

**A Report
Prepared for:**

**The Montana
Department of
Public Health and
Human Services
HIV/STD/HCV
Section**

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***AN EXAMINATION OF THE
EDUCATION AND TRAINING
NEEDS OF INDIVIDUALS WHO
ARE CERTIFIED TO CONDUCT
HIV COUNSELING, TESTING
AND REFERRAL IN MONTANA***



FINAL REPORT

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INTRODUCTION TO THE PROJECT

In response to the National HIV/AIDS Strategy (2010), one of Montana's primary prevention goals is to increase the proportion of HIV-infected individuals across Montana who know they are infected. Strengthening and extending the reach of counseling, testing and referral (CTR) has been identified as a key strategy to achieve this goal.

Montana's HPG, in their plan to strengthen and extend the reach of counseling and testing, recommended several action steps, including: creating user-friendly guidelines for data collection; follow-up training for testers; web-based training for the rapid oral test; creating testing protocol that meets the needs of various areas of the state; and creating a template/policy for post-test counseling.

Effective implementation of the action steps listed above is, in great part, dependent upon the solicitation of input from individuals throughout Montana who are currently providing CTR services to people at risk for HIV. It was important, therefore, to gather information in an organized and systematic manner so that actions taken to strengthen CTR practices are based on the identified needs of current testers, and to ensure that actions are implemented in partnership with the individual testers who will be most affected by the changes.

In 2013, Montana Department of Public Health and Human Services (MTDPHHS) undertook an evaluation of the HIV Counseling, Testing and Referral training program. Results of the evaluation are described below.

Purpose:

The purpose of this evaluation was to review the HIV Counseling, Testing and Referral training process in Montana. Specifically, evaluators examined:

- The frequency of tests conducted throughout the state;
- The type of service delivery;
- Providers' perceptions of the need for follow-up training; and
- Providers' comfort levels in performing various counseling and testing tasks.

Survey Design and Methodology:

Survey questions were developed based on a review of existing needs and capacity assessments created by organizations such as UNAIDS, UNICEF, and WHO. The first draft of the survey was sent for review to members of the HPG work group responsible for the project. After integrating feedback from the work group into the final draft, the survey was uploaded to SurveyMonkey and sent out to the work group one more time to be pilot tested.

The final survey contained 55 multiple choice question. The survey was administered anonymously online through SurveyMonkey, and e-mailed to participants by Laurie Kops, supervisor of the HIV/STD/HCV Section of MT DPHHS. Individuals who attended the Montana HIV CTR training program between 2010 and 2013 were sent an invitation to complete the survey. Participants had the option to skip any questions they did not wish to answer and to add additional comments where they felt more explanation was necessary.

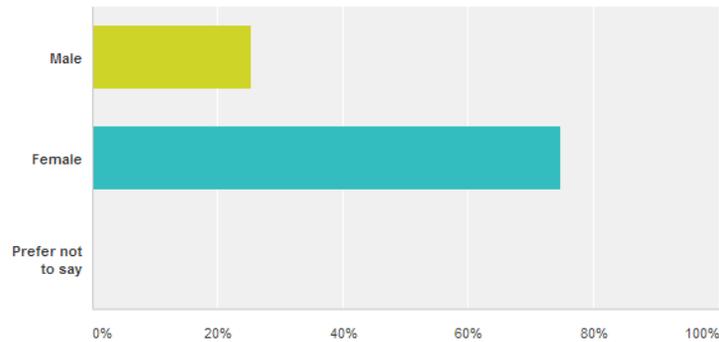
RESULTS

Eighty-six participants responded to the survey. Approximately 90% (n=75) of the surveys were complete. Participants responded from August 5 through September 30, 2013.

