

Tab 3: Key Steps & Capacities for HIV Integration



Toolkit for Integrating HIV Services in
Native Health Settings

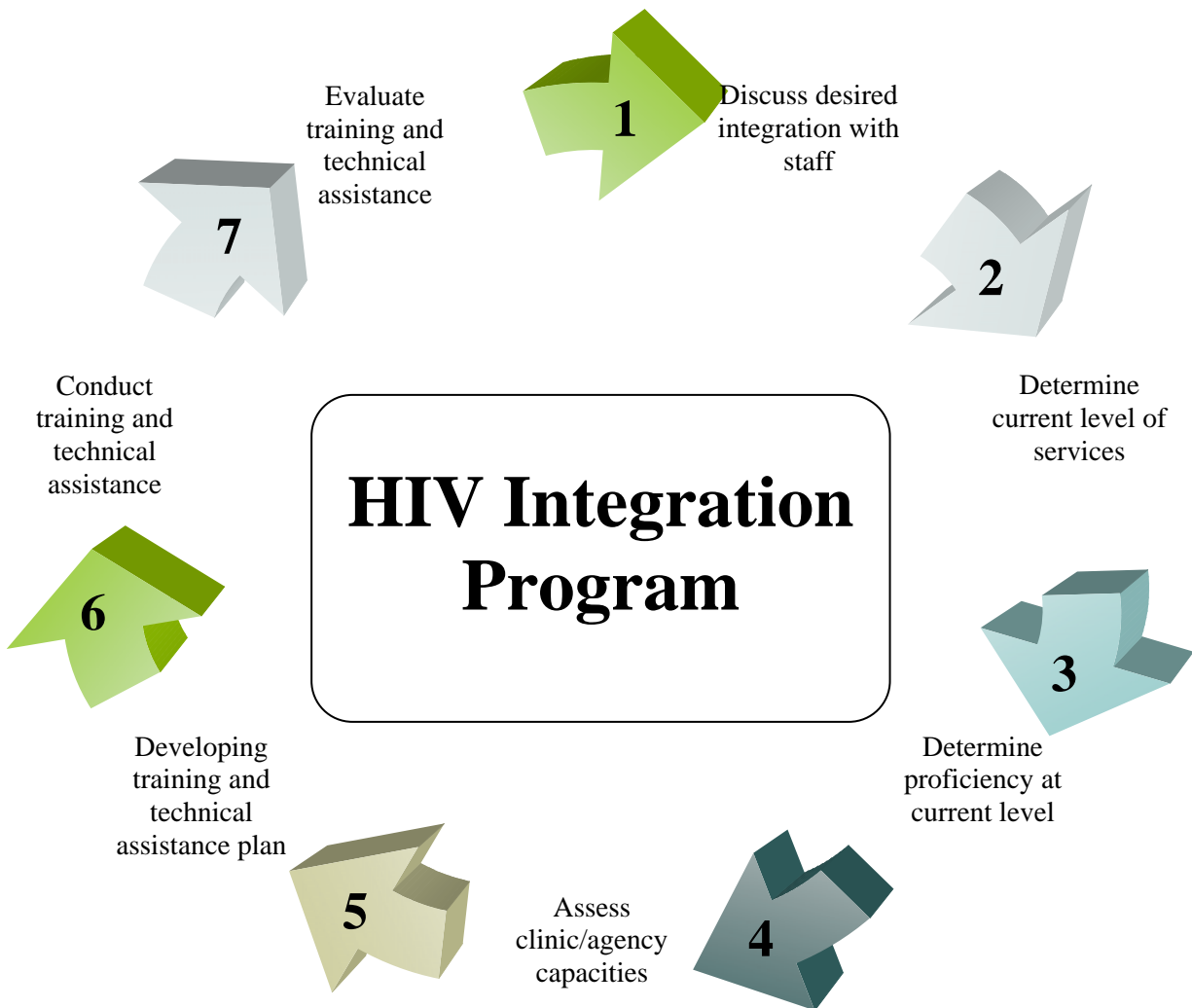
1. Characteristics of HIV Integration
2. Key Steps in HIV Integration
3. Capacities Needed for HIV Integration
4. Key Competencies and Recommendations for Each Level of HIV Integration

Characteristics of HIV Integration

What characteristics would you expect to see in a health clinic/agency that has integrated HIV prevention services?

