

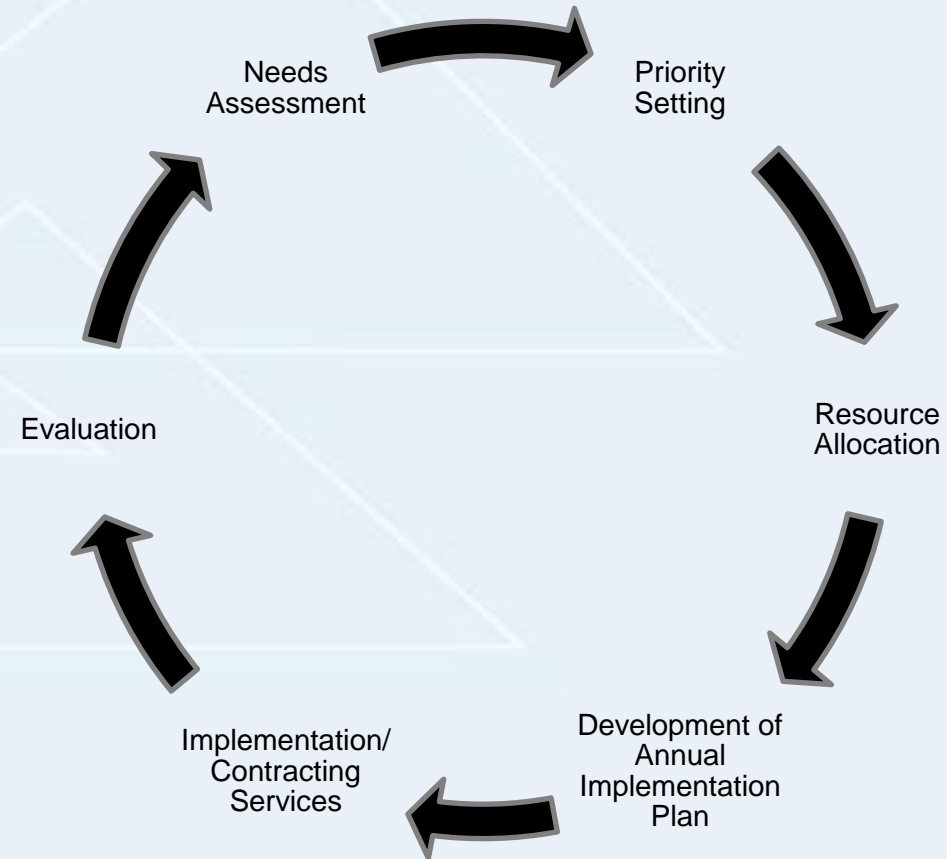
2015 Priorities Decision-Making Process Denver HIV Resources Planning Council

Needs Assessment Results
Center for Research Strategies
August 2015



Translating research into action

Overview of the Needs Assessment Process



Components of the Needs Assessment

- Epidemiologic Profile
 - HIV Care Continuum
 - Profile of PLWH In-Care and Out-of-Care
- Overall Service Needs and Barriers
- Special Needs Populations
- Provider Capacity
- Unmet Needs and Service Gaps

Survey of PLWH Service Needs and Barriers

- 16 page paper survey sent by CDHPE to 3,200 clients enrolled in ADAP
 - Electronic survey an alternative option
 - Spanish language survey made available
- \$10 incentive in alternative formats offered to respondents
- Response rate = 22%

Profile of Survey Respondents

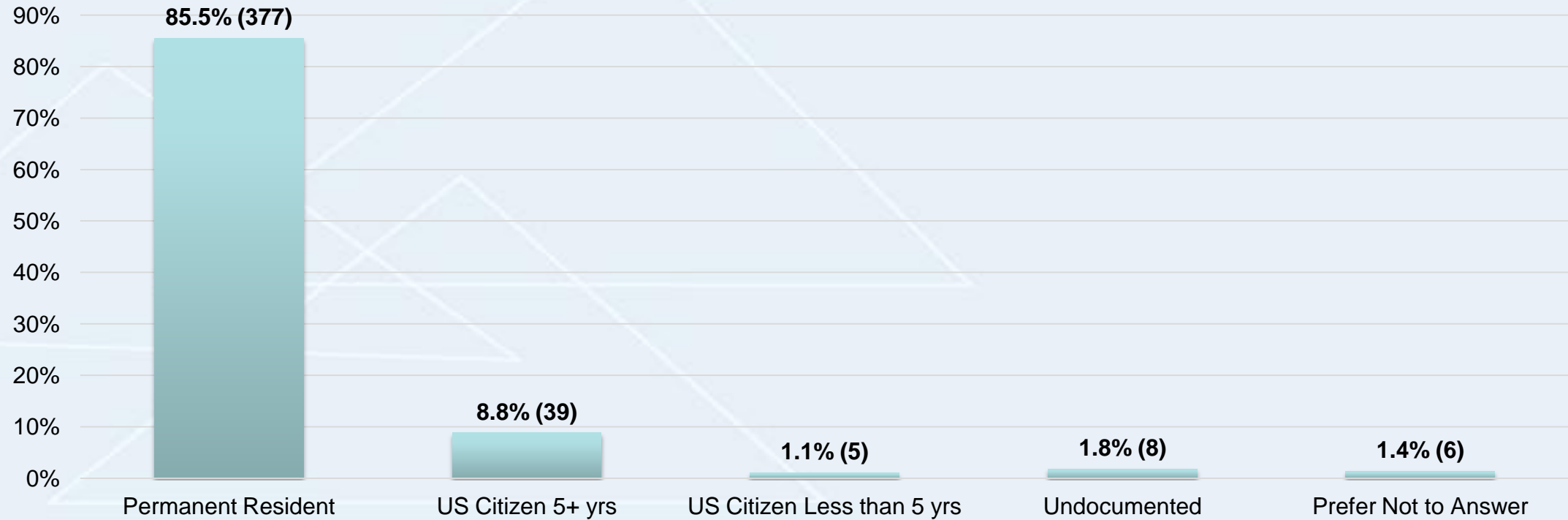
- Higher proportion of MSM (78%); lower proportion of IDU (3%)
- Most were 45-64 years of age (62%); lower proportion of those 25-44 (22%)
- Whites represented 61%; blacks (13%), Latinos (14%)
- Twenty percent identified as Hispanic.

Additional Survey Respondent Characteristics

- Nearly half (46%) had a high school education or less.
- Only a quarter (26%) were working full time.
- Most had health insurance; only 3% were uninsured.
- Two percent report being undocumented.

