors should be respected as community parameters and not treated as obstacles to preconceived notions of what a program should be.

Examples include delivering interventions in the language the target population is most comfortable speaking and hiring members of the target population to deliver interventions when possible.

Defining the Target Population

In general, the more well-defined the target population the more effective and cost-effective programs are. Interventions that target the “general population” or other broadly defined groups are not as relevant in this era of HIV prevention in which there are generally high levels of knowledge and awareness about HIV/AIDS. Target populations can be defined by behavioral risk, gender, age, sexual orientation, ethnic or cultural identity, etc., or a combination of these factors.

Holistic Services

HIV cannot be addressed in a vacuum; it must be addressed within the context of people’s own lives. HIV prevention should be just one component of a set of services addressing multiple issues relevant to clients and community members. Social services that should be prioritized for coordination with prevention services include, but are not limited to: substance abuse treatment, immigration services, legal services, mental health and primary health care services, shelters for homeless, shelters for battered women and children, rape crisis counseling, child protective services, suicide prevention, job training and placement, youth and runaway services, family planning, STD care and prevention, and services for people with physical, emotional, and/or learning disabilities.

While HIV prevention programs do not necessarily need to address all these issues directly, providers should be able to make appropriate referrals and perform follow-up to determine if those referrals were useful to the client. The ability to respond to a variety of issues, including the ability to make appropriate referrals, is key to a comprehensive HIV prevention program.

Multiple Approaches

HIV prevention strategies and interventions are more likely to reach target populations if a variety of approaches are used. The most successful prevention programs use a combination of theories, strategies, and interventions linked together to create one cohesive program. Providers may achieve this goal within their own programs or collaborate with other agencies that serve the same target population. In addition, the use of multiple communication methods and the design of consistent messages that address the issue from more than one perspective are likely to contribute to the effectiveness of programs.

Prevention Messages

The content of interventions should be dictated by findings from a needs assessment, either formal or informal, and should address issues that are current and relevant for the target population. For example, a needs assessment might reveal that a belief that certain treatments decrease infectiousness is leading to increased unsafe sex in a

particular population; therefore, an intervention for this population would disseminate prevention messages that focus on this issue.

In addition, prevention messages should be concise, appropriate to the target population, and delivered with frequency over an extended period of time for maximum effect. (However, attention to “saturation” is important; needs assessments can help determine when it is time to change a prevention message or give it a “new look.”)

Recruitment and Retention

Recruitment and retention of participants in HIV prevention programs can be challenging. Providing incentives such as food, food vouchers, transportation tokens, t-shirts, or condoms, can be useful for some target populations. Likewise, attention to recruitment and retention of staff and volunteers is critical for the continuity of programs, which contributes to agency credibility and helps promote community trust.

Risk Reduction

HIV prevention efforts should aim to reduce people’s risk, allowing for both abstinence and non-abstinence. Risk reduction does not necessarily aim to eliminate risk altogether. Abstinence is one kind of risk reduction. Other examples include bleaching used needles; using condoms for anal, oral or vaginal sex; and opting for non-penetrative sexual activities.

Special Needs

Some target populations, or subgroups within a population, can be very difficult to access. Providers should use creative means to reach these groups. Groups that often get missed with conventional HIV prevention efforts include people who are visually or hearing impaired, people with developmental disabilities, people who do not read, people who speak English as a second language, and people who speak non-English languages.

Combating Stigma

Stigma is a barrier to better HIV prevention in many ways. HIV and AIDS are highly stigmatized conditions, with widely reported evidence of discrimination against people who are living with the virus. The behaviors that can increase HIV risk are also heavily stigmatized in our culture – namely, injection drug use and sex, particularly sex between two men.

There is also a burden of stigma upon many of the populations experiencing a disproportionate impact in the epidemic. It takes the form of sexism against women, addicto-phobia against people with substance addictions, homophobia against gay and bisexual men, and racism against communities of color. All of these are intrinsically tied to society’s perception of these groups and the subsequent willingness by society to respond in a compassionate manner to HIV infected individuals and impacted communities. Fighting stigma on any and all of these levels is a legitimate HIV prevention activity.

