

NEEDS ASSESSMENT

101

Office of HIV Planning
Fall 2020

What is Part A Needs Assessment?

- A process of collecting information about the needs of people living with HIV (PLWH) in a Part A jurisdiction, both those receiving care and those not in care
- Includes both quantitative (numerical) and qualitative (non-numerical) data obtained from multiple sources using a variety of methods
- A planning task usually led by the planning council

Importance of Needs Assessment

- **The most important decisions of a planning council involve how RWHAP Part A program funds will be used**
 - What service categories to give priority for funding
 - How much money to allocate to each service category
 - How to ensure equal access to services for all PLWH, regardless of their characteristics or where they live in the service area
- **Sound decisions require sound data** – and needs assessment is a key source of such data

Importance of Needs Assessment

Needs assessment helps PC and recipient (AACO) find out:

- ***What medical and support services PLWH need*** to enter or return to care, stay in care, and reach and maintain HIV viral suppression
- ***To what extent those needs are being met*** by the current system of care
- ***What kinds of services are most needed and work best for different groups of PLWH*** – and what disparities in access and services remain for affected subpopulations and historically underserved communities

Legislative Requirements for Needs Assessment

Described in the legislation as a duty of RWHAP planning councils, which every Eligible Metropolitan Area (EMA) must have:

"Determine the size and demographics of the population of individuals with HIV/AIDS, as well as the size and demographics of the estimated population of individuals with HIV/AIDS who are unaware of their HIV status"

– 2009 legislation, §2602(b)(4)(A)

Legislative Requirements for Needs Assessment

"Determine the needs of such population, with particular attention to—

- individuals with HIV/AIDS who know their HIV status and are not receiving HIV-related services;*
- disparities in access and services among affected subpopulations and historically underserved communities; and*
- individuals with HIV/AIDS who do not know their HIV status"*

– 2009 legislation, §2602(b)(4)(B)

Legislative Requirement for PLWH Input

- Decision making about priority setting and resource allocation must consider *“priorities of the communities with HIV/AIDS for whom the services are intended”*
- Planning council must *“establish methods for obtaining input on community needs and priorities which may include public meetings...conducting focus groups, and convening ad-hoc panels”*

– 2009 Legislation, §2602(b)(4)(C)(III) and (G)

6 Components of Needs Assessment

1. **Epidemiologic Profile:** a description of the current status of the epidemic in the EMA
2. **Estimates of Unmet Need and of PLWH who are Unaware of their Status:**
 - How many PLWH know they have HIV but are not receiving HIV-related primary health care (have “unmet need”)
 - How many PLWH in the EMA/TGA do not yet know they have HIV (are “unaware of their status”)
 - Characteristics of these two groups and where they are most likely to live

6 Components of Needs Assessment

3. **Assessment of Service Needs and Barriers:** determination of the need for core medical and support services among PLWH both in and out of care, including barriers that prevent them from receiving needed services or continuing in care:
 - For all PLWH in the jurisdiction
 - For particular PLWH subpopulations
4. **Resource Inventory:** a comprehensive listing of providers of HIV-related services, regardless of funding source, including locations, types of services provided, number of clients served, and other information like office hours and languages spoken

6 Components of Needs Assessment

5. **Profile of Provider Capacity and Capability:** a description of service providers in the Inventory, including service and staff capacity and information on *service availability, accessibility, and appropriateness* for PLWH, including specific subpopulations
6. **Assessment of Service Needs and Gaps:** a review and analysis of information from all the other needs assessment components, describing unmet need and service gaps both overall and for specific subpopulations

Obtaining Needs Assessment Data

- **Some information typically provided to the PC by state or local surveillance staff:**
 - Epidemiologic Profile
 - Estimate and Characteristics of:
 - PLWH with Unmet Need
 - PLWH who are Unaware of their Status
- **Some information collected/obtained by the PC, often with help from the recipient:**
 - Assessment of Service Needs and Barriers
 - Resource Inventory
 - Profile of Provider Capacity and Capability

POP QUIZ!!!

What are three components of a Needs Assessment?

What are the other three?

