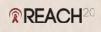*First Nation Community Readiness*
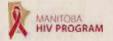## Assessment for Creating Change:
HIV Workbook

Acknowledgments

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Funding

Development of this Workbook

This workbook is intended to lead First Nations communities through a step-by-step process for assessing their community's readiness to tackle challenges related to the increasing rates of HIV in Manitoba.

This workbook has been developed based on the interest in the CAAN's Assessing Community Readiness & Implementing Risk Reduction Strategies Manual (2012) as well as reaching back to the original documents by Barbara A. Plested, Ruth W. Edwards and Pamela Jumper-Thurman (Community Readiness: A Handbook for Successful Change (Tri-Ethnic Centre for Prevention Research, Colorado State University, April 2006) to develop guidelines specifically for HIV and specifically for First Nation communities.

Many people from across Manitoba contributed to the development of this workbook by providing reviews and input into various versions of the document. With the launch of this workbook, we are seeking further input for the development of further versions by inviting workbook users to contribute to the evaluation. We would like to thank the following organizations people for their contribution to the workbook.

ORGANIZATIONS:

- We acknowledge the important leadership that **Northlands Denesuline First Nation** provided when they undertook the pilot study for the Community Readiness Assessment in 2017-2018.

- **The Manitoba HIV/STBBI Collective Impact Network** for their efforts and support throughout this development including the engagement session we held with the Network members at the November 2019 event.

- **The Manitoba First Nations AIDS Awareness Working Group (MFNAWG)** who provided support, feedback and connections for developing this workbook.

- **REACH 2.0** for funding the pilot study (2017-18)

- **Canadian Institutes of Health Research** for funding the development, piloting and implementing this workbook through the Northern HIV Journey Mapping Project.

CONTRIBUTORS

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- **Laurie Ringaert:** Co-Investigator, Co-Author

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Graphic design and layout of this workbook was done by Vincent Design, Winnipeg, Manitoba.

The views expressed herein do not necessarily represent the views of our funding partners.

Table of Contents

Introduction to the Workbook

This "First Nation Community Readiness Assessment for Creating Change: HIV Workbook" was developed through the Northern HIV Journey Mapping Project over a 3-year period with funding from Canadian Institutes of Health Research (CIHR).

In 2017, Dr. Larcombe, in partnership with a Northlands Denesuline First Nation, conducted a pilot study called: "HIV Risk Reduction In Northern Manitoba: A Pilot Study To Assess Community Readiness In A First Nation Community" using the CAAN Assessment Guide. Community members who were trained to use the guide provided feedback on the usability and began to make recommendations for changes. As a result of that pilot study and further stakeholder input we have developed this current workbook.

WHAT ARE THE GOALS OF THE FIRST NATION COMMUNITY READINESS WORKBOOK FOR CREATING CHANGE: HIV?

The goals of the workbook are two-fold:

1) to help strengthen the First Nations response to HIV.

2) To determine community strengths and areas to build strength as the community prepares to respond to HIV.

"One of the best ways to fight stigma and empower HIV-positive people is by speaking out openly and honestly about who we are and what we experience"

– Alex Garner, HIV Activist

THE WORKBOOK IS INTENDED TO:

- Bring the community together
- Build cooperation
- Build on strengths
- Increase the community's capacity for prevention and intervention of HIV

YOUR FEEDBACK IS IMPORTANT:

During 2022 we will be gathering and analyzing the feedback we receive through evaluations and we will update the workbook. Therefore, please take the time to give us your feedback by scanning the QR code, go to **bit.ly/communityassessmentworkbook** or contact Dr. Linda Larcombe at **linda.larcombe@umanitoba.ca**.

Why is a Community Readiness Assessment Important?

Programs are available for sharing knowledge and methods for preventing HIV; reducing the risk of becoming infected with HIV; getting tested for infection, and living well with HIV.

A readiness assessment can help your community prepare physically, emotionally, mentally and spiritually by considering the broader realities, that can create challenges such as colonization, intergenerational trauma, family violence, racism, substance use and shame.

Not all knowledge sharing, programs or methods for responding to HIV are appropriate for your community.
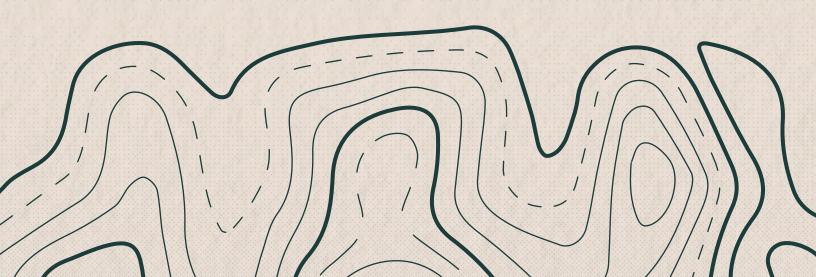
An assessment can bring to light and honour the work that is already being done to respond to HIV in the community. A community readiness assessment will help the community know how best to respond to HIV.
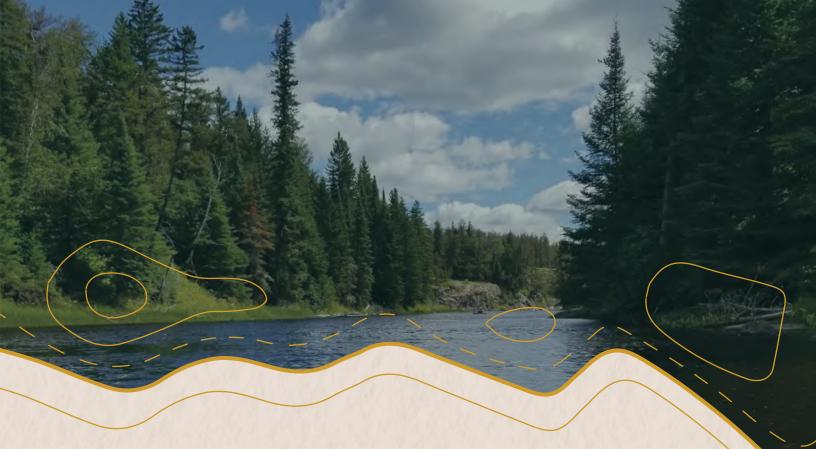
A community readiness assessment will help your own planners within your community develop an action plan that suits your community.

