

NY/NJ AETC Annual Adolescent Care Needs Assessment Survey

The purpose of this survey is to assess the need for HIV/AIDS treatment and care in your organization, and to determine how the New York/New Jersey AIDS Education and Training Center may work with you to improve HIV/AIDS care. Please have your Medical Director or a designee complete this form and return it to your contact person at the NY/NJ AETC.

I. AGENCY DESCRIPTION

A. Agency Name & Address

_____ Zip Code: _____

B. Does your agency receive Ryan White Funding? Yes No

(If yes, what Title of funding do you receive? (Check all that apply))

Title I Title II Title IIIB Title IV SPNS Don't know

C. Who is your target population? (Please check all that apply)

- | | | |
|--|--|---|
| <input type="radio"/> Injection drug users | <input type="radio"/> Non-injecting drug users | <input type="radio"/> Homeless persons |
| <input type="radio"/> People of color | <input type="radio"/> Men who have sex w/ men | <input type="radio"/> Women |
| <input type="radio"/> Pregnant women | <input type="radio"/> Sex industry workers | <input type="radio"/> Youth |
| <input type="radio"/> Incarcerated youth | <input type="radio"/> Incarcerated adults | <input type="radio"/> Partners of at-risk persons |
| <input type="radio"/> Others _____ | | |

D. What percentage of your client population are adolescents (13-21 years old)? _____

E. How many staff provide care to adolescents? _____

F. How many staff in your agency provide care to HIV infected individuals? _____

G. How many staff provide HIV C&T? _____

H. On average, how much staff time does it take to do HIV C&T? _____

I. What percent of your client population do you test for HIV? _____

J. Please check the types of HIV- related services provided by your agency: (Check all that apply)

- | | | |
|---|---|--|
| <input type="radio"/> Risk reduction counseling | <input type="radio"/> Case management | <input type="radio"/> HIV antibody testing |
| <input type="radio"/> Partner notification | <input type="radio"/> Referrals to other agencies | <input type="radio"/> STD diagnosis and treatment |
| <input type="radio"/> Substance abuse treatment | <input type="radio"/> Street outreach | <input type="radio"/> Hotline/phone information services |
| <input type="radio"/> Needle Exchange | <input type="radio"/> Legislative/ Advocacy work | <input type="radio"/> HIV education programs |
| <input type="radio"/> STD education programs | <input type="radio"/> HIV diagnosis & treatment | <input type="radio"/> Mental health services |
| <input type="radio"/> Other _____ | | |

K. Please indicate whether adolescent HIV education is of high, medium or low priority for these individuals in your agency by placing check marks in the table below.

	# of providers	High	Medium	Low
Physician	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician Assistant	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse Practitioner	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RN/LPN	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Pharmacists	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentist/ Hygienist/ Dental Assistant	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychologist	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case Manager	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Worker	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other profession _____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

II. ADOLESCENT HIV TRAINING NEEDS: Please check the priority for each topic listed.

A. Diagnosis/Treatment/Management of HIV Infection	High	Medium	Low
Adherence issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiretroviral therapies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic overview of HIV monitoring and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genitourinary and gynecological manifestations, including STD's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain management and palliative care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal care of HIV infected young women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatric care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psycho-social issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transitioning into and out of adolescent HIV care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other clinical issues (specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. Other issues of HIV Infection	High	Medium	Low
Benefits/entitlements/managed care (e.g., Medicaid, ADAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethical and legal issues: consent and confidentiality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Models for HIV testing: Rapid Counseling & Rapid Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner disclosure and partner notification (PNAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Prevention (Prevention with Positives)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk assessment/sexual history taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexuality/Sexual Identity/Relationship Issues for HIV+ Youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

III. EDUCATIONAL PREFERENCES

A. What would be the most effective and efficient manner to deliver HIV education at your facility?

Please choose five options and rank them from 1-5 (1=highest)

- | | | |
|----------------------|----------------|-------------------------|
| ___ Case conferences | ___ CD-ROMS | ___ Lectures |
| ___ Preceptorship | ___ Role-plays | ___ Satellite telecasts |
| ___ Videos | ___ Websites | ___ Workshops |

B. Please indicate how much time your clinicians can devote to ongoing HIV education annually.

___ Training days per year ___ Hours per training session

Other comments on HIV-related educational needs in your agency:

Your name and title _____

Date _____

Phone number _____ Fax number _____

E-mail _____

Thank you for completing this survey your answers will help us design trainings that will best serve the needs of your providers. Please fax completed surveys to the attention of Melissa Laurie at (718) 882-0432 or mail them directly to Michelle Lyle, MPH, Adolescent AIDS Program, Children's Hospital at Montefiore, 111 East 210th Street, Bronx, NY 10467.