Using Online Evidence Based Needs Assessments To Plan, To Fund and To Actuate Care and Prevention Services

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Slides will be available at: AGM.e-compas.com

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Disclosures

Tim Sullivan has no financial interest or relationship to disclose.

Michael McNeill has no financial interest or relationship to disclose.

Jesse Thomas, Employee, RDE Systems, LLC.

Claire Husted, Self-employed consultant.

Professional Education Services Group staff have no financial interest or relationships to disclose.

Learning Objectives

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

1. see 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 both how to adopt and to 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. understand the challenges and benefits of an innovative program for web-based data collection and build upon lessons learned by modifying tools used by other programs.

Obtaining CME / CE Credit

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

http://www.pesgce.com/RyanWhite2012

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 Achieve the NHAS?

- Through our programs and services:
  - Outreach to find HIV positive individuals who are "unaware" of their HIV status and persons who are HIV positive "aware but not in care"
  - HIV counseling and testing
  - Linkage to care programs (e.g., ARTAS)
  - HIV care services (e.g., medical, mental health, substance abuse, transportation, etc.)
  - Treatment adherence and retention programs

How Do We Know What Services to Provide?

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

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.

Health Planning:
A Tale of Two Era's

Paper

In the era of paper… the data that measured challenges. The paper burden ... green ... society that laws were created to govern and guide expectations and use.

A Tale of Two Eras

Web

In the era of technology… there was a revolution ... tronics. The digital divide per ... Greater efficiencies and cost ... we ... d, and a new day of real-time reporting was born.

Chapter 1: Planning Council Requests for Data and Information

Chapter 1: Real-Time Web-Based Access

Chapter 2: Paper-Based Client Satisfaction

Chapter 2: Web-Based Client Satisfaction

Chapter 3: Paper-Based Needs Assessment

Chapter 3: Web-Based Needs Assessment

CITY OF PATERSON   Dept. of Human Services   Mayor José "Joey" Torres   Powered by ...   ... LLC All rights reserved
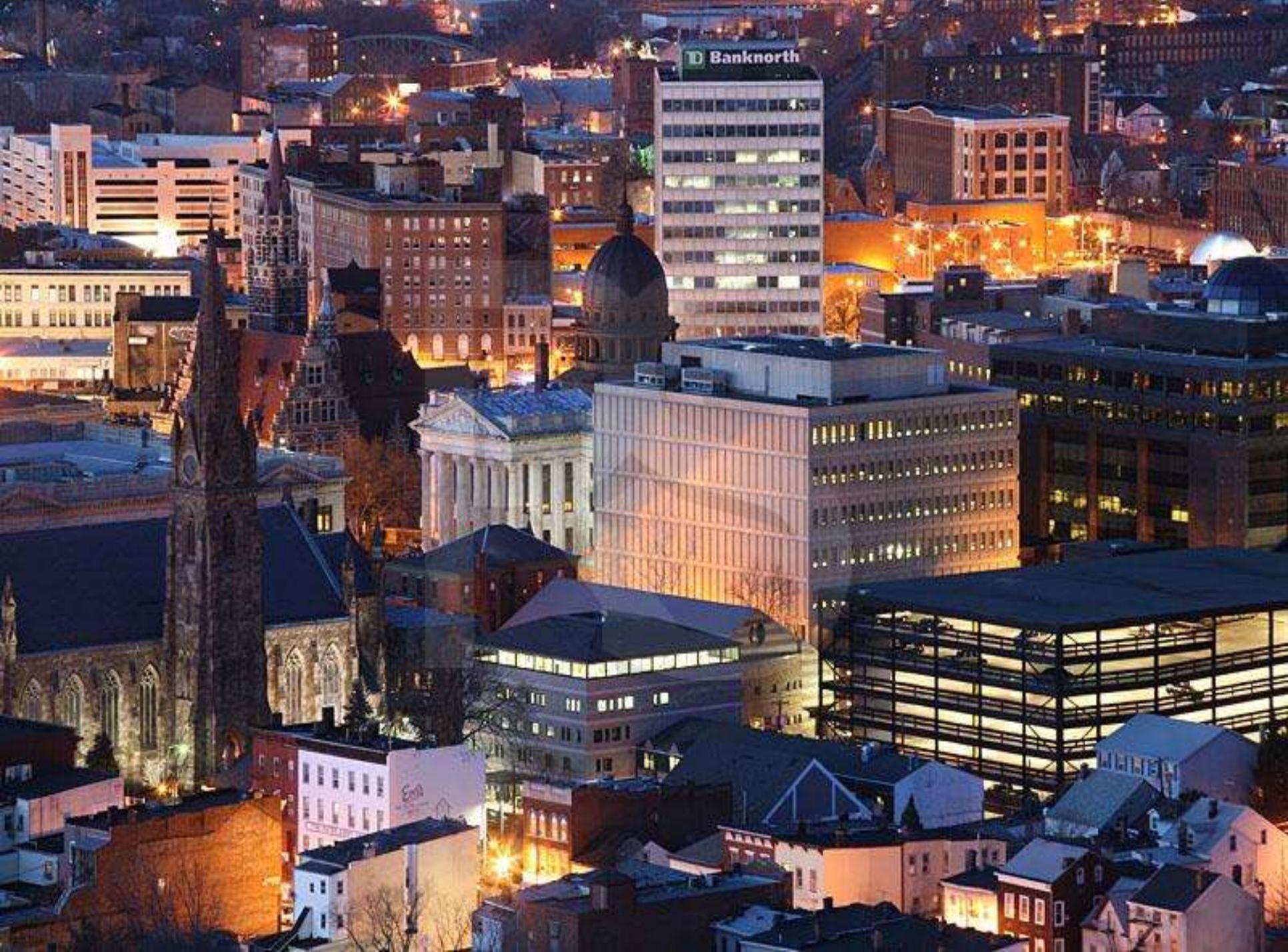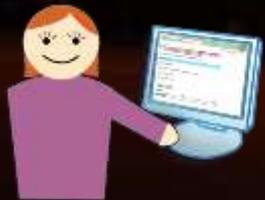
Pioneering Web-Based Tools for Consumers, Providers, and Grantees

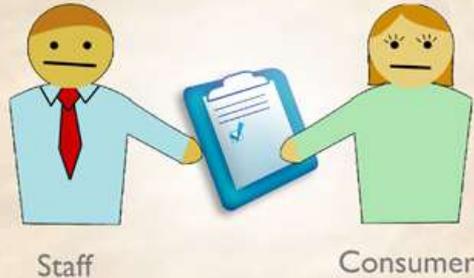## 10-year Journey from Bergen-Passaic TGA, NJ…

Hennepin County / Minnesota's Comprehensive Needs Assessment Web-Audio Surveys
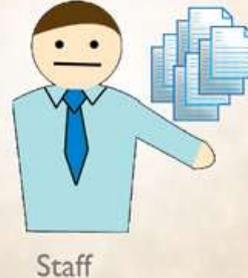
Traditional Needs Assessment Process

