MANUAL
IMPLEMENTATION
GUIDE

STRONG.

STRENGTHENING THE RESPONSE OF NON-PROFITS WORKING WITH GAY MEN OF COLOR

SCIENCE , TREATMENT & HEALTH LITERACY

This manual is funded through a grant from JANSSEN PHARMACEUTICALS

A Train -The-Trainer manual for enhancing the knowledge and skills of organizations working with gay men of color in the Southern United States.

A PRODUCT OF

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The following are key terms as described and adapted from the 7th Edition of the AIDSinfo Glossary of HIV/AIDS-Related Terms and from the Centers for Disease Control and Prevention (CDC) website.

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GLOSSARY

Acquired Immunodeficiency Syndrome (AIDS): A disease of the immune system due to infection with HIV. HIV destroys the CD4 T lymphocytes (CD4 cells) of the immune system, leaving the body vulnerable to life-threatening infections and cancers. Acquired immunodeficiency syndrome (AIDS) is the most advanced stage of HIV infection.

Acute HIV Infection (also known as Primary HIV Infection): Early stage of HIV infection that extends approximately 2 to 4 weeks from initial infection until the body produces enough HIV antibodies to be detected by an HIV antibody test. Because the virus is replicating rapidly, HIV is highly infectious during this stage of infection.

Adherence: Taking medications exactly as prescribed. Poor adherence to an HIV treatment regimen increases the risk for developing drug-resistant HIV and virologic failure.

Antiretroviral (ARV): A drug used to prevent a retrovirus, such as HIV, from replicating. The term primarily refers to antiretroviral (ARV) HIV drugs.

Antiretroviral Therapy (ART): The recommended treatment for HIV infection. Antiretroviral therapy (ART) involves using a combination of three or more antiretroviral (ARV) drugs from at least two different HIV drug classes to prevent HIV from replicating.

Approved Drug: A drug approved by the Food and Drug Administration (FDA) for sale in the United States. The extensive FDA drug approval process involves many steps, including laboratory and animal studies, clinical trials for safety and efficacy, filing of a New Drug Application (NDA) by the drug manufacturer, FDA review of the application, and FDA approval or rejection of the application.

CD4 Count: A laboratory test that measures the number of CD4 T lymphocytes (CD4 cells) in a sample of blood. In people with HIV, the CD4 count is the most important laboratory indicator of immune function and the strongest predictor of HIV progression. The CD4 count is one of the factors used to determine when to start antiretroviral therapy (ART). The CD4 count is also used to monitor response to ART.

Comprehensive HIV prevention plan: A plan that identifies prioritized target populations and describes what interventions will best meet the needs of each prioritized target population. The primary task of the community planning process is developing a comprehensive HIV prevention plan through a participatory, science-based planning process.

Counseling and Testing: A process through which an individual receives information about HIV transmission and prevention, information about HIV tests and the meaning of tests results, HIV prevention counseling to reduce their risk for transmitting or acquiring HIV, and is provided testing to detect the presence of HIV antibodies.

Drug Class: A group of drugs that share common properties, which may include a similar mechanism of action, chemical structure, or approved use. Antiretroviral (ARV) HIV drugs are classified into six drug classes on the basis of how each drug interferes with the HIV life cycle. These five classes include the nucleoside reverse transcriptase inhibitors (NRTIs or nukes); non-nucleoside reverse transcriptase inhibitors (NNRTIs or non-nukes); protease inhibitors (PIs); integrase strand transfer inhibitors (INSTIs); and Fusion inhibitors and CCR5 (#5) antagonists (#6).

Drug Interaction: A change in a drug's effect on the body when taken with certain other drugs, supplements, or food, or when taken together with certain medical conditions. A drug interaction may cause the drug to be less effective, cause adverse effects, or increase the action of the drug. Potential drug interactions are considered when selecting antiretroviral (ARV) drugs to include in an HIV treatment regimen.

Epidemic: A widespread outbreak of a disease in a large number of individuals over a particular period of time either in a given area or among a specific group of people.

HIV Care Continuum (also known as Treatment Cascade): A tool that is a visual representation that helps us understand the current state of engagement by People Living with HIV (PLWH) along a continuum from HIV diagnosis through to HIV Treatment success (adherence) and viral suppression (undetectable levels of virus in the blood stream). The continuum, shows that along each step (diagnosis, linkage to care, retention in care, ART initiation, and ART adherence) there is a significant number of PLWH that "fall off", and only a very small percentage achieve viral suppression.

Human Immunodeficiency Virus (HIV): The virus that causes AIDS, which is the most advanced stage of HIV infection. HIV is a retrovirus that occurs as two types: HIV-1 and HIV-2. Both types are transmitted through direct contact with HIV-infected body fluids, such as blood, semen, and genital secretions, or from an HIV-infected mother to her child during pregnancy, birth, or breastfeeding (through breast milk).

HIV Progression: The course of HIV infection. HIV is a chronic infection that progresses in four stages: acute HIV infection, asymptomatic HIV infection, symptomatic HIV infection, and AIDS. Antiretroviral therapy (ART) is designed to delay or stop the progression

GLOSSARY (continued)

of HIV infection.

Immune System: A complex network of specialized cells (e.g. CD4, T lymphocytes (T cells), etc.), tissues, and organs that recognize and defend the body from disease causing microorganisms such as bacteria and viruses.

Incidence: The number of new cases of a disease in a specific area during a specific time period.

Intervention: A measure taken to prevent or treat disease or to improve health in other ways. Examples of interventions include preventive vaccines, drugs, and palliative care.

Linkage: Actively assisting clients with accessing needed services through a time-limited professional relationship. The active assistance typically lasts a few days to a few weeks and includes a follow-up component to assess whether linkage has occurred. Linkage services can include: assessment, supportive counseling, education, advocacy, and accompanying clients to initial appointments.

People Living with HIV (PLWH): Infants, children, adolescents, and adults infected with HIV.

Post-Exposure Prophylaxis (PEP): Administration of antiretroviral (ARV) drugs after potential HIV exposure. To be effective, PEP must begin within 72 hours of exposure. PEP consists of 2-3 antiretroviral medications and should be taken for 28 days.

Pre-Exposure Prophylaxis (PrEP): Administration of antiretroviral (ARV) drugs before potential HIV exposure in order to reduce the risk of HIV infection. Clinical trials have determined that PrEP is a safe and effective way to reduce HIV transmission in people at high risk for HIV infection.

Prevalence: The number or proportion of people with a particular disease or condition in a given population and at a specific time.

Prevention program: An organized effort to design and implement one or more interventions to achieve a set of predetermined goals, for example, to increase condom use with non-steady partners.

Seroconversion: When an HIV-infected person converts from HIV negative to HIV positive by blood testing. Shortly after infection with HIV, the body begins to produce HIV antibodies. It takes the body a while to produce enough antibodies to be detected by an HIV antibody test—usually 10 to 14 days but sometimes up to 6 months. When HIV antibodies in the blood reach a detectable level, the HIV-infected person seroconverts. In other words, the person's antibody test goes from HIV negative to HIV positive.

Side effects (also known as Adverse Drug Reaction): Any unintended, undesirable response to a drug taken at a normal dose for normal use. Side effects are classified by onset, severity, and type.

Social determinants: The economic and social conditions that influence the health of individuals, communities and jurisdictions and include conditions for early childhood development, education, employment, and work; food security, health services, housing, income, and social exclusion.

Tolerance/Tolerability: The ability to tolerate a drug when given as prescribed. In other words, tolerance means benefiting from the drug without having any adverse effects that would make it impossible to continue taking the drug.

Treatment as Prevention (TasP) (also known as prevention benefits of treatment): The provision of the use of ART by PLWH to reduce morbidity and mortality as well as the risk of onward HIV transmission through durable viral suppression.

Treatment Regimen: A structured treatment plan designed to improve and maintain health. Recommended HIV treatment regimens include a combination of three or more antiretroviral (ARV) drugs from at least two different drug classes.

Undetectable Viral Load: When the amount of HIV in the blood is too low to be detected with a viral load (HIV RNA) test. Antiretroviral (ARV) drugs may reduce a person's viral load to an undetectable level; however, that does not mean the person is cured. Some HIV, in the form of HIV reservoirs, remains inside cells and in body tissues.

