



Get Tested

A guide for communities and providers to offer HIV testing

2019

SIDCN acknowledges itself as a non-Indigenous, non-governmental organization with its office located in Treaty 6 territory, recognizing with gratitude the ancestors and traditional keeper of the land for sharing their land, and recognizing that it is also located on the homeland of the Métis peoples.

This document builds on local and innovative community led models of work. In particular, the HIV and Hepatitis C work that has been ongoing in Ahtahkakoop Cree Nation for several years. This community and its health team were invaluable to the Get Tested team in sharing their community-developed, community-led initiative in organizing and coordinating local community testing events. We are fortunate to be able to build from this excellent foundation.

*SIDCN would like to thank the communities who participated and welcomed us into the community. SIDCN would also like to thank its partner, ViiV Healthcare for their generous support of the **Get Tested** Project. Thank you also to the members of the Steering Committee and those who participated in the original planning meeting in the fall of 2016.*

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Introduction from Dr. Stewart:

To address HIV in Saskatchewan successfully, we must overcome the major geographical and social barriers that are contributing to continued high rates of new cases. HIV has moved beyond the urban centres where we saw the explosion of cases among people injecting drugs in the early part of the epidemic, into rural and remote communities, including on reserve. Transmission continues to be driven primarily by injection drug use but MSM and heterosexual transmission is increasingly implicated among new cases. With relatively high rates of HIV among young women in Saskatchewan, vertical transmission is a constant threat.

HIV stigma emerges through fear and misunderstanding of what HIV is and how it can be managed. The less familiar with HIV a community is, the more likely there is to be stigma. In Saskatchewan, the stigma that exists in rural and remote communities is a very real and destructive force that persists wherever the initial fear and misinformation about HIV continues. Only with deliberate and sustained community led efforts to bring HIV into the public discussion through case finding and solid linkage to care can HIV stigma be overcome.

Some communities in the province have achieved this but, in many others, this process has only just begun. The Get Tested Saskatchewan! project was created out of a desire to be part of the process of addressing stigma in Saskatchewan's many rural, remote and reserve communities. Case finding is the first step in the HIV cascade of care and is obviously an essential part of any HIV strategy. It is also a useful way of beginning a community wide discussion about HIV. Testing fairs allow for the sharing of accurate HIV related information and serve as the trigger for discussions in schools, homes and other social venues about HIV.

Moving these discussions into the public forum and supporting them with accurate information is a key step in addressing HIV stigma. Our project sought to develop a method that could be replicated and shared rather than comprehensively testing many people in many communities in a single event. Utilizing resources already available in communities, we sought to support and teach community members and local health care workers on how to conduct testing fairs on an on-going basis.

Get Tested Saskatchewan's intention was to develop confidence and experience in the design and implementation of a testing event according to capacity and needs of individual communities so that after the project was over, events could continue and the methods could be shared with neighbouring communities.

***- Kris Stewart, BSP, MD, FRCPC
President and co-director of SIDCN and Co Lead of SHARE, Saskatchewan.***

Introduction from Noreen Reed, Steering Committee Member:

I see this document as a supportive document to the KYS Toolkit in that it is more specific to testing and how to set up events. Together both of these documents can support communities working towards increasing screening, testing and treatment of HIV and HCV to improve health outcome of our people.

Table of Contents

About this Document.....	1
HIV in Saskatchewan.....	2
Key Steps to Organizing a Testing Event.....	3
Roles.....	5
Organizing an Event.....	6
Before the Event.....	7
During the Event.....	10
After the Event.....	12
Appendices.....	13
Appendix 1.....	14
Appendix 2.....	15
Appendix 3.....	17
Appendix 4.....	18
Appendix 5.....	19
Appendix 6.....	20
Appendix 7.....	21
Appendix 8.....	22
Appendix 9.....	23
Appendix 10.....	24
Appendix 11.....	25

About this Document

The premise of **Get Tested** is to help in addressing the need for HIV testing in Saskatchewan, particularly in rural, remote, and Indigenous communities; as well as to increase knowledge on HIV, and reduce stigma.

Get Tested is a collaborative program developed through consultation with stakeholders to facilitate an environment where both health care providers and communities' partner together to support the individual needs and goals of the community. The result is a community led, community developed and implemented program with support from the Get Tested team as required. **Get Tested** also supports building local capacity in offering and providing HIV testing, raising awareness and supporting those individuals who are found to be living with HIV, and in also working with individuals who may be at-risk of acquiring HIV.

It was recognized from the start that a community-led approach, developed and implemented in community with the support of experienced providers can lead to local success for the community, and facilitates continued discussions about HIV in the community.

