



Capacity-Building in HIV/AIDS
for Medical Providers (CHAMPs)

Handbook for Surveying Community Health Centers, Medical Providers, and HIV Issues



Association of Asian Pacific Community Health Organizations



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Please contact CHAMPs at (510) 272-9536.



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I. BACKGROUND

To effectively address HIV/AIDS in Asian American and Pacific Islander (AAPI) populations in the community health center settings, the program, Capacity-Building in HIV/AIDS for Medical Providers (CHAMPs), believes that it must begin with providers who are adequately trained, feel comfortable with HIV related issues (including clinical HIV screening, diagnosis and treatment), have effective communication skills, and are familiar with resources available to meet the multiple needs of a person at risk for HIV, is infected with the HIV virus or has an AIDS diagnosis. Further, HIV necessitates that the medical providers be able to talk about substance abuse, sexuality and other “tough” issues. CHAMPs developed this handbook to support planning processes for enhancing HIV/AIDS programs undertaken within community health centers.

A. Association of Asian Pacific Community Health Organizations (AAPCHO)

The Association of Asian Pacific Community Health Organizations (AAPCHO) is a nonprofit, national membership organization established to promote advocacy, collaboration, and leadership among community health clinics primarily serving Asian Americans, Native Hawaiians, and Pacific Islanders living in the U.S., its territories and freely associated states. Founded in 1987, AAPCHO is based in Oakland, CA, with its member clinics located throughout the U.S. and Hawaii.

B. Capacity-Building in HIV/AIDS for Medical Providers (CHAMPs)

CHAMPs is a multi-year project funded by the Office of Minority Health, Office of the Secretary in the Department of Health and Human Services.

1. Goal

The CHAMPs Program seeks to increase the capacity of health care providers to address HIV/AIDS and sexually transmitted diseases (STDs) for underserved Asian American and Pacific Islander communities.



2. Year 1 Objectives:

- 1) To convene a project advisory committee comprised of a cross section of the AAPI community, including healthcare providers and HIV infected and affected individuals.
- 2) To survey, review, and document current HIV/AIDS health promotion, education, and care activities in Community Health Centers (CHC) where there is a substantial AAPI population.
- 3) To identify needs of CHCs for improving primary care settings' capacity to address HIV and AIDS health promotion, education, and care for the communities they serve.
- 4) To improve AAPI healthcare providers' capacity to address HIV and AIDS in their local community.

In fulfilling Objective 2, the CHAMPs program conducted a questionnaire survey study in August and September 2000. Health centers and medical providers in the United States and Pacific Jurisdictions who serve medically underserved AAPIs were surveyed.

The questionnaires included in this handbook benefited from the assistance of many people including the project advisory committee members, advisers/resource persons, and field testers.

3. Questionnaire Development

The CHAMPs program developed the questionnaire by asking community health centers to describe current and past HIV/AIDS activities that focused on AAPI populations. The medical provider questionnaire was adapted from an assessment instrument developed by The Measurement Group (www.measurementgroup.com), funded by the Health Resources and Service Administration's HIV/AIDS Bureau.

The CHAMPs program added questions to the Measurement Group instrument to identify the unique needs of community health centers serving AAPIs. A draft of the instruments was pilot-tested for content validity with members of the CHAMPs advisory committee members and resource persons (n=14) who are made up of researchers, evaluators, program administrators, clinicians and community leaders. It was revised several times and then tested with medical providers (n=5) for succinctness and brevity. The final version incorporated feedback from all testers.



4. Why Did CHAMPs Use These Questionnaires?

The results of the study have served multiple purposes. First, the results have informed the development of a plan for mobilizing local resources in order to increase the capacities of medical providers. Second, CHAMPs has built partnerships/networks by engaging those serving this population in the process of developing the instrument, and in collecting and analyzing the data. Most importantly, the study's findings have informed CHAMPs priority activities.

II. PURPOSE OF QUESTIONNAIRES

One of the primary purposes of the questionnaires is to assess and document the current status of health promotion, education, and care activities in community health centers serving AAPIs. The questionnaires also serve to assess the perceptions, attitudes, and behaviors of medical providers regarding the impact of HIV and AIDS on communities they serve. They measure providers' outlook on HIV/AIDS care and treatment, and their training needs in these areas. (Because primary care providers are often at the forefront in assessing, providing, and referring care of clients and those at risk for HIV/AIDS, assessing their level of comfort in dealing with HIV/AIDS, related topics, and their training needs is important in improving current delivery systems.) These questionnaires can also help in identifying areas of strengths and challenges faced by HIV programs based in community health centers and can be employed as a tool complementing other methods of inquiry (i.e., focus groups, in-depth interviews, literature review, etc.).