WHY A COMMUNITY MIGHT NOT BE AS READY AS IT COULD BE.

We also know that many communities themselves are not fully ready to address HIV. They may not acknowledge that HIV exists, there may be levels of stigma and discrimination at play, they may not have prevention talks in place, they may not be aware of how people can be tested and treated and/or there may not be a culturally appropriate response developed by the community. The community may not even be aware of its own strengths with respect to this illness.

In rural Canada, health services are provided by various organizations, systems and jurisdictions. First Nation, Inuit, or Metis communities' partner with these systems to access the best quality of care for their community members. Historically, most HIV cases in Canada were found in urban centres or were referred to urban centres for specialized care. With newer cases in rural, on-reserve, northern and remote communities, HIV education, training, confidentiality and peer support are important aspects of community readiness that need to be considered.

THE RATES OF HIV INFECTION ARE RISING IN RURAL, ON-RESERVE, NORTHERN AND REMOTE COMMUNITIES.

The rates of HIV infection are rising in rural, on-reserve, northern and remote communities.

While the majority of HIV cases in Canada are found in urban centres in the south, there is evidence through HIV testing, that HIV positive people live in rural, on-reserve, northern and remote communities.

Rates of HIV in rural, remote First Nations, Inuit and Metis communities is rising.

We know that for First Nation, Inuit and Metis people, the reasons for HIV infection are related to past trauma, colonialization, residential school experience, poverty, rural and remote geography, etc.

BUILDING ON THE STRENGTH OF THE COMMUNITY.

The community as a whole in rural, remote and First Nations communities is integral to tackling HIV. Communities have shown that they are the strength to tackle problems. The community itself may have to create a community change response to work together to address HIV.

One of the ways to determine how to address these complex issues is through a **COMMUNITY READINESS ASSESSMENT**. Using this workbook for creating community change can integrate the community's culture, resources and level of readiness to more effectively address the rising rates of HIV.

What Will An HIV Community Readiness Assessment Look Like?

The *First Nation Community Readiness Workbook for Creating Change: HIV* identifies 5 priority areas (called Themes) that are needed for responding to HIV. The themes are very comprehensive and are important for diagnosing your community's needs for developing strategies to create change.

Theme A. COMMUNITY SERVICES FOR RESPONDING TO HIV.

Theme B. LEADERSHIP FOR RESPONDING TO HIV.

Theme C. COMMUNITY CLIMATE FOR RESPONDING TO HIV.

Theme D. KNOWLEDGE ABOUT HIV.

Theme E. RESOURCES.

The First Nation Community Readiness Workbook for Creating Change: HIV involves five steps:

Step 1 - PREPARATION:
Goal: Prepare a small working group.

Step 2 - CONDUCT INTERVIEWS
Goal: Conduct up to 5 interviews.

Step 3 - SCORE THE INTERVIEWS & MAKE SENSE OF THEM
Goal: Score the interviews and determine the Level of Readiness for each Theme.

Step 4 - DEVELOP AN ACTION PLAN
Goal: Engage with the community to develop actions for creating change.

Steps	Estimated Time Required
Step 1 – PREPARATION	30-45 minutes
Step 2 - CONDUCT FIVE INTERVIEWS	30-60 minutes per interview
Step 3 - SCORE THE INTERVIEWS & MAKE SENSE OF THEM	2-2.5 hours
Step 4 - DEVELOP AN ACTION PLAN	1-2 hours
Step 5 – REVIEW AND EVALUATE HOW THE ACTION IS MOVING ALONG	1-2 hours

The goal of the community readiness assessment is to determine community strengths and areas to build strength as the community prepares to respond to HIV.

How to Conduct A Community Readiness Assessment _ _ _ _ _ _ _

- In this workbook you will find five sections of instructions and the tools you will need
- The Leader (s) should read over the entire workbook
- The Leader (s) should Start with Step 1 and work through each step
- Print copies of the tools for the group that you are bringing together

STEP 1: Preparation

GOAL:
Prepare a small working group and identify people to interview.

PEOPLE INVOLVED: Up to 5 people

THE TASK:
A small working group will identify and contact 5 people and ask them if they are willing to answer the questions about HIV.

TIME REQUIREMENTS: 30-45 minutes

RESOURCE: TOOL 1: List Of People To Interview (pg. 9)

Bring together a group of planners (people who have an interest and take action in their community's health outcomes) that have an interest in helping the community respond to HIV. This group might include Community Health Workers, local nurses, addictions workers, youth, people living with HIV and/ or their family members, Elders or additional community members.

Identify a person to lead the study. The leader will manage the study, organize interviews, undertake interviews, and assist with the scoring assessment and the development of strategies.

Decide who to interview. Choose people in the community who might be aware of HIV. Alternatively, a poster can be shared in the community asking for people to be interviewed.

Choose people who have a variety of views on HIV, for example people:

1 People who are engaged in high risk behavior. Such as, people injecting drugs, people who have been in jail.

2 Health workers, including mental health.

3 Youth and youth workers.

4 Community leaders (i.e. Chief, Councillors, Educators, Elders, Advocates).

5 Local health care providers.

Contact the people who you have decided should be interviewed and request their consent to be interviewed. Let them know that it could take from 30 to 60 minutes. Phone interviews are fine.

Tool 1:
List Of People To Interview

Name of Person to be Interviewed and Their Role in the Community	Interviewer	Date/time of Scheduled Interview
1.		
2.		
3.		
4.		
5.		