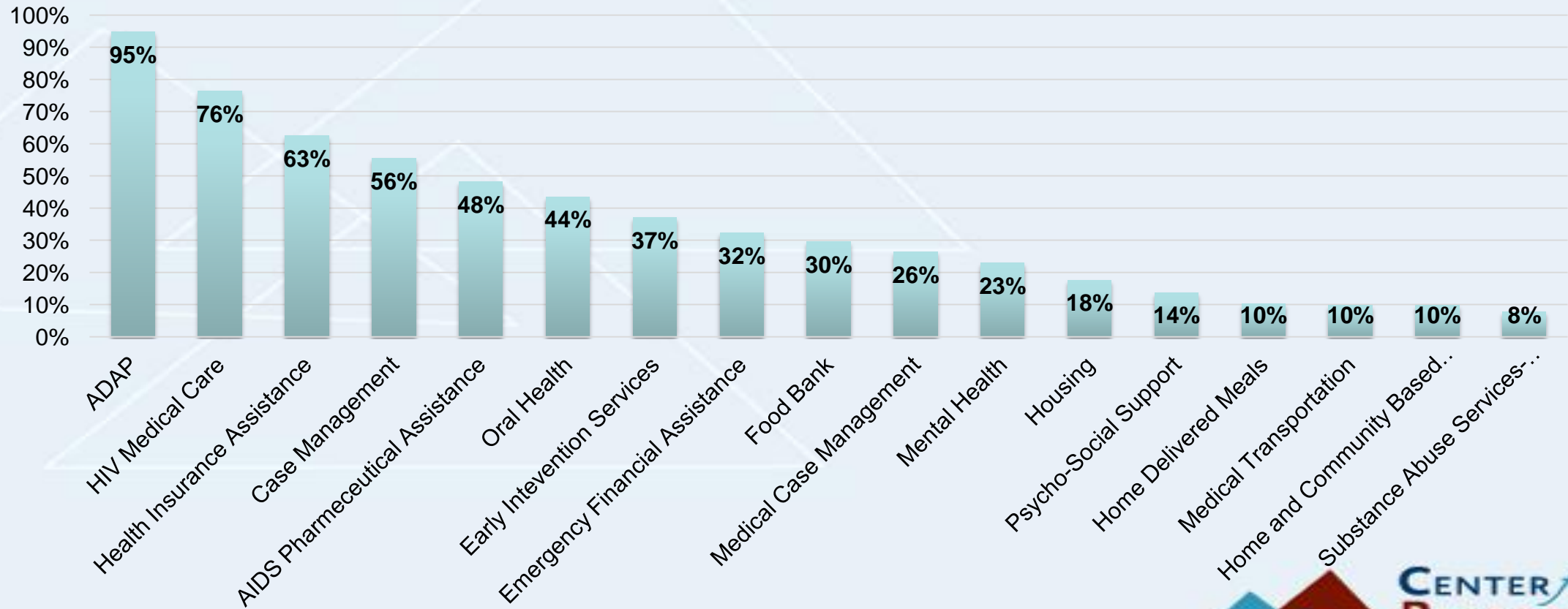
Immigration Status

N = 441



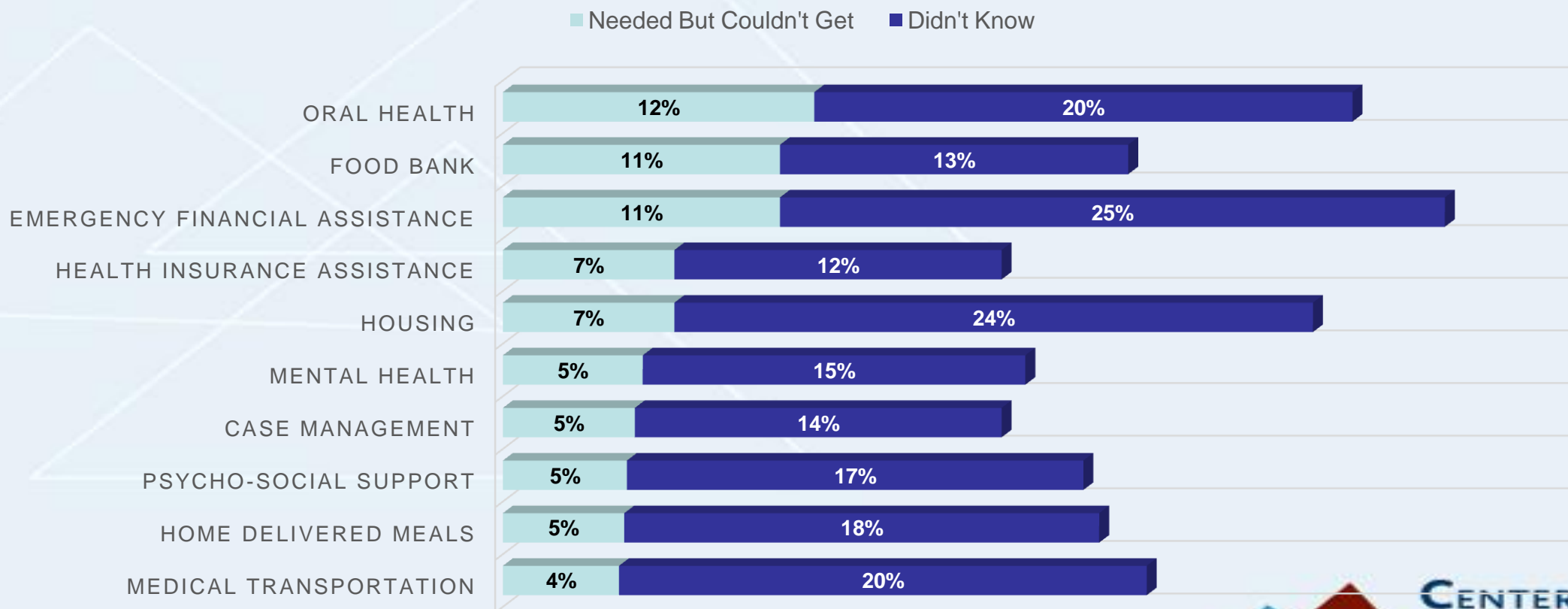
Top HIV Services Clients Need and Use

N = 442 (avg across all service categories)



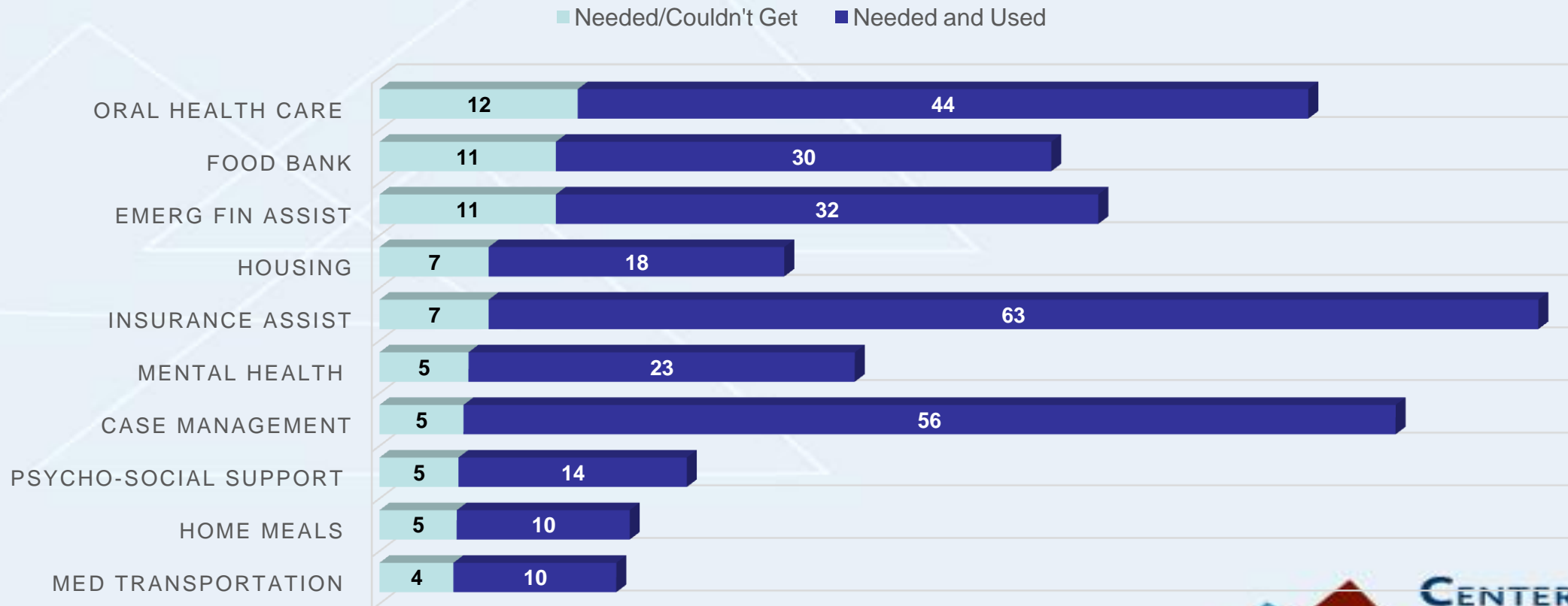
Top HIV Services Clients Need but Can't Access

N = 442 (avg across all service categories)



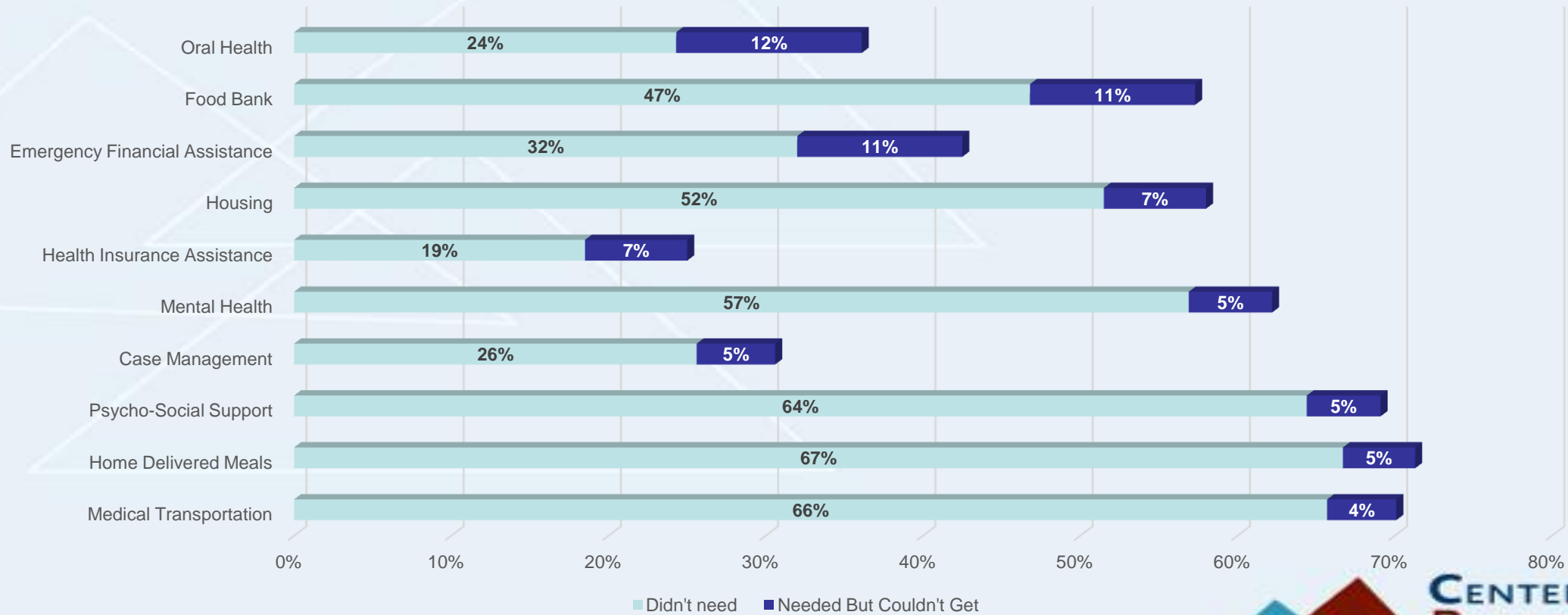
Top HIV Services Clients Used versus Services They Couldn't Get

