

Bridging the Gap between Prevention and Treatment

How to integrate prevention into your existing program

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Bridging the Gap

Prevention



Treatment



Learning Objectives

- Learn reasons to incorporate positive prevention
- Identify two types of positive prevention
and seek them out in your community
- Make sense of the data

Annual Infection rates

When you realize things are not getting any better.....

The New Estimates: U.S. HIV Epidemic Worse Than Previously Known

According to the new surveillance system, approximately 56,300 new HIV infections occurred in the United States in 2006. This number is approximately 40% higher than CDC's previous estimate of 40,000 new infections per year, which was based on less precise methods

Estimated HIV Incidence*—United States, 2006

56,300 new HIV
infections
in 2006

95% Confidence Interval:
48,200 to 64,500

*Based On Stratified Extrapolation Approach

Ref: JAMA, Vol 300, No. 5, August 6, 2008



Note: Data have been adjusted for reporting delay and cases without risk factor information were proportionately redistributed.

CDC



Reason for providing positive prevention

- Annual infection rates
- Everyone is talking about it--IOM, CDC, HRSA
- Easy access to the positives! We have them in care!
- It can make a difference—starfish story



What prompted us to bridge the gap

- Safer sex talks, prevention messages
- Patients not disclosing
- Patients drumming up business
- Stories
- Enough is enough!

Where can you start?

- Google and search
- Read about positive prevention
- Attend workshops
- Search for funding
- Meet the folks providing prevention
- Obtain buy-in

Two interventions for positive prevention

- The two interventions we chose

Healthy Relationships –group level

CLEAR—individual level

- If it isn't feasible in your agency you can seek these and other interventions in your communities

Healthy Relationships!

- Five sessions
- Movie clips, role play, support
- Safer sex
- Disclosure skills
- Coping skills—awareness, triggers and barriers, problem solving, decision making, and action



Core skills

- 1) Defining stress and reinforcing coping skills with people living with HIV/AIDS across three life areas:
 - disclosing to family and friends
 - disclosing to sexual partners
 - building healthier and safer relationships
- 2) Using modeling, role-play and feedback to teach and practice skills related to coping with stress.
- 3) Teaching decision-making skills around the issue of disclosure of HIV status.
- 4) Providing participants with Personal Feedback Reports, based on the Initial Assessment Survey, to motivate change of risky behaviors and continuance of protective behaviors.
- 5) Using movie-quality clips to set up scenarios around disclosure and risk reduction to stimulate discussions and role-plays.

Behind the Scenes



Adaptation

Make it unique-activities

Food by donation

Friendship bracelets-tangible
memory of skills learned

Guided meditation

3 & 6 months follow-up survey

Free reunion

Location, location, location!



Ivy Leaguers and Julie's Jewels 2009





20 Years of Leadership
A LEGACY OF CARE



20th RYAN WHITE ALL GRANTEE MEETING AND 10TH ANNUAL CLINICAL CONFERENCE

Friendship bracelet as reminder of skills learned



CLEAR Choosing Life: empowerment, action, results!

- Healthy living

- Five core skill sessions

Emotional awareness through use of the feeling thermometer and the link between feelings, thoughts, and actions

Identification of one's Ideal Self to help motivate behavior change

Teaching, modeling, and practicing short and long term goals

Teaching, modeling, and practicing SMART problem solving

Teaching, modeling, and practicing assertive behavior and communication

Adding prevention goals

- Six domains
- Examples of real clients
 1. Sexual risk
 2. Substance use
 3. Adherence
 4. Stigma
 5. Disclosure
 6. Health care issues

Tangible reminder of goals and infinite possibilities



Making sense of the data and how to create outcomes

- Observation monitoring tool
- 3-month and 6 month phone calls
- Outcome objective--% of participants who demonstrate the use of the skills
- Process objective--# of people who complete the intervention

Clear Observation Record

Use this to monitor your observation of the client utilizing the new skills (not the teaching of but the practice of). Examples: As you observe the client defining his/her Ideal Self or linking his/her Ideal Self to his/her feelings; as you observe the client utilizing the feeling thermometer during life activities and reporting this to you; as you observe the client linking his/her feelings to their actions; as you observe the client using assertive behavior either during the sessions or reporting a life experience.

| Name | Feeling Thermometer | Feel-Think-Do frame Work | SMART Problem Solving | CLEAR thinking | Assertive Behavior and Communication | Ideal self | Comments |
|--------|--|-----------------------------------|--|--|---|---|----------|
| | Development of emotional awareness and identification of link between feelings, thoughts, actions, etc | Utilized the F-T-D framework, etc | Development of a goal and or used SMART Problem Solving, etc Identified a prevention goal and developed an individual prevention plan, etc | Used CLEAR thinking to counter unhelpful thoughts, etc | Used appropriate assertive behavior or communication Practiced through role-plays Practiced a relaxation technique, etc | Developed the Ideal Self, linked the Ideal Self to F-T-D framework, linked Ideal Self to goals, etc | |
| Week 1 | | | | | | | |
| Week 2 | | | | | | | |
| Week 3 | | | | | | | |
| Week 4 | | | | | | | |



Behind the Scenes

3 Month Survey Evaluation

Name _____

Date _____

After the intervention I used a condom or other barrier:

None 25% of the time 50% of the time 60-100% of the time

NA (didn't have sex)

The friendship bracelet was a reminder to me of the intervention:

Strongly agree Agree Disagree Strongly disagree

The friendship bracelet assisted me in remembering to reduce unsafe sex behaviors:

Strongly agree Agree Disagree Strongly disagree

Staff signature _____

Research shows.....

- Increased condom use
- Decreased unprotected vaginal or anal intercourse
- Decreased unprotected anal intercourse with negative sex partners

“Best-Evidence Interventions: Findings From a Systematic Review of HIV Behavioral Interventions for US Populations at High Risk, 2000–2004” | Cynthia M. Lyles, PhD, Linda S. Kay, MPH, Nicole Crepaz, PhD, Jeffrey H. Herbst, PhD, Warren F. Passin, MPH, MSW, Angela S. Kim, MPH, Sima M. Rama, MPH, Sekhar Thadiparthi, BS, Julia B. DeLuca, MLS, and Mary M. Mullins, MLS, for the HIV/AIDS Prevention Research Synthesis

What is relevant in your community?



- **“Best-Evidence Interventions: Findings From a Systematic Review of HIV Behavioral Interventions for US Populations at High Risk, 2000–2004”** | Cynthia M. Lyles, PhD, Linda S. Kay, MPH, Nicole Crepaz, PhD, Jeffrey H. Herbst, PhD, Warren F. Passin, MPH, MSW, Angela S. Kim, MPH, Sima M. Rama, MPH, Sekhar Thadiparthi, BS, Julia B. DeLuca, MLS, and Mary M. Mullins, MLS, for the HIV/AIDS Prevention Research Synthesis

- **Incorporating HIV Prevention into the Medical Care of persons living with HIV—MMWR July 2003**

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm>

- **A Guide To Primary Care For People With HIV/AIDS, 2004 edition Rationale for HIV Prevention in Primary Care Settings**

<http://hab.hrsa.gov/tools/primarycareguide/PCGchap4.htm#PCGchap4ay> Care



Thank you!

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