



# A Needs Assessment Process: What One AETC Learned That Can Help Your Clinic

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**AIDS**  
Education and  
Training Center



# Workshop Learning Objectives

Describe the participatory, qualitative needs assessment methodology

Understand common themes that impact access to high quality HIV care

Apply findings and results to better address training and capacity building needs



# PAETC Region: snapshot

- Most PLW AIDS/HIV cases are urban
- General decrease in new AIDS cases
- Shift to more AF-AM, Latino, Asian, women, trans, younger and older MSM, IDUs/substance users
- Increased co-morbidities, esp psych-soc, substance use
- Overwhelmed infrastructure
- Massive state and local funding cuts including clinic services, ancillary support services, benefits



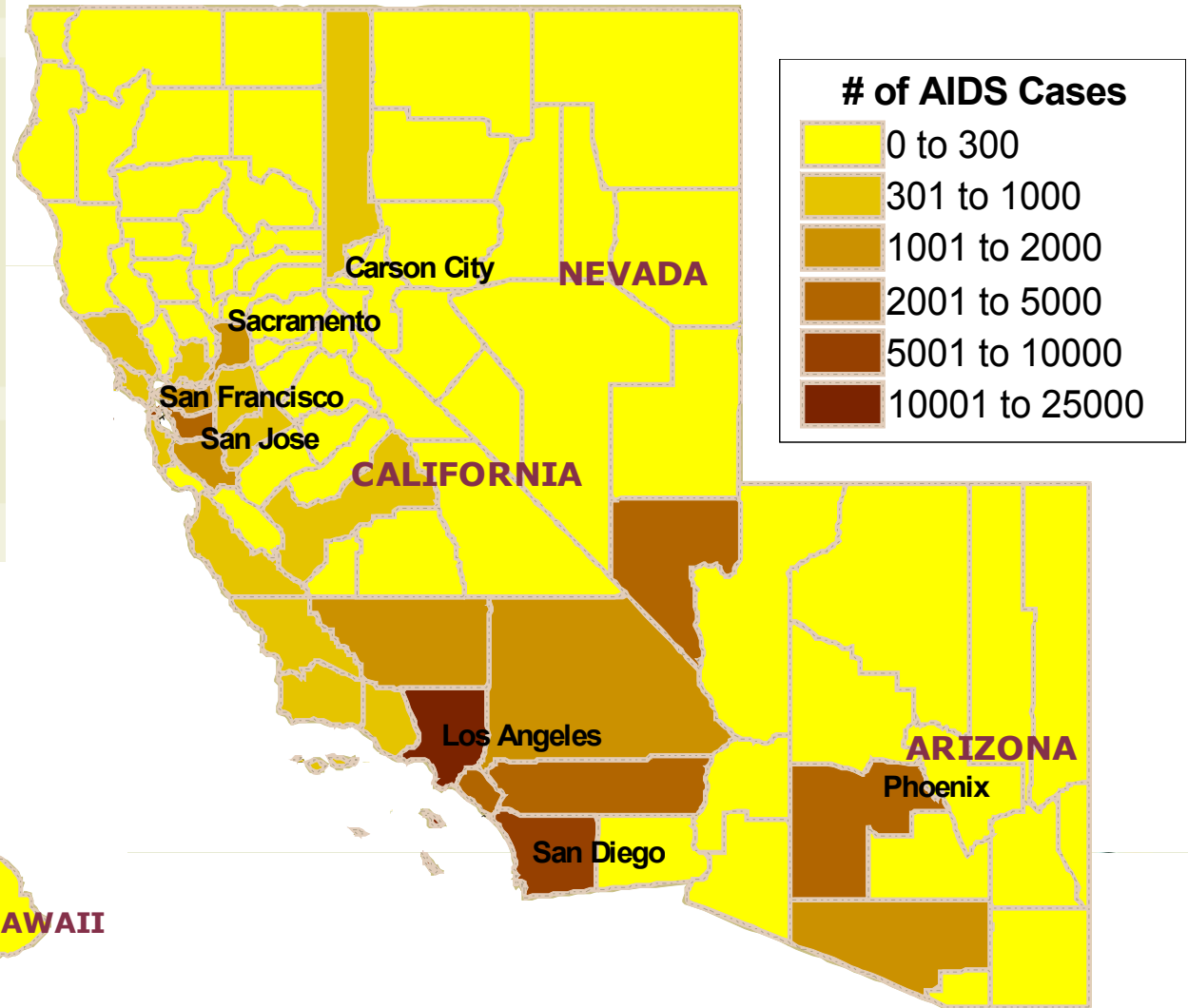
# Scope of infection: PAETC as region

# PLW AIDS: PAETC region

## Top 10 counties:

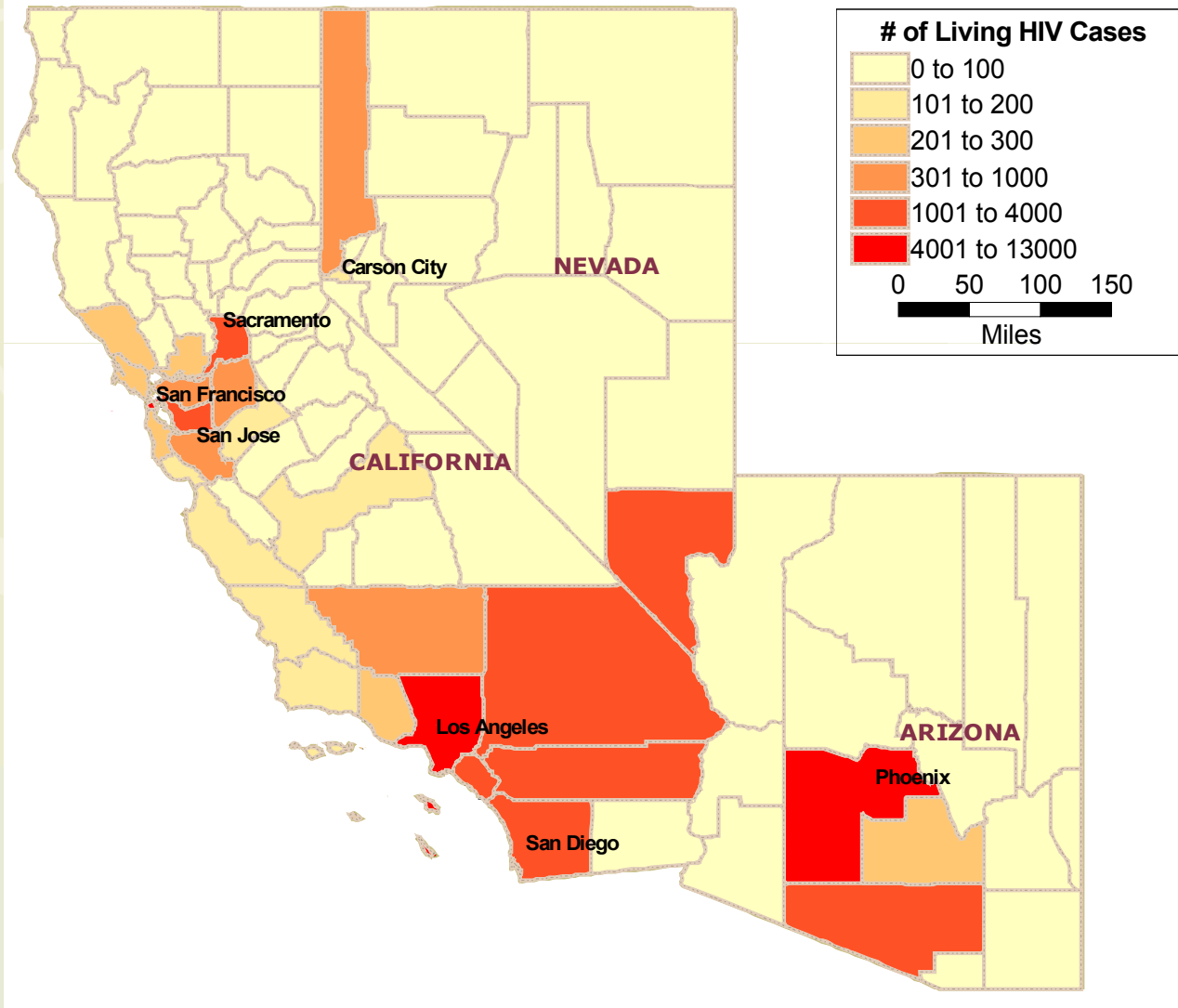
### Living AIDS Cases

1	Los Angeles CA	23729
2	San Francisco CA	9204
3	San Diego CA	6678
4	Maricopa AZ	4112
5	Orange CA	3812
6	Alameda CA	3418
7	Clark NV	3394
8	Riverside CA	3185
9	Long Beach CA	3049