- All HIV services are a “normalized” (routine), accessible, comfortable, and automatic part of care, openly offered.
- Infrastructure supports increased activities/services. Adequate and sustainable resources (money, staff, materials) are available to fulfill integration.
- The state mandates compliance.
- The physical environment supports integration (e.g., private counseling rooms).
- Management (at multiple levels board, executive staff, supervisors) and staff are motivated and support integration.
- All staff are well-trained and oriented to HIV issues, and are aware of available services.
- The significance of culture is acknowledge and embraced at all levels of integration
- All clinical staff can provide HIV services at all levels, comfortably.
- Written policy and protocol/procedures for all clients and services are in place. Staff roles and expectations are clear and supported by policies and procedures.
- A high proportion of total clients are tested and/or counseled
- Clients receive consistent HIV information from all clinicians.
- Services are client-centered.
- Family planning is integrated into HIV/STD services.
- A referral system is in place.
- A systematic approach to evaluation and feedback is in place, and quality assurance is a priority.
- A compendium/library of resources are available to assist integration.

Key Steps in HIV Integration



As you travel along the road to HIV Integration you will need to know what steps will get you to your destination. In the diagram above the key steps in integrating HIV into health care settings are shown. Let's examine each step in the integration process:

Step 1. Discuss desired integration level with clinic. What level of integration does a clinic want to achieve? Some clinics may provide only education while another provides education, counseling and testing. And yet another may offer services which also encompasses all those services as well as health care services for HIV+ clients. A clinic may also decide that moving up another level is not desirable or resources may not be available. This step includes establishing and agreeing upon the shared vision for the integration project.

Step 2. Determine current level of HIV services. Assessment of the current level will be determined by which services are offered by the clinic. If the clinic offers only education then it would be Level One (HIV Education). A clinic could only be determined to be at Level Two (HIV Education & Counseling) if it offers education AND counseling. Each proceeding level builds upon the previous one. For a clinic to be Level Three (HIV Testing) services would need to include education, counseling and testing. To be a Level Four (Providing Health Care Services to HIV+ Women) a clinic would need to offer education, counseling, testing and health care services to HIV+ women.

Step 3. Determine clinic proficiency at current level. Suppose two clinics offer the same level of services. Does that mean each clinic is functioning at the same level? How proficient is a clinic within a particular integration level? By conducting quality assurance measures, areas for improvement can be identified.

Step 4. Assess clinic capacities. To be successful in HIV integration, a clinic must have certain capacities. Staff must be aware and motivated to provide HIV services; management must support and encourage development of policies and procedures that support HIV integration; and staff that provide education, counseling, testing and direct health care services must have the necessary knowledge, skills and abilities to work with clients.

Step 5. Develop training and technical assistance plan. When a clinic decides to operate at a higher level or a clinic may not be operating at a proficient level, a training and technical assistance plan can be developed to address areas where weaknesses have been identified.

Step 6. Conduct training and technical assistance. Training and technical assistance activities may be provided by staff within the clinic or in some cases by an outside consultant. Those selected to provide this assistance should be selected based on their expertise and qualifications.

Step 7. Evaluate training and technical assistance activities. All training and technical assistance activities should be evaluated upon completion to determine whether they have built capacities necessary for integration of HIV services into reproductive health care settings.

Capacities Needed for HIV Integration

In order to achieve the goal of HIV integration, one of the most important resources any clinic has is its staff. To be successful, staff need to have a healthy knowledge of and connection to the community, the latest information on HIV, and a motivation to improve their current level of service and implement HIV prevention care treatment.

