

# **Training Health Care Providers in the Prevention of Perinatal HIV: Summary of Grantee Activities**

## **CALIFORNIA**

Five targeted California counties (Los Angeles, San Diego, Sacramento, San Joaquin, and Alameda) will be developing provider training specific to their local jurisdictions after conducting a needs assessment and analyzing results.

As part of the needs assessment, these counties are mailing recently developed surveys of health care provider practices to obstetricians, gynecologists, midwives, nurse practitioners, and selected general practitioners. The counties are encouraged to include in these mailings samples of CDC HIV/AIDS education and counseling materials (essentially to inform practitioners of their availability).

## **CONNECTICUT**

The Connecticut Department of Public Health and the Connecticut AIDS Education and Training Center are collaborating to provide training and educational programs to medical care providers around the state. The curriculum focuses on perinatal transmission of HIV, prevention and treatment strategies, and the implications of new legislation concerning prenatal counseling and testing. We also teach counseling and testing skills and assist providers in finding ways to integrate HIV counseling and testing into their practice settings. The primary target audience comprises obstetricians, advanced practice nurses, and others who give prenatal care, but we are also educating primary care providers and community organizations.

## **DISTRICT OF COLUMBIA**

The National Pediatric & Family HIV Resource Center is assisting the District of Columbia develop training activities for clinicians. As a part of our Comprehensive AIDS Training Initiative (CATI), we are also planning training to update providers of HIV counseling and testing and other allied health professionals. CATI is a partnership with Howard University Hospital's Women's Institute and the National Minority AIDS Education Training Center.

## **DELAWARE**

Delaware's Local Performance Site of the Mid-Atlantic AIDS Education and Training Center (AETC) will provide education and training to health care providers through a mix of brochures,

lectures, workshops and symposia at locations convenient to the providers. The AETC has already established strong collaborations with health care providers throughout Delaware, as well as with AIDS community-based organizations, other community organizations, churches, community health centers, and academic institutions that train health professionals. Through the contractual agreement with AETC, technical assistance will also be offered for all providers of health care, education/outreach, or prevention case management services for the targeted population. After AETC's initial training and educational programs, any provider will be able to request on-site technical assistance in planning and implementing the project's objectives.

Health care providers comprise all medical and other providers servicing high-risk pregnant women ages 14 to 44 across the state. Medical providers include 59 OB-GYN practices, 5 maternity clinics, and 5 clinics for high-risk populations. The major provider of services to HIV-positive pregnant women, the AIDS Education Treatment Center, has assisted in the early planning stages of the project and will continue to be involved in the planning and evaluation of education and treatment guidelines to be presented in AETC's training and educational programs.

Other health care providers include agencies servicing or available to service pregnant women and their infants with outreach/education or prevention case management. Approximately 20 agencies have been identified. In a preliminary phone assessment, it was determined that these agencies are currently servicing over 1400 high-risk pregnant women. Providers contacted during the preliminary assessment have supported the project and will be involved throughout the project during the specific phases of planning (setting standards, criteria for case management, criteria for service provision), implementation (construction of reporting forms to collect data), and evaluation.

## **FLORIDA**

We have a contract with the Florida AIDS Education and Training Center (AETC) to develop and deliver education, training and technical assistance to health care providers, such as physicians, physician assistants, and nurses throughout Florida. AETC will utilize its established Clinical Training Network, a consortium of up to ten regional training hubs that cover the state. AETC will focus efforts on training hard-to-reach providers and providers in non-traditional practices or community-based settings. Written materials will be developed and distributed to health care providers statewide. In 2000, training will be provided to approximately 200 physicians; technical assistance on preventing perinatal transmission will be provided to approximately 500 physicians/groups and 25 CBOs; and education will be provided to approximately 20 perinatal organizations and 25 rural OB/GYN practices.