10	Santa Clara CA	1966





# PLW HIV: PAETC



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# PAETC PLW AIDS/HIV: Nat'l context

- PAETC AIDS: 16% of US total  
(highest single state NY 16 %)
- PAETC HIV: 10% of US total  
(highest states NY 14%, FL 11%)



# AIDS Case Rate and Rank

(per 100,000)

	Rate	US Rank
• CA	13.5	11th
• NV	13.1	13 <sup>th</sup>
<b>National</b>	<b>12.4</b>	
• AZ	9.2	20th
• HI	6.1	32nd
• DC	148	1





# PLW AIDS Cases: PAETC Ethnicity

	% of total	US Rank*
Native HI/PI	65	1
Asian	50	1
Am Indian/AN	30	1
White	23	1
Latino	22	2
Af Am	7	3

\*if PAETC was a state



# PLW AIDS: PAETC gender

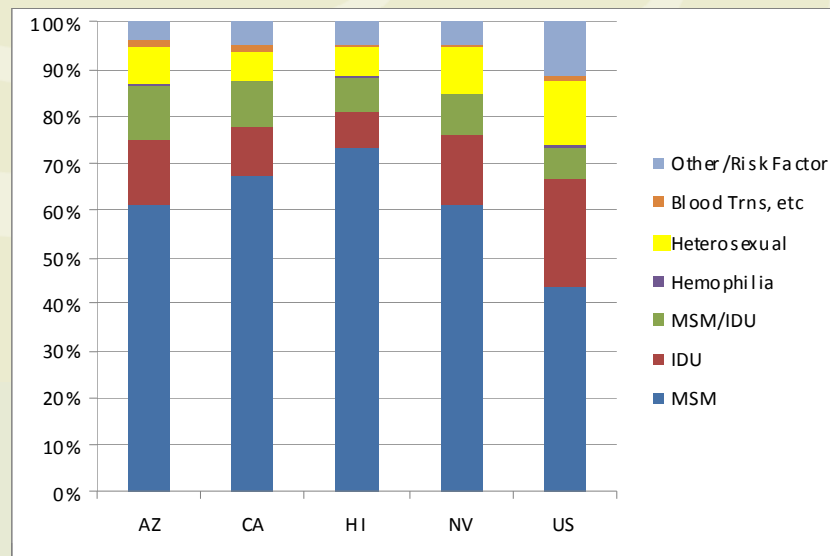
Larger male epidemic than rest of the country

Average 10% more males than national average  
(77%)

8% of total female cases (1/3 of highest state, NY)

# AIDS Cases: PAETC by exposure categories

- Compared to US, **PAETC has more MSM** in all states
- **AZ and NV more IDUs & more HRH** than CA and HI
- **CA and AZ have more MSM IDUs** than HI and NV





# PLWAIDS: PAETC Age

## Increasing % of PLWAIDS over 40

AZ= 37% CA= 40% NV= 40 % HI= 44%

Localities:

Los Angeles: 79% of PLWA are 40+ (35% over 49)