The results of the study can be used for multiple purposes depending on the agency's needs and programmatic capacity. They can inform the development of a plan for mobilizing local resources to increase the capacities of medical providers or inform HIV/AIDS program priority areas.

III. SETTING UP FOR THE SURVEY

The process of setting up the study includes a preparatory phase of building relationships with the individual who will be involved and can support the completion of the study. The short term benefits include ensuring that information is understandable for the target group or sample and facilitating the questionnaires being returned by the deadlines. In the long term, these relationships can enhance the CHC's ability to be informed of the strengths of their HIV/AIDS program and their capability to respond to the program's needs.



Step 1:

Establish a community advisory committee to support the community benefit, programmatic, and technical aims of the study.

Step 2:

Inform the executive directors, medical directors and other senior managers of the community health centers of the survey, and obtain collaboration and support.

Step 3:

Identify contact persons (liaisons) at proposed sites. Once identified, communicate with these liaisons and inform them of the intent of the study and how the information will be used. Solicit their support. It is recommended that these individuals be involved prior to deploying the instrument, that is, they or another representative from the organization should participate in the development of the study, the survey instrument, and be involved in the analysis and dissemination of the information or its findings.

Step 4:

Make sure that the wording of the instruments is current, clear, understandable, and if indicated, sensitive to cultural and linguistic needs of survey participants.

Provider* questionnaires must be kept as short as possible (less than ten minutes to complete) because providers have pressing demands on their time to see and treat patients. Suggest that questionnaires be completed at a staff meeting so they can be collected and returned all at once.

** Providers can include Certified Midwives, Family Nurse Practitioners, Medical Assistants, Physician Assistants, Physicians, and Nurses.*

Step 5:

Set up a reasonable time line (preferably two weeks) for completion and return of questionnaire. Allowing for more than two weeks will decrease the response rate (questionnaire forgotten or lost, etc). Make sure to include a self-addressed stamped envelope and enough copies of the instrument.



Step 6:

Follow-up with liaisons via either a phone call or postcard after 1 week of mailing materials to ensure receipt and to answer any questions they may have.

A. FIELD TESTING

*B*efore sending out the questionnaires, test the questionnaire on a small sample of persons who are similar to those who are the focus of your survey (e.g. if the target group consists of nurses or physicians, test the instrument on staff of the same disciplines, and not on outreach workers). Determine if the language is appropriate. Time the testers when completing the questionnaire. Note special survey administering concerns and testers' observations. Did testers take a long time to complete the form? Do you need to add more questions to the survey or replace some questions?

B. Actual Questionnaire

- Along with the questionnaire, include a consent form stating that participation is voluntary and stating what the data will be used for.
- Make sure that the identity of the respondent will be kept confidential and assure the respondent of this. Including a confidentiality statement on the cover letter is encouraged. Use other identifiers, such as numbers, to identify survey respondents and completed questionnaires.
- Be sure to be precise in the wording of the questions. Avoid acronyms, dated terminology, and ambiguous words.
- Categorize questions in easily identifiable sections. Including specific objectives in each section is suggested.
- Make sure to repeat (or rephrase) the same question at least twice throughout the survey in order to verify consistency of the response.



IV. INDICATORS

The instrument uses indicators (measurable statements of program objectives and activities) that will allow for comparison of perceptions, attitudes and practices of health care providers regarding HIV/AIDS. If you intend to repeat the study over time, it is even more important that your indicators are consistent throughout the different instruments. This practice will support comparability over time. It is strongly recommended that sufficient time be spent on ensuring that the instrument is relevant and will be useful in the future, as this can potentially save you time in the long run.

The attached instruments attempt to measure different aspects of a medical provider's level of comfort in working with Pacific Islanders, Asian women, children with HIV, and HIV infected persons, as well as their knowledge of AIDS service organizations in their area.

V. DATA MANAGEMENT AND ANALYSIS

Once all the data from the questionnaires has been collected, the information can be coded and entered into a computer program in preparation for analysis. Quantifying the information gathered will make it easier for others to understand the results, and to use the data for planning and program enhancements.

