# Conducting RWHAP Part A Planning Council/Planning Body Needs Assessments

**May 8, 2018**

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# Agenda

▸ Welcome & introductions

▸ Conducting needs assessments

- What is a needs assessment?

- Contents of a needs assessment

- Timing of needs assessment activities

- Process of needs assessment

- Using needs assessment data for priority setting and resource allocation (PSRA)

▸ Questions and answers

▸ Future webinars

# Planning CHATT: A HRSA-supported Cooperative Agreement (U69HA30795)

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# Community HIV/AIDS Technical Assistance and Training (Planning CHATT) Project

▶ Planning CHATT builds the capacity of Ryan White HIV/AIDS Program (RWHAP) Part A Planning Councils and planning bodies (PC/PB) across the U.S.

▶ Our goal is to help PC/PB to meet legislative requirements, strengthen consumer engagement, and increase the involvement of community providers in HIV service delivery planning.

# Webinar Presenters

Amber Harbolt

Rodney Mills

Dr. Peta-gay Ledbetter

# What is a Needs Assessment?

# As Defined by the Ryan White HIV/AIDS Program Part A Manual

▶ **Needs Assessment:** A process of collecting information about the needs of people living with HIV (PLWH)—both those receiving care and those not in care.

▶ Steps involve gathering data from multiple sources on the number of HIV and AIDS cases, the needs of PLWH, and current resources available to meet those needs (Ryan White HIV/AIDS Program and other).

▶ This information is then analyzed to identify what services are needed and by which groups of PLWH.

# In Plain Language

**Needs assessment activities are ways of learning:**

▶ What people living with HIV need to enter, return to, or stay in HIV medical care, and reach viral suppression

▶ The extent to which available services/system of care are meeting those needs (e.g., service needs, and gaps)

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# The Big Picture

Needs assessments give us an idea of what people living with HIV need **as a whole**.

*Needs assessments are distinct from Client Satisfaction Surveys*



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# Compendium of Materials
## for Planning Council Support Staff

**www.TargetHIV.org/planning-chatt/pcs-compendium**

▸ Designed to help PCS staff carry out their duties supporting the work of RWHAP Part A PC/PBs

▸ Provides tools and templates, model orientation and training materials, and offers tips and sound practices from PC/PBs

▸ Contains helpful list of definitions for data-related words or concepts commonly used by planning bodies during the Needs Assessment process

# ✅ AUDIENCE POLL

Where can the Compendium of Materials be found?

☐ Planning CHATT website

☐ HRSA homepage

☐ Social media

# What Should be Included in the Needs Assessment?

# Elements of a Needs Assessment

▸ Epidemiologic profile

▸ Resource inventory

▸ Profile of provider capacity and capability

▸ Estimate and assessment of unmet need

▸ Estimate and assessment of people living with HIV who are unaware of their status

▸ Assessment of service needs gaps

# Epidemiological Profile

Information on the number and characteristics of people in a specified geographic area who have been diagnosed with HIV.

**EXAMPLES**

- Trends in new diagnoses
- Geographic distribution of epidemic
- Emerging populations

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# Assessment of Service Needs and Gaps

**DEFINITION**

Information about the service needs of people with HIV and barriers to obtaining these services.

**EXAMPLES**

- ▶ Necessity of services
- ▶ Ease or difficulty in accessing services
- ▶ Identification of barriers

# Resource Inventory

**DEFINITION**

A listing and description of the providers of HIV-related services in a specified geographic area, what types of services they provide, where, and to whom (including both RWHAP and non-RWHAP funded providers).

# Resource Inventory

**EXAMPLES**

▸ Funded providers

▸ Medicaid/ Medicare (e.g. formularies, potential changes in services covered)

▸ Providers of other social and support services (e.g. housing services, support groups, food pantries)

▸ The capacity to meet needs/gaps by service category (i.e. capacity to meet needs financially)

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# Profile of Provider Capacity and Capability

**DEFINITION**

Information on the capacity of service providers in a specified geographic area to meet the needs of people with HIV, including the extent to which services are available, accessible, and appropriate to PLWH overall and to specific population groups.