Participant Demographics:

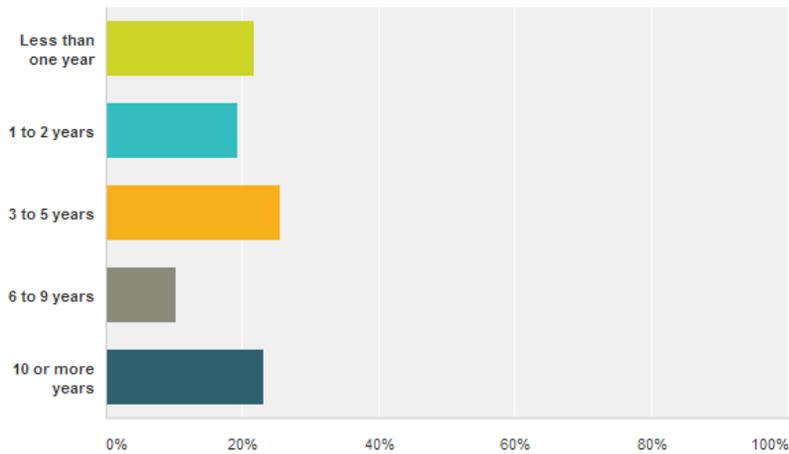
“With what gender do you identify?” (n=79)

The majority of respondents were female - 59 (75%)- and 20 (25%) were male.



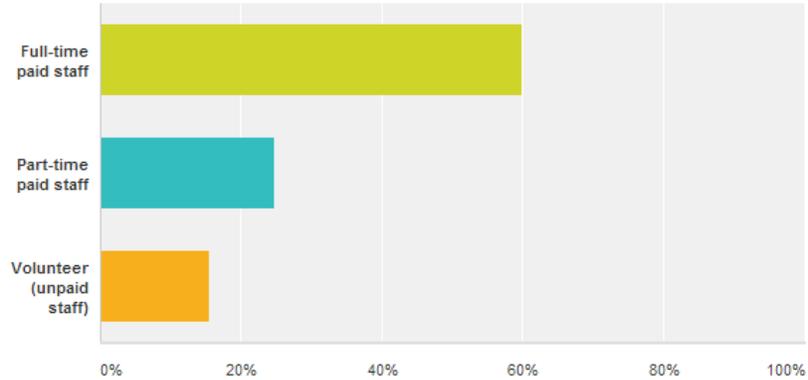
“How long have you been involved in HIV prevention, counseling, and/or testing?” (n=77)

The answers were fairly evenly distributed throughout the options. 17 respondents selected less than one year (22%), 15 said one to two years (19%), 20 selected three to five years (26%), eight selected six to nine years (10%), and 18 selected ten or more years (23%).



“Which of the following options apply to your job position?” (n=76)

46 participants identified as full-time paid staff (60%), 19 as part-time paid staff (25%) and 12 as volunteers (15%). Four participants chose to write-in answers that were not provided to them, including two who identified as students, one as an intern, and one as an independent contractor.



“In what type of organization do you work? (n=73)

Participants worked at a variety of locations. The majority reported working for the City/County Health Department (32%) and community-based organizations (30%).

Answer Choices	Responses
City/County Health Department	31.51% 23
Community-based Organization	30.14% 22
Tribal Entity	12.33% 9
Outreach Worker	5.48% 4
Family Planning/STD Clinic	12.33% 9
Community Health Center/Federally Qualified Health Center	8.22% 6
Total	73

Several respondents chose to write in locations that were not provided to them as options, including three college student health and wellness providers and one chemical dependency treatment center.

“What is your primary profession or role? (n=65)

The majority of respondents identified as health educators (35%), nurses (34%), and administrators (23%).

Answer Choices	Responses
Case Manager	12.31% 8
Manager/Administrator	23.08% 15
Front Desk Clerk/Receptionist	4.62% 3
HIV Counselor	26.15% 17
Lab Technician	1.54% 1
Nurse	33.85% 22
Nurse Practitioner	1.54% 1
Nursing Assistant	0% 0
Health Educator	35.38% 23
Total Respondents: 65	