Sum-Up

- Needs assessment with community input = a key legislative task for PC
- HRSA/HAB expects comprehensive needs assessment, which can be implemented over a multi-year cycle
- Data for some components comes from the recipient or state surveillance staff
- PC obtains data for other components
- Results used in all PC decision making, especially:
 - PSRA: Setting priorities, allocating resources, and preparing directives
 - Improving care and outcomes through refining service strategies and models
 - Developing and updating the HRSA/CDC Integrated HIV Prevention and Care Plan

Quick Activity A: Needs Assessment Priorities

Your Needs Assessment Committee is planning next year's needs assessment. Based on your knowledge of the EMA or TGA:

1. What 3-4 populations in your EMA do you most need to better understand because they are disproportionately affected by HIV or seem to face special barriers to care?
2. What are some things you need to learn about their needs and about available services, in order to ensure that PLWH from these populations receive appropriate, high quality HIV care?

Overview of Needs Assessment Data Provided by Surveillance

- Data for some key components of needs assessment are used by the PC but not collected by the PC
 - Includes the epidemiologic profile, estimate of unmet need, and estimate of number of PLWH who are unaware of their status
- Surveillance staff collect and can report information about key events from the time HIV infection is first diagnosed in a person until death

Epidemiologic (Epi) Profile

- **Important overview of the epidemic in your EMA**
- Provides information about:
 - **Current status of the local epidemic:** number and characteristics of people diagnosed with HIV disease, overall and among specific subpopulations, including new cases (incidence), living cases (prevalence), and trends
 - **Characteristics** such as age, gender, race/ ethnicity, risk factor, and county/city of residence
 - **Additional data to help understand recent trends**, such as high-incidence areas, subpopulations with increasing incidence, and late or delayed testing
 - **HIV care continuum data** – linkage to care, retention in care, and viral suppression – for all PLWH in the service area and also for all RWHAP clients, as well as for RWHAP subpopulations

Importance and Use of the Epi Profile

- Provides an overall picture of HIV in the service area
- Helps in identifying subpopulations and geographic areas with increasing rates of HIV
 - Enables recipient and PC to develop or refine services to ensure appropriate care for emerging groups
 - For an integrated prevention and care PC, helps in identifying target populations for primary prevention, testing, and prevention for HIV-positive individuals
- Helps in identifying populations to target for special attention in assessment of PLWH service needs and barriers

Unmet Need Terminology

To avoid confusion, HRSA/HAB uses the following definitions:

- **Unmet need** is “the unmet need for HIV-related medical care among individuals who know their status but are not receiving such care (not ‘in care’)”
- **Service gaps** are “all service needs not currently being met for all PLWH except for primary health care for individuals who know their status but are not in care. Service gaps include additional need for health services for those already receiving HIV-related primary health care (‘in care’)”

– *Part A Manual, p 166*

Characteristics of People with Unmet Need that May Be Available from HIV Surveillance

- **Demographic analysis:** Who is out of care – age, gender, race/ethnicity, risk factor, other factors like gender identity, primary language
- **Geographic analysis:** Differences in unmet need numbers or rates in various parts of the EMA or TGA
- **Populations of special interest:** PLWH subpopulations with high rates of unmet need (e.g., young MSM of color, transgender PLWH)
- **Care history:** Review of past evidence of CD₄ counts or viral load tests in the surveillance system for people who are currently out of care (no recent lab tests), to learn about their history of involvement with the service system

POP QUIZ!

What does “unmet need” mean?

Use of Unmet Need Estimate and Characteristics Data

- Getting people with unmet need into care requires finding out who and where they are
- Results are used by the PC in other components of its needs assessment, to better understand why people are out of care and what services they need other than HIV-related medical care
- Results of needs assessment include funding decisions that can help these PLWH enter or re-enter and remain in care

Estimate and Characteristics of PLWH who are Unaware of their Status

- The approximate number or percent of people in the EMA who are HIV-positive but are unaware of their status
- A sense of who these unaware individuals are and where they are most likely to live
 - Analysis of testing and epidemiologic data can provide an understanding of populations most likely to be undiagnosed
 - Descriptions in terms of their race/ethnicity, age, gender, risk factors, and places of residence