STEP 2:
Conduct Interviews – _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

GOAL:
Conduct up to 5 interviews.

PEOPLE INVOLVED:
1-2 interviewers (one person per interview), 5 interviewees.

THE TASK:
Each of the planners will interview one person using the questions in Tool 2: Interview Questions and record their answers on the pages.

TIME REQUIREMENTS: 30-60 minutes per interview

RESOURCE: TOOL 2: Interview Questions (pg. 11)

Read through the TOOL 2: Interview Questions (pg. 11) together so discussion can occur if any questions need clarification. The interview questions are divided into 5 themes.

A COMMUNITY SERVICES FOR RESPONDING TO HIV.

B LEADERSHIP FOR RESPONDING TO HIV.

C COMMUNITY CLIMATE FOR RESPONDING TO HIV.

D KNOWLEDGE ABOUT HIV.

E RESOURCES FOR RESPONDING TO HIV.

Decide if any questions should be added.
If so, add these questions to the questionnaire under the appropriate theme. The INTERVIEW QUESTIONS can be found on pages 12-18. The same questions will be asked of each person interviewed.

Practice asking the interview questions amongst your team so that you are comfortable with them.

Conduct the interviews in a quiet comfortable space where you can conduct a private conversation.

Try not to add your own interpretation or to second guess what you think the person being interviewed meant.

Use the TOOL 2: Interview Questions (pg. 11) to record the answers.

Use the bullet points under each question to record 3 or more responses to the question. The Level of Readiness column in Tool 2 will be used in Step 3.

Tool 2:
Interview Questions — — — — — — — —

There is no right or wrong answer so do your best!

Please identify your community

_____

Please indicate the title or role or position in the community of the person answering the questions (ie teacher, adult, Elder, Band Councillor etc).

_____

Write the answers you are given below for the following questions.

Theme A. COMMUNITY SERVICES FOR RESPONDING TO HIV

"Services" are defined as public health programs and initiatives, information sharing, events, activities, health care etc.

1 How important is it for your community to have services to respond to HIV? Think about how often you might see, hear or participate in something related to HIV in the community.

_____

_____

_____

LEVEL OF READINESS

LEVEL OF READINESS
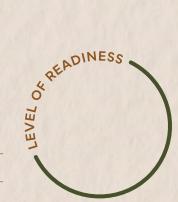
2 What are the services available in your community for responding to HIV and how long have they existed? Think about the availability of condoms in your community or local participation in HIV/AIDS Awareness Week.

_____

_____

_____

_____

_____

_____
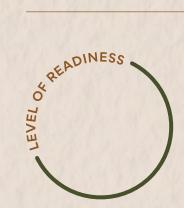
3 Who are these services for and who is left out? Think about individuals of a certain age group, gender or segment of the population.

LEVEL OF READINESS

_____

_____

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_____

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_____

LEVEL OF READINESS

4 Is there a need to expand these services? Think about the increasing number of people who are being diagnosed with HIV.

_____

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_____

_____

5 Is there any plan to expand on or create new HIV services in your community? Think about has there been any talk within the community, provincially or nationally?

LEVEL OF READINESS

_____

_____

_____

_____

_____

LEVEL OF READINESS

6 What formal or informal policies, practices and laws related to HIV exist in your community and for how long? Think about how health care practices, disclosure, public and private practices.

_____

_____

_____

_____

_____

_____

Theme B. LEADERSHIP FOR RESPONDING TO HIV

7 Who's job is it to lead efforts for responding to HIV in your community? Think about health care providers, teachers, Elders, youth, Chief and Council etc.

LEVEL OF READINESS

_____

_____

_____

_____

_____

_____

LEVEL OF READINESS

8 How important is it to the Chief and Council and Elders to have HIV services in your community? Think about whether or not the subject of HIV is on community or council meeting agendas?

_____

_____

_____

_____

_____

_____

9 How are local doctors, nurses, teachers, Elders, youth, Chief, Councillors, etc. involved in efforts for providing services for responding to HIV? Think about how leaders are involved in committees, organizations, task forces, etc.

LEVEL OF READINESS

_____

_____

_____

_____

_____

LEVEL OF READINESS

10 Would the Chief and Council and Elders support additional efforts? Think about new practices, programs or policies for the community.

_____

_____

_____

_____

_____

Theme C. COMMUNITY CLIMATE FOR RESPONDING TO HIV

11 Are there ever any circumstances in which responding to HIV would not be tolerated in the community? Think about community values and beliefs.

LEVEL OF READINESS

_____

_____

_____

_____

_____

LEVEL OF READINESS

12 What are the attitudes of the community about providing HIV information, education and services in the community? Think about how people might react to a poster about HIV in the store?

_____

_____

_____

_____

_____

_____

13 What are the major obstacles for responding to HIV in your community? Think about money, people, time, attitudes, knowledge etc.

LEVEL OF READINESS

_____

_____

_____

_____

_____

LEVEL OF READINESS

14 What is the overall feeling about HIV among community members? Think about acceptance, fear, stigma, tolerance, etc.

_____

_____

_____

_____

_____

_____

Theme D. KNOWLEDGE ABOUT HIV

15 How knowledgeable are you about HIV? Think about whether or not you know the signs and symptoms of HIV, do you know the rates of HIV for the community, for the north or for the Province.

LEVEL OF READINESS

_____

_____

_____

_____

_____

_____

LEVEL OF READINESS

16 Who would you ask for information about HIV in your community? Think about health care providers, educators, Elders, Leadership or others.

_____
_____
_____
_____
_____
_____

17 What knowledge resources are available that can assist the community to respond to HIV? Think about organizations, web pages, webinars, posters, pamphlets, books, reports from outside the community.

LEVEL OF READINESS

_____
_____
_____
_____
_____
_____

LEVEL OF READINESS

18 How would you like HIV information to be made available to you in the community? Think about using the internet, having community discussions, workshops, attending conferences etc.

