FOCUS ON THE FUTURE

TRAINING OF FACILITATORS

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DATE

NAME OF TRAINING ORGANIZATION

Housekeeping Items

- Training begins
  - ✓ 9:00 AM & ends at 5:00 PM daily
- Training
  - ✓ 3-days
- Lunch
  - ✓ 1-hour
- Breaks
  - ✓ 2 @ 15-minutes each day
- Bathroom Locations
- Smoking Policy

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Training Program

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- To give you an opportunity to
  - ✓ Learn about Focus on the Future
  - ✓ Share experiences with others
  - ✓ Develop the knowledge and skills to implement the intervention with fidelity
- For
  - ✓ Peer Health Advisors (PHA)
- Also For
  - ✓ Supervisors, Clinic Managers, Etc.

Training Program

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- Days 1, 2 and first ½ of 3
  - ✓Learn about FOF
  - ✓Gain Communication and Rapport Building skills
  - ✓Practice the 6 FOF Components
- Last ½ of Day 3
  - ✓Pre-Implementation
  - ✓Implementation
  - ✓Maintenance and Evaluation

Expectations

- Attend the entire training
- Participate in all practice sessions
- Complete Course Evaluation

Introductions

- ✓ What is your name?
- ✓ What agency do you work for?
- ✓ What role will you have in Focus on the Future?
- ✓ What are your expectations for the training?
- ✓ What is something you like to do in your spare time?

Training Goal

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The goal of this training course is to prepare facilitators (Peer Health Advisors) and agencies to successfully implement Focus on the Future with fidelity in your community

Training Objectives

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At the end of this training, participants will be able to

1. Describe the logical flow of FOF & the 5 principles
2. Describe the 8 Core Elements of FOF
3. Identify at least 3 techniques used to successfully facilitate FOF
4. Identify the 6 components in delivering FOF
5. Describe each component's goal
6. Identify and perform the tasks needed to prepare to implement the intervention with clients
7. Describe when STD clinic patients are recruited for FOF and when they receive the intervention

What is Focus on the Future?

FOCUS ON THE FUTURE

- Developed by Dr. Richard Crosby (at the University of Kentucky)
- Conducted in 2004 with 266 men
- FOF was proven to
  - Decrease the likelihood of subsequent STD acquisition
  - Decrease the number of acts of unprotected sex
  - Increase condom use
  - Decrease the number of sexual partners
- Because of Results, FOF is called an "Evidence-Based Intervention"

Goal of Focus on the Future

FOCUS ON THE FUTURE

TO **INCREASE EFFECTIVE CONDOM USE** AMONG YOUNG AFRICAN AMERICAN MEN WHO HAVE RECENTLY BEEN DIAGNOSED WITH AN STD OR WHO REPORTED SYMPTOMS OF AN STD, WHICH WILL **DECREASE STD AND HIV RATES**

Who is Focus on the Future Designed for?

- African American men
- 18-29 years old
- Men who have sex with women
- Used a male condom in the past 3 months
- Are not knowingly HIV-positive
- Report contact, signs or symptoms of/or are diagnosed with an STD

What is Focus on the Future?

FOCUS ON THE FUTURE

- A 45 to 60 minutes, one-on-one private discussion with a Peer Health Advisor
- The discussion focuses on
  - ✓ Past issues and problematic experiences with condom use (condom breakage, slippage, erection loss, access to condoms, etc.)
  - ✓ The importance of protecting his and his community's future
  - ✓ Finding a condom with the right fit and feel
  - ✓ Practicing correct condom use skills 3+ times
- Men receive 25+ high-end or popular condoms and packets of water-based lubricant

The Pulse of Your Community

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- In your community
  - ✓ What are young African American men (18 - 29 yrs.) saying about HIV/STDs?
  - ✓ What is happening in your community regarding HIV/STDs?
  - ✓ What do young African American men think or know about HIV/STDs?

