



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

Lessons learned from creating the 2020 HIV/AIDS Comprehensive Needs Assessment

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Your presenters



Jacob Melson



Darin Rowles

Learning outcomes



- Describe ways to get meaningful input from people with HIV (PWH) and planning council members when conducting a joint needs assessment.
- Identify what worked well and what can be improved the next time a needs assessment is conducted.
- Discuss recommendations other states and TGAs can implement when conducting needs assessments.

Background 1

- Minnesota Department of Human Services (DHS) is the Ryan White Part B grant recipient





HIV Prevalence Report Data Tables, Minnesota 2019

Table 1. Number^I and Rate^{II} (per 100,000 persons) of Persons Living with HIV (non-AIDS) and AIDS by Residence, Age, and Sex Assigned at Birth Minnesota, 2019

Group	HIV (non-AIDS)		AIDS		Total		HIV/AIDS
	Cases	%	Cases	%	Cases	%	Prevalence Rate
Residence^{III}							
Minneapolis	1,813	36%	1,354	33%	3,167	35%	827.8
St. Paul	649	13%	505	12%	1,154	13%	404.8
Suburban	1,780	35%	1,490	36%	3,270	36%	149.9
Greater Minnesota	839	17%	748	18%	1,587	17%	64.7
Total	5,081	100%	4,097	100%	9,178	100%	173.0

Background¹ 3



Table 2. Number of People Living with HIV and Rates (per 100,000) Living with HIV (non-AIDS) and AIDS by Race/Ethnicity and Mode of Exposure¹ by Sex Assigned at Birth- Minnesota, 2019

Group	Assigned Male at Birth				Assigned Female at Birth				Total				
	HIV (non- AIDS)	AIDS	Total		HIV (non- AIDS)	AIDS	Total		HIV (non- AIDS)	AIDS	Grand Total		
			Cases	%			Cases	%			Cases	%	Rate ^{III}
Race/Ethnicity^{IV}													
White, non-Hispanic	2,052	1,554	3,606	53%	287	212	499	21%	2,339	1,766	4,105	45%	93.2
Black ^{II} , non African-born, non-Hispanic	720	618	1,338	20%	306	252	558	24%	1,026	870	1,896	21%	1153.9
Black ^{II} , African-born, non-Hispanic	304	313	617	9%	545	363	908	39%	849	676	1,525	17%	1454.8
Hispanic, any race	414	405	819	12%	77	74	151	6%	491	479	970	11%	387.6
American Indian, non-Hispanic	26	33	59	1%	30	23	53	2%	56	56	112	1%	202.1
Asian/PI, non-Hispanic	87	61	148	2%	33	22	55	2%	120	83	203	2%	94.5
Other ^{II} , non-Hispanic	154	113	267	4%	52	53	105	5%	206	166	372	4%	X

Background² 4



HIV/AIDS Statistics

[HIV/AIDS Statistics Home](#)

[HIV Care Continuum](#)

[Statistics - 2019](#)

[Statistics - 2018](#)

[Statistics - 2017](#)

[Statistics - 2016](#)

[Statistics - 2015](#)

Related Topics

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HIV/AIDS

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[Statistics](#)

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HIV/AIDS Statistics - 2019

Summary

HIV cases remained stable with 275 cases reported in 2019, compared to 286 cases in 2018. This is below the 5-year average of 296 cases per year from 2015-2019.

- Males account for 72% of all new HIV cases during 2019.
- Male-to-male sex remains the main risk factor for males of all ages.
- Over half (61%) of new HIV cases are among communities of color.

Data Release Webinar

- The webinar is postponed, and will be updated for 2019 data later in the year.

Surveillance Reports

- The surveillance report is postponed, and will be updated for 2019 data later in the year.

Share This

Subscribe: HIV/STD Prevention and Data updates

Spotlight

[HIV Statistics - 2019](#)

Partial 2019 HIV data available

[FAQs about STD/HIV Reporting](#)

[STD/HIV/TB Data & Presentation Request](#)