_____
_____
_____
_____
_____
_____

Theme E. RESOURCES (TIME, MONEY, PEOPLE, SPACE, ETC.) FOR RESPONDING TO HIV

19 How are HIV services in the community funded? Think about whether or not your community receives funding for HIV education and/or services.

_____

_____

_____

_____

_____

LEVEL OF READINESS

LEVEL OF READINESS

20 How well does the community allocate resources (people, money, space, time) for responding to HIV? Think about what the efforts are and how well they are supported. For example, does your community have an HIV champion that advocates for resources?

_____

_____

_____

_____

_____

STEP 3: Score the Interviews & Make Sense of Them _ _ _ _ _ _ _ _ _ _ _ _ _

GOAL:
Score the interviews and determine the Level of Readiness for each Theme.

PEOPLE INVOLVED: 2 - 5 scorers

THE TASK:
Score the interview questions and average the scores to determine the Level of Readiness.

TIME REQUIREMENTS: 2 - 2.5 hours

RESOURCES: TOOL 3: Interview Readiness Scoring Sheet (pg. 23)
TOOL 4: Level of Readiness Score (pg. 27)

SCORING PROCESS

Scoring is a step-by-step process that gives you the readiness stages for each of the five themes. The following pages provide the process for scoring. Ideally, at least two people should participate in the scoring process in order to ensure valid results on this type of information. Scoring will help you prioritize the actions you will want to initiate in the community.

Set up a meeting for all the interviewers to review and score the answers from the interviews.

Each scorer should read through each interview in its entirety before scoring any of the themes. This will give you a general feeling and impression from the interview. Although questions are arranged in the interview to pertain to specific themes, other interview sections may have some responses that will help provide richer information and insights that may be helpful in scoring other themes.

As a group, start with Theme A – Community Efforts.

1 Start with 1 interview

  a Read the answer from question 1 in Theme A.

  b Read all the ratings in the TOOL 4: Level of Readiness Score (pg. 27).

  c Compare the answer from the interview with the Theme A ratings scale (1 to 10).

  d Find the rating statement that corresponds most closely with the interview answer.

    i This is an art, not a science! Discuss the responses with your team and come to a consensus based on your thoughts and opinion about the responses.

e Assign the answer a corresponding score (for example: a score of 1 - No awareness of the need for efforts to address the issue) and write the score in the TOOL 3: Interview Readiness Scoring (pg. 23).

f Write the readiness score for that question in the Level of Readiness section provided for each question.

g Do this for each of the questions.

    i Once all the questions have received a readiness score, fill in the TOOL 3: Interview Readiness Scoring Sheet (pg. 23).

EXAMPLE
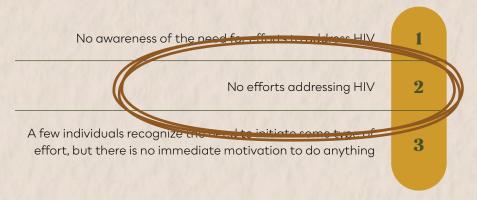
THEME A. COMMUNITY EFFORTS FOR RESPONDING TO HIV

1 **Read the answer from the interview.**
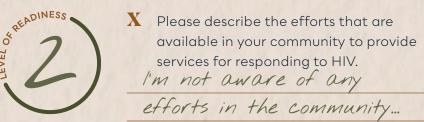
X Please describe the efforts that are available in your community to provide services (i.e. programs, information, events, activities, health care) for responding to HIV.

I'm not aware of any efforts in the community to provide services for HIV.

2 **Review TOOL 4: Level of Readiness Score for Theme A (pg. 27). Based on the answer it would appear that a score of 2 matches most closely.**

No awareness of the need for efforts to address HIV   **1**

No efforts addressing HIV   **2**

A few individuals recognize the need to initiate some type of effort, but there is no immediate motivation to do anything   **3**

3 **Write the score of 2 to your Interview sheet.**

LEVEL OF READINESS

2

X Please describe the efforts that are available in your community to provide services for responding to HIV.

I'm not aware of any efforts in the community...

4 **Evaluate each answer using the Level of Readiness scores for Themes A, B, C, D, and E.**

5 Use TOOL 3: Interview Readiness Scoring Sheet (pg. 23-25) to find out the average ratings for each theme.

    a Once all the scores for each question are filled in for Theme A:

        i LINE A. Add up interview 1 (column 1) and fill in line A, do this for all the questions.

        ii LINE B. For line B. add interview 1 (column 1) divide line A by 6 (you divide by 6 because there are 6 questions).

        iii Add up the row of Line B and divide by 5 or the number interviews, this gives you the readiness score for Theme A.

    b Repeat for each Theme.

    c Repeat for each of the 20 remaining questions.

EXAMPLE

THEME A. COMMUNITY SERVICES FOR RESPONDING TO HIV

	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5
Question 1	2	3	4	4	2
Question 2	2	3	4	4	2
Question 3	3	1	4	3	2
Question 4	3	2	5	2	3
Question 5	3	3	4	6	4
Question 6	2	2	3	3	2
LINE A. Add Q2 to Q8	15	17	22	20	16
LINE B. Divided Line A by 6	2.50	2.83	3.67	3.33	2.67

LINE C. Add the numbers in Line B and divide by 5 (or the number of interviews accomplished)

3

This is the level of readiness for Theme A

These numbers are for example only!

"A readiness assessment can help your community prepare physically, emotionally, mentally and spiritually by considering the broader realities, that can create challenges such as colonization, intergenerational trauma, family violence, racism, substance use and shame."

