

NEEDS ASSESSMENT COMMITTEE NARRATIVE

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Edited and approved by the Needs Assessment Committee

It is the mission of the Needs Assessment Committee to work with the Division of HIV/STD/Viral Hepatitis to assess the needs of the community as it relates to HIV prevention. This mission is met through the following functions:

- Act as advisors to the Division on the focus and implementation of needs assessments.
- Provide input as it relates to the development and the updating of a resource inventory.
- Review needs assessment and resource inventory to provide input into a gap analysis report.

SEEING WITH NEW EYES:

ESTABLISHING THE HIV PREVENTION RESEARCH AGENDA

In late 2009, the Indiana CPG Needs Assessment Committee convened to discuss potential assessment activities for Indiana. At that time it was determined that the CPG had not recommended, nor had the Division completed a comprehensive needs assessment for the state since 2002. Given that the epidemic was not changing in Indiana, and in order to leverage change in the health of populations impacted by HIV, a new strategy was necessary to change the way we think about and approach HIV prevention. For these reasons, in early 2010 the CPG convened a group of prevention partners, advocates, and researchers in HIV, STD, and Viral Hepatitis to evaluate the HIV prevention efforts in the face of continued increases in HIV incidence, particularly among sexual and racial/ethnic minorities.

Prior to fully developing the Research Agenda, the committee, in collaboration with external partners (Indiana Minority Health Coalition and Policy Resource Group, Inc.), began to review all existing needs assessments that were focused in Indiana (HIV and beyond) from the years 1998-2000. Additionally, the group reviewed states that were similar to Indiana in terms of geographicity, socio-demographics, HIV policy and available resources. After review of these documents and data, the committee found that past needs assessments were 1) asking the same people the same questions in the same ways; 2) based on unfounded assumptions (e.g. we already know how HIV is transmitted in Indiana, people identify themselves as we identify them, and preventing HIV has little to do with structural or co-occurring health issues); 3) often rushed; 4) studies that did not offer recommendations; and 5) sometimes presented, but did not allow for gap identification by the CPG process.

Following evaluation of the materials and conversation within the committee, *Moving Forward Together: A Needs Assessment Research Agenda for HIV Prevention in Indiana* was created. The research agenda was designed for the encouragement of Indiana communities, planning coalitions, and research partners to focus on one or more of the following priorities in order to help shape a more comprehensive understanding of HIV in Indiana:

STIGMA

Focus

Stigma about HIV and STDs, sexuality, sex talk, LGBT persons, disclosure about HIV or STDs, addiction, race and ethnicity, immigration status, depression, and health services access.

Learning Goals (e.g. *what do we want to know?*)

1. What are the expressions of stigma in Indiana? How are they different from place to place? Subject to subject? What is the experience of layered stigma?
2. What are the characteristics of internalized stigma among priority populations?
3. How is stigma (perceived and experienced) a barrier to prevention information, service access and healthy living?
4. What are the opportunities for social marketing intervention?
5. How should the health system change to reduce the expression of stigma and stigmatizing situations?

Sample (e.g. *who do we want to learn from?*)

1. Health providers (HIV specific providers; Non-HIV specific providers who are likely in the orbit of people at risk for or living with HIV)
2. People living with HIV, their family members, social networks
3. Religious communities
4. General public (distinct age group samples)
5. Community gatekeepers/leaders in African American communities, Hispanic communities, rural communities and immigrant communities

Methods (e.g. *how will we gather this information?*)

1. Utilize a community participatory research model
2. Focus groups and key informant interviews – to help define stigmas and their expression
3. Survey
 - PLWHA in care and providers of HIV related services: Partner with HIV Care planning partners (TGA and CHSPC) to add questions to consumer and provider surveys; construct survey for HIV and STD prevention services providers.
 - Youth in High Schools: Partner with YRBS to add questions to survey instruments 2013 and beyond.
 - Public and Gate Keepers – Street surveys? Online? Health fairs and expos? Leverage opportunities for rapid assessments.
 - Secondary analysis of select household surveys

PROVIDER BEHAVIORS

Learning Goals (e.g. *what do we want to know?*)

1. How do providers support the delivery of effective HIV prevention services to priority populations?
 - What provider behaviors enhance or inhibit HIV and STD prevention? (Access and use of services, consideration and adoption of healthier behaviors)
 - What prevention messages are providers communicating, and how are they communicated? (HIV and STD testing and services, access to health services, sex and sexuality)
2. How are providers striving to be culturally relevant to the populations they serve?
3. How do factors such as location and organization of services impact provider behavior? (e.g. rural, referral networks, organization of services – health clinics, emergency rooms, jails, treatment programs, etc.)

