



**Needs Assessment
and the NY EMA
Comprehensive Strategic Plan
for HIV/AIDS Services
2002-2005**

New York City Office of AIDS Policy Coordination
“Using Client Level Data for Planning” Data Day
August 1, 2003
New York Law School






Overview

- o Describe legislative requirements and HIV/AIDS Bureau (HAB) expectations
 - o Review the RWCA needs assessment process
 - o Differentiate between unmet need and service gaps
 - o Identify data needed for planning
 - o Provide an overview of the NY EMA Comprehensive Strategic Plan for HIV/AIDS Services (2002-2005)
 - o Identify data gaps in FY 2003 Title I application
 - o Identify data needs for the FY 2004 Title I application
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Planning Council Vision Statement

People living with HIV disease in the New York Eligible Metropolitan Area (EMA) will have access to appropriate, quality services across the continuum of care, resulting in the best possible health and quality of life.






Ryan White CARE Act Needs Assessment Guide*

Practical guidance on how to:

- ⇒ Prepare an epidemiologic profile
- ⇒ Collect and use co-morbidity data (ie, STD data)
- ⇒ Collect information from people living with HIV/AIDS and other community representatives through focus groups, surveys, and community forums
- ⇒ Prepare a resource inventory
- ⇒ Assess service needs

* Health Resources and Services Administration – HIV/AIDS Bureau Six-section document explains how to conduct a CARE Act needs assessment. It explains the needs assessment process and includes "how-to" information on multiple topics. <http://hab.hrsa.gov/tools/needs/>.





Legislative Requirements and Expectations

Section 2602(b)(4) of the 2000 CARE Act requires Title I planning councils to conduct needs assessments that:


- “determine the size and demographics of the population of individuals with HIV disease”;
- “determine the needs of such populations, with particular attention to-
 - (i) individuals with HIV disease who know their HIV status and are not receiving HIV-related services; and
 - (ii) disparities in access and services among affected subpopulations and historically underserved communities.”

Section 2602(b)(4)(G) requires the Title I planning Council to “establish methods for obtaining input on community needs and priorities.”






Legislative Requirements and Expectations

- Need assessment is a partnership activity of the planning council, grantee, and community.
 - Needs assessment is the basis for other CARE Act planning activities, such as developing the comprehensive plan.
 - Needs assessment focus on particular areas of need, with an emphasis on reaching those not in care, identifying disparities in care, and identifying ways to enhance the service delivery system.
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Legislative Requirements and Expectations


- ✓ 2000 CARE Act requires estimation of unmet need – a single number estimate
 - ✓ Focus on PLWHA not in care and disparities in care.
 - ✓ Identify capacity development needs.
 - ✓ Address coordination with HIV prevention and substance abuse and treatment.
 - ✓ Identify need for outreach and early intervention services (EIS).
 - ✓ Obtain PLWHA input.
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HRSA-Defined Unmet Need and Service Gaps

Unmet need for health services means unmet need for HIV-related health services by individuals who know their HIV status but are not receiving primary health care (not “in care”).

Service Gaps are *all* service needs not currently being met for *all* PLWHA except for the need for primary health care (for individuals who know their HIV status but are not receiving care). Service gaps include additional need for primary health care for those already receiving primary health care.






HRSA-Defined Unmet Need and Service Gaps

HIV/AIDS Bureau (HAB) suggests:

Use unmet need only to refer to the need for primary health care- and service gaps in all other situations.






Unmet Need and Service Gaps

A person is considered in care when s/he is receiving primary health care that meets Public Health Service Guidelines.


The term **unmet need** will be used only to denote the need for primary health care *by PLWHA not in care*, and **service gaps** will be used for all other service needs.





Unmet Need


A Practical Guide to Measuring Unmet Need for HIV Related Primary Medical Care: Using the Unmet Need Framework, 2003

- Assists CARE Act grantees and planning bodies estimate the number of individuals in their jurisdiction who know they are HIV-positive but are not receiving regular HIV-related primary medical care. <http://hab.hrsa.gov/tools/unmetneed/>
 - The Data Committee will work closely with the grantee to utilize the estimated unmet need for HIV related primary medical care in planning HIV services for the the New York EMA. (A Data Day session will be dedicated to this topic.)
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Unmet Need

A Practical Guide to Measuring Unmet Need for HIV Related Primary Medical Care: Using the Unmet Need Framework, 2003

