

Risk Reduction Groundwork
Introduction

***Risk Reduction Groundwork:
Basics of Disease Transmission, Prevention and Testing***

About this Document

This document, in previous editions referred to as “the Pre-Course” for Prevention Counseling Partner Elicitation (PCPE), is now renamed ***Risk Reduction Groundwork: Basics of Disease Transmission, Prevention and Testing, (hereafter referred to as “Groundwork”)***. For participants attending Prevention Counseling Partner Elicitation (PCPE) or Protocol Based Prevention Counseling Partner Elicitation (PBPCPE), **Groundwork** should be completed prior to attendance at the training. For workers interested in basic information on disease transmission and testing as it relates to public health, **Groundwork** may be completed early in your job orientation. In **Groundwork** we are focusing on risk reduction specifically related to the Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STDs) and the Hepatitis C Virus (HCV). We will refer to these collectively as HIV/STD/HCV. HIV is the virus that can lead to Acquired Immune Deficiency Syndrome (AIDS).

The name change for this course reflects three components of risk reduction work:

1. A focus on ***Risk Reduction Services*** (and ***Risk Reduction Specialists***) more accurately describes the tasks and the professional role to support the client in a realistic approach to disease intervention.
2. Accurate knowledge of ***transmission, prevention and testing*** is vital for professional interaction to support risk reduction for clients.
3. The technical details of this knowledge establish the foundation and the ***basic groundwork***, which must be accomplished before staff can interact effectively with clients.

This document has an introduction plus seven different modules. At the beginning of each section, objectives are listed; these explain what the reader should know after completing each module. To help

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the reader learn as he or she completes the module, there are periodic "Skills Applications". These can assist the reader to accurately retain the information. At the end of each module is a glossary of terms. Also at the end of each module are two Reader Assignments. One reader assignment requires a brief essay summarizing the key points of the module and outlining information most useful and relevant to the reader. In the other, the reader utilizes critical thinking skills to show his or her ability to synthesize and apply information to a common situation. These reader assignments should be completed and turned in to the facilitator of the PCPE Course two weeks prior to attending the workshop, if **Groundwork** is being completed as a pre-requisite to PCPE or PBPCPE.

Objectives for Introduction

At the end of this module you will be able to:

- Distinguish between Risk Reduction Services (also known as Prevention Counseling Partner Elicitation, or PCPE), and Prevention Case Management, according to Texas Department of State Health Services (TDSHS) definitions;
- Describe the role of **Groundwork** in the overall development of Risk Reduction Specialists in the TDSHS system;
- Describe and distinguish between basic public health interventions for HIV/STD/HCV;
 - Outreach
 - Risk Reduction
 - Prevention Case Management (PCM)
 - Ryan White Case Management (RWCM)
- Identify the value of integrating HIV/STD/HCV risk reduction messages in Risk Reduction Strategies;

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- Define and identify the value of Evidence Based Interventions (EBIs), according to disease intervention standards;
- Identify Community Planning Groups (CPG) and their relationships with Low Morbidity Analysis Zones (LMAZ) and High Morbidity Analysis Zones (HMAZ).

Introduction

Risk Reduction Specialists (RRS) are often very committed and compassionate people. In order to channel that commitment and passion to excel in this field, the RRS needs an understanding of basic disease prevention, transmission and testing. **Groundwork** is *necessary but not sufficient* to develop all the skills needed to provide effective risk reduction support to clients. Risk Reduction Specialists must also employ critical communication skills and concepts. They require knowledge of, and ability to apply, behavioral interventions according to protocols. These tasks require interactive guidance, mentoring and skills-building opportunities—activities that are beyond the scope of this document. These opportunities are provided in TDSHS-supported skills building trainings. The trainings help support both TDSHS personnel and those from TDSHS-funded agencies to provide disease prevention services. Central to this process is the *Prevention Counseling Partner Elicitation (PCPE) Course*. **Groundwork** also serves as an excellent introduction to disease transmission, intervention and prevention for the beginning public health worker, especially those employed in the fields of HIV, hepatitis and STDs.

Evolution of Public Health Interventions

Public health approaches to disease intervention continue to evolve. Changes in guidelines, policies and procedures reflect a refinement of our understanding of how people make decisions and the role public health can play in supporting healthy behaviors. This revision of training materials is a part of that evolution. In addition to those technical refinements inherent in any revised health publication (e.g. new tests, treatments, etc.), readers will notice an increased emphasis on social science and its focus on behavioral change.

