Successfully Implementing The Ryan White HIV/AIDS Program (RWHAP) Part A Needs Assessment

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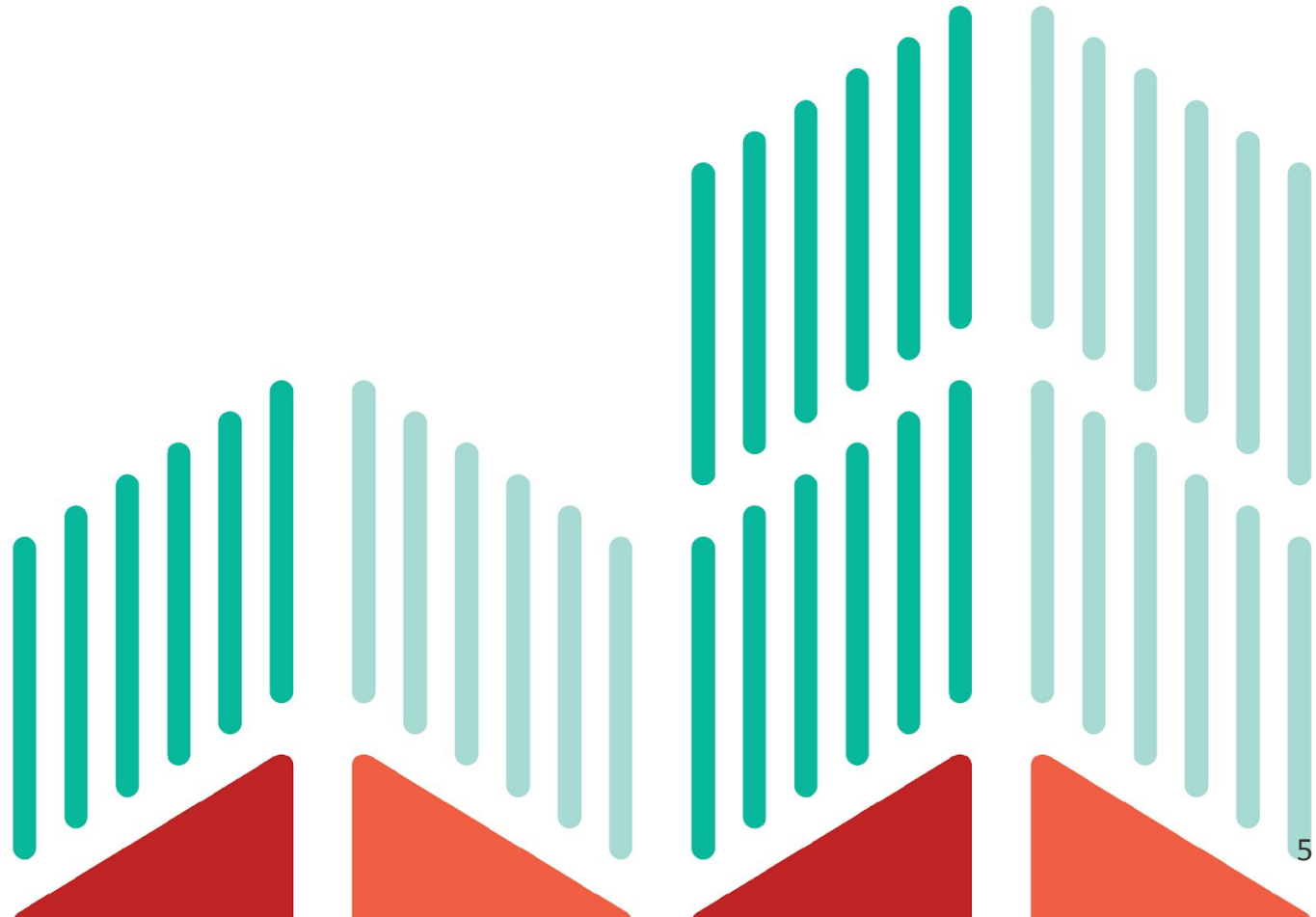Technical Assistance & Training

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Training Objectives

Following the needs assessment implementation training, participants will be able to:

❑ Explain the legislative requirements and HRSA/HAB expectations for the RWHAP Part A needs assessment