1 Survey administered to consumer.

Staff   Consumer

2 Surveys collated.

Staff

3 Surveys manually entered and validated.

Staff

6 Reports distributed and presented. Data is out of date.

Grantee

Planning Council

Providers

5 Thick, static paper report printed.

Researcher

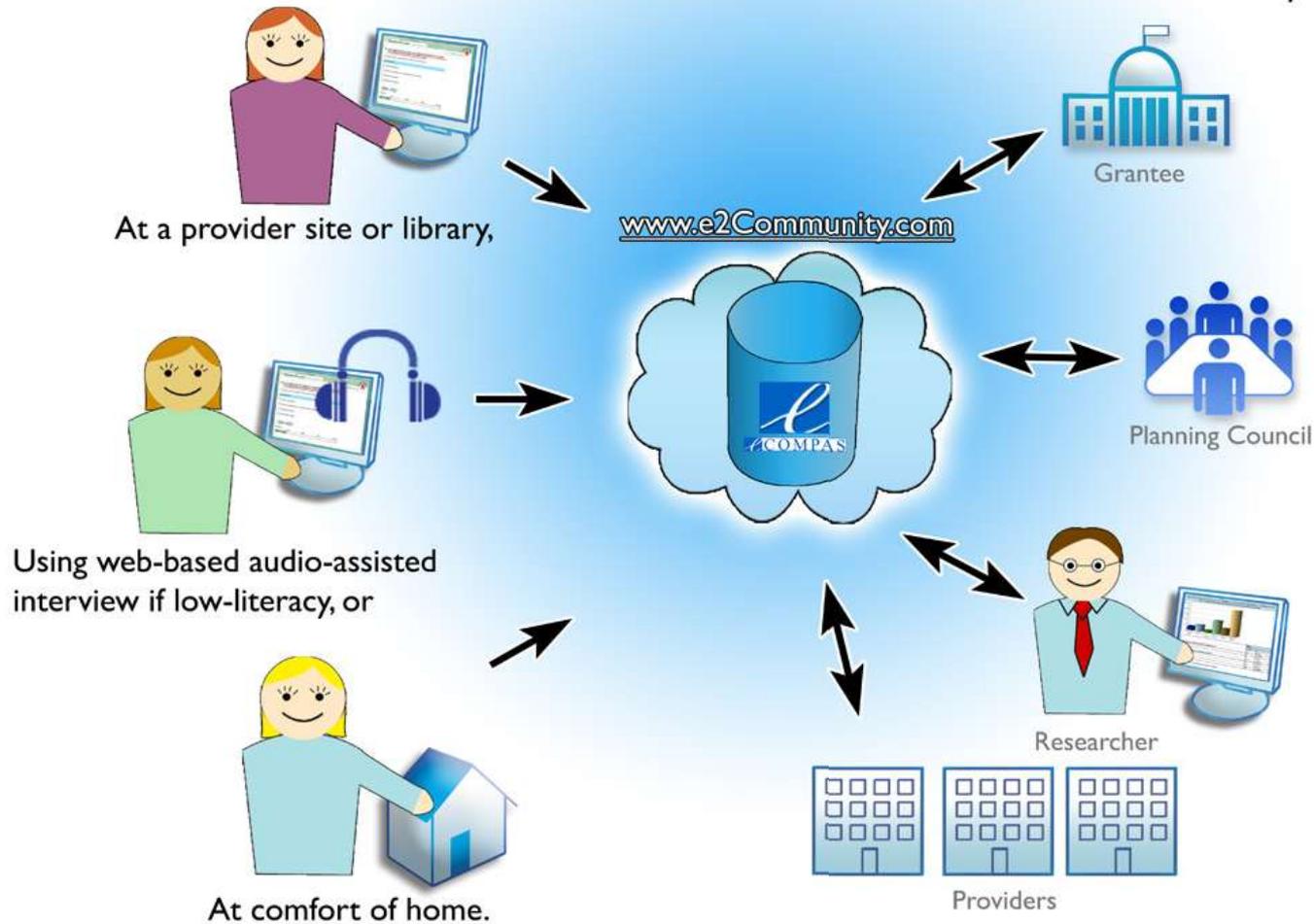**4** Data coded and analyzed.

Researcher
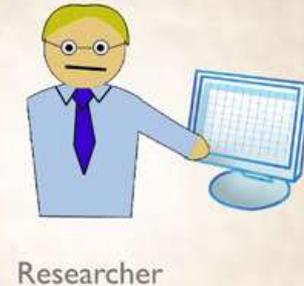
Problem Statement

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

Vision

1. Have a fully Web-Based system that was multi-lingual and audio-assisted self interview (ACASI) with no software to install or manage.

2. Save paper and the time spent managing it

3. Allow consumers to self-interview at comfort of home or provider site

4. Utilize netbooks for efficient outreach efforts in collecting completed surveys

5. Realize cost-savings

Vision

6. Have real-time access to data

7. Use real-time access to monitor gaps in data collection so we can target outreach efforts to ensure a representative sample

8. Allow consumers redeem incentives through an incentive code automatically generated at survey completion

9. Allow incentives to be distributed in person, or mailed to consumer.

10. Utilize Visual Analytics to make data more actionable in real-time for better planning, decision making, and grant applications.

Vision Accomplished?

Yes!

With some unanticipated benefits too…

How did we do it?

1. Attended the 2008 HRSA AGM Meeting and saw a presentation on "Innovative Planning Bodies Technology" presented by the Bergen-Passaic TGA, City of Paterson

2. Collaborated with the Bergen-Passaic TGA on revised needs assessment instrument.

3. Contracted with RDE Systems, LLC makers of eCOMPAS and the e2 Community Platform

4. Utilized the e2 Comprehensive Needs Assessment Module that Paterson New Jersey pioneered and presented

5. RDE adapted software to Minnesota's unique needs and vision.

How did we do it?

6. RDE walked the Minnesota team through the process.

7. RDE produced a pilot site for us to pilot with a focus group of consumers, the planning council, and staff.

8. Revisions were made to the system.

9. With minimal training, our staff completed Spanish translations and voice-overs with no special equipment using the systems web-based admin module.

10. System was launched smoothly

Social Marketing

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

The Old Way

	A During the past 12 months, did you *get*: 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.*				B If YES, how easy was it for you to get this service? 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*				C If NO, during the past 12 months, did you *need*? Yes = 1 *(Go to D)* No = 2 Refused = 3 Don't know = 4 *If 2, 3, or 4 STOP.* *Go to next category*				D If YES, what is the main reason you were not able to get this service? 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.													

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.

Demo

Reporting – Progress at a Glance

Progress At-A-Glance

Survey Overview

Start Date:	03/15/2010	
Today:	05/27/2010	
Number of days since start:	73	days
Number of weeks since start:	10	weeks

Survey Completion

Completed Surveys:	308	surveys
Incomplete Surveys (completed past question 5):	75	surveys
Total Surveys:	383	surveys
Completion Ratio:	80.4%	surveys

Survey Collection Goal

Completed Surveys Goal:	500	surveys
Remaining Surveys to Complete for Goal:	192	surveys
Percent Goal Attainment:	61.6%	

Survey Completion Projection

Number of Completed Surveys per week:	30.8	surveys
Estimated weeks remaining to reach goal at current rate:	6.2	weeks
Total estimated weeks from beginning to reach goal:	16.2	weeks

Completion Time Statistics

Median time to complete survey:	46.5	minutes
Median time to receive incentive:	1.0	days

Visual Analytics

1. What is your current diagnosis? (Please select the most appropriate answer)
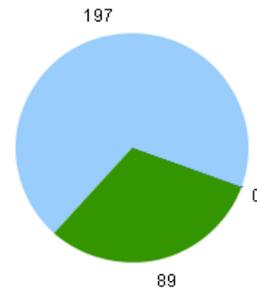
Answer	Count	Percentage
1. HIV negative	0	0.00%
2. HIV but not AIDS	197	68.88%
3. AIDS	89	31.12%
Total:		286

3. What is your gender?
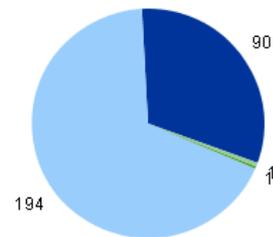
Answer	Count	Percentage
1. Female	90	31.47%
2. Male	194	67.83%
3. Transgender Female	1	0.35%
4. Transgender Male	1	0.35%
Total:		286

6. What do you consider your racial or ethnic background? (choose one)
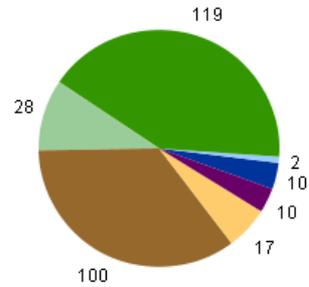
Answer	Count	Percentage
1. American Indian/Native American/Native Alaskan	10	3.50%
2. Asian/Pacific Islander	2	0.70%
3. Black/African American	119	41.61%
4. Black/African Born	28	9.79%
5. White/Caucasian	100	34.97%
6. Biracial or multiracial	17	5.94%
7. Other	10	3.50%
Total:		286

7. Were you born in the United States?
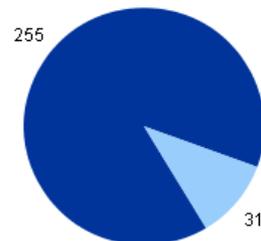
Answer	Count	Percentage
1. Yes	255	89.16%
2. No	31	10.84%
Total:		286

10. Do you feel comfortable speaking English when seeking assistance or services?
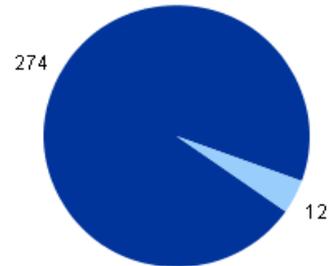
Answer	Count	Percentage
1. Yes	274	95.80%
2. No	12	4.20%
Total:		286