- Someone familiar with the questionnaire should look at them to make sure that the responses make sense. We suggest that this review be done right away – to assure usefulness of the information submitted. For example, a center may have decided to photocopy more surveys but did not realize that they only copied one side of a two-sided questionnaire page.
- Each questionnaire should be reviewed prior to data entry, to ensure that the information is valid and that the data is reliable (e.g., respondents belong to the class of individuals who you want to complete the questionnaire, forms are completed, no personal identifying information is found on the instrument).
- After checking for accuracy, enter data into a program like Microsoft Excel. Again, double-check the data entry. You can also skip Excel and enter the data directly into a statistical program (explained in the next step).
- For additional statistical analysis (univariate or bivariate analysis), data can then be transferred into statistical data programs such as Epi Info, STATA, SAS or SPSS. If the number of surveys returned is small, Excel may be sufficient.



Univariate Analysis:

Involves the analysis of the distribution of one variable only. Indicators defined for this survey are calculated through univariate analysis.

Bivariate Analysis:

Performed to determine whether one variable influences the distribution of another. The variables are usually divided into two categories: independent/explanatory variable and dependent/outcome variable. Bivariate analysis looks for the relationship between an explanatory and outcome analysis. Its goal is to determine whether any observed difference reflects a true difference, or if it is due to chance.

VI. FIELD NOTES

- Obtain a sufficiently large sample size and ensure that your sample is representative of the respondents targeted for the study.
- Verify that the contact information is correct and that you have identified the person responsible for facilitating the completion of the questionnaire.
- It is important for administrators of the survey to consistently contact liaisons to ensure that questionnaires are completed and returned.
- At the time of data entry, designate one person to input survey data to minimize the possibilities of data entry errors.
- During the preliminary stages of analyzing the data, be sure to provide liaisons with preliminary results. Before the final results of the survey findings are released, be sure to send them a copy for review and comments.
- Review the data collection process and findings of your study with your advisory committee. Seek feedback about the appropriateness of your conclusions based on the information you have gathered.



VII. SURVEY INSTRUMENTS

- A. HEALTH CARE PROVIDERS QUESTIONNAIRE
- B. HEALTH EDUCATION DEPARTMENT SURVEY
- C. SAMPLE LETTER OF CONSENT /
CONFIDENTIALITY STATEMENT



A. HEALTH CARE PROVIDERS NEEDS SURVEY

FOR AAPCHO'S OFFICE USE ONLY Date Received: _____ Staff: _____ Survey Number: _____

Part I. Please tell us a little bit about yourself.

1. How old are you? _____ years 2. What is your gender? ☐ male or ☐ female
Please respond by listing corresponding choices from the right column below each question. For choices "u" through "w" please specify in your answer box.

3. What is your ethnicity? _____	a. African American	n. Multiracial
4. What language(s) are you proficient in speaking? _____ _____ _____ _____ _____	b. Cambodian/Khmer	o. Native Hawaiian
	c. Caucasian	p. Samoan
	d. Chamorro/Guamanian	q. South Asian
	e. Chinese	r. Thai
	f. Filipino/Ilocano/Tagalog	s. Tongan
	g. Hmong	t. Vietnamese
	h. Indonesian	u. Other Asian (specify) _____
	i. Japanese	v. Other Pacific Islander (specify) _____
	j. Korean	w. Other (specify) _____
	k. Lao	
	l. Latino	
	m. Mien	

5. Please tell us your educational background.
☐ High School diploma/GED ☐ Community College (AA) ☐ Bachelor level (BA, BS)
☐ Master level (MA, MS, MPH) ☐ Doctoral level (DrPH, PhD, MD)
6. Please tell us what is your professional qualification (i.e. licenses, training, credentials, such as RN, MD, Certified Alcohol and Drug Abuse Counselor) _____
7. How many years of professional experience do you have working in a healthcare setting as a provider?
_____ years
8. How many years of professional experience do you have working with HIV/AIDS as a healthcare provider?
_____ years
9. Do you think that HIV/AIDS is a problem with Asian Americans and Pacific Islanders in your local community?
☐ Not at all ☐ Rare ☐ Less than average ☐ Average
☐ Above Average ☐ Huge problem ☐ Don't know



Part II. Needs Assessment

Please read the scenario, rate each statement on a scale of 1 to 5, with “1” being strongly disagree and “5” being strongly agree.

Scenario A:

A 22 year-old Asian female who speaks limited English wants information on HIV and also wants to be tested for HIV.