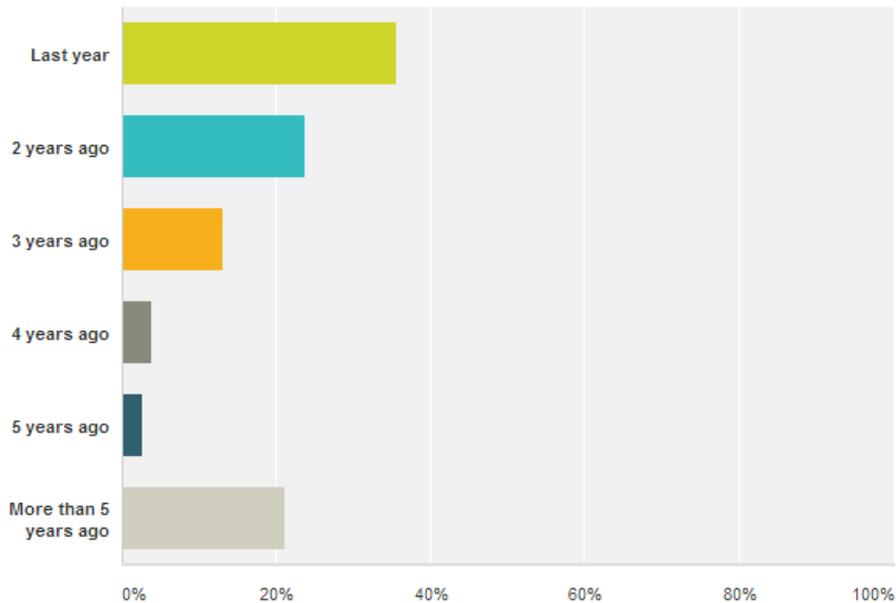
Options written in included accounting, social media advocate, case manager support, community health representative, peer educator, and testing volunteer.

Participant Training History and Follow-up Training:

Most respondents (86%) have attended the entire training (74 out of 86 people). Those who did not attend the entire training primarily attended the training in the afternoon of the first day.

“When did you take the Montana Counseling and Testing Training?” (n=75)

53 (73%) participants have taken the training within the past three years.



“Have you completed the training more than once?” (n=78)

67 respondents (85%) have not completed the training more than once. The 12 respondents (15%) who completed the training multiple times were asked, “What motivated you to take the training a second time?” The answers were as follows:

Answer Choices	Responses
It had been several years since I had taken my first counseling and testing training	50% 6
I was not involved in testing for several years and wanted to refresh my skills	25% 3
I needed to be updated on how to do rapid testing	25% 3
Total	12

Two people wrote in answers reflecting a desire to network with others in their field and to keep up with changes in treating Hepatitis C.

“Do you believe it is important to have follow-up training?” (n=73)

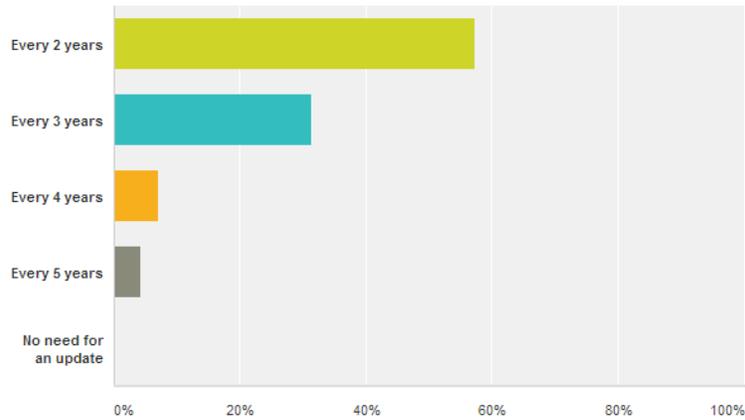
Nearly all of respondents (95%) who answered the question said follow-up training is important. Reasons that follow-up training is needed are as follows:

Answer Choices	Responses
Provide support for people doing testing	69.86% 51
Keep people who are doing counseling and testing up-to-date on current testing "practices"	98.63% 72
Keep people who are doing counseling and testing up-to-date on current testing "policies"	75.34% 55
Recertify people who were trained previously	64.38% 47
Total Respondents: 73	

Three respondents wrote in reasons to participate in follow-up training including: keeping people in touch with the community they serve by addressing topics such as stigma; keeping people up to date on trends and risk reduction strategies; and improving testing experience for all clients.

“How often should testers update their training?” (n=70)

Nearly 60% of respondents believed that testers should update their training every 2 years.



