Using a Needs Assessment to Link PLWHA into Care

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Learning Objectives

- Describe how to develop tools (such as surveys, focus groups) to effectively assess gaps and obstacles to medical care linkages and retention.
- Describe how to analyze information from tools to identify solutions to their medical care linkage and retention issues.
- Understand what are common obstacles to medical care linkages and retention for PLWHA in Utah and be able to evaluate if similar obstacles are common in their state or region.

Tools to Assess Barriers to Care and Gaps in Services

1. Program Reports, Epi Profiles, other available reports
2. Focus Groups
3. Surveys (simple to extensive)
4. Advisory Boards,
   Planning Councils

Getting Community and Client Input

HOW TO ENGAGE

- Explain exactly how the information will be used
- Education – enables clients to become involved
- Incentives
- Encourage small ‘commitment’ steps

Needs Assessments: PROCESS

- Plan
  - Determine the Scope
  - Determine the Timetable and Budget
- Design
  - Determine what info is available
  - Design data collection instruments
- Collect the Information
  - Obtain and review existing information
  - Collect new data
- Analyze the Information and Present the Results
  - Analyze, Organize

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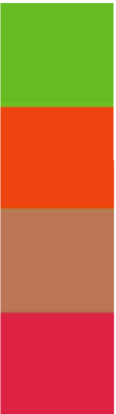
Using Existing Information and Reports

- Ryan White Reports: ADAP quarterly, RSR, RDR, and WICY
- Epi profiles (usually prepared by Surveillance Program)
- Behavioral Risk Factor Surveillance System
- Information-Based Indicator System

FOCUS GROUPS



FOCUS GROUPS – Why Use One?

- Gain an understanding of the attitudes, beliefs, and perceptions of a specific group
- Easy to put together, inexpensive, and flexible
- Get feedback from hard to reach populations
- Provides peer group support and reassurance, which helps to empower individuals.

FOCUS GROUPS – When to Use One?

- Useful in beginning to explore a question
- Can also be used to gain in depth information on a specific topic
- Used to inform the content and language of surveys
- Useful at any stage of a program to provide explanation, detail, and as cross-validation of data collected by other methods

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Conducting the Focus Group

- 6-12 people for 1-2 hours
- Develop questions and topics to cover during focus group; often called an interview guide
- Experienced moderator: knowledgeable but not directly involved with service being assessed
- Site is comfortable, quiet, and accessible

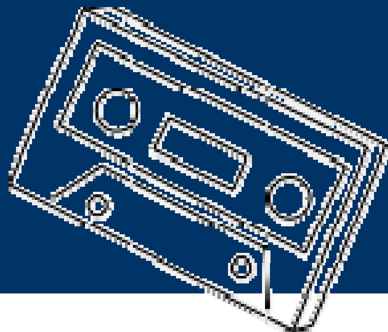
Tips on Conducting a Focus Group

- Pretend 'focus group' with team
- Groups should have common characteristics (Hispanic Gay Men or women with children)
- Multiple ways to record data
- Offer food and drinks and a small incentive
- Invite extras to cover for 'no-shows'
- Pass out surveys before or after for demographic info

Data Analysis/Report Preparation

Data Sources

- Audio Tapes (two ideal)
- Transcripts
- Observers taking notes



Confidentiality

- Have participants pick ‘fake names’ or assign them numbers – such as participant #4.
- Make clear to participants that everything discussed in the meeting is confidential, but confidentiality can not be guaranteed among everyone

Data Analysis/Report Preparation

- Discussion and debriefing among 'team' should take place right after each focus group
- Transcribe tapes; review data as individual team members and group into similar themes then come back together to discuss themes.
- Mistake to treat focus group data as quantitative data such as frequencies or percentages

Findings from a Focus Group of Hispanic Gay Men in Utah, Spring 2009

- Asked questions about how to conduct a future survey: where and how to distribute surveys, length of survey, appropriate incentives
- Discussed health priorities among gay men in general and Hispanic Gay men
- How to find MSM who do not identify as gay
- Perception of HIV prevention messages

Findings from a Focus Group of Hispanic Gay Men in Utah, Spring 2009

- Surveys should be no longer than five minutes. Can be given outside of clubs but don't want to take it in the club "I want a drink in my hand and a cute guy on my shoulder"
- Participants felt that HIV organizations 'don't really care about Latinos'; organizations in competition for Latinos; best solution would be to have one AIDS service organization that solely focused on Latinos
- MSM who do not self-identify as gay often do not go to gay clubs but go online to find sex partners