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Recent studies have increased our understanding of how to best support clients as they acknowledge their disease risks. Central to our programs and our approach to individual clients, is the understanding that the support of public health must take place along a continuum of care. Education, outreach, risk reduction sessions, testing, and case management all provide unique and powerful opportunities to support clients in making healthier choices. **Groundwork** is intended to serve as a basic foundation of relevant information, regardless of the professional's background or point of interaction with the client.

~Skills Application~

- 1. In addition to compassion and commitment, what does a RRS need to do a good job?**

- 2. If Risk Reduction Counseling is to take place along a continuum of care, what are some of the public health opportunities to support Risk Reduction?**

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Integration of Prevention Messages

HIV, STDs, and viral hepatitis (specifically Hepatitis B and C) share some common transmission routes and a common at-risk population. Additionally, co-infection (having two or more of these infections) can have a devastating impact on disease process and on treatment. Therefore, intervention messages meant to help prevent transmission of HIV, other STDs, or Hepatitis B and/or C, will not only reduce the spread of the other infections, but also minimize the impact of co-infection.

Some agencies provide a complete spectrum of services for a variety of infections. Other agencies must make referrals to local agencies where desired services (e.g. HCV antibody testing) are provided. *Regardless of the services provided at a particular site, **RRSs at TDSHS and TDSHS-contracted sites must integrate HCV and STD intervention messages into HIV prevention messages.***

While HIV, STD and viral hepatitis share common transmission routes, there are also some important differences in transmission, risk reduction strategies, interpretation of test results, and treatment options. To help assure RRSs provide accurate information, the following modules provide a foundation of basic technical information outlining the differences and similarities.

Because the modules give so much information regarding risk, risk reduction, tests, and disease processes, RRSs may feel compelled to repeat all this information to each client. ***In fact, to do so would be exhausting and counterproductive to the work of risk reduction!*** While education and information may be useful components in supporting behavior changes, RRSs will tailor information to each individual client and give simple information *only* as it is appropriate to the client's need. The RRSs will use the information in these modules as the foundation on which risk reduction sessions are built. Additionally, the RRS will have the knowledge to clarify misunderstandings the client may have about the disease process, if the client has received contradictory information in the past.

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Other significant changes in this document include the restoration of the glossary for each module and the elimination of both the module tests and the comprehensive test. In place of the tests, RRSs will be required to provide brief essays at the end of each module.

~Skills Application~

3. What do HIV, STD and viral hepatitis have in common?

4. Not all agencies can provide hepatitis C testing. What is a RRS expected to do if s/he is employed at an agency that does not provide testing?

Public Health Interventions

The **TDSHS** is responsible for coordinating many STD and HIV prevention activities. The continuum of care ranges from outreach activities providing information and supplies for risk reduction to medical services that improve the quality of life for those already infected. Few agencies provide all services, but many provide several.

Outreach is performed in targeted locations where data shows high numbers of infected persons reside in that area, high-risk behaviors are occurring, or both. Outreach seeks to increase awareness of risk and motivate persons to seek services. Outreach programs often provide supplies (i.e. bleach kits, condoms) and provide linkages to additional services.

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Risk Reduction Services provide individual risk reduction support and offer testing and referrals. Persons may respond to media, outreach, or personal awareness of risk to seek out sites providing risk reduction services. Some are referred from STD clinic sites. Many have been encouraged, or are self-motivated, to get tested for HIV. While assisting the client with the testing process, the RRS will help the client develop a Risk Reduction plan. The RRS will also refer the client to additional services as needed. Clients with complex issues that challenge their risk reduction efforts may be appropriate for case management.

There are two aspects to case management. Prevention Case Management (PCM) is intended for clients who have multiple barriers that make it difficult for them to initiate or sustain risk reduction activities. PCM is an intensive, ongoing, and client centered risk reduction strategy specifically tailored to the individual client, to support him or her in risk reduction. Prevention Case Management is appropriate for clients who test positive for HIV to decrease the risk of transmission to others.

Ryan White Case Management (RWCM) has a different strategy. Its purpose is to improve the quality of life for clients who are HIV+ or are living with AIDS. This may involve direct clinical care or linkages to medical, psychosocial or other services for those living with HIV/AIDS.

A part of case management may be referrals to Evidence Based Interventions (EBIs). The Centers for Disease Control and Prevention (CDC) has developed a **Compendium of HIV Prevention Interventions with Evidence of Effectiveness*. The *Compendium* provides information about interventions proven to reduce sex- and/or drug-related risks, and the rate of HIV/STD/HCV infections. These interventions have been effective across a variety of populations, e.g., clinic patients, heterosexual men and women, high-

*more information available at:

<http://www.cdc.gov/hiv/pubs/hivcompendium/hivcompendium.htm>

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risk youth, incarcerated populations, injection drug users (IDUs), and men who have sex with men (MSMs). They have been delivered to individuals, groups, and communities in settings such as storefronts, gay bars, health centers, housing communities, and schools. The purpose of the *Compendium* is to provide public health agencies and community based organizations with effective interventions they may adapt for use in their own communities. These interventions are also referred to as effective behavioral interventions (EBIs).