NATIONAL HIV RATES

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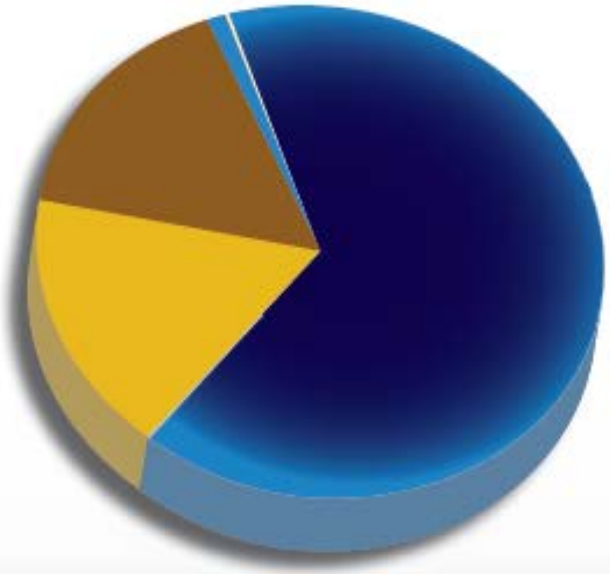
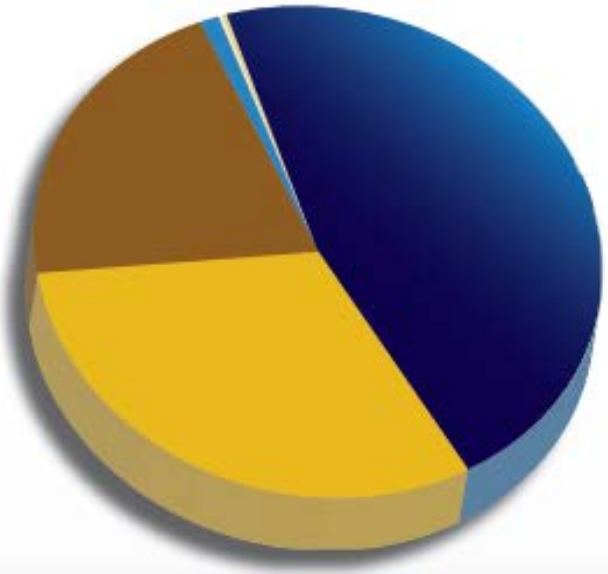
FEMALES



African-American females made up **66%** of all new HIV cases amongst females in the USA in 2009.

MALES



African-American males made up **46%** of all new HIV cases amongst males in the USA in 2009.

LEGEND

- BLACK/AFRICAN AMERICAN
- WHITE
- HISPANIC/LATINO
- ASIAN
- AMERICAN INDIAN ALASKA NATIVE
- NATIVE HAWAIIAN OTHER PACIFIC ISLANDER

HIV Rates Among African Americans in the US

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African Americans comprise 12% of the US population but represent 52% of all new HIV infections in the US

HIV Rates Among African Americans in the US

(Cont'd)

- New HIV diagnoses attributed to African Americans went up every year from 1988 to 2002 (25.3% to 49.6%)
- From 2005 - 2008 the burden of new infection rates for African Americans remained between 48-49%
- In 2009, almost 1 in 5 African American men who contracted HIV did so through heterosexual contact
- In general, more men are infected than women (75% of all HIV cases are among men and 25% are among women)

Core Elements

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Those components that are critical features of an intervention's intent and design and that are thought to be responsible for its effectiveness and that consequently **must be maintained without alteration** to ensure program effectiveness

Type of Core Elements

- The CDC organizes core elements into 3 categories
  - ✓ Content
    - WHAT is being taught by the intervention
  - ✓ Pedagogy
    - HOW the intervention content is taught
  - ✓ Implementation
    - LOGISTICS that set up a conducive learning environment

Core Elements

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- **Content**
  - ✓ PHA will teach correct condom use skills and allow clients to practice condom application
  - ✓ The PHA and client will discuss condom negotiation skills
  - ✓ The PHA Provides clients with 25+ packets of water-based lubricants and 25+ condoms of their choice from a broad selection of high-end and popular brands
  - ✓ The PHA clearly communicates the importance of the client protecting his future by using condoms correctly and consistently with his partner(s)

Core Elements

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- Pedagogy
  - ✓ The PHA establishes rapport and a trusting relationship with the client at the beginning of the session
  - ✓ The PHA shows unconditional respect for men and maintains a non-judgmental environment for the client concerning any risk behaviors disclosed

