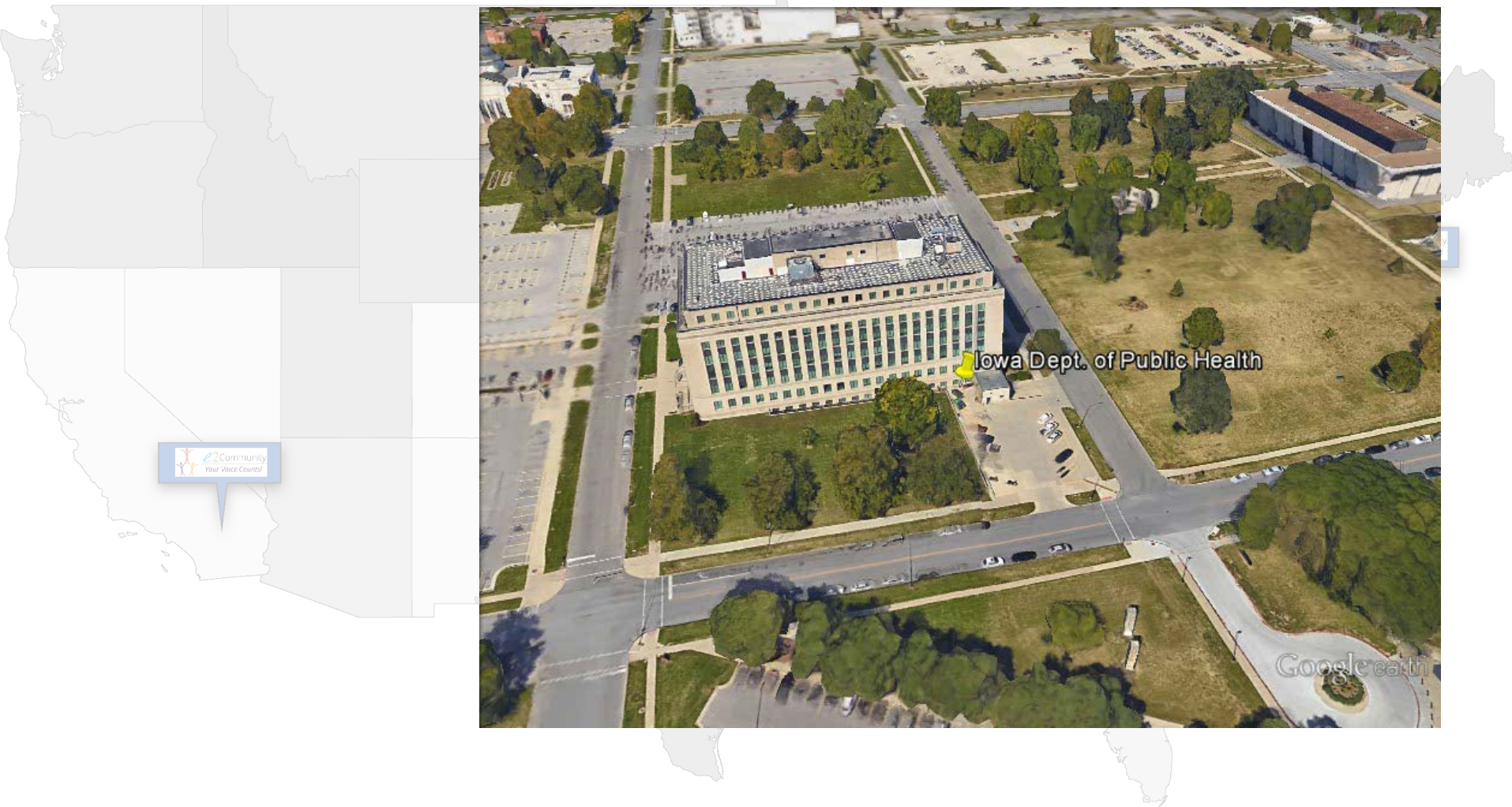


# Journey to Region 6, North Carolina



# Region 6, North Carolina



# Region 6 Process: Network Needs

- 11 counties in the northern-central part of North Carolina and includes Raleigh, Durham and Chapel Hill.
- State's highest concentration of PLWHA at more than 22% AND is home to the highest number of HIV Providers.
- Medical destination for a large number of PLWHA who come into the region for care both from across N.C. as well as from other parts of the U.S.

