Prevention Case Management Interventions for Asians & Pacific Islanders

April 2004

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ACKNOWLEDGEMENTS

This document is intended as a tool to assist organizations that are interested in implementing and/or enhancing HIV prevention programs for Asian & Pacific Islander communities.

We would like to thank all of the individuals and organizations that participated in the production of "Promising Practices". We hope that together as diverse Asian & Pacific Islander communities we can learn from our collective successes and mistakes.

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ALPHABET SOUP: FREQUENTLY USED TERMS

A&PI	Asian & Pacific Islander
AAPI	Asian American & Pacific Islander
AIDS	Acquired Immune Deficiency Syndrome
CDC	Centers For Disease Control and Prevention
CBO	Community-Based Organization
CPG	Community Planning Group
FTE	Full Time Equivalent
FTM	Female to Male
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
LEP	Limited English Proficient
LWHA	Living With HIV/AIDS
MSM	Men who have Sex with Men
MSMW	Men who have Sex with Men and Women
MTF	Male to Female
NCHSTP	National Center for HIV, STD, and TB Prevention
P4P	Prevention 4 Positives
PCM	Prevention Case Management
PSE	Public Sex Environment
PwP	Prevention With Positives
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TG	Transgender

INTRODCTION TO HIV PREVENTION CASE MANAGEMENT

HIV Prevention Case Management

HIV Prevention Case Management (PCM) is described as a "hybrid intervention" derived from individual HIV risk-reduction interventions and case management strategies (Choi & Coates, 1994; Kalichman, Carey, & Johnson, 1996). The client-centered prevention activity assists clients in adopting risk/harm-reduction practices. It is designed for clients who are unable to prioritize risks posed by HIV, particularly those that deal with other co-existing problems they distinguish as more imperative or immediate (Falck et al., 1994). Thus, PCM is intended for individuals who have or are likely to have obstacles establishing or maintaining practices that reduce or prevent HIV transmission and infection. For instance, a 1997 study found that poor mental health and drug dependence might weaken the capability and motivation of Harlem female sex traders to take on safer sex behavior (El-Bassel et al., 1997). Therefore a PCM intervention for this population could include addressing women's psychosocial and mental health needs incorporated with HIV risk-reduction counseling.

Programs can be shaped by various intervention activities - assessment, basic HIV education, individualized risk/harm reduction counseling and support, goal planning, and follow-up. In addition, PCM may include facilitating referrals for participants' medical, psychological, and social service needs impacting clients' health and ability to change HIV-related risk-taking behavior guidance. By addressing other needs through prevention case management, high-risk individuals who do no not usually seek other risk-reduction programs may be accessed through HIV prevention efforts. Researchers of a 1994 case management study on HIV-seropositive substance-abusing individuals reported that co-existing obstacles faced by clients contributed to the difficulties of addressing prevention issues (e.g. lack of money, lack of child care, mental illness). Though this was not a prevention case management study, the investigation identified main concerns of the HIV-seropositive participants. Swartz indicated that AIDS issues were not a primary concern and could not be prioritized until other concerns that they had were addressed.

The Centers for Disease Control and Prevention (1993) reported on 3 community health center programs which assisted HIV-seropositive clients in obtaining services that would prevent or reduce behaviors that result in further spread of the virus delay the onset of symptomatic HIV disease, and improve the client's health. The program included a client follow-up visit after testing positive, in which the case manager collected data on risk behaviors, provided risk-reduction counseling, and developed a care plan for medical and psychosocial services. Only 61 out of the 755 clients who received the initial PCM services came back for another visit. Like other studies, HIV services appeared to not be a main priority for many PCM clients. However there can be some effective results through PCM activity, such as Maryland's PCM program for prison

inmates. The program provided individual or group counseling to inmates nearing release to promote changes in risk behavior. Pre-test and post-test surveys assessed changes in previewed risk, condom attitudes, condom use self-efficacy, self-efficacy to reduce injection drug risk and other substance use risk, and behavioral intentions during participation in the program. There were 2,610 participants in the program. Pre-intervention and post-intervention data were available for 745 participants, as well as client contact log records for 529 (71%) of these individuals. Over a 4-year period, significant changes were found in participants' attitudes, self-efficacy, and intentions related to HIV risk (Bauserman et al., 2003).

Overall, the few available studies on PCM interventions and limited outcome evaluation data share similar areas: 1) client engagement and retention are difficult with high-risk clients who have multiple issues; 2) providing social services to clients with multiple issues along with HIV prevention services is challenging; and 3) many PCM clients do not perceive the need for HIV prevention services. Prevention case management has very little research or literature pertaining to the Asian and Pacific Islander (A&PI) community. Few programs are implementing PCM strategies particularly designed for A&PI HIV participants.

The PCM programs profiled in this guide are from Asian & Pacific AIDS Intervention Team (Los Angeles, CA), Asian & Pacific Islander Wellness Center (San Francisco, CA), and AIDS Services in Asian Communities (Philadelphia, PA). They apply the fundamental framework of PCM theory while tailoring the intervention to meet other specific needs of API communities. For example cultural competency is a critical element integrated into each of the PCM programs, making the PCM activities distinctive from other interventions that are broad-based or do not target specific ethnic populations. Hopefully, the promising practices that are currently being implemented by these local organizations will bring effective outcomes for Asians and Pacific Islanders and serve as model programs for other organizations.