Use of Surveys

ADVANTAGES

- Can be used to collect a wide variety of information and from a large number of people
- Standardized (less errors)
- Statistical techniques can be used to determine validity, reliability, and statistical significance

DISADVANTAGES

- Surveys depend on a respondent's honesty, memory, and ability to respond
- May be difficult to reach some populations to obtain a large sample
- Non-response problems may exist

Survey First Steps

- Creating the questions:
  - Find examples of other surveys and survey questions
  - Look through reports and published studies on same topic
- Keep the survey as short as possible. Have a specific purpose in mind for each question. If not, cut it.
- Use multiple 'pilot tests'
  - Staff, planning bodies, small group of 'target population'
  - Can use the 'talk out loud' method to see how respondents interpret the questions.

Surveys: Methodology

- Probability sampling?
- Instruments newly developed or ones already is use?
- Who will collect data and how will they be trained?
- Confidentiality?
- Quality control?
- How will data be analyzed?

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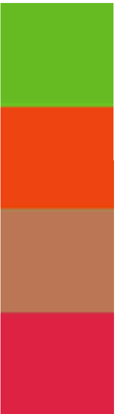
2008 PLWHA Survey: Methods

- 365 PLWHA surveyed in Utah
- Pilot-tested at Utah AIDS Foundation Food Bank
- Responses from 17 counties (66% from Salt Lake County)

Utah Survey for HIV Positive Individuals

Example of a Sample Frame



Survey Sample Frame from 2008 PLWHA Survey						
	Target Sample		2008 NA Survey		Difference	
	Number	Percent	Number	Percent	Number	Percent
Exposure Category						
MSM	208	56.90%	195	53.40%	13	-3.50%
IDU	45	12.20%	10	2.70%	35	-9.50%
MSM/IDU	42	11.60%	28	7.70%	14	-3.90%
Heterosexuals	32	8.70%	87	23.80%	55	15.10%
Other	38	10.40%	45	12.30%	7	1.90%
Gender						
Male	313	85.70%	309	84.70%	4	-1.00%
Female	52	14.30%	54	14.90%	2	0.60%
Not reported			2	0.50%		
Total	365		365			

Target Groups and Sample Sizes from 2008 PLWHA Survey

Group	Sample Size (n)
Entire Sample	365
MSM, White – White MSM	188
MSM, Color – MSM from Communities of Color	33
IDU (not MSM)	10
MSM/IDU	28
Hetero, White – White Heterosexuals	62
Hetero, Color – Heterosexuals from Communities of Color	33
Men, Color – Men from Communities of Color	60
Women, Color – Women from Communities of Color	19
Rural – Respondents Living in Rural Areas	38
Women, White – White Women	32
Youth – Respondents who are under 25 years old	10
Note: Individuals can be in more than one group.	

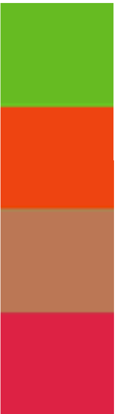


Table from Needs Assessment - Do You Have a Case Manager?

Group	Yes (%)	No (%)	I don't know (%)
MSM, Color	90.9	6.1	3
Hetero, White	86.9	8.2	4.9
Women, Color	84.2	10.5	5.3
Men, Color	81.4	11.9	6.8
Hetero, Color	81.3	12.5	6.3
Youth	80	-	20
MSM/IDU	78.6	17.9	3.6
Women, White	78.1	12.5	9.4
Entire Sample	**77.5**	**12.6**	**7.9**
MSM, White	77.5	13.9	8.6
Rural	78.4	13.5	8.1
IDU (not MSM)	60	20	10

Note: Information presented in this table represents the survey responses. The group sizes (n) are listed in Table 2.5. All percentages represent the percentage of the particular group. Percentages might not add up to 100% due to the exclusion of non-responses.

The Top Five Barriers to Care for PLWH/A
from the 2008 Utah PLWHA Survey

- Not having enough insurance coverage
- The cost of the service
- Ability to find way through the services
- Lack of sensitivity of the people providing the service to my issues and concerns
- Concern that the service does not exist

Comparison of Barriers Hispanics and Non-Hispanics from the 2008 Utah PLWHA Survey

- There were large differences in the ranking and magnitude of barriers for White, non-Hispanic respondents and non-White respondents.
- The top three barriers to medical care were the same for Hispanics and White, non-Hispanics, but the size of the barrier was greater for Hispanics.
- Certain barriers were more applicable to HIV positive Hispanics such as poor coordination among the organizations providing services, the concern for the lack of confidentiality, and the fear of being reported to the authorities.