Viral Load (VL): The amount of HIV in a sample of blood. Viral load (VL) is reported as the number of HIV RNA copies per milliliter of blood. An important goal of antiretroviral therapy (ART) is to suppress a person's VL to an undetectable level—a level too low for the virus to be detected by a VL test.

Viral Suppression: When antiretroviral therapy (ART) reduces a person's viral load (HIV RNA) to an undetectable level. Viral suppression does not mean a person is cured; HIV still remains in the body. If ART is discontinued, the person's viral load will likely return to a detectable level.

Abbreviations and Acronyms

AIDS Acquired Immunodeficiency Syndrome

ART Antiretroviral Therapy

ARV Antiretroviral

CBA Capacity Building Activity

CDC Centers for Disease Control and Prevention

FDA Food and Drug Administration

HHS Department of Health and Human Services

HIV Human Immunodeficiency Virus

MSM Men Who Have Sex With Men

PEP Post-Exposure Prophylaxis

PLWH People Living with HIV

PrEP Pre-Exposure Prophylaxis

STD Sexually Transmitted Disease

TasP Treatment as Prevention

VL Viral Load

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TABLE OF CONTENTS

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Description Of Program

NMAC conducted capacity building activities (CBA) in 5 cities in the Southern United States. The CBA consisted of 5 train-the-trainer sessions, individual one-on-ones with selected organizations in each city, and 5 webinars, each addressing one of the five topics taught at the trainings. NMAC collaborated with local community based and HIV services organizations.

A. The trainings were designed for HIV service providers in direct contact with clients: peer educators, case managers, testing counselors, treatment educators and patient navigators. It was a four hour training divided into 5 sections. There were didactic and interactive activities and discussions. Pre and post training surveys were conducted. A maximum of two facilitators sufficed. It is encouraged that trainers review the train-the-trainer manual and tailor it to the needs of the trainees.

B. The individual capacity building activities (CBA) were designed for selected organizations that participated in the trainings. NMAC executed one-on-ones in each of the 5 cities. The CBA provided more in-depth knowledge on the topics taught at the training and set the planning foundation for the replication of the CBA at the local level.

C. The post-training webinars provided an opportunity to reinforce the topics taught during the trainings. The webinars allowed in-depth discussions around individual topics covered in the training. The webinars also provided a platform for the individual cities to interact and engage with each other.

Program Goal and Objectives:

GOAL

To increase knowledge, capacity, and mobilize organizations serving Black and Latino men who have sex with men (MSM) on issues related to HIV science and treatment in the Southern United States.

OBJECTIVES

1. By the end of the CBA, participants will know how to implement HIV science and treatment trainings in the context of the interconnections among social determinants of health, prevention, care and treatment.

2. By the end of the CBA, participants will have an understanding of the HIV Care Continuum (Treatment Cascade) and will learn to integrate it into trainings as well as transfer its framework into their daily work.

3. By the end of the CBA, participants will have an understanding of medications available to treat HIV infection and how to utilize the Department of Health and Human Services (HHS) HIV treatment guidelines in their HIV science and treatment trainings to help patients with treatment decisions.

4. By the end of the CBA, participants will have an understanding of TasP, PrEP, and biomedical prevention and will learn to integrate it into their HIV science and treatment trainings as well as teach and counsel MSM of color on the topics.

5. By the end of the CBA, participants will have an understanding of the importancetof integrating HIV science and treatment education into a larger framework of HIV health literacy and wellness.

Notes For The Trainer

How to use this manual: This manual is designed to enhance the knowledge of community based organizations as they educate the Black and Latino MSM community on HIV science and treatment. The trainer decides how best to adapt the materials to the needs of their target audience.

Manual Design: *The manual consists of 5 sections with full instructions for the trainer to use in planning and conducting a training program. The manual will include a glossary of key terms, list of resources and a references page.*

Duration: *Each section is one hour: 20 minutes of didactic presentation, 20 minutes of an interactive exercise and 20 minutes of discussion.*

Materials needed: *In addition to this manual, trainers may need flip charts, markers, notepad and other educational resources.*

How to prepare for the training: *Trainers should review each section and adapt the materials as needed for their audience.*

Step-by-Step Instructions: *This training should be participant-focused and trainers should make use of a clear learning methodology to pass along skills and knowledge. An interactive learning environment, as well as the exchange ideas, is recommended.*

Learning Objectives: *The learning objectives are listed in each section.*

Monitoring and Evaluation: *M&E is developed and implemented to find out if a program is reaching the right people, making an impact, and if it is cost effective. Understanding the demographics (age, gender, sexuality, geographic location, etc.) of the program participants will help indentify if the intended audience is participating. The evaluation of a program allows providers to gain insight into whether there is an impact linked to its delivery. Through evaluation we gather information from participants on whether the training was helpful or not, and if there are opportunities to make amendments.*

Measurement tools: *In the resources section of this Manual there are examples of the three main forms of surveys that should be used:*

(a) Baseline survey - *to help understand the needs of a population group or gain insight into the direction of a program or service;*

(b) Pre-test survey - *given before a program or service starts so as to gain data on the knowledge and skill level of participants; and,*

(c) Post-test survey - *can be given immediately or days/weeks/months after the end of a program or service.*

BASELINE
SURVEY

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AGE	SEXUAL ORIENTATION
RACE/ ETHNICITY	GENDER IDENTITY MALE ○ FEMALE ○ TRANS ○ OTHER ○
ZIPCODE	HIV STATUS: NEGATIVE ○ POSITIVE ○ UNSURE ○ UNDISCLOSED ○

EXISTING KNOWLEDGE

1. What is your level of knowledge on the latest in HIV science and research?

NONE — AVERAGE — ADVANCED

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐

2. When you heard about the latest in HIV science for the first time, who or where did you hear about it from?

3. What is your general impression of the latest HIV science and research?

_____

_____

_____

	STRONGLY DISAGREE					STRONGLY AGREE
	0	1	2	3	4	5
Trustworthy	○	○	○	○	○	○
Easy To Understand	○	○	○	○	○	○
Easy To Integrate Into Community Programming	○	○	○	○	○	○

4. To what extent does your organization implement the following into community programming:

	NONE		AVERAGE		ADVANCED
HIV Care Continuum (Treatment Cascade)	0	1	2	3	4
Treatment Guidelines	0	1	2	3	4
Treatment as Prevention (prevention benefits of treatment)	0	1	2	3	4
Pre-Exposure Prophylaxis (PrEP)	0	1	2	3	4
Social Determinants of Health	0	1	2	3	4

THANKS!

The following are examples of a baseline survey, and a pre and post-training survey that is used to determine the level of understanding and skills a group of people has on HIV science and research.

PRE-TRAINING SURVEY

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ABOUT YOU

RACE/ ETHNICITY	GENDER IDENTITY
	MALE ○ FEMALE ○ TRANS ○ OTHER ○
SEXUAL ORIENTATION	

ABOUT YOUR ORGANIZATION

1. What is the type of organization/entity you work for?				
Community Based ☐	Faith Based ☐	For Profit ☐	Government ☐	Other:
2. **What is your job title/position at the organization?**			3. **State**	4. **City**
5. What is the population focus of your organization				
Age	**Gender Identity**	**Race/Ethnicity**		**Sexual Orientation**
Geographical Focus		**Number Served**	**Other Details**	

Beginner = Lacks familiarity with terms; lacks experience with or awareness of processes, procedures
Intermediate = Has familiarity with terms; possesses competencies in processes and procedures
Advanced = Is very familiar with terms; very well versed in processes and procedures

		BEGINNER	INTERMEDIATE	ADVANCED
PART 1 KNOWLEDGE	Impact of HIV on MSM of color	1	2	3
	HIV Care Continuum (Treatment Cascade)	1	2	3
	Social determinants of health	1	2	3
	Major Scientific and Research biomedical interventions	1	2	3
	HIV Treatment Guidelines	1	2	3
PART 2 SKILLS	Recommending the latest HIV prevention interventions relevant to constituents needs	1	2	3
	Integrating the latest HIV science and research into your community programming	1	2	3
	How to use the HIV Continuum of Care to inform your programming	1	2	3
	Guiding your constituents on HIV treatment	1	2	3
PART 3 EXPECTATIONS	The purpose of this training was clear	1	2	3
	Other Comments:			

THANKS!