FORMAT of INTERVENTION/PROGRAM PROFILES

Intervention/Program Name
Agency Information Contact Information

Overview
A brief summary of the intervention/program.

Populations Served	Indicates the populations the intervention specifically serves.
Geographic Area Served	Indicates the geographic area where services are provided on a routine basis.
Intervention Setting	Indicates the physical location where the intervention takes place.
Program Goals & Objectives	Indicates what the intervention is trying to achieve.
Program Outcomes	Indicates what the intervention achieved. Please note that for some of the organizations, process outcome data was presented when program outcome data was not available.
Core Elements	Please not that these do not necessarily correspond to the core elements in CDC's Procedural Guidance for PCM, but instead indicate staff opinions on the most important aspects of their PCM program that should be maintained when trying to replicate their program model.
A&PI Culturally Competent Characteristics	Indicates the unique characteristics of the intervention that demonstrate cultural competence and sensitivity to the needs of A&PIs.
How was the Intervention Developed	Indicates how the community was involved in the development (and possibly implementation) of the intervention.
Theory/ Research Basis	Indicates the research or behavioral science theory that the intervention is based on.
Lessons Learned	Indicates adjustments to the intervention that were made during the implementation.
Budget & Staff	Indicates the program budget and staffing needs.
Additional Info	Indicates any additional information provided by the program staff.
CTR Flowchart	A pictorial representation of how a participant might progress through the agency's PCM services.

Prevention Case Management Programs

Time Out Health and Wellness Program

Asian Pacific AIDS Intervention Team (APAIT)

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OVERVIEW

Time Out is a health and wellness program with the primary goal of promoting the adoption and maintenance of behaviors that reduce a person's risk for getting infected with HIV. The Time Out program is designed for the needs of each person through the help of a prevention case manager. Time Out Health and Wellness Program's Prevention Case Management provides intensive, on-going, individualized prevention counseling support and linkages to other vital services. The trained staff also addresses issues in the areas of substance use, self-esteem, and risk reduction.

Clients may be referred to PCM services from testing and counseling as well as recruited through learning about the program through others clients and marketing strategies (e.g. website)

Populations Served

- A&PI moderate to high risk youth
- A&PI moderate to high risk adult
- A&PI MSM
- A&PI MSMW

Geographic Area Served

City and County of Los Angeles which includes Palmdale, Lancaster, San Fernando Valley, and San Gabriel Valley

Intervention Setting

APAIT Los Angeles County office

Program Goals & Objectives

The goal of the program is to provide a personalized, multi-session risk reduction counseling to help initiate and maintain behavior change. In addition, the program assesses risks of other sexually transmitted diseases (STD's) and ensure proper diagnosis and adequate treatment. APAIT assists in facilitating referral services for the individual's medical and wellness needs that affect their health and ability to change HIV risk-taking behavior.

Program Outcomes

Outcomes were measured informally through client feedback and PCM case manager observations. Majority of former Time Out participants have remained actively involved as a non-client participant in the program.

Program Outcomes

Achieved program outcomes include:

1. Demostrated client self-efficacy and empowerment.
   - Several clients completed their HIV and STD tests, with some conducting it more on a regular basis.
   - Many have disclosed to practicing safer sex behaviors, by using condoms and other barriers.

2. Demostrated the increase of self-esteem among some clienteles.
   - A few clients have verbalized meeting their needs with their partners, and are now able to communicate openly about their concerns about their relationship.

3. Demostrated increase in client knowledge about HIV/AIDS.
   - Many clients started to empower others by encouraging friends to get tested and use condoms.
   - The have also educated others about some of the knowledge they gained from the program.

Core Elements

The following are core elements of the PCM intervention:

- The program provides individual PCM counseling and referral to other services such as STD testing and support groups.
- Clients are strongly encouraged to have a more active role (i.e. consistently involved with PCM/HIV prevention activities) during their enrollment within the program. Often times clients do not remain involved and it is essential to keep them "on board" and "active" throughout their enrollment.
- Staff build a good rapport with the client and ensure their confidentiality/privacy.
- Staff provides many different kinds of resources for them to utilize for whatever problem they might be facing.

A&PI Culturally Competent Charateristics

The following cultutral competent characteristics are integrated in the PCM intervention:

- The culturally competent characteristics of the program's Prevention Case Management services are based on the guidance provided by CDC.
- Cultural competence is demonstrated in the delivery of the service through language capacity, as well as delivering the service based on cultural norms. The program provides A&PI language materials and translation services.

Intervention Development

Behavior theories were used to construct the program design of the program with the Prevention Case Management Intervention. The program was replicated from another organization that was implementing the same project. Some modifications were made to fit the target population of the service area based on the community needs assessment, which included surveys and focus groups.

