

## Tab 4: Assessment Tools

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Toolkit for Integrating HIV Services in  
Native Health Settings

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## HIV Knowledge Needs Self-Assessment Tool

This tool is designed to be taken by each staff member in the agency/clinic. As integration efforts involve all staff members of any agency or clinic, even those individuals who may not apparently be involved in the efforts should take time to complete the assessment. It will also assist management to identify training and skills building needs.

Please take a moment to think how you would answer the following questions about HIV/AIDS under the three knowledge areas, Basic, Intermediate, or Advanced and then indicate your overall level of knowledge by checking the appropriate box.

Name of Facility: \_\_\_\_\_

Job Title: \_\_\_\_\_

# of years in Position: \_\_\_\_\_ # of years in similar position: \_\_\_\_\_

Basic	Intermediate	Advanced
<ol style="list-style-type: none"> <li>1. What do the letters H-I-V and A-I-D-S mean?</li> <li>2. How is HIV transmitted?</li> <li>3. What are 3 methods for preventing the spread of HIV?</li> <li>4. What is the significance of CD4 counts and viral load?</li> <li>5. What is the difference between HIV and AIDS?</li> </ol>	<ol style="list-style-type: none"> <li>1. How does HIV infection affect the body's immune system?</li> <li>2. What are 3 primary symptoms of HIV infection?</li> <li>3. What is harm reduction?</li> <li>4. Which direction (increasing/decreasing) of CD4 counts and viral load indicates worsening disease progression?</li> <li>5. What is the significance of the presence of an opportunistic infection in a person with HIV?</li> </ol>	<ol style="list-style-type: none"> <li>1. Which cells in the body's immune system are most impacted by HIV?</li> <li>2. When do you initiate antiretroviral therapy?</li> <li>3. How do you reduce drug resistance?</li> <li>4. When is resistance testing appropriate?</li> <li>5. What are the most common opportunistic infections associated with HIV?</li> </ol>

I assess my overall level of knowledge about HIV/AIDS at *(Please circle one level only)*:

**Basic:** I can answer some or all questions under Basic

**Intermediate:** I can answer all questions under Basic, and some or all under Intermediate.

**Advanced:** I can answer all questions under Basic and Intermediate, and some or all questions under Advanced.

## Knowledge, Skills & Attitude Self-Assessment Tool

Listed below are some knowledge, skills, and attitudes specific to providing HIV/AIDS services. Please read the statements and then circle the number that best represents your level of knowledge, skill, and attitude.

	<b>1 = Low</b>		<b>5 = High</b>		
I am proficient in giving information about HIV	1	2	3	4	5
I am proficient in performing a thorough HIV risk assessment	1	2	3	4	5
I am comfortable talking with patients about HIV	1	2	3	4	5
I am knowledgeable about the different HIV tests in current use	1	2	3	4	5
I am knowledgeable regarding HIPAA regulations	1	2	3	4	5
I am proficient at identifying sexual coercion and / or sexual abuse in adolescents	1	2	3	4	5
I am proficient in client-centered, harm-reduction, strategies	1	2	3	4	5
I am skilled in providing HIV pre-and post-testing counseling	1	2	3	4	5
I am comfortable discussing substance use related behavior with clients	1	2	3	4	5
I am comfortable discussing sexual behavior with clients	1	2	3	4	5
I am skilled at identifying a client's "stage" of behavior change	1	2	3	4	5
I am comfortable discussing parental involvement with adolescents	1	2	3	4	5
I am knowledgeable about Rapid Testing	1	2	3	4	5
I am skilled in giving test HIV results	1	2	3	4	5
I am comfortable talking with clients with a different sexual orientation than mine	1	2	3	4	5
I am knowledgeable about resources available for providing HIV/AIDS referrals	1	2	3	4	5
I am knowledgeable about partner notification protocols	1	2	3	4	5
I am comfortable with providing information on all pregnancy prevention options	1	2	3	4	5
I understand how culture and history can affect people's decisions about HIV	1	2	3	4	5
I am comfortable conducting risk assessments with people of different cultures	1	2	3	4	5

Listed below are some questions, which relate to providing HIV/AIDS services. Please read the statements and then circle the number that best represents your belief or opinions.