# Profile of Provider Capacity and Capability

**EXAMPLES**

▶ Identify areas for improvements in

- workforce capacity (e.g. the ability to provide the volume of service needed)

- knowledge of workforce (e.g. clinical competency, service efficiency)

▶ Needed resources (e.g. funding for social marketing)

# Estimate and Assessment of Unmet Need

**Estimate of unmet need:** the estimated number of people in a specific geographic area who know they are living with HIV, but are not receiving regular HIV-related primary medical care

**Assessment of unmet need:** information about people who know they are living with HIV, but are not receiving regular HIV-related primary medical care

# Estimate and Assessment of Unmet Need

**EXAMPLES**

▸ Epidemiological profile data

▸ Information about PLWH

- characteristics, where they live

- primary care needs

- barriers that keep them out of care

- other service gaps.

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# Estimate and Assessment of People Living with HIV who are Unaware of their Status

## DEFINITION

An estimate of the number of people in a specific geographic area who are living with HIV but have not been diagnosed is usually calculated using national estimates of HIV positive/unaware from CDC

An assessment involves exploring what subpopulations are most likely to be unaware of their status.

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# Estimate and Assessment of People Living with HIV who are Unaware of their Status

**EXAMPLES**

- ▶ Data from Early Identification of Individuals with HIV/AIDS (EIIHA) Plan

- ▶ Diagnosis rate

- ▶ Late diagnoses

- ▶ Proportion linked to care

- ▶ Shared characteristics (e.g. African Americans, Hispanic/Latino/a age 25+, and men who have sex with men)

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# Assessment of Service Gaps

## DEFINITIONS

A review of the population with HIV, their identified service needs and barriers, provider capacity and capability, and often other data such as service utilization, to determine gaps in care by service category and location, and for specific subpopulations.

# Assessment of Service Gaps

**EXAMPLES**

▶ Analysis of NA Survey

- Who falls into the gap?

- How do we fill the gap?

  ▶ Consider barriers

  ▶ Consider supportive services to fill the gap

▶ Address the gap using the funds available

- May require a changes in what is funded and at what levels

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✓ **AUDIENCE POLL**

Which of the following are elements of a needs assessment?

❑ Epidemiologic profile

❑ Assess. of service needs & gaps

❑ Resource inventory

❑ Profile provider capacity/capability

❑ Assess. of provider quality

❑ Est. and assess. of unmet need

❑ Est. and assess. of PLWH

❑ Assess. of service gaps

✅ **AUDIENCE POLL**

Which of the following elements of a needs assessment does your jurisdiction find most challenging?

☐ Epidemiologic profile

☐ Assessment of service needs and gaps

☐ Resource inventory

☐ Profile of provider capacity and capability

☐ Estimate and assessment of unmet need

☐ Estimate and assessment of people living with HIV who are unaware of their status
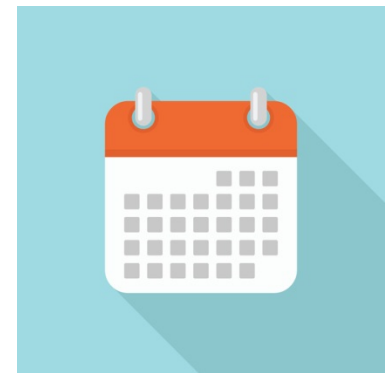
☐ Assessment of service gaps

# Timing

# Expectations

**Develop and follow a multi-year assessment plan**

▶ It is expected by HRSA/HAB that the epidemiological profile will be updated every year

▶ Other components are often on a multi-year cycle

# Annual Timing

**Timing helps ensure you have all the data you need for priority setting and resource allocation (PSRA)**

▶ Have needs assessment complete prior to service category selection and design (April)

▶ Then, needs assessment data and input inform PSRA (June)

# ✓ AUDIENCE POLL

How frequently should needs assessment activities be conducted?

