GEORGETOWN UNIVERSITY | Center for Global Health Practice and Impact

Needs Assessment Template

Tool Contents

This tool contains the following five assessment areas:

1. **Jurisdiction Readiness**

   a. Level of Integration between Core Teams

   b. Staffing of Core Teams

   c. Current Data-Sharing Policies

2. **Data Integration Activities**

   a. Goals and Concerns regarding Linkage of HIV and STI Data

   b. Existing Technology used for HIV/STI Surveillance Data

   c. Existing Processes for HIV/STI Surveillance Data

3. **Ryan White HIV/AIDS Program (RWHAP)**

4. **Data-to-Care Activities**
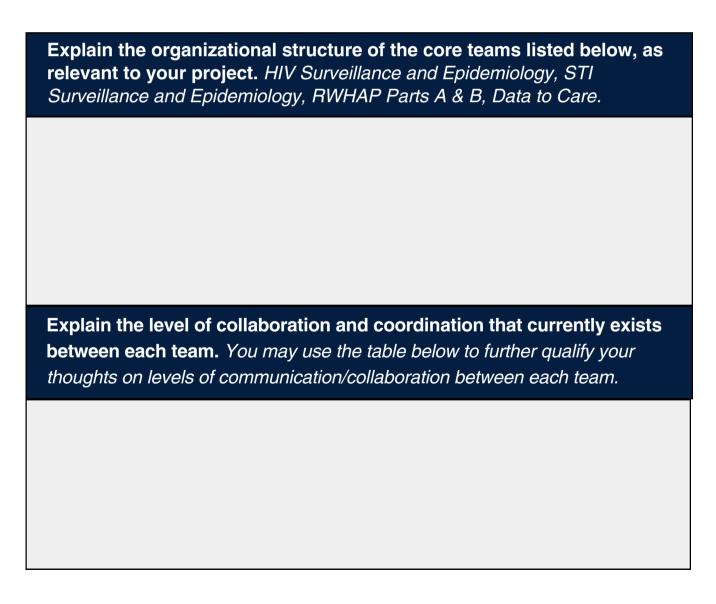
5. **Pathway to Data Integration**

Background

Your Needs Assessment should be structured as a questionnaire to be sent out to project stakeholders to assess the current state of data linkages between HIV surveillance, the STI program, and Ryan White HIV/AIDS Program (RWHAP), and how these data inform Data to Care processes. Collecting this information will help you to better understand your project's goals and needs moving forward. The information provided in questionnaire responses will be used to inform the Data Integration Implementation Plan, which is the second tool in our Design Guide.

While this tool provides a foundation for your Needs Assessment, it is important to tailor questions to the specific context of your organization. The results of this assessment will help to identify existing gaps in your processes and inform your project's priority areas.

Jurisdiction Readiness

I. Level of Integration between Core Teams

First, it is important to get an understanding of the organizational structure of the "core teams" within your organization in order to understand the level of structural integration (or silos) within your jurisdiction's department of health. These teams may include but are not limited to: HIV Surveillance and Epidemiology teams, STI Surveillance and Epidemiology teams, RWHAP team(s), and Data to Care team.

For example, are the HIV surveillance and STI programs within the same overarching program as each other? Same as RWHAP? Etc. Drawing a organizational chart may be the best way to depict your structure.

Explain the organizational structure of the core teams listed below, as relevant to your project. *HIV Surveillance and Epidemiology, STI Surveillance and Epidemiology, RWHAP Parts A & B, Data to Care.*

Explain the level of collaboration and coordination that currently exists between each team. *You may use the table below to further qualify your thoughts on levels of communication/collaboration between each team.*

Jurisdiction Readiness

HIV and STI Surveillance	
RWHAP & HIV Section	
RWHAP & STI Section	
Data to Care/Client Re-engagement and HIV section	
Data to Care/Client Re-engagement and STI section	

II. Staffing of Core Teams

Please complete the following chart indicating your level of staffing for each core team as listed below.

	RWHAP & HIV Section	STI Surveillance Team	RWHAP Team	Data to Care Team
Data Manager				
Data Entry Staff				
Senior Level Epidemiologist				
Bioinformatician/ IT Specialist				

Jurisdiction Readiness

II. Staffing of Core Teams (cont.)

	RWHAP & HIV Section	STI Surveillance Team	RWHAP Team	Data to Care Team
Doctoral/Masters Level Services Planner				
Clinical Quality Improvement Specialists				
Disease Intervention Specialists				
Bioinformatician/ IT Specialist				
Other (explain)				

III. Current Data Sharing Policies

	Yes or No? Explain further if needed.
Is a data sharing agreement or data use agreement needed to share between your jurisdiction's STI and HIV data systems?	
Is a data sharing agreement or data use agreement needed to share between your jurisdiction's HIV and RWHAP data systems?	
Is a data sharing agreement or data use agreement needed to share between your jurisdiction's STI and RWHAP data systems?	

Jurisdiction Readiness

III. Current Data Sharing Policies (cont.)

> **Are there any data-sharing agreements currently in place between your jurisdiction's core teams and external agencies?** If yes, please explain current data sharing agreements including the scope of the agreement, involved parties, time frame of agreement, etc.

