

# **Appendix B**

## **Definitions And HIV Prevention Intervention Comparison Guide**



**Minnesota Department of Health**  
**Community HIV Health Education and Risk Reduction Projects**

**DEFINITIONS AND HIV PREVENTION INTERVENTION COMPARISON GUIDE**

---

**General Definitions**

**Project:** The planning, implementing, and evaluation of one or more intervention(s) addressing the core HIV risk factors and selected co-factors and for a given (one of the eleven) target population. Example: providing Outreach Intervention and a Group Level Intervention for adult high risk heterosexual African Americans.

**Application or Proposal** includes: Completing Forms B through K, attaching other documents when applicable, and making the required 10 copies. Note: Form A “Notice of Intent” is submitted prior to the rest of the proposal.

**Core HIV risk factors:** Those behaviors that put people at risk of HIV infection or transmission. Specifically, 1) Unprotected anal or vaginal sex with a person or persons of unknown or different HIV status (Example: Someone who knows s/he is HIV negative who is engaging in unprotected anal or vaginal sex with someone who is HIV positive or whose HIV status is unknown); and 2) Sharing of injection drug equipment and other instruments that puncture the skin.

**Co-factors:** Influences that indirectly put individuals and communities at risk for HIV infection or transmission. Example: Mental health – mental health conditions may impact a person’s ability to make healthy choices regarding safer sex and/or drug use.

**HERR:** Health Education Risk Reduction. HIV HERR projects provide education and risk reduction support to decrease HIV infection or transmission.

**Intervention(s):** Interventions are how the CDC and the MDH categorize all HIV HERR activities. The MDH has developed core elements required to be met for each intervention. Interventions carried out well by skilled staff have been shown by researchers to be effective in preventing HIV infection or transmission.

**Target population(s):** The population(s) identified and prioritized as most at risk for HIV infection or transmission in Minnesota. Priority populations and risk factors are described in the 2005-2008 Comprehensive HIV Prevention Plan (available from the Minnesota Department of Health upon request).

## Acronyms

<b>AA</b>	African American
<b>AIDS</b>	Acquired Immuno-deficiency Syndrome
<b>CCCHAP</b>	Community Cooperative Council on HIV/AIDS Prevention
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CLI</b>	Community Level Intervention (see HIV Prevention Intervention Comparison Guide below)
<b>CRCS</b>	Comprehensive Risk Counseling & Services (see HIV Prevention Intervention Comparison Guide)
<b>CTR</b>	HIV Counseling Testing and Referral
<b>DEBI</b>	Diffusion of Effective Behavioral Interventions (see Appendix D Effective Interventions)
<b>FTE</b>	Full time equivalent, used to describe number of staff, in terms of a 40 hour work week
<b>GLI</b>	Group Level Intervention (see HIV Prevention Intervention Comparison Guide)
<b>HERR</b>	Health Education and Risk Reduction (formerly HIV/STD Prevention)
<b>Hetero</b>	Heterosexual
<b>HC/PI</b>	Health Communication/Public Information (see HIV Prevention Intervention Comparison Guide)
<b>HRH</b>	High Risk Heterosexual
<b>HIV</b>	Human Immuno-deficiency Virus
<b>IDU</b>	Injecting Drug User
<b>ILI</b>	Individual Level Intervention (see HIV Prevention Intervention Comparison Guide)
<b>MDH</b>	Minnesota Department of Health
<b>MSM</b>	Men Who have Sex with Men
<b>RFP</b>	Request for Proposals
<b>STD</b>	Sexually Transmitted Disease

## Intervention Definitions

Interventions are how the CDC and the MDH categorize all HIV HERR activities. The MDH has developed core elements required to be met for each intervention. Interventions carried out well by skilled staff have been shown by researchers to be effective in preventing HIV infection or transmission. You should review the HIV Prevention Intervention Comparison Guide in detail. If selected for funding, your project will be required to meet the required core elements for the funded intervention. You may select one or more of these interventions to include in your project description.

