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Completing the Circle

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Completing the circle of HIV prevention can be accomplished in many ways. It can be done by integrating HIV prevention skills and messages into HIV care and treatment; by understanding the whole range of complex physical, mental, cultural and structural issues facing persons of color with HIV; and by providing programs that address these competing needs, based on what persons with HIV report. Prevention with positives (PwP) programs are a means to join the two systems of prevention and treatment to form a more complete circle of diverse services. This is an immense change from the way that HIV treatment and prevention have worked before.

In the past 3–4 years, many HIV agencies, researchers and health departments in California and across the country have been completing the circle, learning from Early Intervention Projects, talking to persons with HIV and their healthcare and social service providers, and starting to implement PwP programs that address their needs. And although the field is young and research has just begun, we have already learned a lot.

• • • We know enough

We know enough to understand some of the major strengths and challenges for persons with HIV. We know enough to design programs based on that knowledge. We may not have randomized, controlled trials of those programs, but many are under evaluation or have completed process evaluations.

This manual serves as a guide to developing PwP programs. It features both evaluated programs and cutting edge programs that are based on formative research. These are not “scientifically proven effective” programs, like those featured in the Center for Disease Control and Prevention’s (CDC) *Compendium of Effective Programs*. Hopefully, in a few years we will have moved into that stage. But for now, as we said earlier, we know enough to get programs up and running.

What do we know? We know that there are several concerns for persons of color with HIV that cut across populations. These are critical to address in PwP programs. They are also issues that neither HIV prevention, social service nor care providers may have experience addressing or be funded to address.

Protect myself and others

Persons with HIV live with both the experience of being infected (often by someone they love and trust) and the tremendous responsibility of knowing that they can infect other people. Most persons with HIV want skills training on how to disclose their HIV status to partners and negotiate safer sex.

PwP programs need to address those concerns. Skills building sessions, prevention case management or support groups are integral. Discussions about disclosing HIV status need to focus on both the potential benefits and the potential drawbacks that exist.

Stigma and isolation

Persons of color with HIV feel severe social isolation and face multiple stigmas of HIV/AIDS, racism and homophobia and in some cases, drug use and sex work. In many communities, HIV is demonized, and persons with HIV may hide their status and avoid behaviors that will target them as having HIV, such as using a condom or entering an HIV clinic.

Two of the most important ways to combat this are to hold social events and support groups. In this manual, all of the model programs that included group events provided support, and four of the seven provided social activities. Feeling supported and knowing that they are not alone can greatly increase the ability of persons with HIV to protect themselves and others.

Treatment and prevention

Prevention programs for persons with HIV need to be continually aware of and work with treatment issues and programs. A person with HIV who is struggling with emotional issues of being infected may not be ready to deal with some treatment or prevention issues.

PwP programs also present the opportunity to integrate treatment and prevention. Several programs offer provider training, where healthcare and social service workers are trained and coached in risk behavior assessment, key prevention theories and prevention messages delivery. Prevention programs also provide referrals across practices, forging relationships with various social service agencies so that clients can easily connect with programs.



Listening

Over and over in PwP programs, providers have underlined the importance of listening to what clients need and want. Taking that step to reach out to potential clients before designing and while running programs makes programs relevant and useful. Many participants have reported that PwP programs based on formative research fill a real need, and find it a relief to be able to talk about issues they've identified as important.

Asking questions and listening to what clients say are key to building strong programs. We need to keep asking and keep listening so that if a program isn't working well, we can find out how to make it better. *Please see Chapter 4 for formative research guidelines and examples.*

PwP programs have the potential to prevent new infections and make a difference in the HIV/AIDS epidemic. This guide provides insight into the lives of persons of color with HIV as well as practical information on creating PwP programs. It's time to complete the circle in HIV.