

# Using Multilingual, Audio-Assisted Web & Mobile Evidence-Based Needs Assessments to Plan, Fund and Actuate Care Services

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# Disclosures

- Wake County NC Human Services, Iowa Department of Public Health and Hennepin County MN Human Services & Public Health Department have no financial interest to disclose.
- Jesse Thomas works as Project Director for RDE System Support Group, LLC.

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PESG, HRSA, and LRG staff has no financial interest to disclose.

# Introductions

Jesse Thomas, Project Director, RDE Systems

- Serving public health for over 18 years, HIV/AIDS programs 12+ years (HRSA, CDC, HUD, NIH)
- RDE Systems: First PLWHA IT company to do online consumer needs assessment surveys.
- Technical Manager for over 12 HRSA Special Projects of National Significance



# Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Recognize how a paradigm of **improved data collection** strengthens **grant applications**, provides answers to community planning bodies, illuminates **counterintuitive insights** important for the description of barriers and helps positively to influence health planning and policy recommendations
2. Describe how to **adopt and adapt strategies and tools** to deliver web-based technology to the community and planning bodies while overcoming digital divides and perceptions of digital divides.
3. Identify, analyze and evaluate the **challenges and benefits** of an innovative program for mobile / web-based, audio-assisted, multilingual Needs Assessments and Client Satisfaction Surveys.



# Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>

# National HIV/AIDS Strategy

## Goals:

1. *Reducing new HIV infections*
2. *Increasing access to care and improving health outcomes for people living with HIV*
3. *Reducing HIV related disparities*

*(Implementation Plan: Achieving a more coordinated National response to the HIV/AIDS epidemic in the U.S.)*

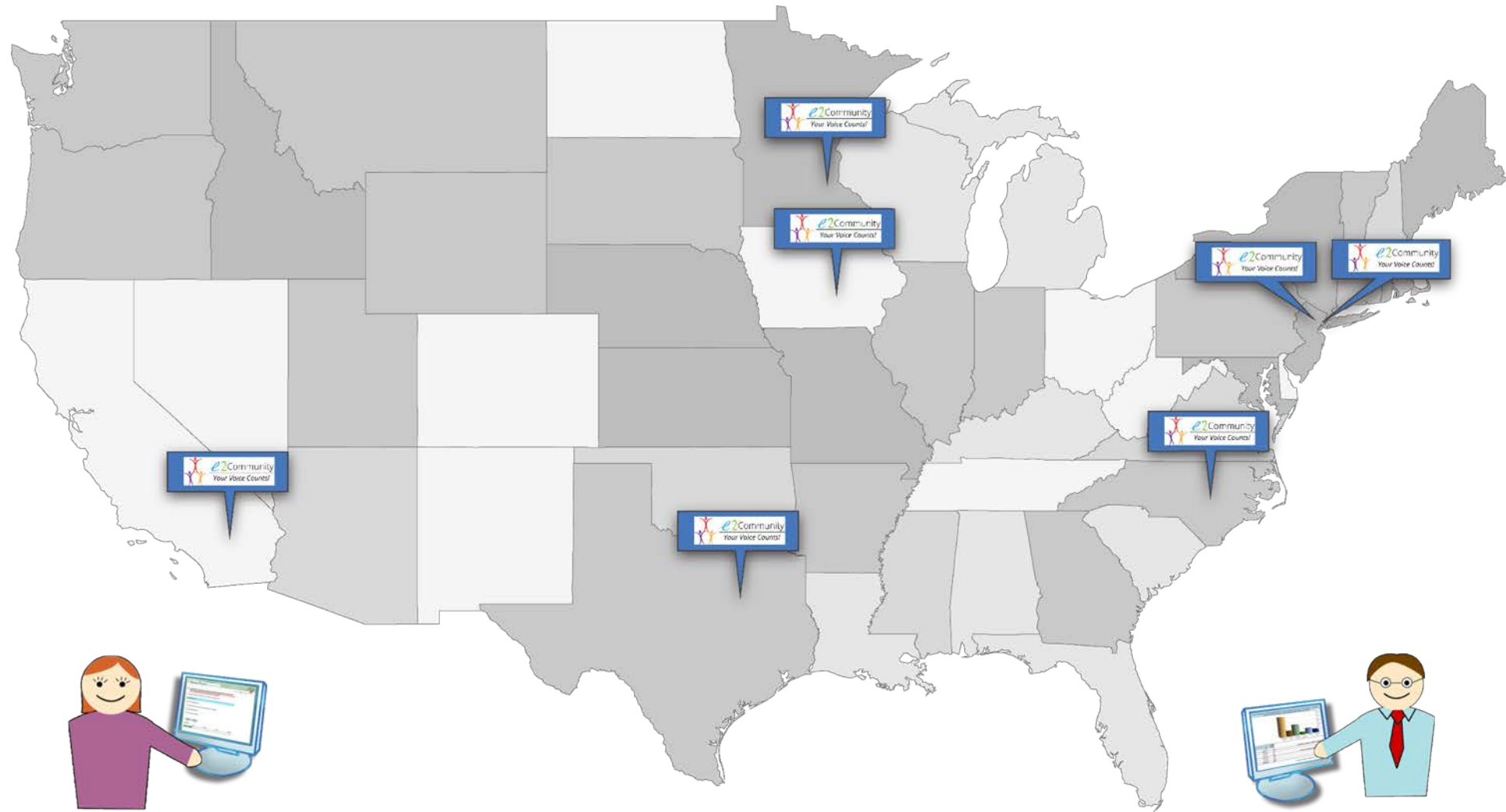
# How Do We Know What Services to Provide?

- Evidence-based planning for HIV prevention and care services begins with:

## **DATA-DRIVEN NEEDS ASSESSMENT**

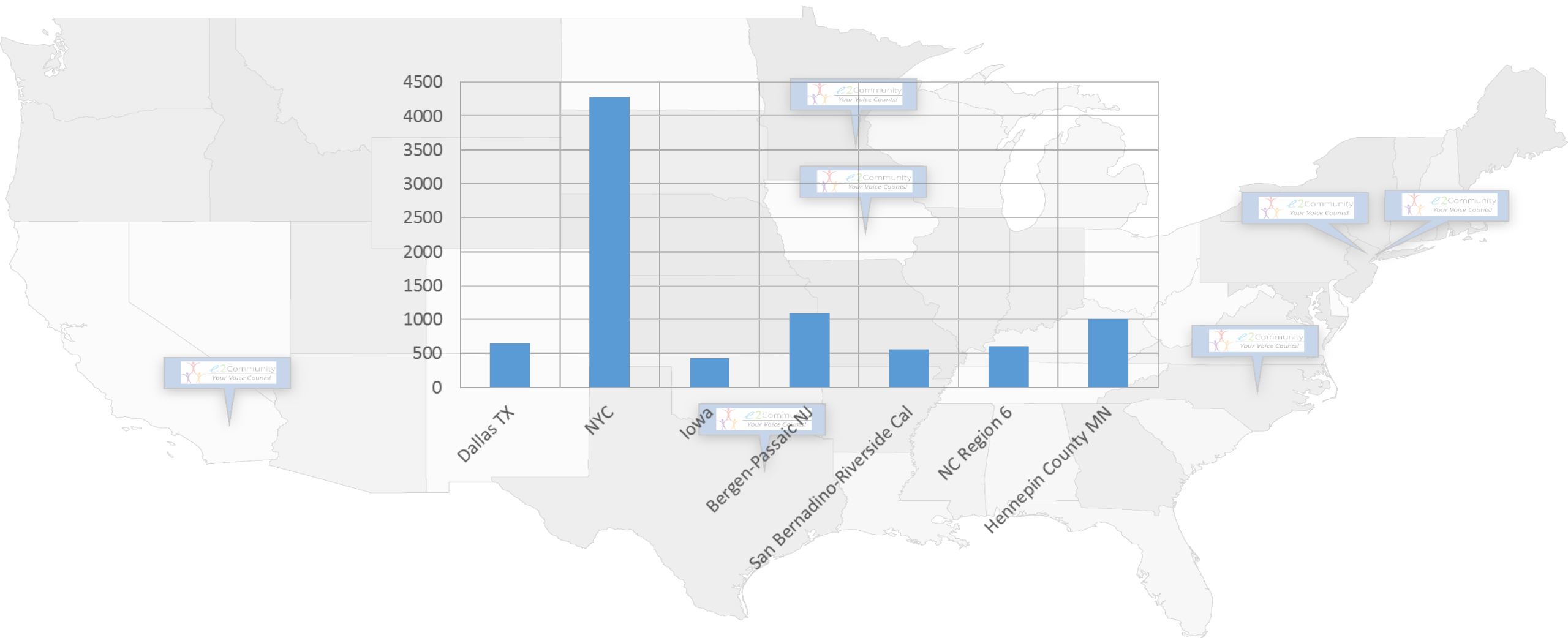
- The “Justification of Need” is included in every grant application that you write.
- Developing an effective needs assessment process is vital to organizational sustainability and delivering high quality, effective programs.