N = 442 (avg across all service categories)



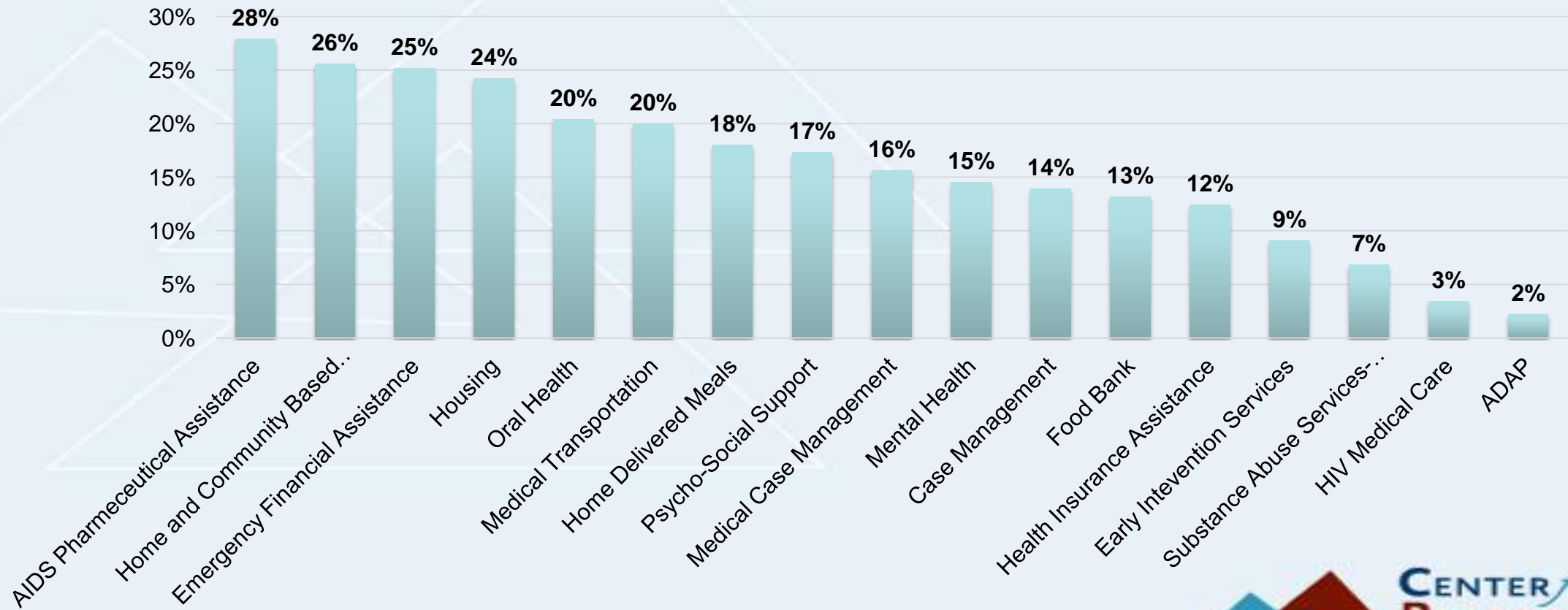
Gap Between Services Didn't Need/Couldn't Get

N = 442 (avg across all service categories)



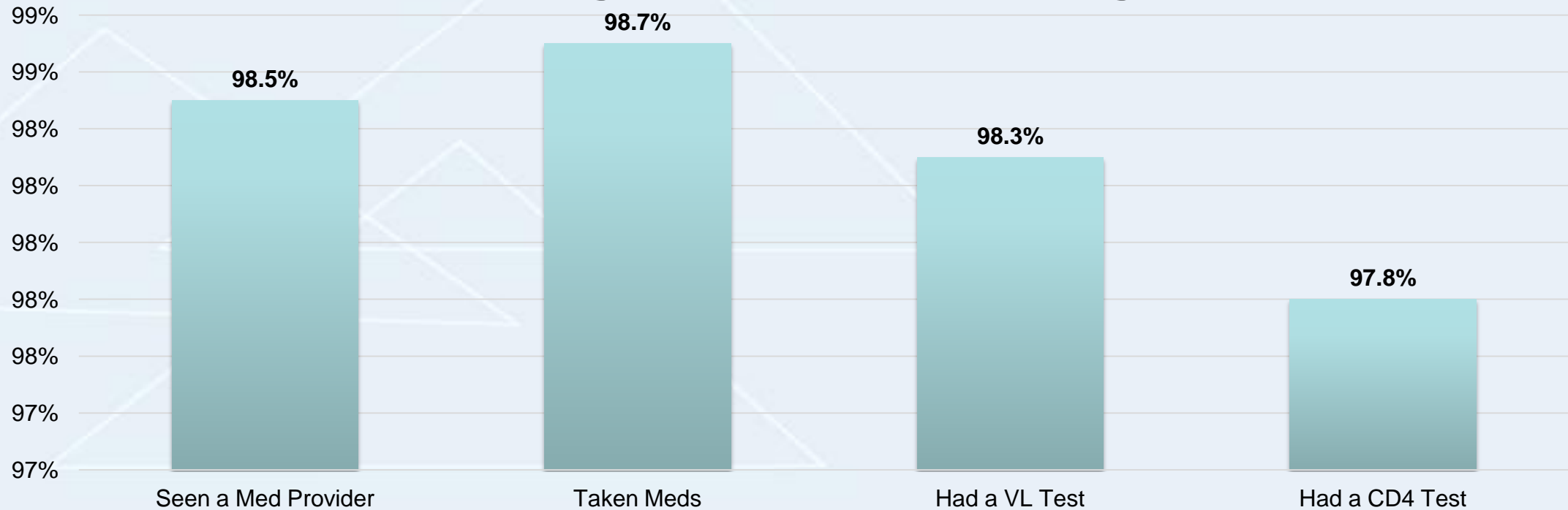
HIV Services Clients Don't Know are Available

N = 442 (avg across all service categories)



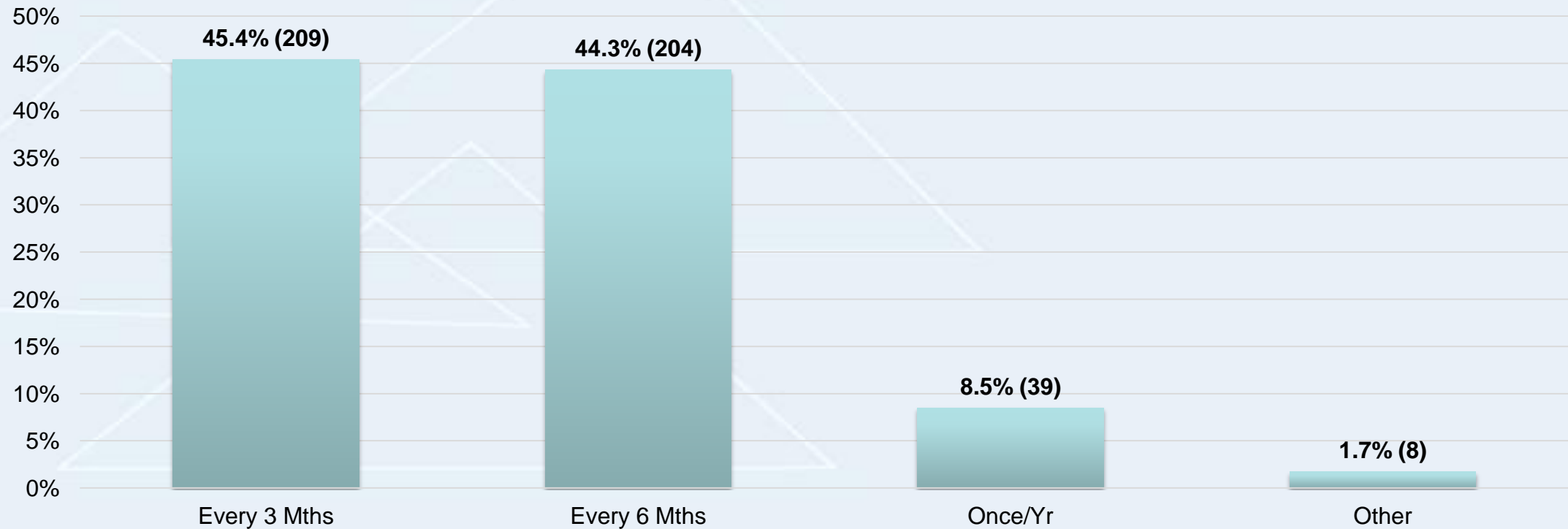
Care Continuum Responses for the Past Year