Training updates would be preferred in the following formats:

Answer Choices	Responses
One-half to one-day update held during the work week	67.53% 52
One-half to one-day update held on the weekend	10.39% 8
Web-based training modules you could complete on your own	22.08% 17
Total	77

“Does your organization have a staff training plan for HIV testing and counseling?” (n=78)

Nearly half of organizations (48%) have a staff training plan for HIV Testing and Counseling. Of the respondents who reported attending staff training, the breakdown of organizations is as follows:

Answer Choices	Responses
City/County Health Department	25% 9
Community-based Organization	41.67% 15
Tribal Entity	5.56% 2
Outreach Worker	5.56% 2
Family Planning/STD Clinic	16.67% 6
Community Health Center/Federally Qualified Health Center	5.56% 2
Total	36

“Is the counseling and testing training conducted in a way that facilitates positive attitudes among staff and eliminates stigma and discrimination against (PLHIV)?” (n=38)

Of the 38 individuals who reported staff training only one participant working in a community based organization responded by saying no.

“In which of the following areas have you received additional training beyond what is provided by MTDPHHS?” (n=75)

Respondents have received training in the following areas outside of what is offered by the HIV Counseling and Testing training program conducted by MTDPHHS, listed from top to bottom in descending order of prevalence:

Answer Choices	Responses
STD modes of transmission and treatment	57.33% 43
HIV prevention and treatment	57.33% 43
Hepatitis C modes of transmission and treatment	56.00% 42
HIV modes of transmission	49.33% 37
Behavior change communication	38.67% 29
Outreach	37.33% 28
Working with men who have sex with men (MSM)	34.67% 26
Working with people living with HIV	32% 24
Working with injection drug users (IDUs)	29.33% 22
None of the above	20% 15
Working with national minorities	20% 15
Sexual and gender-based violence	18.67% 14
Psychosocial issues	16% 12
Human rights of people living with HIV	13.33% 10
Working with sex workers (SW)	12% 9
Human rights of most at-risk groups (IDUs, MSM, SW)	12% 9
Working with transgendered/transsexuals	12% 9
Working with "pre-injectors"	5.33% 4
Total Respondents: 75	

Participant Training Needs:

“In what areas would you like to receive additional training?” (n=71)

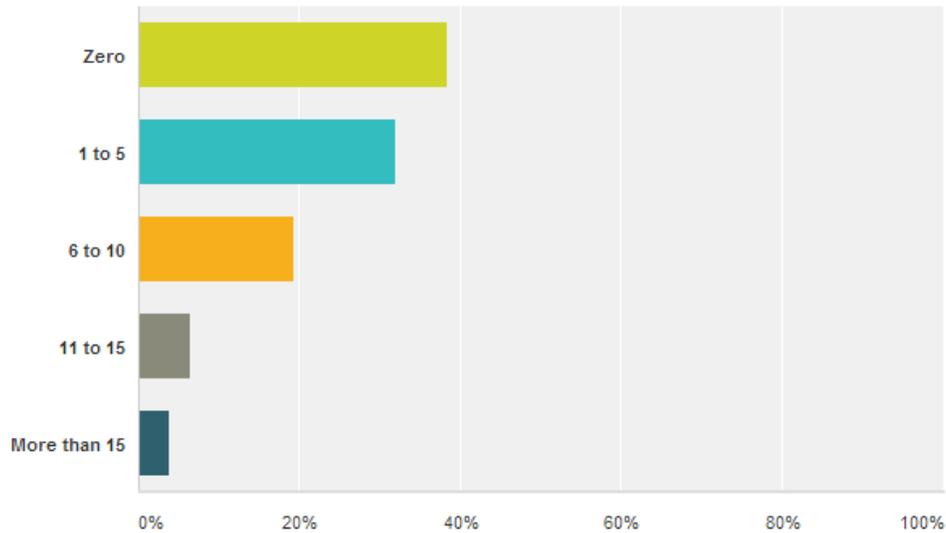
Respondents would like to receive additional training in the following areas, listed in decreasing order of prevalence:

Answer Choices	Responses
Psychosocial issues	53.52% 38
Sexual and gender-based violence	45.07% 32
Behavior change communication	42.25% 30
Working with "pre-injectors"	42.25% 30
Working with transgendered/transsexuals	39.44% 28
Working with injection drug users (IDUs)	38.03% 27
Working with men who have sex with men (MSM)	38.03% 27
Working with people living with HIV	38.03% 27
Outreach	36.62% 26
Human rights of most at-risk groups (IDUs, MSM, SW)	36.62% 26
Human rights of people living with HIV	35.21% 25
Working with sex workers (SW)	33.80% 24
STD modes of transmission and treatment	29.58% 21
Working with national minorities	28.17% 20
Hepatitis C modes of transmission and treatment	26.76% 19
HIV prevention and treatment	23.94% 17
HIV modes of transmission	19.72% 14
None of the above	4.23% 3
Total Respondents: 71	

Services Provided:

“How many tests do you conduct in one month? (n=77)

Nearly 40% of respondents do not conduct any tests in a month. The majority of respondents conduct from 1 to 10 tests a months, while only approximately 11% conduct over 11 tests per month.



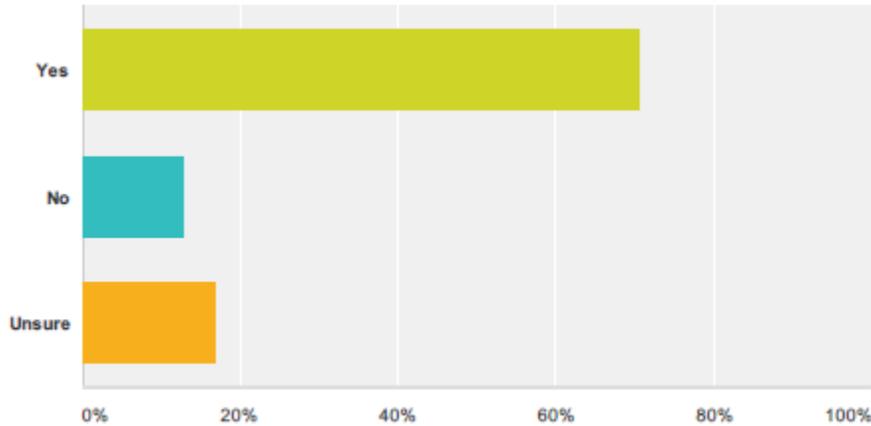
“Which of the following methods does your organization use to deliver services to clients? (n=76)

The organizations themselves primarily provide outreach services, clinic-based health services, drop-in services, and peer education. Write-in answers included case management, mental health services, and emergency food supplies.

Answer Choices	Responses	Count
Outreach services	69.74%	53
Clinic-based health services	64.47%	49
Drop-in services	50%	38
Peer education	43.42%	33
Jails/Prisons	19.74%	15
Mobile services	17.11%	13
Substance abuse treatment centers	15.79%	12
Juvenile detention centers	11.84%	9
Shelter/Safe house	10.53%	8
Hospital-based health services	1.32%	1
Total Respondents: 76		

“Does your organization have guidelines for collecting testing data?” (n= 77)

54 (70%) of the respondents reported that their organizations had guidelines for collecting testing data, while 13% (10) reported no, and 17% (13) were unsure about whether their organization had guidelines.



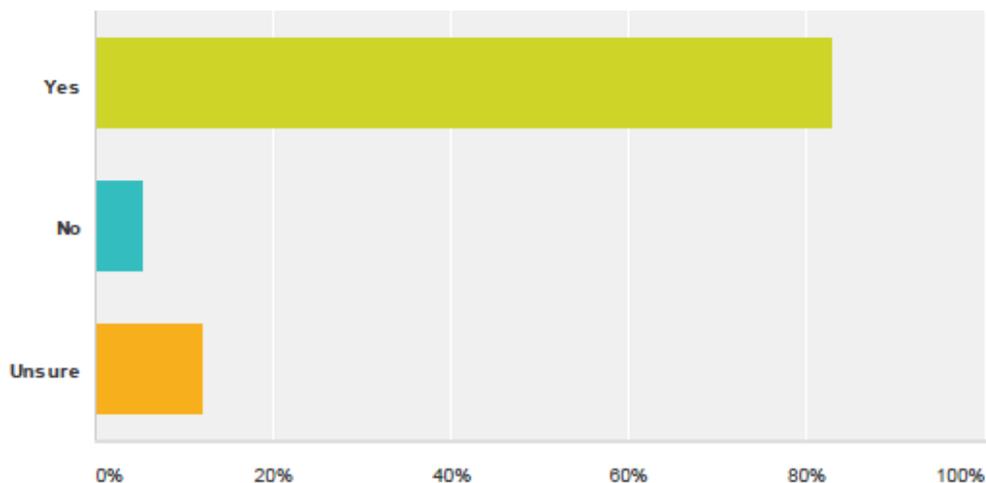
These guidelines were generally perceived to be user-friendly.