Data requests may take more time than usual to process

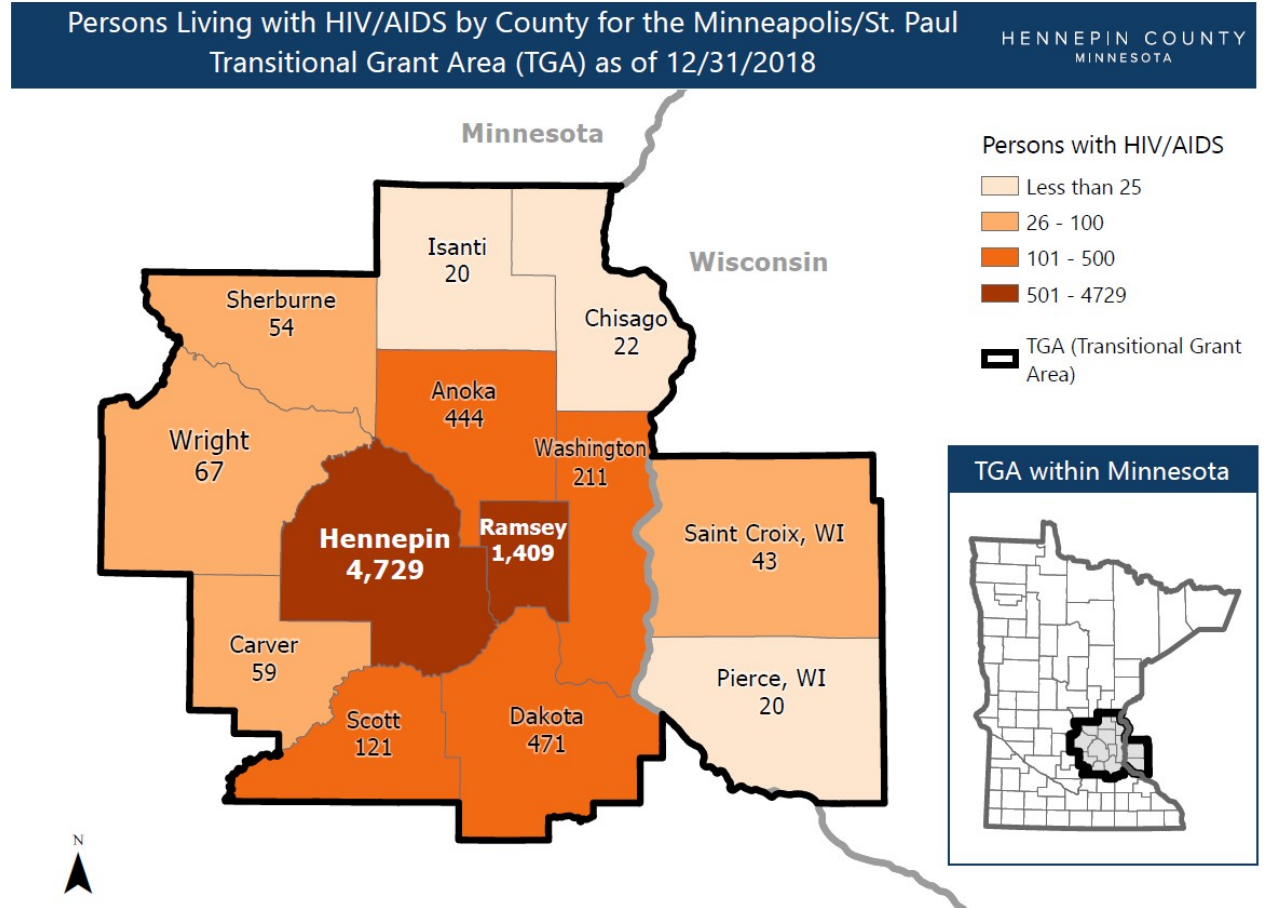
[STD/HIV Training & Resources](#)

[STD/HIV Partner Services Program](#)

Contact us:

Background 5

- Hennepin County (HC) Public Health is the Ryan White Part A grant recipient



Background³ 6

- Minnesota Council for HIV/AIDS Care and Prevention (MCHACP) or the Council
- [Minnesota Council for HIV/AIDS Care and Prevention Website](http://www.mnhivcouncil.org/) (<http://www.mnhivcouncil.org/>)



Needs Assessment



- Legislatively required
- Began collaborating on the needs assessment in March 2019
- Agreed on project approach and project goal
- Agreed to use data for Ryan White service prioritization and allocation and comprehensive planning



Stratified samples



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Survey design

- Reviewed 2015 Needs Assessment
- Identified variables to include in the survey
- Reviewed existing surveys to find potential valid and reliable indicators which could be used



Validity

- extent that a measure is appropriate for the question being asked; measures what it is intended to measure.⁴
- *A CD4 count or viral load in the last 6 months is a valid measure if someone is retained in care.*

Reliability

- refers to the consistency and dependability of a data-collection instrument or measure.⁴
- *If you repeat a blood test five times using the same specimen and the results are the same each time, it is a reliable test.*

- Social determinants of health

Figure 1
Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Survey design 3



Variable	Ryan White Services
Education	Non-applicable (NA)
Employment	NA
Income	Emergency Financial Assistance (EFA)
Housing	EFA, Emergency Housing Assistance (EHA), Housing (rental assistance)
Transportation	Medical Transportation Services
Criminal justice	NA*
Health insurance	ADAP, Health Insurance Program (HIP)
Food	Food Bank/Home-delivered meals
Connectedness/community	Psychosocial Support
Safety	NA

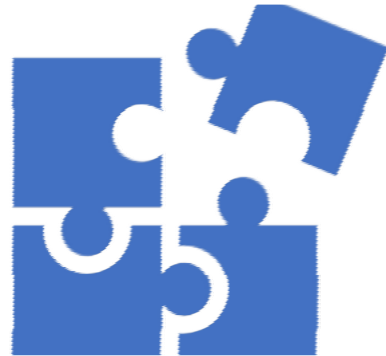


Describe ways to get meaningful input from people with HIV (PWH) and planning council members when conducting a joint needs assessment.