Theory / Research Basis

Stages of Change is the fundamental theory for this intervention. Stages of Change consist of different stages, which help identify where a person is regarding the change of behavior. It may relate to several different things such as smoking and exercise. It consists of several various processes, but it is separated into six main stages: precontemplation, contemplation, preparation, action, maintenance, and termination. Each stage describes an individual's attitude toward behavior change. Each individual may not be in the same stage for each behavior because the transtheoretical model is specific to each behavior.

Prevention Case Management serves as the last two stages, action and maintenance. The high-intensity service provided in this intervention needs the commitment of the clients who are in those stages along the continuum.

Budget and Staff

The budget for the Time Out Health and Wellness program is approximately $60,000. The program is part of the Health Education and Risk Reduction (HERR) contract under Prevention Reaching Others 96.7, a Men's group at APAIT. This contract's funding is primarily from the Los Angeles County, Office of AIDS Programs and Policy.

There is 1 full-time staff managing the program, alongside with 2 other part-time employees to assist in coordinating the program.

Lessons Learned

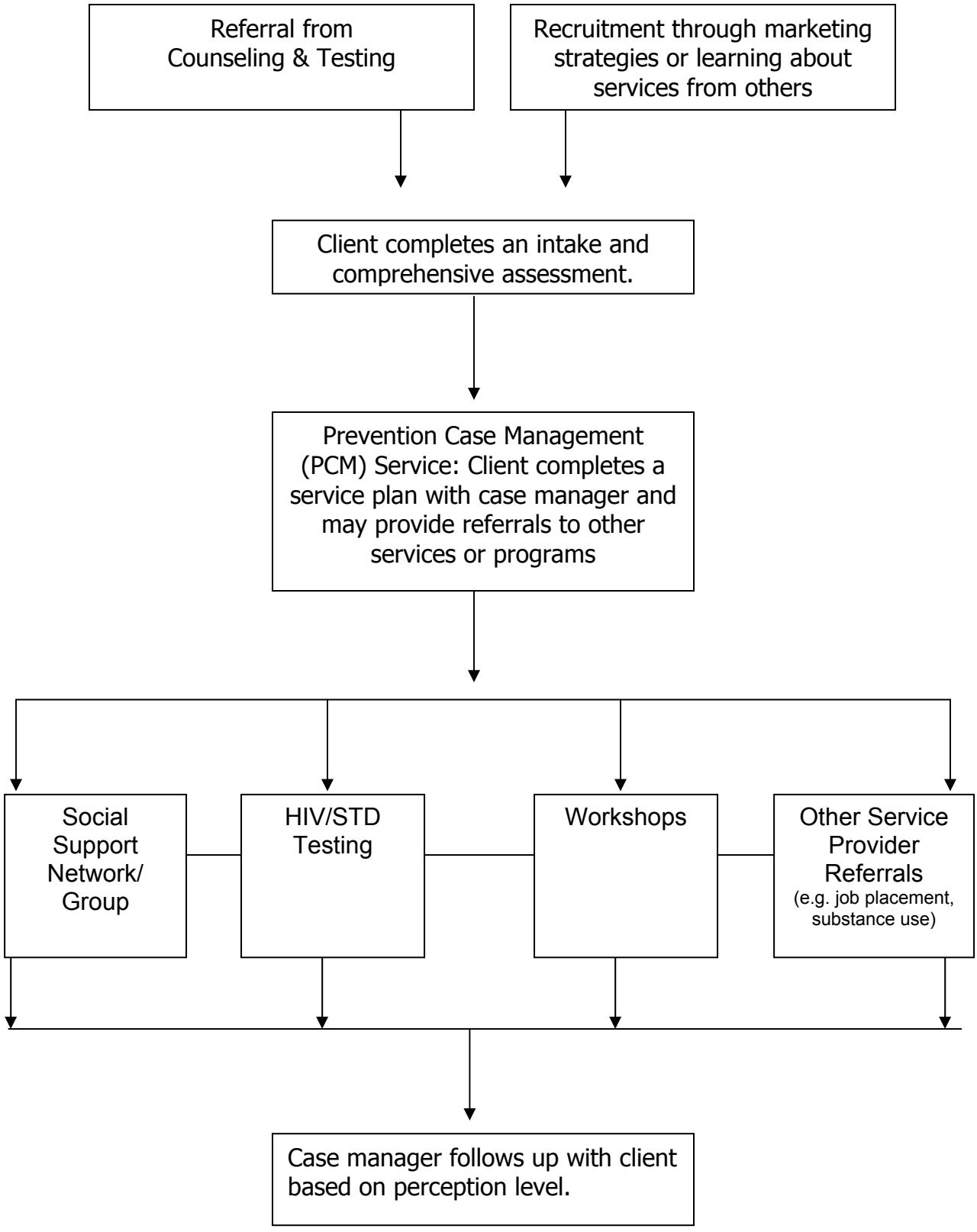
- Make certain everyone on staff knows about the purpose and the goals of the program to help with the recruitment.
- Have visibility within the community you are serving and to be patient with each and every client that signs up.
- The program was most successful when referrals were made from APAIT's group sessions. Because PCM used to be integrated with other program services, referrals were easier to identify since risk behaviors were being discussed during these group sessions (mostly rap groups or workshops).