This document has been developed to help tackle these ongoing challenges, and is a guide for providers, communities and other groups that may be interested in organizing or hosting HIV awareness and/or testing events. This guide may also be easily adapted to facilitate events for hepatitis C, diabetes, etc.

As highlighted below, Saskatchewan faces challenges related to HIV/AIDS which are relatively unique in Canada. Equitable access to testing and information about getting tested, is essential to addressing these challenges. By finding people who are living with HIV/AIDS, opportunities for connection to care, support and treatment are more easily accessed. This is in line with the objectives of the UN's 90/90/90* HIV goals (for more information, please refer to the UNAIDS website on the 90/90/90 goals).

This testing guide will provide a background and step-by-step practical information for health practitioners and other groups that would like to host or organize health and testing events. It is built from the experience of supporting numerous testing and wellness events in Indigenous communities across Saskatchewan. It highlights key considerations for individuals and organizations to look at when considering hosting or organizing a testing event. It also provides direction on where you can access relevant resources. This document is meant only as guide as every community is unique in its situation, resources, and barriers, and each event needs to be tailored to the individual community.

While this document focuses on HIV testing, it can also serve as a model for other health and wellness opportunities, including liver health, diabetes screening, sexual health screening, etc. In fact, it may be that integrating HIV screening into other health and wellness-related opportunities makes more sense for your community. This guide can also serve as a framework for accessible health and community outreach more generally.

HIV in Saskatchewan

Saskatchewan has battled a unique HIV epidemic for more than a decade. Since 2009, the incidence rate of HIV across Saskatchewan as a whole has been at least twice the national average. In 2009, the incidence rate of HIV reached its peak at 19.3/100,000 inhabitants. In 2016, the incidence rate of HIV was 14.5/100,000, and the rate of infection in the province has been rising steadily since 2014. Also, the diagnosis of new cases of HIV evolved from being primarily in Regina and Saskatoon to being more often in smaller urban centres and in rural, remote and First Nations communities. In fact, local rates of HIV infection in these northern, and smaller urban, rural areas of the province in 2016 ranged from 30.5 to 67.8/100,000 inhabitants (Source).

Saskatchewan has continued to experience new HIV infections occurring through vertical transmission from mother-to-child, with 3 occurring in 2015. Incidences of vertical transmission are otherwise almost non-existent in developed countries. Saskatchewan is also burdened with an HIV/HCV co-infection rate of over 75%. For comparison, the co-infection rate nationally is only 20-30% (Source).

Nevertheless, the extent of the HIV epidemic in Saskatchewan remains relatively unknown because a large proportion of the population remains untested. While 83,000 HIV tests (tests at Roy Romanow Provincial Lab and Point-of-Care tests) were performed in 2017, this represents only about 8% of the entire population of Saskatchewan (Additional information available here). Upwards of 20-25% of the population in Saskatchewan thought to be living with HIV are unaware of their status. Many people may not have access to testing or may not be aware that HIV testing is recommended for them, as outlined in the provincial testing guidelines (PDF).

Education and information about HIV in most communities remains a challenge due to the many competing health priorities, competing topics of interest, news and individual community priorities, and funding challenges. HIV related education is also not always integrated into school curricula or delivered at a post-secondary level for many individuals. To that end, education about HIV is an important piece to an HIV-testing intervention. Testing events offer an opportunity to provide a basic HIV knowledge to participants, including through workshops scheduled in advance.

Key Steps to Organizing a Testing Event

Community Engagement & Processes

A successful **Get Tested** event is built on a strong working relationship with the community. A goal of this document is to make it easier for communities to initiate these events on their own and take ownership of the events from the start. For outside organizations, it is critical to establish an early working relationship with the community with which you will be working, allowing the community to lead and guide both the event, and its implementation.

"The experience was good in health education. The test results were informative on a personal level. Public participation is needed in maintaining a healthy community."

- Community Member

The leadership in Indigenous communities is integral to any community change. While the leadership is primarily Chief and Council, other members of the community have significant roles to play, including the Health Director, health centre staff, Elders in the community, and other perceived or informal leaders.

The **Get Tested** team and its advisors from Indigenous communities identified Chief and Council as the ideal place to start the dialogue of offering an HIV testing event. Depending on the community, the Health Director is often the point of contact to initiate a conversation about **Get Tested**. Securing leadership support to the event is critical to its success. However, where other existing relationship and partnership may exist with a particular community, other community members could also act as an initial point of contact, for example the Health Councilor, Community Health Nurse, etc.