☐ Every year

☐ Every other year

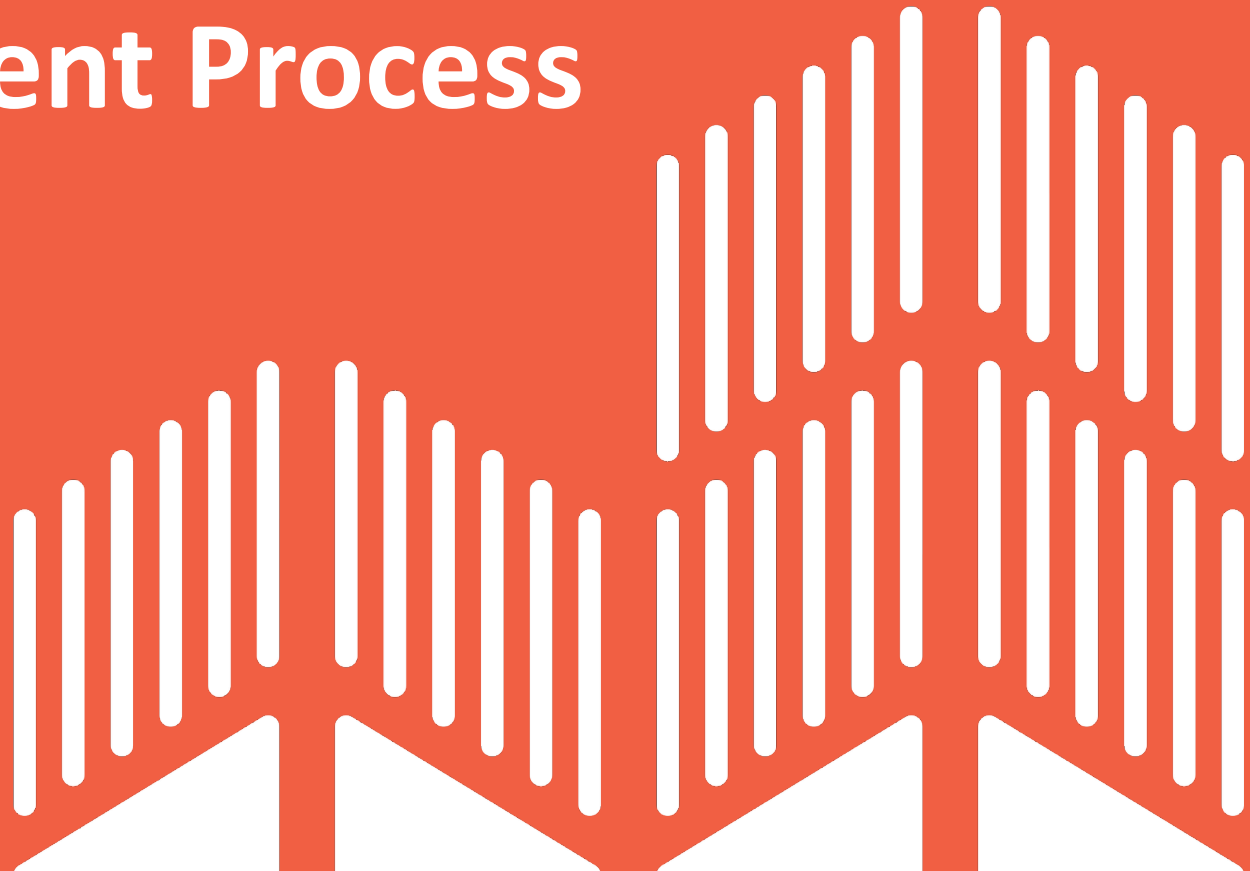☐ Every three years

☐ Every five years

# ✅ AUDIENCE POLL

When does your jurisdiction conduct Needs Assessment activities? (check all that apply)

- ❑ Winter
- ❑ Spring
- ❑ Summer
- ❑ Fall
- ❑ We do not conduct needs assessment activities

# Houston Case Study

▶ The large Needs Assessment survey is typically every 3 years

- PLWH Survey
- Prevention Survey (done by city)