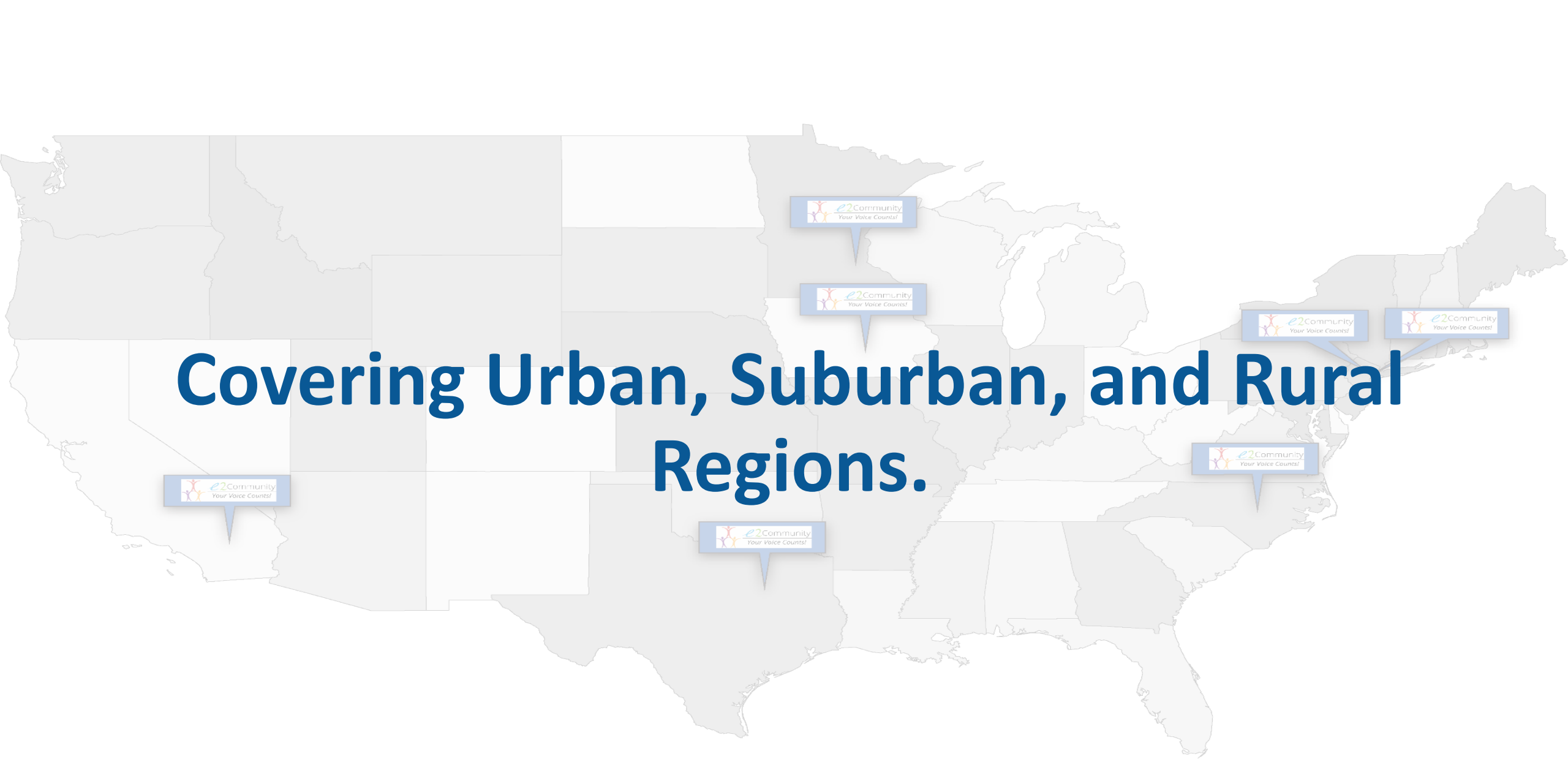
# National Context





# Over 8,000 Total Consumers

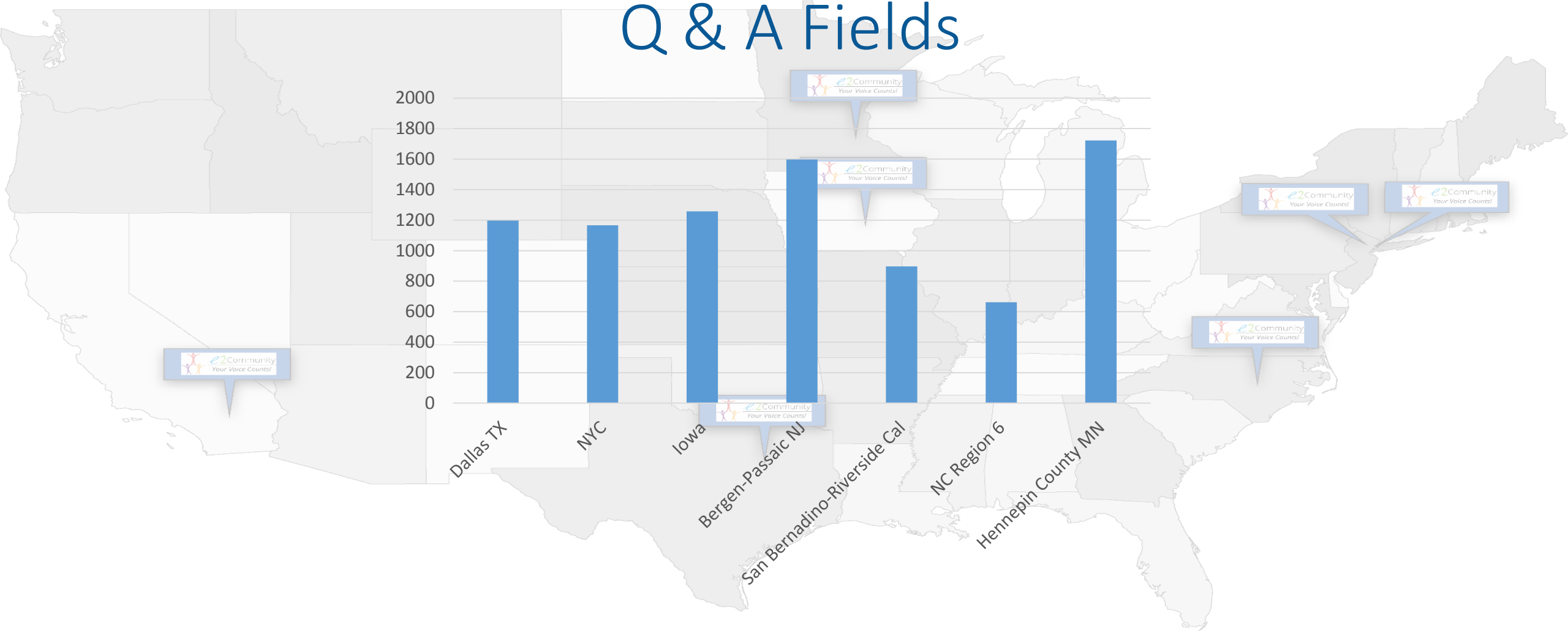




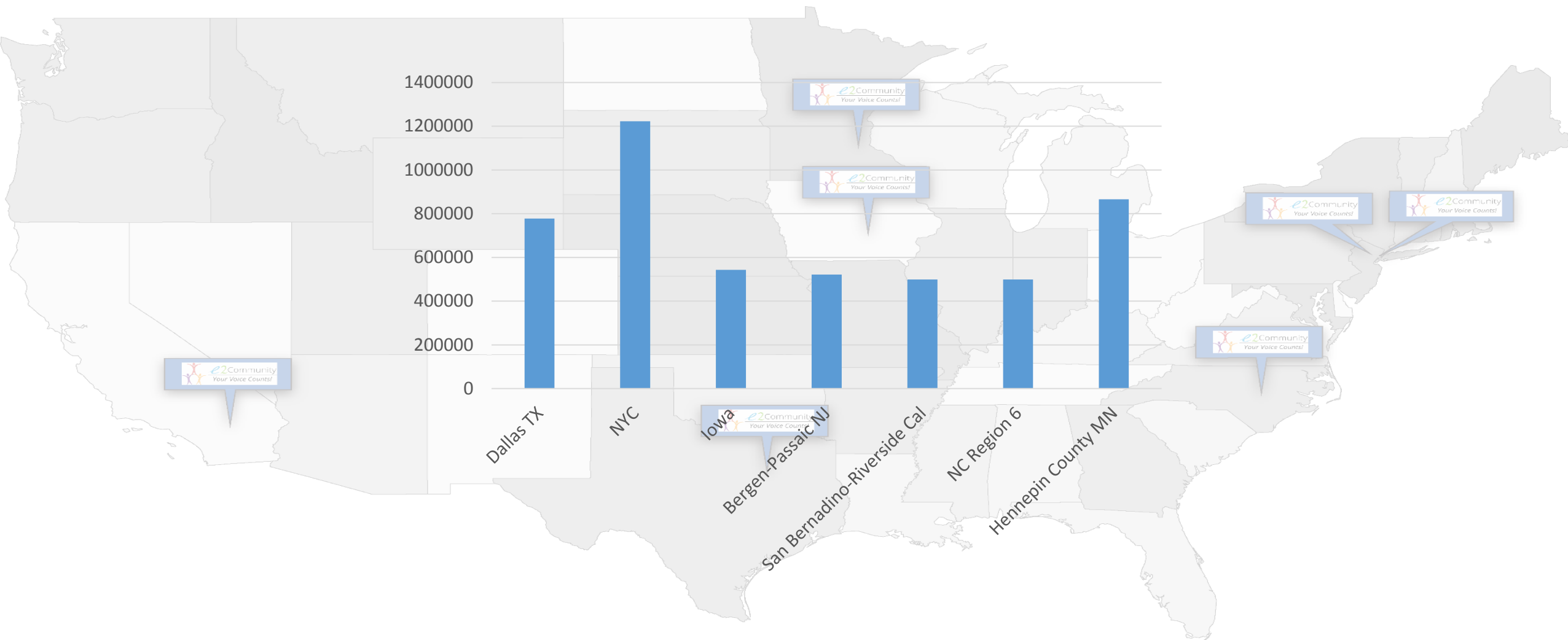
A map of the United States with state boundaries outlined. Six blue callout boxes, each containing the e2Community logo and the text "Your Voice Counts!", are placed in different regions: California, Texas, Minnesota, Wisconsin, New York, and New Jersey. The text "Covering Urban, Suburban, and Rural Regions." is overlaid in the center in a large, bold, blue font.