## **GEORGIA**

Georgia's provider training component will focus on four target populations:

1. perinatal case managers participating in the Georgia Perinatal HIV Transmission Project's enhanced case management system in five Metropolitan Atlanta counties;
2. provider staff working in substance abuse centers, homeless shelters, jails, and other settings in which referrals to HIV prevention services are made;
3. provider staff (both staff implementing rapid testing as well as OB delivery and postpartum staff) in targeted delivery hospitals in five counties; and
4. OB/GYNs and family practitioners statewide (regarding the need for universal HIV counseling and voluntary testing for pregnant women).

## **ILLINOIS**

The Midwest AIDS Training and Education Center (MATEC) through the four perinatal networks in Illinois outside Cook County (Chicago area) will be conducting provider training. An outline of the topics covered follows:

### **Background**

- Perinatal HIV transmission & ACTG 076
- Previous perinatal HIV prevention efforts in Illinois
- Current initiative to expand efforts in downstate regions

### **Interventions for Reducing Perinatal HIV Transmission**

- Routine prenatal prevention education and screening
- Prenatal care for women with HIV
- Care during labor and delivery for women with HIV
- Postpartum care for neonates exposed to HIV
- Postpartum care for women with HIV

### **Implementing the Recommended Interventions**

- Which interventions can be done within your facility/practice?
- What steps must be taken to implement these interventions?
- What resources exist to assist with implementation?
- What resources exist for interventions beyond your scope?

### **Elements of Perinatal HIV Testing and Patient Education**

- Bringing up the issue of testing with pregnant women
- Pretest patient education/counseling
- Posttest patient education/counseling

## **LOUISIANA**

One element of our provider education program is a mailing planned for this summer to over 2,200 OB/GYN providers in the state. We will be including materials revised from an already evaluated educational/media campaign, "Women's Initiative to Reduce Perinatal HIV." This

campaign was sponsored by HRSA and administered through our local Title IV recipient from 1996 to 1998. The provider material packets have been updated and include physician guidelines printed on laminated cards, counter cards, a letter from our medical director, re-order forms, and client materials (wallet referral cards, “Get Tested” brochures, and “Get Treated” brochures). Our staff will provide follow-up in two regions of the state through direct outreach to targeted private physicians and their clinical staff.

Education as to our planned activities and the importance of perinatal prevention has already begun through meetings conducted with administrators of six public hospitals. In addition, a session on perinatal transmission was held at a recent consortia meeting. We are also researching national training curriculums and statewide opportunities to access providers (e.g., through medical association journals and newsletters).

## **MARYLAND**

On World AIDS Day, 1999, the Maryland AIDS Administration launched the “Red Ribbon Question Mark” campaign intended to increase knowledge of HIV serostatus among high-risk populations in Baltimore City. Young women of childbearing age and their health care providers are among the target audiences. The campaign uses direct mailings and television, radio, and transit advertising to reach the target audiences. Audio and video elements of the campaign can be seen at: [www.jhucp.org/hiv\\_campaign](http://www.jhucp.org/hiv_campaign). Campaign items are available for providers from the AIDS Administration Distribution Center.

### **Results of Mail-In Provider Survey (Greater Baltimore Metro Area)**

Two mailings regarding the Red Ribbon campaign were sent to 400 health care providers serving the greater Baltimore metro area. The first mailing contained information about the campaign, including a promotional calendar and buttons. The second mailing consisted of further information and promotional materials as well as a one-page survey. Providers were asked to answer questions regarding the visibility and impact of the Red Ribbon campaign. Eighty-six of the 400 providers completed and returned the survey. The respondents are primarily OB/GYNs, pediatricians, and general internists.

- Of the 86 respondents, 42% said that they had seen at least one Red Ribbon campaign advertisement.
- Over two-thirds of the respondents who had received Red Ribbon campaign materials indicated that they were using them, and 42% felt that Red Ribbon campaign materials help them speak to their clients about HIV testing.
- Over sixty percent of the providers felt that Red Ribbon campaign ads and materials are causing people to think or talk about HIV testing.
- Based on the provider’s responses, the perinatal advertisement (seen by 27% of respondents) is the most visible and memorable of the campaign themes.
- The most visible advertising media are billboards (seen by 29% of respondents), the outside of buses (24%) and television(19%).