Recommendations to Reduce Barriers
from the 2008 Utah PLWHA Survey

- An increase in case management services for HIV positive persons would likely reduce the most common barriers to medical care.
- Services relating to HIV medical care need to be available in language appropriate formats. In Utah, the most common language spoken after English is Spanish.
- When working with undocumented clients, it is important for providers to stress trust and confidentiality.

The Gay and Bisexual Utah Survey of Men (GUS)

- Conducted in Summer of 2009
- Collaboration between Utah Department of Health, University of Utah, and 18 other organizations (many focused on LGBT issues)
- Data from 975 respondents analyzed
- Inclusion criteria was male; 18 years or older; Utah resident; gay, bisexual, or have had sex with a man

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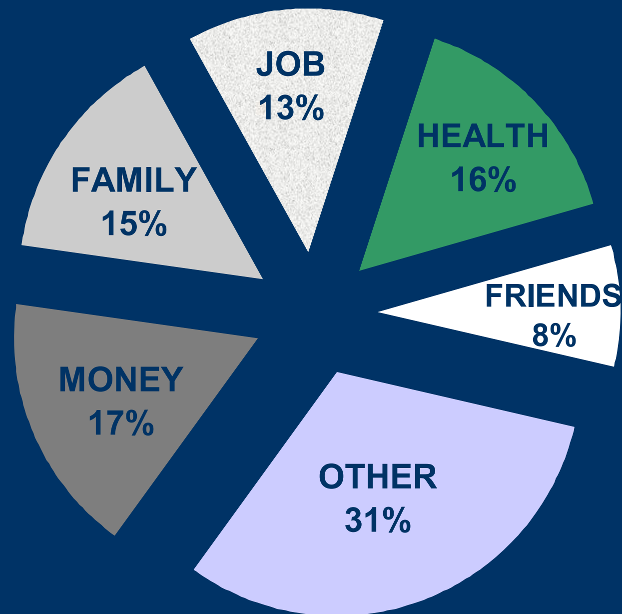
GUS: A collaboration among multiple organizations

STRENGTHS	LIMITATIONS
Largest 'GBT' survey conducted in Utah	Survey took a long time to develop over many meetings
Wide-base of support and volunteers	Length of the survey
Variety of skills and knowledge available	Outputs take a long time to finish

Ranking of Top Five Priorities for MSM, GUS 2009



* The 'Other' category included finding romantic partners, religion, civil rights as a gay man, drugs and alcohol.

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Relationship between health care as a priority and seeing a doctor

	DO YOU HAVE A DOCTOR YOU SEE REGULARLY?				
	YES		NO		
Health Care is Priority	73	66%	37	34%	110
Health Care is NOT a Priority	518	62%	323	38%	841
TOTAL p = 0.33, not significant	591	62%	360	38%	951

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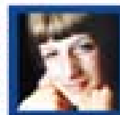
RESULTS from GUS, 2009

Time When Last HIV Test Received for GUS Respondents		
LAST HIV TEST	**Have a Primary Care Provider, No. (%)**	**Do Not Have a Primary Care Provider, No. (%)**
Tested within Last Year	331 (54.4%)	178 (48.5%)
Tested More than a Year Ago	182 (29.9%)	102 (27.8%)
Never Been Tested	95 (15.7%)	87 (23.7%)
TOTAL	608 (100%)	367 (100%)



Results from GUS, 2009

Example of a more complicated analysis

Using logistic regression, having a regular medical provider was not associated with HIV testing (unadjusted OR 1.27; 95% CI, 0.98 – 1.65)

A positive association existed between HIV testing and having a regular provider if the provider knew the patient was gay:

Patient Not Out to Provider (unadj. OR 0.81; 95% CI, 0.57 – 1.15)

Patient Out to Provider, (unadj. OR 1.60; 95% CI, 1.20 – 2.12)

CONCLUSIONS from GUS, 2009

- Having a primary medical care provider is associated with increased HIV-testing among MSM, but only when men disclose their sexual orientation to their providers.
- Identified no benefit to having a primary care provider who is unaware of a patient's sexual orientation (same sex attraction disclosure).
- Interventions to improve communication between primary care providers and MSM may increase HIV screening in this population.

Questions ???
Comments

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