**1= Strongly Agree    2= Agree    3= Neither Agree/Disagree    4= Disagree    5=Strongly Disagree**

I know that HIV prevention is an essential component in Family Planning / Reproductive Health	1	2	3	4	5
I offer HIV testing options to all pregnant patients	1	2	3	4	5
HIV Prevention Counseling and/or Testing are a defined part of my job description, duties, and responsibilities	1	2	3	4	5
I know my agency's policies and protocols regarding sexual coercion, sexual abuse, and state reporting guidelines	1	2	3	4	5
I am familiar with the agency's policies regarding pregnancy prevention options	1	2	3	4	5
I am required to attend an HIV related training every year	1	2	3	4	5
I have easy access to accurate materials relating to HIV transmission and prevention	1	2	3	4	5
I am required to provide patients condoms when requested	1	2	3	4	5
I know my agency's HIV Prevention Counseling & Testing protocols and policies	1	2	3	4	5
I understand my job responsibilities under HIPAA	1	2	3	4	5
I offer HIV risk reduction counseling & HIV testing options to all patients	1	2	3	4	5
I have the cultural competency skills to work with Native clients	1	2	3	4	5
HIV is a significant problem among Native communities	1	2	3	4	5
I have an important role in preventing HIV in this community	1	2	3	4	5

Thank you for completing this survey!

## Community Assessment Tool

The following is an instrument intended to help agencies conduct assessments within their communities. This assessment is designed to elicit information on community attitudes, risk behaviors, risk populations, risk co-factors, and barriers and facilitators to prevention efforts. The assessment can be performed with individuals who play a significant role in prevention efforts, have contact with high risk populations, impact decisions in the community, or are just identifiable community members. This tool is extremely adaptable, and agencies should feel free to add questions to best suit their data needs. Results of an assessment of this kind will help to guide prevention and integration activities when used in conjunction with other tools and resources.

### **Part I: Community**

Please describe *(name of community)*.

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Please describe the people in *(name of community)*.

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How much of a problem is HIV in *(name of community)*.

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What are the community's values about talking about health and wellness?

*Prompt: How do people traditionally talk to each other about health and wellness?*

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What are the community's values about talking about sex?

*Prompt: How do people traditionally talk to each other about sex?*

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What are the community's values or norms about talking about drug use?

*Prompt: How do people traditionally talk to each other about drugs?*

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**Part II: Community Resources**

Where do people in (*name of community*) go for information on health and wellness?

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Are there individuals in your community that people turn to for this kind of information?

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Who in your community is currently providing prevention services (for any issue, substance use, domestic violence, suicide?)

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What activities do they currently do?

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Who in your community is currently providing HIV or AIDS specific prevention efforts?

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What activities do they currently conduct?

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How comfortable are people with using this agency?

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What would make people more comfortable using these services?

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How well do all of these agencies do in working together?

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What HIV services does your local clinic (IHS, Tribal or Urban Health) provide?

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What are the strengths of your local clinic?

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What are the challenges facing your local clinic?

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What agencies are outside of your community that you think people go to?

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Why would people go to agencies outside of the local community?

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**Part III: HIV Risk (Risk Behaviors, Risk Co-Factors, and Target Population[s])**

How much do people talk about HIV in your community?

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What are people doing that is placing them at risk for HIV?

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Who is engaging in these risks?

*Prompt: Are they men, women, youth, Men who have sex with men, injection drug users, etc.?*

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What characteristics, behaviors or activities distinguish these people from the rest of the community?

*Prompt: What makes these people or groups different?*

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How much do you feel these groups think about their own risk of HIV infection?

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In your opinion, what do they think about their own risks for HIV infection and STDs?

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Why do you think they are engaging in high-risk behavior(s)?

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What barriers are preventing these people from protecting themselves?

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What is helping or making it easier for these people to protect themselves?

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What can the community do to assist these people to protect themselves?

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What would make it easier for people to access services?

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Who do these people turn to for help and why?

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Who influences their opinions and/or behaviors?

*Prompt: Who do these people listen to?*

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**Part IV: Cultural Influence**

What traditional beliefs/values would support the implementation of HIV prevention in your community?

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What traditional beliefs/values might pose an obstacle to implementing HIV prevention programming in your community?

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What historically cultural behaviors or beliefs have govern issues of sexual health, relationships, gender, drug abuse, health and/or wellness?

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Who provides traditional services that govern issues of sexual health, relationships, gender, drug abuse, health and/or wellness?

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With what groups or community members should we speak in order to learn how to respectfully implement an HIV prevention program?

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What language or words are commonly used to talk about issues of sexual health?

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**Part V: Programming**

If you had to try to convince people in (*name of community*) who are at risk for HIV to avoid high-risk behavior, how would you approach the problem?

*Prompts: What specific suggestions do you have for programs or techniques for getting people to reduce their risk of HIV?*

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What particular activities would not work or should be avoided in developing HIV prevention programs?

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What other groups or individuals should be involved in planning for HIV prevention?

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What else would you like us to know about HIV and prevention in your community?

