You Don't Need a Survey!
Conducting a Regional Needs Assessment Using Public Datasets

Paul F. Cook PhD

Claudia A. Amura PhD

University of Colorado College of Nursing /

Mountain West AIDS Education & Training Center

2022

NATIONAL
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT

Everyone is Sick of Surveys …

- Lower response rates, even with best practices for online surveys
  - Keep the survey short
  - Describe your reasons for needing the information
  - Have a "warm handoff" from someone the respondent knows
  - Offer a small incentive

- Lower response rates overall (more ignoring requests)

- More outright refusals – sometimes quite indignant

- More suspicion of scams

- More tech systems that automatically reject outside emails

- More trainees who don't remember their password

- … and you probably don't have a budget for this!

… Fortunately, You Don't Need One

- Public data sets are improving –
  - More comprehensive coverage of relevant measures (HIV Care Continuum)
  - More consistent reporting of the same data from all constituents
  - More complete datasets (e.g., rural states)
  - More online accessibility, including drill-down tools for analysis
- Depending on your questions, you may not need a survey at all
- Goals of needs assessment:
  - Situational awareness and ongoing learning for program staff
  - Understand the population we serve
  - Design and deliver programs targeted to local needs
  - Inform quality improvement efforts
  - Use limited program resources most effectively

Case Example

Mountain West AIDS Education and Training Center

- 10 western states:

| AK | CO | ID | MT | ND & SD | OR | UT | WA | WY |
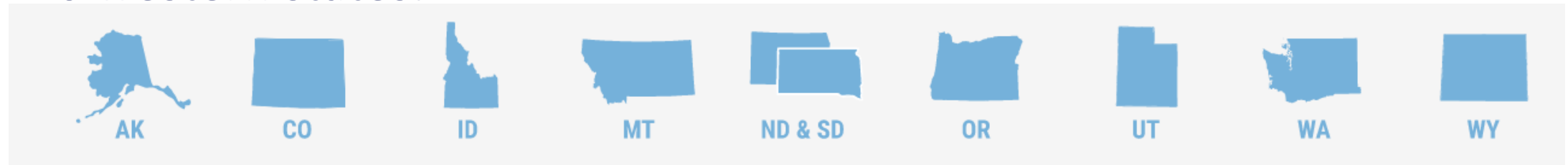
- Our mission: *MWAETC delivers innovative education and training to improve access to care and quality of life for people who are living with or who are at increased risk for acquiring HIV*

- Needs assessment requires state-level data on HIV epidemiology, HIV workforce and patient access to HIV care, treatment outcomes at each level of the HIV Care Continuum, comorbidities of HIV, social determinants of health, and HIV training needs

- Previous comprehensive 10-state needs assessment was done in 2016

Epidemiology of HIV

- AIDSVu.org
- Census.gov
- State health departments / Statewide Coordinated Statement of Need (SCSN)