HIV/AIDS can bring up many conflicting emotions and especially among those working with clients affected by the disease. Early in the epidemic there was no certainty as to how it could be transmitted and no effective therapies as there are today. There was also the attitude among some that because HIV/AIDS is a transmittable disease through sex and intravenous drug use, those affected brought it upon themselves by their own actions – and in some Native communities, this attitude might still persist.

Staff must be trained in providing HIV prevention education, counseling, testing and health care services but there are capacities needed among staff. The following capacities have been identified as key to integrating HIV services into reproductive health care settings. They fall into three categories:

1. Management Awareness and Motivation to Integrate

Management staff are key to any successful integration program. As decision makers, there must be buy-in at this level so resources and support can be identified provided at the administrative and operational level. Achieving buy-in at this level may mean going to IHS area representatives or tribal governance to seek support. Management must be aware and motivated to provide these services and support providers in implementing HIV services. The following are indications that management staff are aware and motivated to integrate.

- Management has the support of IHS and/or tribal leadership
- Management has established policies and procedures for HIV integration
- Management has established formal partnerships and linkages within the HIV prevention and service community (and other co-factor related groups)
- Management staff are trained in the basics of HIV
- Strategic plans are reflective of HIV integration
- Adequate resources are identified to provide services
- Management has established administrative/operational systems for HIV integration including regularly scheduled patient flow analysis studies
- There is an established commitment and approach to quality assurance and improvement

2. Staff Awareness and Motivation to Integrate

Staff awareness and motivation for HIV integration must encompass all staff not only those providing clinical services. Staff should be knowledgeable about the basics of HIV and feel comfortable in providing services. The following are indicative of capacity needed among general staff.

- Individual staff members are knowledgeable about HIV rates in their community, risk behaviors associated with transmission, unique issues of HIV+ women reproductive care, and evidence-based prevention strategies.

- Individual staff members' exhibit high levels of motivation to provide HIV education and prevention services. Because of their personal belief of its importance, the clinic environment and expectations reflect the importance of HIV prevention integration as a key part of reproductive health services. There is a feeling of mastery (self-efficacy) in delivering integration services.
- Individual staff members have a high level of comfort in delivering relevant levels of HIV prevention integration in their clinic because they do not harbor negative attitudes or stereotypes about people who are at-risk for or have HIV. They are comfortable talking about sex and safer sex options. They are comfortable with the range of emotional reactions clinic patients may have to HIV education, counseling, testing, and services offered at the clinic.
- Individual staff members are comfortable working with people from cultures or tribes other than their own. This includes being knowledgeable about appropriate ways to communicate, concepts of modesty and disease, and traditional services that may be requested/appropriate.

3. Clinical Staff Skills: HIV Education, Counseling, Testing, and Services

Those providing clinical services must be trained in the knowledge, skills and abilities needed for service provision. Clinical staff skills needed for HIV integration are composed of the following.

- Clinical staff have the knowledge and skills to provide basic HIV prevention education. This knowledge and skill is a required element of clinic staffs' job descriptions.
- Clinical staff involved in HIV prevention counseling are able to provide high-quality individual, client-centered HIV prevention counseling, prevention skills-building with the client, and risk assessments.
- Clinical staff involved in HIV testing (traditional or rapid) are able to explain the test to clients, get informed consent for the test, conduct the test in the case of rapid testing, report the results and next steps (support for patient, referral networks, and follow-up testing or confirmatory testing).
- Clinical staff are knowledgeable and up-to-date on the various HIV care services within their community. They are able to refer and conduct follow-up to ensure referrals are successful.

Staff must be continually kept informed of the latest research in HIV. Skills should be monitored and evaluated on an on-going basis. Training and technical assistance will help in improving any deficiencies identified during the monitoring and evaluation process.