Sample (e.g. *who do we want to learn from?*)

1. HIV prevention and care funded providers
2. STD providers
3. Non-HIV specific health providers who are in the orbit of people who live with or are at risk for HIV/AIDS: long term care, women's health and family planning, urgent care/emergency room, alternative and traditional medicine, migrant health, jail and prison health, community health, substance abuse and mental health treatment

Methods (e.g. *how will we gather this information?*)

1. Utilize a community participatory research model
2. Focus Groups (Convenience: professional health conferences, health fairs)
3. Secondary analysis of Medicaid utilization and hospital discharge data to identify providers and related services
4. Review of ISDH prevention contract provider data (EvaluationWeb).
5. Survey
6. Gap testing by CPG members or others – related to structural gaps in the system of care, provider behaviors and messages
7. Health system users: PLWHA and priority populations

PERSPECTIVES AND BEHAVIORS OF SUB-POPULATIONS

Learning Goals (e.g. *what do we want to know?*)

1. Sexual practices, networks, partner histories, disclosure practices and beliefs
2. Construction of risk, sex, HIV and STDs, substance use, sexuality
 - Role of stigma in the construction of risk; experiences and perceptions of stigmas
3. Health Access: Knowledge, beliefs about/construction of health and treatment/services access and use
 - Experiences of treatment/service attempts or access for substance abuse, depression, partner violence
4. Social networks and cohesion (connectedness to family, friends, community)
5. Environmental experiences: rural life, life in jail or prison, housing transition

Sample (e.g. who do we want to learn from?)

Men who have sex with other men (all race/ethnicities; self identifying and those who do not self identify as gay or bisexual)

Black women (African American and Black African)

Heterosexual Black men

Heterosexual Hispanic men

Hispanic women

Injection drug users

People with substance use/abuse histories

Rural youth and adults, with oversampling of ethnic minorities

Youth and young adults, ages 13-20

Methods (e.g. how will we gather this information?)

1. Utilize a community participatory research model
2. Focus groups
3. Key informant interviews
4. Surveys (Youth in High Schools: add questions to 2013 YRBS survey instrument; MSM)

COMMUNITY INFRASTRUCTURE

Learning Goals (e.g. what do we want to know?)

What is the community health infrastructure and how does it support or hinder HIV and STD prevention?

Methods (e.g. how will we gather this information?)

1. Utilize a community participatory research model
2. Review community mapping and asset projects focused on Indiana communities (Wabash, minority health coalitions, etc.)
3. Conduct statewide community asset mapping
 - Enhance with data from Stigma study and from secondary analysis of Medicaid and hospital discharge data.

HEALTH SYSTEM OPPORTUNITIES & FAILURES

Learning Goals (e.g. what do we want to know?)

1. What are the opportunities for HIV prevention among PLWHA in care?
2. What are the experiences of treatment attempts or access for substance abuse, depression and partner violence among priority populations? (see perspectives and behaviors of sub populations)
3. What are the missed opportunities for prevention and other services?

Methods (e.g. how will we gather this information?)

1. Utilize a community participatory research model
2. Survey
 - PLWHA in care and providers of HIV related services: Partner with HIV Care planning partners (TGA and CHSPC) to add questions to consumer and provider surveys
 - Priority populations – experience of prevention service providers
3. Review of select epi data: delayed HIV testing (health at first HIV+ test); out of care for

HIV; STD, HIV and Hepatitis co-occurrence or shared history (e.g. co-occurrence or history of STDs and Hepatitis among those who are newly diagnosed with HIV).