# Region 6 Process: Network Needs

- Network needed a mechanism for being able to gather data on a large scale, across multiple counties and with multiple providers.
- Network needed a mechanism for being able to gather data with minimal staff time/involvement. Involving survey facilitators was estimated to take more than **5 months** to collect our target survey collection of **250 surveys** representing clients of all counties, of all service providers, of all socio-economic backgrounds, etc.
- Factoring in the need for bi-lingual staff only added to the length of time necessary to gather a sufficient amount of data

# Region 6 Process: Network Needs

- Spanish surveys would also mean Spanish language results. The network would need someone to translate the results.
- The network would need a system into which the surveys could be entered and then analyzed ---- translation, the network needed both a database as well as data entry time/staff
- More than **1500** projected staff hours required JUST to get the surveys collected, translated (if necessary) and into a system for analysis.

# Region 6 Problem Statement

- Immediate problem – the needs assessment would be required to be “**maintain[ed], updat[ed] and utiliz[ed]**”
- Process will need to be repeated, requiring:
  - Another extended period of staff time.
  - All the costs associated with the first survey wave.
  - Re-writing and re-translating the survey instrument.
  - Etc.
- Network needed something the could be ongoing without reintroducing those costs.

# Region 6 Process: A History

- Network reviewed survey – too long.
- Trimmed to 76 questions – still considered too long – no agreement on what to cut.
- Survey finalized / everyone still agreeing that it was too long.
- Survey launched survey in October 2012 with a goal of 250 surveys (the next largest regional survey collection at that time was approximately 125).

# Region 6 : Initial Fears in using technology / online system

1. Clients do not have access to the internet/computers
2. Older clients do not understand how to use computers
3. Clients have low literacy rates and will not be able to read/take an online survey without someone there to assist them – where is the savings in staff time?
4. Any online system will still need to be bi-lingual and interpret Spanish language results.
5. Clients will not trust the program
6. The survey (at more than 70 questions) is too long – clients will not complete it.
7. Installing computer software on multiple computers at multiple locations would take too long, involve too many I.T. Departments and probably would not be allowed at all locations.
8. Clients will not complete survey without an incentive.

# Region 6 Process: Realities of using on-line system (specifically eCompas)

1. Clients do not have access to the internet/computers

We exceeded every other region within the 1<sup>st</sup> month. We met our goal of 250 within the first 60 days. . In total, nearly 400 clients completed the survey in the first 90 days... 180% more than our goal!

2. Older clients do not understand how to use computers

68.7% of those completing the survey were 40 and older. 36.7% were 50 and older. The oldest was over 80.

3. Clients have low literacy rates and will not be able to read/take an online survey without someone to assist them – where is the savings in staff time?

System read aloud to the clients. Limited need for assistance. Savings in staff time **ABUNDANT!**

# Realities of using on-line system (specifically eCompas)

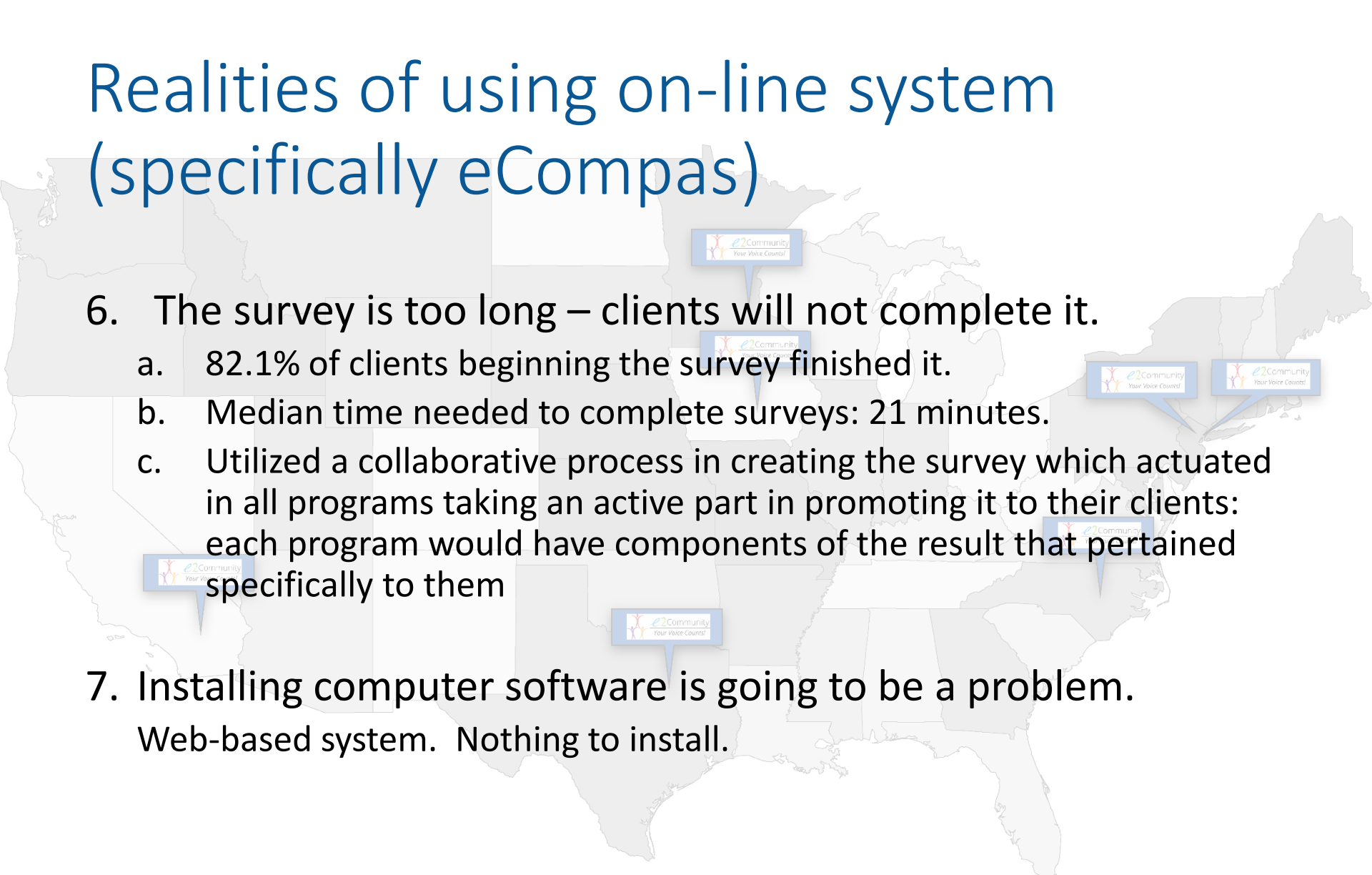
- 
4. Any online system will still need to be bi-lingual and interpret Spanish language results.