Engagement



Needs Assessment and
Evaluation Committee



Disparities Elimination
Committee



Community Voices
Committee



Minnesota Council for
HIV/AIDS Care and
Prevention

Survey instrument



- Survey includes questions on:
 - demographics
 - social determinants of health
 - HIV health outcomes
 - co-occurring conditions
 - Ryan White services
- Survey and all questions are optional
- Survey is confidential
- Participants can only take the survey one time; receive a \$25 gift card for effort and time

Promotional materials



Take the 2020 HIV/AIDS Comprehensive Needs Assessment and let your voice be heard

Your survey responses will help the Minnesota Council for HIV/AIDS Care and Prevention decide which services are most important to people with HIV, what challenges people with HIV face, and help us decide our yearly Ryan White HIV/AIDS Program funding.

Take the survey at hennepin.us/NA2020



Each year, about 300 Minnesotans are diagnosed with HIV.
Last year, over 8,900 Minnesotans were living with HIV or AIDS.



You can help by taking an HIV/AIDS survey

Take the 2020 HIV/AIDS Comprehensive Needs Assessment and let your voice be heard

To take the survey you must be:

- HIV positive
- 18 years or older
- Live in Minnesota, Pierce County (Wisconsin), or St. Croix County (Wisconsin)

Take the survey here: hennepin.us/NA2020

Your survey responses are confidential. Taking this survey is optional and will not affect the services you receive or could receive. You are only allowed to take the survey one time.

You'll receive a \$25 gift certificate for your time

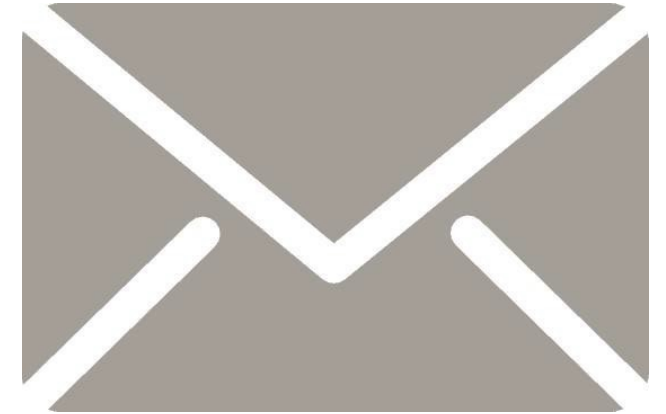
Complete the survey online and have the gift certificate mailed to you. You must complete the entire survey to receive your gift card.

Need help taking the survey or have other questions, including questions about receiving your gift card,

Call 612-596-8656 or email NA2020@hennepin.us

Data collection

- Planned to begin March 2020
- Adapting to the COVID-19 environment
- Continuous improvement



Phone interview preparation

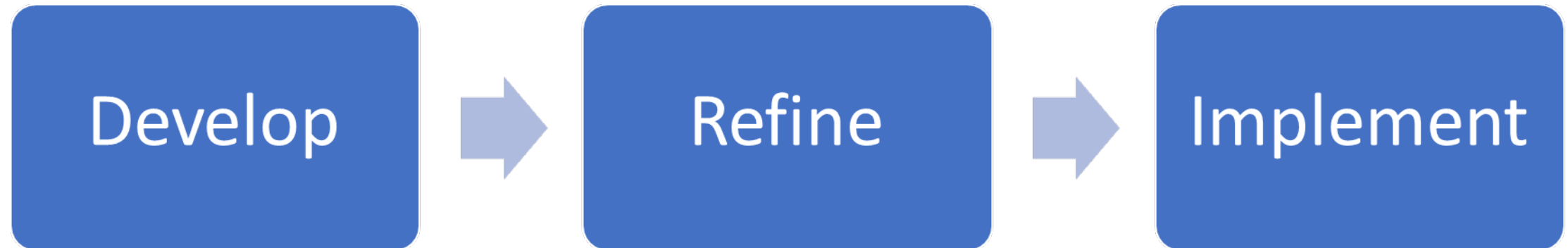


- Logistics
- Cultural responsiveness
- Accessibility
- Translation
- Interpretation
- Phone interview best practices training
 - Consent, rapport, and clear communication
 - Probing, “I don’t know/not sure”
 - Avoiding bias



Identify what worked well and what can be improved the next time a needs assessment is conducted.