▶ There is always some type of Needs Assessment activity being conducted

- Special studies
- Epidemiological profiles

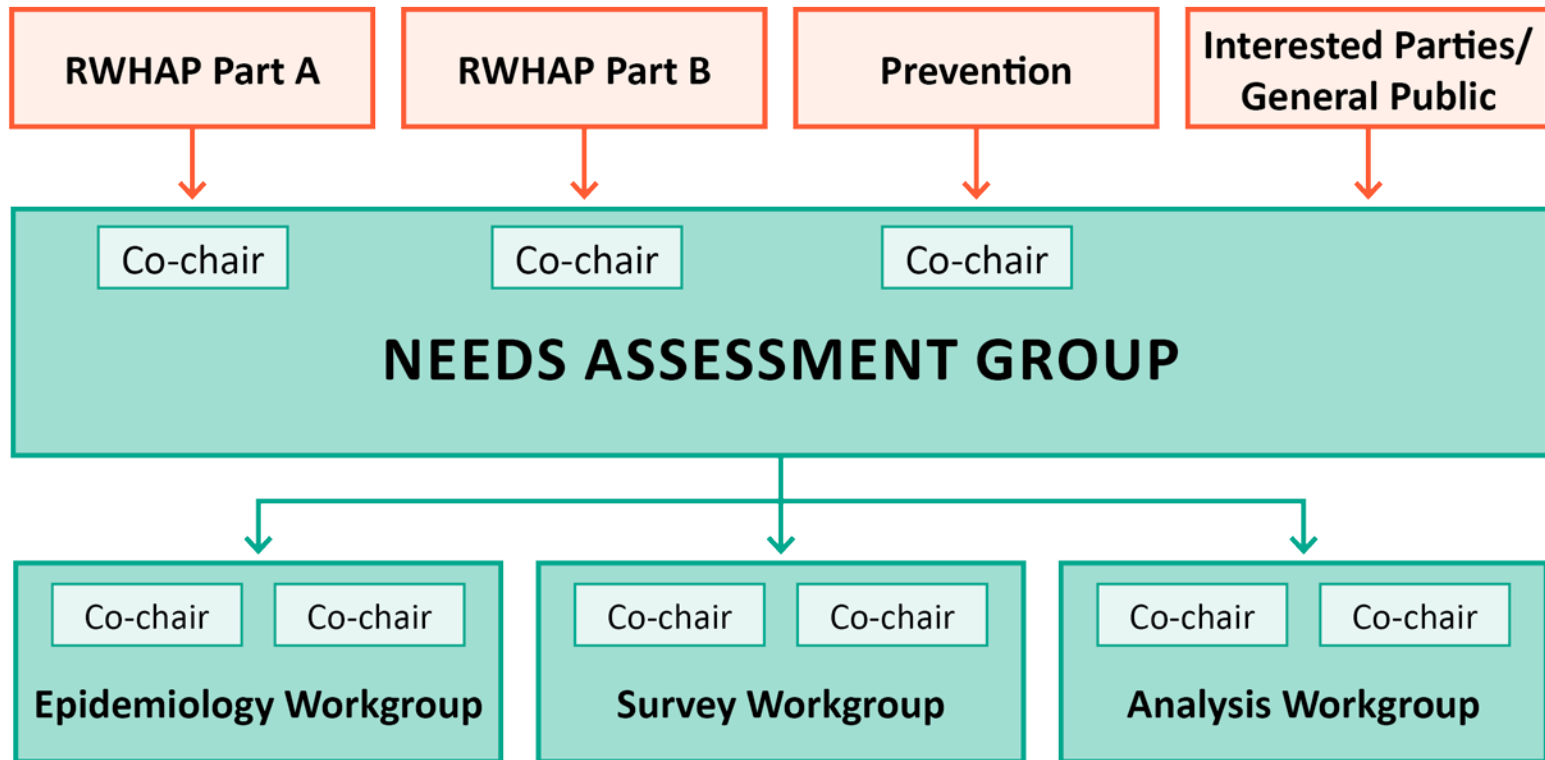# Consumer and Community Engagement in the Needs Assessment Process