### **Results of Personal Visit Provider Survey (Baltimore City)**

The campaign program coordinators identified nine testing sites and a number of private providers within the campaign's target area (zip codes 21215, 21216, 21217) and arranged individual visits with clinic personnel. At each site visit, the program coordinators provided a written letter of introduction from the Maryland AIDS Administration, explained the campaign, offered promotional materials, discussed the evaluation procedure, and requested that the sites participate in the evaluation by completing periodic surveys and providing monthly data on HIV testing at that site. Most of the clinic personnel were receptive to participating in the survey evaluation process, but were reluctant to provide data on HIV testing. Further, they preferred not to complete the written survey during the course of the visit. As of April 21, 2000, a total of seventeen written surveys have been returned to campaign headquarters. The results of these surveys are particularly encouraging:

- Eighty-eight percent of the providers (15/17) said that they had seen at least one Red Ribbon campaign advertisement, and sixty percent (9/15) stated that a client had mentioned seeing a Red Ribbon advertisement and made favorable comments about it.
- Seventy-one percent of the providers (12/17) indicated that they are using the Red Ribbon campaign materials that they had received.
- Fourteen of the seventeen respondents (82%) felt that Red Ribbon campaign ads and materials are causing people to think or speak more about HIV testing.
- Among the target providers, the adult advertisement is slightly more visible than the perinatal ad.
- In the target area, television and radio are by far the most prominent media. Bus advertisements also appear to be making a significant presence.

*63% respondents have seen ads on TV*

*44% respondents have heard ads on the radio*

*31% respondents have seen ads on the outside of buses*

*31% respondents has seen ads on billboards*

*13% respondents has seen ads in metro stations*

*6% respondents have seen ads inside buses*

An additional mailing is planned in the summer of 2000 to reinforce the campaign message and measure additional influences.

## **MASSACHUSETTS**

The New England AIDS Education and Training Center (NEAETC) will, in collaboration with the HIV/AIDS Bureau of the Massachusetts Department of Public Health (MDPH), provide community-based training sessions for health care providers throughout Massachusetts on current clinical care practices and recommendations based on current protocols on HIV care and treatment. Among the topics will be abbreviated counseling and testing for women of child-bearing age, and the *U.S. Public Health Service Task Force Recommendations for the Use of Antiretroviral Drugs in Pregnant Women Infected with HIV-1 for Maternal Health and for Reducing Perinatal HIV-1 Transmission in the United States*. The NEAETC will be responsible for the planning, implementation, and evaluation of these training sessions.

This program will be directed to perinatal care providers, particularly those in community-based settings with limited access to training opportunities and resources. Targeted providers will include: OB/GYN physicians; primary care physicians; internists; infectious disease specialists; family practitioners; nurse practitioners/family nurse practitioners; OB/GYN nurses; nurse midwives; other nursing professionals; reproductive health counselors/family planning professionals; mental health practitioners; social workers; HIV case managers; and others from community health centers, maternal health clinics, hospitals, HMO's, and private practices.

Project activities will include:

- Identification of target audiences throughout Massachusetts, with emphasis on site-based trainings in underserved areas, clinicians not currently offering HIV counseling and testing, and/or providers with limited access to training opportunities.
- Training needs assessment activities, including phone interviews, written survey distribution and collection, consultation with HIV/AIDS Bureau staff, and follow-up.
- Curriculum development and program planning that integrates:
  - Current USPHS, ACOG, and IOM guidelines on reducing perinatal transmission;
  - Skills-building for providers in risk assessment and HIV prevention counseling;
  - Abbreviated counseling and testing techniques for use by providers in clinical settings who see women who are pregnant or considering pregnancy;
  - Epidemiology of perinatal transmission in Massachusetts;
  - Protocols/minimum standards for documentation/charting of HIV counseling and testing;
  - Effective clinical management of HIV-positive pregnant women; and
  - Information, resources, and referrals for women with HIV.
- Distribution of Massachusetts Department of Public Health clinical advisories, pocket reference cards for clinicians, current *Guidelines*, and relevant article reprints to providers.
- Promotion and marketing of all training activities.
- Adaptation and maintenance of NEAETC website to include program announcements and registration, MDPH clinical advisories, current *Guidelines*, and related linkages.
- Evaluation of program process and impact.
- Collaboration with MDPH HIV/AIDS Bureau staff, MASSCARE/ACT NOW personnel, and STD Division staff in program planning, implementation, and evaluation.