Lessons learned: time



Lessons learned: engagement

- Buy-in = better outcomes
- Be more intentional about getting involvement from all stakeholders from the beginning




Lesson learned: Institutional Review Board



- Reviewed and approved by the DHS IRB twice
- Questioned things we had not thought of before (e.g. accessibility)
- Focused more on methodology and how to collect these data
- Time

Clear Form

 Minnesota Department of **Human Services**

Institutional Review Board (IRB)

Proposal to Conduct Research on DHS Program Participants – Application for IRB Review

DHS-3909-ENG 6-16

PROPOSAL # (For IRB staff only)

TITLE OF RESEARCH

PRINCIPAL INVESTIGATOR NAME (Attach curriculum vitae or resume to your application.) PHONE NUMBER EMAIL ADDRESS

ORGANIZATION

ADDRESS CITY STATE ZIP CODE

Is there a Co-Investigator or Project Coordinator for this project? Yes No

Is the Principal Investigator, Co-Investigator, or Project Coordinator a DHS employee? Yes No

Is this project funded through another organization? Yes No

PROPOSED PROJECT START DATE PROPOSED PROJECT COMPLETION DATE (all activities, including reporting, will be complete)

Have you requested approval at another IRB? Yes No

Is this project being done as a partial requirement of a degree? Yes No

Study Description

I. Purpose of the study, including research question(s)

II. Background – Provide a very brief overview of the literature or the current state of knowledge in your area of investigation. (2 page limit)

III. Research methods

A. Description of the subject population – number of subjects, age range, how subjects will be identified and selected

B. Explanation of subject involvement in the research (the who, what, when, and how of subject involvement)

Lesson learned: sub-recipients



- Some are really interested in collecting data
- Some have additional challenges which have hindered data collection
- Engage sub-recipients earlier

Lesson learned: employees or volunteers



Employees

- Tighter control of the data collection methodology
- Greater sense of anonymity
- Higher cost with less logistics
- Public health graduate students
 - \$30,000 - \$40,000 salary costs for 700 surveys
 - \$5,000 - \$7,000 per month

Volunteers

- Community relationships
- Native speakers
- Less cost, with more logistics

Discuss recommendations other states and TGAs can implement when conducting needs assessments.

Recommendations: project management



- Strong project management
- Create project timeline/plan carefully
 - Multi-task
 - Delegate responsibilities
 - Shared space to store documents
 - Plan for the additional time it takes to collaborate on a joint project with multiple stakeholders

Recommendations: engagement

- Engagement
 - Be deliberate in how you engage your Council and its committees to ensure their meaningful input in the process is gathered



Recommendations: sub- recipients



- Sub-recipients
 - Partner with sub-recipients to collect data

Recommendations: Intuitional Review Board (IRB)



- IRB

- Have your needs assessment reviewed by IRB or equivalent
- When prepping for IRB submission to support an efficient review, work to:
 - Have a completed survey instrument
 - Have a clearly described population and sampling strategy
 - Have a clear interview/survey protocol
 - Have a finalized consent form
 - Have finalized recruitment materials

Recommendations: hire interns



- It has been really beneficial to have the NA2020 interns
 - Nice to have dedicated staff to work solely on this project
 - Sent out promotional materials
 - Conducting phone interviews
 - Working on sub-recipient lists, so we can target different sub-populations, etc.
 - We recommend hiring staff to work on the needs assessment.

References



1. Minnesota Department of Health. *HIV Prevalence Report Data Tables, Minnesota 2019*. Available at: <https://www.health.state.mn.us/diseases/hiv/stats/2019/prevtables.pdf> Accessed June 12, 2020.
2. Minnesota Department of Health. HIV/AIDS Statistics - 2019. Available at: <https://www.health.state.mn.us/diseases/hiv/stats/2019/index.html> Accessed June 16, 2020.
3. Minnesota Council for HIV/AIDS Care and Prevention. Available at: <http://www.mnhivcouncil.org/> Accessed July 1, 2020.
4. Centers for Disease Control and Prevention and Health Resources and Services Administration. *Integrated Guidance for Developing Epidemiologic Profiles: HIV Prevention and Ryan White HIV/AIDS Programs Planning*. Atlanta, Georgia: Centers for Disease Control and Prevention; 2014.
5. Henry J. Kaiser Family Foundation. *Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity*. Available at: <http://files.kff.org/attachment/issue-brief-beyond-health-care> Accessed July 1, 2020.
6. All pictures came from the Minnesota Department of Human Services and an END HIV MN event.

Questions?



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