# Houston Case Study: Community Leadership of the NA Process

▶ Needs Assessment Group (NAG) functions as a steering committee

▶ Set survey concepts (big questions)

▶ Within workgroups

- Work with staff to create sampling plan

- Designed analysis – how do we answer the questions we have with the data we have

- Help determine meaningful results

# Houston Case Study: Composition of Needs Assessment Group (NAG)

▶ **Co-chairs**: RWHAP Part A, RWHAP Part B, and Prevention Planning Body

▶ **Body**: Interested parties, general public. Examples:

- 18 PLWH
- Representatives from prevention
- Part B Administrative Agency
- FQHCs
- Health department
- Hospitals
- HIV task forces
- Support groups
- State Planning Body

# Structure of Needs Assessment Group

# Workgroup Functions

| Workgroup | Function |
|---|---|
| Epidemiology workgroup | • Creates the Jurisdictional Epidemiologic Profile<br>• Sets the sampling frame for the needs assessment process based on the local epidemic |
| Survey workgroup | • Revises the survey tool from the previous NA cycle to reflect changes in terminology, technology, HRSA/HAB guidance, and local, state, and national planning priorities.<br>• Ensure alignment with the Houston HIV prevention needs assessment |
| Analysis workgroup | • Reviews and provides recommendations on the themes<br>• Discusses and updates guidelines for data analysis<br>• Advises on analytic methods to ensure representation of all groups<br>• Develops domains for organization of the needs assessment report |

## ✔ AUDIENCE POLL

Does your jurisdiction involve consumers and community members in the needs assessment process?

☐ Yes
☐ No

# Process of Needs Assessment

# Steps in the Needs Assessment Process

▶ Convene developers

▶ Create the data collection instrument

▶ Collect data (e.g. administer surveys, interviews, etc.)

▶ Enter and process data

▶ Analyze results

# Data Collection Instrument Development and Administration

▶ Survey instrument is developed by the Survey Workgroup

▶ Data gathered in person, on paper

- Helps with people with limited vision or limited literacy
- Interpreters are also available (Spanish)

# Data Analysis

## Qualitative analysis

▶ Gather data

▶ Code for themes
  - e.g. Barriers
    ▶ Wait times
    ▶ Staff interactions

▶ Provides context for the quantitative data

## Quantitative analysis

▶ Gather data

▶ Enter data into SPSS or Excel

▶ Clean data

▶ Conduct analysis to make sure all groups are represented (e.g. weighting)

▶ Look at frequencies, basic statistics

## ☑ AUDIENCE POLL

True or False: Needs assessments require complex statistics and data analysis.

- ☐ True
- ☐ False

# Using Needs Assessment Data to Inform PSRA

# How to Use Data to Inform Priority Setting

▶ Priorities are just one of many factors that help determine allocations

▶ Needs Assessment is just one of several processes that inform priority setting



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# All Decisions are Data-Driven

| Decision | Source |
|---|---|
| Documented service needs with consumer perspectives | • NA Survey<br>• Special Studies |
| Documented effectiveness of services of great benefit to people and families living with HIV, including quality, cost, and outcomes measures (when applicable) | • Review of quality improvement and monitoring reports<br>• Program data |
| Documented response to the epidemiology of HIV in the jurisdiction | • Epidemiological profile<br>• Program data |
| Documented response to emerging needs reflecting the changing local epidemiology of HIV, while maintaining services to those who have relied upon RWHAP-funded services | • NA Survey<br>• Special studies<br>• Epidemiological profile<br>• Program data |

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# Steps in the Houston Planning Council Priority Setting Process

# Steps in the Houston Planning Council Priority Setting Process

1. Determine principles and criteria

2. Review new data sources

3. Score measures from NA and service utilization data

4. Adjust scores

5. Rank scores as service priorities for next fiscal year

   - Core Services
   - Support Services

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# 1. Determine Principles and Criteria