San Francisco: 80% of PLWA are 40+

Clinical implications of aging: treatment and ongoing medical management



# New AIDS Cases

PAETC region=16% of total US new cases

- CA 12.9% (Highest in US)
- AZ 1.5%
- NV 0.9%
- HI 0.2%



# New AIDS Cases vs. Cumulative

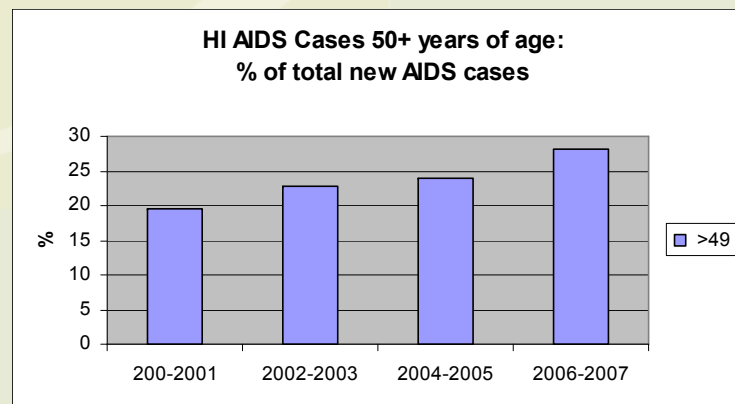
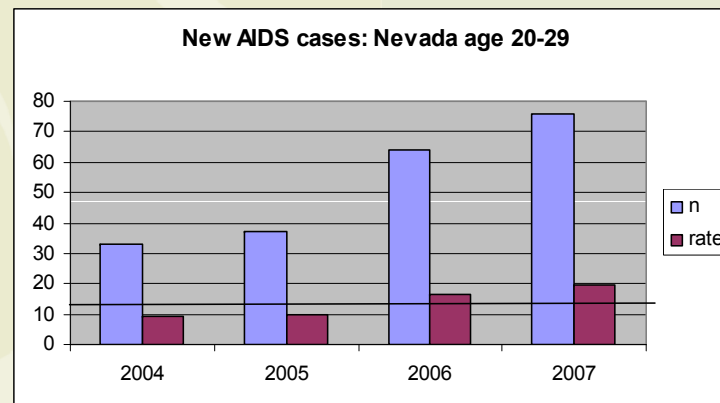
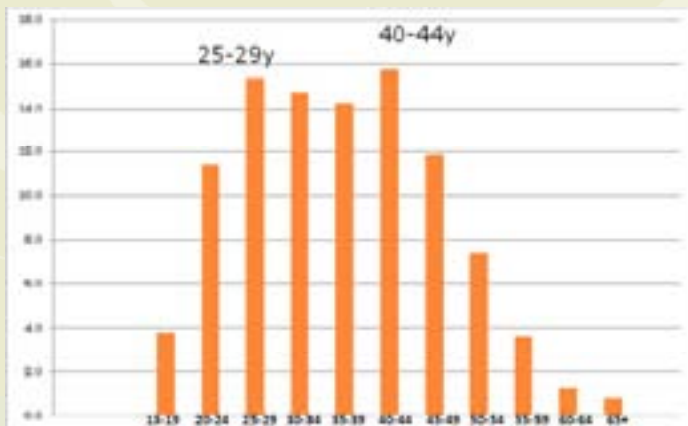
- PAETC region has greater % of Latinos in new AIDS cases
- PAETC region has greater % of African Americans in new AIDS cases
- PAETC region has greater % of Asians in new AIDS cases
- PAETC region has greater % of women in new AIDS cases





# Age: new cases: younger and older

Arizona Incidence HIV/AIDS by age, 2008





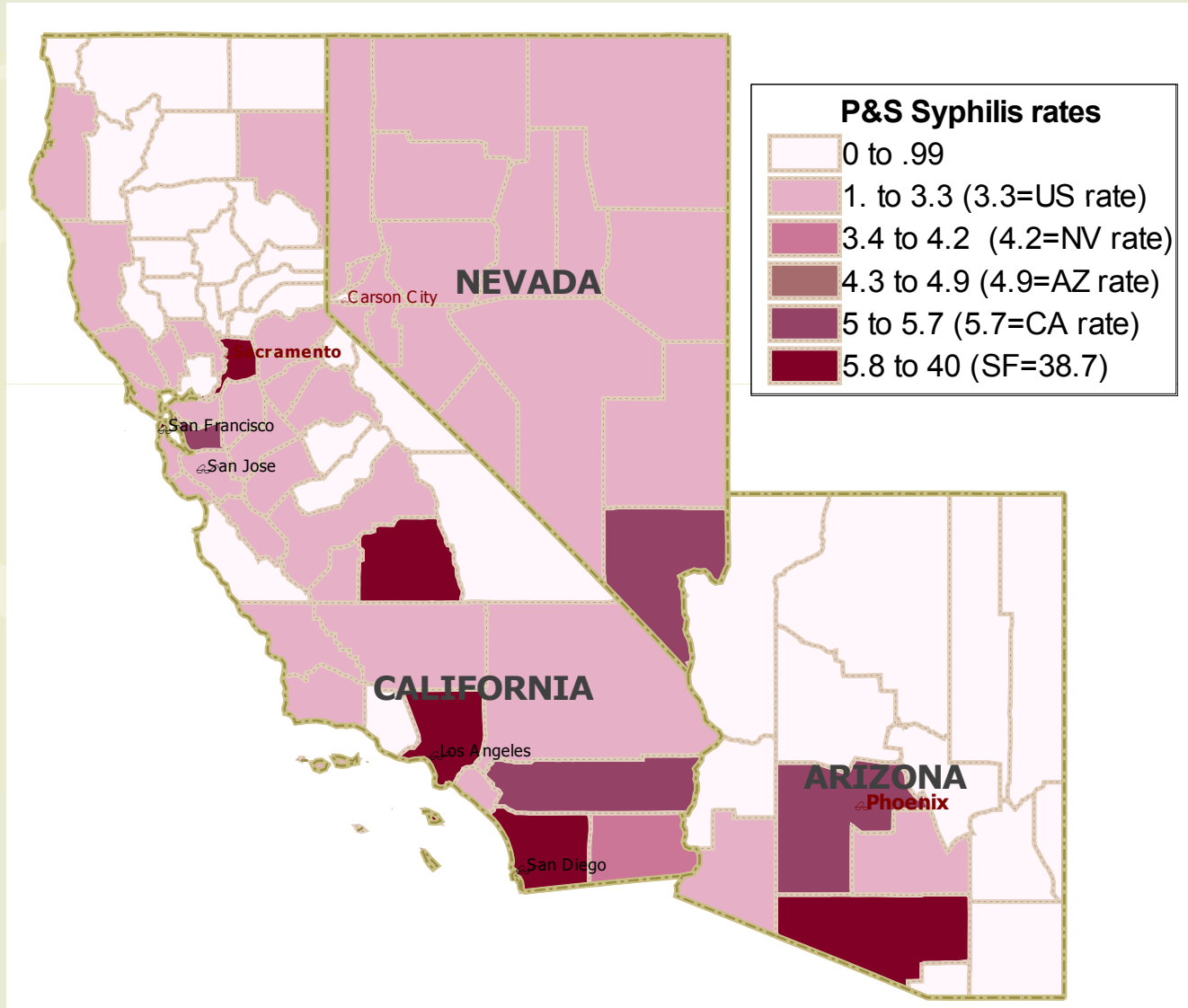
# PAETC Mortality

PAETC = 17% of US total (highest=NY-18%)