Key Competencies and Recommendations for Each Level of HIV Integration

Recommendations for Level One: HIV Prevention Education

- Managers of services should assess the readiness of the service program and staff to implement HIV/STD prevention educational services as an integrated component of health education efforts.
- Providers should have policies that ensure confidentiality regarding patient records including HIV status.
- Service providers should have standards for providing education that are culturally and linguistically competent and that will assist clients to recognize and reduce risk of transmission of STDs and HIV.
- Service providers should develop an implementation plan that enables all clients to be assessed for their risk of acquiring or transmitting STDs and HIV.
- Client education on STI/HIV prevention should address sexual transmission, perinatal transmission, risk for transmission when using alcohol and other drugs, transmission associated with injection drug use, and transmission associated with use of needles for other activities such as tattooing and piercing. Client education should include periodic screening for asymptomatic STIs as well as prompt evaluation of symptomatic infection.
- Basic training requirements for all staff participating in HIV-related activities should be delineated and documented in service protocols, including provisions for periodic retraining, updates and refreshers.
- Risk assessment should be used to determine whether clients were or are at behavioral risk for HIV transmission. Staff who conduct risk assessment with clients should be able to categorize behaviors by risk. Triage assessment (sorting and prioritizing by risk) should be used to identify clients with the greatest need for additional interventions.
- Service providers should provide for adequate and appropriate privacy for individual risk education or risk assessment.
- Service providers should appropriately refer to other providers and agencies clients needing HIV-related services not provided by the service.

Implementation Guidance

All educational materials used by programs should be evaluated for accuracy, relevance, appropriate use of language, and cultural specificity. Educational materials should be identified which promote health, identify risk behaviors, provide reasons for changing behaviors, and offer alternative behaviors to the one(s) that put clients at risk. Materials should be available for persons with special needs, including persons with disabilities or low literacy skills. Male latex condoms should be available to all clients in the setting.

Core Staff Training Elements Should Include:

- Basic health education concepts
- Effective communication skills
- HIV and STI health information

- Information about HIV transmission via sexual contact, injection drug use, sharing needles for other activities (such as tattooing and piercing), and by perinatal transmission
- Basic knowledge regarding treatment for people living with HIV and AIDS
- Orientation to human sexuality, including diverse lifestyles and sex practices
- Safer sex guidelines, including proper use of male and female condoms
- Orientation to substance use, abuse, and addiction
- Orientation to community resources and referrals
- Risk education and risk reduction counseling
- Triage of clients by appropriate risk assessment and
- Linguistic and cultural competence

Expected Competencies

- STI and HIV prevention is recognized as an essential component of comprehensive services for each client
- Educational materials about STI and HIV transmission, prevention and risk reduction are readily available in the clinic, and are specifically offered to all clients. (Educational materials may include pamphlets, posters, booklets, questionnaires, videos, or other media. Educational efforts are tailored to the individual client's needs in terms of risk behavior, cultural considerations, capabilities, and language and literacy skills.)
- Discussion of STI and HIV prevention is well integrated into education and counseling about contraceptive methods, and clients are generally knowledgeable about how to prevent transmission of HIV and STIs.
- Clients currently not at risk for STI or HIV infection can be identified and can be helped to maintain their status.
- Clients currently at risk for HIV infection can be recognized and appropriate interventions (by providing services or referral to another provider) can be implemented.
- Resources for HIV testing and other HIV-related services are appropriately provided to clients.
- Those providing HIV prevention education are routinely updated with current information and best practices.