**Note: In accordance with Principle #7 of the Allocation and Funding Principles (Appendix F), applicants proposing to use a combination of MDH and non-MDH funding to replicate a DEBI, or adapt a DEBI on a large scale, will be required to discuss their proposal with Gary Novotny by e-mail at [gary.novotny@health.state.mn.us](mailto:gary.novotny@health.state.mn.us) or if you do not have e-mail access telephone him at 651-201-4029.**

**Note: If you intend to replicate or adapt a DEBI project, then you must define the interventions that make up the DEBI project (Example: Many Men, Many Voices is a group level intervention).**

**Note: If you have questions regarding interventions or activities and strategies that make up an intervention, please contact Gary Novotny by e-mail at [gary.novotny@health.state.mn.us](mailto:gary.novotny@health.state.mn.us) or if you do not have e-mail access telephone him at 651-201-4029.**

## HIV Prevention Intervention Comparison Guide

<i><b>Intervention Type</b></i>	<i><b>CDC Intervention Description</b></i>	<i><b>Required Core Elements<sup>1</sup></b></i>	<i><b>Secondary Elements<sup>2</sup></b></i>	<i><b>Data Collection and Reporting</b></i>
<i><b>Outreach</b></i>	HIV/AIDS educational interventions conducted by peer or paraprofessional educators face-to-face with high-risk individuals in the neighborhoods or other areas where clients typically congregate. Outreach usually includes distribution of condoms, bleach, sexual responsibility kits, and educational materials. Included are peer opinion leader models.	<ul style="list-style-type: none"> <li>• Face-to-face communication with high-risk individuals</li> <li>• Intervention conducted where high-risk individuals typically congregate outside more traditional, institutional settings and times</li> <li>• Discussion of risk and provision of basic HIV/STD health education and risk reduction messages</li> <li>• Referral and linkages to counseling, vaccination and testing (HIV, STD, hepatitis)</li> </ul>	<ul style="list-style-type: none"> <li>• Distribution of risk reduction materials, including materials to reduce sexual and injection drug use risk</li> <li>• Appropriate referrals for other needs such as medical, social services, chemical dependency, behavioral interventions, care and treatment, etc.</li> <li>• Informal assessment of individual's risk behavior</li> </ul>	<i>Collection:</i> Outreach form  <i>Reporting:</i> Prog. Monitoring Report
<i><b>Health Communication/ Public Information (HC/PI)</b></i>	The delivery of HIV/STD/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 how to obtain specific services.	<ul style="list-style-type: none"> <li>• Provision of brief basic HIV/STD education and/or materials (for example, through community events, presentations/lectures, hotline or media)</li> <li>• Builds general support for behavior that prevents HIV, STDs and hepatitis</li> <li>• Provision of information about counseling, vaccination and testing services (HIV, STD, hepatitis)</li> </ul>	<ul style="list-style-type: none"> <li>• Inclusion of messages that reduce the stigma against people living with HIV and populations at risk</li> <li>• Distribution of HIV/STD risk reduction materials, including materials to reduce sexual and injection drug use risk (often through community events and fairs)</li> <li>• Appropriate referrals for medical services, social and emotional support, behavior change interventions, and partner counseling and referral</li> </ul>	<i>Collection:</i> HC/PI form (Form used only for community events and presentations /lectures)  <i>Reporting:</i> Prog. Mon. Rept.

<sup>1</sup> Required Core Elements are essential to the effective delivery of the intervention. They are monitored by agency management and MDH for quality assurance.

<sup>2</sup> Secondary Elements are not required, though inclusion of them in the delivery of the intervention will have a beneficial effect on outcome.