**NEW JERSEY**

The following describes the initial provider education component of our initiative for the maximal reduction of perinatal HIV transmission. Providers include physicians, nurses, nurse midwives, laboratory staff, infection control professionals, hospital staff, and staff in outpatient settings.

### **Needs Assessment**

- ◆ New Jersey is 5<sup>th</sup> in the United States in reported AIDS cases
- ◆ New Jersey has the highest proportion of women (28%) among its reported AIDS cases
- ◆ New Jersey is 3<sup>rd</sup> in the United States in Pediatric AIDS cases
- ◆ 95% of 722 pediatric AIDS cases are due to perinatal transmission
- ◆ 96% of 384 pediatric HIV cases are due to perinatal transmission
- ◆ Recommendations for prevention of perinatal HIV transmission are continuously updated based on new information
- ◆ A survey of hospitals in the target counties (Essex, Passaic and Hudson) for the CDC-funded initiative is being developed as a collaborative effort with the AIDS Education and Training Center, University of Medicine and Dentistry of New Jersey, the Academy of Medicine of New Jersey (AMNJ) and the New Jersey Department of Health and Senior Services (NJDHSS). The survey will obtain information on the availability of the rapid test, short course therapy, history of continuing medical education (CME) for the prevention of perinatal HIV transmission, and a desire for CME on this topic. This pre-intervention tool will be followed by an educational intervention.

### **CME Lectures and Programs**

- ◆ May 5, 2000: the first New Jersey Physicians Conference 2000 had a session on “Pregnancy, Pediatrics, and HIV Infection: Guidelines for Your Practice.”
- ◆ May 17, 2000: a half-day conference, “The 2000 New Jersey State Conference on HIV/AIDS” was held in Newark. The topics included:
  - cultural considerations
  - prevention of perinatal HIV transmission
  - perinatal and postpartum period: testing, transmission, prevention, and treatment
  - neonatal and pediatric period: prophylaxis and treatment
- ◆ August 23, 2000: a one-hour lecture in the series “Topics in Public Health” in Trenton on “Prevention of Perinatal HIV Transmission” is scheduled.
- ◆ Roving Symposia: 1-hour CME lectures by qualified faculty (peers) on the prevention of perinatal HIV transmission that are given, on request, to staff in any facility in the state. The lecture is developed by AMNJ and NJDHSS. In addition to the usual promotion for all the Roving Symposia sponsored by NJDHSS, a special mailing will be sent to the CME Director, Chair of Pediatrics, Chair of OB-GYN, and Chair of the ER at all New Jersey hospitals.
- ◆ A web site CME on prevention of perinatal HIV transmission is in development. It will be available for at least 2 years.
- ◆ In year 2 we plan to increase the options for case-based CME in addition to retaining the availability of didactic lectures.