❑ Identify the six components of a RWHAP Part A needs assessment

❑ Explain major uses of needs assessment in RWHAP Part A planning

Topics Covered

- Overall national goals and initiatives
- Definition and importance of needs assessment
- Legislative requirements for needs assessment RWHAP Part A
- HRSA/HAB expectations for needs assessment
- Six components of RWHAP Part A needs assessment

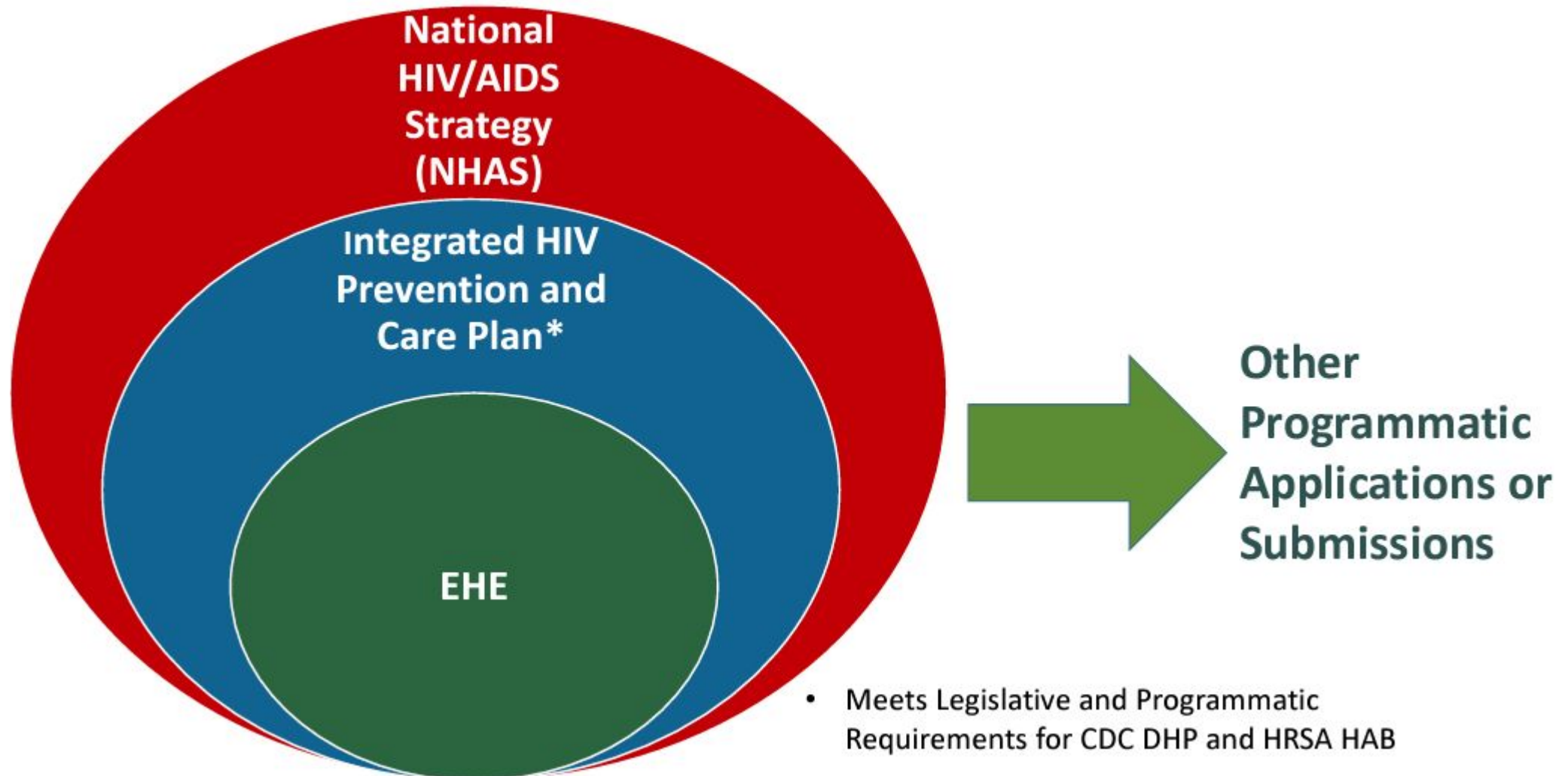# Getting to know you!