49% of organizations produce annual statistics on the number of new clients tested, but only 13% of respondents were positive that their organizations reported repeat clients tested.

When SurveyMonkey results were filtered to identify any differences in organizations that did or did not report statistics on new clients or repeat clients tested, organizations from every category were reported in both cases.

“Do you feel you have the knowledge, skills, and attitudes you need to provide HIV counseling and testing services to diverse clients, including young people, sex workers, Men Who Have Sex With Men, and injecting drug users?” (n=75)

62 (83%) respondents reported that yes, they did have the necessary knowledge, skills, and attitudes. 4 (5%) respondents said “no,” and 9 (12%) were unsure.



“How comfortable are you with the following aspects of HIV counseling and testing?”

Over 90% of the survey participants reported being “very comfortable” or “comfortable” with the following aspects of counseling, testing, and referral:

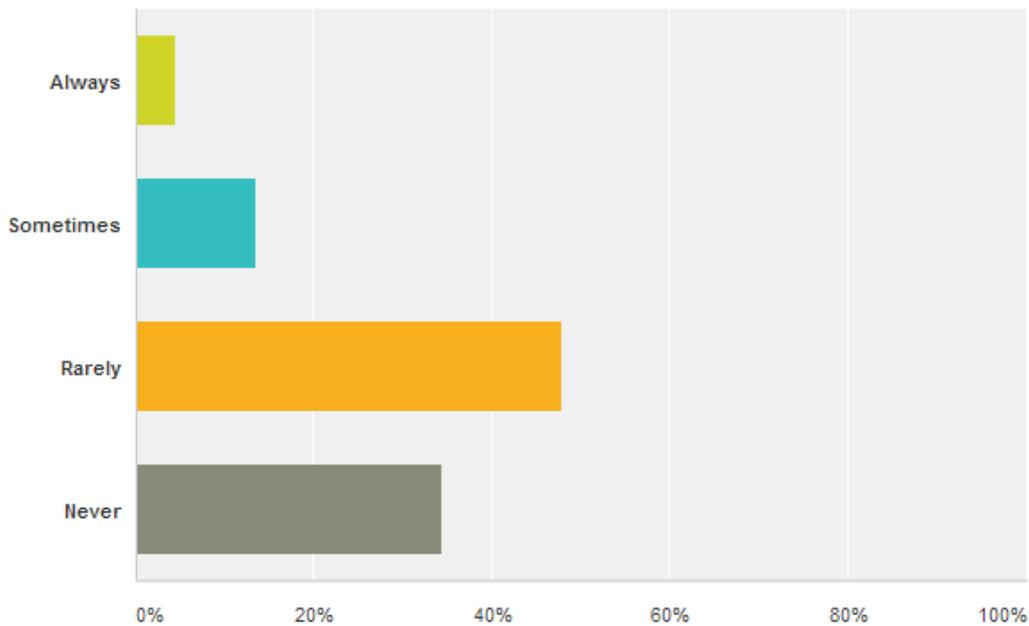
Aspect of CTR	% Very Comfortable or Comfortable	Total # of Respondents
Engaging the client in conversation	100% (n=74)	74
Listening actively	100% (n=74)	74
Setting aside personal biases	99% (n=73)	74
Allowing adequate time for questions and clarifications	99% (n=72)	73
The difference between open- and closed-ended questions	97% (n=72)	74
Providing the client with information	97% (n=71)	73
Being respectful of the client’s emotional response to negative or positive test results	96% (n=71)	74
Helping the client to identify behaviors that could be changed to reduce risk of HIV transmission	96% (n=70)	73
Knowledge about HIV and modes of transmission	95% (n=71)	75
Conducting the personal risk profile assessment	95% (n=70)	74
Discussion of a risk reduction plan	95% (n=70)	74
Referring clients for confirmatory testing	95% (n=69)	73
Using silence to allow for self-expression	93% (n=69)	74
Helping the client develop a plan of action that included the proposed behavior change	93% (n=67)	72
Referring client to other necessary services, such as mental health, STD testing, etc.	93% (n=70)	75
Keeping your own emotional response fully in check during the counseling session	92% (n=67)	73
Helping the client understand their test results	91% (n=67)	74
Talking about sensitive issues plainly and appropriately to the culture	90% (n=66)	73
Information concerning the HIV test given, such as the process of testing, the meaning of possible results, etc.	90% (n=66)	73