N = 459 (avg across response categories)



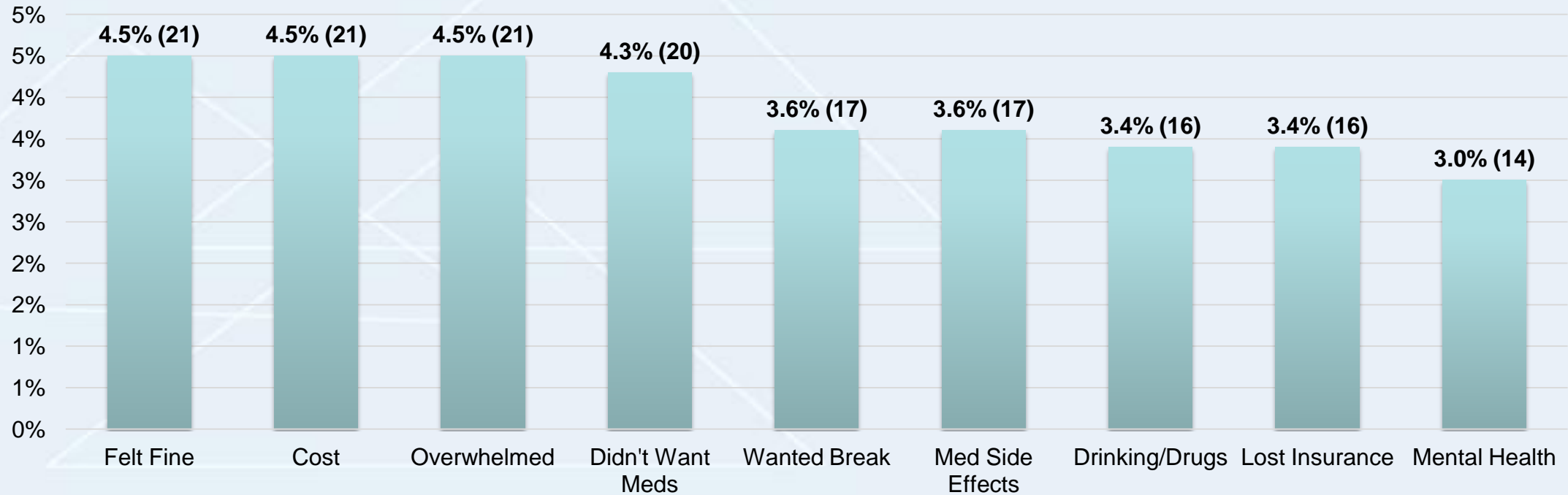
Frequency of Seeing an HIV MD

N = 460



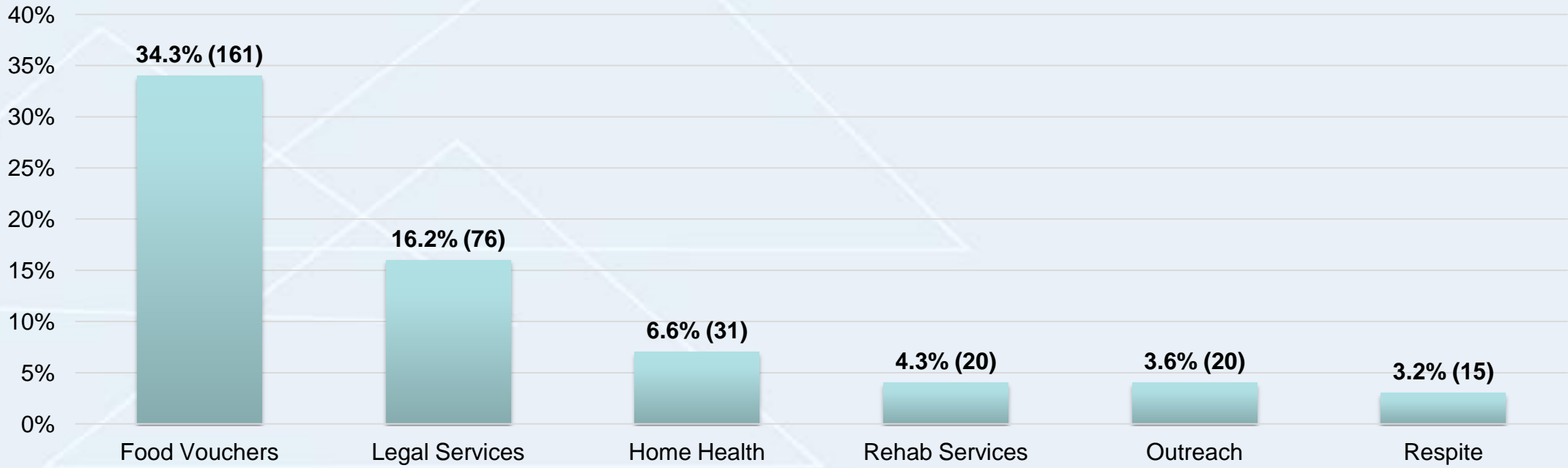
Reasons Clients Stopped Seeing an HIV MD

N = 469



Services to Help Clients Remain in HIV Medical Care

N= 469



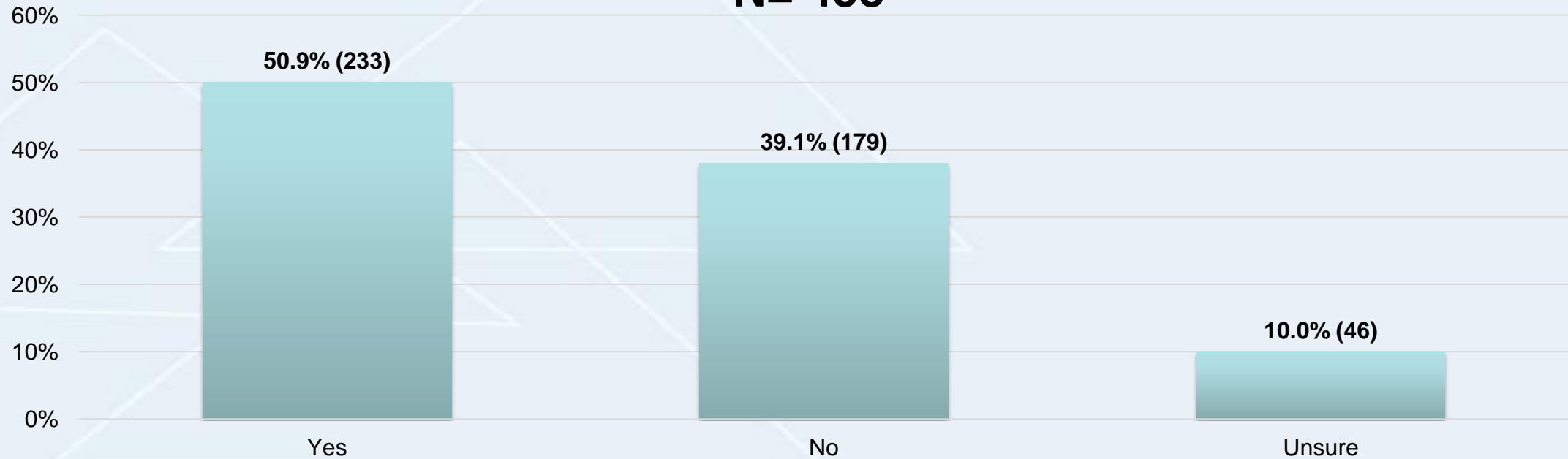
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Special Issues – Dental Care