(Type your responses in the chat)

How long have you been involved with the Palm Beach County HIV Care Council?

Overview of National HIV Goals and Initiatives

National Initiatives and Plans

National HIV/AIDS Strategy (NHAS)

Integrated HIV Prevention and Care Plan*

EHE

Other Programmatic Applications or Submissions

- Meets Legislative and Programmatic Requirements for CDC DHP and HRSA HAB

Overview of Ryan White HIV/AIDS Program Part A Needs Assessment

What is Needs Assessment?

- Needs assessment is a systematic process of collecting and analyzing information in order to **understand service needs or gaps** between current and desired conditions

- Resulting knowledge is used to **determine what changes are needed to help fill those service gaps and meet identified needs**

- Action requires **setting priorities and deciding how best to use available resources** for positive change

What Is The Part A Needs Assessment?

❑ A process of collecting information about the needs of people with HIV in a Part A jurisdiction
  ▪ This includes individuals 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 led by the planning council/planning body (PC/PB).

Importance of Needs Assessment

Needs assessment helps PC/PB and recipient find out:

- **What medical and support services people with HIV 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 people with HIV** – and what disparities in access and services remain for affected subpopulations and historically underserved communities

Planning Council/Planning Body, Recipient, & CEO Roles & Responsibilities[1]

Task	CEO	Recipient	PC/PB
Establishment of Planning Council/Planning Body*	✔		
Appointment of PC/PB Members*	✔		
Needs Assessment		✔	✔
Integrated/Comprehensive Planning		✔	✔
Priority Setting*			✔
Resource Allocation*			✔
Directives*			✔
Procurement of Services*		✔	
Contract Monitoring*		✔	
Coordination of Services		✔	✔
Evaluation of Services		✔	Optional
Development of Service Standards		✔	✔
Clinical Quality Management		✔	Contributes
Assessment of Efficiency of the Administrative Mechanism*			✔
PC/PB Operations & Support		✔	✔

*Sole responsibility of one entity   1: required for a PC; sound practice for a PB functioning like a PC

Needs Assessment Roles and Responsibilities

❏ PC/PB has primary responsibility and "ownership":

- Responsible for design, direct implementation, or oversight of consultants or volunteers

❏ Recipient provides support, but not leadership:

- Provides data, helps hire consultant if needed, provides staff assistance

❏ Active community involvement is needed:

- Of particular importance is people who currently use RWHAP Part A services and providers

Legislative Requirements and HRSA Expectations

HRSA HAB Expectations for Needs Assessment

❑ Meet all legislative requirements

❑ PC works in partnership with the recipient and community – people who use RWHAP services, other people with HIV, and service providers

- Include providers with funding from RWHAP Part A, other RWHAP Parts, and non-RWHAP sources

❑ Generate data for key planning tasks:

- Priority Setting and Resource Allocation (PSRA), including developing directives
- Developing or updating the HRSA/CDC Integrated Prevention and Care Plan
- Improving services, with particular emphasis on reducing HIV-related health disparities

Legislative Requirements for Needs Assessment by RWHAP Part A Planning Councils

"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 by RWHAP Part A Planning Councils

*"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 People with HIV to Provide Input Into the Needs Assessment

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)

Differences Between RWHAP Part A and Part B Needs Assessments

RWHAP Part A

Planning Council takes primary responsibility for the needs assessment, which is a partnership activity of the Planning Council, recipient, and community.

The Planning Council **is expected to**:
- Directly or through a consultant, design, plan, and conduct a needs assessment
- Oversee the needs assessment and development of the resource inventory to utilize during priority setting, allocation, and reallocation processes

RWHAP Part B

RWHAP Part B planning bodies advise and support the recipient in developing and implementing a needs assessment.