"My confidentiality was maintained at all times. If it cannot be maintained, there may be significant damage done to communities and any positive implications to getting tested would be nullified with breeches in confidentiality"

- Community Member

Accessing Resources

An example budget and list of materials is included in the appendices of this document.

There may be financial and professional resources available to facilitate testing events, should you need them. This includes providing medical professionals that can perform HIV testing, including pre- and post-test counselling and ensure linkage to care and/or follow up care post-event. Funding for participant incentives and other costs associated with the event may be available, and these costs should be available in the form of a draft budget, prior to the event.

"For me, the testing days are important to create awareness; awareness to take preventative measures. It is better to know about any health challenges before one is ill, and to know different ways to improve health."

– Health Director

More information on these is available through SIDCN, who can be contacted at **306-952-4088**, and ask for one of the HCV nurses; Melissa, Rosalyn, or Lesley.

Roles

It is essential that expectations, roles and responsibilities be established early in the process. This must include which organization will maintain the clinical patient data (e.g. SIDCN and/or the local health provider) and who will have final approvals on any materials used. It must be recognized that adherence to OCAP (Ownership, Control, Access, and Possession) principles are essential and therefore all requirements necessary for compliance to OCAP be anticipated and established as part of the planning process. More detailed information about OCAP is included as part of the appendices (OCAP One-Pager).

A testing event will require at least 2 Registered Nurses (RNs), though more may be needed based on expected participation. As a general rule, you can plan for 1 RN trained to offer and perform HIV tests for every 15 expected clients. There is also a need for 5-6 additional personnel to operate the event. This includes people to manage a registration desk, to help guide participants, to operate various other health stations (e.g. blood pressure, blood sugar and weight), and to coordinate the distribution of any incentives.

Testing events have often been hosted at or in conjunction with a community health clinic. From our experiences working with communities, the feedback from communities' post-events has been that they felt staff needed to be readily available to assist with the day.

What you need

Events should be hosted in a suitably public location and large enough facility that can accommodate the various engagement stations that will be situated around the room (see appendix room map). A community or band hall, the local health centre, or school are good locations.

A full list of recommended materials for an event is included in the appendices of this document, but for reference this includes:

- Basic medical supplies for testing
- Refreshments for volunteers and participants
- Tables and chairs for testing and other stations

- “Incentives” for participants. There will be more detail on this later, though gift cards, cash, and produce have been used previously. Receiving these incentives should be tied to the conversation(s) that occur with testing providers as a result of the event. Participants should receive them whether they are tested or not.
- Printed materials, including signage for each station/provider, pamphlets, and background information on available programs.

Organizing an Event

This document is designed as a guidance resource for communities considering hosting or supporting a testing/wellness event. Communities should feel welcome to contact SIDCN (information above under ‘Accessing Resources’) for more detailed support and assistance on how they can plan a successful event, especially as local considerations are adapted to this template.

Who to Include?

Successful **Get Tested** events will have included participation from a broad range of individuals, groups and stakeholders- the more the better! These include:

- a. Elder(s)
- b. Community leadership
- c. Nurses, local and otherwise
- d. Phlebotomy professionals
- e. Local health centre staff/teams (ex. Home care, community or public health, etc.)
- f. Peers (people with lived experience in HIV)
- g. Support – mental health and addictions, local community programs
- h. Admin support to assist with registration
- i. Other community partners, as per the individual community (examples could include local pharmacy representation, home care, cultural support, child development programs, etc.)

Before the Event

Here are some elements that you should consider before the event.

- How will local leaders be acknowledged or will they be present to be acknowledged? Are there any protocol considerations that must be addressed?
- What will the focus of the event be? Will it be just for HIV awareness and testing, or will other health and wellness measures be considered as well?
- The event naming should be community-led. Suggested names include HIV Testing Event, Get Tested Day, Wellness Testing Event.
- How will you bring in participants? Successful events have generally included small incentives to thank participants for attending and giving their time. The exact incentive varies from location to location but is generally about valued around \$10. It could be cash, gift cards to a local store or restaurant, or a basket of goods (e.g. toiletries). Some events have also included a fresh food market or bonus incentives for participants that bring friends (one incentive per person bringing a friend, even if they bring 5 friends).
- How will the event be advertised and promoted? Sample posters, messaging for social media, and talking points are included in the appendices of this document. It's important to acknowledge that each individual community is best placed to reach its own members.
- What testing technologies will be utilized? In the context of HIV testing, individuals may be offered testing via standard serology, HIV Point-of-Care (POC) or Dried Blood Spot (DBS) testing. Both standard serology and DBS results may take between 10-21 days to get results.
 - HIV POC is a rapid test, with results available in 1-5 minutes. Prior to considering if this test will be used in a community, the community health staff, Health Director, etc. should be consulted. This test produces an immediate result and the community must be able to manage that result one the testing day is over; they may prefer to NOT have this type of testing available.