Core Elements

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- Implementation

  - ✓ The intervention is delivered when the client is feeling vulnerable and is highly concerned about his STD infection. This can occur while in the clinic waiting room, after a presumptive diagnosis, or after a confirmed lab result

  - ✓ A trained Peer Health Advisor (PHA) conducts a tailored one-to-one counseling session with the client for 45-60 minutes

Key Characteristics

- Are crucial activities and delivery methods for conducting an intervention, which may be customized for different agencies and populations

- Can be modified or adapted without diminishing the effectiveness of the intervention

Key Characteristics

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- ✓ The client completes a survey that informs the PHA of the client's problems with using condoms

- ✓ Visual aids (e.g., poster) that displays HIV prevalence among African American males in the US is used to increase men's motivation to change behaviors associated with condom use

Key Characteristics

- The PHA has similar everyday experiences and communication styles
- The PHA comes from the local target population for which the intervention is intended
- The discussion should take place in a private and comfortable environment

How People Communicate

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- Communication falls into three basic categories
  - ✓ Body Language 55%
  - ✓ Tone 38%
  - ✓ Verbal 7%

Component 1:

Rapport Building

5 minutes

- The Peer Health Advisor
  1. Introduces self
  2. Establishes initial rapport to get the client in a trusting mood by using "small talk" and by getting to know the client
  3. Casually inquires about the client's frequency of condom use and gives affirmations
  4. Describes the goal of the session, reinforcing a non-judgmental environment

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Giving & Receiving Feedback

- Giving Feedback
  - ✓ Be specific and accurate as possible, focusing on observations
  - ✓ Keep the tone of voice positive
- Receiving Feedback
  - ✓ Consider any feedback as being in your best interest
  - ✓ Listen to the other person
  - ✓ Paraphrase what you hear to gain understanding
  - ✓ Ask clarifying questions if needed
  - ✓ Avoid becoming defensive; stay focused on the positive

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TRAINING OF FACILITATORS

DAY 2

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Component 2:

Short condom use survey

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10 minutes

- The Peer Health Advisor
  1. Introduces the Survey (SCUS) to the client
  2. Asks client to complete the survey.
  3. Reviews SCUS
  4. gives the client positive feedback about his condom use
  5. Based on SCUS, discusses client errors and problems with condom use
  6. Firmly establishes that correct condom use takes practice

Component 3:

Problems with Condoms and Posters to Motivate

FOCUS ON THE FUTURE

10 minutes

- The Peer Health Advisor

1. Asks how frequently client uses condoms and gives affirmations
2. Discusses problematic experiences with condoms
3. Discusses condom negotiation strategies
4. Shows the poster with National HIV rates
5. Addresses client's reaction to poster

8 Steps to Correct Condom Use

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1. Put the condom on before sex begins
2. Check the expiration date on the condom to make sure the condom has not expired
3. Open the package without damaging the condom (find the perforated edge)
4. Use a thumb and forefinger to find the top of the condom

8 Steps to Correct Condom Use

(Cont'd)

5. Pinching the tip, place the condom on the penis and begin unrolling

6. Roll the condom to the base of the penis

7. Add lubricant to the condom during sex on an "as needed" basis (before dryness is experienced)

8. After sex is over, hold the rim of the condom and withdraw the penis (dispose of in a safe place)

Component 4:

Baby Oil Experiment and Condom and Lube Practice

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10 minutes

- The Peer Health Advisor
  1. Conducts Baby Oil Experiment & discusses oil-based lube
  2. Discusses water-based lubricant
  3. Gives client a card with the 8 steps to correct condom use
  4. Demonstrates correct condom use steps
  5. Client practices. Once client achieves "perfect performance" asks him to repeat the process for at least 2 or 3 repetitions
  6. Highlights the importance of using condom from the beginning to end of sexual intercourse

Component 5:

Address Access Issues and Erection Loss

5 minutes

- The Peer Health Advisor

1. Discusses and normalizes erection loss
2. Discusses the importance of planning for sex
3. Provides the client with a list of stores in the area that carry high-end and popular condoms