Planning body **may**:
- Provide insight and input into planning and design of data collection tools
- Help arrange town halls or community forums
- Review draft results and provide feedback
- Help share results of the needs assessment with other programs serving similar populations
- Encourage cross-Part collaboration in needs assessment

Six Components of Needs Assessment

Components of Needs Assessment

1. Epidemiologic profile
2. Estimates of:
   a. Unmet need
   b. People with HIV who are unaware of their status
3. Assessment of service needs and barriers
4. Resource inventory
5. Profile of provider capacity and capability
6. Use of all needs assessment data to assess service needs and gaps

1. Epidemiologic profile

❑ **Important overview of the epidemic in your EMA/TGA**

❑ **Usually prepared by state or local surveillance staff**

- PC/PB should work with surveillance staff on data formats and any special information needs
- Updated every year

❑ 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

1. Epidemiologic profile

❑ **Often includes:**

- **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/PB to develop or refine services to ensure appropriate care for emerging groups

- For an integrated prevention and care PC/PB, 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

2. Estimates of Unmet need, PLWH who are unaware of their status

❑ Estimate of the number of people living with HIV in the jurisdiction who know their status but are not receiving HIV-related medical care, including PLWH who:

- Were not linked to care following diagnosis (delayed entry into care)
- Were in care but dropped out

❑ Characteristics of PLWH who are not in care

2a. 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

Responsibility for Estimating Unmet Need

- Surveillance staff typically provide the estimate of unmet need and often characteristics of people with unmet need that are included in the surveillance database

- PC/PB is responsible assessing service gaps and barriers for PLWH both in and out of care

2b. Estimate and Characteristics of PLWH who are Unaware of their Status

❏ The approximate number or percent of people in the EMA or TGA 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

Estimating the Number & Characteristics of PLWH Unaware of their Status

- CDC provides an estimate of the percent of all PLWH believed to be unaware of their status

- Some states and localities do their own analysis based on surveillance data

- Estimating the characteristics of people who do not know their status is, of course, challenging, but strategies exist to provide estimates – primarily through use of surveillance data

3. Assessment of Service needs and 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/PB, often with recipient help

❑ Usually includes:

- Some form of general PLWH survey

- A special study of PLWH currently or recently out of care

❑ Also may include smaller assessments that reach PLWH through methods such as:

- Focus groups with specific PLWH subpopulations

- Telephone interviews

- Key informant interviews

- Town hall meetings

Assessment of Service Needs & Barriers

❑ May involve special studies of particular PLWH subpopulations, geographic areas, and/or service categories. For example:

- Transition from adolescent to adult care for young PLWH

- Access to transportation inside and outside the central city and how it affects access to care

- Wait times for obtaining mental health services

❑ Often includes service provider perspectives on PLWH needs, obtained through:

- Surveys

- Focus groups

- Key informant interviews

4. Resource inventory

❑ A regularly updated, comprehensive listing and description of HIV-related services available to PLWH in the EMA or TGA, regardless of funding source:

- Providers of both core medical services & support services

- RWHAP Part A subrecipients, providers funded under other RWHAP Parts, and non-RWHAP providers

❑ Should provide at least the following information:

- Types of services provided

- Locations and hours

- Number of clients served

- Funding sources

- Sometimes includes additional data like languages spoken, key target populations

Resource inventory

❑ Should identify the full range of medical and support services available to PLWH

❑ Usually developed under PC/PB supervision

❑ Used in integrated/comprehensive plan development and for PSRA decision making

❑ Frequently becomes – or is based on – a Resource Guide for service providers and clients

- Sometimes printed

- Often available online, ideally in a searchable format

❑ Should be updated annually for PC/PB use, and more frequently for online listings

5. Profile of Provider Capacity & Capability

- ❑ Provides information on service capacity and staff capability of service providers in an EMA or TGA to meet the needs of PLWH
- ❑ Includes the extent to which services are available, accessible, and appropriate to PLWH overall and to specific subpopulations
- ❑ Includes providers funded through RWHAP Part A, other Parts, public insurance, or other sources
- ❑ Emphasis on providers serving RWHAP Part A-eligible PLWH – e.g., people with limited incomes who depend on RWHAP for some or all their HIV-related care