Example: AIDSVu.org
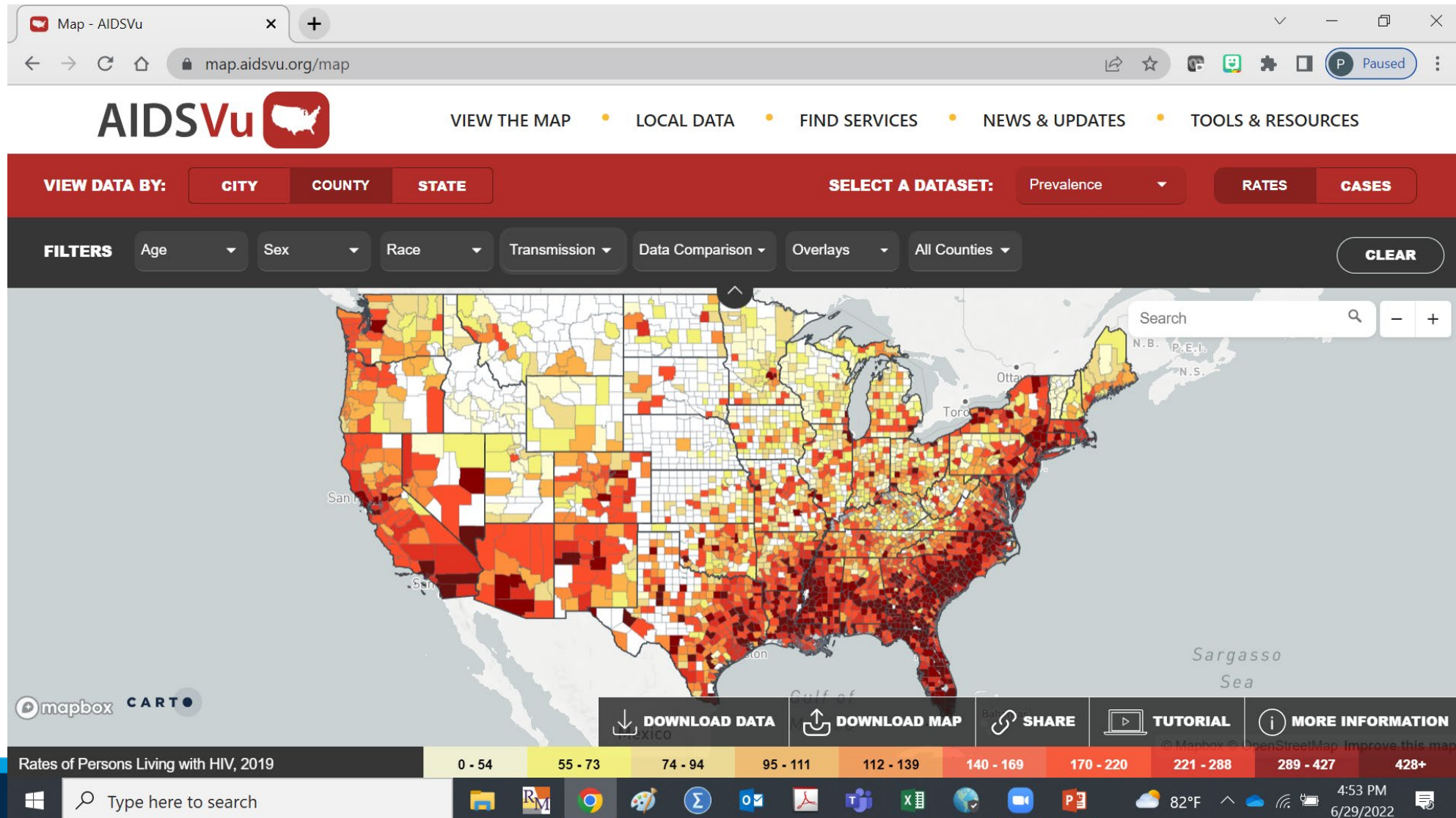
Extreme Rurality

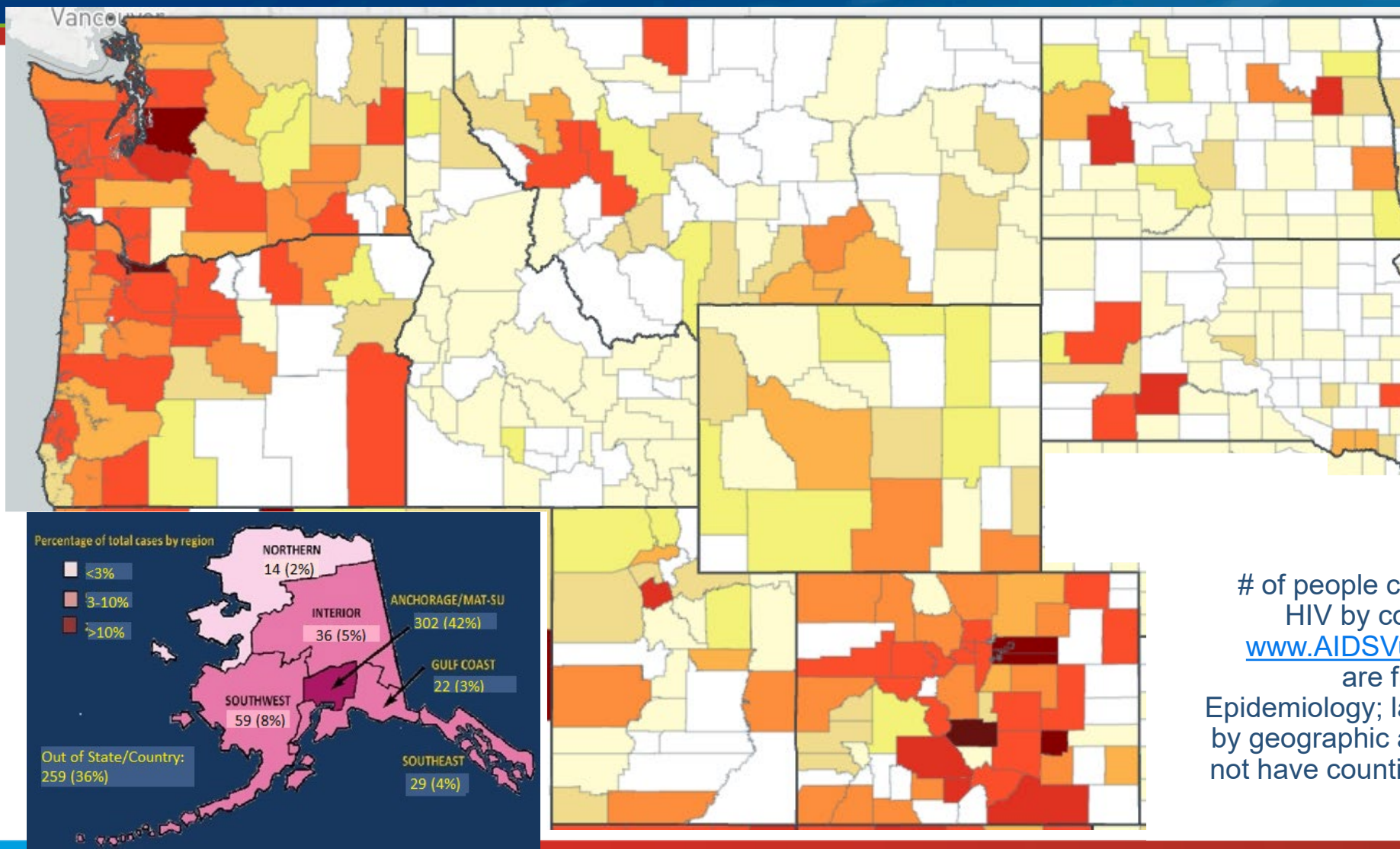| State	Total Population	Pop. Change (past 5 years)	Square Miles	Rural Population	Median Age	Female
Colorado	5,773,714 ↑	+7.8% ↓	104,094	15.2%	37.1	49.6%
Washington	7,705,281 ↑	+9.1% —	71,298	15.8%	37.8	49.9%
Oregon	4,237,256 ↑	+6.7% ↓	98,378	18.4%	39.6	50.4%
Utah	3,271,616 ↑	+11.1% ↓	84,897	11.4%	31.3	49.6%
Alaska	733,391 —	-0.5% —	665,384	34.2%	35.0	47.9%
Idaho	1,839,106 ↑	+12.5% ↑	83,569	28.8%	36.9	49.9%
Montana	1,084,225 ↑	+5.9% ↓	147,040	44.4%	40.1	49.7%
North Dakota	762,062 —	+1.1% ↓	70,698	40.7%	35.3	48.8%
South Dakota	885,659 ↑	+3.7% ↓	77,116	42.6%	37.4	49.5%
Wyoming	576,851 —	-1.3% ↓	97,813	36.5%	38.4	49.1%

HIV Prevalence Rate per 100,000 by County, 2018

Percentage of total cases by region
- <3%
- 3-10%
- >10%

NORTHERN 14 (2%)
INTERIOR 36 (5%)
ANCHORAGE/MAT-SU 302 (42%)