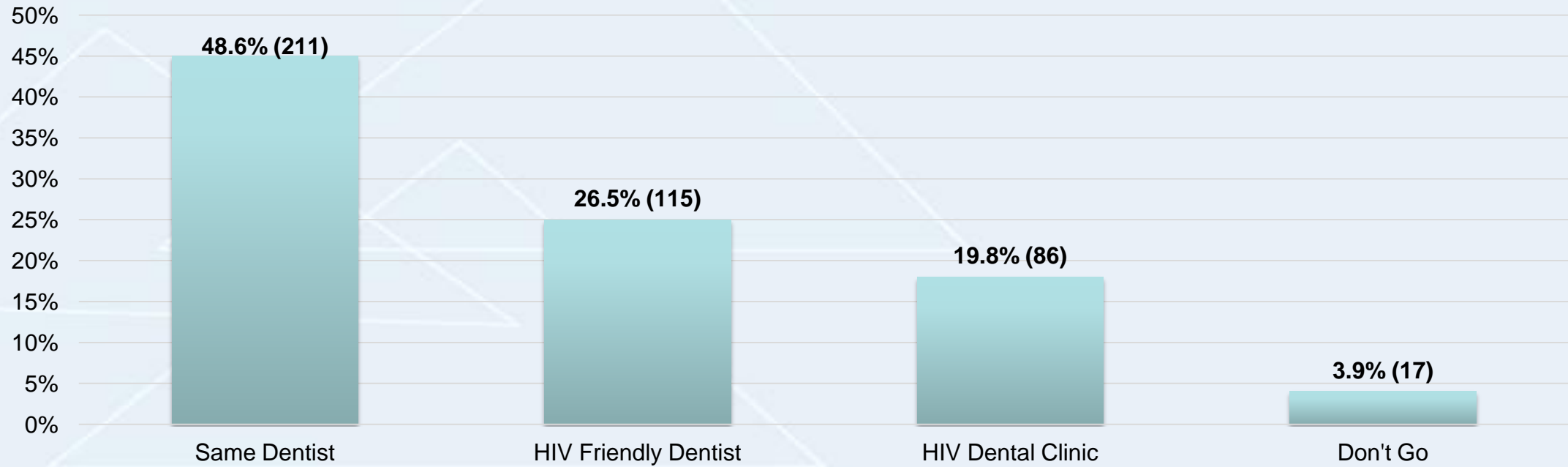
Trouble Paying for Dental Care

N= 458



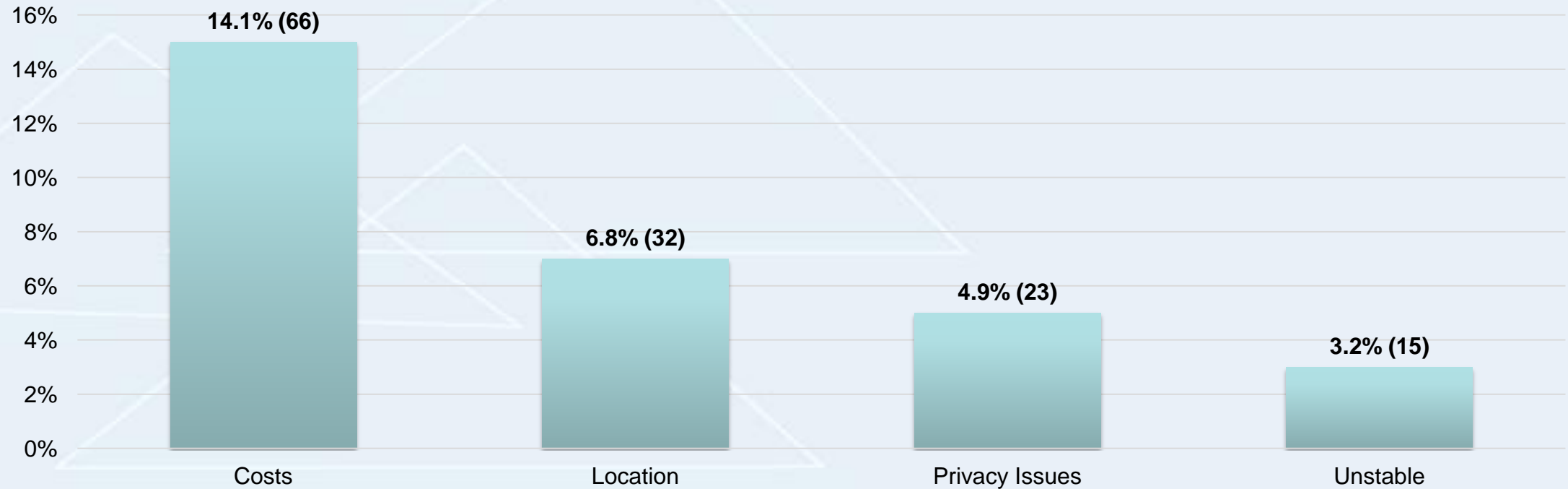
Special Issues – Choice for Dental Care

N= 434



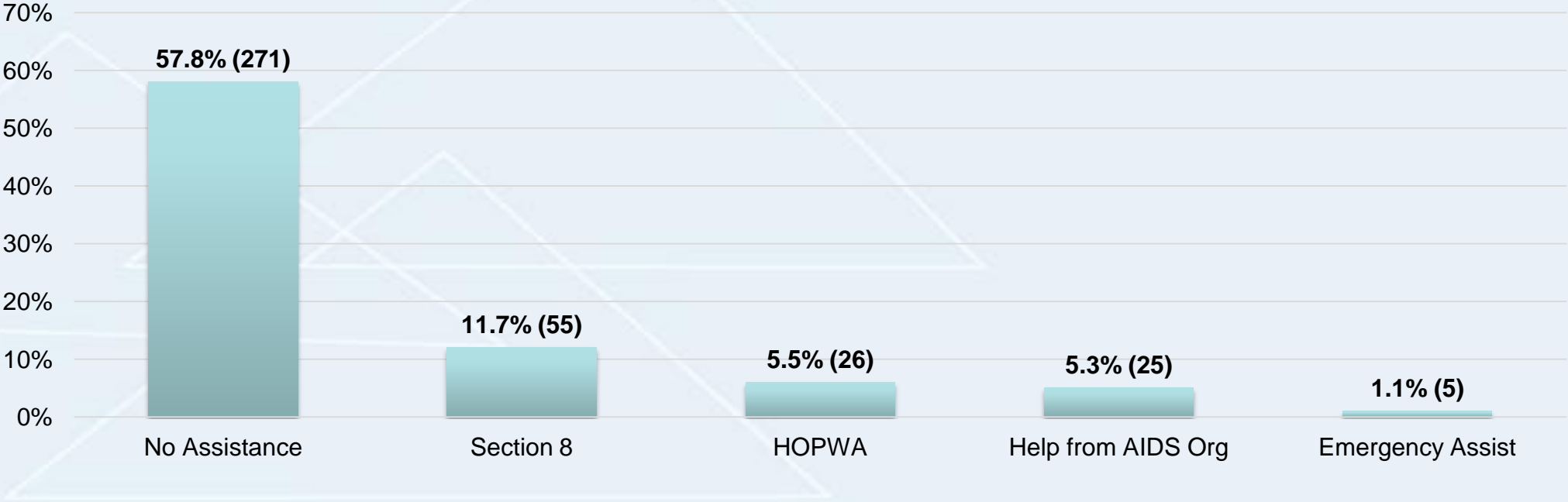
Special Issues – Housing Challenges

N = 469



Special Issues – Housing Assistance

N = 469

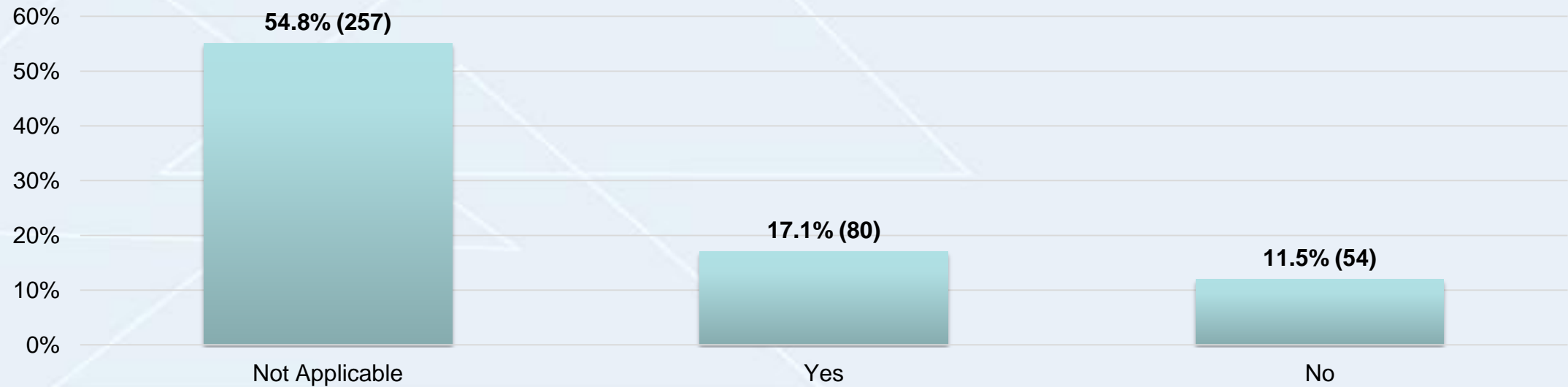


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Special Challenges – Adequacy of Housing Assistance