# Covering Urban, Suburban, and Rural Regions.

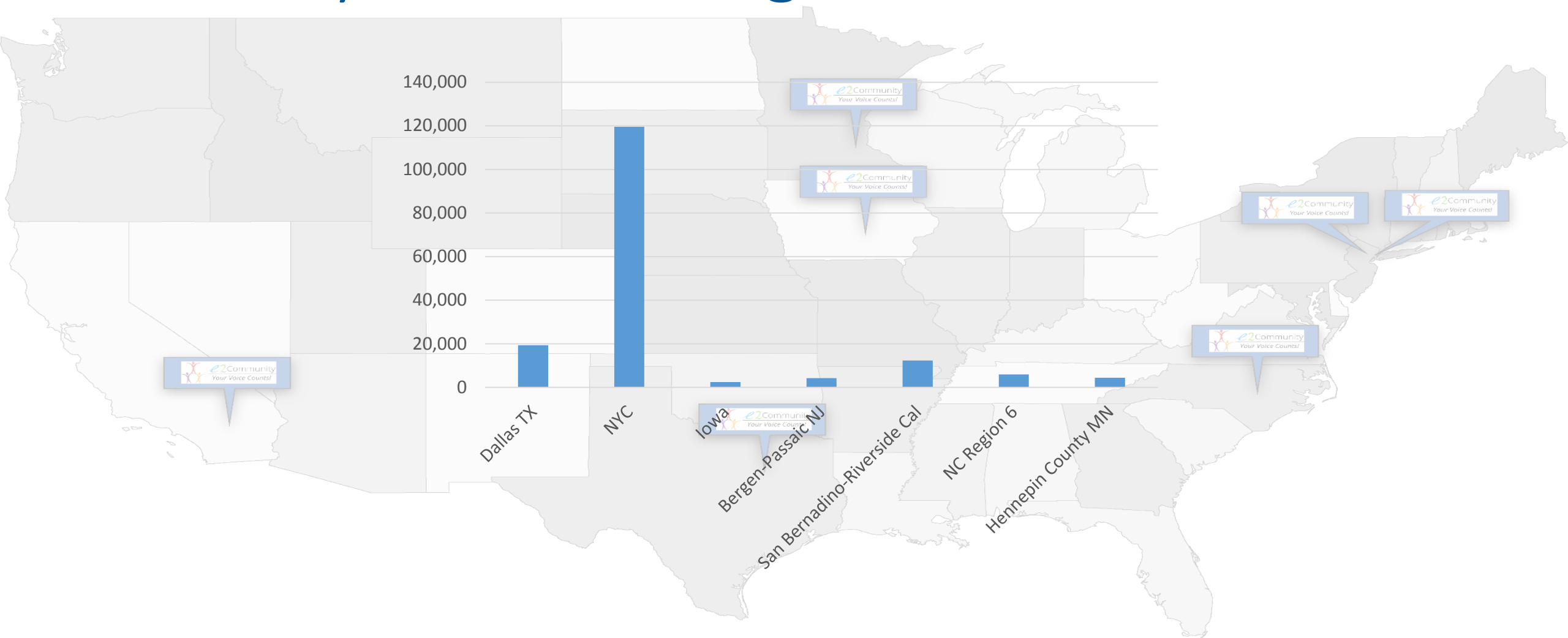
# Survey Complexity: Over 8,000 Q & A Fields



# Over 4.8 Million Data Points



# Diversity of Size of Regions: PLHWA



A map of the United States with state boundaries outlined in light gray. Six blue callout boxes are placed across the map, each containing the e2Community logo and the text "Your Voice Counts!". The callouts are located in California, Texas, Minnesota, Wisconsin, Virginia, and New York. Overlaid on the map is the text "Over \$40,000 in Client Incentives Distributed" in a large, bold, blue font.

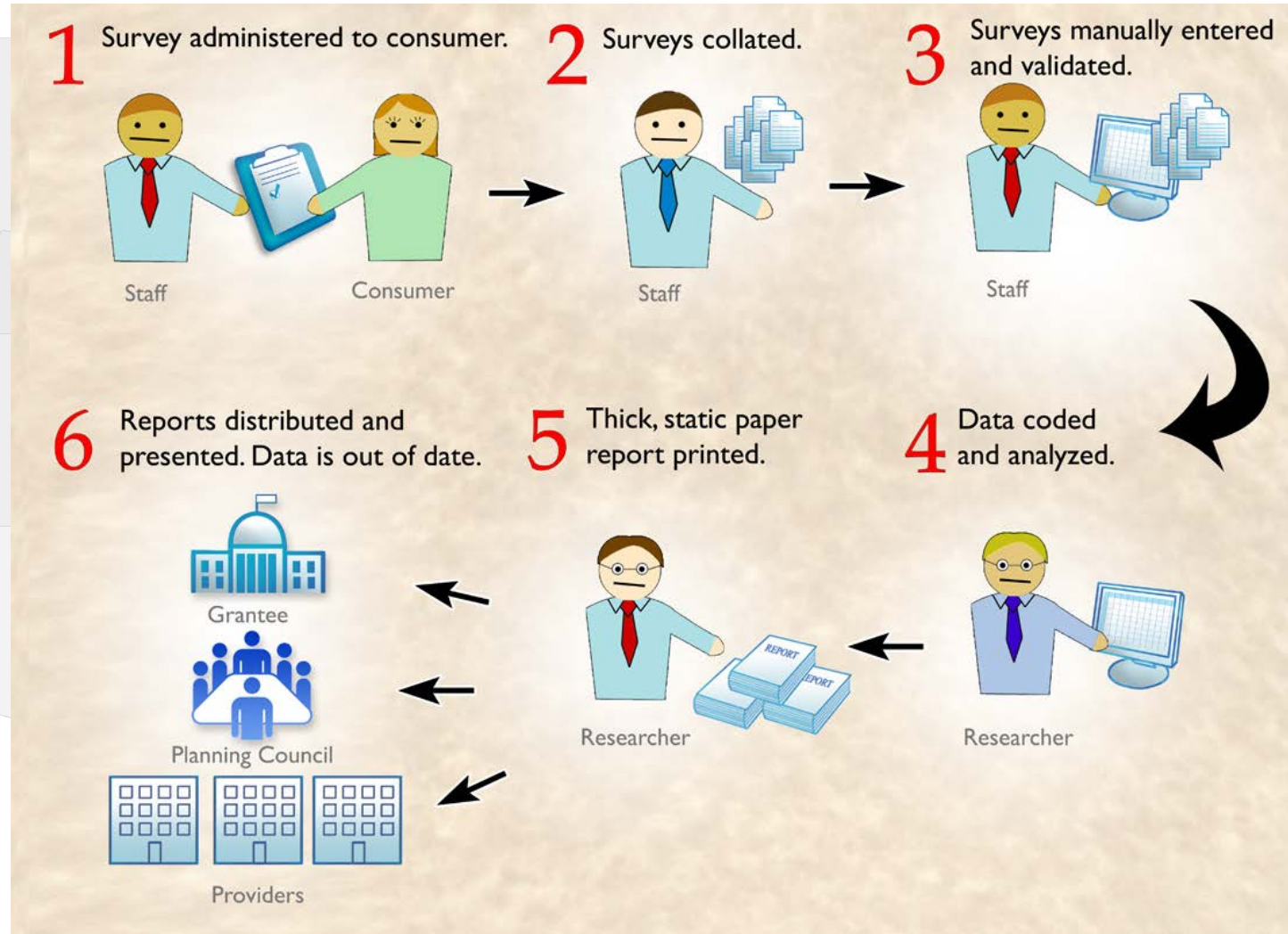
**Over \$40,000 in Client Incentives  
Distributed**



Over 15,000 Staff Hours Saved!