Tool 3: Interview Readiness Scoring Sheet
Theme A. COMMUNITY SERVICES FOR RESPONDING TO HIV

	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5
Question 1					
Question 2					
Question 3					
Question 4					
Question 5					
Question 6					
LINE A. Add Q1 to Q6					
LINE B. Divided Line A by 6					
LINE C. Add the numbers in Line B and divide by 5 (or the number of interviews accomplished)					

This is the level of readiness for Theme A

Theme B. LEADERSHIP FOR RESPONDING TO HIV

	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5
Question 7					
Question 8					
Question 9					
Question 10					
LINE A. Add Q7 to Q10					
LINE B. Divided Line A by 4					
LINE C. Add the numbers in Line B and divide by 5 (or the number of interviews accomplished)					

This is the level of readiness for Theme B

Theme C. COMMUNITY CLIMATE FOR RESPONDING TO HIV
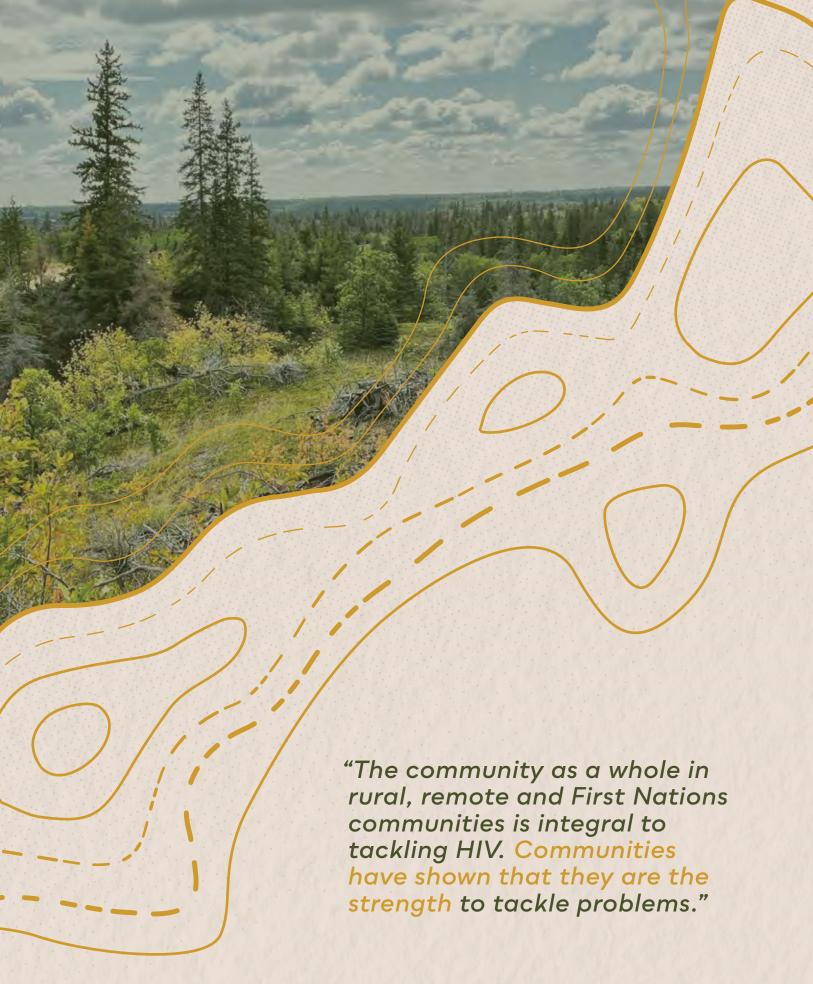
	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5
Question 11					
Question 12					
Question 13					
Question 14					
LINE A. Add Q11 to Q14					
LINE B. Divided Line A by 4					
LINE C. Add the numbers in Line B and divide by 5 (or the number of interviews accomplished)					

This is the level of readiness for Theme C

Theme D. KNOWLEDGE ABOUT HIV

	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5
Question 15					
Question 16					
Question 17					
Question 18					
LINE A. Add Q15 to Q18					
LINE B. Divided Line A by 4					
LINE C. Add the numbers in Line B and divide by 5 (or the number of interviews accomplished)					

This is the level of readiness for Theme B

Theme E. RESOURCES FOR RESPONDING TO HIV

	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5
Question 19					
Question 20					
LINE A. Add Q19					
LINE B. Divided Line A by 2					
LINE C. Add the numbers in Line B and divide by 5 (or the number of interviews accomplished)					

This is the level of readiness for Theme E

> *"The community as a whole in rural, remote and First Nations communities is integral to tackling HIV. Communities have shown that they are the strength to tackle problems."*

Tool 4: Level of Readiness Score

THEME A. Community Services for Responding to HIV		THEME B. Leadership for Responding to HIV
No awareness of the need for efforts to address HIV	**1**	Leadership has no recognition of HIV
No efforts addressing HIV	**2**	Leadership believes that HIV is not an issue in their community
A few individuals recognize the need to initiate some type of effort, but there is no immediate motivation to do anything	**3**	Leader(s) recognize(s) the need to do something regarding HIV
Some community members have met and have begun a discussion about developing community efforts to address HIV	**4**	Leader(s) is/are trying to get something started
Efforts (programs/activities) are being planned	**5**	Leaders are part of a committee or group that addresses HIV
Efforts (programs/activities) have been implemented	**6**	Leaders are active and supportive of the implementation of efforts
Efforts (programs/activities) have been running for several years	**7**	Leaders are supportive of continuing basic efforts and are considering resources available for self-sufficiency
Several different programs, activities and policies are in place, covering different age groups and reaching a wide range of people	**8**	Leaders are supportive of expanding/improving efforts through active participation in the expansion/improvement
Evaluation plans are routinely used to test effectiveness of many different efforts, and the results are being used to make changes and improvements	**9**	Leaders are continually reviewing evaluation results of the efforts and are modifying support accordingly
Above and beyond	**10**	Above and beyond