Additional Information

APAIT has another PCM program in Orange County, funded by the Orange County Health Care Agency. The PCM program design is modeled after the Los Angeles-based program. Contact Tim Young at 714.636.1349, for more information about this program.

Time Out Health and Wellness Program

Asian Pacific AIDS Intervention Team



Prevention Case Management Health Education

Asian & Pacific Islander Wellness Center (A&PIWC)

San Francisco Office
730 Polk Street, 4th floor
San Francisco, CA 94109
415.292.3420
www.apiwellness.org

Contact
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max@apiwellness.org
415.292.3420 ext. 318

OVERVIEW

PCM services are integrated with the Health Education Department, and include direct individual counseling with clients, problem solving, linkage & brokerage for services, interpretation, and accompanying clients to appointments.

Clients learn about PCM services via outreach workers, social marketing, word of mouth from other clients, HIV testing, staff, and from other CBO's or government organizations.

Currently, the Department of Health Education offers PCM through 3 programs

1. HOPE (Helping & Outreach to Peers Everywhere) for youth 18 & under in connection with the juvenile justice system. Information about this program is available through the Promising PCM Interventions for API Youth Report by A&PIWC.
2. Metamorphosis Program – for transgendered individuals (MTF).
3. Women's Program – for women who work in massage parlors.

Populations Served

- A&PI youth connected with the juvenile justice system
- A&PI Transgenders (MTF)
- A&PI Women who work in massage parlors

Geographic Area Served

San Francisco, CA
San Francisco Tenderloin District

Intervention Setting

A&PIWC San Francisco Office
Youth Guidance Center
Client locations (e.g. massage parlor)

Program Goals & Objectives

The goal of the program is to prevent client from contracting HIV/STD through psychosocial support. Objective is to improve clients overall well-being by providing client-centered services for those who require assistance with linkage, brokerage, and on-going individual support

Program Outcomes

The PCM program served a total of 73 clients, representing 97% of A&PIWC's targeted annual goal. Reached 1,777 LEP women and TG clients, which was 185% above target. Majority of them were TG clients.

Program Outcomes

Achieved program outcomes* include:

1. Increased access to health care services:
   - 69% show an improvement in accessing and utilizing a specific source of ongoing primary health care, as documented in case management client files

2. Improved sexual health and reproductive health
   - Provided 9 workshops on HIV/STD risk reduction, sexual health and life skills to 117 LEP A&PI female sex workers in massage parlors.
   - 97% PCM clients reported increased condom use.

3. Confirmed referrals
   - 1,066 of the clients (60% of population served, 86% of contract goal) received culturally sensitive referrals to local CBO's for legal services, health screenings, housing, etc.

*Please refer the additional notes section for a complete overview of A&PIWC's PCM Program Outcomes on page 21.

Core Elements

The following are core elements of the PCM intervention:

- The program incorporates the PCM intervention delivery through the health education department.
- Identifying, coordinating and delivering linguistically appropriate and culturally specific primary and secondary HIV prevention services.
- Providing client-centered, intensive, on-going support and service brokerage for clients addressing the relationship between HIV risk and other issues such as substance abuse, STD treatment, commercial sex work, hormone injection therapy, mental health and social and cultural factors. Supportive supervision is provided, in order to assist the client to complete their PCM activities and goals.
- Allowing the opportunity to provide more emotional and psychological support.
- Staff members are trained to be client-centered
- Program maintains a harm reduction approach.

A&PI Culturally Competent Characteristics

The following cultutral competent characteristics are integrated in the PCM intervention:

- Hiring from the community where clients come from (utilizing TG staff members have been helpful in recruiting and building rapport with clients).
- Acknowledging youth as a culture (i.e. being youth sensitive).
- Having bilingual and bicultural staff available.
- Acknowledging that clients are the experts to their own cultures.
- Understanding how culture affects help seeking behavior.

Intervention Development

The program was designed in response to the needs of the community, because simply targeting HIV & STD as medical issues is not effective in meeting the overall needs of clients. Majority of the time, clients require extensive services to address psychosocial needs prior to talking about their risk behavior. Utilizing PCM services is an effective way to address client's needs & targeting risk behavior at the same time.

Theory / Research Basis

The PCM Health Education Program utilizes several theories/ research areas:

1. Harm Reduction
2. Youth Development
3. Humanistic Existential Theory
4. Process of Change (Motivation Interview)
5. Empowerment Theory
6. Cognitive Behavioral Approach

Some of these theories collectively go under the ecological model umbrella. The ecological model is a comprehensive public health approach, concerned with environmental, behavior, and policy change that help individuals make healthy choices in their daily lives. The central aspect of the ecological model is that it takes into account the physical environment and its relationship to people at individual, interpersonal, organizational and community levels. This peer-to-peer framework informs how A&PIs are influenced on risk or protective behaviors, as well as acknowledges the importance of the relationship between an individual, community, and environment.

Budget and Staff

The Department of Health Education runs on an annual budget near $550,000 per year. Primary funding comes from city contract, followed by federal grants, and private foundation support.