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
10. Our clinic does not have funding for the services requested.	1	2	3	4	5	9
11. Our Board of Directors does not see HIV as a top priority.	1	2	3	4	5	9
12. Our community does not want to have these services provided.	1	2	3	4	5	9
13. The waiting list for these services is too long.	1	2	3	4	5	9
14. The services requested are too expensive for the client.	1	2	3	4	5	9
15. I am comfortable with language & cultural issues.	1	2	3	4	5	9
16. I am comfortable working with women.	1	2	3	4	5	9
17. I am comfortable working with HIV+ persons.	1	2	3	4	5	9
18. I am comfortable working with HIV related topics.	1	2	3	4	5	9

Scenario B:

A 30 year-old bisexual man from Guam comes in with his one year old daughter worrying that she is infected with HIV from her mother who just passed away from AIDS related complications that same day. He does not know what he wants besides to make sure that his daughter is not going to get sick.

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
19. There is no suitable HIV specialist to refer the client to.	1	2	3	4	5	9
20. The waiting list for these services is too long.	1	2	3	4	5	9
21. I do not have a suitable AIDS Service Organization (ASO) to refer the client to.	1	2	3	4	5	9
22. I am comfortable dealing with language & cultural barriers.	1	2	3	4	5	9
23. I am comfortable working with gay & bisexual men.	1	2	3	4	5	9
24. I am comfortable working with HIV+ children.	1	2	3	4	5	9
25. I am comfortable working with Pacific Islanders.	1	2	3	4	5	9
26. Working with persons who are HIV+ make me uncomfortable.	1	2	3	4	5	9



Part III. Your Organization

Please respond by listing corresponding choices from the right column below each question. For choice “r. Other” please specify in your answer box.

27. What is your role in this organization? _____	a. No one	j. General Practice Physician
28. In your organization, who provides the HIV prevention services & activities? _____	b. Administrator	k. Internal Medicine Physician
29. Who normally provides HIV testing and counseling to clients? _____	c. Program Coordinator	l. Obstetrician/Gynecologist
30. If a client is found to be positive, who is the client referred to next? _____	d. Community Health Outreach Worker	m. Physician assistant
	e. Health Educator	n. Medical assistant
	f. Peer leader	o. Nurse
	g. Counselor	p. Nurse Practitioner
	h. Social Worker	q. Midwife
	i. Psychologist	r. Other (please specify)

31. Does your organization integrate HIV prevention services into existing clinical services or department?

☐ Yes, we integrate HIV prevention services into: _____

☐ No, it is a stand-alone service or it has its own department.

32. In your patient's intake form, are there questions regarding HIV risk assessment? ☐ yes ☐ no

33. What characteristics of young adult and adult clients trigger you to do an HIV risk assessment?

- | | |
|--|--|
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Sexual activity |
| <input type="checkbox"/> Mental health problems | <input type="checkbox"/> All clients |
| <input type="checkbox"/> Only when clients ask about HIV | <input type="checkbox"/> I do not normally recommend HIV counseling & testing to my clients. |

34. What do you feel are your organization's accomplishments in the past two years regarding HIV/AIDS prevention and care services and activities?



Part IV. Your View Point

Please read the statements below and rate whether you disagree or agree with them. Rate each statement on a scale of 1 to 5, with “1” being strongly disagree and “5” being strongly agree.

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
35. Our HIV/AIDS programs can be more effective in serving AAPIs by cross-training health care providers in the expertise, knowledge, and operating methods of AIDS Services Organizations (ASOs).	1	2	3	4	5	9
36. As a clinic, we spend too much time worrying about “models,” “turfs,” and “theories” than actually service delivery.	1	2	3	4	5	9
37. We need to bring together social, family, health, drug treatment & mental health services to better serve high risk & HIV-infected persons.	1	2	3	4	5	9
38. It is too easy for high-risk and HIV-infected persons to “slip through the cracks” at this clinic.	1	2	3	4	5	9
39. We can benefit from more training in communicating regarding HIV, sexual health education and encouraging HIV testing & treatment.	1	2	3	4	5	9
40. I am completely comfortable talking about sexuality, substance abuse, mental health issues and HIV to my clients.	1	2	3	4	5	9
41. My clients do not test for HIV because they fear that the community will find out that they seek this service.	1	2	3	4	5	9
42. I am aware of and often refer clients to the ASOs in this area.	1	2	3	4	5	9
43. Providers involved in HIV services need to be better trained on issues related to AAPIs so that problems will not continue.	1	2	3	4	5	9
44. Good coordination exists here between HIV prevention services provided by the health educators/outreach workers and HIV-related medical services.	1	2	3	4	5	9
45. Given the resources that we have for HIV services, we are doing the best we can in providing HIV testing and counseling and other prevention activities for the community we serve.	1	2	3	4	5	9
46. I am comfortable with my clients when discussing sexuality and other “tough” issues like substance abuse.	1	2	3	4	5	9