The questions and answers appear and are read in both Spanish and English languages.

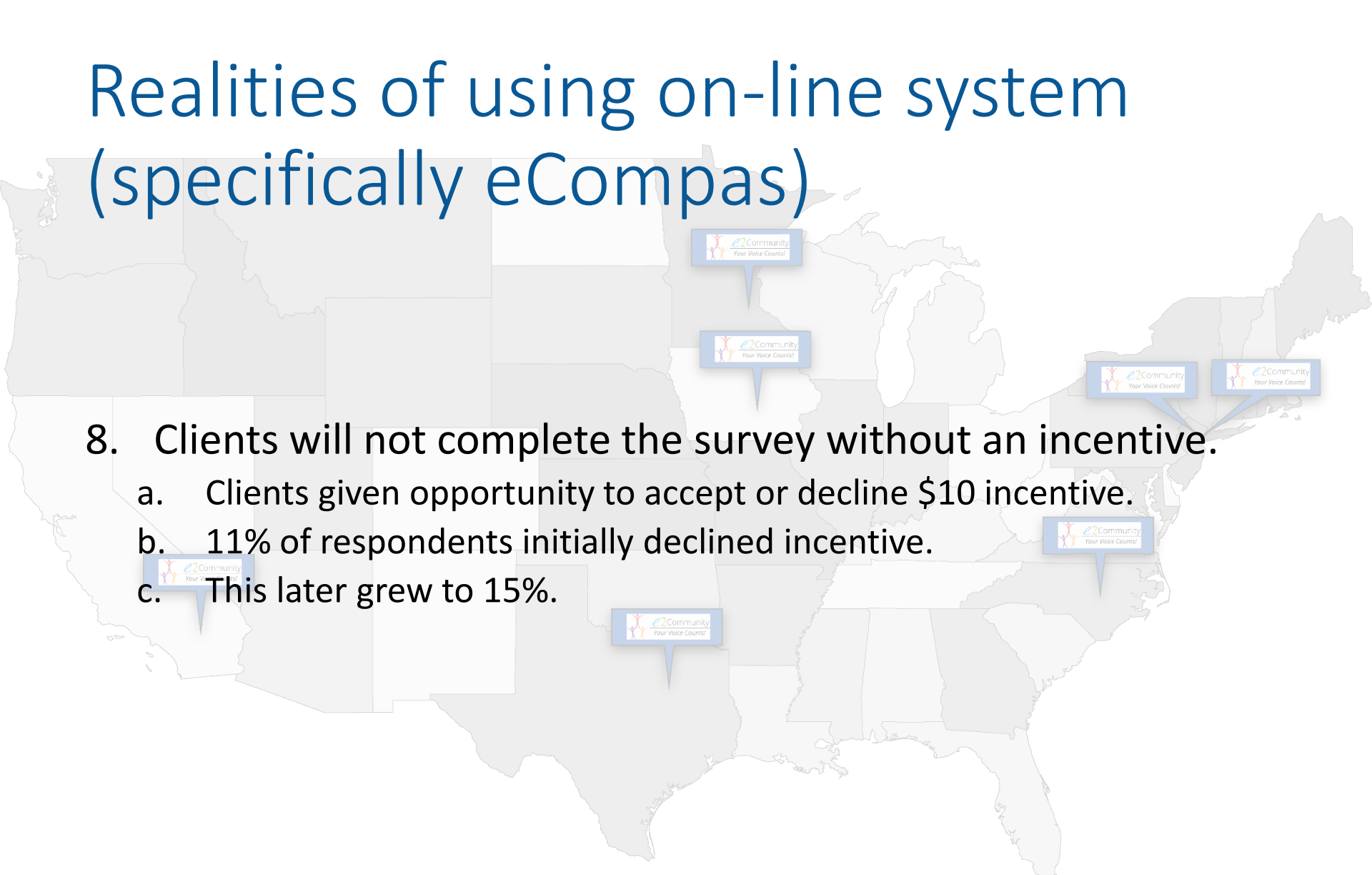
5. Clients will not trust the program.