GULF COAST 22 (3%)
SOUTHWEST 59 (8%)
SOUTHEAST 29 (4%)
Out of State/Country: 259 (36%)

# of people currently living with HIV by county (Dec. 2018), www.AIDSVu.org. Alaska data are from AK Section of Epidemiology; latest published #s by geographic area (Alaska does not have counties) are from 2020

| 0 - 50 | 51 - 60 | 61 - 80 | 81 - 90 | 91 - 120 | 121 - 150 | 151 - 190 | 191 - 250 | 251 - 380 | 381+ |

Low Prevalence and Gaps in Testing

State	PWH per 100, 000	Total Epidemic (Prevalence)	New Diagnoses (Incidence)	Late Diagnoses
Colorado	277 ↑	12,696	8 per 100K	23.8% —
Washington	215 ↑	13,614	8 per 100K	21.8% ↓
Oregon	198 ↑	7,050	6 per 100K	22.7% ↓
Utah	118 -	2,929	5 per 100K	15.1% ↓
Alaska	118 ↑	708	4 per 100K	17.4% ↓
Idaho	82 ↑	1,076	3 per 100K	40.5% ↑
Montana	72 ↑	644	3 per 100K	21.7% ↓
North Dakota	71 ↑	447	6 per 100K	13.9% ↓
South Dakota	85 ↑	610	4 per 100K	24.1% ↓
Wyoming	73 ↑	348	3 per 100K	8.3% ↓