- The New York State DOH - AIDS Institute has conducted an estimate of unmet in New York State using this framework, and is working with the NY EMA to implement the framework.
 - All Title I grantees will be required to describe the EMAs plan for implementing the unmet need using the framework in the 2004 Title I grant application, although no points will be assigned to this new requirement in 2004. Full compliance is expected in 2005
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Data Needs for Planning

- Secondary source data, such as epidemiologic data
 - Primary source data, such as surveys, interviews, and focus groups
 - Secondary and primary data can be *quantitative* (numerical information) and/or *qualitative* (descriptive or narrative information)
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Data Needs for Planning

- Collaboration between prevention and care, such as the HRSA/CDC epidemiologic profile for HIV prevention and Ryan White CARE Act planning councils
- Resource inventory that catalogues services (Ryan White Service Directory)
- Longitudinal studies, such as the CHAIN Study
- Outcome evaluation, such as the MAI outcome evaluation studies
- Client level data



Needs Assessment for NY EMA*


- Epidemiologic profile
- Assessment of service needs
- Resource inventory
- Profile of provider capacity and capability
- Assessment of service gaps and unmet need
- Data and evaluation gaps

* Initial Needs Assessment for New York City 2002 (New York EMA Comprehensive Strategic Plan for HIV/AIDS Services 2002-2005)






Uses of Needs Assessment Results

- Establish service priorities that are responsive to the epidemic
 - Provide guidance to the grantee on how best to meet these priorities
 - Prepare a comprehensive plan (NY EMA Comprehensive Strategic Plan for HIV/AIDS Services 2002-2005) to guide the development of the continuum of care
 - Provide information (templates) needed for the Request for Proposals (RFP)/contracting process
 - Provide baseline data for evaluation
 - Help providers improve service access and quality
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NY Comprehensive Strategic Plan for HIV/AIDS Services 2002-2005


- HIV/AIDS epidemic in New York
 - Goals and objectives for 2002-2005
 - Monitoring and evaluation
 - Mapping of CARE Act service system
 - Assessment of service gaps and unmet needs
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Data Gaps in FY 2003

Title I Application (HRSA-HAB)

Severe Need


- HIV prevalence data by demographic group and exposure category (HIV reporting implemented in NYS in June 2000)
 - Identify and describe the service needs of the populations of PLWHA in the EMA who are to be served in FY 2003, including description of the population, geographic distribution in the EMA, income level, language barriers, and other characteristics
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Data Gaps in FY 2003

Title I Application


Impact of Title I Funds

- Describe how the system of care is changing to address the service needs of newly-affected and underserved populations- including those who know their status but are not presently in the system of HIV/AIDS primary medical care.
 - Describe changes in services in the EMA's system of HIV/AIDS care that contribute to HRSA's goals of increasing access and decreasing disparities
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Data Gaps in FY 2003 Title I Application


Impact of Title I Funds

- Clearly identify the level of unmet need in the EMA
 - Highlight utilization or outcome data to demonstrate the impact of MAI-funded programs in the EMA.
 - Describe collaborative efforts and coordination with Titles I, II and IV.
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Data Gaps in FY 2003


Title I Application

- **Planning Council Roles/Responsibilities, Priority Setting and Comprehensive Planning**
 - Demonstrate how the comprehensive plan will eliminate disparities in care.
 - Need to address how individuals who know their status but are not in care will be identified and brought into care.
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Data Gaps in FY 2003

Title I Application

- **Planning Council Roles/Responsibilities, Priority Setting and Comprehensive Planning**
 - Provide data on PLWHA who are not in care
 - **Should focus on unmet need**, not just service gaps
 - Address targeting of Title I services in terms of geography
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Data Needs for the FY 2004 Title I Application (Summary)

- Provide HIV incidence and prevalence data.
 - Focus on estimating unmet need, not just identifying service gaps.
 - Address the needs of PLWHAs not in care
 - Describe utilization or outcome data to demonstrate the impact of MAI-funded programs in the EMA
 - Discuss collaborative efforts and coordination with Titles I, II and IV
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FY 2004 Title I Application Guiding Principles

- Revise care systems to meet emerging needs;
 - Ensure access to quality HIV/AIDS care;
 - Coordinate CARE Act services with other health-care delivery systems; and
 - Evaluate the impact of CARE Act funds to make needed improvements
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