- Who will be responsible for maintaining the patient information collected via the event? How will patient information be collected? It should be clear to all parties including the participants involved, who is responsible for clinical data and how follow up with participants will occur after the event. This includes the communication of results to the participants who access testing. Remember to ensure you ask each individual if they consent to have their clinical information from the event shared with the local health team or not, and document this at the time of the event.
- What is the plan for follow-up and support should someone be diagnosed with HIV? This will depend on whether or not HIV point-of-care testing is offered or not. If not, an individual receiving unexpected news at the event may need additional support from the nurse or tester, and said individual may also have difficulty returning attention to the ongoing event.

"The care and access to information was good and the support from the health team (local and mobile teams) was excellent."

– Health Director

Prior to the event, there should be discussion with the Health Director and Community Health Nurse regarding follow up of any participants found to have HIV, either newly diagnosed or those living with HIV who are not actively engaged in care. Here are some points of discussion:

1. Where communities have access to a primary care provider, that provider should be informed of the event, invited to attend if they are able, and communicated with in regards to follow up, i.e. what would they like their role to be, what support they might need, etc.
2. The local Community Health Nurse (CHN) must be engaged as to how they can be or want to be involved with the follow up of participants, i.e. are they able/willing to give all results, or only negative results, do they have access to eHealth to check results?

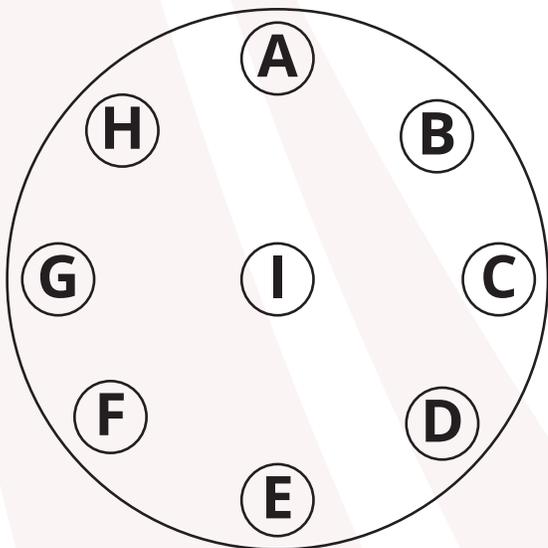
3. The management of clinical and individual data must be discussed including:
 - a. Does the CHN want/need to have copies of the clinical chart, assuming no sensitive information is disclosed?
 - i. The individuals accessing the health event should also be asked for their consent to share the information/chart with the CHN, as they may not want to.
 - b. Is the clinical chart able to be shared with the ordering provider?
 - c. Who is the ordering provider?
 - d. Distinguish in advance between individual clinical data and data to be shared with the community
 - e. How will data from the event in an aggregated form be shared back to the community?
 - f. Is a data sharing agreement needed depending on who the information will be shared with?
4. Participants who consent to testing should be informed about how, when and by whom, their results will be made available to them, as well as how the data will be stored.
 - a. Are they ok with the CHN having the results? If not, this should be documented and the chart/results should remain confidential.
 - b. Will results be called to all participants or 'no news is good news' with a contact number for the testers/ordering provider if they do want to call?
 - c. Do they want their primary provider to be notified of the results, whether positive or not?
 - d. Who has access to their results in the event they are diagnosed with HIV? Participants should be made aware of this and the use of this of information for all notifiable diseases in community, including things like influenza, chicken pox, sexually transmitted infections, etc.
5. Individual communities should have the opportunity to review the clinical chart and data to be collected, as well as provide guidance as to what other information they wish to ask about/collect.

During the Event

The day of the event can be hectic and will likely require more on-site staff than you expect. It is better to have more people than less.

Successful events often use “passports” to facilitate the participant experience. Passports are small individual booklets with information and the path for care that participants should follow (an example Participants are given one when they arrive). As they visit each station (shown below), providers will initial the passport after providing information.

Event Layout Example



A) Registration table are - start / finish

B - G) Stations clearly marked

H or I) Common areas for event participants to wait, meet, enjoy snacks / meal / refreshments

*These common area(s) should be situated so that those waiting cannot overhear any private, confidential conversations.