## **Publications**

- ◆ A series of articles related to the maximal reduction of perinatal HIV transmission will be published in AIDSLINE, which has a circulation of 3,500. Topics include:
  - December 1999: “Department of Health and Senior Services, Division of AIDS Prevention and Control Begins Broad Initiative to Reduce Perinatal Transmission”
  - January 2000: “Use of Antiretroviral Agents to Reduce Perinatal Transmission of HIV Infection”
  - February 2000: “Obstetrical Interventions to Reduce Perinatal HIV Transmission”
  - March 2000: “Challenges in the Care of the Pregnant Woman with HIV Infection”
  - April 2000: “Caring for the Newborn Exposed to HIV Infection”
  - May 2000: an article on immunizations for HIV-infected children is planned
  - June 2000: an article on OI prophylaxis for HIV-infected children is planned
  - July 2000: an article on nutrition for HIV-infected children is planned
- ◆ A discussion of the prevention of perinatal HIV transmission (implementation and effectiveness of the Public Health Service recommendations) was included in an article on “HIV Disease Surveillance: Medicine and Public Health Working Together,” which was published in the March 2000 issue of *New Jersey Medicine*. *New Jersey Medicine* has a circulation of 10,000.
- ◆ An article on “Prevention of Perinatal HIV Transmission” has been submitted for publication in *New Jersey Medicine*.
- ◆ An article on the prevention of perinatal HIV transmission has been submitted to all New Jersey chapters of the Association of Professionals in Infection Control and Epidemiology (APIC) for inclusion in their newsletters. Circulation is 300.
- ◆ An article is in draft form for eventual submission to *Nursing Spectrum*.

## **Non-CME Lectures and Presentations**

- ◆ October 1999: prevention of perinatal transmission was included in a lecture on “Advances in HIV Disease” presented at the advanced course for Infection Control Professionals.
- ◆ November 1999: the NJDHSS initiative on the maximal reduction of perinatal HIV transmission was presented to the joint meeting of all the New Jersey APIC chapters.
- ◆ The Governor’s Advisory Council has received a monthly update on the prevention of perinatal HIV transmission.
- ◆ A poster was presented at the 5<sup>th</sup> Annual Public Health Symposium in New Brunswick, NJ on 4/3/00.

## **Development of a Statewide Model Protocol**

- ◆ A model protocol for women who present with no prenatal care or unknown serostatus that can be used by all hospitals that provide obstetrical care is under development.
- ◆ This is a collaborative effort by NJDHSS, AMNJ, MSNJ, Obstetrical Society of New Jersey, Pathology Society of New Jersey, pediatricians, and the Maternal-Fetal Consortia in New Jersey.



- ◆ The protocol and information will be disseminated statewide through the 7 maternal-fetal consortia.

### **Consultations**

- ◆ The Medical Director of NJDHSS is available for consultations
- ◆ AMNJ provides a recognized HIV expert to have one-on-one discussions with providers who are identified through surveillance or serosurveillance activities as not following Public Health Service and other national recommendations.
- ◆ Referrals to obstetrical, pediatric, and adult/adolescent HIV experts are available. Referral centers will be listed on a laminated card that will be sent to providers.

### **Evaluation**

- ◆ All CME activities have an evaluation component.
- ◆ An evaluation tool for the model protocol is planned, but has yet to be developed.
- ◆ The hospital survey is being used as both a pre-intervention and post-intervention tool to help assess the impact of the educational intervention.
- ◆ Surveillance activities are designed to assess the implementation and effectiveness of the recommendations to prevent perinatal HIV transmission.
- ◆ New Jersey plans to continue the survey for childbearing women with zidovudine (ZDV, AZT) testing of specimens conducted by CDC. This is an additional evaluation tool for the implementation of the Public Health Service recommendations.
- ◆ We are open to any and all suggestions on how to improve our education for providers and evaluation of these efforts.

## **NEW YORK**

### **Intervention: Education of Prenatal Providers through Technical Assistance to Hospital Obstetrics Department**

#### Description

This intervention is designed to increase the number of women who are tested for HIV during pregnancy by providing technical assistance to hospital obstetrics departments with low rates of HIV testing in their prenatal care systems. Data on prenatal testing performance for each hospital in the state are collected through the New York State Department of Health's Comprehensive Newborn HIV Testing Program. A contractor (the State University of New York Health Science Center at Brooklyn) will provide the technical assistance. Priority will be given to hospitals located in high seroprevalence areas whose rate of prenatal HIV testing ranks low when compared to other birth facilities in the state. Twenty-five hospitals have been chosen for the initial round of technical assistance.