POST TRAINING SURVEY

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ABOUT YOU

RACE/ ETHNICITY	GENDER IDENTITY MALE ○ FEMALE ○ TRANS ○ OTHER ○
SEXUAL ORIENTATION	

ABOUT YOUR ORANIZATION

1. What is the type of organization/entity you work for?				
Community Based ☐	Faith Based ☐	For Profit ☐	Government ☐	Other:

2. What is your job title/position at the organization?	3. State	4. City

5. What is the population focus of your organization			
Age	**Gender**	**Race/Ethnicity**	**Sexuall Orientation**

Geographical Focus	Number Served	Other Details

Beginner = Lacks familiarity with terms; lacks experience with or awareness of processes, procedures
Intermediate = Has familiarity with terms; possesses competencies in processes and procedures
Advanced = Is very familiar with terms; very well versed in processes and procedures

		BEGINNER	INTERMEDIATE	ADVANCED
PART 1 KNOWLEDGE	Impact of HIV on MSM of color	1	2	3
	HIV Care Continuum (Treatment Cascade)	1	2	3
	Social determinants of health	1	2	3
	Major Scientific and Research biomedical interventions	1	2	3
	HIV Treatment Guidelines	1	2	3
PART 2 SKILLS	Recommending the latest HIV prevention interventions relevant to constituents needs	1	2	3
	Integrating the latest HIV science and research into your community programming	1	2	3
	How to use the HIV Continuum of Care to inform your programming	1	2	3
	Guiding your constituents on HIV treatment	1	2	3
PART 3 SESSIONS	The length of each session was appropriate to cover the information	1	2	3
	The session information was presented in a way that was useful	1	2	3
	The presenter's presentation skills met my overall expectations	1	2	3
	The materials were useful in helping understand each session they were related to	1	2	3
PART 4 EXPECTATIONS	The purpose of this training was met	1	2	3
	Overall, the training met my expectations	1	2	3
	I have the confidence to implement the latest in HIV science/research into my work and organizations programming	1	2	3
	I am satisfied with the overall training by NMAC	1	2	3
	Other Comments:			

Current Landscape

New scientific discoveries have demonstrated, for the first time, that it may be possible to contain the epidemic by decreasing the incidence of infections. With the advent of **Treatment as Prevention (TasP)** and **Pre-Exposure Prophylaxis (PrEP)** there is new promise to curb the spread of HIV. Challenges still exist translating these and other interventions into the real world environment.

Men who have sex with men (MSM) of all races, but particularly young Black and Latino MSM, continue to bear a disproportionate burden of new infections. Moreover, MSM are the only risk group among whom the rate of infection is increasing. In the absence of a cure or preventive vaccine, the need for improved prevention and treatment strategies remains paramount.

Achieving the goal of ending the HIV epidemic would mean everyone infected knowing their status, having uninterrupted access to care and treatment, and reaching undetectable levels of HIV in their blood stream. It would also require overcoming all the social and structural barriers that negatively impact treatment success.

Section	Title
1	THE TREATMENT CASCADE AS A REFLECTION OF SOCIAL DETERMINANTS OF HEALTH

Trainer Instructions	Duration	Learning Objectives
This section focuses primarily on social determinants of health and how they impact HIV prevention and treatment. *Please present the information in this section that is most relevant to your audience and avoid reading word for word.*	20 minutes	• Discuss the definition of social determinants of health. • Discuss the relevance and importance of social determinants of health in successful treatment outcomes for the Black and Latino MSM population.

Social Determinants of Health

A complex, overlapping and interconnected mixture of social structures and economic systems significantly influences the health of individuals and population groups. This is referred to as **social determinants of health**. They include: biology and genetics (e.g., sex), individual behavior (e.g., alcohol or injection drug-use, unprotected sex), social environment (e.g., discrimination, income, education level, marital status), physical environment (e.g., place of residence, crowding conditions, built environment [i.e., buildings, spaces, transportation systems, and products that are created or modified by people]), and health services (e.g., access to and quality of care, insurance status) (12).

Much of the work that has been done in the field of social determinants of health focuses on how people experience their society, the physical environment they live in, and their relationship with health services.

These factors help shape a context of vulnerability that either contributes to increased individual risk of exposure to HIV and other STIs or compromises the ability to protect oneself from infection.

The current treatment cascade can be viewed as a reflection of how social determinants impacts people living with HIV (PLWH). Structural issues, health disparities, and stigma can prevent people from getting tested, engaging in care, or staying in care.

Social determinants of health are significantly linked to health literacy and the effectiveness of HIV treatment education. Support for HIV treatment education and health literacy and wellness can be implemented in ways that account for the cultural and social factors that affect people's ability to understand, access, and stay in HIV treatment and care. These include expectations about what healthcare can and should deliver, experiences and expectations of discrimination or poor service within healthcare settings, the extent to which people trust and support each other, and literacy, poverty, mental health, substance use, a history of violence, and incarceration.

HIV treatment education needs to be reimagined and expanded to go beyond the clinic and the virus and engage people in a way that's responsive to the experience of their daily lives.

INTERACTIVE EXERCISE 1

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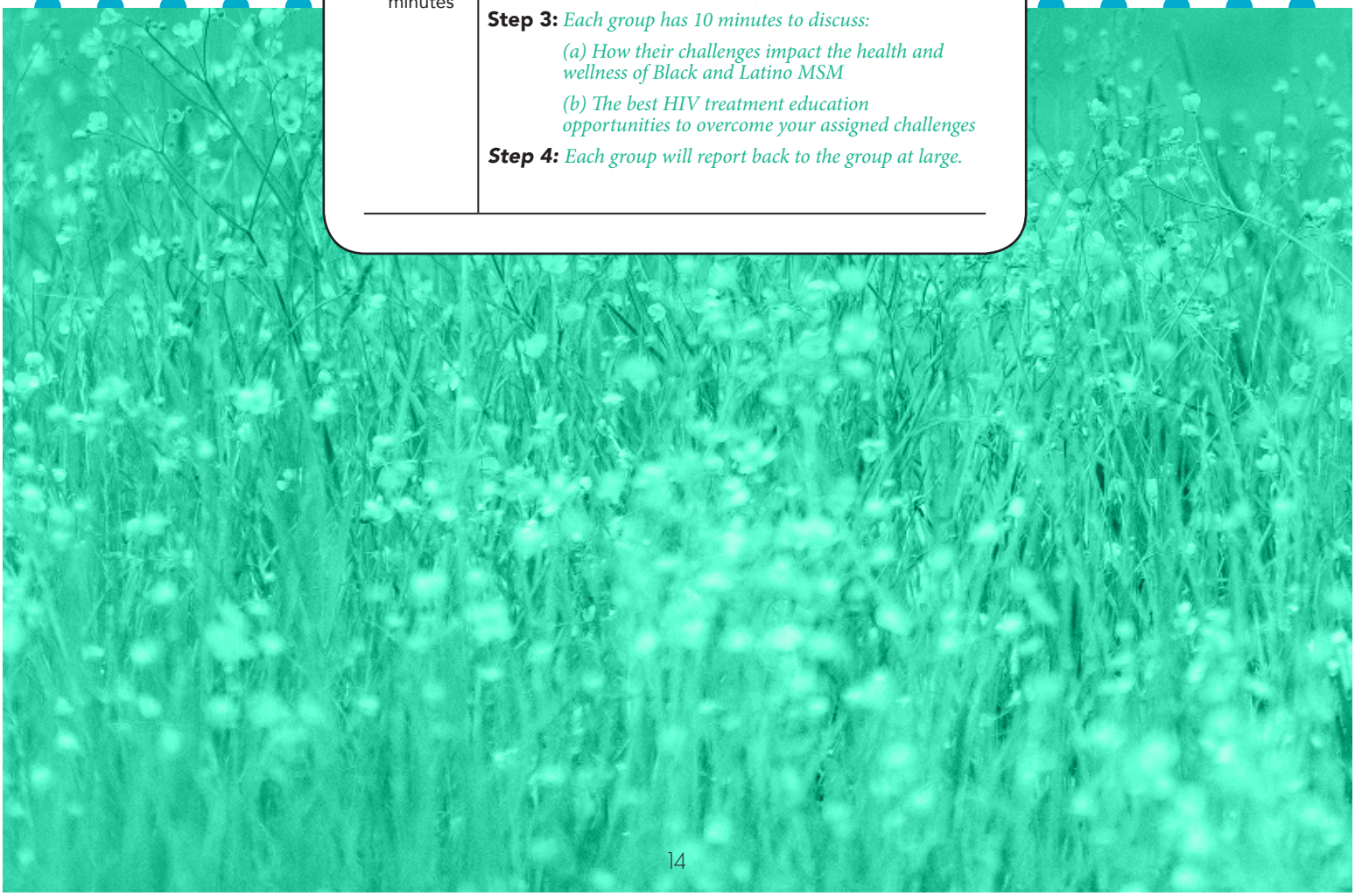
Exercise	Title
1	**GAY MEN OF COLOR AND HIV TREATMENT EDUCATION**
Duration	**Instructions**
20 minutes	**Step 1:** *Divide the participants into 4 groups. Instruct the groups to select a person to report back.* **Step 2:** *Distribute copies of a list of 8 challenges* **(Handout 1)** *and assign 2 to each group.* **Step 3:** *Each group has 10 minutes to discuss:* *(a) How their challenges impact the health and wellness of Black and Latino MSM* *(b) The best HIV treatment education opportunities to overcome your assigned challenges* ***Step 4:*** *Each group will report back to the group at large.*