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

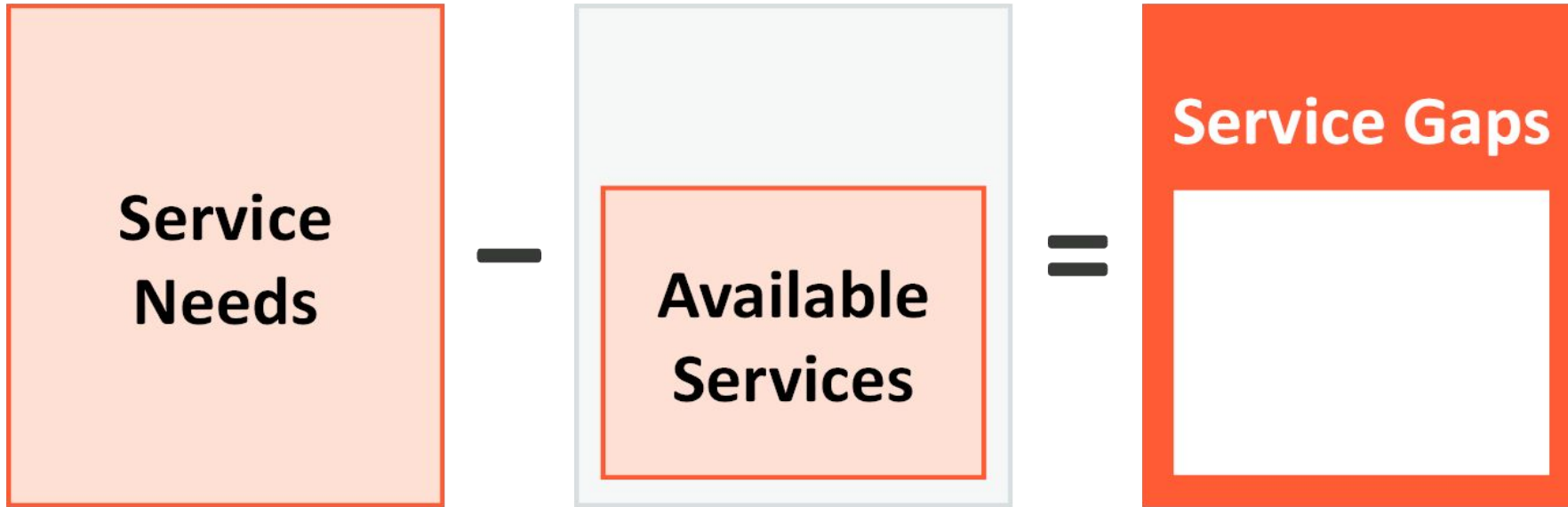# Developing the Profile of Provider Capacity and Capability

PC/PB gathers data from service providers, usually through provider surveys or interviews, then:

- Aggregates data by service category
- Reviews and analyzes data by location within the EMA or TGA
- Identifies overall service gaps (limited availability)
- Analyzes accessibility by service category and geographic location

- Analyzes appropriateness for specific populations, with focus on PLWH groups with low rates of linkage to care, retention in care, and viral suppression
- Geographic disparities - differences in access to needed services based on where an individual lives

6. 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

Service Needs	−	Available Services	=	Service Gaps

Epidemiology, Unmet Need, Unaware people with HIV data, plus Assessment of Service Needs & Barriers

Resource Inventory and Profile of Provider Capacity & Capability

Gaps determine needed RWHAP Part A allocations

Putting the Pieces Together

Knowing who needs the services and how to reach them

+

Knowing who, where, what and to whom services are currently provided

=

Making data-driven decisions about which services are most needed and for whom

Questions & Answers

Resources

- ❏ [Ryan White HIV/AIDS Program Part A Planning Council Primer](#)

- ❏ [Module 4. Needs Assessment | Training Guide: A Member's First Planning Cycle](#)

- ❏ [Conducting RWHAP Part A Planning Council/Planning Body Needs Assessments Webinar](#)

- ❏ [Town Hall Meetings: A RWHAP Needs Assessment Tool](#)

- ❏ [Focus Groups with People with HIV as a Component of RWHAP Part A Needs Assessment (Sample Tools)](#)

- ❏ [HIV Prevention, Care and Treatment Resource Inventory Compiler](#)

- ❏ [Making the Case with Data: Epidemiologic Snapshots, Resource Inventories, and Needs Assessments Webinar](#)

Part 2

Using Data for Needs Assessment Implementation

June 21, 2023
12pm-2pm