

Si se Puede! Yes, We Can!

Integrating Prevention and Care Community Planning in Los Angeles

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Overview of Community Planning

Prevention Planning:

- Comprehensive HIV prevention plan
- Assess effectiveness of the plan
- Ensure planning reflects the local epidemic
- Conduct needs assessment
- Compile a resource inventory
- Complete a gap analysis
- Foster linkages between the plan and health department application
- Prioritize services
 - Populations
 - Appropriate interventions
 - Recommend services

Care Planning:

- Comprehensive plan for CARE act funds
- Assess effectiveness of the plan
- Ensure planning reflects the local epidemic
- Conduct needs assessment
- Compile resource inventory
- Complete a service gaps analysis
- Promote coordination and linkages of services
- Determine allocation of CARE act funds (Title I only)



Common Goals of Prevention and Care Community Planning

- Reduce the number of undiagnosed cases of HIV
- Increase successful linkage to care and/or support services
- Ensure that HIV positive individuals are linked to prevention services
- Identify unmet needs
- Identify new populations affected by HIV/AIDS
- Integrate co-factors/co-morbidities in service plans



Spectrum of Integrated Planning

- One integrated care and prevention planning group
- Some integrated meetings
- Joint committees/workgroups
- Common members
- Integrated resource inventory
- Coordinated needs assessment
- Single Epidemiologic Profile
- Data sharing



Los Angeles County

Square Miles: 4,086

Population¹: 10.3 Million

Latino/a 47%

White 28.9%

Asian/PI 12.6%

African-American 9.0%

Native American 0.3%

Proportion of:

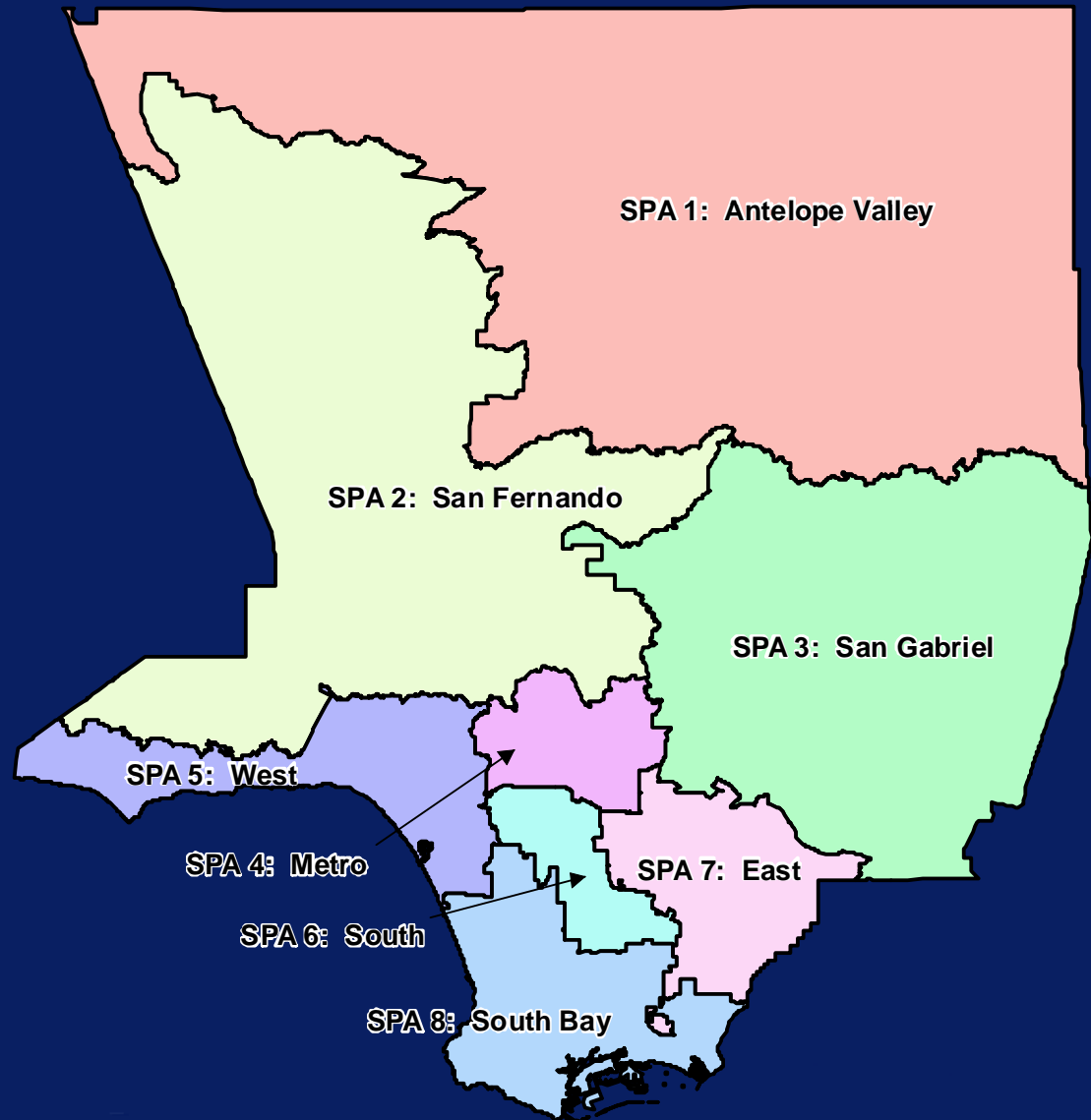
- California Population²: 29%
- California AIDS Cases³: 36%
- U.S. AIDS Cases³: 5%