<p><b>Community Level Intervention</b></p>	<p>Community level interventions combine community organizing and social marketing, and are directed at specific populations, rather than at individuals. The fundamental program goal of these interventions is to change attitudes, norms, and practices by using social networks to consistently promote healthy behaviors. It is also a program goal to change those factors that negatively affect the health of a community's residents. Community level intervention strategies offer opportunities for peers to acquire skills in HIV risk reduction and, in turn, reinforce these abilities when they become the teachers of these same skills to others.</p>	<ul style="list-style-type: none"> <li>• Define and describe the social networks of the target population</li> <li>• Sustain a consistent intervention throughout the entire social network of the target population</li> <li>• Utilize behavior change theory to predict and document changes in group norms</li> <li>• Get by in and participation of gate keepers and community opinion leaders</li> <li>• Referral and linkages to counseling, vaccination and testing (HIV, STD, hepatitis)</li> </ul>	<ul style="list-style-type: none"> <li>• Use of peers to deliver intervention</li> <li>• Long-term ownership and implementation of the intervention by the community</li> <li>• General community mobilization</li> </ul>	<p><i>Collection:</i> Group sign-in form and other forms developed by the project</p> <p><i>Reporting:</i> Prog. Monitoring Report</p>
<p><b>Group Level Intervention (GLI)</b></p>	<p>Health Education/Risk Reduction counseling that shifts the delivery of service from the individual to groups of varying sizes. GLI uses peer and non-peer models involving a wide range of skills, information, education, and support.</p>	<ul style="list-style-type: none"> <li>• Interactions with more than one client at a time</li> <li>• Group members with similar risk behaviors or life circumstances</li> <li>• Sufficient intensity to make behavior change likely, generally this means two or more sessions and/or total session time of 3 or more hours</li> <li>• Inclusion of skills-building activities designed to help group members initiate and maintain HIV behavior change</li> <li>• Provision of information about counseling, vaccination and testing (HIV, STD, hepatitis)</li> </ul>	<ul style="list-style-type: none"> <li>• Exploration of issues facing group members, including HIV risk behaviors and concerns</li> <li>• Use of group interaction to normalize and reinforce behavior change</li> <li>• Appropriate referrals for other needs such as medical, social services, chemical dependency, behavioral interventions, care and treatment, etc.</li> <li>• Distribution of risk reduction materials, including materials to reduce sexual and injection drug use risk</li> </ul>	<p><i>Collection:</i> Group sign-in form and other forms developed by the project</p> <p><i>Reporting:</i> Prog. Monitoring Report</p>
<p><b>Individual Level Intervention (ILI)</b></p>	<p>Health Education/Risk Reduction counseling with skills practice provided to one person at a time. ILI assists clients in making plans for individual behavior change and ongoing appraisals of their own behavior and includes skill-building activities. These interventions also facilitate linkages to services in both clinic and community settings (e.g., substance abuse treatment settings) in support of behaviors and practices that prevent transmission of HIV, and they help clients make plans to obtain these services.</p>	<ul style="list-style-type: none"> <li>• One-on-one interactions, between the client and the provider (telephone may be allowable after an initial face-to-face contact)</li> <li>• Sufficient intensity and time to make behavior change likely, generally this means two or more sessions</li> <li>• Assessment of the client's HIV/STD risk behaviors and concerns</li> <li>• Provision of appropriate HIV/STD health education and risk reduction messages using a client-centered approach based on client's particular risk behavior</li> <li>• Inclusion of skill-building activities designed to motivate the client to initiate and maintain HIV risk behavior change independently</li> <li>• Referral and linkages to counseling, vaccination and testing (HIV, STD, hepatitis)</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriate referrals for other needs such as medical, social services, chemical dependency, behavioral interventions, care and treatment, etc.</li> <li>• Distribution of risk reduction materials, including materials to reduce sexual and injection drug use risk</li> <li>• Incorporation of harm reduction principles</li> </ul>	<p><i>Collection:</i> Client intake form or other form developed by the project</p> <p><i>Reporting:</i> Prog. Monitoring Report</p>