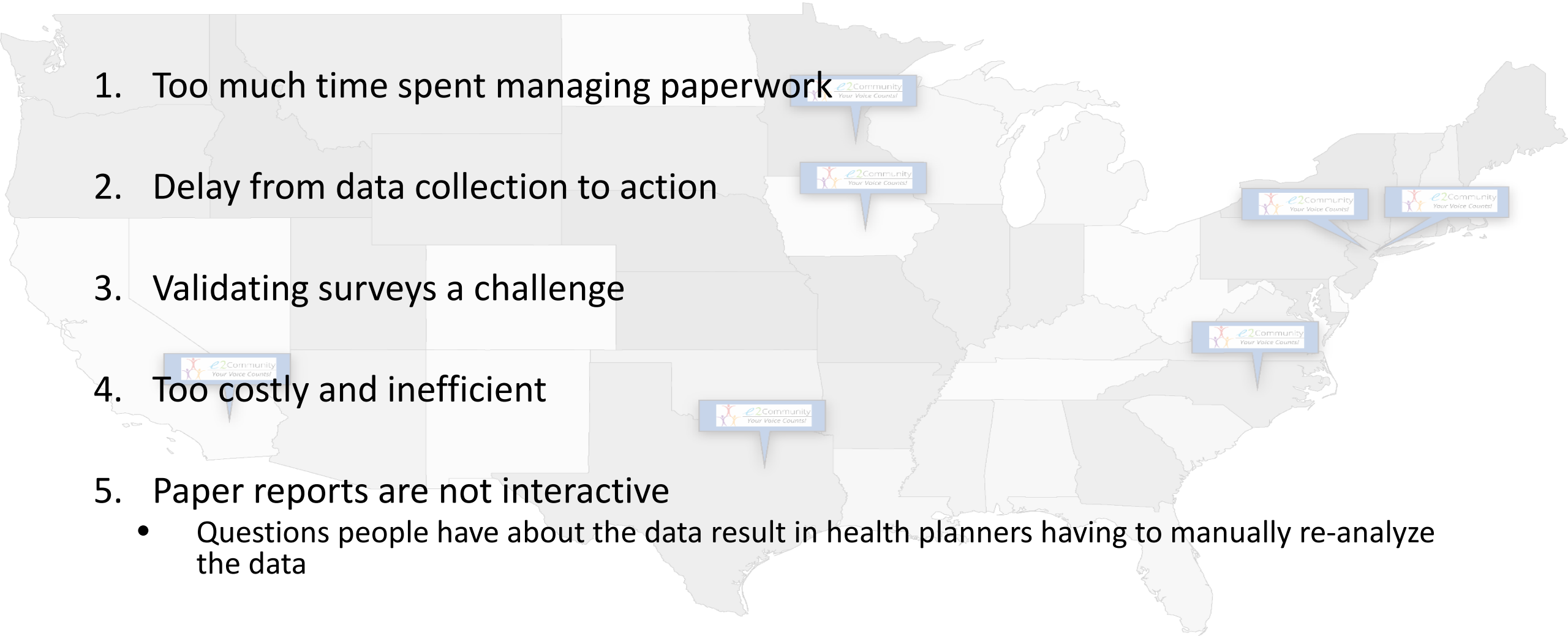
# Traditional Needs Assessment Process





# Problem Statement

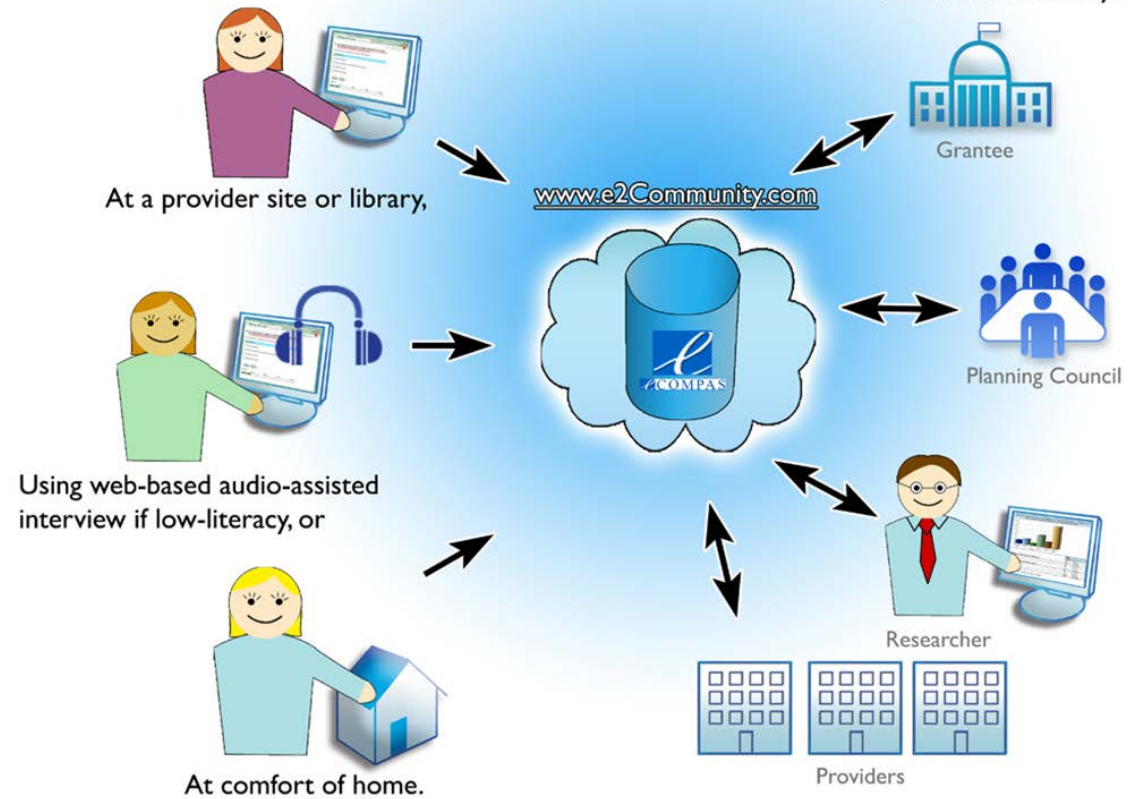
1. Too much time spent managing paperwork
2. Delay from data collection to action
3. Validating surveys a challenge
4. Too costly and inefficient
5. Paper reports are not interactive
  - Questions people have about the data result in health planners having to manually re-analyze the data