Importance of Unmet Need and Individuals Unaware of their Status

- It is very important to locate people unaware of their status or with unmet need, so they get tested, enter or re-enter HIV-related primary medical care, obtain medications and other needed services, and become virally suppressed:
- Early treatment reduces the risk of HIV transmission by as much as 96%
- Early and ongoing care are key to good health

Sum Up

- Epi profile, estimate of unmet need, and estimate of PLWH/unaware come to PC from surveillance staff
- Data help PC better understand current epidemic
- Epi data show trends that will affect service needs
 - For example: increase in new cases in a particular population or geographic location may require more or different services, or services in different locations
- Unmet need/unaware data can show need for new service strategies; for example:
 - Increase in unmet need may require more funds for Early Intervention Services to re-link PLWH to care
 - Knowing where PLWH unaware of their status are concentrated helps target prevention and testing

Overview of PC Responsibilities for Needs Assessment

- Receive information from recipient/surveillance staff on:
 - Epidemic/Surveillance
 - Estimate of Unmet Need
 - Estimate of PLWH Unaware of their Status
- Gather information on:
 - PLWH Service Needs and Barriers
 - Current System of Care, including Resource Inventory and Profile of Provider Capacity and Capability
- Use all available data to for Assessment of Service Needs and Gaps

Assessment of Service Needs & Barriers

Provides information about the service needs of PLWH in and out of care, including:

- Need for specific core medical and support services
- Experiences with care, including success in accessing services
- Identified barriers to entering and remaining in care and obtaining needed services
- Service models and strategies that support entry into and retention in care
- How co-occurring conditions and external factors (e.g., homelessness, substance use, mental health issues, poverty) affect access to and retention in care