Frank talk about sex and/or drug use

HIV infection is the result of specific risk behaviors. Effective prevention depends on an ability to address those behaviors. Frank discussion of sexual and drug using behaviors may or may not include use of the vernacular, as appropriate to the group or community. However, it is necessary to honestly describe these behaviors and to engage people at increased risk in meaningful discussion about how the virus is transmitted and ways in which people can put themselves at risk.

Behavioral Theories

HIV prevention interventions and programs should be designed with behavioral change and/or maintenance as a goal. Sound approaches to behavioral change include an understanding of behavioral theory(s). This list contains several major theories. One or more of these theories, or other established theoretical models, should be taken into account at the earliest stages of HIV prevention program design.

Health Belief Model (Rosenstock et al, 1994) proposes that an individual's actions are based on beliefs. It identifies key elements of decision making such as the person's perception of susceptibility, perceived severity of the illness, and the perceived barriers to prevention.

Theory of Reasoned Action (Fishbein, 1989) sees intention as the main influence on behavior. Intentions are a combination of personal attitudes toward the behavior as well as the opinions of peers, both heavily influenced by the social milieu.

Social Cognitive Theory (Bandura, 1994) (**also: Social Learning Theory**) views learning as a social process influenced by interactions with other people. In Social Cognitive Theory physical and social environments are influential in reinforcing and shaping the beliefs that determine behavior. A change in any of the three components- behavior, physical or social environments-influences the other two. Self-efficacy, an essential component of the theory, is the person's belief that s/he is capable of performing the new behavior in the proposed situation.

Diffusion of Innovation (Rogers, 1983) helps understand how new ideas or behaviors are introduced and become accepted by a community. People in the same community adopt new behaviors at different rates and respond to different methods of intervention.

Stages of Behavior Change Model (Prochaska et al., 1992) explains the process of behavior change, from not being aware of the negative effects of a behavior, to maintaining safer behaviors. The five stages are: Precontemplation, Contemplation, Preparation, Action and Maintenance. Different stages exist in the same population. People do not necessarily pass through stages sequentially and may repeat stages.

Harm Reduction (Brette, 1991) accepts that while harmful behaviors exist, the main goal is to reduce their negative effects. Harm Reduction examines behaviors and

attitudes of the individual to offer ways to decrease the negative consequences of the targeted behavior.

Empowerment Education Theory (Wallerstein, 1992), based on Paulo Freire's popular education model, engages groups to identify and discuss problems. Once the issue is fully understood by community members, solutions are jointly proposed, agreed, and acted upon. This seeks to promote health by increasing people's feelings of power and control over their lives.

Sources for the above

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Interventions with Shown Effectiveness:

The following three lists of interventions are described as they were published and/or originally implemented. The original target audience for these interventions, and the particulars of intervention delivery may or may not be the only way to approach these programs in Vermont.

As mentioned above, the Vermont CPG strongly encourages service providers in Vermont to examine each of these programs and interventions closely, with an eye on implementation in our state, and to use a science-based HIV prevention theory (described above, and elsewhere) to adapt interventions for Vermont in ways that will maximize their chances for success.

Diffusion of Effective Behavioral Interventions for HIV Prevention (DEBIs)

More information is available on all of these programs at <http://effectiveinterventions.org>. The list is published by the Academy for Educational Development (AED).

Community-Level Interventions seek to change attitudes, norms and values, as well as social and environmental context of risk behaviors of an entire community/target population.