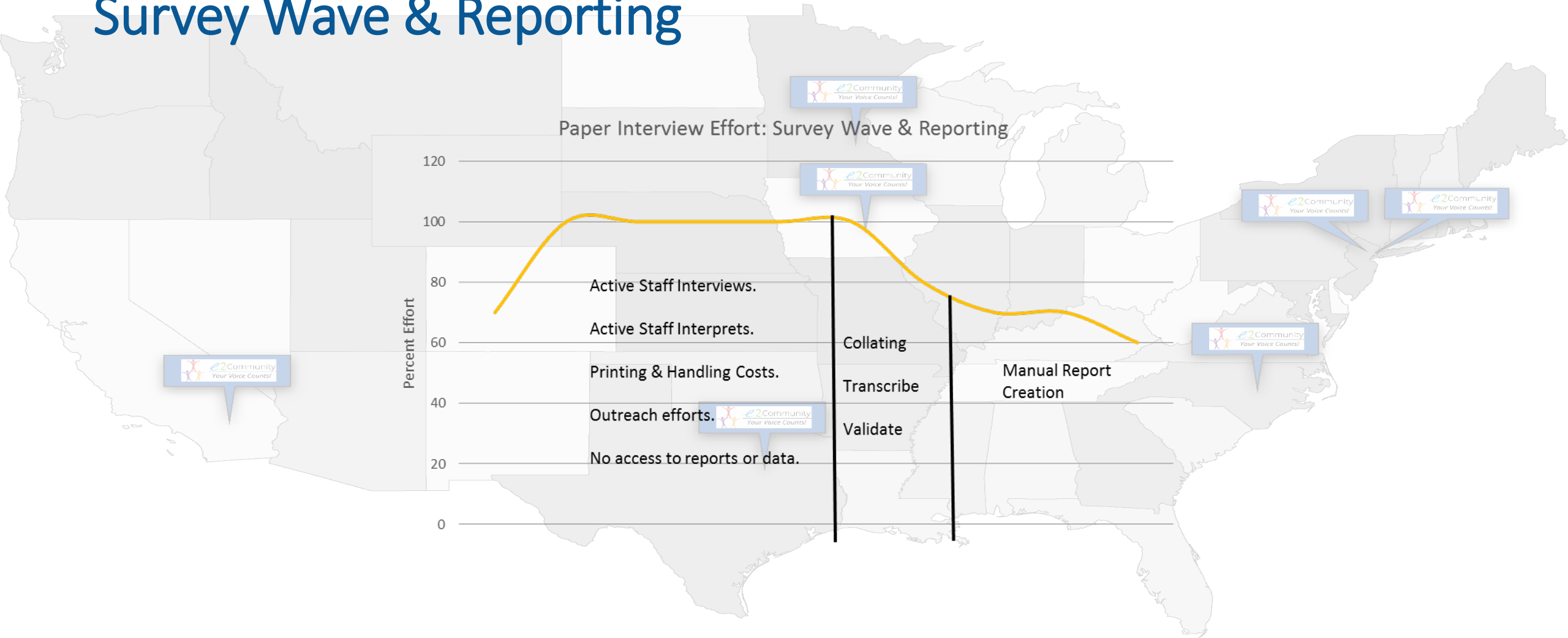
# Our Vision

**1** Consumers fill out surveys whenever and wherever they want...

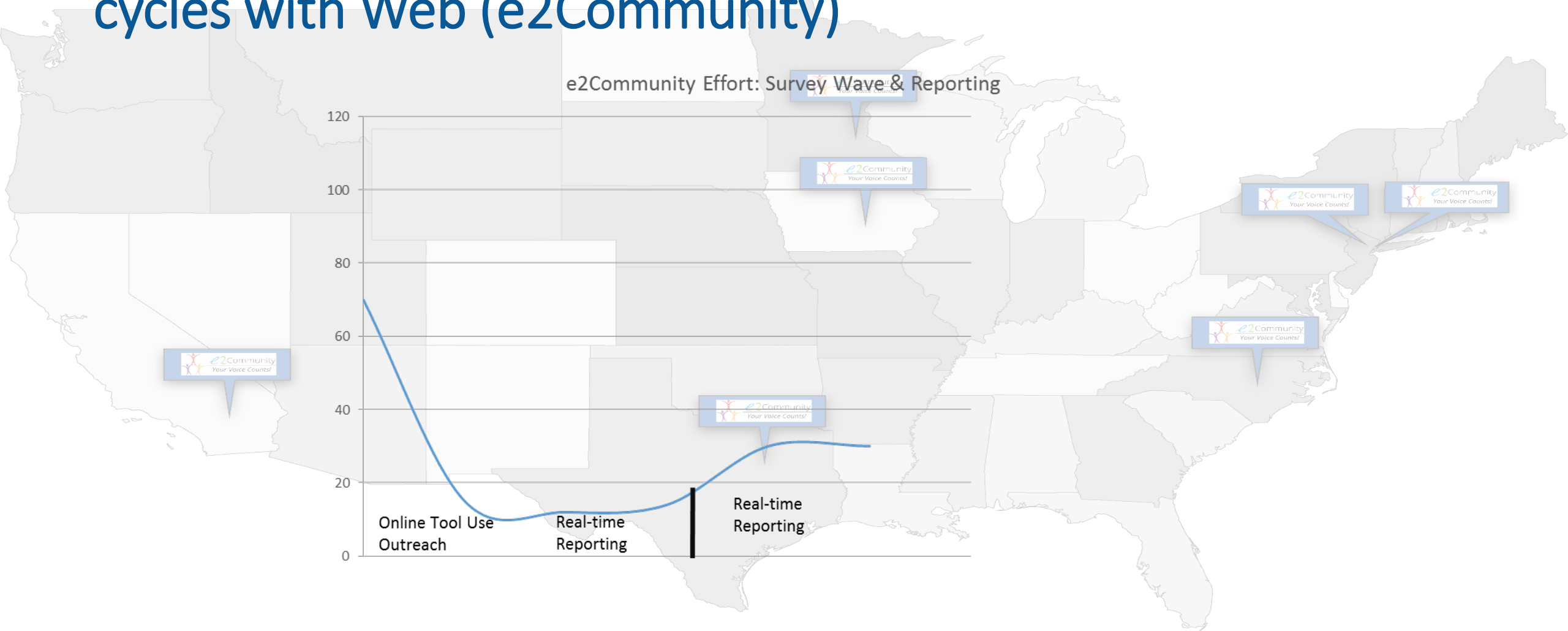
**2** All stakeholders have real-time graphical access to data appropriate to their needs from any location.