Data Integration Activities: HIV and STI

I. Goals and Concerns regarding Linkage of HIV and STI Data

What are your jurisdiction's goals/rationales for linking HIV & STI data? Select all that apply.	
A. Improved partner services activities	
B. Creation of comprehensive person/epidemiological profile	
C. Enhanced data-to-care activities	
D. Improved HIV/STI surveillance data quality	
E. Other (explain in text box below)	
Explain any N/A or 'Other'	Use this text box to elaborate on the goals above/explain additional goals as needed.

Data Integration Activities: HIV and STI

II. Existing Technology Used for HIV/STI Surveillance Data

Is there a data governance model in place for data sharing and integration?
What are the policies and protocol in place to manage HIV and STI data exchange?

Where are your HIV surveillance data housed and/or what software system do you use for surveillance data (i.e. eHARS, MAVEN, etc.)?
Provide a brief description.

Please rate your experience using your HIV data system in the table below:

	Poor	→	→	→	Excellent
	1	2	3	4	5
Ease of Use					
Reliability					
Utility					
Cost					
Time-Intensiveness					

Where are your STI data housed and/or what software system do you use?
Provide a brief description.

Data Integration Activities: HIV and STI

Please rate your experience using this software (for STI data) in the table below:

	Poor	→	→	→	Excellent
	1	2	3	4	5
Ease of Use					
Reliability					
Utility					
Cost					
Time-Intensiveness					

What methods are you using to link HIV and STI data (if any)?
Provide a brief description.

Please rate your experience using these methods (for HIV/STI data linkage) in the table below:

	Poor	→	→	→	Excellent
	1	2	3	4	5
Ease of Use					
Reliability					
Utility					
Cost					
Time-Intensiveness					

Data Integration Activities: HIV and STI

III. Existing Processes for HIV/STI Surveillance Data

How are HIV and STI data initially entered and verified?	
Explain measures in place to check the validity and reliability of HIV and STI data.	
Are there processes in place to link HIV and STI data? If so, explain these processes.	
Does your jurisdiction link HIV and STI data regularly? If so, how often?	
Does your jurisdiction have current methods in place to link HIV and STI data? If so, please explain this process and the issues that you face.	
What are some of the challenges you face in linking HIV and STI data?	
Please use this space to discuss any other questions, concerns, or comments regarding HIV/STI data linkage.	

Ryan White HIV/AIDS Program Data

I. Ryan White HIV/AIDS Program Data

Briefly explain how better integration of HIV and STI data will assist with improving the HIV care continuum within the RWHAP.	
How are RWHAP Part A or B data collected?	
How are RWHAP Part A or B data entered?	
Where are your RWHAP Part A or B data housed and/or what software system do you use?	

Please rate your experience using this software (for RWHAP data) in the table below:

	Poor	→	→	→	Excellent
	1	2	3	4	5
Completeness					
Reliability					
Utility for Data-to-Care					

Use this text box to elaborate on concerns with RWHAP data quality.

Ryan White HIV/AIDS Program Data

Please rank the quality of your jurisdiction's RWHAP data:

	Poor	→	→	→	Excellent
	1	2	3	4	5
Ease of Use					
Reliability					
Utility					
Cost					
Time-Intensiveness					
What verification checks are in place for your RWHAP data post-data entry?					
Is there data sharing between the HIV/STI departments and the RWHAP databases? Please elaborate					

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Data-to-Care Activities

I. Data to Care Activities

	Explain with a focus on data utilization and gaps.
Explain your jurisdiction's data-to-care activities with regard to the RWHAP population and the HIV care continuum.	
Explain the various pathways for client care re-engagement in your jurisdiction. Do you conduct care matches with providers? With RWHAP Part A? Do you have a D2C program at the DOH?	
Elaborate on any challenges your data-to-care team faces with data quality, logistics, capacity, or client re-engagement.	

Pathways to Data Integration

Please quantify the following potential concerns that your jurisdiction may have with the process of integrating HIV/STI data:

	Of less concern → → → Of most concern				
	1	**2**	**3**	**4**	**5**
Quality of HIV surveillance data					
Effectiveness of HIV surveillance data system					
Quality of STI data					
Effectiveness of STI data system					
Capacity to regularly link HIV and STI person-level data					
Capacity to store linked HIV and STI data within a single system					
Availability of integrated HIV and STI data to DIS and outreach staff					
Quality of linked HIV and STI data					
Capacity to perform data quality matches between HIV and STI data and other DOH data systems (ADAP, Pharmacy, etc.)					

Pathways to Data Integration

	Of less concern	→	→	→	Of most concern
	1	2	3	4	5
Developing data sharing agreements between DOH and RWHAP /providers					
Capacity to perform data sharing between DOH and RWHAP /providers					
Technological capacity for data linkage between DOH and RWHAP/ provider systems					
Efficacy of data sharing with RWHAP/ providers in returning and retaining clients in care					
Staffing capacity to maintain continued data integration practices					
Availability of documentation related to all DOH data systems					

Pathways to Data Integration

	Of less concern	→	→	→	Of most concern
	1	2	3	4	5
Availability of documentation related to all data exchange and data integration procedures					
Availability of documentation related to data quality and validation procedures					
Use this text box to elaborate on or add to the info above as needed.					

Conclusion

Please use this space to enter any concerns or additional needs that you feel were not covered in this questionnaire. Note that during the implementation process, you should continuously assess changes in or newly identified needs. This questionnaire is meant to provide an in-depth, first-look assessment of your jurisdiction's current status, and opportunities for improvement.