Recommendations for Level Two: HIV Prevention Counseling

- Staff providing HIV counseling should demonstrate competence in core HIV Prevention counseling skills.
- Counselors should use core HIV prevention counseling skills with all clients for HIV risk awareness, risk assessment, and risk reduction planning.
- Counseling and clinical staff should be aware of clinical situations that may increase a client's immediate risk of HIV/STI transmission (e.g., client who is pregnant, attempting to conceive, diagnosed with an STI, or choosing a non-barrier contraceptive method) so that these clients receive appropriate counseling interventions.
- Counseling and clinical staff should be competent at identifying clients at risk for HIV/STI transmission, particularly those who have multiple risks for HIV or who otherwise will require follow-up counseling.
- Counseling staff should be competent at using core counseling skills with any client of the service, including (as appropriate) men, women, HIV-positive clients, adolescents, substance users, and chemically dependent clients.
- Counseling staff should be aware of the range of concerns of HIV-positive clients including disclosure, partner notification, pregnancy planning, and perinatal HIV prevention. Services should link clients with appropriate referral sources.
- Service providers should have adequate and appropriate referral linkages for clients who require clinical care, who have psychosocial or other needs that go beyond the scope of the service provider.
- Service providers should ensure adequate and appropriate privacy for all counseling sessions.
- Providers should ensure confidentiality for clients and their medical records.
- Service providers should provide or arrange for on-going training, support, and supervision of staff that perform counseling services.
- Service providers should have procedures to evaluate and improve counseling services regularly.

Implementation Guidance

The selection of which HIV prevention counseling services are implemented depends primarily upon an assessment of available resources, patient flow and other client considerations. Consideration should be given to incorporating services that are flexible enough to be integrated into the overall service objectives of the services, while not placing undue burdens on clinic flow, utilization of clinic space, and responsibilities of counseling staff.

The issue of staff training is significant as core HIV prevention counseling skills may be new to many services. When new services are being offered, staff training, education, and support are essential to their successful implementation. Managers and supervisor who may not provide counseling service but who supervise counseling staff, need to be trained in the philosophy and effectiveness of client-centered prevention counseling. Counselors should be trained in HIV prevention training programs that are consistent with CDC training guidelines and standards. Good counselors do not require a specific background, however, they need to believe that HIV

prevention counseling works, and have training and practice in client-centered HIV prevention core counseling skills and strategies. Counselors should be provided with supportive supervision and opportunities to be observed and receive feedback from other trained counselors.

Core Staff Training Elements Should Include:

- Level One: HIV Prevention Education plus
- Behavior change theory and models of intervention, including the client-centered approach
- Core HIV prevention counseling skills
- Integrating Western counseling strategies with cultural responsiveness
- Risk assessment and negotiated risk reduction planning
- Behavior change counseling interventions for sexual behaviors
- Behavior change counseling interventions for substance using clients
- Effectiveness of HIV prevention interventions
- Evaluation of efficacy of individual counseling interventions

Expected Competencies

- HIV prevention counseling is offered to all clients
- All counseling and medical staff understand and utilize core HIV prevention counseling skills
- Counselors are able to conduct HIV prevention counseling sessions which are consistent with current health behavior theories and practice
- Counseling sessions are offered to clients determined to be at highest risk of HIV/STD transmission
- Counseling activities are evaluated in an ongoing way in order to maximize their efficacy
- Staff providing behavior change counseling interventions, observe and document that clients experience increased self efficacy, and demonstrate learning new skill
- Staff providing behavior change counseling interventions are well integrated into the program, and have regular contact with other agency staff

Recommendations for Level Three: HIV Testing Services

Programs should use epidemiologic, demographic, and other current HIV-related data--as well as client demand--to determine the need to provide on-site HIV testing.

- HIV testing services should be confidential.
- If on-site HIV testing is offered, all clients of the service should have equal access to it regardless of ability to pay.
- HIV testing services should be consistent with current CDC guidelines.
- Programs offering on-site HIV testing should have written protocols regarding training content and procedures for all staff involved in any aspect of HIV testing.
- Staff providing any aspect of HIV testing services should be trained appropriately, with documentation of training recorded in personnel files.
- Staff providing counseling for HIV testing should be trained appropriately to assess clients for risk of domestic abuse.
- HIV testing programs should have a written protocol to describe follow-up procedures for those clients who do not return for their HIV test results.
- HIV testing services should provide appropriate assessment, follow-up, and referrals for clients who test HIV positive. Referral linkages should be available to programs that provide specialized medical care, case management, psychosocial services, and other supportive services.
- All documentation and records, including HIV test results, should be kept in accordance with agency, federal, state, and local regulations, which may vary by jurisdiction.
- Reproductive health programs should provide for adequate and appropriate privacy for all counseling sessions and laboratory services related to HIV prevention counseling, testing, and giving test results.
- Reproductive health programs should have a plan in place to provide emotional support to staff providing a positive test result.