12. In the past year, have you been released from incarceration?

Answer	Count	Percentage
1. Yes	23	8.04%
2. No	263	91.96%
Total:		286

3. Break down by:

Do you believe that you have ever been at risk for gettir ▼

4. Select section:

SECTION C GENERAL LIVING ▼

5. Custom filters:

Question:

11 o. Do you believe that you have ever been at risk for gettir ▼

Answer:

Yes ▼

Question:

18 o. In the last 6 months, did you share needles?... ▼

Answer:

Yes ▼

Question:

21 o. Have you ever been tested for HIV?... ▼

Answer:

Yes ▼

Add New Filter   Clear Filters

Run Report

3. Break down by:

What is your gender? (Check one) ▾

4. Select section:

SECTION C GENERAL LIVING ▾

5. Custom filters:

[Add New Filter]   [Clear Filters]

Run Report

34. What is your current diagnosis? (Check one)
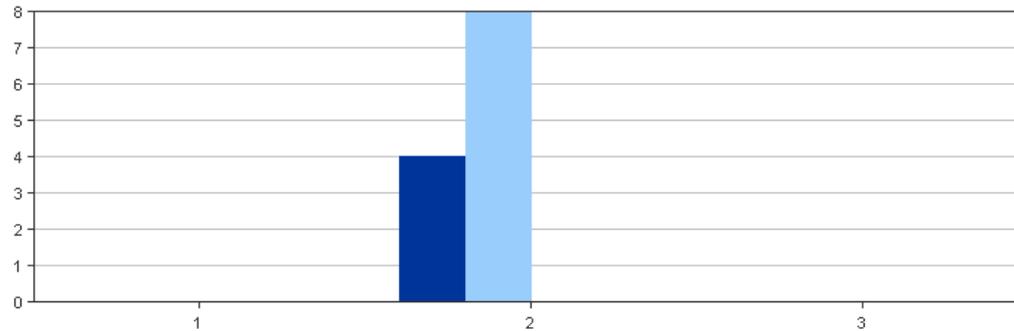
Answer	Count	Percentage
Male		
1. HIV negative	0	0.00%
2. HIV-positive or AIDS	4	100.00%
3. I don't know	0	0.00%
Total:	4	100.00%
Female		
1. HIV negative	0	0.00%
2. HIV-positive or AIDS	8	100.00%
3. I don't know	0	0.00%
Total:	8	100.00%

Excel Data Extract

Survey ID	1 What is your current diagnosis?	2 When were you born?	3 What is your gender?	4 Which of the following best describes how you identify?	5 Are you Hispanic/Latino(a)?
921	AIDS	08/06/1978	Female	Heterosexual/Straight	No
922	AIDS	10/31/1964	Male	Bisexual	No
923	AIDS	10/31/1964	Male	Bisexual	No
924	AIDS	05/29/1948	Male	Homosexual Male/Gay	No
925	AIDS	06/18/1963	Male	Heterosexual/Straight	No
926	AIDS	01/13/1969	Male	Heterosexual/Straight	No
927	AIDS	08/04/1965	Male	Homosexual Male/Gay	No
928	HIV but not AIDS	07/19/1991	Female	Heterosexual/Straight	No
929	HIV but not AIDS	10/27/1975	Female	Heterosexual/Straight	No
930	AIDS	10/20/1953	Female	Heterosexual/Straight	No

Survey ID	Start Date	Start Time	Language	Staff Administered	End Time	Incentive Code	Date Distributed	Time Distributed	Staff Distributed	Last Question	Time Answered	Minutes takes to get to last question answered
921	04/24/2010	03:39:00 PM	English	publicUser	04:09:00 PM	6625-281-650				84	04:09:14 PM	30
922	04/25/2010	10:43:00 AM	English	publicUser						76.8	10:56:31 AM	13
923	04/25/2010	03:25:00 PM	English	publicUser	03:49:00 PM	9512-696-543	04/30/2010	09:55:00 AM	wJohnsonIncenti	84	03:49:31 PM	24
924	04/26/2010	02:58:00 PM	English	publicUser	03:58:00 PM	1233-016-455	04/26/2010	04:04:00 PM	mHargrave	84	03:58:15 PM	60
925	04/26/2010	03:02:00 PM	English	publicUser	03:54:00 PM	5810-904-233	04/26/2010	04:05:00 PM	mHargrave	84	03:54:31 PM	52
926	04/26/2010	03:04:00 PM	English	publicUser	04:02:00 PM	8215-524-200	04/26/2010	04:08:00 PM	mHargrave	84	04:02:07 PM	58
927	04/26/2010	03:04:00 PM	English	publicUser	03:36:00 PM	3797-365-684	04/26/2010	03:40:00 PM	mHargrave	84	03:36:06 PM	32
928	04/26/2010	03:05:00 PM	English	publicUser	03:55:00 PM	6202-329-440	04/26/2010	04:20:00 PM	mHargrave	84	03:55:36 PM	50
929	04/26/2010	03:05:00 PM	English	publicUser	03:55:00 PM	4282-669-090	04/26/2010	04:10:00 PM	mHargrave	84	03:55:31 PM	50
930	04/26/2010	03:05:00 PM	English	publicUser	04:20:00 PM	5764-403-319	04/26/2010	04:23:00 PM	mHargrave	84	04:20:17 PM	75
931	04/26/2010	03:05:00 PM	English	publicUser								0
932	04/26/2010	03:05:00 PM	English	publicUser	04:00:00 PM	7821-281-988	04/26/2010	04:12:00 PM	mHargrave	84	04:00:03 PM	55
933	04/26/2010	03:05:00 PM	English	publicUser								0
934	04/26/2010	03:06:00 PM	English	publicUser						Test Question	03:12:31 PM	6
935	04/26/2010	03:06:00 PM	English	publicUser						83.9	03:44:50 PM	38
936	04/26/2010	03:06:00 PM	English	publicUser	03:58:00 PM	4589-130-193	04/26/2010	04:06:00 PM	mHargrave	84	03:58:52 PM	52
937	04/26/2010	03:06:00 PM	English	publicUser	04:03:00 PM	2091-101-549	04/26/2010	04:09:00 PM	mHargrave	84	04:03:00 PM	57
938	04/26/2010	03:08:00 PM	English	publicUser	03:59:00 PM	2239-650-633	04/26/2010	04:07:00 PM	mHargrave	84	03:59:51 PM	51
939	04/26/2010	03:17:00 PM	English	publicUser	04:03:00 PM	7166-791-474	04/26/2010	04:12:00 PM	mHargrave	84	04:03:56 PM	46
940	04/26/2010	03:48:00 PM	English	publicUser	04:19:00 PM	1746-542-525	04/26/2010	04:20:00 PM	mHargrave	84	04:19:36 PM	31
941	04/26/2010	06:09:00 PM	English	publicUser	06:37:00 PM	2464-848-089	04/30/2010	09:57:00 AM	wJohnsonIncenti	84	06:37:22 PM	28
942	04/27/2010	09:36:00 AM	English	publicUser	10:13:00 AM	2684-689-960	04/27/2010	03:56:00 PM	mOain	84	10:13:09 AM	37
543	04/27/2010	10:45:00 AM	English	publicUser	11:23:00 AM	6797-871-747	05/03/2010	01:39:00 PM	wJohnsonIncenti	84	11:23:19 AM	38
944	04/27/2010	10:49:00 AM	English	publicUser	11:53:00 AM	8061-981-565	05/03/2010	01:36:00 PM	wJohnsonIncenti	84	11:53:12 AM	64
945	04/27/2010	07:37:00 PM	English	publicUser	09:03:00 PM	8423-938-822	04/30/2010	10:01:00 AM	wJohnsonIncenti	84	09:03:01 PM	86
946	04/28/2010	09:59:00 AM	English	publicUser						1	10:01:01 AM	2
947	04/28/2010	10:07:00 AM	English	publicUser	10:55:00 AM	2341-706-421	05/12/2010	09:49:00 AM	wJohnsonIncenti	84	10:55:20 AM	48
948	04/28/2010	11:12:00 AM	Spanish	publicUser	11:23:00 AM	4794-171-979	05/03/2010	02:22:00 PM	wJohnsonIncenti	84	11:23:20 AM	11
949	04/28/2010	11:40:00 AM	English	publicUser						Test Question	11:43:17 AM	3
950	04/28/2010	11:46:00 AM	English	publicUser						Test Question	11:48:32 AM	2
951	04/29/2010	11:27:00 AM	English	publicUser								0
952	04/29/2010	11:28:00 AM	English	publicUser						Test Question	11:30:40 AM	2
953	04/29/2010	12:50:00 PM	English	publicUser	01:13:00 PM	1679-865-233	05/17/2010	02:12:00 PM	wJohnsonIncenti	84	01:13:03 PM	23
954	04/29/2010	01:57:00 PM	English	publicUser						78	03:27:16 PM	90
955	04/29/2010	03:55:00 PM	English	publicUser	04:55:00 PM	9244-394-097				84	04:55:32 PM	60