47. What do you think is the HIV prevalence in the Asian American and Pacific Islander community that you serve?

- ☐ Zero
- ☐ Rare
- ☐ Less than average
- ☐ Average
- ☐ Above Average
- ☐ Huge problem
- ☐ Don't Know

48. To which adult and youth clients do you normally complete an HIV risk assessment? *(Check all that apply)*

- ☐ Substance abusers
- ☐ Sexually active clients
- ☐ Clients with mental health problems
- ☐ All clients
- ☐ Only when clients ask
- ☐ I do not recommend HIV counseling & testing to any of my clients.

49. To which adult and youth clients do you normally recommend HIV counseling & testing? *(Check all that apply)*

- ☐ Substance abusers
- ☐ Sexually active clients
- ☐ Clients with mental health problems
- ☐ All clients
- ☐ Only when clients ask
- ☐ I do not recommend HIV counseling & testing to any of my clients.

50. Do you have any other comments? Needs you want to express or plans for improvement in the near future?

Please attach any necessary documents.

**Please return this survey to your supervisor to be returned together
with the rest of the surveys to AAPCHO.**

Thank you! ☺



B. HEALTH EDUCATION DEPARTMENT NEEDS SURVEY

FOR AAPCHO'S OFFICE USE ONLY

Date Received: _____

Staff: _____

Survey Number: _____

I. Organizational Information

1. Is your organization a community health center, health clinic, migrant health center OR a health center in a U.S. affiliated Pacific Island?
 - ☐ Yes (Please continue.)
 - ☐ No (Stop, you do not need to fill out this survey.)
2. Approximately what is the size of Asian American and Pacific Islander communities served by your center?
 - How many persons? _____ persons per year
 - What is the percentage of AAPIs to the total population served by your center? _____%
3. How many AAPI patients encounters do you see?
 - How many visits do you conduct? _____ visits per year.
 - What is the percentage of AAPI visits to the total number of visits served by your center? _____%
4. What ethnic/racial groups are served by your organization? (check all that apply)

<input type="checkbox"/> African American	<input type="checkbox"/> Lao	<input type="checkbox"/> Other Asian (specify) _____
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Latino	
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Mien	
<input type="checkbox"/> Chamorro / Guamanian	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Other Pacific Islander (specify) _____
<input type="checkbox"/> Chinese	<input type="checkbox"/> Native Hawaiian	
<input type="checkbox"/> Filipino	<input type="checkbox"/> Samoan	
<input type="checkbox"/> Hmong	<input type="checkbox"/> South Asian	
<input type="checkbox"/> Indonesian	<input type="checkbox"/> Thai	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Japanese	<input type="checkbox"/> Tongan	
<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese	
5. Looking back at question 4, which three are the primary ethnic groups served by your organization?

A. _____ B. _____ C. _____
6. What is the catchment area? What areas or neighborhoods, cities, towns do you serve?

7. What is your organization's total annual budget? \$ _____
8. What percentage of the annual budget is spent on HIV prevention activities (i.e. HIV counseling & testing, outreach, etc)? _____%



9. What percentage of the annual budget is spent on HIV/AIDS care and treatment? _____

10. How many years has your organization provided HIV prevention activities? _____ years

11. This past fiscal year, what are the main sources of funding for your HIV prevention services and activities?

_____ % federal	_____ % state
_____ % county	_____ % city
_____ % private business	_____ % foundation
_____ % CDC funded	_____ % CARE Act funded
_____ % other (specify) _____	

12. How many paid full time equivalent (FTE) staff do you have dedicated to HIV prevention? _____ FTE

13. On an average week, how many persons volunteer for your HIV prevention program?

- | | |
|--|--|
| <input type="checkbox"/> none | <input type="checkbox"/> 31 – 40 persons |
| <input type="checkbox"/> 1 – 10 persons | <input type="checkbox"/> 41 – 50 persons |
| <input type="checkbox"/> 11 – 20 persons | <input type="checkbox"/> more than 50 |
| <input type="checkbox"/> 21 – 30 persons | |

II. HIV Programming

14. In what languages, besides English, do you provide your HIV prevention services and activities?

- | | |
|--|---|
| <input type="checkbox"/> Cambodian/Khmer | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chamorro | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> English only | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Ilocano | <input type="checkbox"/> Other Asian (specify) |
| <input type="checkbox"/> Indonesian | _____ |
| <input type="checkbox"/> Japanese | _____ |
| <input type="checkbox"/> Korean | |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Other Pacific Islander (specify) |
| <input type="checkbox"/> Mandarin | _____ |
| <input type="checkbox"/> Mien | _____ |
| <input type="checkbox"/> Punjabi | |



15. In the past 12 months, which specific groups did your organization target? Which ones did you actually serve?
Please check all that apply in the appropriate columns for targeted populations and the populations served.