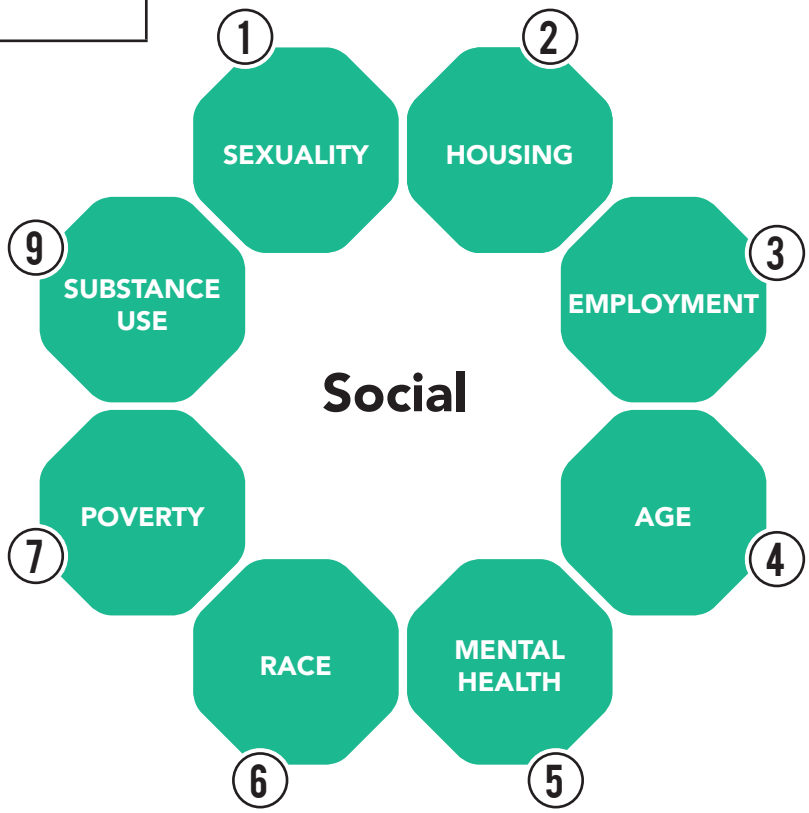
STRONG.
INTERACTIVE EXERCISE

Section	Title
1	GAY MEN OF COLOR AND HIV TREATMENT EDUCATION

HANDOUT 1

ABOUT GROUP

GROUP MEMBERS	GROUP LEADER
	ASSIGNED DETERMINANTS 1.
	2.



How do your assigned challenges impact the health and wellness of Black and Latino MSM?

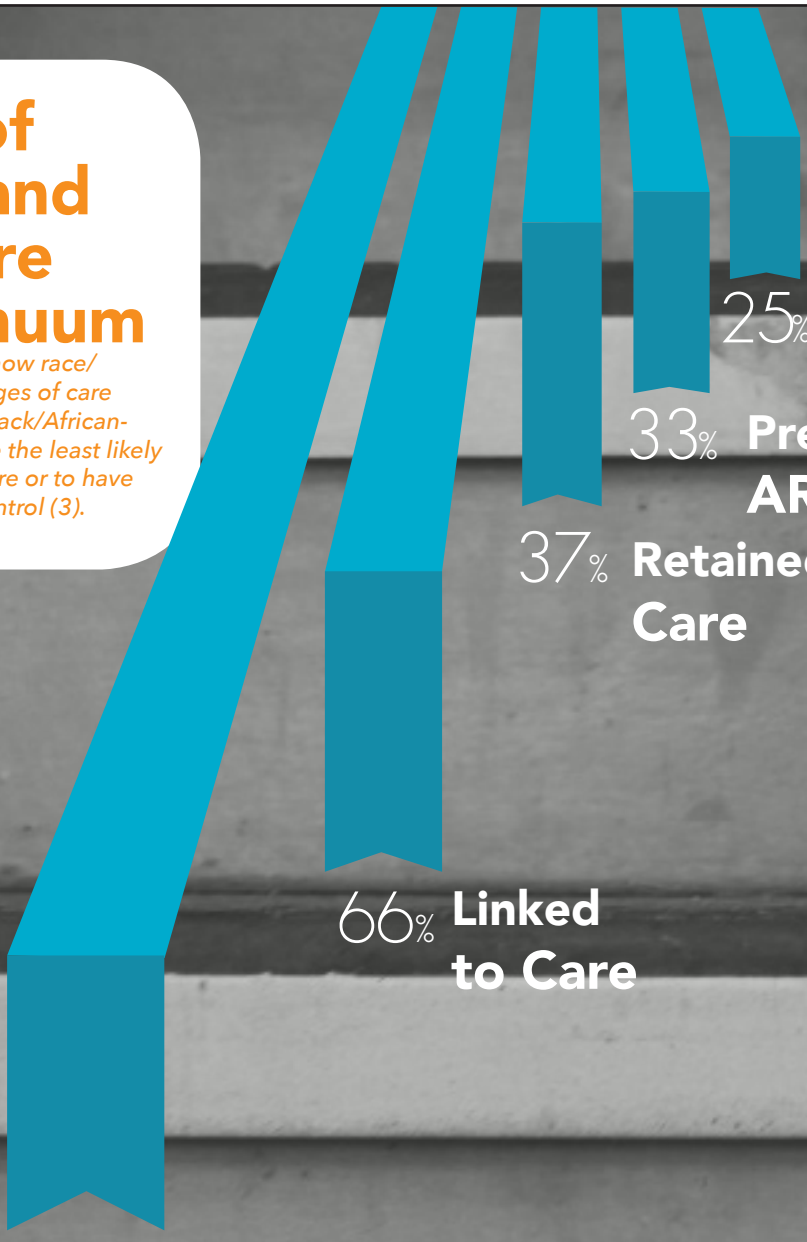
Identify the best HIV treatment education opportunities to overcome your assigned challenges:

Figure A	Percentage of All People Living With HIV

OF THE 1.1 MILLION AMERICANS
LIVING WITH HIV, ONLY 25% ARE VIRALLY SUPPRESSED

MSM of Color and the Care Continuum

When we factor in how race/ethnicity affects stages of care it is revealed that Black/African-American PLWH are the least likely to be in ongoing care or to have their virus under control (3).



Section	Title
2	HIV CARE CONTINUUM

Trainer Instructions	Duration	Learning Objectives
This section focuses primarily on the definition, importance,and uses of the HIV care continuum, also referred to as the HIV treatment cascade.. *Please present the information in this section that is most relevant to your audience, and avoid reading word for word.*	20 minutes	• Define the HIV care continuum • Discuss why the HIV care continuum is important • Explain how the HIV care continuum is being used

What is the HIV Care Continuum?

The **HIV Care Continuum**, formerly known as the treatment cascade (1), is a tool that is a visual representation that helps us understand the stages of HIV medical care that **people living with HIV (PLWH)** go through from initial diagnosis to achieving the goal of viral suppression (a very low level of HIV in the body), and shows the proportion of individuals living with HIV who are engaged at each stage. The continuum, shows that along each step (diagnosis, linkage to care, retention in care, ART initiation, and ART adherence) there is a significant number of PLWH that fall out of care and only a small percentage achieve viral suppression.