Currently the TG program is staffed by 2.0 FTE (1 F/T, 2 P/T staff), HOPE is staffed by 0.5 FTE, and Women's program is staffed by 1.0 FTE (1 P/T, 1 F/T staff at another agency division).

Lessons Learned

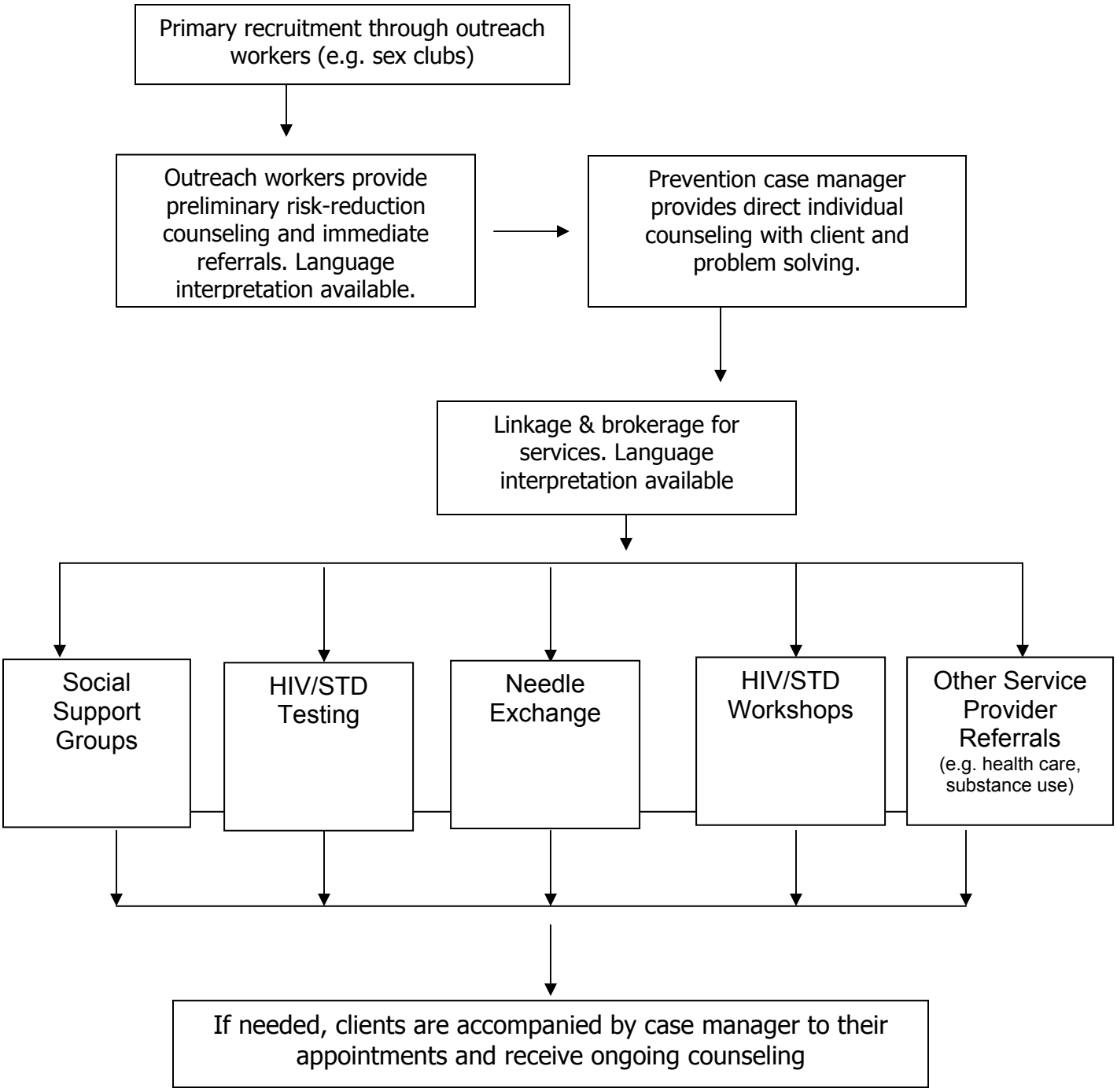
Overall, staff reported having difficulty in building rapport with clients due to the clients' reluctance to seek out assistance. Over time, with client-centered development staff reported increases in service utilization.

Additional Information

MSM services at A&PIWC also offer short-term risk reduction counseling.