CONTINUOUS REVIEW OF THE POLICY ENVIRONMENT

Key policies for review and further study:

1. HIV testing: rapid and routine
 - What is the need for rapid and routine HIV testing?
 - What is the impact of routine and rapid HIV testing on early diagnosis?
2. Availability and use of substance abuse treatment
 - Modeling: how might the expansion of substance abuse treatment impact HIV risk behaviors and health services utilization in priority populations?
3. Availability of treatment for depression
 - How would the expansion of treatment for depression impact risk for HIV and access of health services?
4. Access to comprehensive sex and sexuality education
 - What is the status of comprehensive sex and sexuality education in Indiana? (Existence, availability, evaluable outcomes)
 - How are stigmas expressed in the available curricula?
 - What are the missed opportunities for STD, HIV and pregnancy prevention?
5. Syringe access and harm reduction
 - What are the opportunities for the expansion of syringe access, overdose prevention and harm reduction programming among injection drug using communities?
6. Health Care Reform –What are the implications and opportunities for STD, HIV and Hepatitis prevention and treatment?

FOLLOW-UP and MOVING FORWARD WITH INDIANA'S RESEARCH AGENDA

It is the goal of the Indiana CPG and the ISDH to disseminate the research agenda to various governmental entities, as well as AIDS Service and Community Based Organizations in order for them to assess and review research priorities and potentially assist in funding some additional needs assessment activities. The CPG encourages collaborations and partnerships with other organizations outside of the HIV/AIDS/STD arena. For example, collaborations with the Indiana Department of Correction, Division of Mental Health and Addiction, and Indiana Housing Authority are just a few examples of agencies that have the potential to benefit HIV prevention services throughout the state.

ACCESSING THE AGENDA

Anyone interested in additional information or obtaining a copy of the *Moving Forward Together: A Needs Assessment Research Agenda for HIV Prevention in Indiana*, should contact the Community Planning Group Liaison at 317-233-7483 at the Indiana State Department of Health or click on the following:



2011 HIV TEST VISITORS PROJECT: SEEING WITH NEW EYES

In response to the research agenda priorities, the ISDH began planning a provider assessment in January of 2011. The project consisted of 30 HIV-negative community researchers who were reflective of the demographics and experiences of target populations selected to serve as HIV testing visitors at the 33 sites funded by the ISDH. In March 2011, each site received at least one (1) visit, with many receiving two (2) or more from different community researchers over a three week period. Community researchers evaluated the following: messaging and provider community (including stigmatization), access to services (cultural/linguistic, availability, setting, appropriate, referrals), and whether they would return for a future test. Phone follow up of any referrals offered provided a random assessment of the referral network as well.

FINDINGS/RESULTS

In May 2011 the Needs Assessment Committee presented its findings to the full CPG. All ISDH funded sites were visited, most of which were visited by three (3) community researchers, with 5 sites only visited by only one (1) person due to recruitment challenges. Of the 33 ISDH funded sites, 33.3% of sites were categorized as “strong” sites. Strong sites were those that received a positive review by all who visited the site. Characteristics of a strong site included 1) a positive access experience (to include flexible scheduling, easy phone access, availability of provider, welcoming front desk staff/receptionist); 2) respectful, welcoming, kind, open, and listened well; 3) knowledgeable provider, educated client well; 4) space and provider respected confidentiality; 5) efficient, clean and organized site; 6) rapid test was an option; 7) regardless of initial negative experience, a strong/positive testing provider negative experiences were reduced.

In addition to the 33.3% of sites that were categorized as strong, testers reported that at 42% of the sites they reported to have had experienced confidentiality issues, testers reported that they would not return to 48% of the sites for various reported reasons, and testers also reported that they did not receive a test, despite attempts and request at 33.3% of the sites visited/contacted.

Following these findings, it is the goal of the HIV Prevention Program to address each issue that was reported within the study as a whole to all funded by the ISDH. In addition, by the end of 2012, the HIV Prevention Program will visit all sites, address specific issues individually and determine if any additional training or capacity building activities are needed.

ACCESSING THE FULL REPORT

Anyone interested in additional information surrounding the 2011 HIV TEST VISITORS PROJECT: SEEING WITH NEW EYES should contact the Community Planning Group Liaison at 317-233-7483 or the HIV Prevention Program Manager at 317-233-7840 both located at the Indiana State Department of Health.