Living with HIV/AIDS³:
61,700 (Estimated)

¹United Way, Los Angeles (2008)






²U.S. Department of Commerce (2008)

³Los Angeles County HIV Epidemiology Program (2009)
















HIV Community Planning in Los Angeles County

- Commission on HIV (COH)
- Los Angeles HIV Prevention Planning Committee (PPC)

History of Collaboration/Coordination	Integrated
One integrated care and prevention planning group	
Some integrated meetings	
Joint committees/workgroups	
Common members	
Integrated resource inventory	
Coordinated needs assessment	
Single Epidemiologic Profile	
Data Sharing	



Purpose of Needs Assessment

Objectives	Prevention	Care
Establish service priorities		
Provide guidance on how to best meet these priorities		
Document need for specific services		
Provide baseline data		
Identify unmet need		
Evaluate service utilization		
Identify geographic areas of risk		



What is LACHNA?

- Los Angeles Coordinated HIV Needs Assessment
 - Demographic and geographic information
 - HIV care/testing
 - HIV knowledge
 - Drug and alcohol use
 - Sexual risk behaviors
 - HIV prevention and care services utilization
 - Mental status/mental health service utilization
 - Oral Health
 - Health insurance/benefits utilization

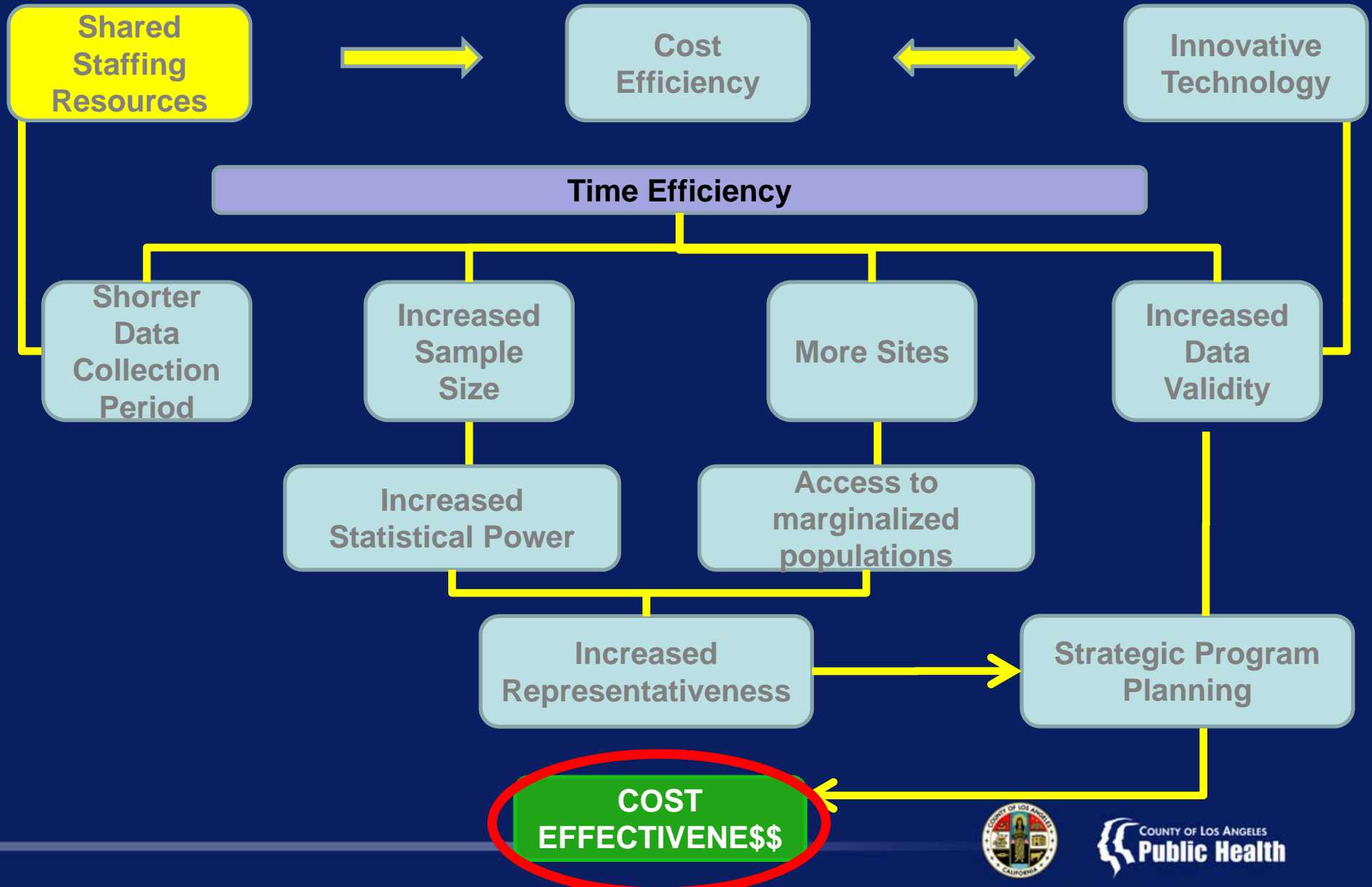


Overview of LACHNA

- N=1,888 Interviews (English or Spanish language)
 - 1,313 HIV negative and unknown status
 - 575 HIV positive
- Data were collected between June through December 2007 at approximately 133 sites
- Interviews lasted between 20 to 60 minutes
- Participant compensation \$20 to \$30
- Participants were randomly selected
- Data recorded on hand held devices



Cost Effectiveness



Shared Resources

Collaboration + Coordination = Shared Resources

- Culturally sensitive measures (PPC)
- Gaps in available data (PPC, OAPP, COH)
- Recruitment strategies and sites (PPC, OAPP, COH)
- New technology and database development (OAPP, COH)
- Procuring incentives (COH)
- Institutional Review Board (OAPP)
- Staffing (OAPP, COH)



Benefits of Shared Staffing Plan

- Increased number of data collectors
 - More data collection teams



1) shorter data collection period

a. availability of preliminary data

i. comprehensive planning

COST EFFECTIVENESS

2) increased sample size

a. increased statistical power for analysis

i. data more representative

ii. evidence based planning

iii. comprehensive planning

COST EFFECTIVENESS



Benefits of Shared Staffing Plan (cont.)