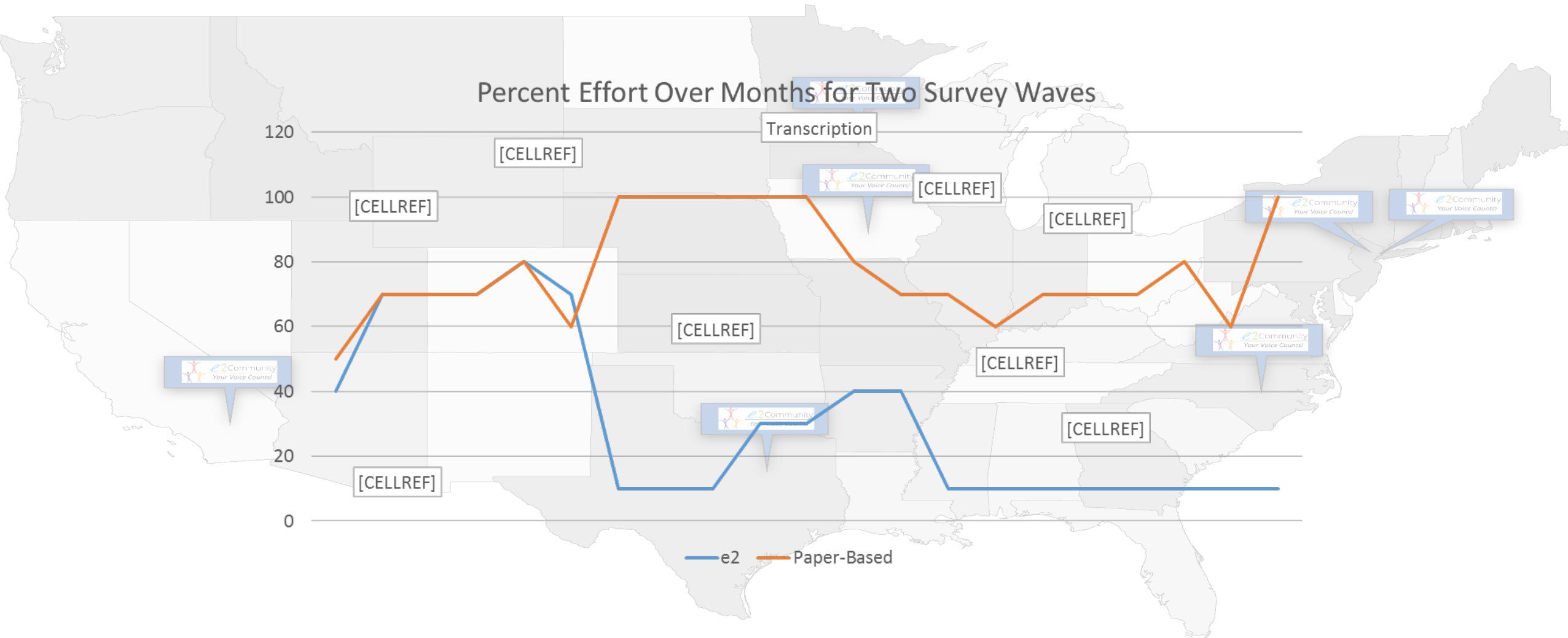
# BEFORE: Paper Interview Effort: Survey Wave & Reporting



# AFTER: Much less effort + quicker survey cycles with Web (e2Community)



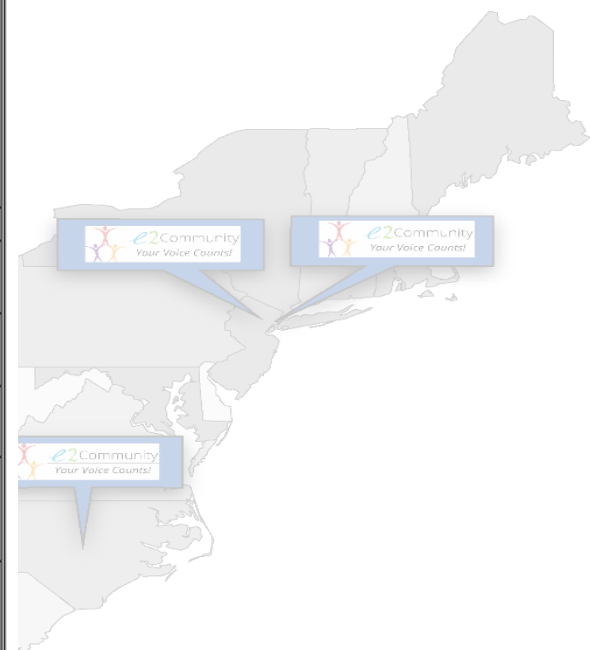
# Health Planning: A Tale of Two Eras



26. Answer each of the following questions, following directions listed under the headings.

	A During the past 12 months, did you <i>get</i> :				B <u>If YES</u> , how easy was it for you to get this service?				C <u>If NO</u> , during the past 12 months, did you <i>need</i> ?				D <u>If YES</u> , what is the main reason you were not able to get this service?
	Yes = 1 (Go to B) No = 2 (Go to C) Refused = 3 Don't know = 4 If 3 or 4 STOP. Go to next category.				1= Easy 2= Somewhat hard 3= Hard 4= Have not used or tried to get If 1 or 4 STOP. Go to next category If 2 or 3, go to D				Yes = 1 (Go to D) No = 2 Refused = 3 Don't know = 4 If 2, 3, or 4 STOP. Go to next category				See Code List
	1	2	3	4	1	2	3	4	1	2	3	4	
Visits with a doctor, nurse, or assistant to take care of your HIV outpatient medical care.													
Visit to a medical specialist based on a referral from your doctor.													
Visit with a doctor, nurse, or assistant to examine or treat non-HIV health conditions.													
Education or counseling about HIV, HIV transmission, and how to reduce the risk of HIV transmission.													
Treatment adherence services to provide you with education and counseling on ways to help you routinely take HIV/AIDS medications and follow through on HIV/AIDS treatments.													
Case management session(s) with a case manager to help you coordinate your HIV/AIDS care and help access other services and benefits.													
Client advocacy where a counselor assists you to work through a particular problem in obtaining a service, obtaining benefits or in a complaint against a service provider.													

**The Old Way**





25a) During the past 12 months, did you get **HIV outpatient medical care visits**?

- ☒ Yes
- ☐ No
- ☐ Don't know

25a) How easy was it for you to get **HIV outpatient medical care visits**?

- ☒ Easy
- ☐ Somewhat hard
- ☐ Hard

Next  
Question

25b) During the past 12 months, did you **visit a medical specialist based on a referral from your doctor**?

- ☒ Yes
- ☐ No
- ☐ Don't know

Next  
Question

25a) What is the main reason it was hard to get **HIV outpatient medical care visits**?

- ☐ Information - Where to get it, how to qualify
- ☐ Personal or cultural - You weren't comfortable with the agency staff or language barrier
- ☐ Service delivery - No agency available, you didn't qualify to get it
- ☐ Access/availability - Too far away, not open when you could get there, long waits
- ☐ Not applicable/no barriers