New HIV Diagnoses by County, 2018
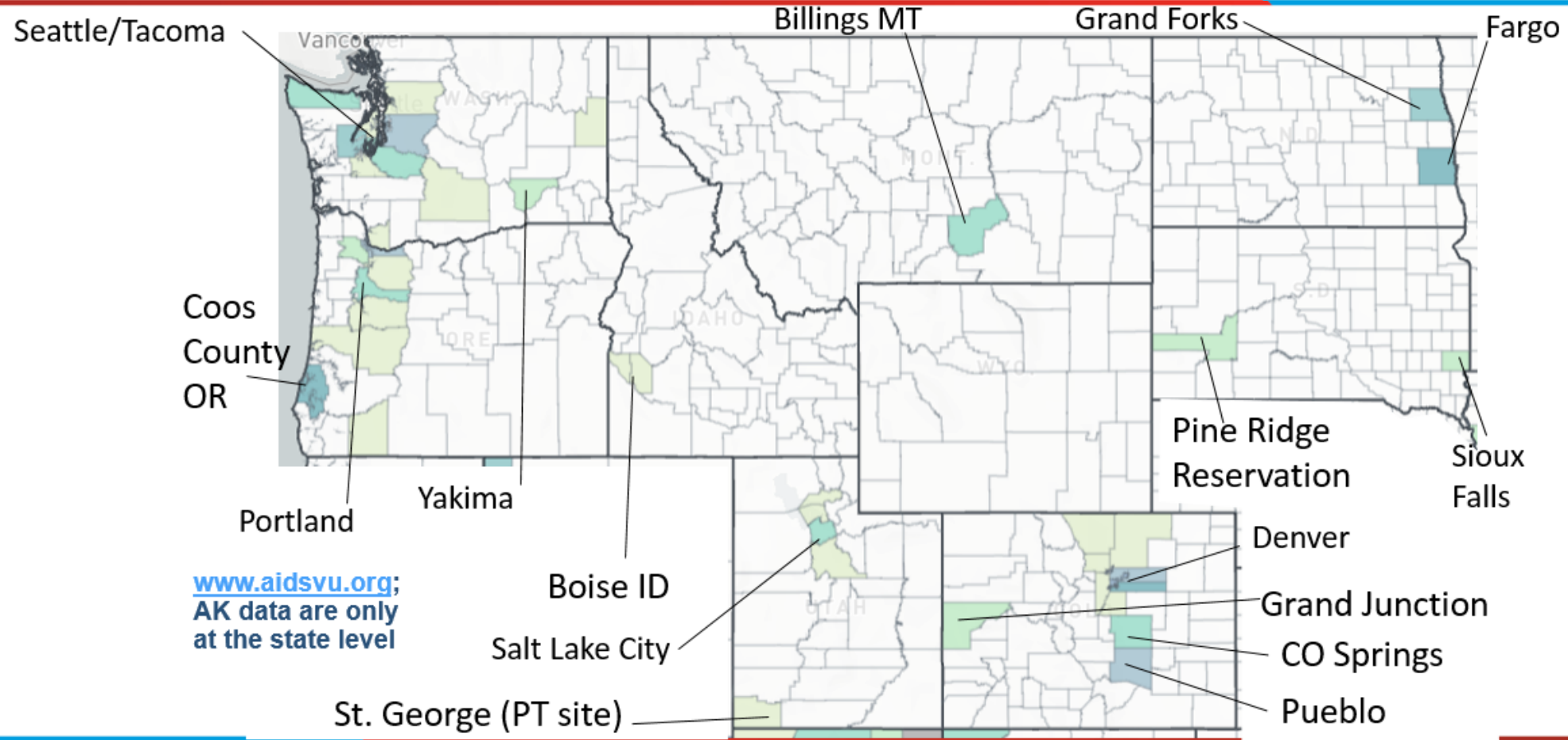
Workforce and Access to Care

- HRSA Bureau of Health Professions: data.hrsa.gov/topics/health-workforce.arf and data.hrsa.gov/ExportedMaps/MapGallery/HPSAPC.pdf

- Ryan White RSR program data: data.hrsa.gov/maps/map-tool/ and hab.hrsa.gov/stateprofiles2018/

- FQHC universal data set (UDS) data: data.hrsa.gov/tools/data-reporting/program-data?type=AWARDEE