Implementation Guidance

Implementation of on-site testing requires review of patient flow, laboratory capacity for procuring and handling specimens, and current information regarding HIV antibody testing technology. At present, a variety of HIV laboratory testing assays are available. Most testing programs in the United States use an initial enzyme-linked immunosorbent assay (EIA) performed with confirmatory Western blot testing on blood obtained by venipuncture. This strategy requires the client to return one to two weeks after testing for the test results; 25%-33% of persons tested at publicly-funded sites do not return for their test results. Tests that use saliva (such as Orasure (Orasure Technologies, Inc. Bethlehem, PA)), blood obtained by finger stick, or urine (Calypte HIV-1 Urine EIA) are also available.

Rapid tests may be particularly useful in emergency situations, such as women who present in labor without prior testing during pregnancy or when patients are not expected to return for results. Many clients would prefer rapid testing, and now that it is available in the United States, its particular limitations--including possible false positives--should be discussed with the client

before the decision is made to provide it. Advice on appropriate testing technologies should be sought from local health departments and frequently up-dated sources of information such as CDC's website.

Core Staff Training Elements Should Include:

- All elements included in Level One: HIV Prevention Education and Level Two: HIV Prevention Counseling, plus core elements of CDC standards and guidelines for HIV counseling, testing, and referral.
- Counseling scenarios for HIV test decision-making.
- Advantages and disadvantages of knowing one's HIV status.
- Required elements of pre-test ("decision to test") counseling.
- Required elements of giving HIV test results (positive, negative, and indeterminate).
- Giving positive results, competent assessment of urgent clinical and psychosocial needs, and working with HIV-positive clients.
- Policies, procedures, and mechanisms for partner notification.
- Crisis assessment and intervention skills.
- Assessment and intervention for clients at risk of domestic violence or substance abuse.
- Obtaining and handling of laboratory specimens.

Expected Competencies

- HIV counseling is offered appropriately to clients during HIV education or clinical evaluation.
- HIV testing services are voluntary and provided only after obtaining informed consent.
- Informed consent procedures are not a real or perceived barrier to screening.
- Risk reduction planning is always provided with HIV counseling and testing.
- HIV testing incorporates available, accurate technology, and results are available in a timely manner.
- Return for results counseling is high, reflecting appropriate triage, risk assessment, and assessment of readiness for testing.
- The proportion of negative tests is not so high as to suggest that many persons who should be screened are not being tested, and not so far below community prevalence to suggest that many opportunities for detecting HIV infection are being missed.
- Appropriate support and referrals are made for HIV-positive clients for specialized medical and social services.
- Appropriate support and referrals are made for clients at risk of domestic violence and substance abuse.
- Links are established with public, private, and community agencies for early medical intervention and HIV prevention case management.