<p><i>Counseling Testing and Referral Intervention (CTR)</i></p> <p><b>Note:</b>  <b>Implementation of this intervention requires specialized training.</b></p>	<p><b>Client-centered HIV prevention counseling:</b>  An interactive risk-reduction counseling model usually conducted with HIV testing, in which the counselor helps the client identify and acknowledge personal HIV risk behaviors and commit to a single, achievable behavior change step that could reduce the client’s HIV risk.  <b>HIV test:</b> More correctly referred to as an HIV antibody test, the HIV test is a laboratory procedure that detects antibodies to HIV, rather than the virus itself.  <b>Referral:</b> The process through which a client is connected with services to address prevention needs (medical, prevention, and psychosocial support).</p>	<ul style="list-style-type: none"> <li>• Prior to conducting CTR project staff must successfully complete the following Department of Health training sessions: “Fundamentals of HIV Prevention Counseling”, “HIV Test Results”, and “HIV Testing Data”; and complete the CDC training: “Fundamentals of Waived Rapid Testing” (either taught by the CDC or person who is CDC TOT certified). An orientation to the rapid test technology will be provided by MDH or the manufacture’s representative.</li> </ul> <p style="text-align: center;"><b>AND</b></p> <p>Adherence to Principles of HIV CTR:</p> <ul style="list-style-type: none"> <li>• Protect confidentiality of clients who are recommended or receive HIV CTR services.</li> <li>• Obtain informed consent before HIV testing.</li> <li>• Provide clients the option of anonymous HIV testing.</li> <li>• Provide information regarding the HIV test to all who are recommended the test and to all who receive the test, regardless of whether prevention counseling is provided.</li> <li>• Adhere to local, state, and federal regulations and policies that govern provision of HIV services.</li> <li>• Provide services that are responsive to client and community needs and priorities.</li> <li>• Provide services that are appropriate to the client’s culture, language, sex, sexual orientation, age, and developmental level.</li> <li>• Ensure high-quality services (delivered according to recommended protocols for counseling, referral, and evaluation or regulatory standards for testing). This includes maintaining staff proficiency by adhering to the requirement of each testing staff conducting at least 50 tests per year.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide HIV risk reduction education</li> <li>• Provide STD and hepatitis A, B, and C risks reduction education</li> <li>• Provide referrals for social services as need is identified.</li> </ul>	<p><i>Form to Use:</i>  MDH HIV Test Site (HTS) bubble form (one per test)</p> <p>Completed by:  Agency staff conducting the CTR session</p> <p><i>Recommendation:</i>  To ensure reporting accuracy, test sites develop method of documenting information required for completing Department of Health required reports throughout grant cycle.</p>
---	--	--	---	--

<p><b><i>Comprehensive Risk Counseling Services (CRCS)</i></b></p> <p><b>Note: Implementation of this intervention requires specialized training.</b></p>	<p>CRCS is intensive, individualized, client-centered counseling for adopting and maintaining HIV risk reduction behaviors. CRCS is designed for HIV+ and HIV- or those of unknown serosatus who are at high risk for acquiring or transmitting HIV and STDs and struggle with issues such as substance use and abuse, physical and mental health, and cultural factors that affect HIV risk. The ultimate goal of a CRCS program is to enact behavior changes or modifications that will reduce the risk of HIV transmission or acquisition.</p> <p>CDC defined 7 Core Elements of CRCS: 1. Recruiting &amp; engaging, 2. Screening, enrolling, and assessing, 3. Prevention planning, 4. Risk reduction counseling, 5. Coordination of services, 6. Monitoring and reassessment, 7. Maintenance and discharge.</p>	<ul style="list-style-type: none"> <li>• One-on-one, multi-session interactions with the client</li> <li>• Provision, identification, and brokerage of client-centered services that use harm reduction principles</li> <li>• Assessment of HIV/STD risk behavior at designated intervals</li> <li>• Assessment of risk cofactors (mental health, substance use, etc.) and referral to appropriate resources</li> <li>• Development of a written prevention plan with measurable behavioral outcomes</li> <li>• Supportive services and skill-building activities to implement the plan, and careful monitoring follow-up and referral through case notes</li> <li>• Ongoing HIV/STD harm reduction and/or risk reduction counseling (3-18 months)</li> <li>• Advocacy for client services</li> </ul>		<p><i>Collection:</i></p> <p>CRCS client intake form, assessment form and case notes</p> <p><i>Reporting:</i></p> <p>Prog. Monitoring Report and possibly direct online data reporting</p> <p><b>(Note: Please contact MDH if you plan to conduct CRCS to determine electronic capacity)</b></p>
---	--	---	--	--