There were no reported client fears.

# Realities of using on-line system (specifically eCompas)

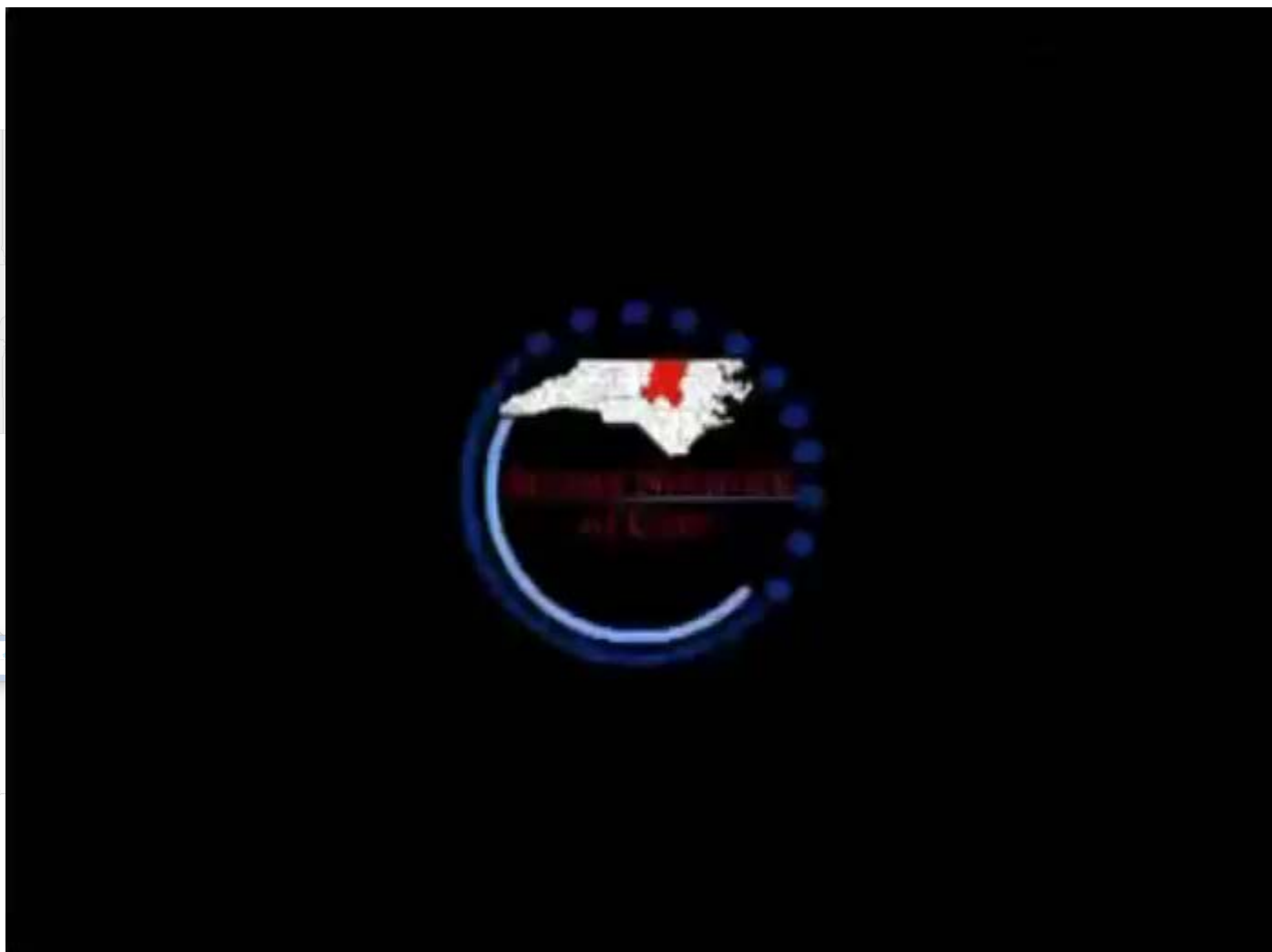
- 
6. The survey is too long – clients will not complete it.
- a. 82.1% of clients beginning the survey finished it.
  - b. Median time needed to complete surveys: 21 minutes.
  - c. Utilized a collaborative process in creating the survey which actuated in all programs taking an active part in promoting it to their clients: each program would have components of the result that pertained specifically to them
7. Installing computer software is going to be a problem.  
Web-based system. Nothing to install.