Passports can ensure that they see everyone, and are provided with all the relevant education. Participants are NOT required to fully participate in any station, but are required to obtain the initials of those at the station; for example, if a participant does not wish to have HIV testing, they may decline once it has been openly offered and the individual at the station should simply then initial the passport, in the same way that they would have done had the person accepted testing.

Providers at each station should be clear in what their roles, responsibilities and tasks are. A pre-event call or meeting is helpful in establishing the roles and responsibilities of providers attending.

Below are suggested stages that a participant will experience while attending a typical event. Each stage below requires at least one individual to staff each station at any given time. Participants should expect to spend a total of 60-90 minutes at the event. Depending on how busy it is or their specific needs, it might be a little faster. Keeping track of participants as they arrive at the registration station will assist in managing the flow.

1. The participant arrives and is greeted at a registration desk. They sign in by giving their name, contact number and date of birth to the person registering participants. They are also given their passport, which they can keep. As participants visit various stations, they will have their passport initialed by the provider at each station. Participants should be advised that they are able to choose how involved they become at each station, and will have their passport signed as long as they have even a brief meeting with the provider.
 - Usually there is no name noted on the passport, in the event that they lose it; no breach of confidentiality possible if lost.
2. Navigators will be available to help direct participants from the registration table to the various stations, with the goal of ensuring that the flow of the event is constant, stations are full and busy, and as few participants are waiting as possible.
3. The participant proceeds to various services stations. A common and popular station to include is one hosted by the local home care team which may check blood pressure, blood sugar and height/weight checked. Participants are given a copy of this information and/or it can simply be recorded on the passport to retain after the event.
4. Additional stations may also be added, including for nutrition information, medications and pharmacist support or other health practitioners, such as car seat safety, etc.
5. HIV testing has as many dedicated stations as there are people able to offer the test. Each station must provide adequate privacy and assurance of confidentiality. It must also be recognized that while testing is available and can be offered to all participants, testing for HIV must remain optional. All participants are able to decline testing if they so choose.
6. When participants have completed all stations, they will show their completed passport to a “goodbye” table that will provide them with a thank you kit, which will include their incentive, the return of their passport and any other relevant information and materials. The “goodbye” and registration tables are often manned by the same support staff. They may also provide their contact information to individuals.
7. Space should be kept aside for participants to have additional, private conversations as needed.

After the Event

It should be clear to participants after the event what follow up care they should expect and when they should expect it. Consider sharing the aggregated data from the event with relevant community officials, as well as sending thank-you notes to local leaders such as the Chief and council. The appendix below includes documents for use following the conclusion of an event.

Tips and Tricks

Opportunities

As has been discussed, Get Tested events also offer an opportunity to integrate other health programming. This can offer a couple of advantages:

- Maximizes the investment of time and effort in coordinating local events
- Facilitates greater participation by participants for different interests
- Reduces stigma associated with HIV testing by including it as one of a number of health opportunities.

Health programming does not need to be limited to strictly medical considerations. Successful events have included good food markets, where fresh produce is available as part of the incentive package.

Potential Challenges and How to Avoid Them

The experience with Get Tested events to date has been very positive, but the potential exists that some issues can arise without careful consideration in advance.

Events should be community-led and community-developed which helps to assure a successful event and secures buy-in from local decision makers and community members. When working with Indigenous communities, it is also important to be familiar with and committed to the maintenance of the OCAP principles as outlined by the First Nations Information Governance Centre. These principles of ownership, control, access and possession of data set a baseline for how health-related information arising from Get Tested events is managed and used. Clarifying how these principles will be addressed with community from the outset will provide greater certainty on after-event care follow-up and information management. Information about OCAP is included in the Appendices.

Appendices:

Organizing the event:

- Appendix 1: Sample Budget
- Appendix 2: Draft Letter to Chief and Council
- Appendix 3: Community Selection Checklist and Preparation
- Appendix 4: Key Points and Helpful Tips
- Appendix 5: Event Layout Example (Map)
- Appendix 6: Sample Poster

During the event:

- Appendix 7: Sample Passport
- Appendix 8: Sample Sign-in Form
- Appendix 9: Sample Station Tracking Document

After the event:

- Appendix 10: Sample Event Summary and Outcomes
- Appendix 11: Other Resources

Appendix 1: Sample Budget

Get Tested Event Budget

Line Item	Cost
Elder	
Tobacco	
Meal / Food for participants	
Incentives (i.e. \$10 voucher / person)	
Peers	
Bring a Friend Incentives	
Station Provider Costs (list individually)	
Other incentive (i.e. fresh food market)	
Materials (printing, etc.)	
Medical supplies cost as needed	
Other	

Funding available - amount and from whom? Specify: _____

Please take note of external staffing considerations, including whether the community pays for a nurse, staffing costs overall, and related travel / secondary expenses.