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## Agency Readiness Assessment Tool

The following is a brief self-assessment intended to help agencies or clinics gauge their present capacity for HIV programming. This tool can be used to consider an agency's ability to integrate HIV prevention / intervention activities into existing programming, to adapt an existing intervention (Native or non-Native), or to develop their own community-defined prevention program. It is organized by the four levels of HIV service and integration: education, counseling, testing, and treatment. Know that you will need practically all of the requisite capacity, experience, and resources from the previous level of service in order to adequately provide the next level of service (satisfy all capacities to provide HIV Education before you begin providing HIV Counseling).

Please read each item and then place a check mark (✓) in only one response option.

<b>Capacity, Experience, and Resources</b>	<b>YES, we have done this or have this information/ capacity</b>	<b>NO, we do not presently have this info/capacity, but have a plan to build it <i>(see attached plan)</i></b>	<b>NO, we do not have this info/ capacity, and we do not have a plan in place to build it</b>
<b><u>HIV Education</u></b>			
1. <b>Experience</b> providing prevention services			
2. <b>Knowledge</b> of HIV/AIDS, risk factors, and prevention			
3. <b>Experience</b> in issues related to sexual and drug health, HIV/STIs, stigma, etc.			
4. <b>Agency values</b> correspond with program/intervention intent			
5. Support from <b>tribal/community leaders</b>			
6. <b>Skills</b> to conduct outreach and <b>basic education activities</b>			
7. <b>Culturally</b> and population appropriate <b>prevention materials</b> (literature, <b>condoms</b> , bleach kits, lube, incentives, etc.)			
8. <b>Knowledge</b> of local HIV/AIDS <b>prevention and testing services</b>			
9. A <b>small group of diverse community members/community providers</b> to advise project appropriateness			
10. Agency has the skill and resources to conduct a comprehensive <b>community assessment</b>			
11. <b>Staff</b> to conduct HIV education activities			
12. Ability to provide education activities to <b>rural and large geographic areas</b>			
13. Agency has <b>cultural competency</b> skills to work within the Native community and higher risk populations			
14. HIV education responsibilities are clearly described in <b>job descriptions, and responsibilities</b> are appropriate to staff training and experience.			
15. <b>Regular training</b> of staff on HIV education is held and records are maintained on what individual training each staff member has undergone			
16. Ability to <b>evaluate</b> education efforts			

<b><u>HIV Counseling</u></b>			
17. Staff have <b>understanding</b> of and <b>willingness</b> to work with issues related to sexual and drug health, HIV/STIs, stigma, etc.			
18. Support from <b>clinical/administrative staff</b>			
19. Training on <b>how to conduct</b> HIV prevention counseling			
20. Counseling should address the <b>decision-making process</b> .			
21. An <b>understanding of the risk(s)</b> and influencing factors of the community and higher risk populations within the community			
22. Ability to counsel using local or traditional <b>Native worldviews</b> and concepts of health and wellness			
23. Counseling should be tailored to <b>risk assessment</b> , which should go beyond HIV to include, for example, history of STDs, positive for chlamydia, pregnancy tests, multiple partners, unprotected intercourse, drug/alcohol abuse, or concern on client's part.			
24. Possess <b>adequate space</b> to provide confidential counseling			
25. Possess a comprehensive <b>local referral guide</b>			
26. <b>Knowledge of available resources</b> both inside and outside the community that people can and do access			
27. <b>Quality assurance</b> for counseling activities			
28. Resources to support <b>program needs</b> (food, incentives, gifts, testing supplies, printing, etc.)			
29. Ability to <b>maintain confidentiality</b> (client information, assessment data, test results, etc.)			
30. Agency commitment and resources to conduct <b>on-going evaluation</b> of counseling efforts.			
31. Understand all <b>tribal, state, and federal laws</b> governing HIV, testing, and disclosure			
<b><u>HIV Testing</u></b>			
32. Possess <b>functional space</b> to provide HIV testing			
33. Possess all necessary <b>testing equipment</b> (gloves, test kits, timers, band aids, alcohol pads, etc.)			
34. Obtain necessary <b>CLIA waiver and/or laboratory collaborations</b>			
35. Space to safely <b>store test kits</b>			
36. <b>Existing HIV prevention department/services</b> or programs that can incorporate HIV prevention			
37. Process for handling people who have <b>reactive test results</b>			
38. <b>Training</b> to conduct HIV testing			
39. Ability to conduct a <b>confirmatory test</b>			