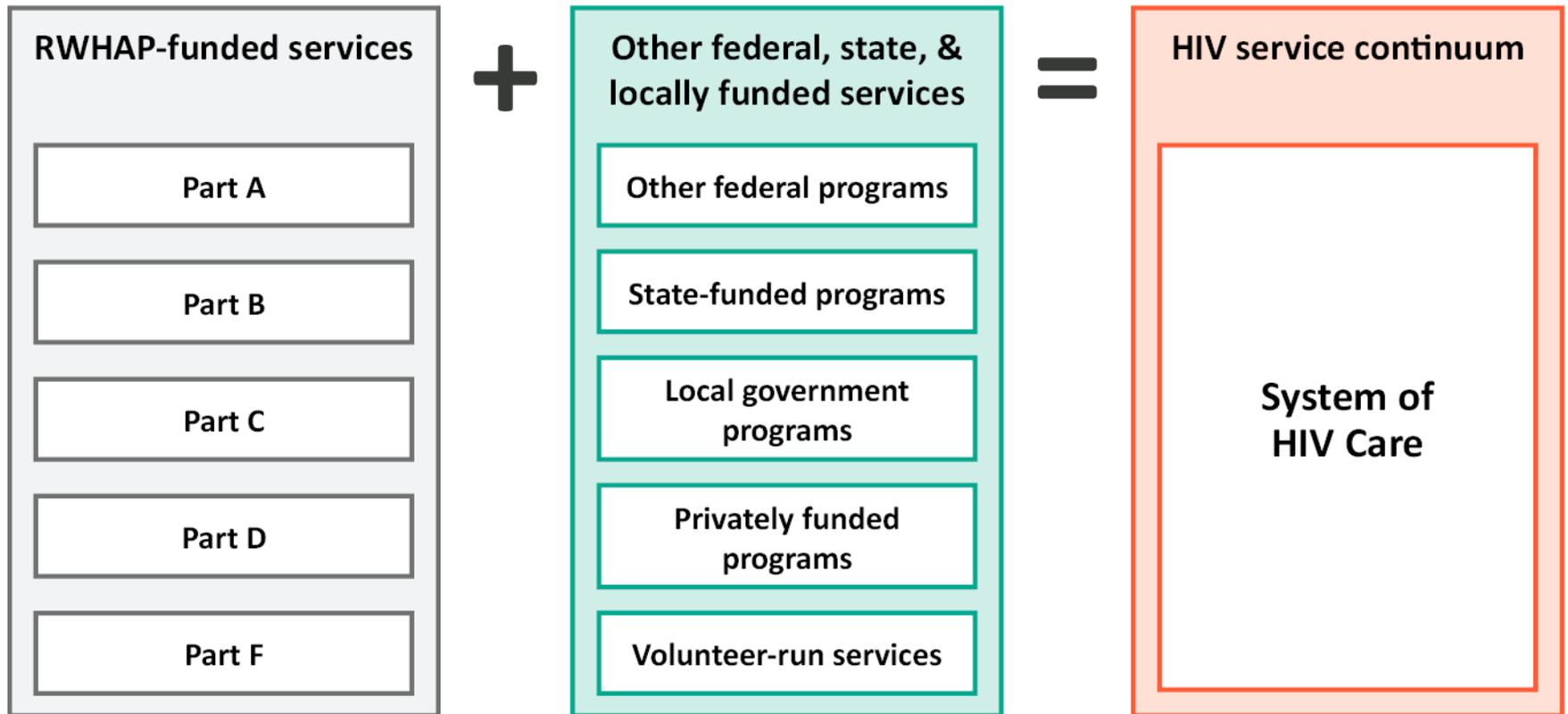
Assessment of Service Needs & Barriers

- Carried out by the PC, often with recipient help
- RW Consumer Survey is the main project in the multiyear needs assessment – every 4-5 years
- Includes smaller assessments that reach PLWH through methods such as:
 - Focus groups with specific PLWH subpopulations
 - Telephone interviews
 - Key informant interviews
 - Town hall meetings
- Often includes service provider perspectives on PLWH needs

Resource Inventory

- Should identify the full range of medical and support services available to PLWH
- Used in integrated plan development and for PSRA decision making
- Frequently becomes – or is based on – a Resource Guide for service providers and clients
 - Hivphilly.org

Scope of a Resource Inventory



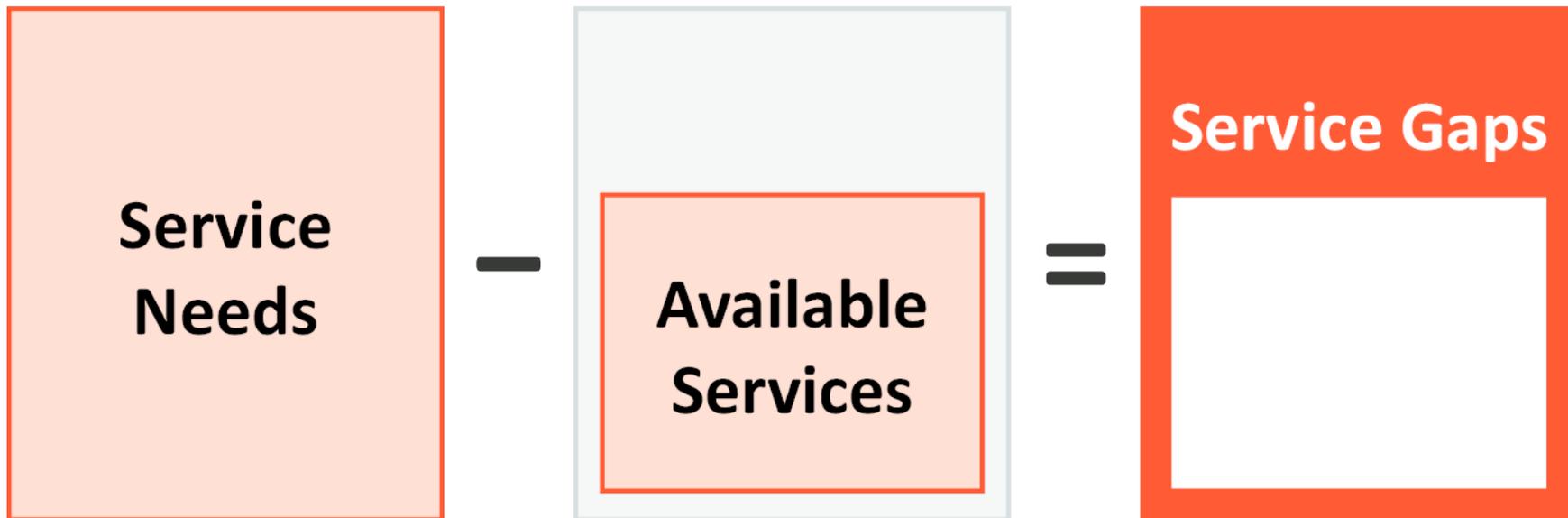
Key Factors in Analyzing Provider Capacity and Capability