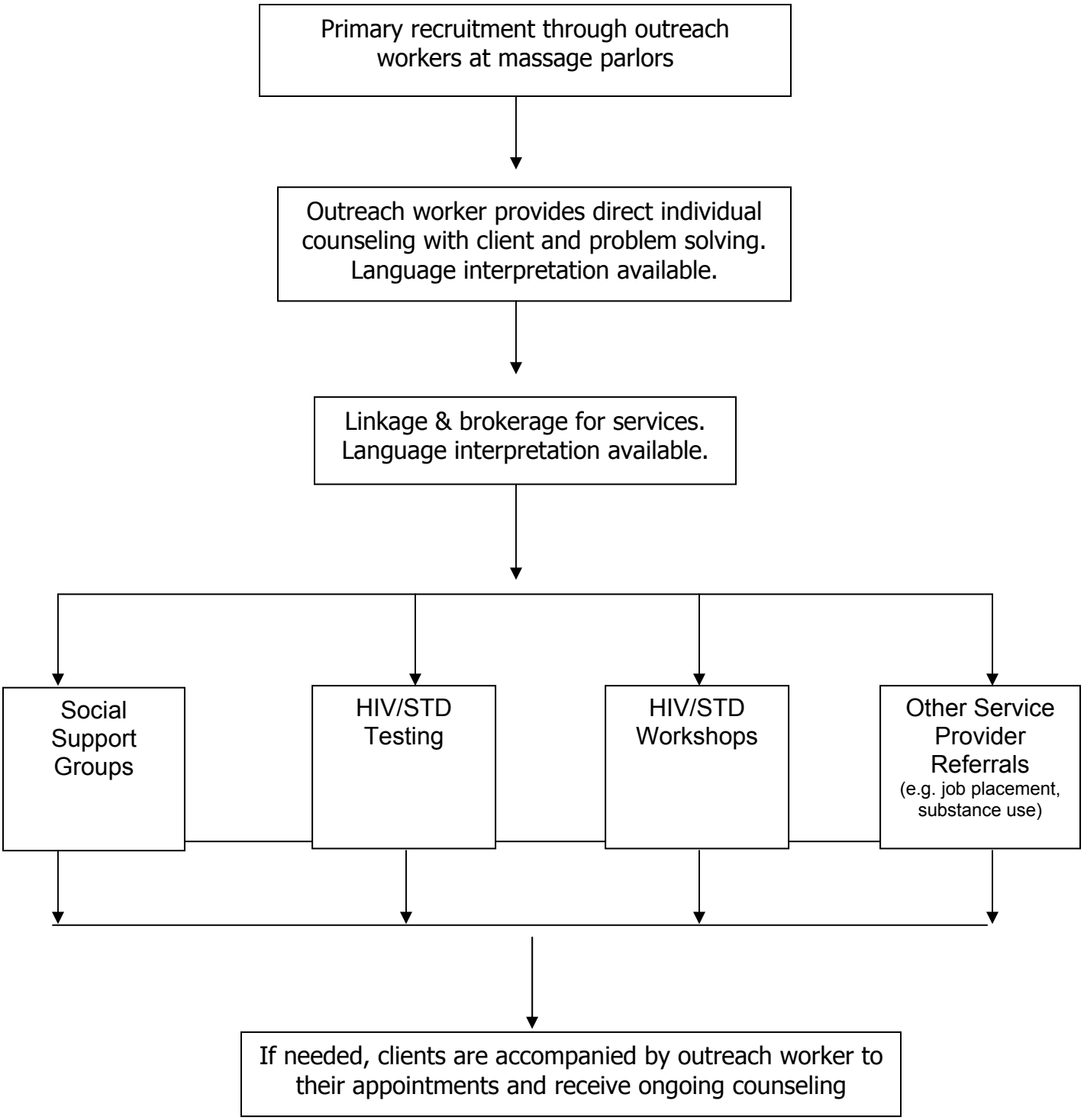
Prevention Case Management Health Education

Asian & Pacific Islander Wellness Center (A&PIWC)
Metamorphosis Program



Prevention Case Management Health Education

Asian & Pacific Islander Wellness Center (A&PIWC)
Women's Program



BROTHER's COLLABORATIVE INITIATIVE

AIDS Services in Asian Communities (ASIAC)

Office
1201 Chestnut St., Suite 501
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OVERVIEW

Brothers' Collective Initiative is a collaborative program that targets Asian and Pacific Islander, Latino, and African-American MSM who are at high risk for HIV infection; maintaining their seronegative status by providing client-centered HIV prevention with the goal of promoting the adoption of HIV risk reduction behaviors by clients with multiple, complex problems and reduction needs. The program also focuses on reducing the risk of HIV transmission among MSM of color who are HIV positive (re-infection). The intervention is conducted at ASIAC's office, with up to 3 sessions depending on the clients-risk assessment evaluation. The components of ASIAC's PCM services include:

- **Individual counseling:** One-on-one sessions in which only the case manager and client work together.
- **Peer counseling:** An optional peer group involvement intervention, which may be a preference of the client.
- **HIV/STD testing:** Testing is available to the client for follow-up on HIV/STD status.
- **Referrals:** Recommendation are made to seek services from other providers appropriate for the client's need(s) or issue(s) such as homelessness, mental health, substance use, and food. Client has an option to use this referral.

Populations Served

- Asian & Pacific Islander MSM
- Latino MSM
- African-American MSM

Geographic Area Served

Philadelphia, PA rural areas

Intervention Setting

ASIAC office

Program Goals & Objectives

Over the course of the four-year grant period, the program's collective agencies worked to promote HIV prevention and maintain seronegative status among MSMs from the African-American, Latino, Asian & Pacific Islander, and Middle Eastern communities in Philadelphia through two priority prevention methods:

1. Client centered HIV counseling, testing, and referral services
2. Individual level intervention through Prevention Case Management

Program Outcomes

Overall, this program hopes to:

- Increase safer sex practices
- Increase safer drug use behavior or cessation of those behaviors

Outcome measures will not be availble untill late Summer 2004. Data is currently being compared with baseline data in order to measure the targets population's outcomes. Outcomes will be evaluated by individual treatment and referral logs, documenting the type(s) and number(s) of HIV prevention, substance abuse treatement, and medical/ social treatment accessed.