INTERVENTION/ PROGRAM	ORIGINAL INTENDED AUDIENCE	DESCRIPTION
The MPowerment Project	MSM <i>Young gay and bisexual men (18-29)</i>	An ongoing project (ideally with its own physical space), with activities including formal outreach; peer-led group discussion and skills building sessions; informal outreach; ongoing publicity campaign.
Community PROMISE	Any community or population	Program relies on role model stories and peers from the target community. Includes community assessment, followed by recruitment/training of peers, who gather stories from community members (prevention challenges and successes), and disseminate those stories, along with risk reduction supplies, in the community.
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INTERVENTION/ PROGRAM	ORIGINAL INTENDED AUDIENCE	DESCRIPTION
Popular Opinion Leader (POL)	MSM	Recruitment of well-regarded (popular) community members for training and subsequent dissemination of risk reduction endorsement messages within their own social networks. Attempts to re-shape community norms around preventive behaviors.
Real AIDS Prevention Project (RAPP)	Heterosexual <i>Sexually active women and their male partners</i>	Strives to increase consistent condom use; and to change community safer sex norms through 1) community assessment; 2) getting the community involved in a combination of risk reduction-oriented activities
Teens Linked to Care	PWA/Youth <i>Young people 13-29, living with HIV</i>	Ongoing group sessions, focusing on social support, skills development and practice, socializing, goal-setting for health.
VOICES/VOCES	People of Color <i>African American and Latino adult men and women clinic clients</i>	Gender- and ethnic-specific one-time group sessions for clinic patients, focusing on prevention strategies. Also info on HIV risk behavior and prevention; culturally-specific videos; facilitated group discussion.

Group-Level Interventions seek to change individual behavior within the context of a group setting.

INTERVENTION/ PROGRAM	ORIGINAL INTENDED AUDIENCE	DESCRIPTION
Healthy Relationships	PWA <i>Men and women living with HIV/AIDS</i>	5-session small group intervention, focusing on developing skills and building self-efficacy through modeling behaviors and practicing new skills
Holistic Harm Reduction Program	PWA/IDU <i>HIV-positive injection drug users</i>	12-session, manual-guided group level program to reduce harm, promote health and improve quality of life.

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INTERVENTION/ PROGRAM	ORIGINAL INTENDED AUDIENCE	DESCRIPTION
Man Men, Many Voices	MSM <i>Gay men of color; also men on the 'down low' with or without female partners</i>	Six- or seven-session peer-facilitated group level STD/HIV prevention intervention. Addresses behavioral influencing factors specific to gay men of color.
Safety Counts	IDU <i>Individuals who are currently using drugs, including injectors and non-injectors</i>	A behaviorally-focused seven-session group-level intervention, including structured and unstructured activities. The focus is reduction of high-risk drug-use and sexual behaviors; also on HIV testing.
The SISTA Project	Women of color <i>Sexually active African-American women</i>	Five two-hour sessions delivered by peer facilitators. Sessions are gender- and culturally-relevant, and include behavioral skills practice, group discussion, lecture, role play, video, and take-home exercises.
Street Smart	Youth <i>Runaway and homeless youth, 11-18</i>	Program includes eight facilitated group sessions, one individual counseling session, and one visit to a community-based organization that provides healthcare. Focus includes HIV/AIDS, STD, and pregnancy prevention; coping and negotiation skills; risk- and drug-use reduction skills; role play; video production.

Compendium of HIV Prevention Interventions with Evidence of Effectiveness

This Compendium is published by the Centers for Disease Control and Prevention (CDC). More information on all of the named programs and interventions is available at <http://www.cdc.gov/hiv/pubs/hivcompendium/hivcompendium.htm>.