- **Availability:** level or number of “slots” within a service category that exist in a specified geographic area and whether there are waiting lists
- **Accessibility:** the extent to which services in a particular geographic area can be obtained conveniently by people who need them, based on location, access to public transportation, service hours, wait time, and Americans with Disabilities Act (ADA) compliance
- **Appropriateness:** the extent to which services meet the needs of various PLWH subpopulations, in terms of languages spoken and cultural competence with regard to race/ethnicity, sexual orientation, gender, and identity

Assessment of Service Needs and Gaps

- Last component of needs assessment
- Analysis of data from all needs assessment components
- Review of additional data provided by the recipient on client characteristics and service utilization
 - What services are being used and by whom?
- Identification of:
 - Service needs, overall & for particular PLWH subpopulations
 - Barriers to service access and retention
 - Service gaps
 - Appropriateness of services for different PLWH groups
- Implications for decision making

Understanding Service Gaps



Epi, Unmet Need,
Unaware PLWH Data,
plus Assessment of
Service Needs &
Barriers

Resource Inventory
& Profile of Provider
Capacity & Capability

Gaps determine
needed RWHAP
Part A allocations

POP QUIZ!

What does the PC use the Resource Inventory for?

What does it help the PC determine within the needs assessment process?

Sum-Up

- PC responsible for obtaining, collecting, and analyzing needs assessment data as a basis for priority setting and resource allocation and other decision making
- Direct data gathering required for:
 - Assessment of service needs and barriers of PLWH in and out of care
 - Information on the system of care, including a Resource Inventory and Profile of Provider Capacity and Capability
- Review and analyze all needs assessment data to identify service needs, barriers, and gaps
- Use needs assessment findings in PSRA and other decision making

Choosing Needs Assessment Methods

Many data-gathering methods available:

- Some quick, others requiring extensive preparation
- Some inexpensive, others requiring extensive resources (people and/or funds)
- Some that call for extensive research and data skills, others manageable without extensive training

Data-Gathering Methods:

- Approaches to implement each needs assessment component requiring new data collection
- A combination of:
 - **Quantitative data:** information that can be expressed in numbers and counted – like epi or client characteristics data – that allow for numerical analysis and comparisons
 - **Qualitative data:** non-numerical information usually in narrative format – like findings from a focus group – that provide depth and context
- Large-sample data from PLWH that provide findings “representative” of the population sampled

Useful Methods: Surveys

Often used to:

- Assess PLWH or consumer service needs, experiences, barriers, and gaps
- Obtain data from service providers
- Reach large numbers of people, with sampling to obtain findings that represent the entire population sampled

Useful Methods: Focus Groups

Often used to:

- Obtain information about service experiences, needs, gaps, and barriers for a set of particular groups of PLWH
- Gain in-depth understanding of needs of key populations
- Obtain information relatively quickly and at moderate cost

Design and implementation:

- Open-ended questions for discussion, often as part of a “script” for the facilitator, Includes a quick survey on participant characteristics
- Usually involves a small group of individuals (6-12) from the same target population
- Requires careful notetaking and transcripts

Useful Methods: Town Halls or Community Forums

Often used to:

- Meet legislative requirements for community – especially PLWH – input to decisions about funding and services
- Provide an open forum in several locations within the EMA or TGA to invite input and report back to the community

Design and implementation

- Sometimes open-ended, with individuals signing up to share brief (3-5 minute) statements
- Sometimes structured around specific questions for discussion

Other Needs Assessment Methods

- **Provider forums:** similar to a town hall or community forum but designed to obtain input from service providers, RWHAP-funded and non-funded
- **Key informant sessions:** similar to a focus group in size, but designed to generate discussion with experts (providers, consumers, researchers) about a particular service category or model, or the needs of a specific population
- **Key informant interviews:** individual interviews with purposes similar to key informant sessions
- **Special studies:** focusing on a service category, population, barrier to care, or other issue and often using a combination of existing and new data