THEME C. Community Climate		THEME D. Knowledge About HIV
The prevailing attitude is that it's not considered, unnoticed or overlooked within the community, "it's just not our concern"	**1**	HIV is not viewed as an issue
The prevailing attitude is, "there's nothing we can do," or "only 'those' people do that," or "we don't think it should change"	**2**	There is no knowledge about HIV
Community climate is neutral, disinterested, or believes that HIV does not affect the community as a whole	**3**	A few in the community have some knowledge about HIV
The attitude in the community is now beginning to reflect interest in HIV, "we have to do something, but we don't know what to do"	**4**	Some community members recognize the signs and symptoms of HIV, but information is lacking
The attitude in the community is "we are concerned about this," and community members are beginning to reflect modest support for efforts	**5**	Community members know that the signs and symptoms of HIV can occur locally, and general information is available
The attitude in the community is "this is our responsibility" and is now beginning to reflect modest involvement in efforts	**6**	A majority of community members know the signs and symptoms of HIV and that it can occur locally, and local data are available
The majority of the community generally supports programs, activities, or policies, "we have taken responsibility"	**7**	Community members have knowledge of, and access to, detailed information about local prevalence
Some community members or groups may challenge specific programs, but the community in general is strongly supportive of the need for efforts. The participation level is high, "we need to keep up on HIV and make sure what we are doing is effective"	**8**	Community members have knowledge about causes, risk factors, and consequences
All major segments of the community are highly supportive, and community members are actively involved in evaluating and improving efforts and demand accountability	**9**	Community members have detailed information about HIV as well as information about the effectiveness of local programs
Above and beyond	**10**	Above and beyond

THEME E. Resources Related to HIV

The prevailing attitude is that it's not considered, unnoticed or overlooked within the community, "it's just not our concern"	**1**
The prevailing attitude is, "there's nothing we can do," or "only 'those' people do that," or "we don't think it should change"	**2**
Community climate is neutral, disinterested, or believes that HIV does not affect the community as a whole	**3**
The attitude in the community is now beginning to reflect interest in HIV, "we have to do something, but we don't know what to do"	**4**
The attitude in the community is "we are concerned about this," and community members are beginning to reflect modest support for efforts	**5**
The attitude in the community is "this is our responsibility" and is now beginning to reflect modest involvement in efforts	**6**
The majority of the community generally supports programs, activities, or policies, "we have taken responsibility"	**7**
Some community members or groups may challenge specific programs, but the community in general is strongly supportive of the need for efforts. The participation level is high, "we need to keep up on HIV and make sure what we are doing is effective"	**8**
All major segments of the community are highly supportive, and community members are actively involved in evaluating and improving efforts and demand accountability	**9**
Above and beyond	**10**

STEP 4: Develop An Action Plan

GOAL:
Engage with the community to develop actions for creating change.

PEOPLE INVOLVED: Small group or community meeting

THE TASK:
Based on the overall Community Readiness score develop an action plan that will help the community move to a higher score.

TIME REQUIREMENTS: 1 - 2 hours

RESOURCES: TOOL 5: Readiness Level Description (pg. 32)
TOOL 6: Action Plan Template (pg. 33)
TOOL 7: Strategies for Action Planning (pg. 35)
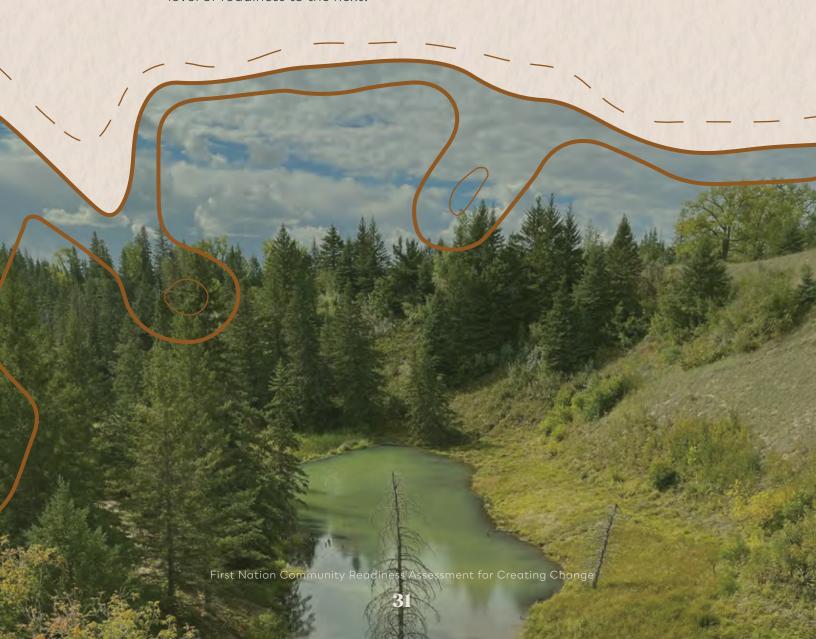
With the information you have gained in terms of themes and overall readiness, you are now ready to develop strategies that will be appropriate for your community. This may be done in a small group or community workshop format.

A Preparing for the action plan.

    a Set up a small group or community meeting.

B Community meeting - Discussion about your community's level of readiness.

    a Ask the audience what stage they believe the community falls into for the targeted issue. Have participants briefly explain their answer. Allow participants to have a brief discussion about their opinions.

    b Pick 1-3 themes that will be a priority for the action plan.

    c Make a goal for each.

    d Identify who will be the champion.

    e Identify when you want to the goal to achieve.

    f Identify how will you know if you are successful.

C Present the readiness score for your community.

    a Remind participants exactly what the readiness score means. For example, if your community scores a "3", describe the Vague Awareness stage of readiness.

    b Review TOOL 5: Readiness Level Description (pg. 32).

D Create an action plan.

E Allow for a brief discussion of the readiness scores and answer any questions from the participants. If people take issue with the score, simply explain that differing viewpoint provide the richness in the strategy development and this score reflects the perceptions of those who were interviewed. However, avoid discussion of strategies at this time. You can let the audience know that you will soon move on to strategies.

     a Fill in TOOL 6: Action Plan Template (pg. 33).