Key Components

The following are core elements of the PCM intervention:

- Draws at-risk clients into HIV testing and intervention services by building on the established cultural competencies of each participating minority provider agency, which provide PCM services to their targeted communities.
- Once client contact is established on a one-to-one, culturally specific level , prevention case managers work to lead clients into HIV/STD counseling and testing services. They provide follow up support to assure that a maximum percentage of clients return to receive their serostatus testing results.
- The HIV counselor accompanies prevention case managers directly into service communities to deliver testing results.
- Following HIV testing and counseling, prevention case managers provides ongoing intervention support to both seronegative and seropositive individuals, and link them to other medical and social services within the Collective's provider network as needed.

A&PI Culturally Competent Components

The following cultutral competent characteristics are integrated in the PCM intervention:

- The program recognizes that A&PI communities tend to have a culture unique to their individual ethnic subpopulation, and are not easily accessible to mainstream or non-minority health service providers. There are few places A&PI MSM individuals consider to be "safe" for open behavior, making them extremely difficult to identify, educate, and treat.
- The program is sensitive towards the linguistic and literacy barriers (especially to new immigrants) that most A&PI's in general faced. Translation services are provided when needed.

Intervention Development

Brothers' Collective was developed with the active participation of all partner agencies, drawing on the expertise of each agency’s ecperience in providing culturally competent HIV prevention services to sexual minority communities of color. A needs assesment was utilized during the initial development of the program. The program complements and enhances the existing network of individual and community level interventions in Philadelphia and meets the defined priority needs of the HIV prevention CPG.

Theory / Research Basis

The Transtheoretical model and Risk -Reduction theory were used for this program. In order for the client to reduce his/her risk(s), a client and a health practitioner must address the challenges of changing as well as the risk factors that must be eliminated (risk-reduction). The components of the Transtheoretical model are: stages of change, processes of change, self-efficacy, and motivation/decision making. Stages of change form a continuum of motivational readiness to change a problem behavior. Transitions between the stages of change are achieved by a set of independent variables known as the processes of change. The model also incorporates a progression of intervening or outcome variables. These include decisional balance (the pros and cons of change), self-efficacy (self-belief in the ability to change across problem situations), situational temptations to engage in the problem behavior, and behaviors that are specific to the problem area. In addition, included among these intermediate or dependent variables would be any other psychological, physiological, biochemical, genetic, environmental, cultural, or socioeconomic variables, as well as behavior specific to the problem being studied.

Budget and Staff

The program is budgeted at $225,000 per year, funded by the Centers for Disease Control and Prevention.

1 full time project coordinator, 1 full time HIV testing counselor, 3 full time prevention case managers, 6 part-time outreach workers, and part time media agency.