INTERVENTION/ PROGRAM	ORIGINAL INTENDED AUDIENCE	DESCRIPTION
AIDS Community Demonstration Project	All Populations	Included in DEBIs (see Community PROMISE, above)
AIDS/Drug Injection Prevention	IDU	4-session group level intervention; piloted with heroin sniffers, to reduce progression to injection
Skills Building	Female IDU	5-session group level intervention for female methadone patients. HIV/AIDS info; condom use; communication skills. Incentives for participation
Intensive AIDS Education in Jail	IDU and/or Youth in correctional settings	4-session group level intervention. Problem solving. HIV/AIDS info/prevention. Incentives for participation.
Informational and Enhanced AIDS Education	IDU	Two or six 1-hour sessions (regular and enhanced program); comparison of effectiveness between the two. Focus on risk awareness, risk reduction, skills building, discussion.
Condom Skills Education	Heterosexual	One-time 30-minute group level intervention focusing on condom use and skills building.
Group Discussion Condom Promotion	Heterosexual	One-time session delivered to STD clinic patients. Video; discussion of prevention methods; role-playing; question and answer; condom distribution.
Social Skills Training	Heterosexual	Five-session group level intervention. Focus on gender and ethnic pride; personal responsibility; video; communication skills; role play; prevention skills.
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INTERVENTION/ PROGRAM	ORIGINAL INTENDED AUDIENCE	DESCRIPTION
Reducing AIDS Risk Activities	Heterosexual	Four-session group level intervention in clinics serving pregnant women. Video; skills building and communication; assertiveness. Incentives offered.
Project RESPECT	Heterosexual	Enhanced and Brief sessions – four or two-session intervention. Focus on risk reduction; condom use; etc.
Cognitive-Behavioral Skills Training Group	Heterosexual	Four weekly group sessions for high-risk women. Focus on risk behavior, misconceptions, risk reduction. Exercises; skills building.
Women and Infants Demonstration Projects (WIDP)	Heterosexual	Community-level intervention aimed to modify community norms, attitudes and behaviors about condom use. Provides models of successful risk reduction strategies within the peer group. Includes media campaign; outreach; and community mobilization.
VOICES/VOCES	Heterosexual	Included in DEBIs (above)
HIV Education, Testing, and Counseling	Heterosexual	Counseling session and HIV blood test.
Mpowerment Project	MSM	Included in DEBIs (above)
Behavioral Self-Management and Assertion Skills	MSM	12-session group level intervention. Risk reduction; behavioral self-management; assertion skills; relationship skills and social support.
Popular Opinion Leader (POL)	MSM	Included in DEBIs (above)
Small Group Lecture Plus Skills Training	MSM	Two-session group level intervention, one focused on general HIV/AIDS information (transmission, prevention) and one focused on prevention skills building.
Be Proud! Be Responsible!	Youth	One five-hour session. HIV/AIDS information (sex and drug-related behaviors); video; games; exercises.
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INTERVENTION/ PROGRAM	ORIGINAL INTENDED AUDIENCE	DESCRIPTION
Reducing the Risk	Youth	School-based, fifteen-session group intervention (part of a health curriculum). risk reduction; social and communication skills; postponement; role play; decision making.
Get Real about AIDS	Youth	School-based fifteen-session curriculum: HIV knowledge; risk awareness; risk behavior and reduction; skills building around recognizing and managing risky situations.
StreetSmart	Youth	Ten group sessions and one individual counseling session. HIV knowledge; social skills; access to resources; personal beliefs and individual barriers to prevention. Incentives offered.
Focus on Kids	Youth	Targets pre- and early-adolescents in their existing friendship groups. Eight session, including one day-long retreat.
Becoming a Responsible Teen (BART)	Youth	Eight group sessions, focused on HIV/AIDS information and skills building; decision making; social support and empowerment. Incentives offered.

Prevention For Positives - Interventions

In addition to the above-named interventions, the following programs were approved by the CPG for implementation with people living with HIV/AIDS (a/k/a, Prevention with Positives).

For more information on all of the named interventions, see Appendix 2 to this Comprehensive Plan.

While all of these programs have some history of demonstrated effectiveness in their original format, the Vermont CPG and the Vermont Prevention For Positives work group have noted their reservations, sometimes strong reservations, where they exist for each of the following. Rather than ruling out any given program, which might be successfully adapted for use here, the CPG has chosen to include the full list of interventions that were considered.

Program planners should take these reservations into account, along with general issues of program feasibility, when considering implementation of any of the following programs.