Results

MHSPC Success Stories
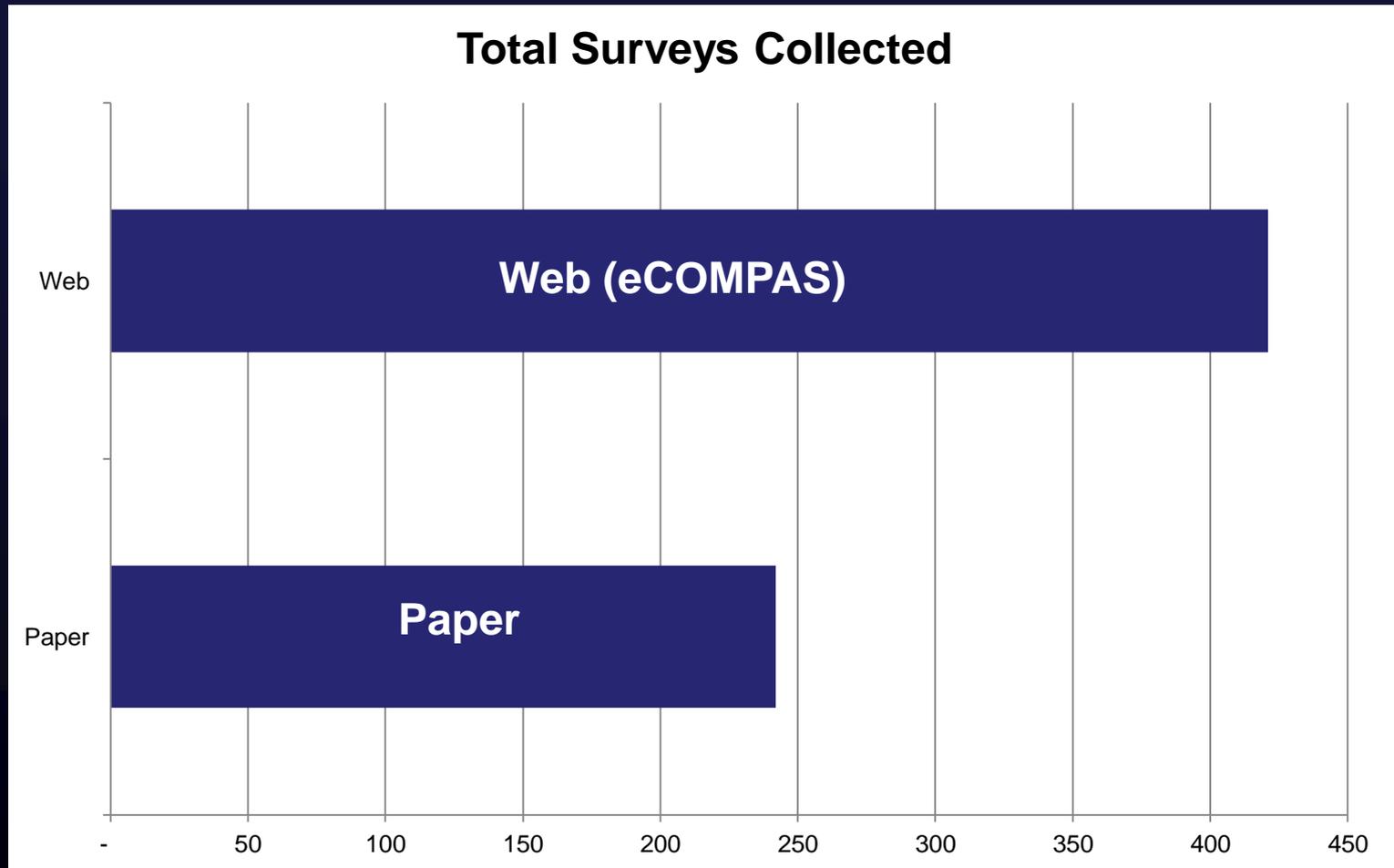
Total Surveys Collected

Number of surveys completed
- 2003 (paper) = 242 (8 months)
- 2010 (web-based) = 421 to date (5 months with a goal of 500 surveys)