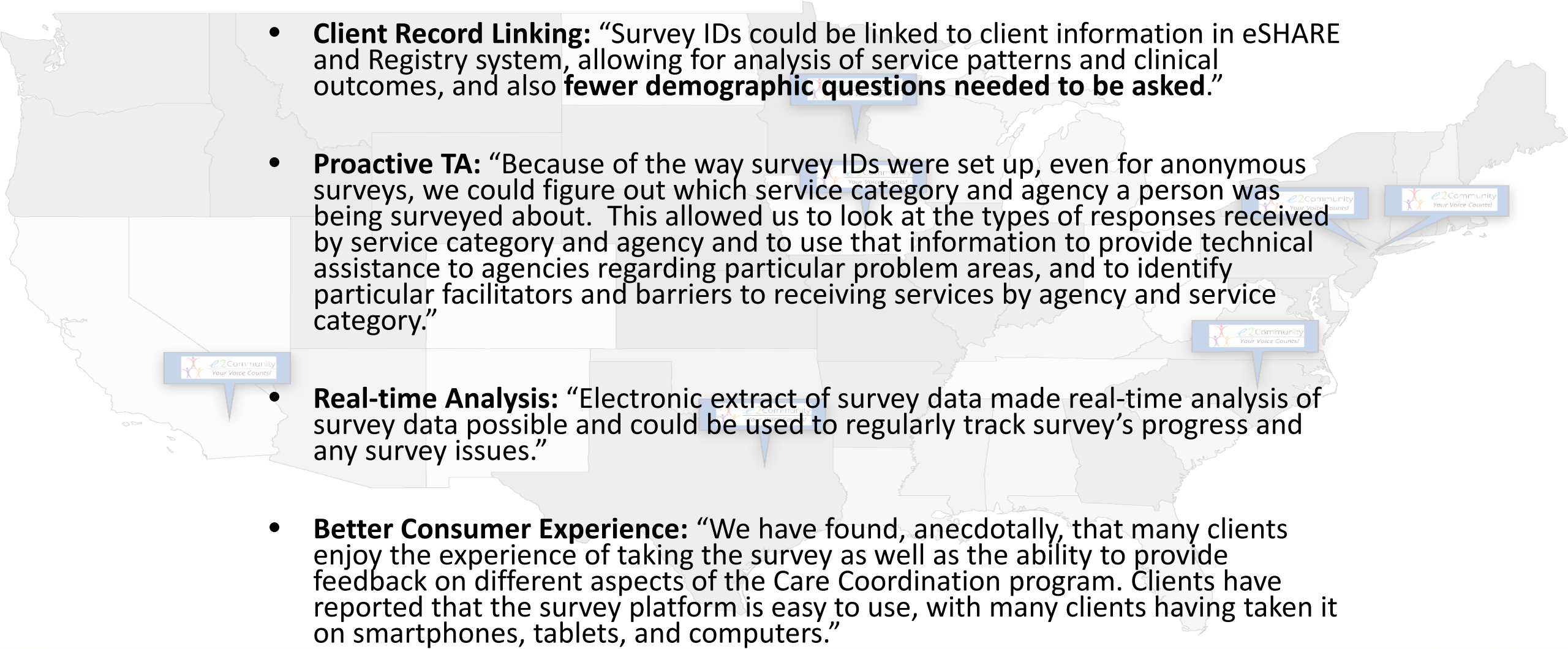
The New Way  
The System  
does all the  
work behind  
the scenes.

# New York City

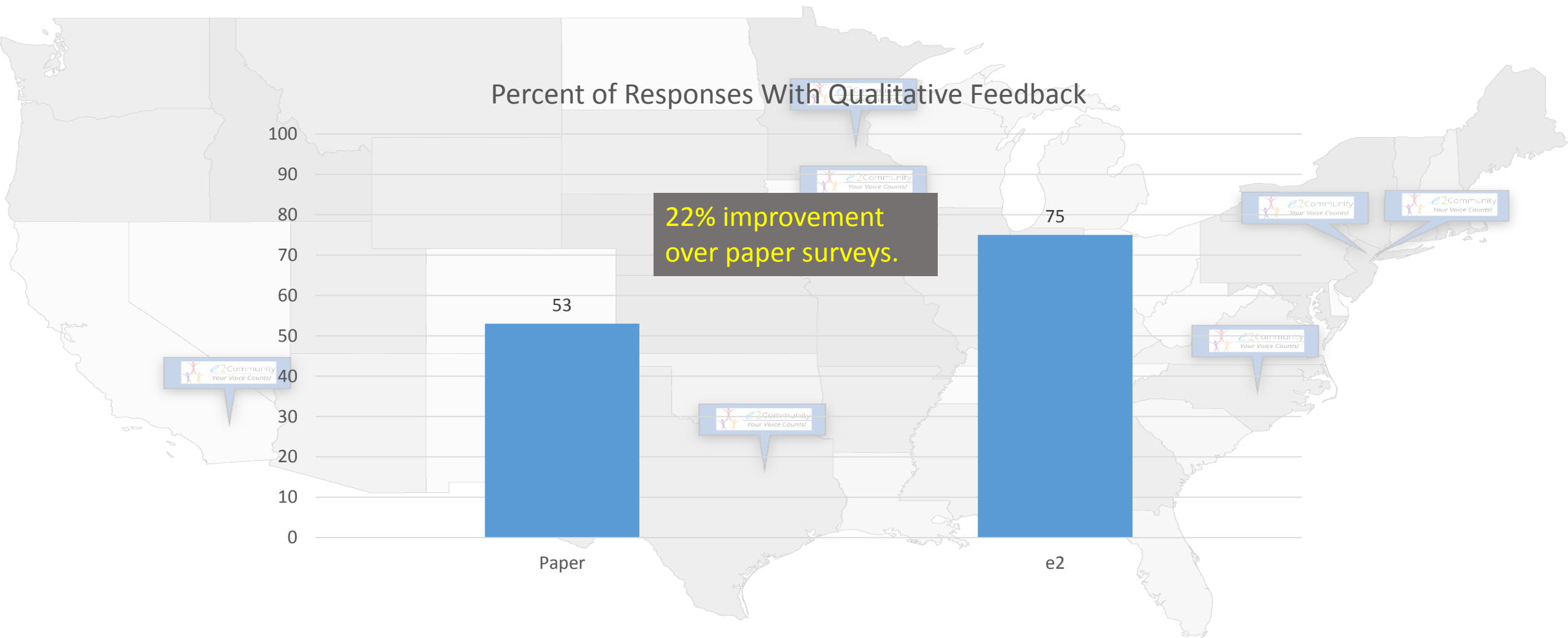




# Case Study: NYC Client Satisfaction & IRB Surveys

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- **Client Record Linking:** “Survey IDs could be linked to client information in eSHARE and Registry system, allowing for analysis of service patterns and clinical outcomes, and also **fewer demographic questions needed to be asked.**”
  - **Proactive TA:** “Because of the way survey IDs were set up, even for anonymous surveys, we could figure out which service category and agency a person was being surveyed about. This allowed us to look at the types of responses received by service category and agency and to use that information to provide technical assistance to agencies regarding particular problem areas, and to identify particular facilitators and barriers to receiving services by agency and service category.”
  - **Real-time Analysis:** “Electronic extract of survey data made real-time analysis of survey data possible and could be used to regularly track survey’s progress and any survey issues.”
  - **Better Consumer Experience:** “We have found, anecdotally, that many clients enjoy the experience of taking the survey as well as the ability to provide feedback on different aspects of the Care Coordination program. Clients have reported that the survey platform is easy to use, with many clients having taken it on smartphones, tablets, and computers.”

# More qualitative data with web (e2)



# Summary of Three Regions

- Number of consumers surveyed: 2,041
- Languages used: English, Spanish
- Number of municipalities covered: 1,956
- Number of Q&A fields in real-time: 3,641
- Number of staff hours saved: 4,370

# Journey to Minnesota