INTERVENTION <i>sometimes named for the organization from which it originated</i>	DESCRIPTION	RECOMMENDATION(S)
Tarzana HIV Service, Los Angeles	Individual Level Intervention for recently diagnosed individuals (known status less than 2 years) in substance abuse treatment who are also homeless.	Recommended with reservations: Issues of feasibility and fundability should be taken into account.
Brief Motivational Interviewing	Individual Level Intervention for all people with HIV	Recommended. Vermont would need to locate training materials to help agencies implement this intervention.
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INTERVENTION	DESCRIPTION	RECOMMENDATION(S)
HIV Prevention Education and Risk Reduction (Wisconsin)	Individual Level Intervention; Prevention Case Management; Health Communication/ Public Information; Counseling and Testing; Outreach; Partner Counseling and Referral. For people with HIV in high sero-prevalence areas, plus people who have not responded to less intensive HIV interventions.	Recommended with reservations: The following should be taken into account: the needs of clients also receiving services case management; who would deliver PCM and how that would affect the service?; intervention should not be limited to certain risk factors.
HIV Stops with Me	Community Level Intervention; Health Communication/Public Information; Outreach; Counseling and Testing. Social marketing stressing empowerment. For a sub-group of people living with HIV: gay/bisexual men, transgendered folks, youth 13-24, and women of color residing in housing developments.	Recommended with reservations: Spokesmodels should be representatives of target group; viewing patterns of all of the target populations should be addressed; ads should be designed with specific attention to demographic, cultural and geographic consideration, and also with emphasis on adding a referral message to any campaign that is developed.
Teens Linked to Care	Group Level Intervention for people with HIV, specifically ages 13-29	Recommended with strong reservations: This intervention is resource-intensive and time consuming. The number of sessions may have to be limited, as compared to the 24-36 noted in the program description.
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INTERVENTION	DESCRIPTION	RECOMMENDATION(S)
Holistic Harm Reduction Program	Group Level Intervention. Twelve sessions for people with HIV, specifically IDU.	Recommended with strong reservations: Funding could be difficult, as could getting enough individuals in a group. Facilitation training would be essential, and questions of where this program could feasibly take place should be considered.
Los Angeles Clinic-Affiliated Intervention	Group Level Intervention for people with HIV, specifically MSM	Recommended with reservations: Follow-up could be difficult in Vermont; incentives for participation may need to be added; and providers should consider whether to offer this regionally or statewide.
Stop AIDS Project, San Francisco	Social events, group risk reduction, social supports for people living with HIV, specifically gay/bi men	Recommended with reservations: Could the target population be expanded without losing the intent of the program? Could this become a component of a larger program?
Positive Images, Los Angeles	Individual Level Intervention; Group Level Intervention; Counseling and Testing; and Outreach. The [original intended] audience includes high risk and people of color in public sex venues/ environments.	Recommended with strong reservations: This program would need very specific adaptation for usage in Vermont. Options of internet-based outreach should be considered, along with other ways of reaching MSM, communities of color, and any other populations reached here. The ramifications of public sex environment (PSE) outreach should also be carefully considered.
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INTERVENTION	DESCRIPTION	RECOMMENDATION(S)
Prevention in Medical Care Settings	<p>Individual Level Intervention; Prevention Case Management; Health Communication/Public Information; Counseling and Testing; Partner Counseling and Referral Services.</p> <p>For people living with HIV, specifically those in HIV Specialty Healthcare</p>	<p>Recommended with strong reservations: It is important to maintain a client-centered message and program delivery in the clinical setting; specific training for medical providers delivering these interventions would also be important. In that respect, the clinical setting may be prohibitive.</p>
Healthy Relationships	<p>Group Level Intervention for all people with HIV</p>	<p>Recommended with reservations: It would be helpful if ready-made videos could be available, rather than asking programs to create their own. The program also calls for a full-time mental health counselor, which may be prohibitive. This program may be more feasible in a retreat context.</p>
Power Program Los Angeles	<p>Prevention Case Management for people with HIV, and specifically a sub-group of people living with HIV for more than 2 years.</p>	<p>Recommended with reservations: Concerns centered on staff requirements – necessary training for PCM, along with the barrier that mental health “treatment” requirements can be to clients.</p>
HTPP HIV Transmission Prevention Project	<p>Prevention Case Management for people with HIV, and specifically a sub-group of people living with HIV for more than 2 years.</p>	<p>Recommended with reservations: Concerns centered on staff requirements – necessary training for PCM, along with the barrier that mental health “treatment” requirements can be to clients.</p>
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INTERVENTION	DESCRIPTION	RECOMMENDATION(S)
Peer Based Intervention to Promote Condom and Contraceptive Use Among HIV Positive and At-Risk Women	Peer-based Individual Level Intervention and Prevention Case Management for a sub-group of people living with HIV, specifically women living with HIV.	Recommended without reservation
Project Connect	Prevention Case Management; Counseling and Testing for a sub-group of people living with HIV, specifically incarcerated African American women.	Recommended with reservation: This intervention should be implemented with short-term detainees in Vermont.