Targeted	Served	Population	Targeted	Served	Population
		Lesbian women			Homeless adults
		Bisexual women			Incarcerated persons
		Heterosexual women			Injection drug users
		Pregnant women			Sexual/needle sharing partners of intravenous drug users
		Stay-at-home wives/mothers			General community
		Bisexual men			Immigrants
		Heterosexual men			Refugees
		Gay-identified men who have sex with men			Migrant workers
		Non gay-identified men who have sex with men			Rural residents
		Transgender persons (m → f)			Laborers (low skill, low wage, factories, etc.)
		Transgender persons (f → m)			Female sex workers
		Adults > 50 y.o.			Male sex workers
		Youth (ages 12 – 24) in general			Persons living with HIV/AIDS
		Youth with same-sex partners			Other (specify):
		Homeless youth			Other (specify):
		Runaway youth			Other (specify):
		Children (< 12 y.o.)			Other (specify):

16. Looking at question 15 above, which three are your primary target groups?

A. _____ B. _____ C. _____



17. Which of the following HIV prevention services and activities do you offer at your organization? (check all that apply below)

- ☐ Media/public information campaign
- ☐ HIV/AIDS information hotline
- ☐ Written materials (pamphlets, newsletter, posters, etc.)

- ☐ Bar outreach
- ☐ Street outreach (any type)
- ☐ Elementary school outreach
- ☐ Junior/Middle school outreach
- ☐ High school outreach
- ☐ Alternative high school outreach

- ☐ Sexual health education
- ☐ Condom distribution
- ☐ Drug & alcohol treatment
- ☐ Needle exchange/Harm reduction

- ☐ Risk reduction counseling
- ☐ Prevention case management

- ☐ One-on-one counseling
- ☐ Small group counseling (2 - 12 people)
- ☐ Large group counseling (more than 12 persons)
- ☐ Hepatitis screening
- ☐ TB prevention & treatment
- ☐ STD prevention & treatment

HIV testing

- ☐ blood drawing
- ☐ Orasure®
- ☐ Rapid Testing
- ☐ HIV testing for pregnant women or newborns
- ☐ Partner counseling & Referral services (PCRS)

Other: _____

18. Which of the following care & support services do you offer to people living with HIV/AIDS at your organization? (check all that apply)

- ☐ Case Management
- ☐ Child care
- ☐ Client escort for service referrals
- ☐ Dental care
- ☐ Early Intervention Services
- ☐ Food, clothing or financial needs
- ☐ HIV/AIDS treatment advocacy

- ☐ Language interpretation for service referrals
- ☐ Mental health
- ☐ Nutritional counseling
- ☐ Partner counseling & Referral services (PCRS)
- ☐ Service referrals (housing, drug treatment, legal services, job training)
- ☐ Substance Abuse

19. Looking back at Question 18, what are the three services that your clients, who are living with HIV/AIDS, use most frequently?

A. _____ B. _____ C. _____



20. Which services and/or activities do you think are the most successful ones? Why?

21. Are there other services that you would like to provide?

For questions 22 – 24, please read below, circle your response and add any additional comments.

Questions	Not at all	Rarely	Some what	Often	Frequent	To a great extent	Do not know/ Not applicable
22. To what extent are the target groups involved in the HIV prevention council or the local board of your CHC?	1	2	3	4	5	6	9

Comment:

23. To what extent is your organization involved in the HIV/AIDS community planning group for your city or county?	1	2	3	4	5	6	9
--	---	---	---	---	---	---	---

Comment:

24. To what extent is your organization involved in the Ryan White CARE Council (Title I or Title II) planning group for your city/county or state?	1	2	3	4	5	6	9
---	---	---	---	---	---	---	---

Comment:



III. HIV Testing & Counseling

25. Do you provide HIV testing?

☐ Yes, we provide HIV testing.

☐ No, we do not provide HIV testing.

If not, why and do you refer to other sites?

(Skip to question 30.)

26. Do you provide counseling with your HIV testing?

☐ Yes, we provide HIV counseling.

☐ No, we do not provide HIV counseling.

If not, why and do you refer to other sites?