Recommendations for Level Four: HIV Care & Treatment

- Be well informed of existing resources in the community for specialized medical and support services for HIV- positive women.
- Have adequate and appropriate linkages with facilities that can provide primary care, obstetrical care, and support services to HIV-positive women.
- Be proficient at recognition of clinical signs and symptoms of HIV infection in women to facilitate timely referral of patients. If immunophenotyping (CD4 counts) and HIV viral load testing are not available through the clinic, newly diagnosed HIV-positive clients should be referred elsewhere for these tests.
- Be proficient at recognition of clinical signs and symptoms of STDs and their complications.
- Provide STD testing, treatment, and partner notification with treatment to all clients in accordance with current CDC STD Treatment Guidelines.
- Provide contraceptive methods and their management to HIV-positive clients according to specific service protocols. This is a more detailed discussion with HIV positive women as they have more contraceptive methods from which to choose. Discussions like this should be had openly, honestly, but carefully so as not to offend the clients with detailed models, descriptions or technical terms. Ideally, services should be integrated into his/her specialized care. If that is not possible, providers should consider the individual client's needs when choosing a contraceptive method, including current immune status, childbearing goals, interactions with any HIV-related medications he/she may be taking, and risk for HIV/STD transmission.
- Provide medical management of gynecologic infections to HIV-positive women. Although treatment protocols are generally the same as those used for HIV-negative women, some differences do exist and clinicians should refer to specific service protocols addressing HIV-positive women. In addition, providers should consider the HIV-positive woman's current immune status, potential drug interactions, and current risk for HIV/STD transmission. Clinicians may want to consider hospitalization for HIV-positive women with pelvic inflammatory disease (PID).
- Have written protocols specific to HIV-positive women for identification and management of abnormal Papanicolaou (Pap) smear results and other clinical evidence of lower genital tract neoplasias.
- Offer HIV prevention counseling and testing to all clients with clinical evidence of any STD or an abnormal Pap smear result for female clients.
- Offer and encourage acceptance of HIV prevention counseling and testing to all pregnant women.
- Provide all preconception, pregnancy testing, or HIV testing counseling in a non-directive, client-centered manner.

Implementation Guidance

Women with HIV, in general, require very similar gynecologic services as uninfected women; however, they generally experience more gynecologic problems and have a greater frequency of visits. FP programs undoubtedly serve many HIV-infected women. The client's status may or

may not be known to her, or a client may choose not to disclose her HIV status to program staff. Thus, it is imperative that FP programs provide a favorable setting for HIV education and counseling, encourage appropriate HIV testing, identify client risk behaviors for HIV transmission, and identify clinical signs and symptoms of HIV/AIDS.

All medical services that are available to program participants should be evaluated for their ability to recognize and identify HIV-positive individuals and to provide services appropriate to the individual's medical needs. While a particular standard of care is not implied by this recommendation, frequent program evaluation and staff training updates regarding current recommendations for the care of HIV-positive clients is an important ongoing task. The relative priority assigned to this undertaking will necessarily be informed by the demand for services by HIV-positive clients.

Core Staff Training Elements Should Include:

All of the elements of Level Three: HIV Testing Services, if the agency provides them; and all of the elements of Level One: HIV Prevention Education and Level Two: HIV Prevention Counseling, plus the following:

- Manifestations of HIV infection.
- Current treatment strategies for HIV/AIDS.
- Sensitivity to clients living with HIV.
- Recognition of potential effects of HIV infection and effective therapy on gynecologic conditions.
- Management of gynecologic infections and problems in HIV infection.
- Considerations for contraception choice in HIV-positive women.
- Contraception management in HIV infection.
- Integration of Western medical models and traditional healing practices.
- Psychosocial issues for HIV-positive clients and their families.
- Ability to recognize indications for referral to specialized care.
- Knowledge of indications for opportunistic infection prophylaxis and immunizations in HIV-positive clients.

Expected Competencies

- Services/methods are available that are appropriate to the needs of HIV-positive clients.
- Appropriate recommendations, training materials, and preceptors are available to clinicians that provide care and treatment services to HIV-positive clients.
- Preconception counseling, pregnancy testing, and pregnancy intention counseling all incorporate multiple strategies for prevention of perinatal transmission of HIV.
- Appropriate linkages are developed with referral sources that can provide a range of services including HIV prevention case management, HIV primary care, specialized HIV clinical and psychosocial support services (including access to participation in clinical trials), prenatal and other obstetrical services, colposcopic services, and HIV specialized out-patient and in-patient care.
- Clinicians are proactive in educating clients regarding their personal risk of STIs/HIV, offering risk reduction strategies, recommending HIV testing when appropriate, diagnosing HIV infection, and providing urgent services, primary care, and gynecologic

and FP services to women living with HIV.