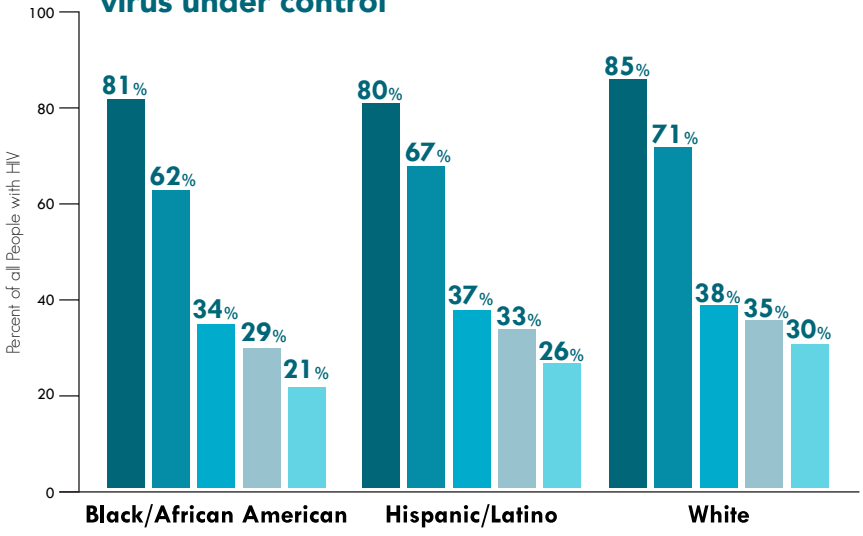
In late 2011 the CDC (2) conducted its own analysis and found that for every 100 PLWH in the U.S.:

- 80 are aware of their HIV status
- 62 have been linked to HIV care
- 41 are retained in HIV care
- 36 receive ART
- 28 are able to adhere to their ART and achieve undetectable viral loads.

Research has demonstrated that Black MSM are two and a half times more likely to be diagnosed with HIV, that they are only half as likely to use and access ART, and that they are only half as likely to be virally suppressed. (4)

Figure B

BY RACE/ETHNICITY: African Americans are least likely to be in ongoing care to have their virus under control



Why is the HIV Care Continuum important?

The HIV Care Continuum provides a way to examine critical questions:

- How many PLWH are getting tested and diagnosed?
- Of those, how many are linked to care?
- How many are retained in care?
- How many receive treatment for HIV?
- How many are achieving viral suppression?

By closely examining these separate steps, policymakers and service providers are able to pinpoint where gaps may exist in connecting PLWH to sustained, quality care. Knowing where the drop-offs are most pronounced (and for which populations) helps national, state, and local policymakers, as well as service providers to implement system- specific improvements and service enhancements that better support individuals as they move from one step in the continuum to the next.

Reducing these drop-offs across the HIV Care Continuum is vitally important because:

- Lowering the amount of virus in the body can keep a person living with HIV healthy for a longer period of time.
- Keeping the virus under control-- also known as virally suppressed or "undetectable"-- greatly reduces the chance of transmitting HIV to others.
- Without treatment using antiretroviral medications, most persons living with HIV develop HIV-related complications within 10 years of infection, resulting in substantial rate of sickness and premature death.

How is the HIV care continuum being used?

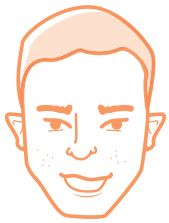
At the federal level, government agencies use the HIV care continuum to inform discussions concerning how best to prioritize and target resources. For example, it points to the importance of continuing to support the adoption of routine HIV testing of all adults and adolescents in medical care settings, as was first recommended by the CDC in 2006. Simply stated, we cannot link more PLWH to care if we cannot diagnose them.

At the state and local levels, program planners also apply local data to assess where resources are needed. It enables them to improve engagement at each step in the continuum. Ensuring success at each step will move the U.S. closer to allowing every PLWH to achieve the benefits of HIV treatment- to live a longer, healthier life.

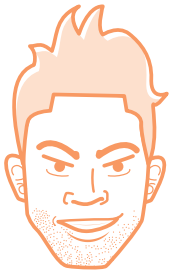
Exercise	Title
2	**HIV CARE CONTINUUM**
Duration	**Trainer's Instructions**
20 minutes	**Step 1:** *Divide the participants into 5 groups. Instruct the groups to select a person to report back.* **Step 2:** *Distribute copies of the 5 case studies* ***(Handout 2)*** *and assign one to each group.* **Step 3:** *Each group has 10 minutes to discuss:* *(a) Where on the continuum is the individual in the case study?* *(b) How would you assist them to move along the care continuum?* **Step 4:** *Each group will report back to the group at large.*

Exercise	Title
2	HIV CARE CONTINUUM
HANDOUT 2	

STRONG.
INTERACTIVE EXERCISE
CASE STUDIES

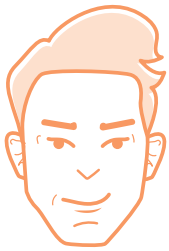


José is a sophomore in college. During the year he has been having sex with women and men. He decided to get a sexual health check-up after he felt a burning sensation when he urinated. During this check-up he also had an HIV test and got a positive result. He was in shock and didn't know what to do. He hasn't gone back to the clinic since he received his results.

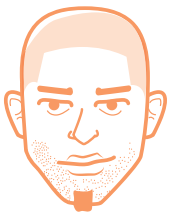


Lorenzo is a 23 year old Latino man living in an inner-city neighborhood. He was diagnosed with HIV 4 years ago and decided not to start treatment. Lorenzo has never seen a HIV medical provider.

Greg has been taking his prescribed antiretroviral therapy (ART) for the past 12 months. He sometimes has big party weekends and ends up not taking his meds for 3 or 4 days. He checks in with his HIV specialist regularly and likes that he is easy to talk to. Greg finds it helpful that his specialist explains things such as viral load and CD4 count.



Adam is a 17 year old African-American guy who just graduated from high school. He has been sexually active for the past 3 years. He uses condoms sometimes. He met someone special and wants to get serious.



Derrick spends a lot of time hanging out at a youth homeless shelter. He sometimes uses the employment, health, and counseling services they provide. During a health check he asked for an HIV test and found out he was HIV-positive. The provider was someone Derrick trusted so he kept going back for check-ups and has been a patient for about a year now.

Section	Title
2	HIV CARE CONTINUUM
HANDOUT 3	

STRONG.
INTERACTIVE EXERCISE
CASE STUDIES

DIRECTIONS:

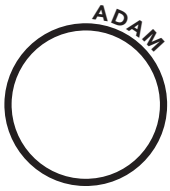
Where are they along the HIV care continuum?

How can you help them move along the HIV care continuum?

Aware of HIV status?

ABOUT GROUP

GROUP MEMBERS	GROUP LEADER
	ASSIGNED DETERMINANTS 1.
	2.



AWARE OF HIV STATUS

LINKED TO CARE

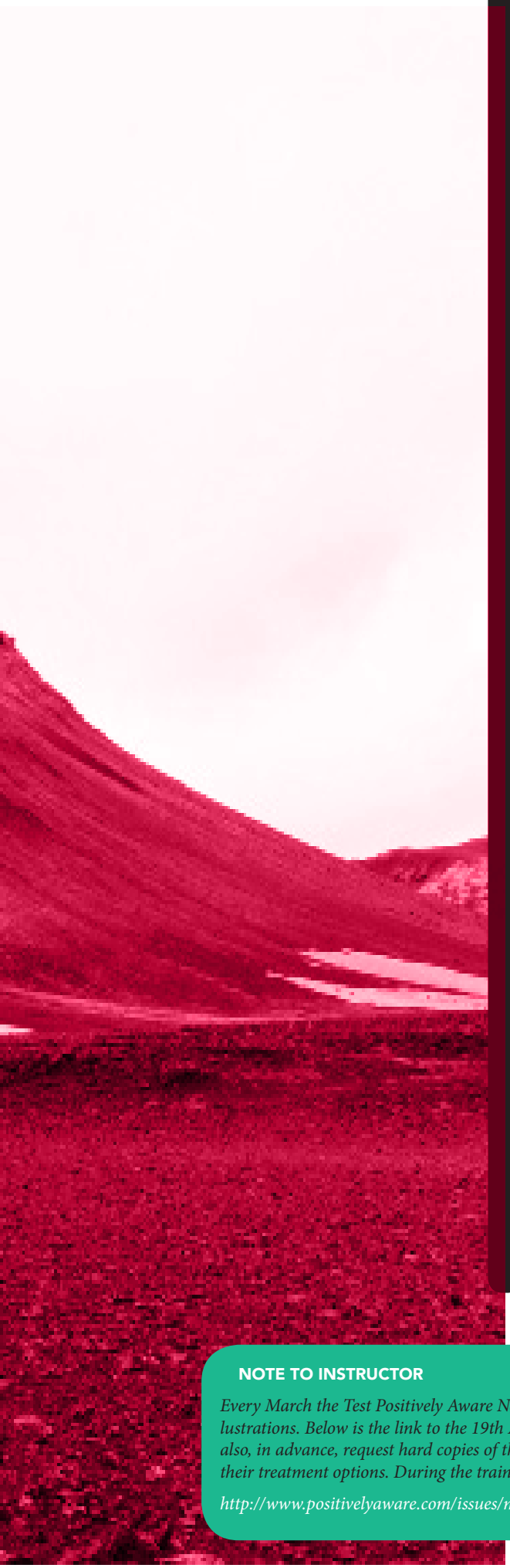
RETAINED IN CARE

RECEIVE ANTI-RETROVIRAL THERAPY (ART)

ADHERE TO ART AND UNDETECTABLE

MANUAL
IMPLEMENTATION
GUIDE

STRONG.