- CA 15.1%
- AZ 1%
- HI 0.3%
- NV 0.5%



# STDs: Syphilis





# Key Informant Interviews: 25 Clinician Informants

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# What We Learned About Patients

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# New HIV patient demographics as reported by key informants @ their clinics

- 78% Age (much younger & older)
- 57% Race/Ethnicity (African American, Latino)
- 35% Sexual orientation (straight, “uncertain”)
- 30% Gender (women)
- 26% Trans

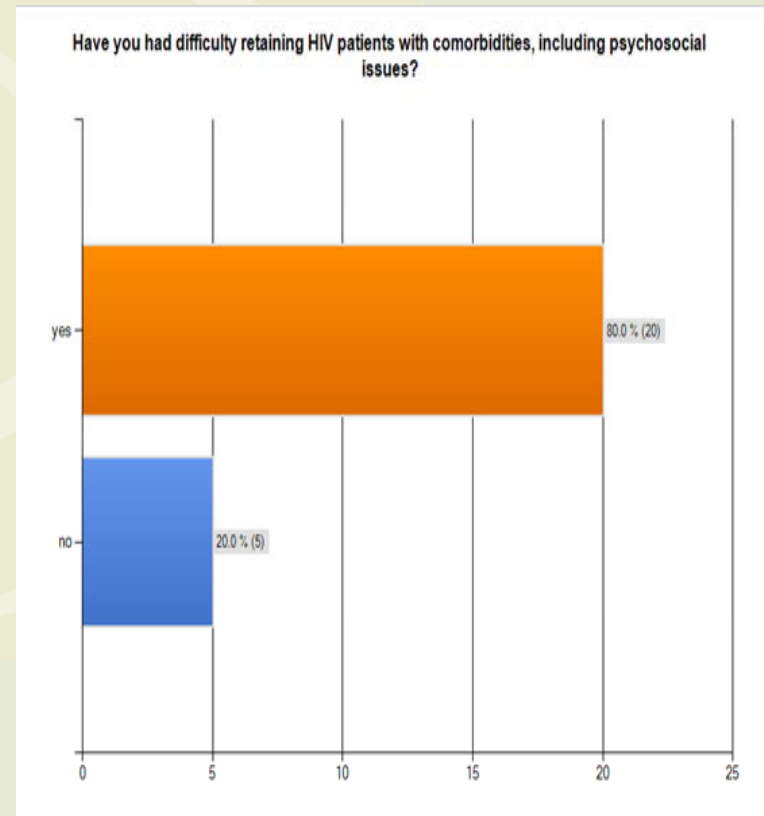
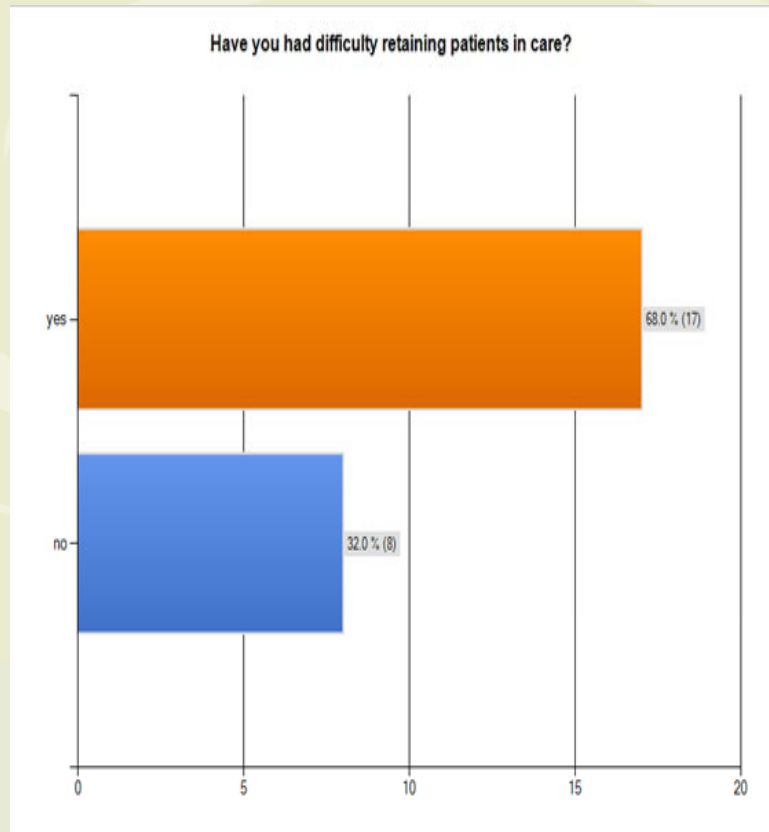
Also