N = 469



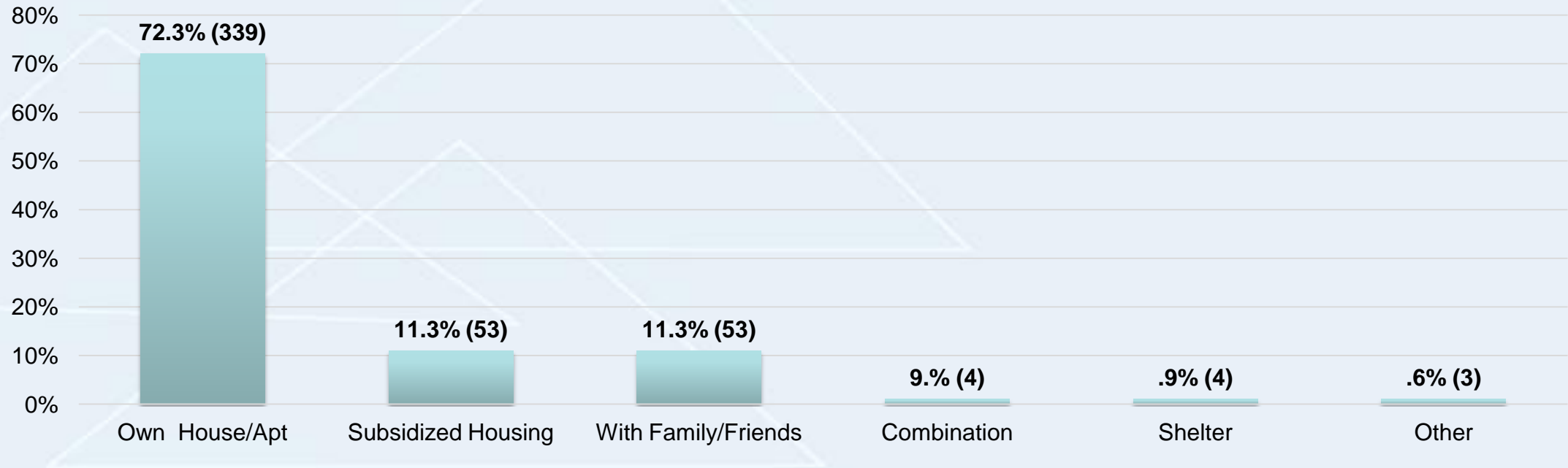
Special Issues – Housing Rent Increases in the Past Year

N = 469



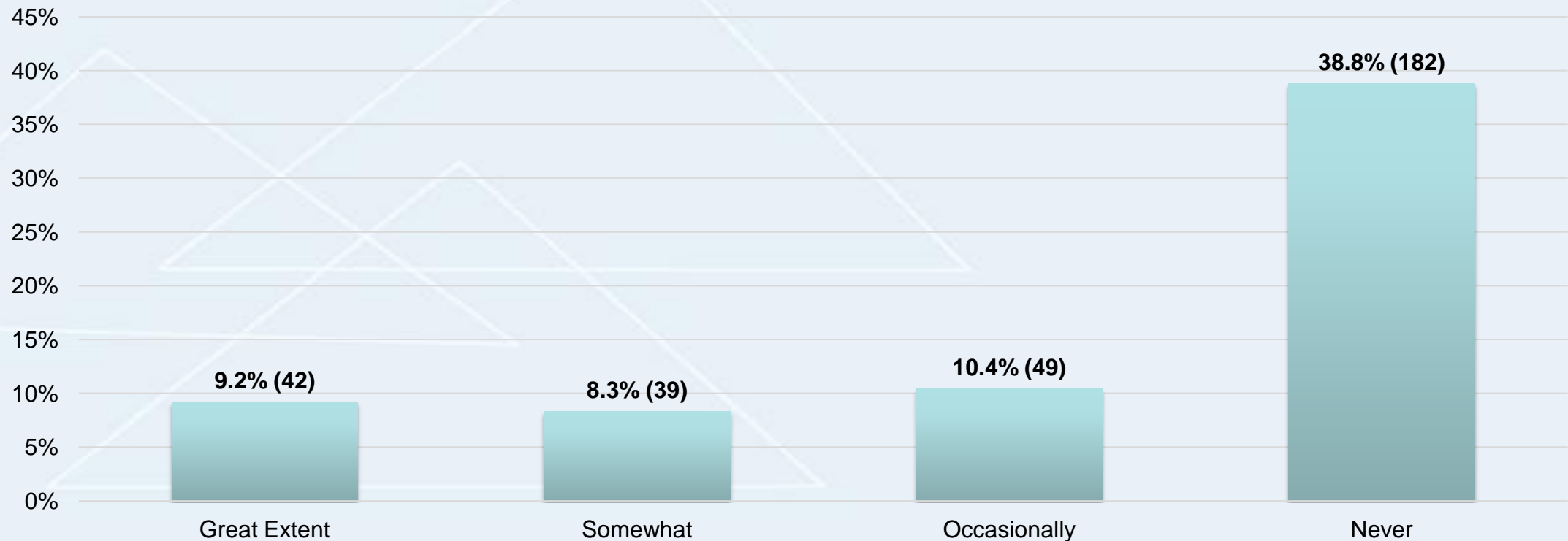
Special Issues – Homelessness

N = 469



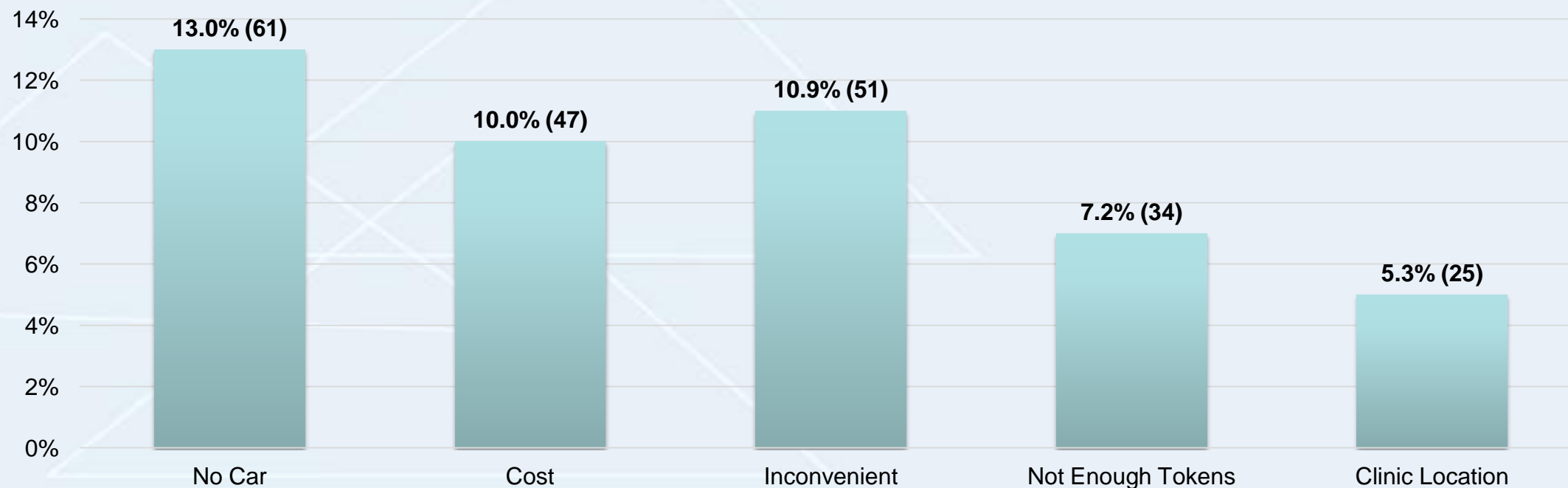
Transportation Limiting Use of HIV Services

N = 469



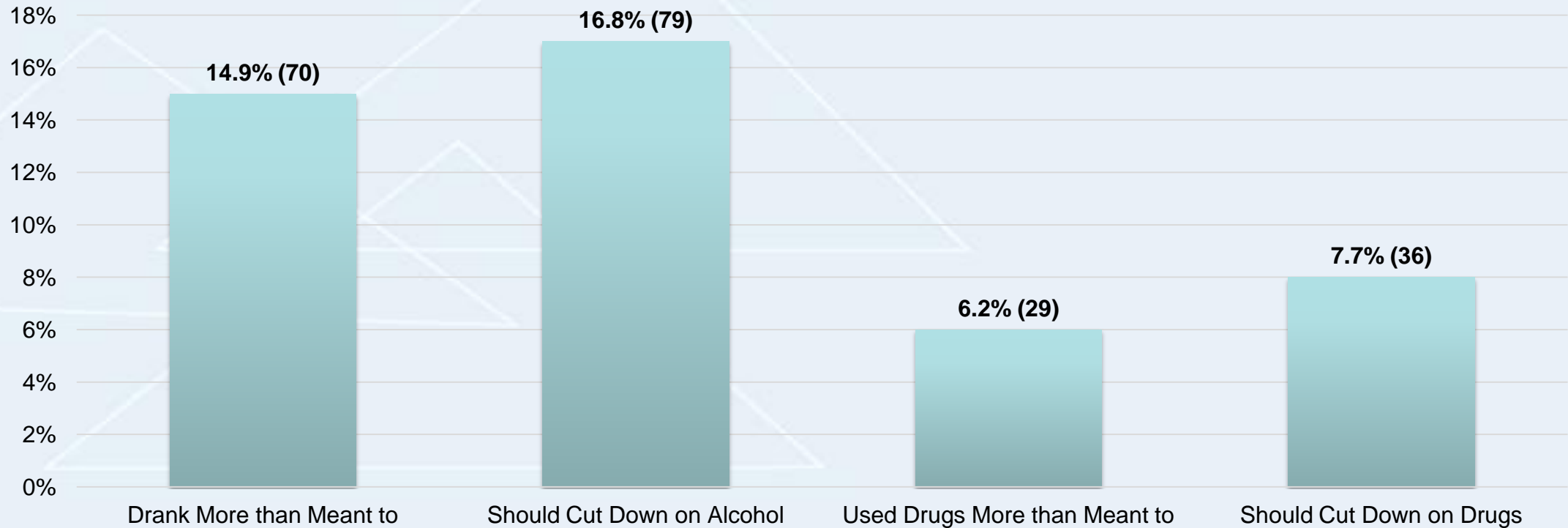
Special Issues – Transportation Challenges