# Realities of using on-line system (specifically eCompas)

- 
8. Clients will not complete the survey without an incentive.
- a. Clients given opportunity to accept or decline \$10 incentive.
  - b. 11% of respondents initially declined incentive.
  - c. This later grew to 15%.

# Region 6 Process: How we did it

1. RDE walked us through the process – created our survey online, walked us through the recording process (for the audio feature of the survey).
2. RDE produced a pilot site for us to pilot with a focus group of consumers, the network, and staff.
3. Revisions were made to the system.
4. Coordinated with two regional individuals to record the questions/answers --- one recorded them in English, one in Spanish.
5. Added our own spin by recording “welcome videos” utilizing individuals known locally and trusted by anticipated survey participants.
6. System was launched smoothly



# Social Marketing

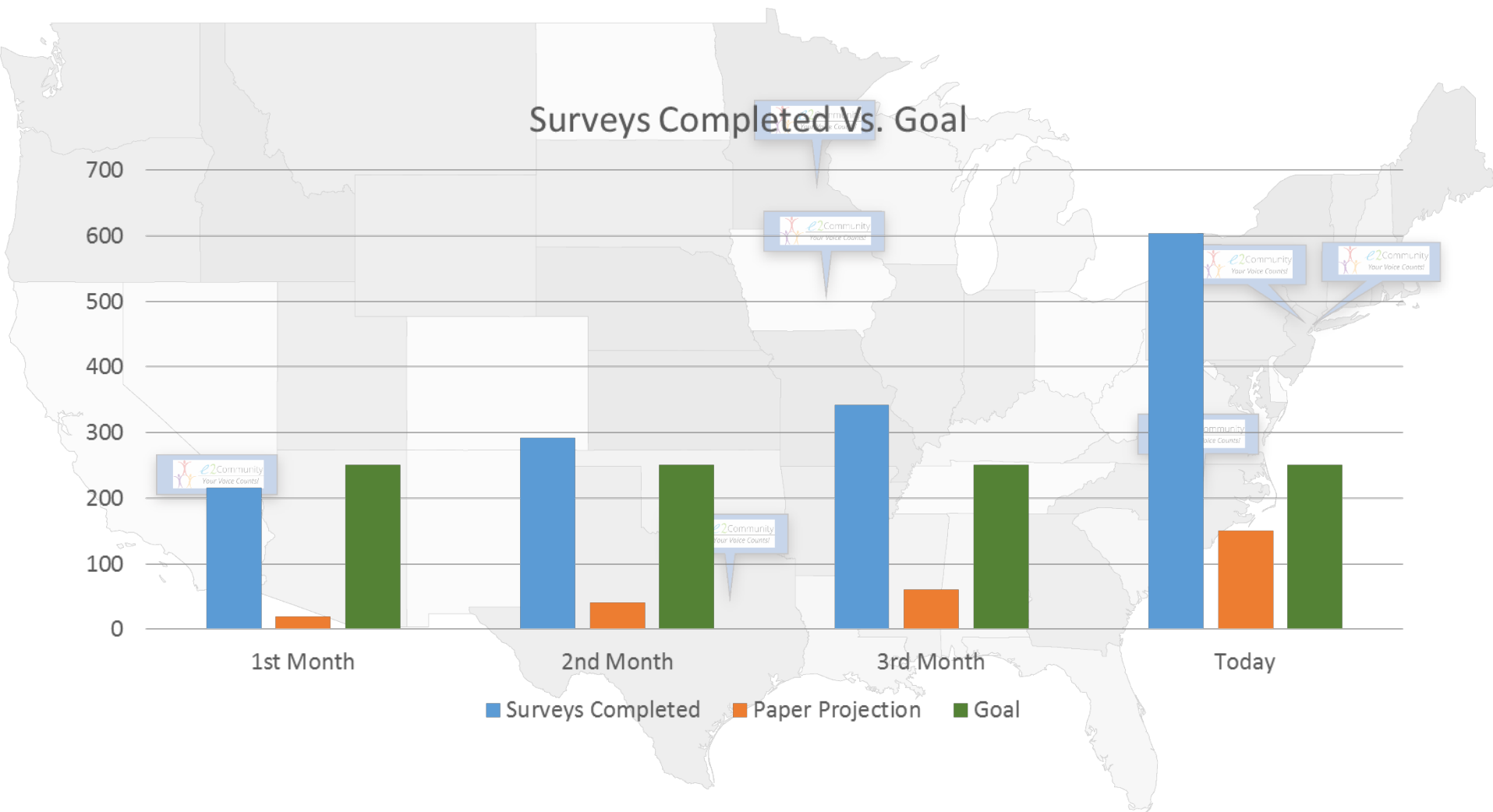
Created Postcards on which clients could record their survey completion code, mail in, and then have their incentive mailed to them.