- 40% Substance use



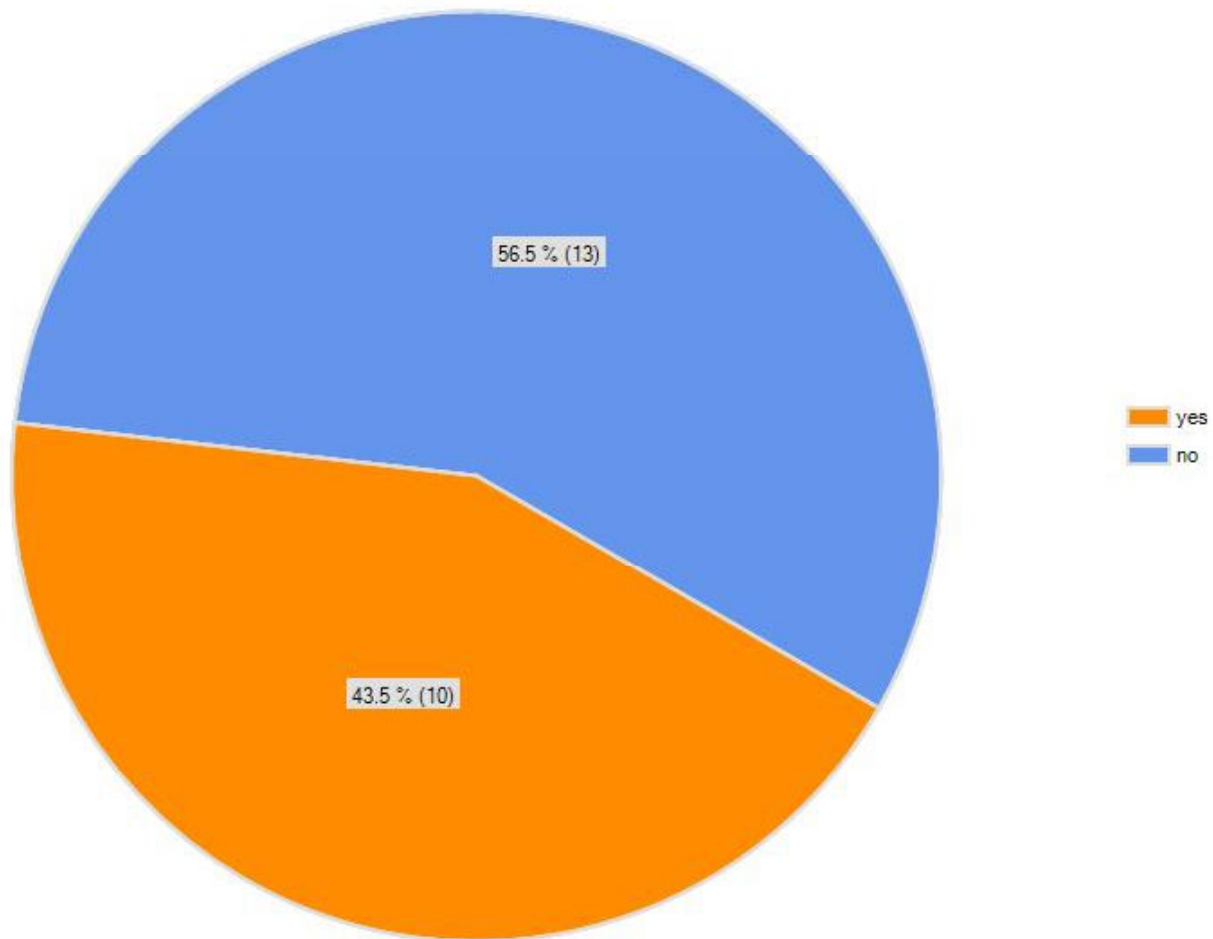
# Difficulty retaining patients:

all patients: 68% of informants  
patients with comorbidities: 80% of informants



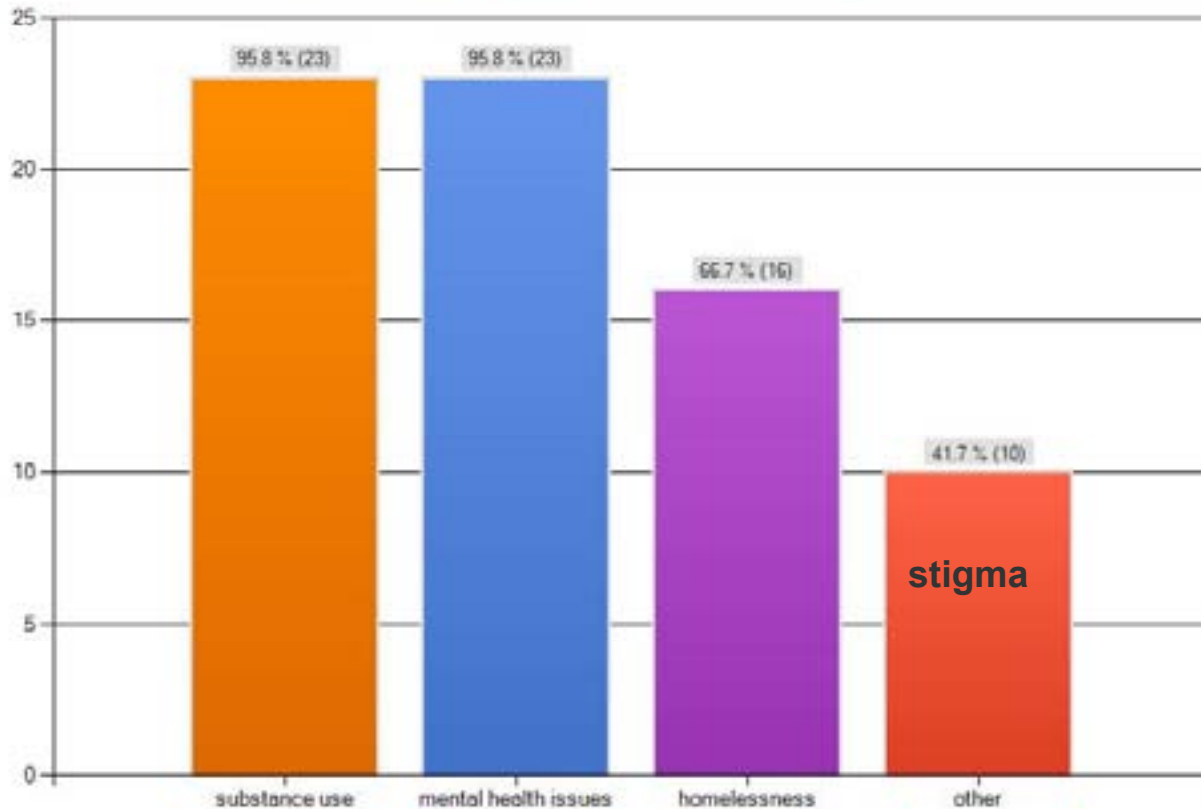


Did this clinic see changes in the comorbidities of new HIV patients?