40. <b>Traditional services</b> available for people both before and after testing			
41. Ability to <b>deliver test results</b> (both reactive and non-reactive)			
42. Ability to <b>maintain confidentiality</b> of test results and patient identities			
43. Ability to <b>market services</b> (and the value of services) both internally and to the community			
44. <b>Resources/budget</b> to obtain test kits and materials			
45. Appropriate <b>managerial and supervisory support</b> (program manager, clinical supervisor, etc.)			
46. Staff have <b>time</b> allotted to conduct HIV testing (either allocated staff or clinical staff have the additional time to conduct a test)			
47. Possess the <b>necessary documentation</b> to meet necessary recording and reporting requirements			
<b><u>HIV Treatment</u></b>			
48. Appropriate staff to provide <b>HIV treatment</b>			
49. Ability to processes necessary <b>billing and reimbursement paperwork</b>			
50. Access to or ability to <b>provide case management services</b>			
51. Access to adequate <b>HIV/AIDS medications</b> (through IHS formulary)			
52. Ability to manage <b>integrated treatment plans</b> that include Western and traditional components			
53. Ability to work with patients for <b>extended periods of time</b>			
54. Ability to impact and alter <b>clinic flow</b> to meet integration needs			
55. Ability to assist with <b>transportation</b>			
56. Ability to provide <b>services in the field</b>			
57. Other: _____			
58. Other: _____			
59. Other: _____			
60. Other: _____			

## Stages of Change Matrix

This “stages of readiness” matrix is used as part of the Center for Health Training’s organizational assessment tools to guide organizations from assessment to sustainable actions. This matrix focuses on policies, programs and services for clients, staff, board and community. This model (based on Prochaska and DiClemente’s stages of change model) organizes actions into five stages of readiness and helps the organization identify areas of improvement. The five stages are:

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance

The matrix provides a simplistic method for determining needs and assessing gaps regarding the delivery and integration of HIV prevention services and helping organizations move from inaction to action.

Using the results from the assessment tools, organizations can plot key recommendations in the matrix and then assess where they are in meeting their goals. For example, the assessment tools have 2 components:

- Organizational capacity assessment
- Staff surveys

Upon completion of the assessment an organization may find that the staff lacks a basic knowledge of HIV and harbors fears based on misconceptions. Before a decision can be made about integrating HIV, the staff must be educated, and their fears addressed. Using the matrix, management would assess where they are in the five stages. In this example, they are in the pre-contemplation stage because they do not have enough knowledge to address the issue, and are not motivated to do so. Following the necessary training, the organization can move into the contemplation stage, with the information need to make an informed choice, and better assess readiness to move into preparation. The preparation stage involves taking an inventory of the resources the agency has on hand, space, equipment and staff, that can be dedicated to the integration project. It may be found that the facility lacks a private location where confidential testing can take place, but if two staff members are willing to share the same office space, a room can be made available. The agency is in the action stage when the furniture and personal belongings of one staff member is moved into the other’s office, and testing begins in the now available space. The ongoing support of this process, with continued training updates, resources and staff puts the organization in the maintenance stage.

Identified Areas for Change or Improvement	e.g. increase staff access to knowledge, and use of HIV counseling and testing protocols		
<b>Pre-contemplation</b>			
<b>Contemplation</b>			
<b>Preparation</b>			
<b>Action</b>			
<b>Maintenance</b>			

## Addressing Challenges & Utilizing Assets Tool

What things could be done to address each challenge to either eliminate or reframe it into an asset?

<b>Challenge to the clinic, community or project</b>	<b>Level of Challenge</b> (Great – seems insurmountable) (Moderate – will take a lot of work) (Small – will take minimal effort)	<b>Possible solutions or ways to reframe into asset?</b>

## Agency & Clinic Assets

Your clinic/agency should examine what assets you possess that may assist your program to promote HIV and STI/STD prevention to and for the following:

- Community
- Administration
- Agency
- Staff and Volunteer

Use this grid to brainstorm your assets.