▶ Priorities and Allocations committee agrees on principles and criteria to be used during PSRA

▶ Examples:

- Ensure ongoing client access to comprehensive system of core services as defined by HRSA

- Eliminate barriers for services among affected subpopulations (racial, ethnic, and behavioral) and low-income, unserved, underserved, and severe-need populations, both rural and urban

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# 2. Review New Data Sources

▸ Discovered through:

- Needs assessment

- service category selection and design

▸ Meet to review new data (availability, utilization)

▸ Hear presentations from reps of other funding sources (Prevention, HOPWA, etc.)

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# 3. Score Measures from NA and Service Utilization Data

▶ Service need

▶ Use of services

▶ Accessibility of services

# 4. Adjust Scores

Based on:

▶ Other documentation

▶ Public comment

# 5. Rank Scores as Service Priorities for Next Fiscal Year – Core Services

| Core Services | Need | Use | Access Ease | Need | Use | Access Ease | HL Scores | HL Rank | Tie Breaker | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| Primary Care | 94 | 7,535 | 90 | H | H | H | HHH | 2 | 1 | |
| Medical/ Clinical Case Management | 83 | 6,270 | 88 | H | H | H | HHH | 2 | 2 | |
| Local Medication Assistance | 74 | 4,392 | 89 | H | H | H | HHH | 2 | 3 | |
| Oral Health Services | 73 | 3,372 | 76 | H | L | L | HLL | 3 | 4 | |
| Health Insurance | 59 | 2,102 | 85 | H | L | H | HLH | 4 | 5 | |
| Mental Health Services | 53 | 351 | 88 | H | L | H | HLH | 4 | 6 | |
| Early Intervention Services (jail) | 7 | 926 | 85 | L | L | H | LLH | 7 | 7 | |
| Day Treatment | 31 | 38 | 92 | L | L | H | LLH | 7 | 8 | |
| Substance Abuse Treatment | 24 | 30 | 92 | L | L | H | LLH | 7 | 9 | |
| Medical Nutrition Treatment | 38 | 501 | 82 | L | L | L | LLL | 8 | 10 | |
| Hospice | | 40 | | | L | | | | 11 | |
| **Proposed Midpoints** | **51** | **3,783** | **83** | | | | | | | |

Midpoint=Highest Use+Lowest Use/2

High (H)=Use above the midpoint
Low (L)=Use below the midpoint

# 5. Rank Scores as Service Priorities for Next Fiscal Year – Support Services

| Support Services | Need | Use | Access Ease | Need | Use | Access Ease | HL Scores | HL Rank | Tie Breaker | Changes |
|---|---|---|---|---|---|---|---|---|---|---|
| Outreach Services | | | | | | | | | 12 | |
| Non-Medical Case Management* | 93 | 6,796 | 74 | H | H | L | HHL | 1 | 13 | |
| Medical Transportation | 47 | 2,894 | 85 | L | L | H | LLH | 7 | 14 | |
| Linguistics Services | 6 | 67 | 93 | L | L | H | LLH | 7 | 15 | |
| Emergency Financial Assistance | | | | | | | | | 16 | |
| Referral for Health Care & Support Services | | | | | | | | | 17 | |
| **Proposed Midpoints** | **50** | **3,432** | **84** | | | | | | | |

**Midpoint=Highest Use+Lowest Use/2**

**High (H)=Use above the midpoint**
**Low (L)=Use below the midpoint**

# Conclusion

▶ Needs assessment process gives us an idea of what PLWH in a community need

▶ Needs assessment data should be collected every year and timed to ensure you have all the data you need for PSRA

# Conclusion

▶ Needs assessments should contain:

- Epidemiologic profile

- Assessment of service needs and gaps

- Resource inventory

- Profile of provider capacity and capability

- Estimate and assessment of unmet need

- Estimate and assessment of people living with HIV who are unaware of their status

# Thank You

**Please complete the evaluation!**

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Contact us: **planningCHATT@jsi.com**