Section	Title
3	ANTIRETROVIRAL THERAPY AND THE HIV TREATMENT GUIDELINES

Trainer Instructions	Duration	Learning Objectives
This section focuses on antiretroviral HIV treatment. It reviews approved anti-retroviral and the Department of Haelth and Human Services (HHS) HIV Treatment Guidelines. It sets out what the (HHS) guidelines are and how the guidelines can be used as a tool.	20 minutes	• Discuss HIV antiretroviral treatment and review the current treatment recommendations. • Understand how the HIV treatment guidelines may benefit MSM of color and help them to make informed treatment decisions.

Antiretroviral Therapy

Infection with HIV is treated with a regimen of antiretroviral drugs. This regimen consists of the combination of two or more antiretroviral drugs from different classes. The advancements of HIV research have transformed HIV infection from a fatal disease to a chronic manageable one.

HIV uses immune system cells in order to replicate. These cells are called CD4 cells. Once a cell is infected, HIV goes through a series of steps inside the cell to produce more copies of HIV. Different classes of drugs can target each of these steps and inhibit or antagonize the replication of HIV inside the CD4. As research develops and we better understand HIV replication, new drug targets will be discovered and more HIV treatments will be developed.

Currently there are nearly 30 drugs approved by the FDA to treat HIV. These drugs come out of six classes of drugs to treat the infection: nucleoside reverse transcriptase inhibitors (NRTIs or nukes); non-nucleoside reverse transcriptase inhibitors (NNRTIs or non-nukes); protease inhibitors (PIs); integrase strand transfer inhibitors (INSTIs); and Fusion inhibitors and CCR5 (#5) antagonists (#6). Some of them are co-formulated as a fixed dose combination (two or more drugs from the same class) or a single tablet regimen (two or more drugs from different classes completing the regimen in one tablet.

All HIV drugs have a generic name given by the FDA when approved for clinical trials. The generic name is the name that physicians and researchers most frequently use. Once a drug is shown to be safe and effective and is approved for treatment, it is given a brand name by the company that developed it. A brand name is the name of the drug used for marketing it to the consumer and physicians, accordingly patients tend to know the brand name instead of the generic one. For example: Isentress is the brand name for raltegravir.

NOTE TO INSTRUCTOR

Every March the Test Positively Aware Network publishes a HIV drug guide with plenty of information and illustrations. Below is the link to the 19th Annual HIV Drug Guide. Use the link to access the chart online. You can also, in advance, request hard copies of the drug guide. This guide is an excellent tool to help PLWH understand their treatment options. During the training we recommend reviewing of the drug chart with the participants.

http://www.positivelyaware.com/issues/march2015

HIV antiretrovirals, like most drugs, have side effects. Some of them are short term and others are long term. It is important to discuss side effects when discussing antiretrovirals with individuals. Understanding that the drug is approved because the benefits surpass the risk for side effects is a key piece of information. Also, side effects are reported by those who participated in the clinical trials and the percentage of those adverse effects reported indicate the potential side-effects.

HIV Treatment Guidelines

The HIV Treatment guidelines (5) were created by a panel convened by the Department of Health and Human Services to provide HIV care providers with recommendations based on the latest clinical knowledge about the antivirals drugs used to treat HIV infection in the United States.

Key clinical issues are discussed through the guidelines providing recommendations on the following:

- Baseline evaluation –medical history, physical examination, and laboratory evaluation.
- Laboratory testing – Laboratory tests that are needed in order to treat a patient.
- Treatment goals – Goal that is established based on the patient's immune condition.
- When to start –Based on expert opinion ART should be recommended for all people with HIV infection. Current evidence suggests ART should be started at less than 500CD4 cells. We still do not have hard evidence that tells us the optimum time to start treatment.
- What to start with – Those treatment regimens that have proved safe and effective.
- Adherence – The importance of patient's commitment to adhere to the regimen.
- Preventing secondary transmission – How to prevent passing the virus to others.

In May of 2014 HHS released revisions to the previous version of the guidelines.

Below are important changes to consider:

- First line regimens are not referred as preferred anymore due to the increase in treatment options. Now they are recommended regimens. The guidelines also have alternative regimens for specific patients
- New regimens recommended: These are regimens that contain integrase inhibitors
- Drugs have been removed from the guidelines
- Less frequent CD4 Testing
- Test for other T-Cells (CD8, CD19) is not recommended. Not clinically useful.
- New guidelines for changing regimens due to adverse effects

Exercise	Title
3	**HIV TREATMENT** **CASE STUDIES**
Duration	**Instructions**
20 minutes	**Step 1:** *Divide the participants into 3 groups. Instruct the groups to select a person to report back.* **Step 2:** *Distribute copies of a list of the 3 case studies* **(Handout 4)** *and assign one to each group.* **Step 3:** *Each group has 15 minutes to discuss:* *(a) How best to help an individual understand a prescribed HIV regimen* **Step 4:** *Each group will report back to the group at large.*

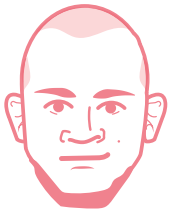
STRONG.
INTERACTIVE EXERCISE

Exercise	Title
3	HIV TREATMENT CASE STUDIES
HANDOUT 4	

ABOUT GROUP

GROUP MEMBERS	GROUP LEADER
	ASSIGNED DETERMINANTS 1.
	2.