F Develop strategies for your readiness scores.

     a Show a slide of your community's stage of readiness, the goal of this stage of readiness, and the general types of strategies that are appropriate for this stage of readiness.

G Discuss the Next Steps that the group should take.

     a Use the TOOL 7: Strategies for Action Planning (pg. 35) on how to move from one level of readiness to the next.

Tool 5: Readiness Level Descriptions

1 Your community has No Awareness of HIV – No identification of the issue as a problem. "It's just the way things are. "Community climate may unknowingly encourage the behavior although the behavior may be expected of one group and not another (i.e., by gender, race, social class, age, etc.)
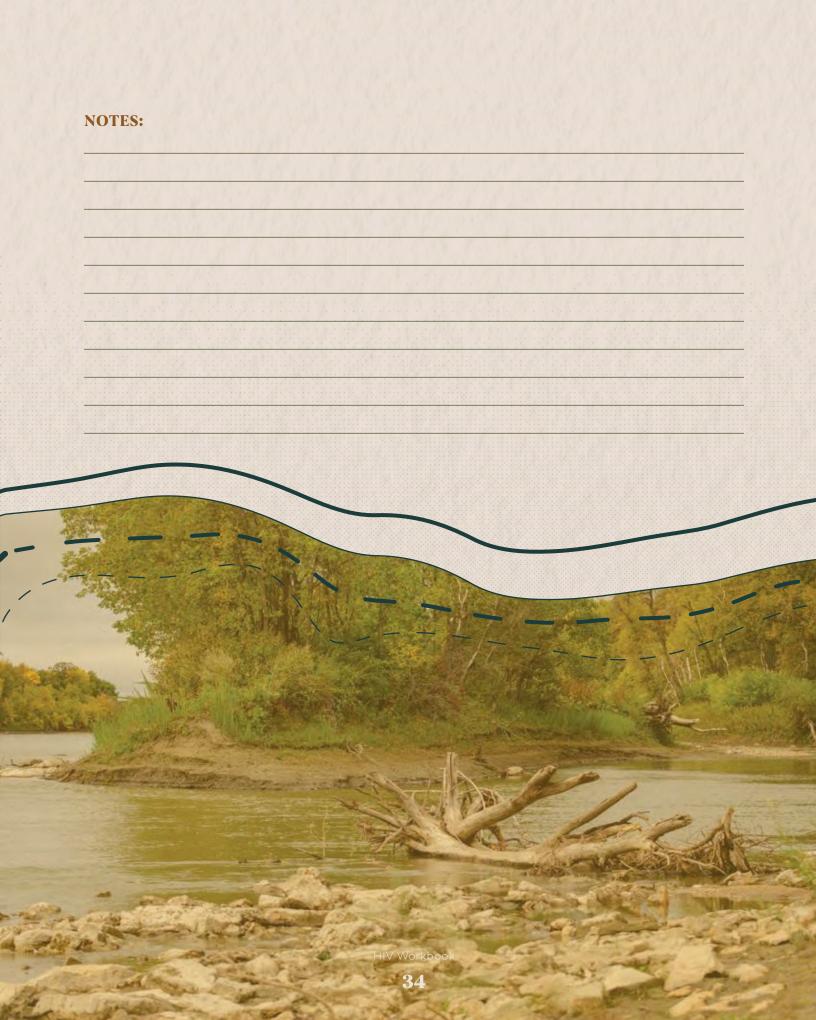
2 Your community has Denial of HIV – Recognition of the issue as a problem, but no ownership of it as a local problem. If there is some idea that it is a local problem, there is a feeling that nothing needs to be done about it locally. "It's not our problem." "It's just those people who do that." "We can't do anything about it."

3 Your community has Vague Awareness of HIV – Beginning of recognition that it is a local problem, but no motivation to do anything about it. Ideas about why the problem occurs and who has the problem tend to be stereotyped and/or vague. No identifiable leadership exists or leadership lacks energy or motivation for dealing with this problem.

4 Your community is in the Preplanning stage for HIV – Clear recognition of the issue as a problem that needs to be addressed. Discussion is beginning, but no real action planning is taking place. Community climate is beginning to acknowledge the necessity of dealing with the problem.

5 Your community is in Preparation for HIV – Planning on how to address the issue is underway and decisions are being made on what to do and who will do it. There is general information about local problems and about the pros and cons of prevention activities, actions, or policies, but it may not be based on formally collected data.

6 Your community is in the Initiation phase for HIV – An activity or action has been started and is ongoing, but it is still viewed as a new effort. There may be great enthusiasm among the leaders because limitations and problems have not yet been experienced. There is often a modest involvement of community members in the efforts.

7 Your community is in the Stabilization phase for HIV – One or two efforts or activities are underway and stable. Staff are trained and experienced, but there is no in-depth evaluation of effectiveness. There is little perceived need for change or expansion. Community climate generally supports what is occurring.

8 Your community is in the Confirmation/Expansion phase for HIV – Standard efforts are in place and leaders support improving the efforts. Original efforts have been evaluated and modified. Resources for new efforts are being identified, and modified and new efforts are being planned or tried in order to reach more people. Data are regularly obtained on extent of local problems, and efforts are made to assess risk factors and causes of the problem.

9 Your community is in a High Level of Community Ownership regarding HIV – Detailed and sophisticated knowledge about the issue exists within the community. Community members want to know what's going on and feel ownership and involvement. Highly trained staff are running programs or activities, leaders are supportive and community involvement is high. Special efforts are targeted at specific populations as well as more general efforts for the whole community. Effective evaluation is routinely used to test and modify efforts and this evaluation information is provided back to the community on a regular basis through newspaper articles, media, etc.