# Among new HIV patients: challenges

Providers reported biggest challenges their patients faced





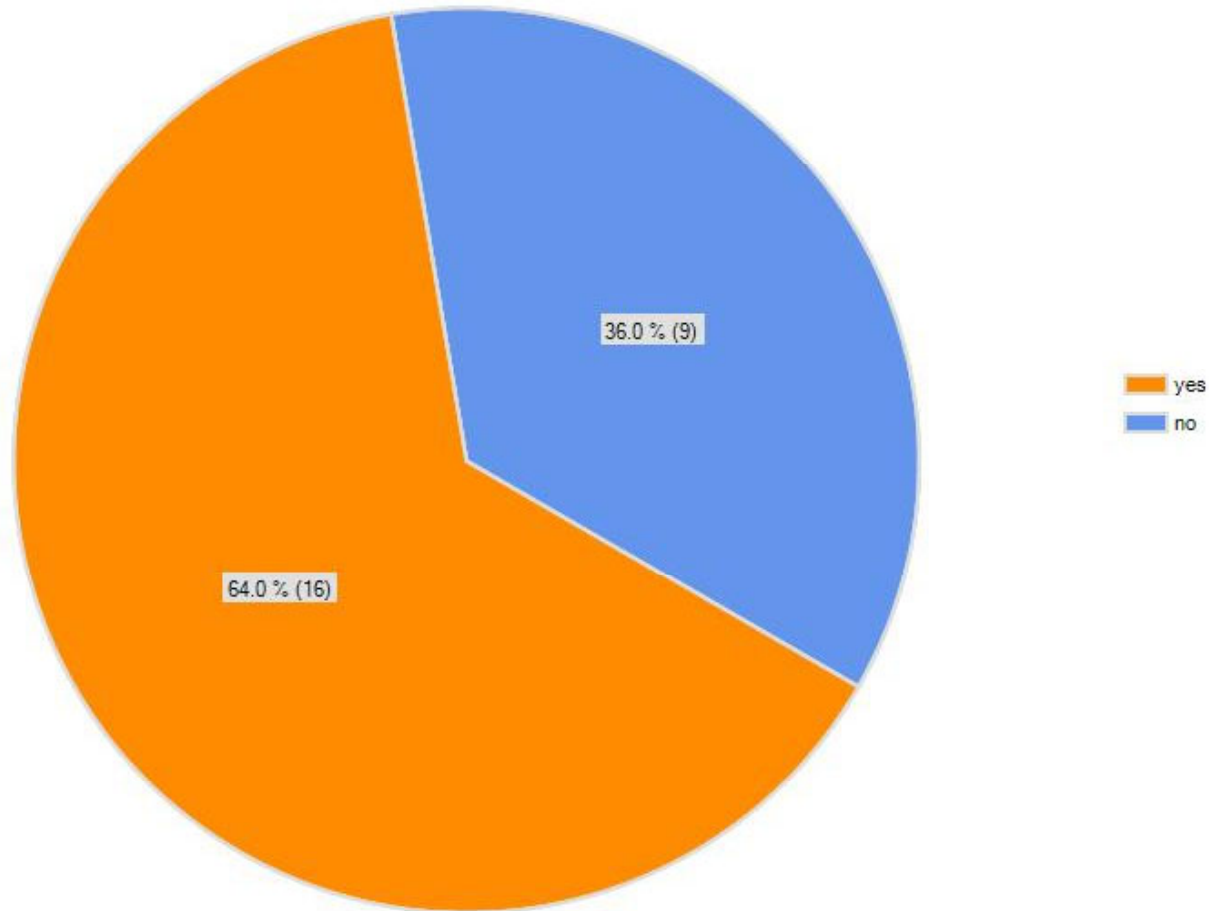
# What We Learned About Provider Needs

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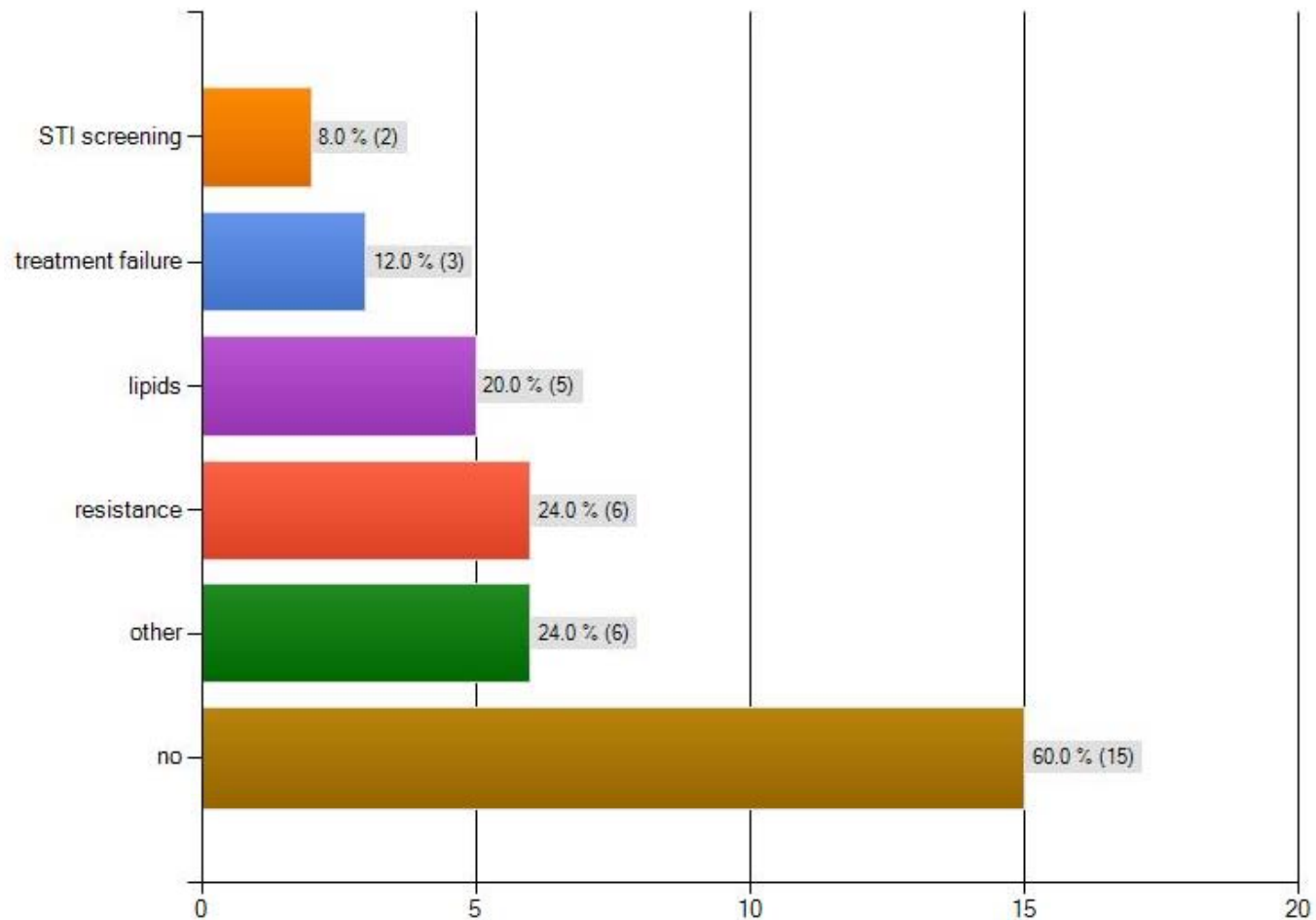