Postcards were created in both English and Spanish

Postcards were given to each network provider along with Raleigh Infectious Diseases, prevention and testing programs, Gay and Lesbian Center in Raleigh, Raleigh nightclubs/bars (to help us reach the “positively unaware”)

Actively promoted by each of our programs and program areas (all clinics and service agencies had survey questions that pertained to their activities and thus had vested interests in learning the responses).

# Results



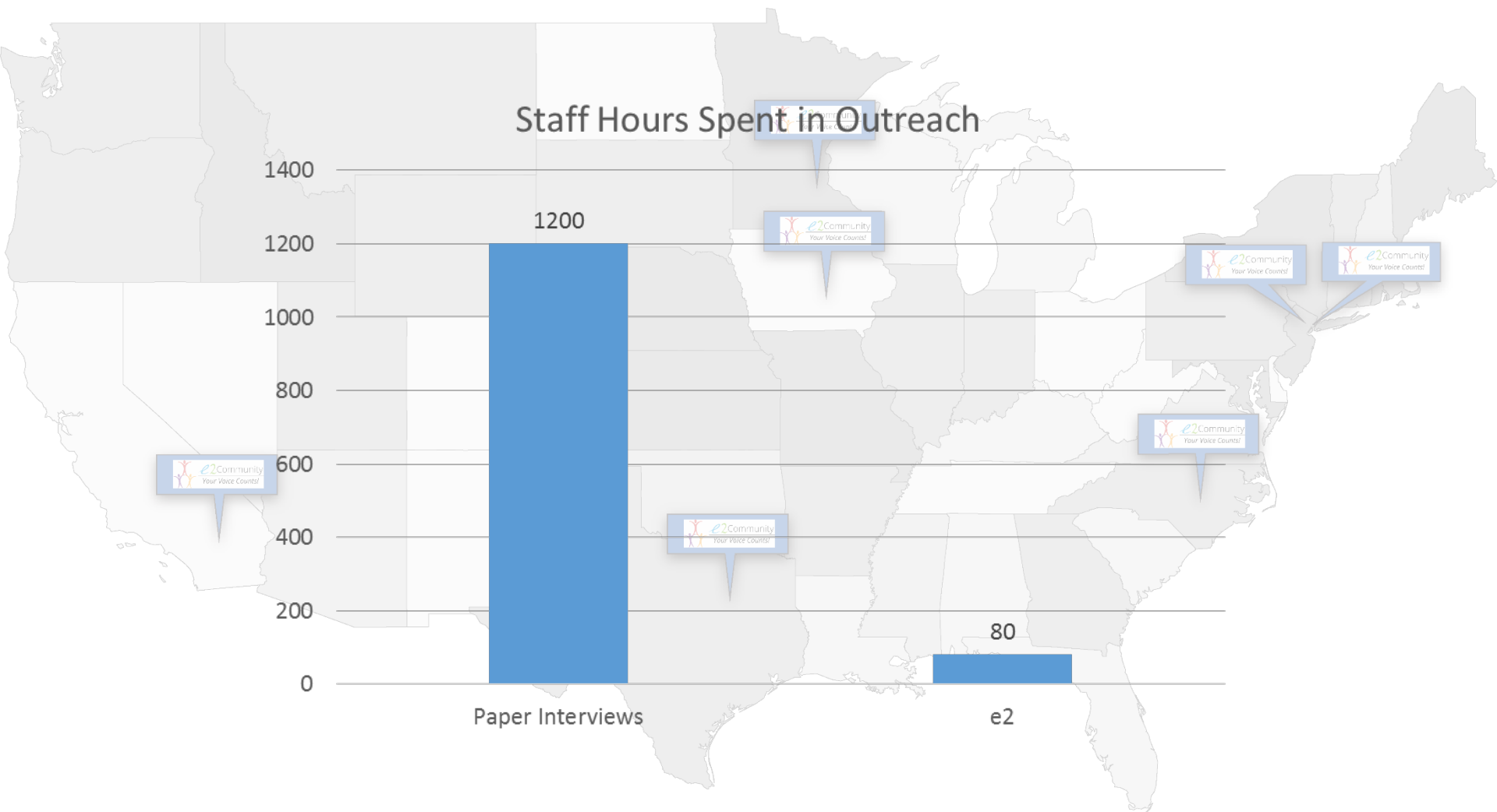
# Over 1,100 hours staff time saved!