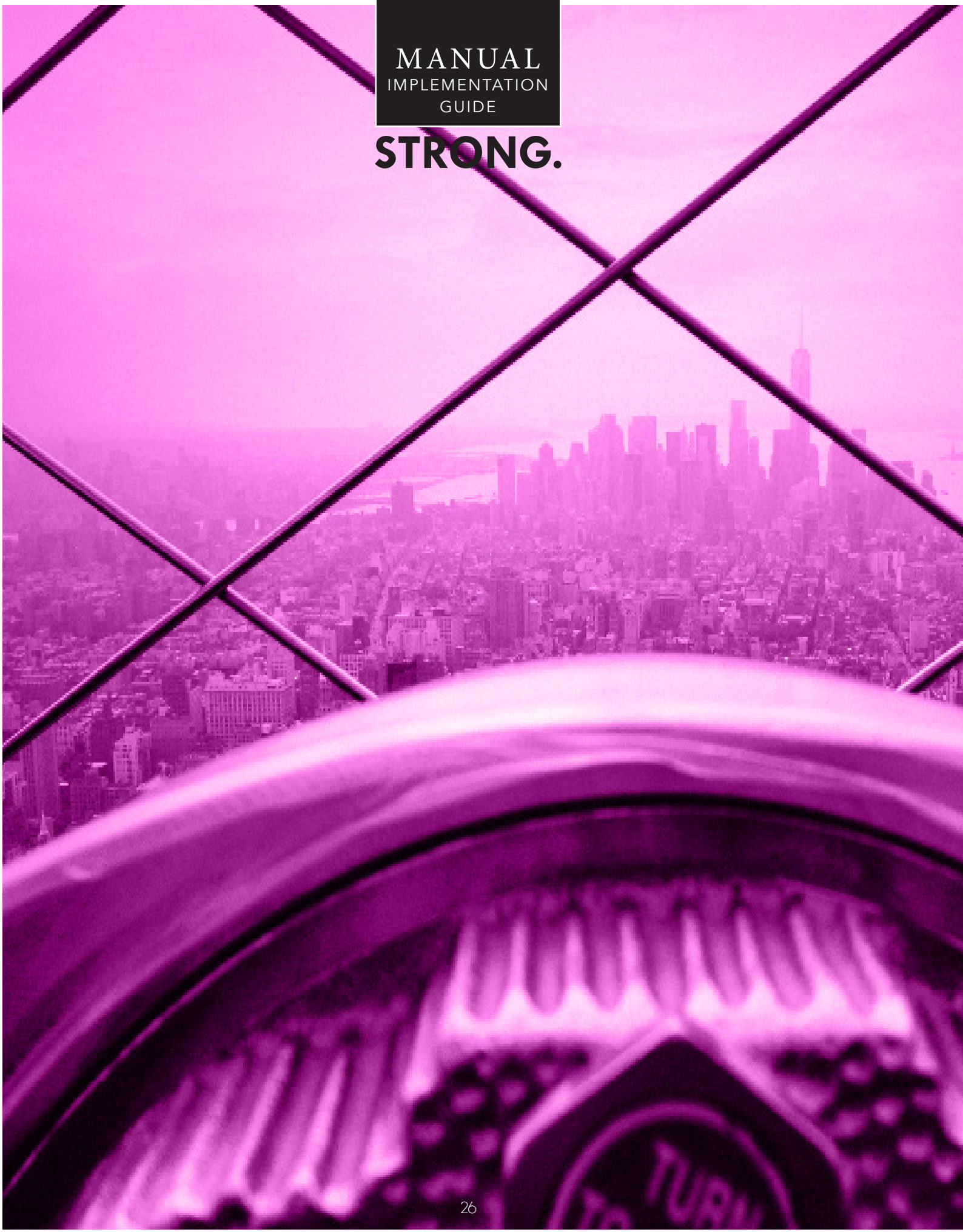
Blake is a homeless youth who tested positive for HIV. The shelter where he resides referred him to the community clinic. He had all necessary blood work done. Two weeks later he returned to the clinic. The doctor told him he had a viral load of 50,000 and 400 CD4 cells. The doctor gave him the following prescription: Sustiva and Truvada. From the clinic Blake was referred to an HIV service organization where he saw a counselor who he asked for help with understanding the regimen prescribed by the doctor.



Carlos was diagnosed with HIV but never treated. When he got sick with pneumonia he was treated for the pneumonia and was prescribed antiretroviral therapy. The doctor prescribed: Reyataz and Truvada. Weeks later he visited an HIV service organization where he saw a counselor and asked for help in understanding the regimen prescribed by the doctor.

Antonio is a middle age gay man who managed to stay HIV negative for many years. He recently tested HIV-positive. He had private insurance and visited his doctor. The results of his tests showed that he had 800 CD4 and 100,000 copies of RNA viral load. The doctor prescribed Insentress plus Truvada. He was very knowledgeable about HIV but not about how it is treated. a peer educator helped him understand the regimen prescribed by the doctor.

STRONG.



Section	Title
4	**THE NEW PARADIGM:** TREATMENT AS PREVENTION AND PRE-EXPOSURE PROPHYLAXIS

Trainer Instructions	Duration	Learning Objectives
This section focuses primarily on how the latest science and research in HIV and biomedical interventions has changed the world of prevention and treatment. *Please present the information in this section that is most relevant to your audience, and avoid reading word for word.*	20 minutes	• Review the progress of science and research in HIV and biomedical interventions. • Discuss the relevance and importance of these biomedical interventions for the Latino and African American MSM population.

MSM of Color and Biomedical Interventions

The rate of new HIV infections has remained stable at approximately 50,000 per year since the late 1990s (6). Men who have sex with men (MSM) of all races, but particularly young Black and Latino MSM, continue to bear a sharply disproportionate burden of new infections (6). Moreover, MSM are the only risk group among whom the rate of infection is increasing (6). In the absence of a cure or preventive vaccine, the need for improved prevention and treatment strategies remains paramount.

To date, most HIV prevention efforts have been designed to help individuals reduce or eliminate risk behaviors, for example: 1) by using condoms or clean injection equipment; and 2) by learning their HIV status, as research has shown that those who are aware of their infection take fewer risks.

Interventions to reduce behavioral risks are inherently limited, however, as has been repeatedly demonstrated in other fields, such as smoking cessation or diabetes prevention. Moreover, behavioral risk factors alone do not account for the disproportionate HIV incidence among key at-risk populations. Disproportionate HIV incidence among Black MSM is more likely associated with high rates of incidence among their sexual networks, lack of access to healthcare, poverty, and mass incarceration (7). Similarly, among young MSM, Latinos were twice as likely as whites to become HIV infected, in spite of similar risk behavior patterns (8).

Testing and HIV Combination Therapy

Significant advances in antiretroviral therapy (ART) have resulted in the possibility of treating HIV infection as a chronic, manageable disease. New drugs offer new

mechanisms of action, improvements in potency and activity (even against multidrug-resistant viruses), dosing convenience, and tolerability. As a result, ART has dramatically reduced HIV-associated illnesses and death. In 2014, the US Department of Health and Human Services revised its treatment guidelines to recommend that all persons with HIV infection be treated with ART, regardless of the stage of disease.

Treatment as Prevention (TasP)

Also known as the prevention benefits of treatment, Treatment as Prevention (TasP) is an HIV prevention strategy that works to shift people along the continuum of care. It aims to move people from being prescribed ART to being virally suppressed. Its primary objective is the improved health of the HIV-positive individual. A secondary impact of this strategy is that PLWH with undetectable viral loads are 96% less likely to transmit HIV to others (9). In the recent PARTNER study no individuals with undetectable viral load transmitted HIV. (10). The added benefits to this strategy are that PLWH are actively engaged in care and can be active participants in their communities.

Post-Exposure Prophylaxis (PEP)

PEP is the use of ART medications after possible exposure to the virus to prevent HIV from taking hold in the body. To be effective, PEP must begin within 72 hours of exposure to HIV (e.g. lack of condom, a broken condom, accidental needle stick injury, etc.), before the virus has time to rapidly replicate in the body. PEP consists of 2-3 antiretroviral medications taken for 28 days.

Pre-Exposure Prophylaxis (PrEP)

PrEP is new HIV prevention strategies in which people who do not have HIV take a daily pill to reduce their risk of becoming infected. It is a much-needed additional prevention method and is to be used in combination with other methods to reduce the risk of getting HIV infection. iPrEX, the first randomized controlled trial of PrEP in humans to produce a statistically meaningful result, showed that daily PrEP use provided 96-99% protection when used as part of a combination prevention strategy (11). When we think about the number of new HIV infections in the U.S. being about 50,000 and that a significant number of those are Black and Latino gay men we see a new and dynamic way of reducing the heavy impact of HIV in our communities.

Exercise	Title
4	**BIOMEDICAL INTERVENTIONS**
Duration	**Instructions**
20 minutes	**Step 1:** *Divide the participants into 4 groups. Instruct the groups to select a person to report back.* **Step 2:** *Distribute copies of a list of the 4 biomedical interventions* **(Handout 5)** *and assign 1 to each group.* **Step 3:** *Each group has 10 minutes to discuss the opportunities, challenges, and applications and community implications for their allocated intervention.* **Step 4:** *Each group will report back to the group at large.* **Step 5:** *After each group has reported engage the group at large to discuss and share experiences related to biomedical interventions and Black and Latino MSM.*

STRONG.
INTERACTIVE EXERCISE

Exercise	Title
4	BIOMEDICAL INTERVENTIONS

HANDOUT 5

ABOUT GROUP

GROUP MEMBERS	GROUP LEADER
	ASSIGNED DETERMINANTS 1.
	2.

Testing and HIV Combination Therapy

HIV medicines are grouped into six drug classes according to how they fight HIV. Factors to consider when choosing an HIV regimen include possible side effects of HIV medications, the potential for drug interactions, and the health of the person living with HIV.

Treatment as Prevention (TasP)

Also known as the prevention benefits of treatment, TasP is an HIV prevention strategy focused on getting PLWH to begin and stay on treatment. It aims to move people from being prescribed ART to being virally suppressed. PLWH with suppressed or undetectable viral loads, especially those on ART, are a great deal less likely to transmit HIV to others.