10% or more of the survey participants reported being “uncomfortable” or “very uncomfortable” with the following aspects of counseling, testing, and referral.

Aspect of CTR	% Very Uncomfortable or Uncomfortable	Total # of Respondents
Capacity to cope with HIV-positive result	26% (n=19)	74
Discussion of client’s potential needs and available support	19% (n=14)	75
Up-to-date knowledge of HIV	16% (n=12)	75
Managing client distress	16% (n=12)	73
Fully discussing options with the clients	15% (n=11)	74
Helping the client with their emotional response to positive or negative test results	15% (n=11)	73
Conducting all elements of the counseling session from a client-centered perspective	12% (n=9)	74
Discussion of meaning of HIV-positive and HIV-negative results and possible implications	11% (n=8)	74

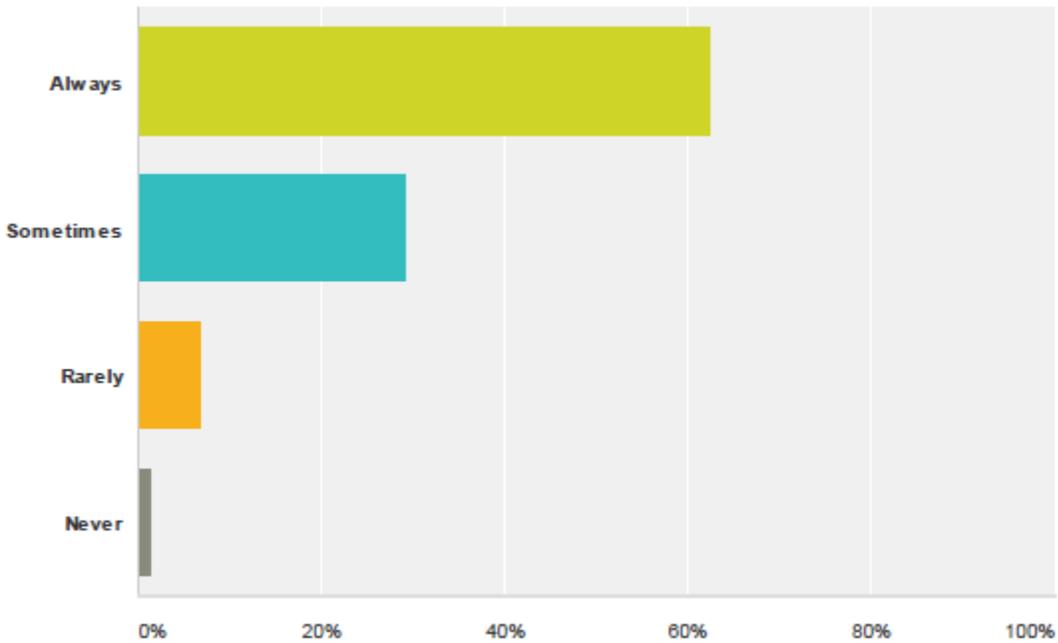
“When conducting an HIV test, how often do you feel unsafe?” (n=67)

The majority of respondents (82%) rarely or never feel unsafe when conducting an HIV test.