(making field workers' feet happier too!)





# Results



# Results

Information is no longer anecdotal. Many of our beliefs were upheld while many were surprising.

Example: Transportation

Belief:

Clients need transportation services especially in the rural areas.

# Results

## Example: Transportation

1. Results (confirmation): Clients indeed identified Transportation as the 8<sup>th</sup> most important service in the treatment of HIV. Within rural counties, the farther away clients were from a clinic, the greater the concentration of those indicating that transportation was important.
1. Results (surprising): While rural residents showed a greater need for transportation the farther they lived from an HIV clinic, urban residents were much more likely to identify the service as important. Urban residents under the age of 24 were the most likely to state that the service was needed/important. (other transportation data validated results)

# Updates

- We have kept our survey system “live” since it’s launch. For our 2015 survey, more than 600 clients completed within our review period without any considerable effort on our part.
- We built in client satisfaction questions that have been pulled and reported to our Part B and Part C Recipient every 6 months.
- We have made significant changes to our budgets and to our delivery system based upon these questions (i.e. increased funding in dental and transportation while decreasing less needed services such as linguistic services)

# Updates to Budget

- Dental line increased by 123%.
- Medical transportation line increased by 45%.
  - Number of medical transportation services provided increased by 1000s.
  - Cost of medical transportation services dropped dramatically.
  - Expanded medical transportation options to clients.
  - Utilized 100% of transportation funds after 2013!

# Updates

- The difference in the amount of time it takes to complete the survey for younger and older participants is about 12-17 minutes more for older clients. This was initially believed to be because they were older and less accustomed to the technology.
- This may be partially true. However, in looking at the results, older clients tended to be positive longer (excluding those with perinatal infection) than their younger counterparts.
  - As such, more of the questions applied to them (i.e. the skip-logic did not skip as many questions as most of the questions in fact pertained to them given their life experiences).
  - Factoring in the average time per question asked, the amount of time per question was only slightly higher than their younger counterparts. (it appears to be about 5% higher).

# Lessons Learned

- Main objective lesson: involve all aspects of program in planning.
  - Including all provider input in survey tool creation led to better coverage.
- Get everyone on board early.
  - A fully inclusive process takes extra time but the results are worth it.
- Pre-plan for survey tool translation and audio recording.