#### Evaluation Plan

*Process evaluation* will include three elements: (1) a target-site data flow sheet, including the date of the initial contact with the target hospital, the date of the pre-training survey, initial prenatal testing rates, training date(s), and testing rates at three, six and twelve months after training; (2) a file of each site that includes the results of the pre-training survey and a log of any

technical assistance provided during the year; and (3) a training evaluation, which will include a rating by participants of the quality and usefulness of training, a self-assessment on the participant's ability to conduct HIV counseling, and comments on improving training sessions.

*Outcome evaluation* will be based on each target hospital's increase in prenatal testing rates from the testing rate reported prior to initial training until up to one year after training. We expect to see an increase to a minimum of 90% in the prenatal testing rates for each targeted hospital.

## **Intervention: Community Action for Prenatal Care Initiative**

### Description

This intervention involves the development of local coalitions in targeted zip codes of Buffalo and three New York City boroughs (the Bronx, Brooklyn and Manhattan) that will be dedicated to the reduction of perinatal HIV transmission through the recruitment of high-risk women into prenatal care. The activities of each local coalition are coordinated by a lead agency, which is responsible for implementing a comprehensive model for reaching high-risk pregnant women and bringing them to care. The model includes:

- ? local planning;
- ? a comprehensive recruitment strategy, including social marketing, direct outreach by specially trained outreach workers, and referrals from agencies serving high risk women in the community;
- ? prenatal care programs that are user-friendly to high-risk women;
- ? case management and advocacy.

To support the community coalitions in implementing the model, the New York State Department of Health has contracted with Cicatelli and Associates (CAI) to provide training to outreach workers and prenatal providers. The provider training is supported by Ryan White Title II funding.

### Evaluation Plan

*Training of outreach workers and supervisors:* to evaluate the effectiveness of outreach worker and supervisor training, CAI will assess the following:

- (1) Participants' Evaluation of the Workshop: In addition to Likert scale ratings, open-ended questions will be asked in order to identify the relevancy of the workshop to participants' skill levels and overall job responsibilities. This type of feedback will provide important data on the effectiveness of the workshop in meeting the needs and expectations of its participants.

In addition, CAI will conduct a post-training interview/evaluation approximately three to six months after the training. The evaluation will focus on usefulness of the training, on-going training needs, and other issues identified during practice. Training participants will be randomly selected to receive this evaluation form. Some interviews will be conducted by phone.

- (2) Pre/Post Test: Trainees will be asked at the beginning of workshops to complete a single self-administered written test to determine their level of knowledge regarding topic areas to be included in the training, e.g., barriers to care for high-risk women, prenatal care,

substance abuse issues in pregnancy, perinatal HIV transmission prevention, harm reduction strategies, child protective laws and practices. This same form will be given to all participants immediately following the workshop. Participants are expected to have at least a 15% gain in knowledge.

*Training of Prenatal Providers (not CDC funded):* Methods for evaluating the effectiveness of provider training will be similar to those described above for the training of outreach workers. The components of the comprehensive evaluation system will be: (1) measurement of trainee satisfaction; (2) measurement of trainee learning/skill development; and (3) measurement of trainee learning/skill transfer to work.

In addition, CAI will measure changes in institutional and administrative barriers to services at participating prenatal care sites. A survey developed by the New York City Department of Health will be administered at the beginning of the project and again three months after training is completed.

## **PHILADELPHIA**

### **Family Planning Council of South Eastern Pennsylvania**

In collaboration with the Pennsylvania AIDS Education Training Center, we are supporting several training and continuing education projects.

- \* MCH outreach staff in the prenatal services agencies funded by the Philadelphia Department of Health will learn how to encourage pregnant women to learn their HIV status through counseling and testing, and how to refer infected women to HIV primary prenatal care and support services.

- \* Five continuing education programs will be offered for health care providers such as nurse practitioners and clinicians. Mini-residencies will be developed for physicians.

Through the Family Planning Council Training Department, we will provide

- \* Cross-training for family planning counselors on HIV so that they can provide pre- and post-test HIV counseling to women of child-bearing age and pregnant women at community test sites and can explain options to infected women.