N = 469



Client Challenges – Alcohol and Drugs

N = 469



Focus Groups and Interviews

Spanish-Speaking (some undocumented, MSM)	
Servicios de la Raza	4 men, 4 women
Clinica Tepeyac	2 men
Denver Health	4 men
Recently Incarcerated and History of Substance Use	
It Takes a Village	5 men, 4 women
Empowerment	6 women
History of IDU Substance Use	
ARTS	4 men, 1 woman
MSM and Undocumented	
DCAP	2 men
Refugee Interviews	
It Takes a Village	1 Congolese woman
Children's Hospital	1 Congolese woman

HIV-related Needs Identified via the Focus Groups

Common across all groups
HIV medications
Dental care
Transportation
Affordable housing in Central Denver
Food bank
Spanish-speaking groups
Limited Spanish-speaking services in some agencies (more access in Denver Metro than other areas)
Services for undocumented (available but limited)
Recently incarcerated and history of substance use groups
Access to information for HIV negative partner

Barriers to Accessing Services

Common across all groups
Extensive paperwork to apply for services
Confusion about services, coverage and where/how to apply
Difficulty taking time off from work to get to appointments (transportation and living far from service agencies)
Spanish-speaking groups
Spanish-speaking services
Services for undocumented (available but more limited)
Fear of filing complaints regarding housing and other inadequate services for fear of deportation
Stigma related to mental health services
Recently incarcerated and history of substance use groups
Access to services more limited for clients actively using substances
Difficult to obtain housing with prison history

Reasons Clients are Out of Care

Common across all groups
Losing insurance coverage or a way to pay for services and medications
Laziness and not making it a priority to take care of one's health
Unhappy with the care or doctor providing it
Spanish-speaking groups
Challenge of finding available Spanish-speaking services
Stigma related to HIV
Not educated about HIV, so don't know to go in for testing or care
Fatalistic attitude
Recently incarcerated and history of substance use groups
Active substance use
Difficult to get re-connected to the system after incarceration

Assistance Needed to Stay in Care

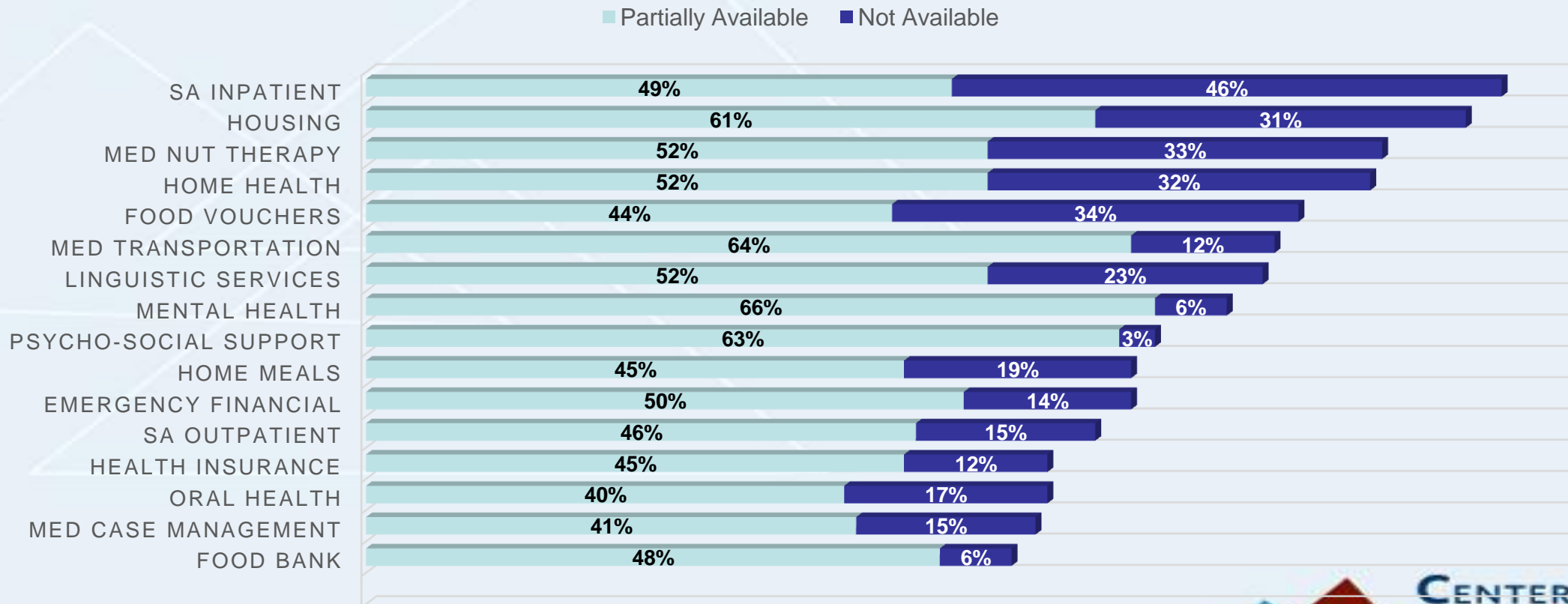
Common across all groups
Streamline paperwork
Connect highest needs clients with community-based organizations that provide case management
Appointment reminders
Provide personalized care that clients can understand in lay terms
Better/easier access to public transportation (van service, bus passes vs tokens)
Spanish-speaking groups
Extensive case management available in Spanish
Client support groups
How to educate HIV negative partner and how to disclose HIV positive status

Provider Survey

- Electronic survey sent to 112 providers (including both Part A and Part B Providers)
 - Questions focused on client needs, service capacity and strategies for client outreach
 - Responses from 48 providers
- Focus group held with 16 Denver area HIV Providers