MHSPC Success Stories
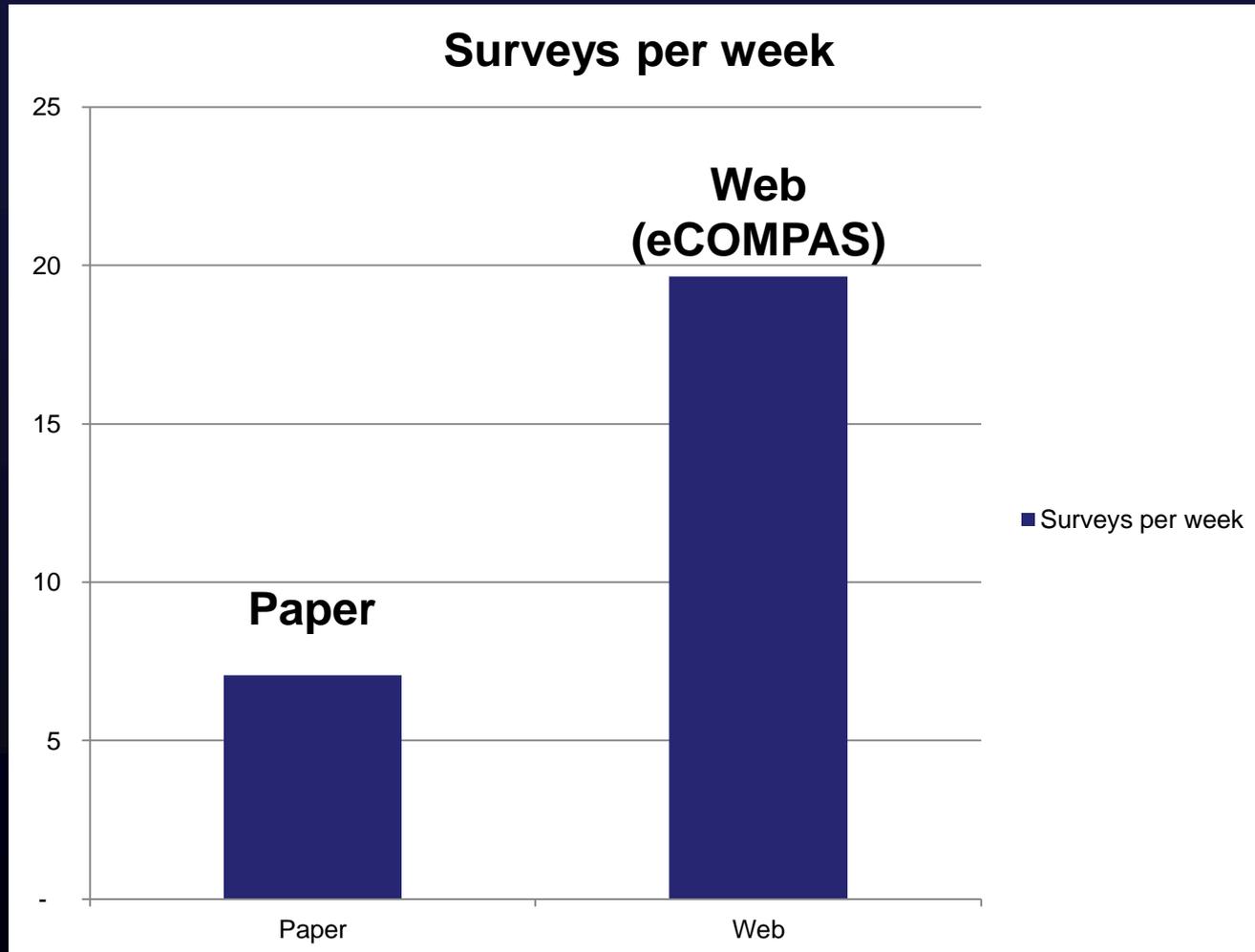

Surveys per week
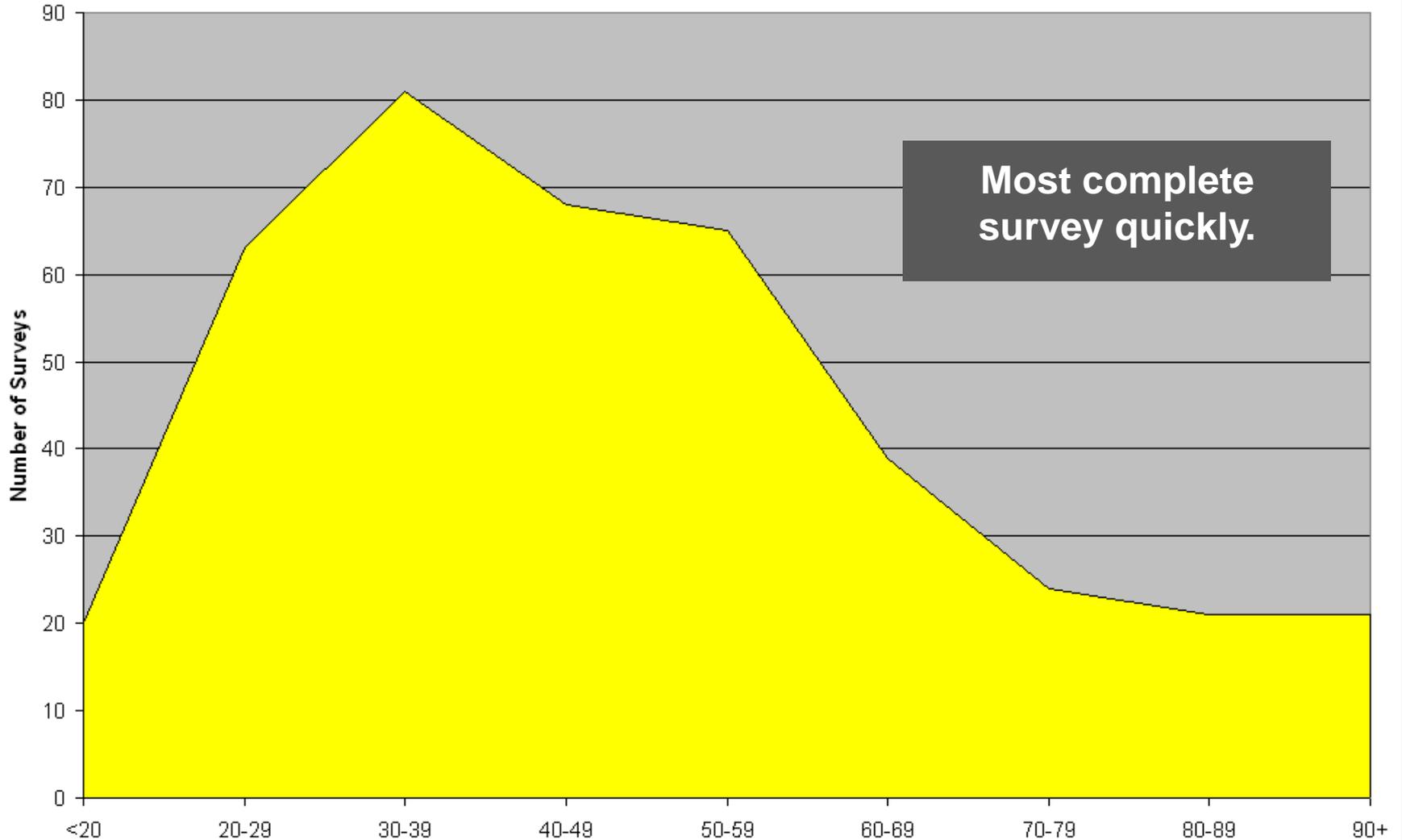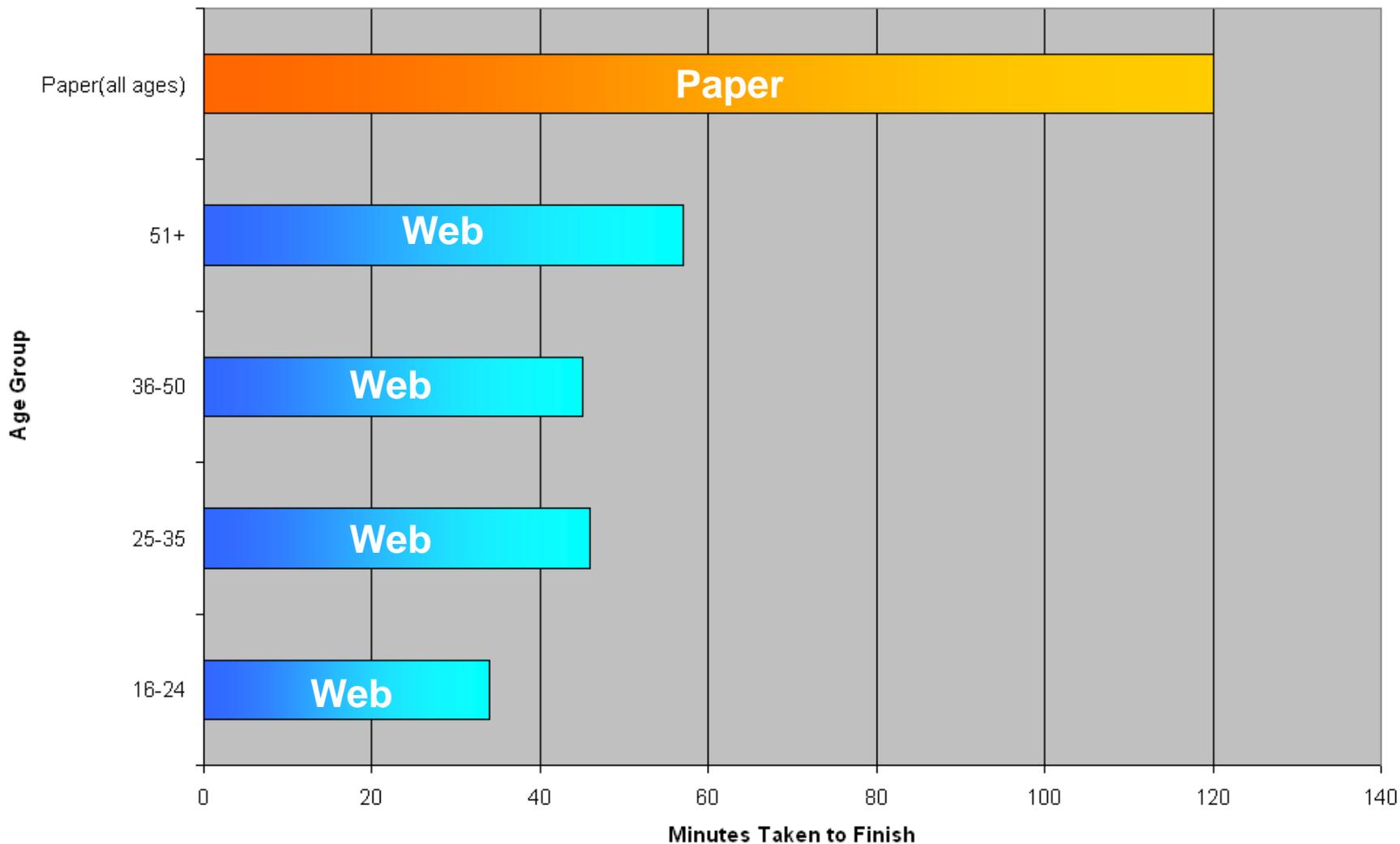
Paper

Web (eCOMPAS)