“How often do you feel supported in your work?” (n-72)

Most individuals (63%) always felt supported in their work. Approximately 8% of individuals felt that they were rarely or never supported.



The individuals who rarely or never feel supported are employed by the City/County Health Department, Community Health Centers, and Tribal Entities. They tend to not conduct a large number of tests each month. Most reported conducting zero to ten tests per month.

Additional Comments:

Several participants chose to leave comments at the end of the survey as suggestions to help MTDPHHS more effectively meet the needs of individuals who conduct HIV counseling, testing, and referral services in Montana. These include the following:

-  *"I would like to see targeted training for MSM, IDU, or high risk populations as well as a diversity of trainers. Also, trainings offered on weekends."*
-  *"In small, rural Public Health offices we just do not have the capacity to stay trained, or even keep unexpired testing supplies, related to the small number of people seen. We also do not have a provider on-site, nor standing orders for any treatments, so must send a client to a provider anyway if treatment for any STD or other condition is needed. It is frightening and frustrating to not be able to serve a population as it should be done because the interest, the support and the knowledge are just not there. The ability to work with an HIV program that would come on-site to DO testing, counseling, referrals, etc. on a regular basis might be a better answer than expecting current staff to take on that responsibility."*
-  *"Offer webinars for online support to testers as well as having renewal trainings to update those doing testing and counseling."*
-  *"There are several people trained to provide HIV Prevention Counseling Training - will they ever be invited back as trainers?"*
-  *"Maybe having MSM, IDU and Transsexual persons at the training so that they can talk and we can openly ask questions about that risk group to further our knowledge base."*
-  *"Just as Montana is considered a low incidence state for TB and receives amended trainings to accommodate that reality, most MT counties are low incidence sites for positive HIV tests. Having 'tune up trainings' for those of us who don't do tests every week, and have not had positives before would keep up ready for those eventualities would be good."*
-  *"Creating a statewide testing standard and privacy policy."*
-  *"Laurie is a fabulous presenter!!!!!!"*
-  *"Focus on Hep C was very helpful and informative."*

Limitations of the Study

In reviewing the results of this study, several limitations should be kept in mind:

- **Survey Return Rates:**
Approximately 150 individuals who were enrolled in CTR Training since 2010 were sent an invitation, via e-mail, to take the survey; 85 individuals responded. While it may be logical to assume that individuals who chose not to complete the survey were no longer engaged in HIV testing or had moved from the state, the reasons for lack of participation are not known.
- **Survey respondents' lack of HIV testing experience:**
The one criterion for participation in this study was that individuals had taken the MT DPHHS CTR training at least once in the past four years (2010 to 2013). Interestingly, nearly 40% of individuals who participated in the survey reported that they had taken the training and yet also reported conducting zero tests per month. How this lack of testing experience influenced responses to the survey is not known.
- **Participants' perceptions of their skill level:**
Over 80% of respondents felt very comfortable or comfortable with all aspects of the CTR process. As with all self-report data, it is difficult to determine if respondents' perceptions are accurate or if social desirability influenced responses.

Conclusions

Overall, it appears that the Montana CTR Trainings have been successful. Most survey respondents (over 80%) who attended the training reported feeling they have the knowledge and ability to provide CTR services to diverse clients. Similarly, over 80% of participants reported feeling comfortable with a broad array of procedures and practices associated with CTR. Despite the high level of comfort in conducting HIV tests, many respondents indicated a desire to receive additional training. Almost half indicated that they would like further training in dealing with the psycho-social aspects of the HIV testing process. More than a third of respondents indicated a desire to learn more about gender based violence, behavior change communication, and about populations most at risk for infection – specifically people who identify as transgender, people who use injection drugs, men who have sex with men, sex workers and people living with HIV.

Nearly all of the respondents indicated that follow-up training was important. A two to three year follow-up training was perceived to be ideal. When asked about the preferred format for the training, over two-thirds of the respondents indicated that half day trainings during the work week would be ideal. Web based trainings were the number one choice of training for approximately a quarter of respondents.

Data from this study support the assumption that CTR trainings are meeting the needs of individuals who are responsible for conducting HIV testing in Montana.