TDSHS (formerly Texas Department of Health) has funded numerous EBIs scientifically proven to reduce risk for specific groups or communities (beginning January 1, 2003). Each EBI delivers specific messages and/or activities to promote risk reduction to a **particular** audience (e.g. adolescent urban females, Hispanic IDUs, etc.) These messages have been designed in culturally relevant ways to target specific audiences. Although programs may be adapted to meet the unique needs of a local population, each EBI relies on core elements to assure its effectiveness. Outreach, Risk Reduction Services, and case management services may refer appropriate clients to local EBI projects.

The following chart shows an overview of services provided in the prevention continuum of care.

	OUTREACH	PCPE or PBPCPE	PCM	EBI	RWCM
PURPOSE	Recruitment, Awareness of risks, Interventions and Services	Individual Risk Reduction	Ongoing Risk Reduction	RR for groups and communities	Improve Quality of Life
TARGET POPULATION	Those with ↑ risk who do not currently access services	Those with ↑ risk who seek services	Those with ↑ risk with complex issues	Specific groups identified as disproportionately affected	HIV + Persons and Persons Living With AIDS (PLWA)
WHAT HAPPENS	Education, Supplies, Referrals	RR step and knowledge of HIV status	Ongoing support for RR Strategies	Community intervention using proven core elements	Medical Case Mgt, Resource referrals

~Skills Application~

5. For whom is Prevention Case Management (PCM) most appropriate?

6. What is Ryan White Case Management (RWCM)?

**HMAZ, LMAZ, and CPGs:
A Few Words about Community Planning**

Community planning is designed to help identify populations most at risk for HIV/STD/HCV, and to recruit individuals from those populations to help define community needs, identify regional priorities and guide the implementation of programs. The state of Texas is divided into six Community Planning Areas. Planning groups from each area select appropriate interventions and strategies based on a scientific evaluation of proven interventions and an insider's knowledge of their own communities. This can have a tremendous effect in planning outreach and designing targeted and effective programs.

Community Planning Groups (CPGs) are supported in their efforts by epidemiological data compiled by the TDSHS. TDSHS epidemiologists have identified High Morbidity Analysis Zones (HMAZ), areas where disease rates are high; and Low Morbidity Analysis Zones (LMAZ),

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where disease incidence is low; and Risk Profiles to evaluate the risk behaviors of the subpopulations testing HIV positive at publicly funded programs. Each HMAZ is profiled separately to help CPGs make decisions about the needs in different parts of the planning area.

Because EBIs are risk reduction strategies proven to work within specific populations, these can be effective tools for Community Planning Groups. When a CPG looks at the clientele within their HMAZs and LMAZs, they can recommend EBIs that have been shown to be effective with a specific population.

Community planning is **not** intended to provide the blueprint for individual risk reduction sessions. However, there are opportunities within a session to support the priorities of community planning, such as encouraging an HIV test when appropriate. Analysis of data collected from individual sessions is valuable in measuring how well the program meets community needs. While the focus of community planning is to identify target populations and select targeted interventions, and the focus of the risk reduction session is to develop and support an individual's risk reduction plan, both serve to assure that quality interventions reach those most in need of the service.

~Skills Application~

7. How do EBIs relate to LMAZs, HMAZs and CPGs?

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Important Terms:

- < **Co-infection**— Having two or more infections at the same time, which may intensify symptoms and disease progress, and may complicate treatment of one or more infections.
- < **Compendium**— Collection of Effectiveness-Based Behavioral Interventions disseminated by the CDC for replication and adaptation.
- < ***Counseling, Testing and Referral Services (CTR)**— A term used by the CDC; a client-centered process, for the purpose of identifying individuals at risk for or infected with HIV, in order to support risk reduction, which may include any combination of the following: recruiting, screening, risk reduction counseling, testing, and referral to additional services.
- < **Community planning**— Designed to help identify populations most at risk for HIV infection, define needs of the community and identify regional priorities and strategies for HIV intervention or prevention.
- < **Community Planning Groups (CPGs)**— A regional group that helps select appropriate risk reduction interventions and strategies designed to work for populations at increased risk living in their communities.
- < **Evidence-Based Interventions (EBIs)**— Programs developed, tested and proven to reduce risk behaviors and transmission of disease in a specific population. Also referred to as effective behavioral interventions.
- < **High Morbidity Analysis Zone (HMAZ)**— Areas of greater disease incidence and prevalence.
- < **Low Morbidity Analysis Zone (LMAZ)**— Areas of lesser disease incidence and prevalence.
- < **Outreach**— Recruitment activities designed to meet a population that does not normally access services. Outreach includes fieldwork activities in parks, housing projects and on street corners involving conversations to increase knowledge of HIV/STD risk and to distribute materials such as condoms, bleach kits or referrals to other services to promote safer health practices.