Have your providers experienced difficulties with patient adherence to ART meds?

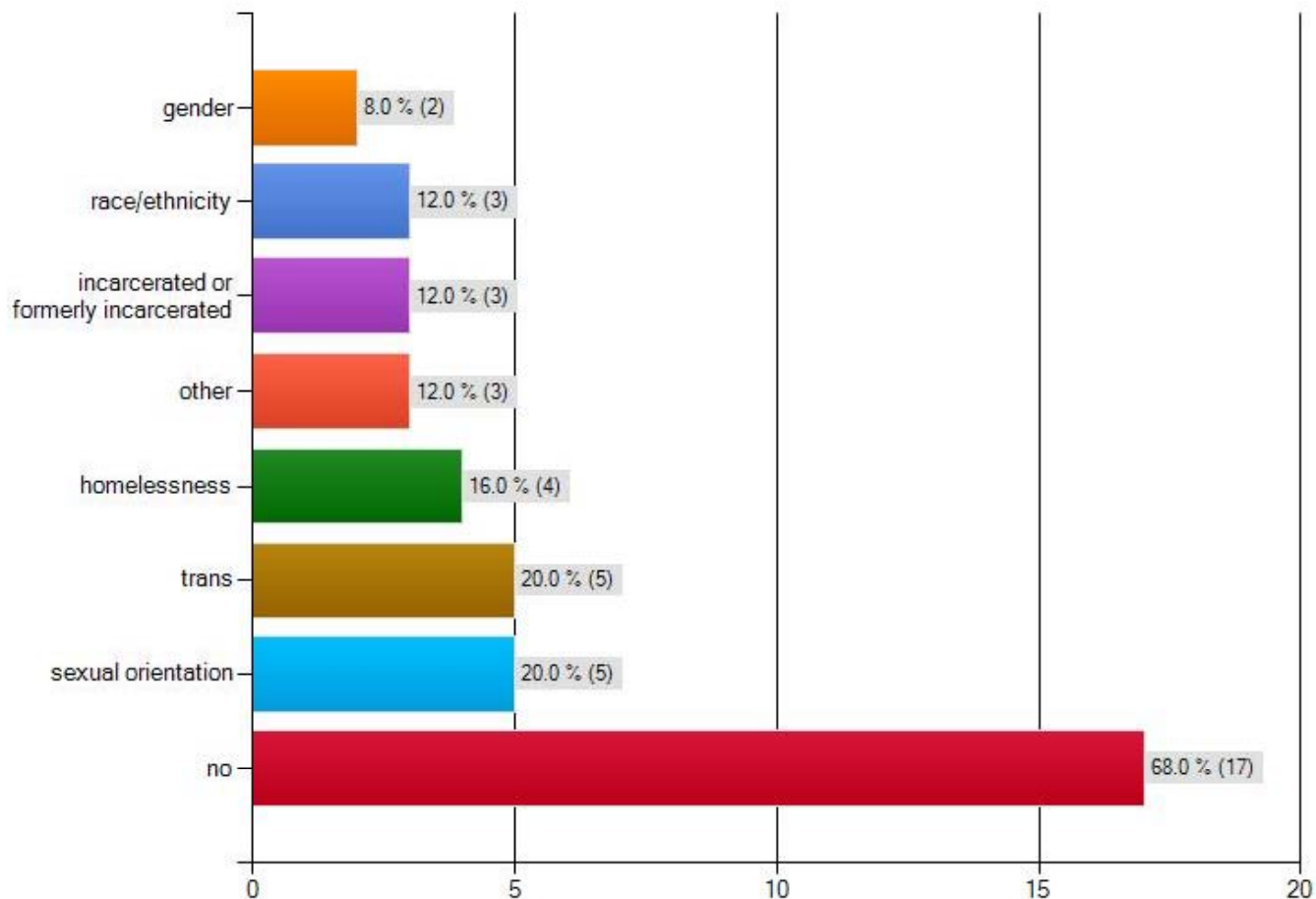


### Are your providers challenged with managing any of the following





**Have you had challenges with providers feeling uncomfortable with providing care to underserved populations based on any of the following (please check all that apply):**



## Workforce Issues:

# Provider turnover/unfilled vacancies

- 64% No difficulties with losing/retaining providers
- 36% Difficulties with turnover, unfilled vacancies or both
- Fear of future shortage (retirement)