■ Surveys per week

Number of surveys completed
- 2003 (paper) = 242 (8 months)
- 2010 (web-based) = 421 to date (5 months with a goal of 500 surveys)
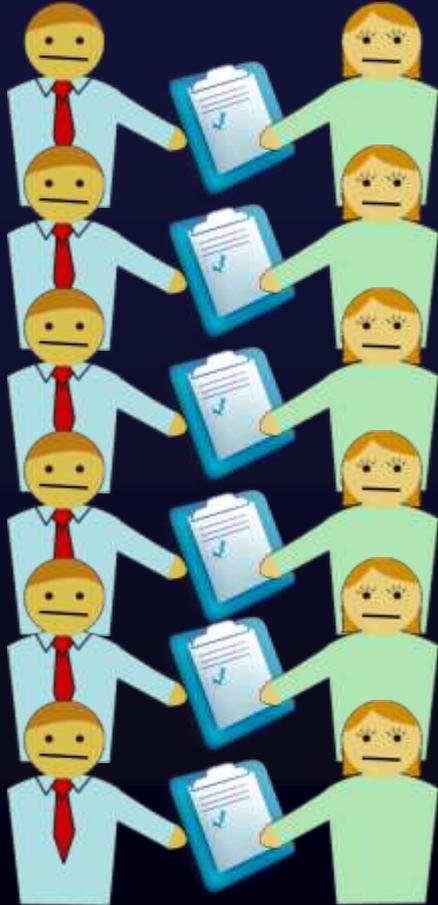
Survey Completion Time Distribution

Minutes Taken to Complete Survey

Most complete survey quickly.

Compared to 2003, big difference!

Survey Completion Time by Age Group

Innovative Use of Inexpensive Netbooks

Before Netbooks and eCOMPAS

2003: Survey required
6 interviewers to conduct
face-to-face interviews

After Netbooks and eCOMPAS

2010: Majority of respondents (69%) did so from a private/public computer.

The remaining 21% participated in a session led by one of six volunteer consumer ambassadors

Unanticipated Benefit:

Needed to do translation only once on the web.

Instead of needing a translator for each consumer who needed it.

MHSPC Cost Savings Analysis

Cost Per Survey

Significant Cost Savings Using Web (eCOMPAS)
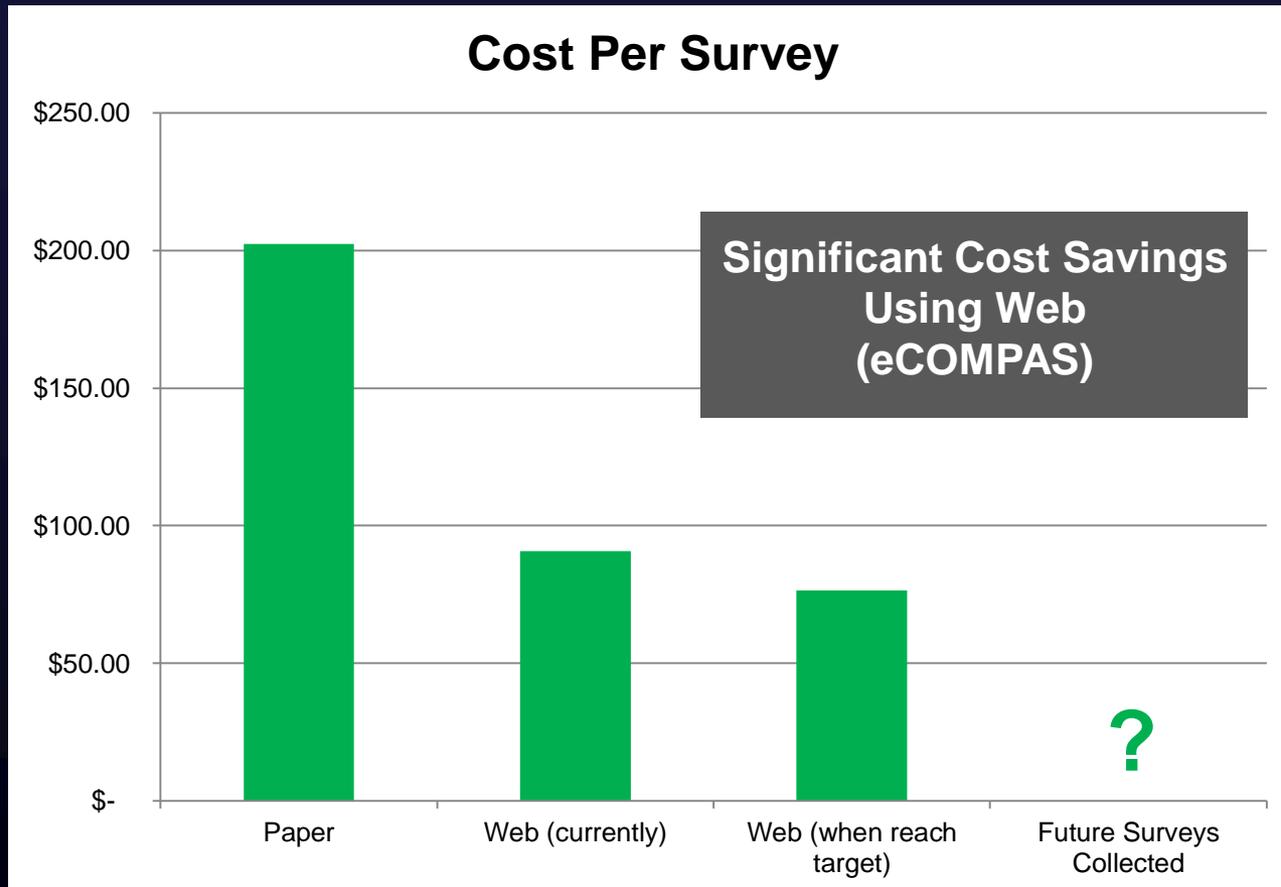
Cost:

- 2003 (paper) = $48,980 ($202.40 per completed survey)
- 2010 (web)   = $38,162 ($90.65 per completed survey **and dropping**)

Lessons Learned

1. Networking and collaborating with colleagues is a rewarding experience.

2. User friendly systems make the world of difference and the e2 Web Survey system is very easy to use.

3. It's important to work with a technology partner who can work well with others and who are "user friendly" and not too techie for us.

4. Target your outreach to hard to reach populations early on to increase success.

5. [   ]   Think outside the box!

Riverside-San Bernardino, California Transitional Grant Area (TGA)

Purpose of TGA's Needs Assessment

- Understand the needs of persons living with HIV (PLWH) in order to plan service delivery
- Identify:
  - Service needs
  - Barriers to Care
  - Gaps in Care
- Use data to set priorities, allocate resources, and support other funding efforts
- Understand the needs of persons who are unaware of their HIV status

The TGA's 2011 Process

- Hired consultant who had done the 2008 needs assessment (January 2011)

- Utilized 2008 needs assessment survey as starting point for revisions

- Met with health department staff to discuss "prevention questions" to be added

- RDE Systems input survey questions into eCompas

- Pilot of survey and revisions

- Go live (March 15, 2011)

The TGA's 2011 Process, continued

- A graphic designer created a marketing flier and business card for broad distribution with community input focusing on being attractive especially to Latinos and African Americans

- TGA had a press release announcing the survey in local newspapers

- Worked with traditional CBOs to get the word out

- Survey closed May 15, 2011

- Preliminary data analysis showed an underrepresentation of non-Hispanic African Americans/Blacks and we re-opened the survey for 1 week in June to address this.

Business Card

MAKE A DIFFERENCE

Take part in a Special Health Awareness survey.

If you are 18 years or older, please visit:

myhealth.inlandempire-ca.com

For more Survey information call 760-673-8052.

Business Card: Spanish Version

HAZ LA DIFERENCIA

Tomar parte en una encuesta Especial del Conocimiento de la Salud.

Si es mayor de 18 años, por favor visite:
misalud.inlandempire-ca.com

Para más información sobre la encuesta llame al 760-673-8052.

The "Nitty Gritty"

- Daily tracked the demographic characteristics and regional location of respondents

- Provided on site access to survey via WiFi hotspot and two laptop computers for respondents

- Traveled extensively throughout the two counties providing on-site access for persons without a computer

- Increased promotion efforts and targeted specific geographic regions as well as populations based on review of real time demographics

Unique Characteristics

- First time the TGA included prevention questions targeting a non-HIV positive population

- Anyone responding to the survey was able to call a dedicated number provided at the end of the survey to enroll in a drawing for the 2 laptop computers

- PLWH received a different dedicated number to call to receive a $10 gift voucher

- Walgreens' community program printed (with their logo) and distributed fliers in select locations

Unique Survey Questions

- Three questions used to identify "unmet need" as defined by HRSA (i.e., HIV positive persons who are aware of their HIV status but not in care.