Provider Perspective on Service Capacity- Services Least Available

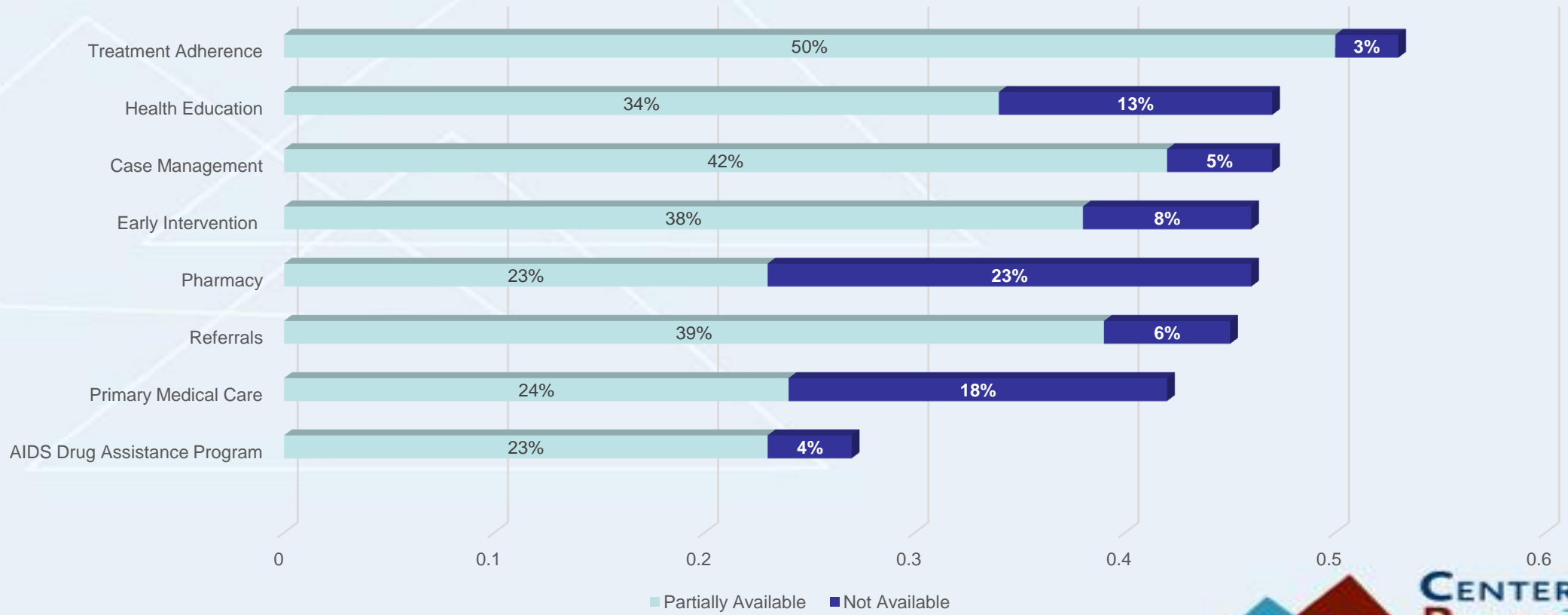
N = 42



Provider Perspective on Service Capacity

Services Most Available

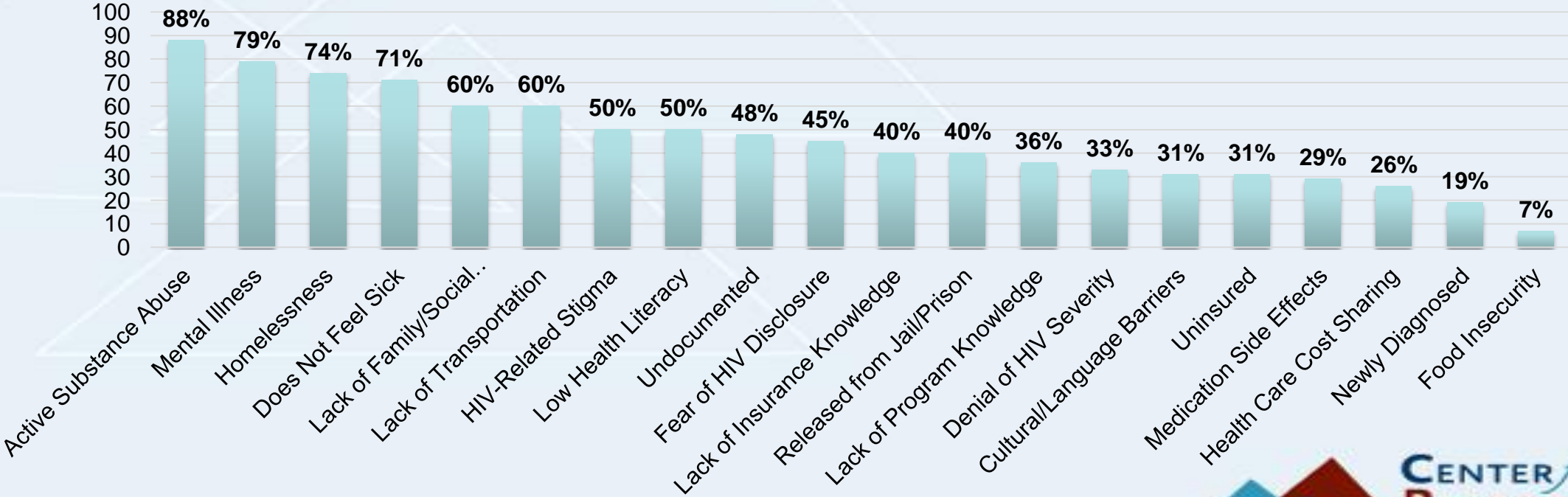
N = 42



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Provider Perceptions Why Clients Leave Care

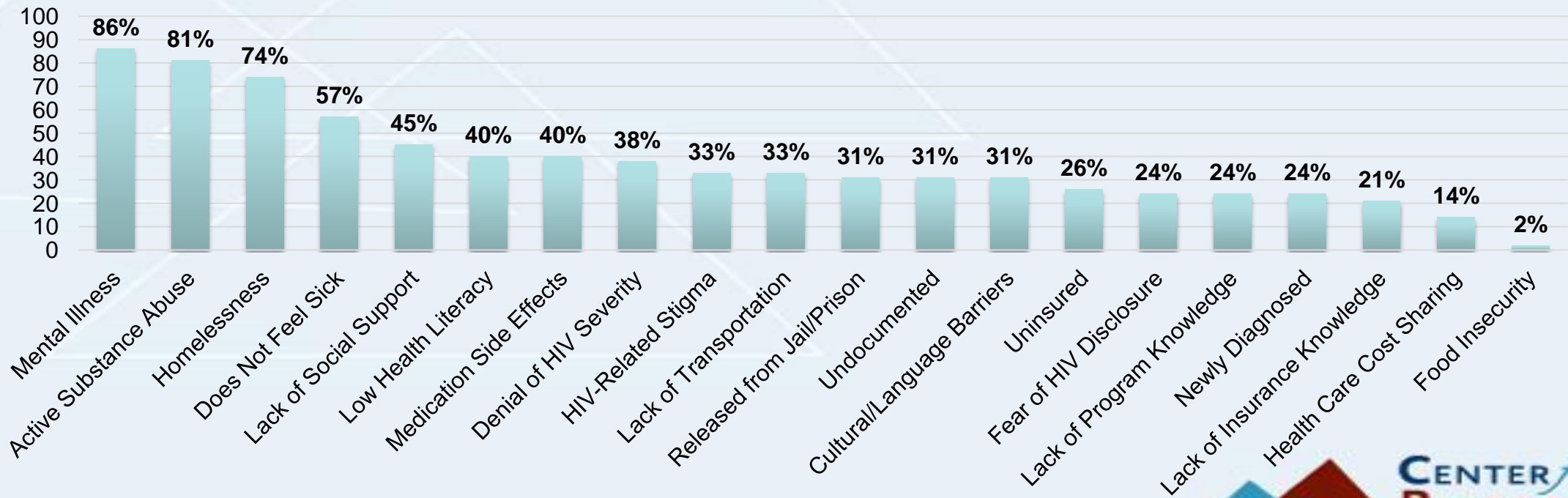
Reasons PLWHIV Leave Care N = 42



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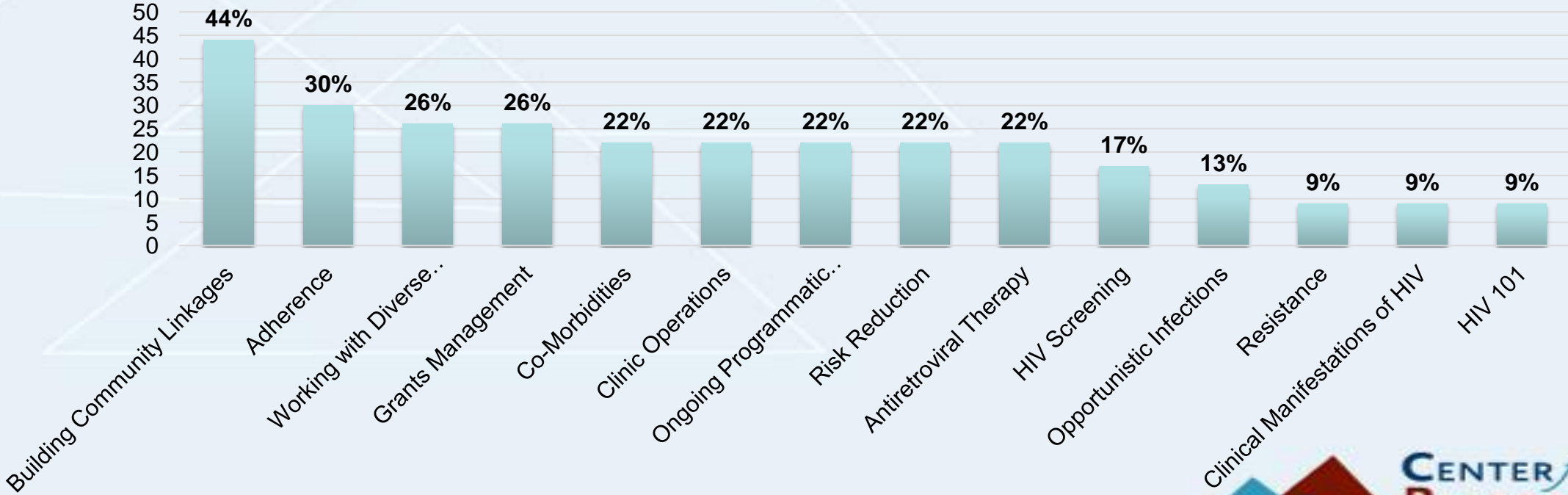
Provider Perceptions Regarding Non-Adherence

Reasons for PLWHIV Non-Adherence to Treatment N = 41



Provider Capacity Development Needs

Most Common Capacity Development Needs
N = 23



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Data Limitations

- Data collection from the clients should be scheduled over four months instead of two months, allowing for more follow-up.
- To capture as much information as possible, both the provider and the client survey forms were very long, impacting the response rate.
- Spanish-language surveys should be sent to targeted clients at the front end instead of being offered after the surveys are distributed.
- With more time, additional supplementary data collection efforts could be conducted.

Key Takeaways

- Top services clients use are ADAP and HIV medical care followed by health insurance assistance and case management.
- Top services clients need but can't access are oral health, food bank, emergency financial assistance, health insurance assistance and housing.
 - Transportation and housing are challenges to clients mainly because of cost.
 - Paperwork and establishing eligibility are barriers for many clients.
- Biggest capacity gaps according to providers are inpatient substance abuse services and housing.
 - Substance abuse, mental health and homelessness are main reasons clients leave care.