# State funding cuts

- AZ: \$1 million cut; ADAP formulary cuts 200 medications (psychotropics and non ARVs)
- CA: \$85 million cut including 80% of prevention funds, 76% C & T funds, 54% of home/community based care; 51% EIP; 31% of HOPWA
- NV: Terminated four Ryan White Part B Programs (\$750,000 of funding)



# Funding: Key Informants

- Almost universal that funding is down steeply and will continue to be so
- Michelle Roland (CA): "AIDS exceptionalism is dead" re: state funding
- No new future funding sources seen except pharmaceutical companies





# PAETC Region: Ryan White funded Clinics

- Large network of Ryan White funded clinic sites (Over 250)
- Network is impacted by funding cuts and increasingly challenged to meet growing need

Implications: training and capacity building challenges



# Ryan White Clinics by PAETC LPS

- LPS's & Ryan White entities**
- Arizona (15)
  - Hawai'i (4)
  - Nevada (17)
  - North Coast (5)
  - UC Davis (26)
  - San Francisco (3)
  - East Bay (3)
  - San Jose (5)
  - UC Fresno (7)
  - CDU, UCLA, USC (1)
  - USC (2)
  - UCLA (1)
  - UCI (3)
  - UC San Diego (2)
-  = ryan white funded clinics  


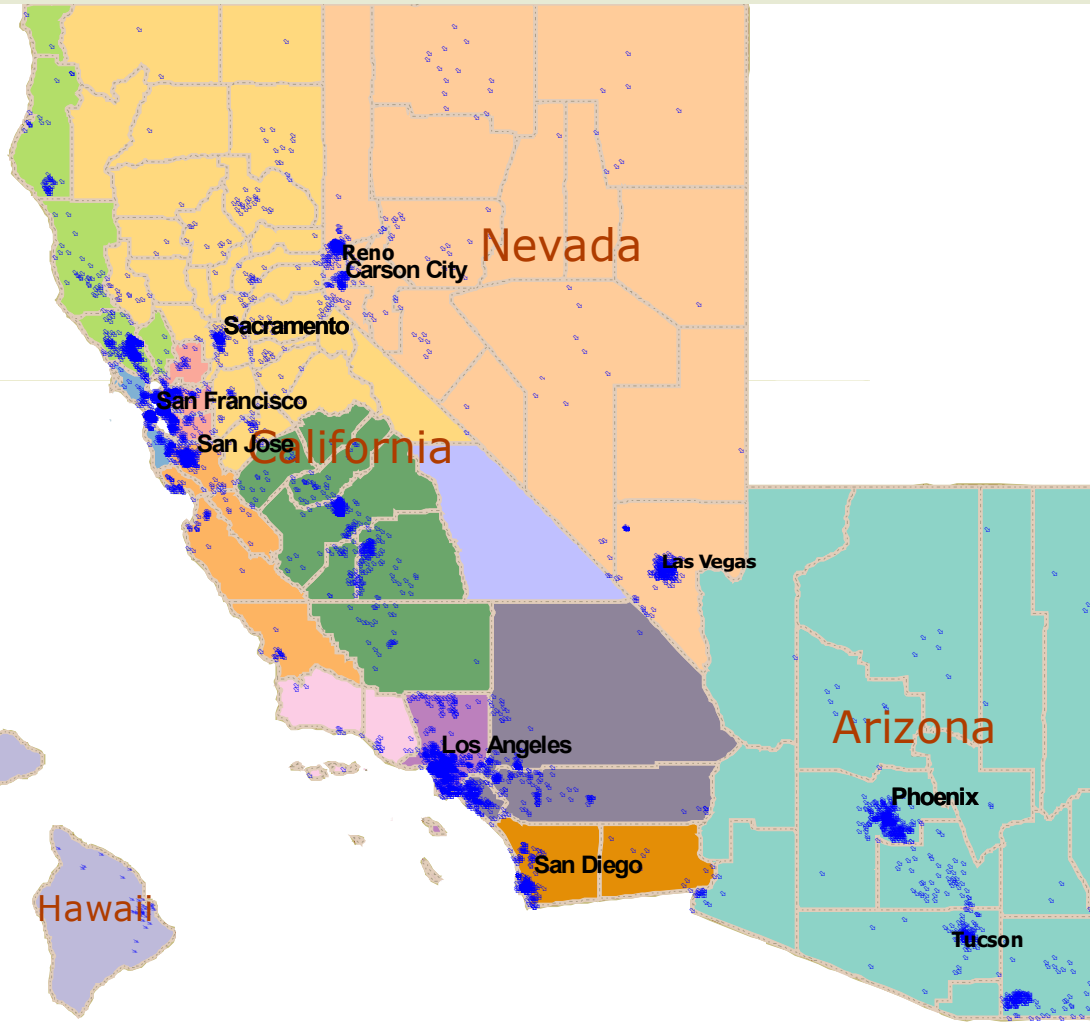




# PAETC LPS's: Clinician Trainees

## LPS's & Ryan White entities

- Arizona (15)
- Hawai'i (4)
- Nevada (17)
- North Coast (5)
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- San Francisco (3)
- East Bay (3)
- San Jose (5)
- UC Fresno (7)
- CDU, UCLA, USC (1)
- USC (2)
- UCLA (1)
- UCI (3)
- UC San Diego (2)





# Issues to Address

- Health Disparities (racial/ethnic)
- Age: Older and Younger
- Stigma: MSM, transgender populations
- Case finding (HIV testing, link to care)



# New Efforts

- Find new cases earlier: partnerships with CHCs (San Diego, LA, Reno, San Jose, SF, urban Native American HCs)
- Expertise in mental health/substance abuse integration (clinical consultation activities)
- Engagement in care project (LA)
- Corrections/community: care in jails, continuity post-incarceration





# New Efforts

- CHCs serving Latinos and African Americans (San Diego, Las Vegas, LA) and Native Hawaiians (HI)
- Expertise in transgender health issues/cultural sensitivity
- Workforce development: Latino clinicians (UCLA); Hmong physician (Fresno); Pacific Jurisdictions (PI clinicians); Drew University in LA; fellowship at USC; rural northern CA (UCD)



# Training Center Collaborations

Integrate training activities re: STDs, family planning, TB, substance abuse with other Federally-funded training centers



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