- Increased number of data collectors (cont.)
 - More data collection teams

3) increased number of sites/venues

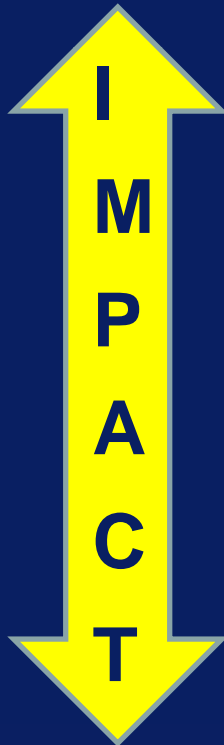
a. reach marginalized and emerging populations

i. data more representative

ii. evidence based planning

iii. measure unmet need

iv. comprehensive planning

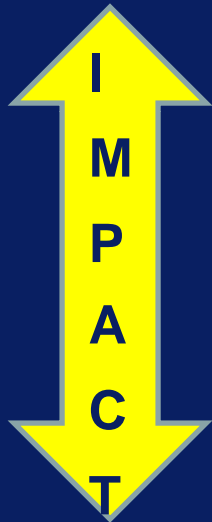


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Benefits of Shared Staffing Plan (cont.)

- Increased number of data collectors (cont.)
 - Project PIs monitored all sites



1) increased data validity

- a. increased statistical power
 - i. data more representative
 - ii. evidence based planning
 - iii. comprehensive planning