FOCUS ON THE FUTURE

TRAINING OF FACILITATORS

DAY 3

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Component 6:

Fit & Feel and Closing

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10 minutes

The Peer Health Advisor

1. Invites the client to open and touch condoms and lube
2. Describes the key features of each condom and lubricant to help client find one with right fit and feel
3. Invites the client to fill a bag full of 25+ condoms and 25+ lubricant
4. Summarizes key messages
5. Asks client to name one thing he'll remember from the session and suggests the clients pass some information on to friends
6. Highlights his information on the contact card

Pre-Implementation

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- Pre-Implementation involves a set of tasks designed to prepare agencies to implement FOF
  - ✓Determining agency need and capacity
  - ✓Budgeting
  - ✓Securing support through stakeholder "buy-in"
  - ✓Hiring and training necessary staff
  - ✓Developing practices for patient eligibility screening and recruitment for FOF
  - ✓Obtaining space and supplies

Target Population

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- How will you identify if your agency serves enough of the target population to support the intervention
  - Young African American men
  - 18-29 years old
  - Men who have sex with women
  - Used a male condom in the past 3 months
  - Are not knowingly HIV positive
  - Report symptoms of an STD and/or diagnosed with one

Agency Fit and Capacity

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- Capacity refers to an agency's ability to implement evidence-based interventions, such as Focus on the Future
- Address "buy-in" by agency administrators and community stakeholders; budget considerations; location of sites for implementation and staffing requirements
- Agencies assess the intervention's fit with their agency's mission

Stakeholder "Buy-In"

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1. Identify stakeholders from whom your agency needs "buy-in"
2. Identify an intervention "champion". The champion is someone within your agency who advocates to others the benefits of FOF and its impact on the agency's mission
3. The champion presents the intervention to board and community advisory members to receive their approval to spend the necessary funds to implement the intervention

HIV Program Review Board

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- For agencies funded by federal funds
- It is very important that agencies follow the procedures for review of all intervention materials by their local/state Program Review Board

Hiring &Training Staff

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- Clinic Director
  - ✓ Prepares the agency for FOF
  - ✓ Secures funds and "buy-in"
  - ✓ Hires Peer Health Advisor
  - ✓ Organizes training for all necessary staff
  - ✓ Conducts quality assurance
  - ✓ Oversees budget management
  - ✓ Establishes and executes the evaluation plan
  - ✓ Communicates with the agency manager

Hiring & Training Staff (cont'd)

FOCUS ON THE FUTURE

- Clinic Manager
  - ✓ Supervises the nursing staff
  - ✓ Supervises the Peer Health Advisor or the Peer Health Advisor's supervisor
  - ✓ Helps to evaluate agency policies and procedures as they apply to FOF
  - ✓ Obtains supplies for the intervention
  - ✓ Determines space to be used for the intervention
  - ✓ Evaluates agency readiness for implementation
  - ✓ Debriefs weekly with the Peer Health Advisor and Peer Health Advisor's supervisor on intervention successes and challenges

Hiring & Training Staff

(cont'd)

- **Nursing Staff**
  - ✓ Receives an orientation from the PHA's Supervisor on the referral processes for FOF
  - ✓ Refers clients to the PHA either immediately after presumptive or confirmed STD diagnosis, or if identified as a sexual partner of a STD client
  - ✓ Understands the clinic's flow and incorporates the provision of the FOF session by Peer Health Advisor based on client's eligibility

Hiring & Training Staff

(cont'd)

- Peer Health Advisor's Supervisor
  - ✓ Receives training on FOF
  - ✓ Supervises the Peer Health Advisor
  - ✓ Debriefs weekly with the Peer Health Advisor
  - ✓ Reviews the Peer Health Advisor's performance
  - ✓ Supports the Peer Health Advisor

Hiring & Training Staff

(cont'd)

- Front Desk Staff
  - ✓ Receives orientation from a clinic staff member on FOF
  - ✓ Screens clients for eligibility
  - ✓ May recruit clients for FOF

Hiring & Training Staff

(cont'd)

- Peer Health Advisor
  - ✓ Conducts the intervention with clients
  - ✓ May recruit clients to the program, either after reporting symptoms, immediately after presumptive or confirmed STD diagnosis or if identified as the sexual partner of an STD client
  - ✓ Understands the clinic's flow and incorporates FOF sessions based on client's eligibility