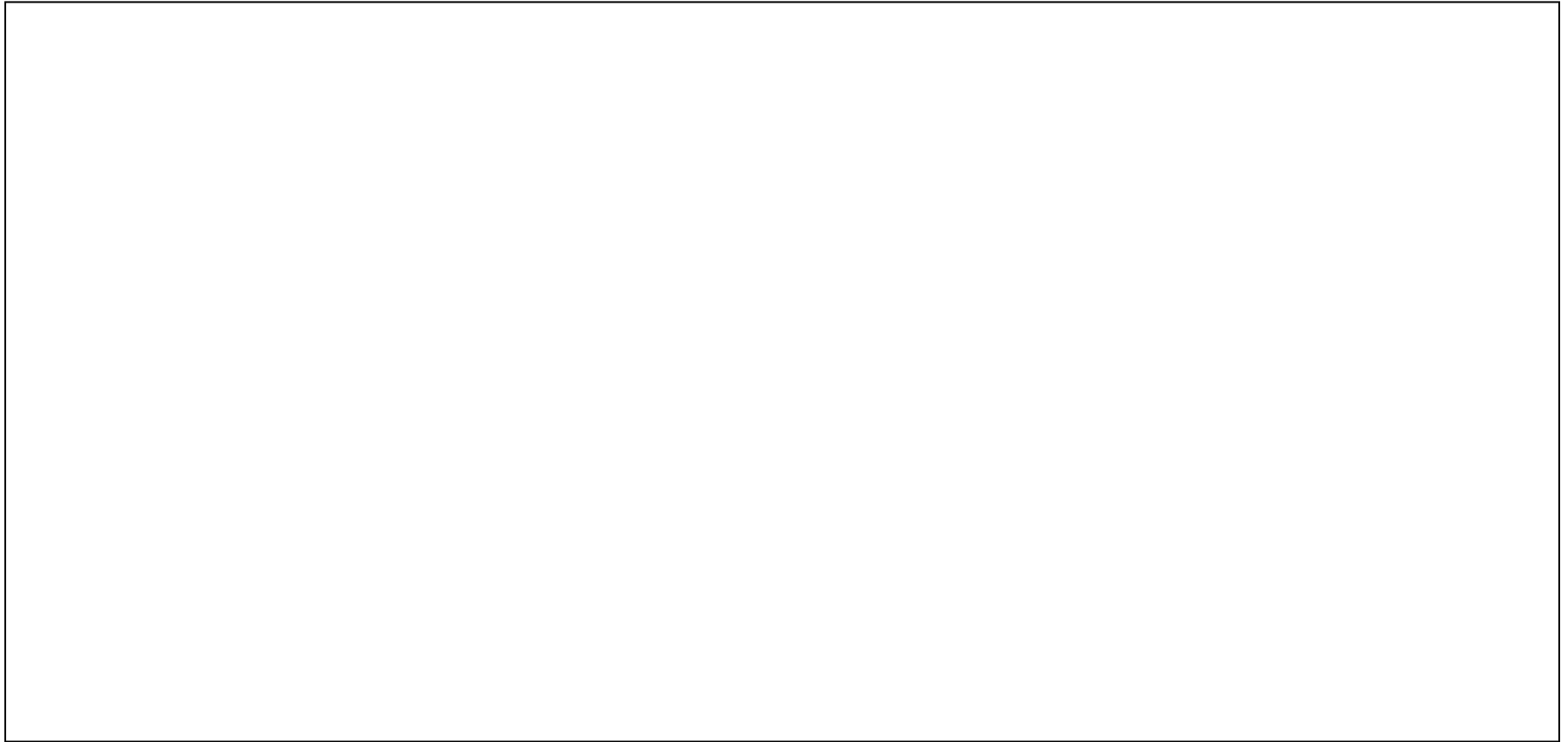
Community	Agency
Administration	Staff / Volunteers

## **Creating a Shared Vision**

Describe your vision for HIV/AIDS & STD prevention at this agency

In a perfect world - what would the services include?

In a perfect world - what would services look like, who would do what where?

A large, empty rectangular box with a thin black border, intended for participants to write their vision for HIV/AIDS and STD prevention services in a perfect world.

## Change Readiness Ruler

This clinic is about to make some changes related to offering HIV counseling and testing to our clients. This may mean additional training and responsibilities for staff. This expansion of our services may also mean educating our Elders and Tribal Leaders to obtain their support. We would like to hear from you about how you feel about some of the changes we are proposing.

In the left column is how we do things now. In the next column is how we are thinking about doing that same thing in the near future. In the right column is a place for you to write a number which will indicate how **READY** you feel to make each of these changes. If you feel **NOT READY** you will put in the number 1; if you feel **UNDECIDED** you will put the number 2; if you feel **OPEN BUT ANXIOUS** you will put in the number 3; if you feel **READY FOR CHANGE** you will put the number 4; and if you feel **EXCITED ABOUT THIS CHANGE** you will put in the number 5.

<b>How we do this now:</b>	<b>How we will do this in the future:</b>	<b>How ready am I for change?</b> 1 = Not ready 2 = Undecided 3 = Open but anxious 4 = Ready for change 5 = Excited about this change
<i>Example:</i> We refer clients to testing sites outside of the community for HIV testing.	<i>Example:</i> We will offer and integrate rapid HIV oral or finger stick testing along with risk reduction counseling, as part of our regular services	