

Intervention: Outreach

Finding: Sufficient evidence for effectiveness

Potential partners to undertake the intervention:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Nonprofits or local coalitions | <input type="checkbox"/> Businesses or labor organizations |
| <input type="checkbox"/> Schools or universities | <input type="checkbox"/> Media |
| <input type="checkbox"/> Health care providers | <input type="checkbox"/> Local public health departments |
| <input type="checkbox"/> State public health departments | <input type="checkbox"/> Policymakers |
| <input type="checkbox"/> Hospitals, clinics or managed care organizations | <input checked="" type="checkbox"/> Other: AIDS service organizations |

Background on the intervention:

Outreach to risk populations provides the following benefits: (1) Face-to-face contact with individuals where they are comfortable, outside more traditional, institutional settings; (2) Basic health education provided through conversations or written materials; (3) Distribution of risk reduction materials; (4) Increased rapport between individuals who may avoid contact with providers and outreach workers who can assist with prevention needs; (5) Referral and linkages to counseling and testing services; (6) Appropriate referrals for medical services, social and emotional support, behavior change interventions, and partner counseling and referral.

Outreach has three primary components: (1) *Face-to-face communication of basic HIV prevention messages*, including basic survival skill information, information on other STIs, or other topics requested by clients; (2) *Distribution of risk reduction materials*, including materials to reduce sexual and injection drug use risk; and (3) *Referrals to a variety of services*, including referral to both non-HIV-related services and more intensive HIV-related services such as behavioral interventions; counseling, testing, and referral; and care and treatment.

Findings from the systematic reviews:

Outreach that includes risk reduction information and referral to services, condom and bleach distribution, HIV antibody testing, and pre- and post-test counseling has been demonstrated to be effective in changing HIV risk behaviors, particularly drug and needle using practices, and, to a lesser extent, sexual risk behaviors (Needle RH, Coyle S and Choi K-H, Coates TJ).

Additional information:

See [CDC's Diffusion of Effective Behavioral Interventions \(DEBI\)](#) for evidence-based, population-specific outreach interventions. Available online at: www.effectiveinterventions.org

References:

Choi K-H, Coates TJ. Prevention of HIV infection. AIDS 1994: 8.

Needle RH, Coyle S. Community-based outreach risk reduction strategy to prevent HIV risk behaviors in out-of-treatment injection drug users. NIH Consensus Development Conference on Interventions to Prevent HIV Risk Behaviors: On-line Edition 1997.

Seal DW, Winningham AL. Scientifically sound HIV prevention interventions: Summary of critical reviews. Report prepared for Wisconsin HIV Prevention Community Planning Council, Wisconsin AIDS/HIV Program (September 9, 2003).

Wisconsin HIV Prevention Community Planning Council, 2005-2008 Wisconsin Comprehensive HIV Prevention Plan (2005).

Wisconsin AIDS/HIV Program. Wisconsin AIDS/HIV Program HIV prevention intervention plan and data collection and reporting forms (October 2001).

Core requirements for providing intervention:

Agencies providing outreach agree to:

1. Maintain regular contact and collaboration between educators, outreach specialists, and supervisors.
2. Develop staff qualifications and requirements to include:
 - Knowledge of the target population's language, including slang/vernacular;
 - Basic training and experience in health education;
 - Sensitivity to community norms, values, cultural beliefs, and traditions;
 - Shared identity with the population served, stemming from shared experiences with the group;
 - Trust of the population to be served;
 - Respect as role model for the population;
 - Advocate for the population;
 - Liaisons between the community and the agency; and
 - Informed about community resources and comfortable with their use.
3. Observe potential outreach areas, as well as current sites, to determine locations, times of day, and days of the week that are most productive for reaching the population to be served.
4. Provide services to clients free of charge.
5. Prepare a written field-safety protocol that is regularly updated.
6. Establish and adhere to a regular and consistent schedule of activities, including times and location.
7. Create and maintain a positive relationship between the agency and local law enforcement.
8. Identify and develop collaborative relationships with gatekeepers and key informants in the community.
9. Design activities for building and earning the trust and respect of the community.
10. Provide updated messages on risk reduction strategies for the population being served.
11. Offer risk reduction materials appropriate for the target population.
12. Establish mechanisms to maintain client confidentiality.
13. Track data regarding client demographics and referrals made.
14. Assess the risk behaviors of individuals, when possible, without compromising trust with the client.
15. Convene a Program Review Panel, consistent with requirements set forth by the Centers for Disease Control and Prevention (CDC), that reviews and approves all educational materials (brochures, fliers, posters, videotapes, audio cassettes, questionnaires or surveys, curricula or outlines for educational sessions, public service announcements, web pages, etc.) supported with CDC funds. Provide to the Wisconsin Department of

Health and Family Services statements signed by the Chairperson of the Program Review Panel specifying the vote for approval and disapproval for each item that is subjected to review.