Appendix 2: Draft Letter to Chief and Council



Get Tested Saskatchewan Partnership Project Overview

Dear Chief and Council/Community Leadership;

Chronic and communicable diseases such as HIV disproportionately affect Indigenous people in Saskatchewan. Further, the rate of HIV among Indigenous Peoples in Saskatchewan is one of the highest, if not the highest in Canada.

Indigenous people frequently face barriers in accessing care, especially care that is organized, coordinated accessible and culturally appropriate.

The HIV epidemic can be controlled if 90-90-90 (90% of people with HIV diagnosed, 90% of those diagnosed on treatment, and 90% of those on treatment virally suppressed) is achieved. Saskatchewan is not achieving 90-90-90 in most communities at this time; however, it is being achieved in select communities in Saskatchewan.

We, _____, are working to form collaborative partnerships with communities to support an increase in access to HIV testing and linkage to care.

This work is supported, at least in part by SIDCN – Saskatchewan Infectious Diseases Care Network. SIDCN is a non-profit organisation whose goal is to improve the awareness, diagnosis and care of HIV and Hepatitis C (HCV) in Saskatchewan. SIDCN has experience in implementing and assisting in the evaluation of creative health and wellness strategies to meet the complex needs of patients living with HIV, especially those outside in the core neighbourhoods or in rural communities of Saskatchewan. Further, SIDCN is able to provide HIV specialist services to patients living in Saskatchewan's rural communities.

SIDCN will play the role of facilitator, helping identified communities that are seeking to improve HIV testing capacity. SIDCN will support the participating communities in the development and implementation process of the HIV testing. SIDCN will offer the expertise, reference documents and education support to the community HCPs and/or other involved resources, to build their own capacity to drive and manage the HIV testing program and initiatives.

Ideally, your community's health priorities and infrastructure is able to support and assist with testing, diagnosis and follow up, as well as linkage to care for any community members found to be living with HIV.

OCAP compliance is key in our commitment to collaboration with your community, and the return of data is prioritized in this work.

Measures of Success are first determined by your community and can also include the following:

1. Ensure all people who test positive for HIV during this project are linked to care and HIV management.
2. Ensure that the individual community projects focused on HIV testing initiatives have the ability to be sustainable beyond the initial project period with the intention that the initiatives employed can be scaled up if required and/or replicated to other areas.
3. Facilitate positive individual persons/community experience around HIV, to ultimately reduce stigma and discrimination.
4. Establish OCAP compliant outcomes and baseline data on UNAIDS 90/90/90 targets to demonstrate impact of the interventions implemented. Including:
 - a. 100% offer rate of HIV testing
 - b. The number of tests conducted
 - c. Measure increase in awareness by the number of tests conducted overtime
 - d. 100% of HIV diagnosed linked to care (\leq 30 days)
 - e. Measure of the patient and community experience

As previously noted, SIDCN will work with and for the First Nations Communities engaged to identify and support the implementation of various testing and awareness improvement interventions in HIV. These interventions will be community-centric and developed and led by the individual communities and will ultimately improve the health outcomes among First Nations People, living on-reserve. Improved health outcomes will be met via transparent, clear language, supported by a mutual data contract between SIDCN and each individual community to meet the needs of all partners. The data contract will include first, community identified outcomes and measures of success. All data will be collected and utilized under OCAP principles.

With support from _____

Appendix 3: Community Selection Checklist and Preparation

Criteria / Checklist for Community Selection:

- Actively seeking help or acknowledgement of HIV being an issue
- Demonstrates an adaptable and flexible mindset towards HIV and People Living with HIV (PLHIV)
- Chief and Council (CNC) / Health Directors & Committees are engaged and supportive and will display open leadership
- An identified community champion i.e. Health Director
- Educated, supportive and respected Elders (or receptive to becoming)
- Ability to get on the CNC agenda for review and approval of the project
- Existing infrastructure (relating to testing and linkage to care) within the community
- Ability to link with a local / approved laboratory for HIV testing specimens (which also includes the ability to receive a local laboratory licence)
- Availability/additional nurse resource (preferably in place and workflows approved by Tribal Council). Idem for the needed HIV testing resources and infrastructure (ex: HIV tests)
- Leaders receptive and open to messaging and education (relating to HIV disease, care and management, as well as stigma and discrimination)
- Community that can build their capacity to fulfil the OCAP compliant baseline data requirements and will be willing to track their project outcomes data on UNAIDS 90/90/90 targets

Preparation Supplies:

- Include phlebotomy/testing list of supplies
- Sharps container
- Alcohol swabs
- Cotton balls
- Band-Aids
- Gloves
- Hand sanitizer
- Blue absorbent pads
- Tourniquets
- Appropriate specimen tubes; i.e. SST tubes (HIV and other STBBIs), EDTA tubes (viral loads), etc.
- Centrifuge
- Blood Collection needles, 21 and 22 gauge; Butterfly winged safe luer lock sets 21G x 3/4" and 22G blood collection needles (gauge varies)
- Lab requisitions for Roy Romanow Provincial Lab (RRPL)
- Specimen transport bag/tote
- Include information/policy on specimen collection/phlebotomy (Please connect with your local laboratory for policies and procedures)

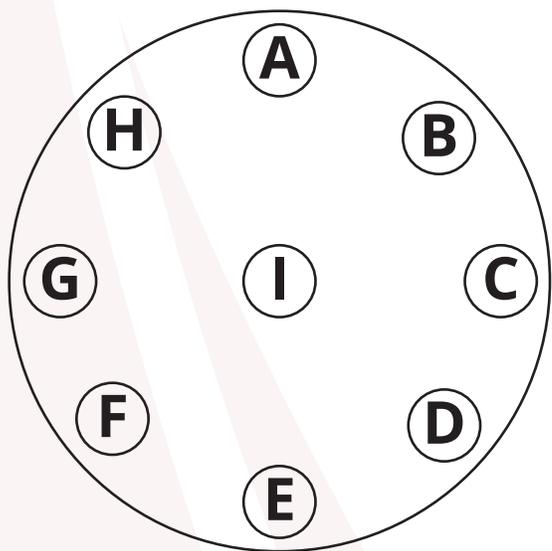
Appendix 4: Key Points and Helpful Tips

Points to Consider:

- Testing to be offered – standard HIV blood draw +/- HIV point-of-care
- Location of testing – confidential, private space (i.e. room with a door), space for testing/blood draw
- Who to consider as partners/to attend:
 - Elder(s)
 - Community leadership
 - Nursing – local +/- others – recommend at least 2 RNs
 - Phlebotomy if appropriate
 - Peers (people with lived experience in HIV)
 - Support – mental health and addictions
 - Admin to assist with registration
 - Other community partners, as per community
- Roles:
 - All providers at each station are responsible to initial the passport, if one is used
 - Admin – registration/managing passports and incentives; assist with flow of participants
 - Event Nurse(s) – responsible for assisting with flow, completing clinic intake form, tracking the HIV offer rate, pre-test counselling and for HIV POCT, post- test counselling, negotiating how the participant can access results, general health information and basic counselling as appropriate
 - Any other providers attending and hosting stations should have a clear understanding of their roles and responsibilities
- OCAP Principles – where testing events occur within First Nations communities, and where testing events are hosted by a third party in the First Nations community, familiarity with OCAP is recommended: <http://fnigc.ca/ocapr.html>
 - Discussion regarding the sharing and flow of data must be held in advance of an event, including what will be collected, who will have access and how it may be shared.
 - A data agreement, formal or informal is recommended in these instances.

Appendix 5: Event Layout

Event Layout Example



A) Registration table are - start / finish & provision of passport

B - G) Stations clearly marked

H or I) Common areas for event participants to wait, meet, enjoy snacks / meal / refreshments

*These common area(s) should be situated so that those waiting cannot overhear any private, confidential conversations.

*Note that there are various stations possible, depending on the community:

- HIV testing/counselling/information
- Any other health stations that are determined by community
- Back to registration after completion of stations/passport complete to receive gift/incentive +/- be entered into a door prize

Appendix 6: Sample Poster

Come out and celebrate wellness with us!

Date
Time
Venue

Snacks...gifts for participating...
Bring a friend!

Health Care Teams available for:

- Blood pressure and blood glucose screening
- Information about HIV and Hepatitis C
- Testing for HIV and Hepatitis C
- Physician available for care and treatment support
- Pharmacist available for health information including medication management
- Health and wellness information will be available



**Above are Sample Stations, may differ depending on community and event*



[Insert your logo here]

For information, please
contact the Health Centre at
XXX-XXX-XXXX



*In Partnership with
ViiV Healthcare*
[Insert your logo here]

Appendix 7: Sample Passport

**Get Tested
Wellness Event
PASSPORT**

FOLD
ALONG
THIS LINE
FIRST

Your results:

Blood Pressure _____

Blood Sugar _____

Weight _____

**We will contact you if you require
any further follow up.**

**Our contact number is xxx-xxx-xxxx
(confidential cell phone, call or text)**

FOLD ALONG THIS LINE SECOND

*Thank you for attending
and have a great day!*

**Registration and Health Station
Providers Initials:**

Homecare Screening _____

Liver Health / nutrition info _____

Blood tests / information _____

*More stations can be included here - as per
the individual community event and needs*

Received voucher _____

Appendix 9: Sample Station Tracking Document



GET TESTED WELLNESS EVENT

Location: _____

Date: _____

Staffing from outside community: _____

Elder _____

Stations:

Registration	Yes	No
--------------	-----	----

Fibroscan	Yes	No
-----------	-----	----

Phlebotomy	Yes	No
------------	-----	----

POC HIV	Yes	No
---------	-----	----

POC HCV	Yes	No
---------	-----	----

Vital Signs	Yes	No
-------------	-----	----

Immunization	Yes	No
--------------	-----	----

Blood Glucose/Home Care	Yes	No
-------------------------	-----	----

Pharmacy	Yes	No
----------	-----	----

Other: _____

Nutrition provided at event:	Yes	No
------------------------------	-----	----

Incentives:	Yes	No
-------------	-----	----

Bring a Friend Promo:	Yes	No
-----------------------	-----	----

Lunch/Food	Yes	No
------------	-----	----

Number of participants in TOTAL (end of day count)	_____
--	-------

Number of participants who saw a provider for testing (HIV, etc.)	_____
---	-------

Number of participants who were tested	_____
--	-------

Appendix 10: Event Summary and Outcomes

Get Tested Event Summary

This is meant to be an example of how to summarize the event(s) held. It can be altered and edited to suit the needs of your event and community.

*This information and data must be returned to the community that hosted the event in as timely a manner as is possible. If this data is to be shared outside of the host community, the community must first grant its permission. **Data in this document is to be aggregate data.** It is recommended that numbers of newly diagnosed individuals, whatever the focus of the health event, not be included here to ensure the confidentiality of the participants.*

Why event was held?

Who was involved as partners? In planning? In attending?

Where was funding obtained?

How was the event promoted?

How many people participated in the event?

- How many registered?
- What kinds and how many incentives were provided?
- Did you include 'bring-a-friend'?
- What stations were made available?
- Was there a fresh food market?
- How many people were offered HIV testing?
 - How many consented to testing?
- Were there any dedicated follow up clinics?

General comments

Appendix 11: Other Resources

- Refer to Community Readiness assessment and include link?
<http://caan.ca/wp-content/uploads/2012/05/CR-workbook-eng.pdf>
 - p. 17
 - p. 33 action plan development
 - Consider, where is the community, where do they want to be and how will they get there/where they want to be?
 - In the HIVE session in 2016, we included the following components of community readiness, specific to this project:
- Lab licence – link and application form(s):
<https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/licensing-for-health-care-practices-and-professionals/application-or-renewal-for-a-licence-to-operate-a-medical-laboratory>
- Testing information (client info, testing flow, pre and post test counselling documents)
<https://skhiv.ca/testing/#sk-routine-hiv-testing-tool-kit>
- Your client has just tested HIV+ document:
<https://skhiv.ca/wp-content/uploads/2018/03/CATIE-Patient-Information-Sheet-HIV-diagnosis.pdf>
- HIV Case Report Form:
<https://www.ehealthsask.ca/services/Manuals/Documents/6-HIVCaseReportingForm.pdf>
 - Must also include link to HIV POCT test guidelines and highlight that reactive POC tests are required to be reported to the local Medical Health Officer, p.
- Reference to the SK testing policy: <https://skhiv.ca/testing/#point-of-care-testing>
 - Could be a checklist of who to offer testing to? Routine and targeted approach, as per the policy link
- Transportation of Dangerous Goods information:
<http://www.tc.gc.ca/eng/tdg/publications-cladvisory-advol1enew-267.htm>
 - TDG competency checklist: <http://www.tc.gc.ca/eng/tdg/publications-tp9554vol7-480.htm>
- Include information on blood/body fluid exposure(s)
 - <https://www.ehealthsask.ca/services/manuals/Documents/hiv-guidelines-appendix17.pdf>
- Include risk assessment chart:
<https://www.ehealthsask.ca/services/manuals/Documents/hiv-guidelines-section2.pdf>
- Include info on basic HIV presentation and link to CATIE Ordering Centre for resources
 - Canadian AIDS Society (CAS) has a testing toolkit with good basic slides:
<http://www.cdnaids.ca/hiv-and-sexual-health-testing-toolkit/>
 - CATIE Ordering Centre: http://orders.catie.ca/shopping_cart.php