HIV Prevention Interventions Categories

The interventions named on the previous pages of this section all involve the delivery of various types of services. Those services generally fall into one of seven (7) categories that the Vermont CPG recognizes for HIV/AIDS prevention.

These categories are particularly important in a state like Vermont where adaptation of existing intervention curricula may be necessary to meet the needs of a small, disparate and/or rural target population. HIV prevention activities in Vermont, whether they involve the delivery of a pre-defined curricula, or an adaptation of an existing program, should fall into one or more of the following categories:

1) Health Education/Risk Reduction (HE/RR)

Health Education and Risk Reduction (HE/RR) counseling, also known as prevention counseling, is provided to clients with a skills development component. HE/RR should assist clients in making plans to change individual behavior and ongoing appraisals of their own behavior. HE/RR should always include a skills building activity. These interventions also facilitate linkages to services in both clinical and community settings in support of behaviors and practices that prevent transmission of HIV, and help clients make plans to obtain these services.

Definition excludes:

- Outreach: which takes place where the participants congregate, and does not include skills building
- "One shot" presentations or lectures which do not aim to develop prevention skills
- Prevention Case Management: which is ongoing over time and has a social support component

2) Prevention Case Management (PCM)

Client-centered HIV prevention activity with the fundamental goal of promoting the adoption of HIV risk reduction behaviors by clients with multiple, complex problems (social, economic and behavioral) and risk reduction needs. It is a hybrid of HIV risk reduction counseling and traditional case management that provides intensive, ongoing and individualized prevention counseling, support and services brokerage.

Important components of the definition:

- Client-centered HIV prevention combining risk reduction counseling and traditional case management
- Intensive, ongoing (over the months and years) and individualized prevention counseling and support

Definition excludes:

- HE/RR counseling to individuals which is intense but not ongoing

3) HIV Counseling, Oral Testing, and Referral Services

The voluntary process of client-centered, interactive information sharing in which an individual is made aware of the basic information about HIV/AIDS, testing procedures, how to prevent the transmission and acquisition of HIV infection, and given tailored support on how to adapt this information to their life.

Oral testing services are sometimes offered in conjunction with outreach among hard to reach populations, and uses oral fluid as sampling method.

Important components of the definition

- Pre- and post-test counseling
- HIV testing using oral fluid in the service provider's facility or in the communities at high risk
- Referrals to other Prevention and Care Services (including Partner Counseling and Referral Services)

Definition excludes

- Blood-based Counseling and Testing services

4) HIV Counseling, Blood Testing, and Referral Services

The voluntary process of client-centered, interactive information sharing in which an individual is made aware of the basis information about HIV/AIDS, testing procedures, how to prevent the transmission and acquisition of HIV infection, and given tailored support on how to adapt this information to their life. HIV/Antibody testing involves taking a blood sample in a clinical setting and/or by a state-certified phlebotomist.

Important components of the definition:

- Pre- and post-test counseling
- Blood sampling
- Referrals to other Prevention and Care Services (including Partner Counseling and Referral Services)

Definition excludes:

- Oral fluid-based HIV Counseling and Testing services

5) Outreach

HIV/AIDS educational interventions generally conducted by peer or paraprofessional educators face-to-face with high-risk individuals in the clients' neighborhoods or other areas where clients typically congregate. Outreach usually includes distribution of condoms, bleach, sexual responsibility or safety kits, and educational materials.