- HIV positive persons identified location of residence at time of HIV diagnosis and AIDS diagnosis to identify the migration patterns of people.

- Embedded validated instruments to assess for mental health (PIC/RAND Depression Screener) and substance use (RAPS4-QF) problems.

- Included stigma scale developed by UCLA Center for HIV Identification, Prevention, and Treatment Services (CHIPTS).

- HIV positive persons identified co-morbid health conditions (e.g., diabetes, high blood pressure, STDs, etc.).

- Questions asked HIV positive individuals about what led them to being tested in the first place and if they had ever had an HIV test prior to testing positive

RAPS4-QF

- During the last year have you had a feeling of guilt or remorse after drinking? (**R**emorse)

- During the last year has a friend or a family member ever told you about things you said or did while you were drinking that you could not remember? (**A**mnesia)

- During the last year have you failed to do what was normally expected from you because of drinking? (**P**erform)

- Do you sometime take a drink when you first get up in the morning? (**S**tarter) **OR**

- During the last year do you drink as often as once a month? (**F**requency) **AND**

- During the last year have you had 5 or more drinks on at least one occasion (**Q**uantity)

Source: Cherpitel CJ. Alcoholism: Clinical and Experimental Research. Rapid Alcohol Problems Screen – Quantity Frequency (RAPS4-QF), 2002; 26:1686-1691.

Results

- 627 total respondents through Question #33 (end of the "prevention" related questions)

- 119 HIV negative or unaware persons

- 471 HIV positive individuals

  - 3 persons who were hearing impaired responded
  - 1 visually impaired person responded
  - 15 Native Americans (comprised 2.9% of responses yet 1% of PLWH)
  - 56 recently diagnosed respondents (past 3 years)
  - 10 persons identified as "out of care" (i.e., unmet need)

RAND (PIC) Depression Screener

Category	Positive Screen	
	Number	Percent
Major depression	176	37.4%
Dysthymia	84	17.8%

Race/Ethnicity of Respondents
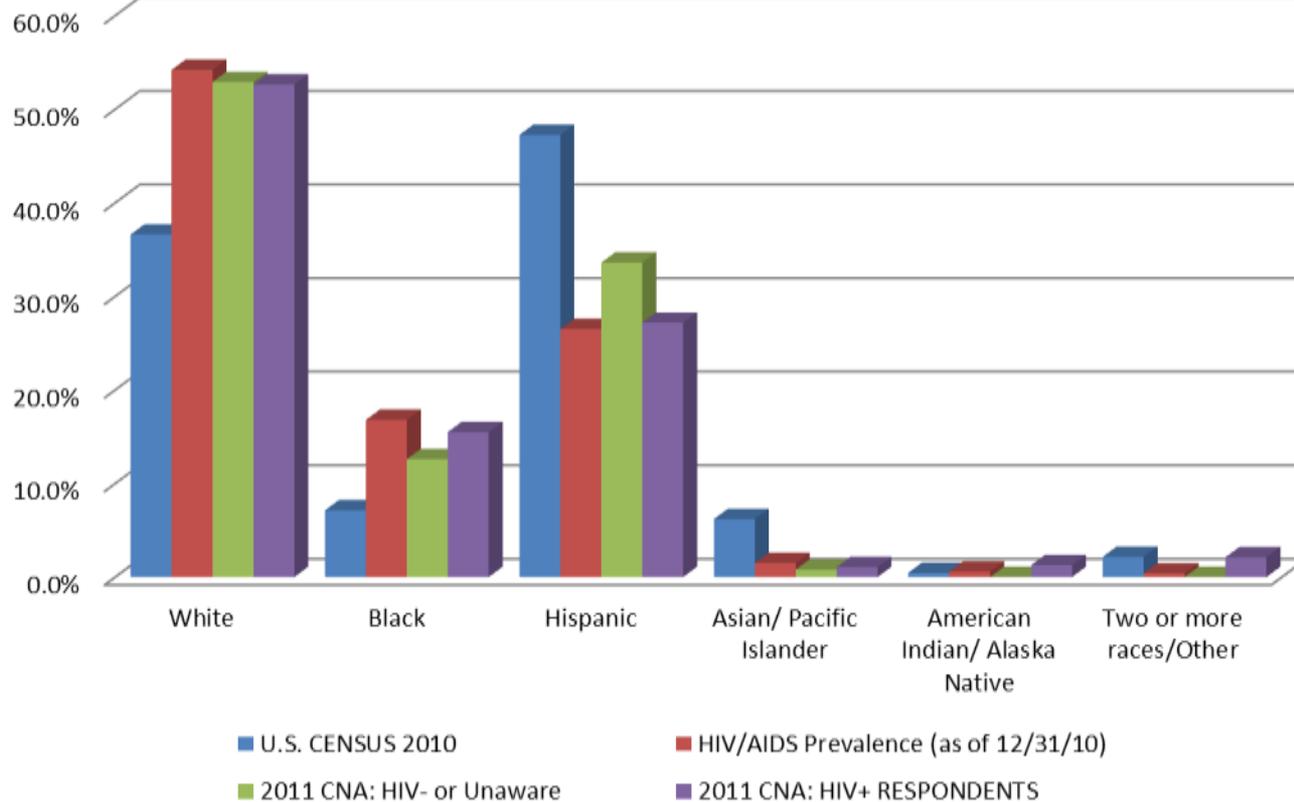
Geographic Distribution
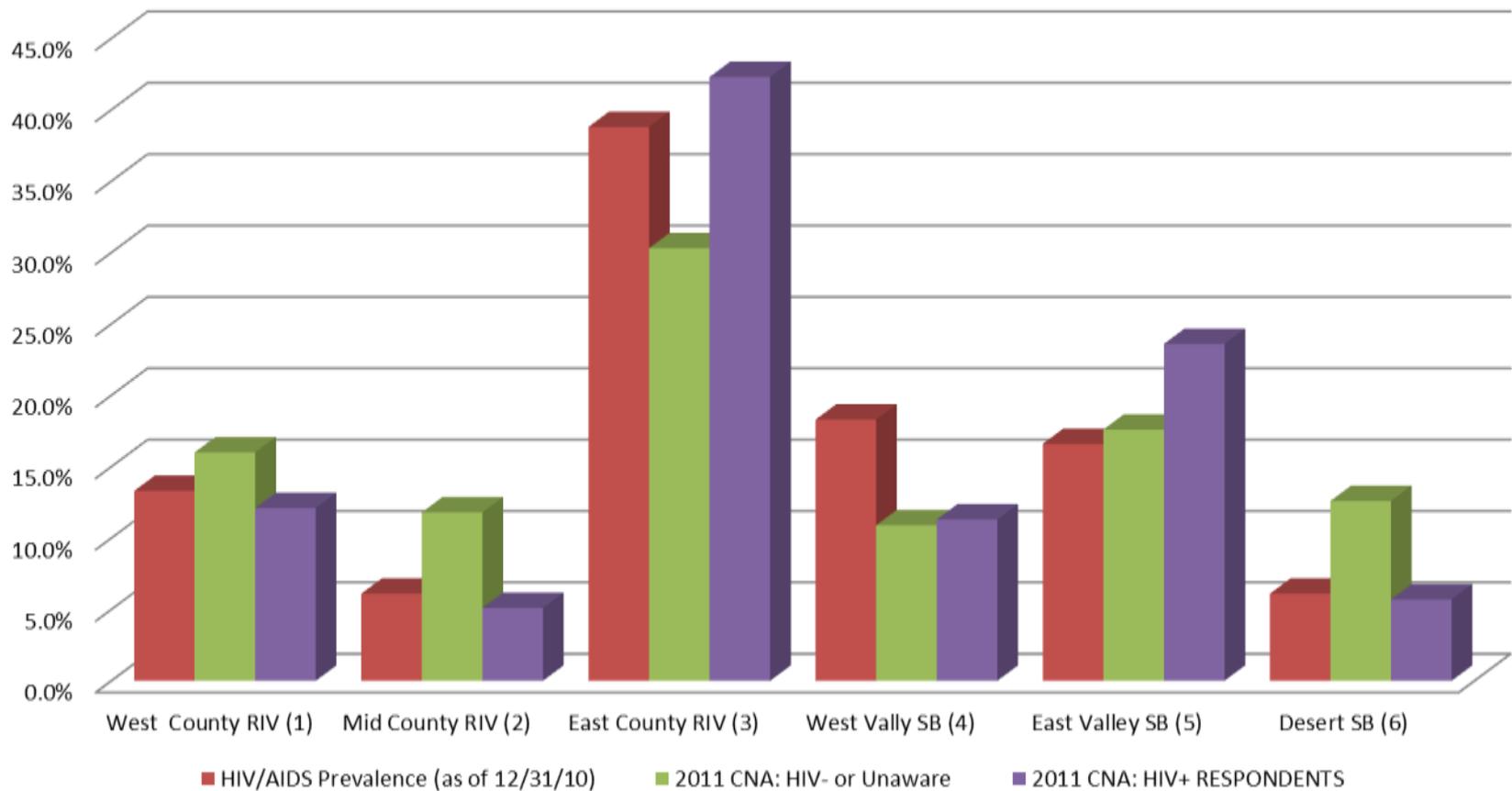
Lessons Learned: Benefits