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- < ***Prevention Counseling and Partner Elicitation Services (PCPE)**— PCPE provides personalized, one-on-one risk reduction counseling, testing, referrals for all clients who seek these services, and partner notification for persons testing HIV+. Also referred to as Risk Reduction Services.
- < **Prevention Case Management (PCM)**— Intensive, ongoing, one-on-one, client-centered risk reduction activities, intended for persons who have complex problems making it difficult to initiate/sustain risk-reducing behaviors.
- < **Protocol Based Prevention Counseling and Partner Elicitation (PBPCPE)**- Prevention counseling that follows a specific model for sessions. PBPCPE is one-on-one risk reduction counseling that may result in referrals and testing for HIV. Partner notification and partner services follows for clients who test positive.
- < ***Risk Reduction Services**— Provide personalized, one-on-one risk reduction counseling, testing, and referrals for all clients who seek these services, and partner elicitation for persons testing HIV+. Also referred to as PCPE Services.
- < **Ryan White Case Management (RWCM)**— Clinical services for persons living with HIV/AIDS. May involve direct care and/or linkages to medical, psycho-social or other services to enhance quality of life for those who are HIV+/ PLWA.

* CDC uses the term CTR; TDSHS used the term PCPE since 1995, and began using the term Risk Reduction Services in 2003.

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**~Skills Application~
Answers**

1. In addition to compassion and commitment, what does a Risk Reduction Specialist need to do a good job?
 - *An understanding of basic disease transmission, prevention and testing;*
 - *The ability to employ communication skills and concepts;*
 - *The knowledge of, and ability to apply, behavioral interventions according to protocols; and*
 - *Ongoing interactive guidance, mentoring and skills-building opportunities.*

2. If Risk Reduction Counseling is to take place along a continuum of care, what are some of the public health opportunities to support Risk Reduction?
 - *Education;*
 - *Outreach;*
 - *Risk Reduction sessions;*
 - *The testing process;*
 - *Case Management.*

3. What do HIV, STD and viral hepatitis have in common?
 - *Common transmission routes;*
 - *Common clientele.*

4. Not all agencies can provide hepatitis C testing. What is a RRS expected to do if s/he is employed at an agency that does not provide testing?
 - *Make referrals to the nearest agency that provides HCV testing.*
 - *Provide HCV risk reduction for all clients at risk for HCV infection (whether testing is available or not).*

5. For whom is Prevention Case Management (PCM) most appropriate?

Unlike risk reduction services, which provide a limited number of interactions with the client, PCM provides ongoing support

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for behavior change. While risk reduction services can help the client develop a Risk Reduction Plan, PCM can help the client implement it. PCM is appropriate for clients with complex problems that interfere with their ability to initiate or maintain risk reduction changes.

6. What is Ryan White Case Management (RWCM)?
RWCM assists those with HIV and PLWA in getting clinical, psycho-social, housing and other services to enhance their quality of life.

7. How do EBIs relate to LMAZ, HMAZ and CPG?
Evidence-Based Interventions are those strategies shown to be effective at reducing risk for transmission of disease. When a community planning group (CPG) looks at the clientele within their High Risk Morbidity Analysis Zones (HMAZ) and Low Risk Morbidity Analysis Zones (LMAZ), they can recommend EBIs that have been shown effective for those clientele. Because members of the Community Planning Group have a close understanding of their communities, they can also suggest ways to make the EBIs more acceptable and effective.

Reader Assignment: Analysis of Material

Please respond in writing to the following questions. Your response may be in the form of an essay, bulleted list, or short answer, as long as the ***communication is clear to the reader.***

1. What did you learn?
2. What did you already know that was validated?
3. What did you find most relevant in this module? (Please be detailed.)
4. How do you expect to use this information?
5. What information is still unclear?

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Reader Assignment: Critical Thinking

Please respond in writing to the following questions. Your response may be in the form of an essay, bulleted list, or short answer, as long as the ***communication is clear to the reader.***

1. Describe the continuum of Risk Reduction and care for those at risk and those infected with HIV.

2. What are EBIs and HMAZ, and how do they factor into the work of the CPG?