Tool 6: Action Plan Template

Workshop Date:

Facilitator:

Overall Readiness Stage and Score:

Intervention/ Strategy	Actions/Activities	Person(s) Responsible	Target Date for Completion	Expected Outcomes
Strategy #1	Why: What: When: Where: How:	Who:		
Strategy #2	Why: What: When: Where: How:	Who:		
Strategy #3	Why: What: When: Where: How:	Who:		
Strategy #4	Why: What: When: Where: How:	Who:		
Strategy #5	Why: What: When: Where: How:	Who:		

NOTES:

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Tool 7: Strategies for action planning

Score	Stage of Readiness	Goal	Resources to Achieve the Next Level
1	No Awareness	Raise awareness of the issue	• Make one-on-one visits with community leaders/members. • Visit existing and established small groups to inform them of the issue. • Make one-on-one phone calls to friends and potential supporters.
2	Denial / Resistance	Raise awareness that the problem or issue exists in this community	• Continue one-on-one visits and encourage those you have talked with to assist. • Discuss descriptive local incidents related to the issue. • Approach and engage local educational/health outreach programs to assist in the effort with flyers, posters, or brochures. • Begin to point out media articles that describe local critical incidents. • Present information to local related community groups.
3	Vague Awareness	Raise awareness that the community can do something	• Get on the agendas and present information at local community events and to unrelated community groups. • Post flyers, posters, and billboards. • Begin to initiate your own events (pot lucks, potlatches, etc.) and use those opportunities to present information on the issue. • Conduct informal local surveys and interviews with community people by phone or door-to-door.
4	Preplanning	Raise awareness with concrete ideas to combat condition	• Introduce information about the issue through presentations and media. • Visit and invest community leaders in the cause. • Review existing efforts in community (curriculum, programs, activities, etc.) to determine who the target populations are and consider the degree of success of the efforts. • Conduct local focus groups to discuss issues and develop strategies.
5	Preparation	Gather existing information with which to plan strategies	• Conduct community surveys. • Sponsor a community picnic to kick off the effort. • Conduct public forums to develop strategies from the grassroots level. • Utilize key leaders and influential people to speak to groups and participate in local radio and television shows. • Plan how to evaluate the success of your efforts.

Score	Stage of Readiness	Goal	Resources to Achieve the Next Level
6	**Initiation**	Provide community-specific information	• Conduct in-service training on Community Readiness for professionals and paraprofessionals. • Plan publicity efforts associated with start-up of activity or efforts. • Attend meetings to provide updates on progress of the effort. • Conduct consumer interviews to identify service gaps, improve existing services and identify key places to post information. • Begin library or Internet search for additional resources and potential funding. • Begin some basic evaluation efforts.
7	**Stabilization**	Stabilize efforts and programs	• Plan community events to maintain support for the issue. • Conduct training for community professionals. • Conduct training for community members. • Introduce your program evaluation through training and newspaper articles. • Conduct quarterly meetings to review progress, modify strategies. • Hold recognition events for local supporters or volunteers. • Prepare and submit newspaper articles detailing progress and future plans. • Begin networking among service providers and community systems.
8	**Confirmation / Expansion**	Expand and enhance services	• Formalize the networking with qualified service agreements. • Prepare a community risk assessment profile. • Maintain a comprehensive database of services available to the public. • Develop a local speaker's bureau. • Initiate policy changes through support of local city officials. • Conduct media outreach on specific data trends related to the issue. • Utilize evaluation data to modify efforts.
9	**High Level of Community Ownership**	Maintain momentum and continue growth	• Maintain local business community support and solicit financial support from them. • Diversify funding resources. • Continue more advanced training of professionals and paraprofessionals. • Continue re-assessment of issue and progress made. • Utilize external evaluation and use feedback for program modification. • Track outcome data for use with future grant requests. • Continue progress reports for benefit of community leaders and local sponsorship. At this level the community has ownership of the efforts and will invest themselves in maintaining the efforts.

STEP 5: Review and Evaluate How the Action Plan is Moving Along

GOAL: Review how the action plan is moving along

- Bring the planning team and key stakeholders back together within an agreed upon time frame

- Ask if it is necessary to make changes to the action plan

- Plan to come back together again to review the action plan.

- Ask have we improved our HIV Community Readiness

- Continue with a PDSA cycle to carry out, review, modify the plans of action

- Within an agreed amount of time, administer the Community Assessment again to determine if the score has changed

- Work through steps 1-5 again

The **PDSA cycle** is shorthand for testing a change by developing a plan to make the change (Plan), carrying out the activities (Do), observing and learning from the results, (Study), and determining what modifications should be made to the plan/activities (Act)

Resources

- CAAN – Communities Alliances and Networks- https://caan.ca/
- CATIE -Canada's source for HIV and hepatitis C information - https://catie.ca/en/home
- Manitoba HIV Program: latest testing, treatment and prevention guidelines: https://mbhiv.ca/
- Manitoba HIV-STBBI Collective Impact Network (CINetwork): latest events, e-news, projects: https://cinetwork.ca/
- MHRN - Manitoba Harm Reduction Network - https://mhrn.ca
- Nine Circles Community Health Centre: information on HIV, testing, programs: https://ninecircles.ca/
- Two-Spirited People of Manitoba: https://twospiritmanitoba.ca
- REACH Nexus: https://www.reachnexus.ca

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- Plested, B. A., Jumper-Thurman, P., & Edwards, R. W. (2009, February). Community Readiness: Advancing HIV/AIDS prevention in Native communities (Community Readiness Model Manual, Revised Edition). Fort Collins, CO: Ethnic Studies Department. Retrieved October 2021: http://www.oneskycenter.org/wp-content/uploads/2014/03/CommunityReadinessManual_FINAL.pdf

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"We live in a completely interdependent world, which simply means we cannot escape each other. How we respond to HIV depends, in part, on whether we understand this interdependence. It is not someone else's problem. This is everybody's problem."

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