- \* Training in HIV counseling to the nurse liaisons in two hospitals where there is a high incidence of women who present for delivery with inadequate prenatal care or with unknown HIV status. The women will be offered rapid testing and, if positive, will be treated according to AZT protocols.

- \* An advanced training course on perinatal transmission for certified HIV counselors.

### **Family Health Council of Central Pennsylvania, Inc.**

Our assistance to medical care institutions in initiating and sustaining institutional-based interventions will be multifaceted:

- 1) We will survey (via mail and telephone) the eight hospitals and three community health centers in the targeted counties to discover their current, relevant policies and to determine their training needs in light of these policies.
- 2) A team of six local infectious disease doctors as well as OB-GYNs who have expertise in treating HIV disease will develop a standard training protocol for doctors, residents, and nurses.
- 3) Individual members of the team will conduct four training sessions each year for teaching hospitals, one for each rotation of residents. Annual training sessions will be offered at other facilities.
- 4) Nurse case managers employed by a local AIDS service organization, AIDS Community Alliance, will conduct four trainings per year targeting nurses and nurse practitioners.

All training will advocate the need for policies regarding HIV care for pregnant women. A portion of each training session will be dedicated to explaining rapid testing of women or their infants in those instances when women do not present for care until labor/delivery. After each training session, physician-trainers will also offer technical assistance to the hospitals and community health centers to help them develop and institute such policies. In addition, they will offer consultative services to assist these providers with managing patients and related protocols focusing on the reduction of perinatal transmission. All training and technical assistance will be free for the medical facility.

## **PUERTO RICO**

Puerto Rico will utilize four major strategies for training providers. An interactive educational session, attended by 109 health care providers, was conducted via a 2-hour television program on a local educational channel. A mass media campaign involving newspapers, theaters, radio, and TV will be launched. There will be individual educational sessions with primary care physicians. Continuing education will be provided through group sessions with health care providers (physicians, nurses, and health educators)

## **SOUTH CAROLINA**

South Carolina plans to:

- 1) conduct an assessment of policies and procedures around routine counseling and testing for pregnant women.
- 2) conduct an assessment of institutional policies and procedures for women admitted for labor and delivery and for their infants in situations where there is no documentation of prenatal care. Use of rapid HIV-testing in these situations will be assessed.

- 3) assist institutions that do not have appropriate policies in developing an action plan to institute such policies.
- 4) educate providers as to the benefits of rapid testing for late-presenters and HIV testing and counseling for all pregnant women.
- 5) educate providers on appropriate treatment and care for HIV-infected pregnant women.
- 6) educate providers on referral services for women who test negative but may be at high risk for HIV.

Some specific activities planned or ongoing are:

- 1) development of a manual for health care providers in the targeted counties.
  - 2) an exhibit at the South Carolina Perinatal Association annual meeting in September.
  - 3) an exhibit at the South Carolina Public Health Association's annual meeting, May 23-26.
- A large number of DHEC nurses, social workers, and health educators are expected.

## **TEXAS**

### **Texas Department of Health and Houston Department of Health and Human Services**

#### **OVERALL LONG-TERM GOALS**

**Goal:** By the year 2003, access to prevention counseling/case management for women at high risk for HIV will improve in the Houston area by increasing physicians' ability to conduct effective risk assessments and their knowledge of referral resources.

**Goal:** By December 31, 2003, 90% of identified HIV-infected pregnant women in the Houston area will receive the current CDC-recommended prophylactic treatment to prevent perinatal transmission.

#### **OBJECTIVE AND ACTIVITIES**

**Objective:** By December 31, 2000, assist family planning centers, public health hospitals and other agencies accessed by late-term pregnant women to educate providers regarding HIV testing issues, risk assessment, treatment and referral, and assist providers in developing policies and procedures to provide routine rapid HIV screening.