# Wrap Up



**196,000 pages of paper saved  
and counting...**



**Thanks!**

**Thanks!**

# Replication and expansion

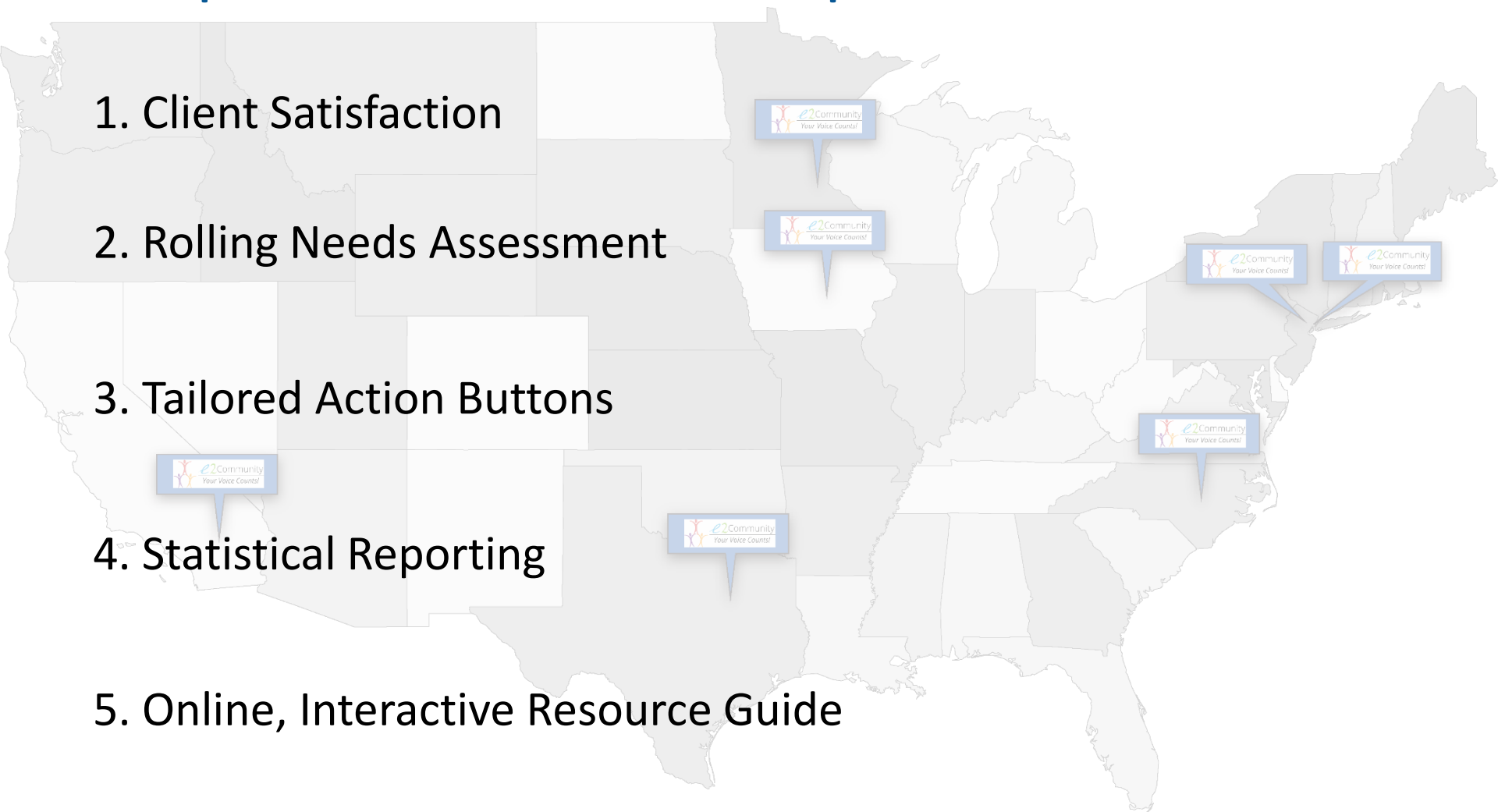
1. Client Satisfaction

2. Rolling Needs Assessment

3. Tailored Action Buttons

4. Statistical Reporting

5. Online, Interactive Resource Guide



# Feedback on e2 approach

- *“Survey Monkey is an ok tool but only has canned reporting and is not helpful for low-literacy outreach.*

*E2Community has customizable analytics which are very helpful, and the audio playback feature saves many hours of staff time.”*

*– Needs Assessment Consultant*

- *“Although many providers seemed to be hesitant and wary of an electronic tool at first, many of them finally opened up to the idea and saw how simple the process actually was.*

*I also anticipate that they will be glad to get reports on client satisfaction back to them sooner than they would have with a paper survey.”*

*– Field Research Assistant*

# Feedback on e2 approach

- *“We do want to commend you guys on the ease of use of your system. This part has been so remarkably easy! Thanks for making this as painless as possible!”*

– RW Data Manager

- *“We are really starting to see the advantages of having an electronic tool for this survey process.”*

– Research & Evaluation Director

# Practical Lessons for Replication

1. Find a few **key champions** on the planning body, recipient, and quality team.
2. Utilize a **web-based architecture** to minimize management and maintenance headaches and costs.
3. Choose a systems partner and consultant who operates on a **human-centered approach** (not technical approach) and has experience with surveying special populations.
4. **Just do it.** Don't be paralyzed with logistics. Evolve protocol and system based on experience.

Lesson: How did we accomplish this?



One bite at a time.

# Thank You For Your Time



**Jesse Thomas**  
**[Jesse@rde.org](mailto:Jesse@rde.org)**

**Jonathan Hanft**  
**[Jonathan.Hanft@hennepin.us](mailto:Jonathan.Hanft@hennepin.us)**

**Katie Herting**  
**[Katie.Herting@idph.iowa.gov](mailto:Katie.Herting@idph.iowa.gov)**

**Michael McNeill**  
**[Michael.McNeill@wakegov.com](mailto:Michael.McNeill@wakegov.com)**