Policies and Procedures

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- Agencies need to develop and/or communicate policies and procedures around
  - ✓ Patient confidentiality
  - ✓ Screening for eligibility
  - ✓ Referring clients
  - ✓ Integrating clients into clinic flow
  - ✓ Referral tracking

Agency Readiness

FOCUS ON THE FUTURE

- Agencies need to assess their readiness to implement FOF, which includes
  - ✓ Staffing requirements
  - ✓ Training requirements
  - ✓ Resources
  - ✓ Policies and Procedures
- See Checklist in Implementation Manual

Integrating FOF into Flow

FOCUS ON THE FUTURE

Plan

- Assemble a team and set targets for FOF
- Determine how to screen for eligibility and Identify those clients
- Fit FOF into clinic flow
- Determine who will recruit and how they will do so

Implement

- Try out your system
- Collect data to see if you're meeting your targets

Pre-Implementation Timeline

- Outlines all the tasks required during the pre-implementation phase, including
  - ✓ Person Responsible
  - ✓ Materials
  - ✓ Timeline
- See the Timeline in the Implementation Manual

Implementation Summary

- Outlines the
  - ✓ Resources needed
  - ✓ Actions required to conduct the intervention
  - ✓ Deliverables that result from implementation

Budget

- Budget factors the following into account
  - ✓ Personnel
  - ✓ Facility
  - ✓ Equipment
  - ✓ Supplies
- Sample Budget and Blank Budget have been included in the Implementation Manual

Adaptation

- Adaptation is the process of modifying the intervention to meet a particular population's needs while maintaining fidelity to the intervention's core elements and original intent
- Consult with your funder for approval for the adapted intervention to be implemented with clients

Integrating FOF

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- NOTE: FOF can be delivered at the following times during a client's visit
  - Before seeing the doctor or nurse only if he reports contact, signs and/or symptoms of an STD
  - After seeing the doctor or nurse only if he receives a presumptive or confirmed STD diagnosis

Integrating FOF: Plan

- Step 1: Form a planning team
- Step 2: Determine the number of eligible clients your clinic sees each day (Implementation Manual Appendix K)
- Step 3: Set Targets

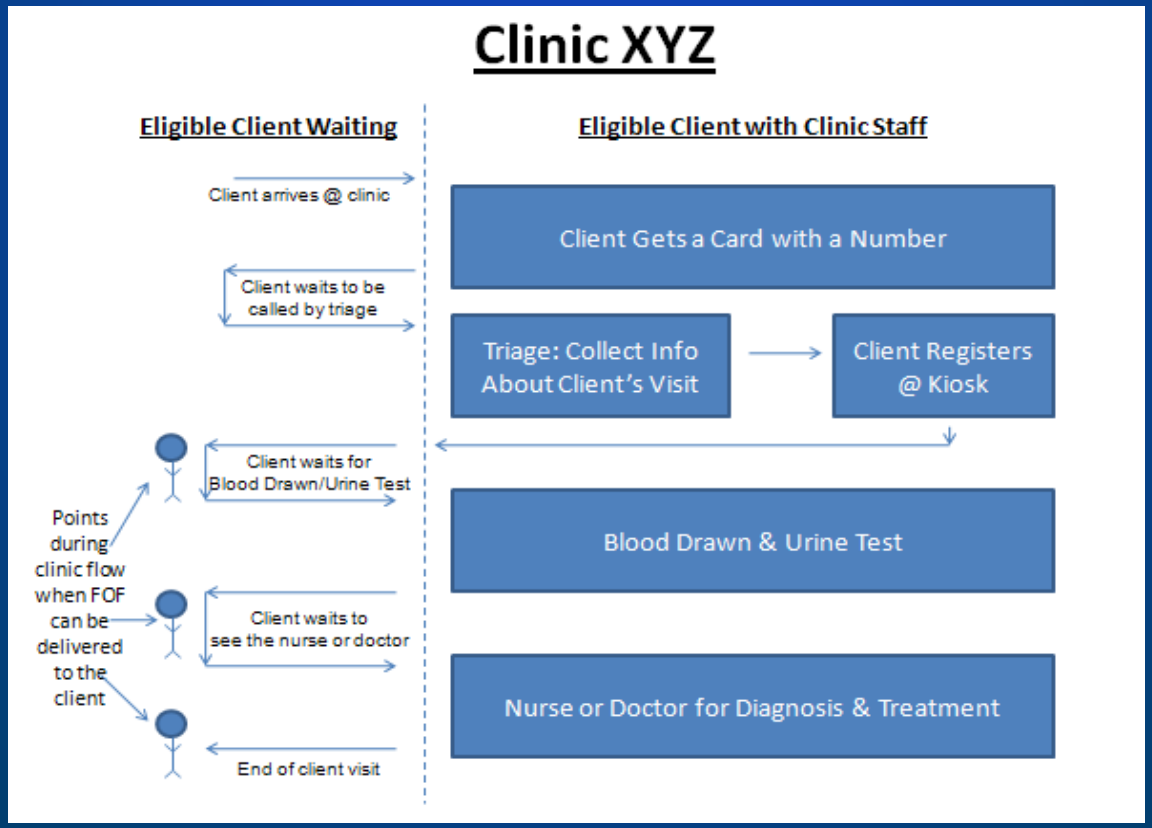
Integrating FOF: Plan (con't)