27. Are your counselors certified HIV counselors?

☐ Yes, our counselors are certified.

☐ No, our counselors are not certified.

(Check all that apply)

☐ State certified

☐ County certified

☐ Other

If not, are you interested in receiving training for HIV certified counselors? ☐ Yes ☐ No

28. Where do you provide your testing?

☐ On-site

☐ Off-site *(check all that apply)*

☐ Dance clubs, bars, etc.

☐ Other CBOs

☐ Community venues (specify): _____

☐ Ethnic Festivals

☐ Mobile Unit

☐ Public sex environments (i.e. parks, bathrooms)

☐ Massage parlours

☐ Bath houses (i.e. saunas, hot tubs, sex clubs)

☐ Other (specify): _____

29. What type of testing do you offer?

☐ Anonymous/Confidential

☐ Confidential

☐ Other (specify): _____



Please read the questions and fill in the boxes below. If you have a copy of required data reports, you may also attach them. Key: M to F refers to transgender persons who changed from male to female. F to M refers to those who changed from female to male.

All Clients	F	M	M to F	F to M	PLWHAs	F	M	M to F	F to M
30. How many people have you tested in the past 12 months?					How many of these people were HIV positive?				
31. Out of these, how many are youth (ages 12 – 24)?					How many of these people were HIV positive?				
32. Out of the female clients, how many of them were pregnant?					How many of these people were HIV positive?				

AAPI Clients Only	F	M	M to F	F to M	PLWHAs	F	M	M to F	F to M
33. How many AAPI persons have you tested in the past 12 months?					How many AAPI testers were HIV positive?				
34. Out of the AAPI persons, how many are youth (ages 12 – 24)?					How many AAPI youth were HIV positive?				
35. Out of the AAPI female clients, how many of them were pregnant?					How many AAPI pregnant women were HIV positive?				

Do you think there has been an increase in seroconversion in the past three years? If yes, to what do you attribute this increase?



IV. Organizational Capacity & Integration of HIV Prevention Services

For questions 37 – 38, please respond by rating your answers and add any comments.

Questions	Not at all	Rarely	Some what	Often	Frequent	To a great extent	Just started less than one year ago
37. Do you feel that your organization is doing the best that it can in providing HIV testing and counseling for the communities you serve?	1	2	3	4	5	6	9

Comments:

38. Do you feel that there is coordination between HIV prevention services and the HIV-related medical services?	1	2	3	4	5	6	9
--	---	---	---	---	---	---	---

Comments:

39. Does your organization integrate HIV prevention services into existing medical services or department?

☐ Yes, we integrate HIV prevention services into:

☐ No, it is a stand-alone service or it has its own department.



Please read and respond by rating the following potential barriers. Circle each potential barrier with “1” being strongly disagree and “5” being strongly agree.

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
40. Lack of funding for the services requested	1	2	3	4	5	9
41. Staff not comfortable working with HIV prevention	1	2	3	4	5	9
42. Staff not comfortable working with HIV treatment	1	2	3	4	5	9
43. Staff not comfortable working with women	1	2	3	4	5	9
44. Staff not comfortable working with men who have sex with men	1	2	3	4	5	9
45. Staff not comfortable working with men who have sex with men and women	1	2	3	4	5	9
46. Staff not comfortable working with youth	1	2	3	4	5	9
47. Staff not comfortable working with sex workers	1	2	3	4	5	9
48. Staff not comfortable working with transgender people	1	2	3	4	5	9
49. Staff not comfortable working with drug users	1	2	3	4	5	9
50. Staff not comfortable working with people living with HIV	1	2	3	4	5	9
51. Addressing HIV-related issues is not in the mission of the organization or the Board of Directors	1	2	3	4	5	9
52. Lack of services needed for the client at this site	1	2	3	4	5	9
53. Waiting list is long	1	2	3	4	5	9
54. Language barriers	1	2	3	4	5	9
55. Community is in denial	1	2	3	4	5	9
56. Cost of services to client	1	2	3	4	5	9



57. In your organization, who provides the HIV prevention services & activities?

- | | | |
|--|--|---|
| <input type="checkbox"/> Administrators | <input type="checkbox"/> Counselors | <input type="checkbox"/> Physician assistants |
| <input type="checkbox"/> Program Coordinators | <input type="checkbox"/> Social Workers | <input type="checkbox"/> Nurses/Nurse Practitioners |
| <input type="checkbox"/> Community health outreach workers | <input type="checkbox"/> Psychologists | <input type="checkbox"/> Medical assistants |
| <input type="checkbox"/> Health Educators | <input type="checkbox"/> General Practice MDs | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Peer counselors/ leaders | <input type="checkbox"/> Internal Medicine MDs | _____ |
| | <input type="checkbox"/> Ob/Gyn MDs | |