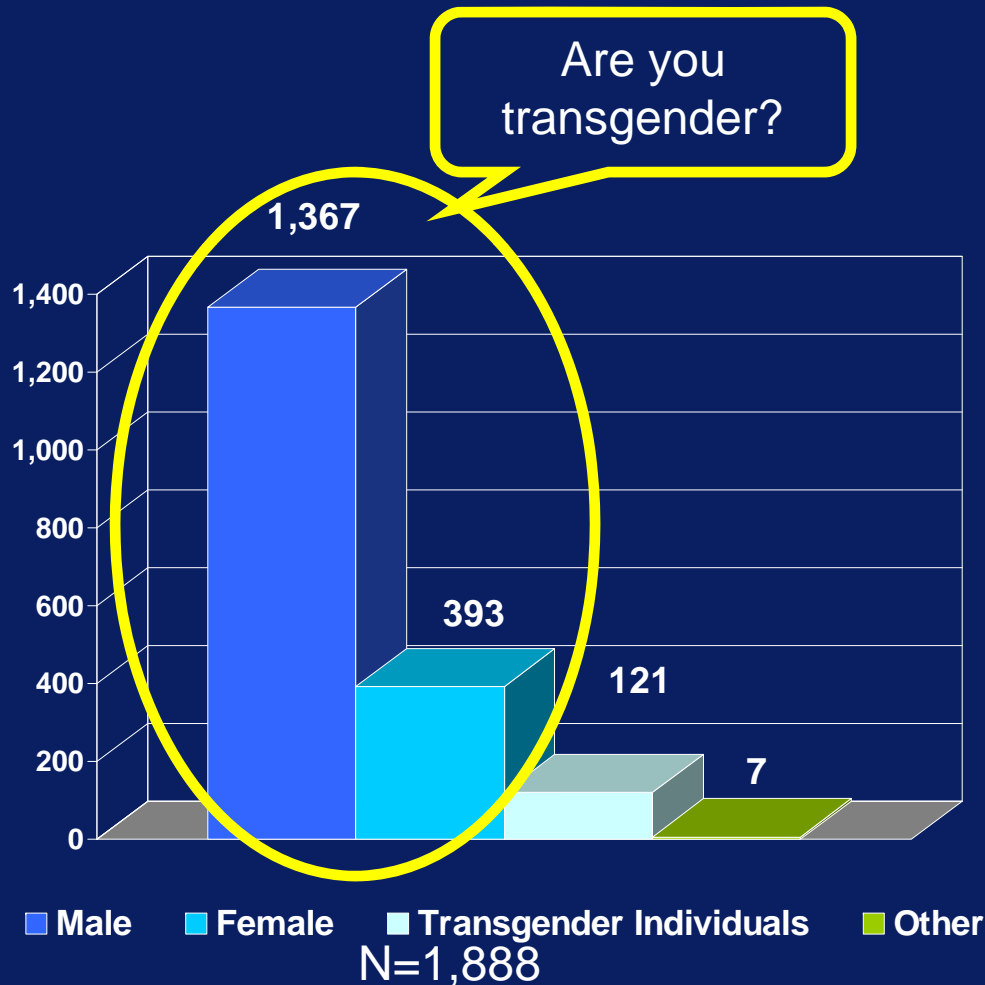
COST EFFECTIVENESS

- Cost savings/efficiencies
 - Hire additional data collectors
 - New data collection hardware and software



Benefits of Shared Expertise

- Improved method of collecting transgender identity



- Additional question resulted in
 - 25% more transgender individuals
 - 26% more HIV positive transgender individuals



Benefits of Shared Expertise (cont.)

- Surveyed out of care and return to care clients
 - COH now able to assess and address unmet need and access to care issues
- Non-traditional needs assessment topics
 - Underlying “barriers”, “drivers”, “identity shifts”, to risk behavior change or maintenance
 - Adult/sex video/film industry association with HIV risk
 - Perception of transmission/risk and self efficacy
 - Sero-sorting
 - HIV co-factors (e.g. poverty, mental health issues, immigration status, sex work, meth use, day labor, etc.)
 - Geographic mapping



Benefits of Collaboration

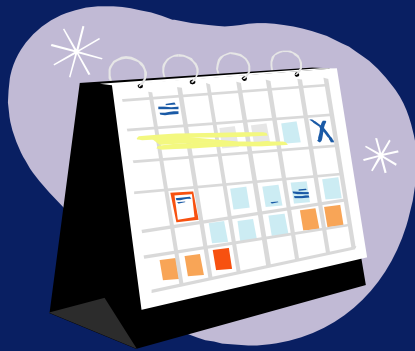
- More complete data on PLWHA utilizing prevention services (Prevention for Positives)
- Ability to obtain data on PLWHA not in care
- Ability to procure and utilize new data collection technology



Coordinated Needs Assessment Challenges



- Length of survey for PLWHA was long because respondents answered both prevention and care related questions



- Timeframe for project planning was lengthened because of additional meetings and inclusive decision making process (2 planning bodies + Health Department)