Lessons Learned

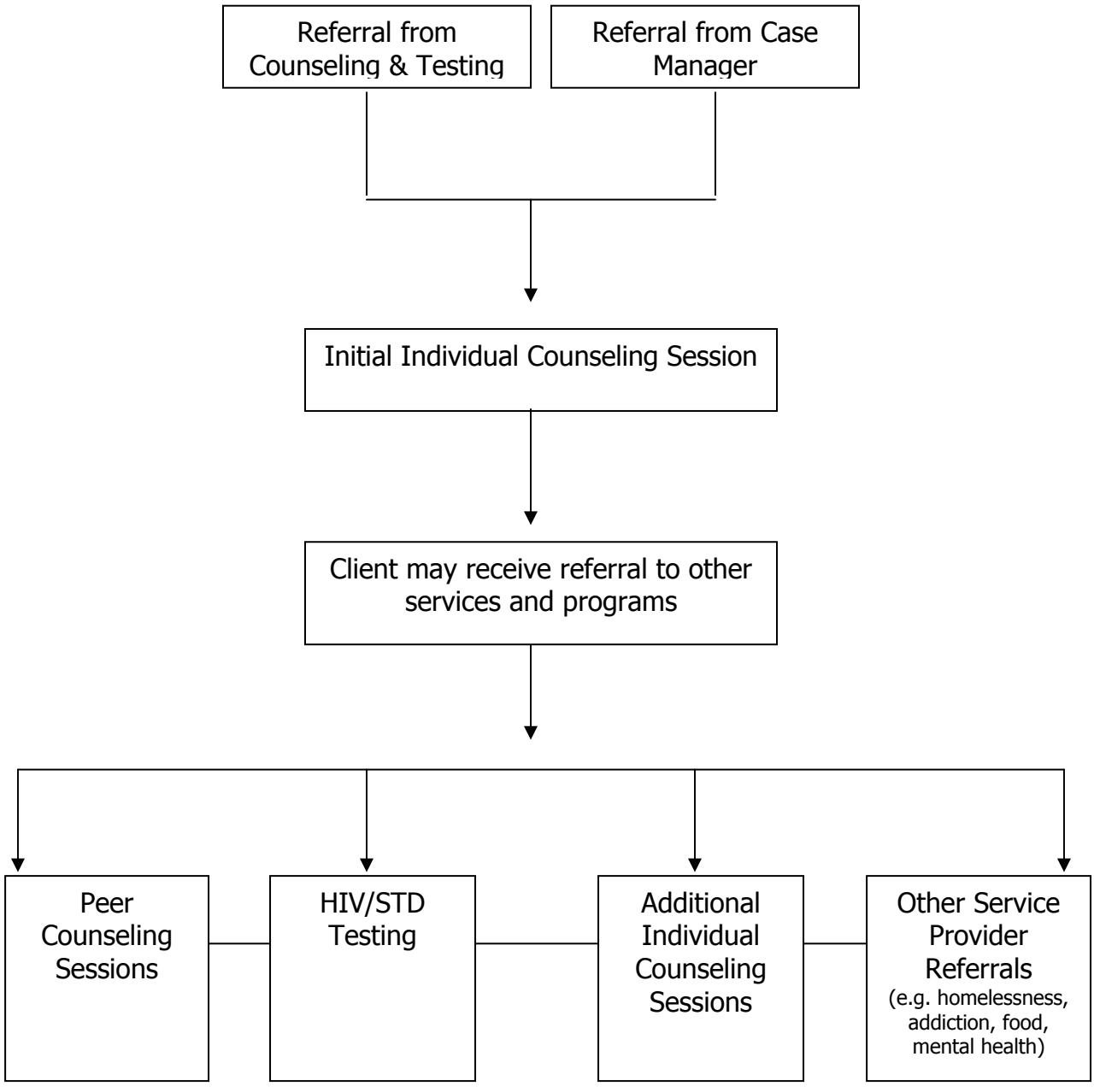
- In Philadelphia's MSM communities of color, the barriers include: low income/poverty, culturally based stigma, and psychological anxiety.
- Men of color often choose to resolve their MSM behavior with their cultural identities through denial. This discourages regular testing and disclosures to partners. Because men of color tend to have lower incomes and greater financial responsibilities for their families, many lack adequate health care and are hesitant to seek quality professional care due to cost.
- Many men of color who are infected via MSM do not openly identify themselves as homosexuals or bisexual primary due to the extreme homophobia that has traditionally dominated communities of color.
- Men of color tend to be family oriented, and the possibility of being open about one's sexuality and then excluded because of it is an emotional burden that is too great to face.

Additional Information

The Collective will seek to further develop formal relationships with culturally competent providers to assure the effectiveness of its approach and link both seropositive and seronegative clients to comprehensive services.

BROTHER's COLLABORATIVE INITIATIVE

AIDS Services in Asian Communities



ADDITIONAL NOTES

Asian & Pacific Islander Wellness Center
2003 PCM Program Evaluation Outcomes

Evaluation Process:
- Tracking – utilizing Evaluating Local Intervention (ELI) forms & qualitative documentation.
- Service Provider Training – utilizing survey with Likert Scaling.

Client Outreach and Referrals
- PCM Services - served a total of 73 clients, representing 97% of our targeted annual goal.
- 69% show an improvement in accessing and utilizing a specific source of ongoing primary health care, as documented in case management client files.
- Reached 1777 LEP women and TG clients, which was 185% above target. Majority of them were TG clients.
- Impact: 1066 of the clients (60% of population served, 86% of contract goal) received culturally sensitive referrals to local CBO's for legal services, health screenings, housing, etc.

Sexual and Reproductive Health
- Provided 9 workshops on HIV/STD risk reduction, sexual health and life skills to 117 LEP A&PI female sex workers in massage parlors. 67% of clients reached, 26% of workshops contracted.
- 63% (n=22/35) of LEP female and high risk A&PIs who have attended life skills/health education group workshops were tested for HIV.
- 97% PCM clients have reported increased condom use.

Educational Materials and Trainings
- Korean Pelvic Exam fact sheet developed.
- Very limited service providers trainings offered in 2003 due to staffing limitations.
- Conducted 2 service providers trainings in 2004. Outcome is to increase provider's knowledge.

Metamorphosis Program's Rewarding Experience
- Increased number of PCM clients accessing medical care, drug rehab programs, and needle exchange.
- Increased safer sex awareness and practices through outreach.
- Increased in TG leadership in community: police interface, HIV Prevention Planning Council, TRANS advisory board

Women's Program Most Rewarding Experience
- Provided the tools necessary for women in massage parlors to empower themselves and those around them as far as access to health care.
- Increased awareness and knowledge of safer sex through outreach and workshops.
- Increased advocacy by health educator (San Francisco Department of Public Health oversight of massage parlors and massage parlor issues visibility)

HIV PREVENTION CASE MANAGEMENT RESOURCES

Online References

www.cdc.gov/hiv/PUBS/pcmg/hivpcmg.pdf

www.hawaii.edu/hivandaids/links_casemngt.htm

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www.mycs.org/articles/pindua.pdf

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