**Activities to Meet Objective:** During the first year of this project, a Public Health Nurse III (PHNIII) will work closely and collaborate with local public hospitals where pregnant women present late term, without prior prenatal care, to evaluate existing policies and procedures related to routine screening prior to delivery. As appropriate, recommendations will be made to administrative staff to develop standard operating procedures and practices that initiate rapid HIV screening, intercede prior to vaginal birth and refer clients to prevention case management. A second PHNIII will work closely and collaborate with Houston Department of Health and Human Services' counseling and testing sites, maternal and child health facilities, family planning centers and community-based organizations that provide HIV screening. The focus is to ensure that each facility has established policies to routinely screen confirmed or suspected pregnant women for HIV using a rapid screening technology. HIV-positive clients will be immediately referred to prevention case management and subsequently provided access to AZT and other antiviral therapy.

## **EVALUATION**

Examples of data elements that will be tracked for process evaluation purposes include but are not limited to the following:

- The number of Houston-area hospitals that implement a protocol for rapid testing.
- Number of women who present for delivery with no history of prenatal care who receive rapid testing for HIV at delivery and the proportion of these women and their infants receiving the recommended treatment.
- Of those infants born at hospitals with protocols, the percentage that receives rapid testing for HIV and the seropositivity rate.
- The number of infected women who were referred to case management by providers at sites where the project's PHNIII has been involved.
- The proportion of infected case-managed women who complete the recommended protocol.
- The proportion of infected postpartum women who are successfully transitioned into HIV care services.

Evaluation of the overall impact of this project will focus on measuring the proportion of HIV-infected women and their infants who were treated according to the currently recommended protocol to prevent perinatal transmission. Efforts will be made to improve the reporting of follow-up HIV tests of exposed infants to determine their true infection status.

## **THE NATIONAL PEDIATRIC & FAMILY HIV RESOURCE CENTER**

The goal of this project is, in selected states, to increase providers' knowledge about HIV counseling and testing of pregnant women and their understanding of strategies to reduce perinatal HIV infection. The strategy is to build on existing expertise within a state to reach larger audiences of providers. Four states where the number of women with HIV infection is increasing but where HIV testing of pregnant women is low or uneven will be chosen in consultation with the CDC for this project.

Working with the CDC, the National Pediatric & Family HIV Resource Center (NPHRC) will identify key professional organizations in each state with whom to partner for support of the perinatal HIV prevention project. State-based organizations will be asked to support the initiative, assist with publicity, help to recruit providers to be trainers, and assist in scheduling speaking engagements. Organizations will receive funding through the grant to offset their costs for these activities. In each state, a one-day train-the-trainer program will be provided for 25-30 experienced obstetrics and HIV health care providers. The training will address HIV counseling and testing, medical management of HIV in pregnancy, reduction of perinatal HIV transmission, controversies in perinatal HIV care, and adult learning strategies that trainers should utilize in their speaking engagements. Providers participating in the training commit to presenting the program five or more times and will receive a small speaker's fee for each engagement. NPHRC will develop new and expanded materials that reflect current CDC guidelines. Trainers will be given a complete curriculum and slide set for their use, as well as case studies and patient and provider education materials.

NPHRC will contract with the state-based organization to publicize and coordinate the speaking engagements with interested organizations and the trainers. Grand-round presentations at hospitals and workshops at professional meetings will be targeted to educate obstetricians, nurse midwives, family practitioners, pediatricians, nurse practitioners, and other providers caring for pregnant women and their families.

The train-the-trainer program will be evaluated using a pre-test/post-test model to assess change in knowledge and attitudes. The statewide continuing education offerings and the web-based training will be evaluated using a similar pre-test/post-test written evaluation for each audience. The number and location of trainings offered will also be assessed. Six months after trainings were offered, an evaluation assessing knowledge, attitude, and practice behavior will be sent to a sample of participants in the trainings. A final report on the project including results and recommendations regarding this strategy for educating providers will be written and widely disseminated, including publication in a journal and on NPHRC's website.

NPHRC will be providing training for the District of Columbia and the state of Mississippi in 2000.