58. Who normally provides HIV testing and counseling to clients?

- | | | |
|--|--|---|
| <input type="checkbox"/> Administrators | <input type="checkbox"/> Counselors | <input type="checkbox"/> Physician assistants |
| <input type="checkbox"/> Program Coordinators | <input type="checkbox"/> Social Workers | <input type="checkbox"/> Nurses/Nurse Practitioners |
| <input type="checkbox"/> Community health outreach workers | <input type="checkbox"/> Psychologists | <input type="checkbox"/> Medical assistants |
| <input type="checkbox"/> Health Educators | <input type="checkbox"/> General Practice MDs | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Peer counselors/ leaders | <input type="checkbox"/> Internal Medicine MDs | _____ |
| | <input type="checkbox"/> Ob/Gyn MDs | |

59. If a client is found to be positive, who is the client referred to next?

- | | | |
|--|--|---|
| <input type="checkbox"/> Administrators | <input type="checkbox"/> Counselors | <input type="checkbox"/> Physician assistants |
| <input type="checkbox"/> Program Coordinators | <input type="checkbox"/> Social Workers | <input type="checkbox"/> Nurses/Nurse Practitioners |
| <input type="checkbox"/> Community health outreach workers | <input type="checkbox"/> Psychologists | <input type="checkbox"/> Medical assistants |
| <input type="checkbox"/> Health Educators | <input type="checkbox"/> General Practice MDs | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Peer counselors/ leaders | <input type="checkbox"/> Internal Medicine MDs | _____ |
| | <input type="checkbox"/> Ob/Gyn MDs | |

60. Where is your HIV positive client referred to? Please discuss internal and external referrals.



61. What do you feel are your organization's accomplishments in the past two years regarding HIV prevention services and activities?

62. Do you have any other comments? Needs you want to express or plans for improvement in the near future?

Please attach any documents necessary.

Thank you! ☺

If you have any questions, please call
Tida Violante, CHAMPs Program Coordinator
at 510.272.9536, e-mail tvviolante@aapcho.org.

RETURN SURVEY TO
AAPCHO – CHAMPs Survey
1440 Broadway Street, Suite 510
Oakland, CA 94612
Or fax 510.272.0817

Due By September 1, 2000



C. SAMPLE LETTER OF CONSENT / CONFIDENTIALITY STATEMENT

Dear Medical Services Provider:

The Capacity-Building in HIV/AIDS for Medical Providers (CHAMPs) Program at the Association of Asian Pacific Community Health Organizations (AAPCHO) is conducting a confidential survey to find out about HIV/AIDS prevention and care activities that exist in community health centers (CHCs) which serve Asian American and Pacific Islander (AAPI) communities. We are surveying both CHCs in the US and clinics in the US affiliated Pacific Islands. The data will be used for conducting needs assessment, supporting program planning and development, and advocating for HIV/AIDS services in AAPI communities.

Your participation in this survey is voluntary. Your name will not be identified. By completing and returning these surveys to AAPCHO in a timely manner by September 1, 2000, your organization will be eligible to apply for a HIV/AIDS planning grant from AAPCHO for up to \$5,000. This survey is considered a part of your needs assessment.

All of the data collected from these surveys will be kept confidential. We anticipate publishing reports and journal articles from these data. Please attach any materials or program description as necessary. A final report will be sent to your clinic after completion.

PLEASE FILL OUT THE INFORMATION BELOW:

ORGANIZATION NAME: _____

FIRST TWO LETTERS OF YOUR FIRST NAME: _____

FIRST TWO LETTER OF YOUR FAVORITE FOOD: _____ MONTH OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____

TELEPHONE: _____ FAX: _____

TODAY'S DATE (MM/DD/YY) _____

By signing below, you are acknowledging that you have read and understand the instructions above.

Signature: _____ Date: _____

If you have any questions, please contact the Capacity-Building in HIV/AIDS for Medical Providers (CHAMPs) Program at 510.272.9536 or e-mail tviolante@aapcho.org. Please visit us at www.aapcho.org for more information. Our fax number is 510.272.0817.

Sincerely,

Daniel Toleran, M.S.
CHAMPs Program Director

Tida Violante, M.P.H
CHAMPs Program Coordinator



Association of Pacific Community Health Organizations

2002