- An entirely online survey allows complete anonymity for the respondent as well as convenience to complete the survey in the comfort of his/her own home.

- Eliminates the need for data entry of a paper survey into a spreadsheet or database in order to conduct analysis of the data;

- Fewer people are needed to assist with the survey administration; however there is an increased need for promotion;

- Tracking demographic data of survey respondents is real-time and simplified to enhance ability to target underrepresented populations; and

- Even though the survey incentive was reduced to $10 from previous surveys ($25) due to limited resources, respondents were appreciative of the incentive and some level of incentive should continue in future surveys

Lessons Learned: Challenges

- Not everyone has computer access or skills and so there is still a need to provide community-based access and computer assistance for the survey.

- There is still a need for "cleaning" the data as some respondents provide inconsistent responses. For example, several respondents chose "Other" to identify race or ethnicity and when asked to clarify "Other," they wrote Black or Latino.

- The incentive process required respondents to call in to a "safe" telephone number, which was only answered by the consultant. This was effective for 99% of respondents but was very time consuming and a few people were uncomfortable providing their names.

- It was difficult effectively combining HIV prevention and testing questions targeting an HIV negative or HIV unaware population with the HIV positive population. This was an area of questions that PLWHA respondents commented that the questions did not seem to apply to them.

For Future Needs Assessments

- Allow sufficient lead time to develop and pilot test the survey, both English and Spanish versions .

- Utilize a shorter consent form (a full-page was too long).

- Create a few "practice" questions in the introduction so that respondents can get used to how to use the computer in answering the questions.

- When using an online format, identify and test all the appropriate "skip logic" so that respondents do not have to answer questions that do not apply to them.

- Survey fatigue is a very important consideration even though a person may opt to close the survey and come back to it using a unique code (i.e., a shorter survey is better and would recommend reducing the number of questions to 125 question range).

Region 6, North Carolina

Region 6 Process: *Network Needs*

- The "Access Network of Care" is comprised of 11 counties in the northern-central part of North Carolina and includes Raleigh, Durham and Chapel Hill.

- The region is home to 21.5% of the state's PLWHA (state's highest concentration) AND is home to the highest number of HIV Providers.

- Region 6 is also the 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.

- 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

- Projected number of staff hours required JUST to get the surveys collected, translated (if necessary) and into a system for analysis = > 1,500

- Immediate problem – the needs assessment would be required to be "**maintain[ed], updat[ed] and utiliz[ed]**"

- SOOO, we were going to have to repeat this process…. Another extended period of staff time, costs, etc. Translation – the network needed something that could be ongoing

Region 6 Process: A History

- July 2010 – Identified consultant; presented plan for focus groups and survey solicitation at July 2010 All Networks' Meeting.
- Summer/Fall of 2010 – Consultant met with network/identified focus group target populations (6 groups identified)/began work on survey instrument/held training for survey facilitators
- Held 1 focus group
- Created a 21 question survey
- January 2011, discontinued relationship with consultant

Region 6 Process: *A History*

- Refocused efforts. Hired consultants to complete remaining 5 focus groups

- Reviewed our 21 question survey. Survey was lacking in a number of areas important to regional providers: incarceration information, pediatric/youth information, housing info, nutrition, HIV counseling and testing, prevention, etc. were missing from the survey.

- Referenced All Grantees' Meeting presentations on On-line Needs Assessments – with the help of the software vendor that presented at the All Grantees' Meeting we contacted Hennepin County Minnesota (one of the programs featured at the AGM session on Needs Assessments)

- Reviewed Survey questionnaire Hennepin County (which had conducted a statewide needs assessment survey for Minnesota)

- Extracted relevant questions from Hennepin County's instrument. Created an 82 question survey for our region.

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.
- Focus Groups Completed / consultant writes portion of needs assessment documenting focus group data
- Hired consultant to write Epidemiological Profile section of needs assessment.
- Now, just needed a way to capture surveys…..

Region 6 Process: Our solution

Technology. The network understood that it needed something electronic in order to accomplish our needs assessment obligations in a way that met our "deliverable" but also gave us useful data to shape our care delivery system.

Region 6 Process: 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.

Region 6 Process: How we did it

1. Remembered the 2010 HRSA AGM Meeting presentation on "*Using Web Audio Surveys and Other Electronic Tools for Cost-Effective Health Planning and Tracking of Outreach Outcomes*" presented by the Bergen-Passaic TGA, City of Paterson and Hennepin County Minnesota

2. Collaborated with the Hennepin County Minnesota on revised needs assessment instrument.

3. Contracted with RDE Systems, LLC makers of eCOMPAS and the e2 Community Platform (as presented at the 2010 AGM)

4. Utilized the e2 Comprehensive Needs Assessment Module that Minnesota utilized (but with our own spin/questions)

5. RDE adapted software to Region 6's unique needs and vision.

Region 6 Process: *How we did it*

6. RDE walked us through the process – created our survey online, walked us through the recording process (for the audio feature of the survey).

7. RDE produced a pilot site for us to pilot with a focus group of consumers, the network, and staff.

8. Revisions were made to the system.

9. Coordinated with two regional individuals to record the questions/answers --- one recorded them in English, one in Spanish.

10. Added our own spin by recording "welcome videos" utilizing individuals known locally and trusted by anticipated survey participants.

11. 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")

Results

We EXCEEDED our goal of 250 surveys (we topped 100 completed surveys within 1 month). Our needs assessment document was based upon 397 completed surveys.

Projected 1,000 Hours of Staff Time Saved

making field workers' feet happier too!

Results/Myths dispelled

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

   Nearly 400 clients completed the survey… 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!

Results/Myths dispelled

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.

4. Clients will not trust the program

    No reported client fears. More than 450 have completed the survey to date.

5. The survey is too long – clients will not complete it.

    82.1% of those beginning the survey completed the survey. The median time necessary to complete the survey is 21 minutes…. About 7-9 minutes longer than it averaged a focus group to take the 21 question paper survey.

6. Installing computer software is going to be a problem.

    Web-based system. Nothing to install.

Results/Myths dispelled

7. Clients will not complete the survey without an incentive.

   > 11% of those completing the survey declined their incentive – totaling $520 – which was extended to other survey participants.

Results/Actual Data That We Can Use!!!

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

Example: Transporation

1.Belief: Clients need transportation services especially in the rural areas.

2.Results (confirmation): Clients indeed identified Transportation as the 8th most important service in the treatment of HIV (31.71%). Within rural counties, the farther away clients were from a clinic, the greater the concentration of those indicating that transportation was important.

3.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.

Success Stories

- **Improved Prioritization and Allocations processes**
- – Ability to track demographic goals to ensure a reflective sample
- – Ability to access and use portions of the data as needed in "real time" for multiple purposes (grant applications, training, Service Area Reviews
- – Able to pull up graphs interactively during meetings (committee meetings, Council meetings, etc.)

Survey and Results available at….

www.accessnetworkofcare.net

Where We Are Going

1. Client Satisfaction

2. Rolling Needs Assessment

3. Tailored Action Buttons

4. Online, Interactive Resource Guide

5. The Collaboration Continues… (e.g., screenings added to next round)

Practical Lessons for Replication

1. Find a few key champions on the planning body, grantee, 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.

Q&A

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