Needs Assessment Step 1

1. Plan for the needs assessment

- Determine the scope of the needs assessment – ideally, based on an existing multi-year plan & cycle
- Determine the timetable
- Develop the budget and ensure needed funds are available in the PC budget
- Agree on responsibilities for conducting and overseeing the needs assessment, including whether a consultant or contractor is needed – and begin the contracting process
- Include a process for community input each year

Needs Assessment Step 2

2. **Design the needs assessment methodology**

- Determine what information is available and what new data must be collected
- Select the methods to be used
- Involve a research expert to ensure sound process
- Develop data collection tools – with input from the consumer committee or caucus
 - Translate tools into additional languages as needed
- Develop a plan for aggregating and analyzing the data
- Decide how to present and use results
- Involve all partners in developing and/or reviewing the process

Needs Assessment Step 3

3. **Gather the information required for the needs assessment**

- Arrange to receive epi data from surveillance staff (state or local) in needed formats
- Obtain and review other existing information – from surveillance, recent needs assessments, the recipient, providers involved in research
- Arrange for recipient help in ensuring subrecipient cooperation for accessing consumers or staff
- Train data collection personnel
- Collect new data
- Provide assistance to individuals with special needs

Needs Assessment Step 4

4. Analyze findings and present results

- Clarify key questions to be answered
- Review how data from each source will be used
- Decide **how** and **by whom** data from each method will be tabulated (if quantitative) and analyzed
- Agree on how data will be **summarized** (Report? PowerPoint presentation?) and **presented** (A PC meeting? A combined data presentation?)
- Identify or develop user-friendly formats for presenting findings

POP QUIZ

What are the four steps of a Needs Assessment ?

Maximizing Consumer Involvement in Needs Assessment

- Train consumers to help gather data
- Ask consumers to help interpret findings
- Encourage consumers serving on the PC and committees to provide needs assessment input
- **Recruit consumers to serve on the committee responsible for needs assessment** – include both PC members and non-members
- **Involve the Positive Committee in tool development**
 - Ask the committee to review questions and response categories, to see if anything is missing or unclear
 - Have committee members pre-test the tools designed for PLWH

Integrated Prevention/Care Needs Assessment Strategies

- **Include prevention providers** in the Resource Inventory and Profile of Provider Capacity and Capability
- **Include questions in PLWH surveys on topics such as:**
 - **Prevention for positives** – prevention service needs, experiences, barriers, and gaps
 - **Stigma** and its impact on testing and linkage to care
 - **Knowledge** about HIV transmission, viral suppression, PrEP, and nPEP
 - **Other topics** that are a priority for state or local Health Department prevention staff

Integrated Prevention/Care Needs Assessment Strategies

- **Ask recently diagnosed individuals** responding to PLWH surveys about:
 - **Level of HIV knowledge** prior to diagnosis
 - **Prior participation in HIV prevention interventions**
 - **HIV education provided** following diagnosis
 - **Testing experiences**
 - **Post-testing and linkage to care experiences**, including counseling and partner contacts
- **Add focus groups** for individuals from target populations who are not HIV-positive

POP QUIZ

What questions do you have?

Sum-Up

- Needs assessment should involve:
 - An ongoing cycle and a multi-year plan
 - Use of several methods and multiple data sources
 - Analysis that goes beyond tabulation of data for all PLWH to include findings and comparisons by subpopulation
- Needs assessment costs can be controlled with good planning and collaboration
- Annual needs assessment activities need to be completed in time for use in PSRA and inclusion in the annual RWHAP Part A application
 - But findings should be presented throughout the year

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Join us on Friday, October 9th at noon!

OFFICE OF HIV PLANNING

TRAINING SERIES: HOW TO BE A
GREAT COMMUNITY PLANNER

Integrated Planning



OPEN HOUSE

October 14th 5:30-6:30PM

November 11th 5:30-6:30PM

More info at hivphilly.org

Planning Council Primer

- <https://targethiv.org/planning-chatt/planning-council-primer>