- Step 4: Determine How to Screen for Eligibility

- Step 5: Determine how to identify eligible clients

Integrating FOF: Plan (con't)

- Step 6: Determine when during flow to integrate FOF



Integrating FOF: Plan (con't)

- Step 7: Determine when PHA will start and end his work day
- Step 8: Determine who will recruit
- Step 9: Determine Recruitment Messages

Integrating FOF: Plan (con't)

- Step 10: Determine who will take client to meet PHA
- Step 11: Determine how you will know when PHA is ready for a client
- Step 12: Consider timing of recruitment

Integrating FOF: Plan (con't)

- Step 13: Plan for data collection
  - Data includes
    - ✓ Number of eligible clients who receive the intervention
    - ✓ Number of eligible clients who do not receive the intervention
    - ✓ Length of time spent with each client
    - ✓ Wait time length for clients
    - ✓ Attitudes/Opinions of Staff and Clients

Integrating FOF: Implement Plan

- Step 14: Determine how long you'll try your plan

- Step 15: Determine how you will ensure your plan is being implemented as intended

Integrating FOF: Review Plan

- Step 16: Set review process
- Step 17: Reflect on your measure of success
- Step 18: Determine what numbers mean a change needs to be made

Integrating FOF: Revise the Plan

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- Step 19: Set new process

Integrating FOF into your clinic flow is a dynamic process that may need to be revised multiple times until you find the optimal system!

Process Monitoring

- The process of collecting data that describes the characteristics of the population served, the services provided and the resources used to deliver those services

- E.g., Characteristics of the clients, length of time spent with each client, Peer Health Advisor hours, number of clients seen each day, number of clients contacted/recruited, etc.

Process Monitoring in FOF

Process Monitoring will help to answer questions such as

- How many men attended each Focus on the Future session?
- What are the characteristics of the men attending the Focus on the Future sessions?
- What resources (funds, staff time) were used to deliver those activities?
- Which Focus on the Future activities were implemented during the sessions?
- What modifications were made to the intervention sessions?

Process Evaluation

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- The process of collecting more detailed data about how the intervention was delivered, differences between the intended population and the population served, etc.

- Records the level of adherence (fidelity) to Focus on the Future Core Elements, what kind of tailoring or adaptation was done to the intervention, etc.

- Comparisons of the process monitoring data to the planned number of clients, etc.

Process Evaluation in FOF

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Process evaluation will help to answer questions such as

- Did the enrolled participants come from the target population?
- Did the expected number of men complete the session of Focus on the Future?
- Was the program implemented as planned (e.g., intended number and length of sessions)?
- What barriers or facilitating factors were experienced by participants and facilitators during the course of the program?

Activity

What are some primary **implementation** issues that your agency may encounter?

Closing

- Review expectations
- Summary
- Evaluation
- Certificates
- THANK YOU!