BLACK MEN’S HEALTH SURVEY

During the gathering of data related to the HIV research agenda, it was concluded that there was insufficient data to determine appropriate and effective HIV prevention services for Heterosexual Black Men. As a result, during the summer of 2011 the Indiana Minority Health Coalition (IMHC) began to prepare and conduct a black men’s health study. The study is a community based participatory research project designed to assess the general health of black men, including sexual health such as HIV and STD’s.

Currently, IMHC is analyzing the results and preparing to release a final report in early 2012. Additionally, meetings are being held around the state with project research teams to discuss the preliminary results. Upon completion, an addendum will be filed to this prevention plan.

2010 HIV/STD/VIRAL HEPATITIS PREVENTION AND MEN WHO HAVE SEX WITH MEN (MSM) NEEDS ASSESSMENT

In 2008, the HIV Prevention Program was awarded competitive supplemental funding from the Centers for Disease Control and Prevention to conduct an HIV/STD/Viral Hepatitis Prevention Needs Assessment for Men who have Sex with Men (MSM). This funding was designated for states to assess the strengths and weaknesses of existing prevention services and resources that target MSM and to identify barriers that impede MSM access to these services and resources. The primary goal of this study was to guide ISDH officials in efforts to devise new prevention measures and to revise and enhance existing services that would help reduce infection rates of HIV/STD/Viral Hepatitis among MSM communities in the state of Indiana.

The study was conducted in the following five (5) highest incidence counties of Indiana for MSM: Marion, Lake, Allen, St. Joseph, and Vanderburgh. Activities included both survey questions and focus groups. Survey questions focused mainly on demographic, gender identity, sexual practices, and sexual orientation information, while focus groups primarily centered on the knowledge of HIV and HIV status, barriers that MSM face, prevention knowledge and access to services, stigma surrounding MSM, HIV, and testing.

FINDINGS/RESULTS

General findings included strong associations between socio-economic status and HIV positivity rates. Overall themes included strong stigma associated with sex, HIV, and other STDs, barriers to accessing general prevention information, barriers to receiving testing, and a lack of comprehensive prevention information that focuses on risk reductive sexual practices. To address some of these issues the following was recommended:

1. Development of social marketing campaigns that normalize sexuality as a part of sexual health and to incorporate sex positive representations of MSM.
2. Development of partnerships between ISDH officials, sexual education consultants, prevention workers, care providers, and grade school teachers to develop a comprehensive sex education curriculum.
3. Training of health care providers in adopting a risk reductive, sex positive approach to service provision and care for MSM clients.
4. Transient, audience intended prevention messaging/social marketing.
5. Development of appropriate culturally based interventions and prevention messaging.
6. Development of comprehensive HIV testing sites to include both free HIV and STD tests.
7. Development of prevention methods and/or interventions that focus on risk reductive practices.

ACCESSING THE FULL REPORT

Anyone interested in obtaining the 2010 HIV/STD/Viral Hepatitis Prevention and Men who have Sex with Men (MSM) Needs Assessment Report should contact the Community Planning Group Liaison at 317-233-7483 at the Indiana State Department of Health.

2009 HIV PREVENTION GAP ANALYSIS

In early 2009, the Indiana CPG and the ISDH conducted a gap analysis focused on organizations that provide HIV prevention services to those populations at greatest risk for HIV infection. The analysis covered a 10-county geographic region area which included Elkhart, St. Joseph, Delaware, Henry, Jay, Randolph, Wayne, Marion, Monroe, and Vigo Counties. Service providers in these areas were contacted via telephone and asked a series of questions related to available programs, services, and referral processes within their organizations.

FINDINGS/RESULTS

Attempts were made to contact a total of 85 agencies with successful contacts occurring at only 56 (66%). The biggest obstacles were determined to be that of the automated phone systems and unreturned voice mail messages. For agencies that were successfully contacted, answers to the questions were found to be ambiguous and formulaic, with some respondents who were unfamiliar with terminology used in the HIV/STD field. Additionally, when referrals were given, many individuals were sent to organizations located in another county.

ACCESSING THE FULL REPORT

Anyone interested in obtaining the 2009 Gap Analysis Report should contact the Community Planning Group Liaison at 317-233-7483 at the Indiana State Department of Health.