Important components of the definition:

Individual or group level HIV/AIDS education provided by peer or non-peer educators, face-to-face in the clients' neighborhoods or areas where clients congregate. Usually involves the distribution of prevention material.

Definition excludes:

- Interactions that include skills building activities

6) Health Communication / Public Information

The delivery of planned HIV/AIDS prevention messages through one or more channels to target audiences to build general support for safe behavior, support personal risk reduction efforts, and/or inform persons at risk for infection on how to obtain specific services.

- **Electronic media:** means by which information is electronically conveyed to large groups of people, including radio, television, public service announcements, news broadcasts, infomercials, internet, etc/, which reach a large-scale (city, region, or statewide) audience.
- **Print media:** these formats also reach a large-scale or nationwide audience, including any printed material such as newspapers, newsletters, magazines, pamphlets, and "environmental media" such as posters and transportation signage.
- **Hotline:** telephone services (local or toll-free) offering up-to-date information and referral to local services, e.g., counseling/testing and support groups.
- **Clearinghouse:** interactive electronic outreach systems using telephones, mail and the internet to provide a responsive information service to the general public as well as high-risk populations.
- **Presentation/Lectures:** these are information-only activities conducted in group settings, and are often called "one-shot" education interventions.

Important components of the definition:

- Group level intervention without prevention skills development; i.e. lecture, one shot presentation.

- Delivery of planned prevention messages targeting general population to support risk reduction, provide information, increase awareness, or build support for safe behavior.
- HC/PI may take the form of electronic and print media, a hotline, a clearinghouse and/or a one-shot presentation/lecture

Definition excludes:

- HE/RR for a group which has a skills development component

7) Other interventions

Interventions not described in the previous categories. They include the Community Level Interventions, i.e.: community mobilization, social marketing campaign, community-wide intervention, policy intervention, structural intervention and mentoring programs.

Community Level Interventions (CLI)

A CLI is designed to reach a defined community (geographic or individual subgroup based on behavioral or sociodemographic characteristics) to increase community support of the behaviors known to reduce the risk for HIV infection and transmission. CLI implies working with social norms or shared beliefs and values held by members of the community. It aims to reduce risky behaviors by changing attitudes, norms and practices through community mobilization and organization, and through community-wide events

- **Community mobilization** – The process by which community citizens take an active role in defining, prioritizing and addressing issues in their community. This process focuses on identifying and activating the skills and resources of residents and organizations while developing linkages and relationships within and beyond the community for the purpose of expanding the current scope and effectiveness of HIV/STD prevention.
- **Structural intervention** – Designed to remove barriers and incorporate facilitators of an individual's HIV prevention behaviors. These barriers or facilitators include physical, social, cultural, organizational, community, economic, legal or policy circumstances or actions that directly or indirectly affect an individual's ability to avoid exposure to HIV.

Counseling, Testing, and Referral Definitions

Anonymous: Client-identifying information is not linked to test results.

Client-centered: Tailored to the behaviors, circumstances and special needs of an individual.

Confidential: Client-identifying information is linked to test result; test result is part of a standard medical record.

Consent: Indicates the client has understood and agreed to the specifications surrounding an HIV test.

Cultural competence: Culturally and appropriate manner of providing services.

Informed: Information about HIV and testing procedures are given to the client to help them make an informed choice about whether or not they wish to be tested.

Oral: As performed with the OraSure HIV-1 testing kit.

Pre-Test Counseling: Includes risk reduction counseling, acquisition of informed consent, performance of HIV test, referrals to appropriate resources.

Post-Test Counseling: Includes risk reduction counseling, receipt of test result, referrals to appropriate resources.

Voluntary: Client decides whether or not they wish to have an HIV test.

- END OF SECTION 8: INTERVENTIONS -