Next Steps

A



B



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- Identify other ways to integrate prevention and care in Los Angeles County
- Conduct a coordinated data summit in 2010
- Assist other jurisdictions interested in conducting a coordinated needs assessment



Acknowledgements

- Thank you to all, without your support this project could not have been completed.
 - Executive Office, Commission on HIV
 - LACHNA Workgroup
 - PPC Evaluation Subcommittee
 - OAPP Planning and Research Team



Related Conference Presentations

Topic	Time and Locations
<p>Track A (AR02)-Popular Opinion Leader (POL) On the Internet: Preliminary Results of the Behavior and Perception Modifications Utilizing Geographic Information Systems (GIS) in HIV Prevention Planning: Lessons Learned in Los Angeles County</p>	<p>Day: Monday August 24, 2009 Time: 5:15PM – 6:00PM Location: Hyatt-Hanover Room C</p>
<p>Track A (A06)-Minority Risk Behaviors High HIV Risk Among African-American MSM Who Self-Report Low Levels of Risk Behaviors</p>	<p>Day: Tuesday August 25, 2009 Time: 10:30AM – 12:00PM Location: Hyatt-Baker Room</p>
<p>Track D (D14)-The Promise and Challenges of New Technologies for Data Collection The Use of Hand-Held Electronic Data Collection Technology in the Assessment of HIV Prevention Needs</p>	<p>Day: Tuesday August 25, 2009 Time: 10:30AM – 12:00PM Location: Hyatt-Hanover Room E</p>



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