PEP

PEP is the use of ART medications after possible exposure to the virus to prevent HIV from taking hold in the body. To be effective, PEP must begin within 72 hours of exposure to HIV (e.g. lack of condom, a broken condom, accidental needle stick injury, etc.), before the virus has time to rapidly replicate in the body. PEP consists of 2-3 antiretroviral medications taken for 28 days.

PrEP

A strategy for high risk HIV negative people of taking an antiretroviral medication daily, as part of comprehensive prevention, to prevent the acquisition of HIV. PrEP works but only when taken daily. The iPrEx study showed that daily PrEP use provided 96-99% protection when used as part of a combination prevention strategy. There may be some side effects (e.g. kidney function or bone mineral density) but these are minimal and not common (less than 10%).

OPPORTUNITIES	CHALLENGES
APPLICATION	**IMPLICATIONS FOR THE COMMUNITY**

MANUAL
IMPLEMENTATION GUIDE

STRONG.

Section	Title
5	HEALTH LITERACY

Trainer Instructions	Duration	Learning Objectives
This section focuses primarily on how the latest science and research in HIV and biomedical interventions has changed the world of prevention and treatment. *Please present the information in this section that is most relevant to your audience, and avoid reading word for word.*	20 minutes	• Review the progress of science and research in HIV and biomedical interventions. • Discuss the relevance and importance -of these biomedical interventions for the Latino and African American MSM population.

What is HIV health literacy?

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Importantly, it is not only a measure of individual skills, but is also a reflection of how health information is made understandable and actionable.

General literacy (usually understood to include reading, writing, basic math, speech and comprehension skills) provides some, but not all of the skills to understand and communicate health information and concerns.

Why is HIV health literacy important?

Limited health literacy negatively impacts the ability to search for and use health information and adopt healthy behaviors. It is also associated with poor health outcomes and higher costs. People with limited health literacy are less inclined to use preventive services, manage chronic conditions, and self-report health issues. There is also a link between limited health literacy and an increase in preventable hospitalizations, misunderstanding prescription labels, medication errors, and mortality.

Health literacy is a strong mediating factor – as noted previously, health literacy is not only the skills and knowledge brought to bear by the individual patient, but the capacity of the system to gather, synthesize and package health information and services in such a way that individuals can obtain, process, and understand them in order to make appropriate health decisions. As such, promoting strong, evidence-based health literacy among people living with HIV will be an essential strategy for achieving an end to HIV. By updating, expanding, and strengthening health literacy

and wellness opportunities for people living with HIV, we can make great strides towards improving lives today and ending the epidemic tomorrow.

Health Literacy as a Social Determinant of Health

There is a great deal of intersection with social determinants and health literacy. Health Literacy is but one key part of the comprehensive package to assure better health and improved quality of life. Understanding how structural factors can impact one's health literacy and overall wellness can help expand our thinking around successful treatment. Taking into consideration the complete experience of people living with HIV will assure improved outcomes and quality of life.

Exercise	Title
5	GROUP DISCUSSION
Duration	**Instructions**
20 minutes	*Discuss where health literacy can become part of current programming and what new ideas and programs on health literacy would work best with constituents*

NEXT STEPS

CONCLUSION

This completes the community training. Please ask if there are any remaining questions. Thank the participants for their time and commitment. Encourage them to make use of the workbook and handouts.

Now that this community training has been completed participants have gained the most recent information on the latest in HIV science, treatment, and health literacy and how that information can be utilized by and for the local community. The workbook and handouts will be available online. Remind participants of the website and to take any and all handouts with them.

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RESOURCES

Basic Science (Human-HIV interaction)

Johns Hopkins Medicine, "Curing HIV/AIDS Gets Tougher: Study Shows Far More 'Hidden' and Potentially Active Virus Than Once Thought" http://www.hopkinsmedicine.org/news/media/releases/curing_hivaids_gets_tougher_study_shows_far_more_hidden_and_potentially_active_virus_than_once_thought

Comprehensive HIV/AIDS Glossary

http://aidsinfo.nih.gov/education-materials/glossary

Epidemiology (patterns, causes, effects of HIV)

Kelland, K, "Could concentrated HIV epidemics make AIDS unbeatable?"
http://www.reuters.com/article/2013/11/04/us-aids-epidemic-idUSBRE9A303E20131104

Southern HIV/AIDS Strategy Initiative, "Disproportionate Impact of HIV in the South has been Consistent from 2008 – 2011"
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Health Care Delivery

Puro V et al. "Attitude towards antiretroviral pre-exposure prophylaxis (PrEP) prescription among HIV specialists" BMC Infectious Diseases 2013, 13:217
http://www.biomedcentral.com/1471-2334/13/217

Krakower D, Mayer KH "Engaging healthcare providers to implement HIV pre-exposure prophylaxis" Current Opinion on HIV/AIDS. 2012 Nov;7(6):593-9
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San Francisco AIDS Foundation, "Gay Men's Sexual Health Think Tank Meeting" December 2013
http://www.sfaf.org/hiv-info/hot-topics/from-the-experts/gay-mens-sexual-health-think-tank-report.pdf

Purcell D et al "Incorporating couples-based approaches into HIV prevention for gay and bisexual men: opportunities and challenges" Archives of Sexual Behavior. 2014 Jan;43(1):35-46
http://www.ncbi.nlm.nih.gov/pubmed/24233328

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U.S. Food and Drug Administration "The Voice of the Patient: HIV"
http://www.fda.gov/downloads/ForIndustry/UserFees/PrescriptionDrugUserFee/UCM389379.pdf

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Policy

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Walensky RP et al "Cost-Effectiveness of HIV Treatment as Prevention in Serodiscordant Couples" New England Journal of Medicine 2013; 369:1715-1725
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Haire B and Kaldor J "Ethics of ARV Based Prevention: Treatment-as-Prevention and PrEP" Developing World Bioethics 2013; 13: 63–69
http://onlinelibrary.wiley.com/doi/10.1111/dewb.12026/abstract

Grossman CI and Stangl AL. "Global action to reduce HIV stigma and discrimination" Journal of the International AIDS Society 2013, 16(Suppl 2):18881
http://www.jiasociety.org/index.php/jias/article/view/18881

Stangl AL et al "A systematic review of interventions to reduce HIV-related stigma and discrimination from 2002 to 2013: how far have we come?" Journal of the International AIDS Society 2013; 16(3Suppl 2): 18734
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3833106/

Pre-Exposure Prophylaxis (PrEP)

avac.org/prep – Up-to-date information on PrEP research, demonstration projects and related issues.

myprepexperience.blogspot.com – For informational resources plus real stories from people using PrEP as one way to protect themselves from HIV; you can also contribute your own story via audio, video or in writing.

prepfacts.org – Consumer-friendly resource for gay and bisexual men and transwomen about PrEP from San Francisco AIDS Foundation and partners.

prepwatch.org – clearinghouse for information on PrEP research and access in the US and internationally

Golub, SA et al "From efficacy to effectiveness: facilitators and barriers to PrEP acceptability and motivators for adherence among MSM and transgender women in New York City" AIDS Patient Care and STDs. 2013; 27 (4): 248-253
http://www.ncbi.nlm.nih.gov/pubmed/23565928

Project Inform, "How to get PrEP" http://www.projectinform.org/prep/

Gilmore HJ et al "Participant experiences and facilitators and barriers to pill use among men who have sex with men in the iPrEx pre-exposure prophylaxis trial in San Francisco" AIDS Patient Care STDS. 2013 Oct;27(10):560-6.
http://www.ncbi.nlm.nih.gov/pubmed/24093809

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Doran KM et al "Housing as Health Care — New York's Boundary-Crossing Experiment" The New England Journal of Medicine 2013; 369:2374-2377
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CDC. CDC Fact Sheet –
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MMWR 2010;59(40):1297-1301

9.

UNAIDS Groundbreaking trial results confirm HIV treatment prevents transmission of HIV.
Press Release, 12 May 2011

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A Rodger, T Bruun, V Cambiano, J Lundgren, et al. HIV Transmission Risk Through Condomless Sex If HIV+ Partner On Suppressive ART: PARTNER Study.
Conference on Retroviruses and Opportunistic Infections (CROI 2014). Boston, March 3-6. Abstract 153LB

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http://www.hiv.va.gov/patient/basics/what-is-HIV.asp
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