- PrEP availability from AIDSVu.org

Example: HRSA Bureau of Primary Health Professions

Health Workforce in MWAETC States

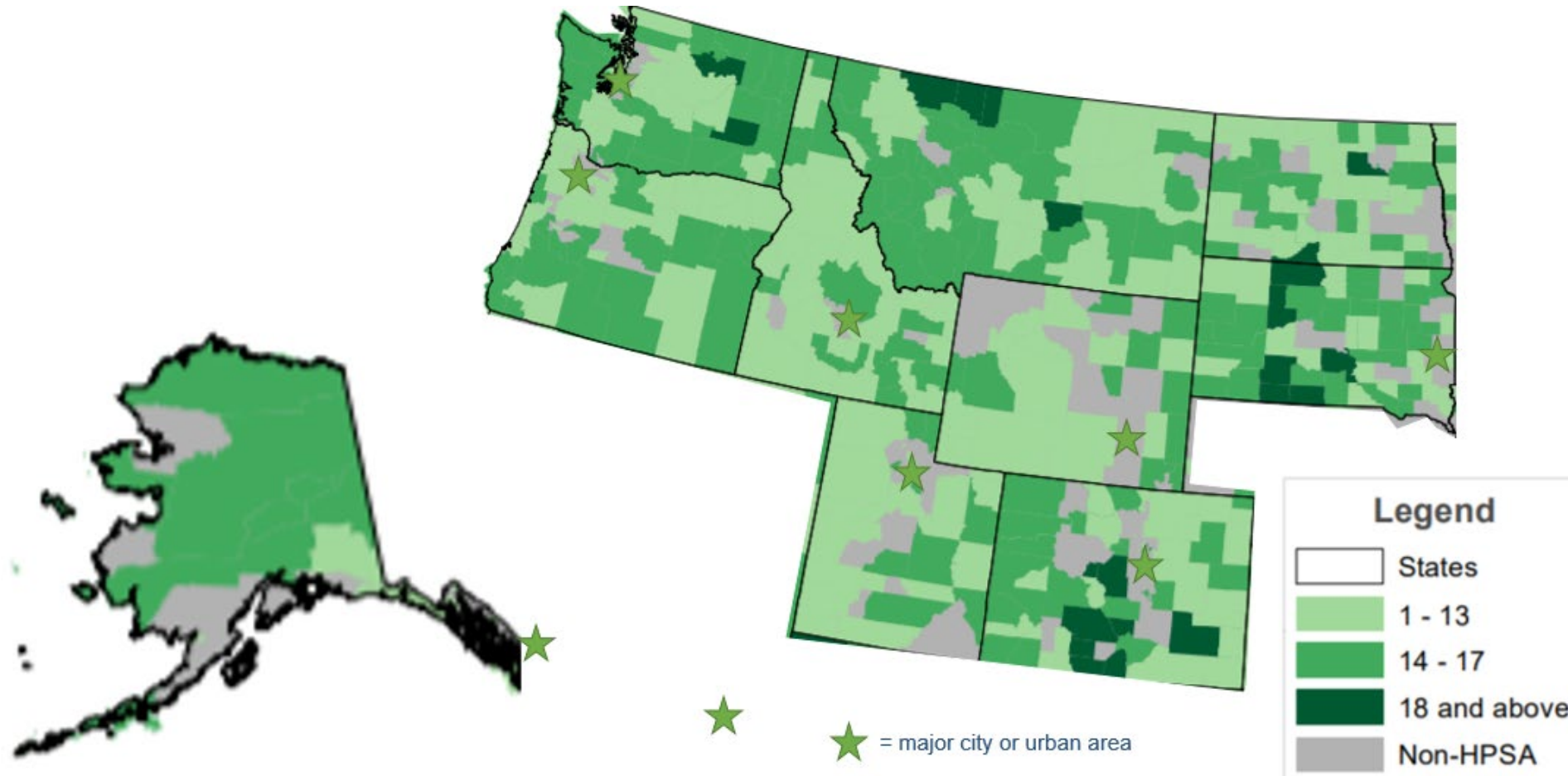| State	PCPs per 100,000 people	Nurses per 100,000 people	Total hospital facilities	Total CHCs
Colorado	87.1 ↑	1,146.2	106 ↑	260 ↑
Washington	94.3 ↑	1,013.9	104 ↓	422 ↑
Oregon	99.2 ↑	1,097.2	63 ↓	310 ↑
Utah	61.3 ↑	1,036.2	58 ↑	68 ↑
Alaska	94.5 ↑	1,404.2	24 ↓	218 ↑
Idaho	62.7 -	1,020.4	51 ↓	174 ↑
Montana	86.0 ↑	1,113.5	66 ↑	116 ↑
Dakotas (ND and SD combined)	86.7 ↑	1,561.8	50 (ND) — 59 (SD) ↓	26 (ND) ↑ 48 (SD) -
Wyoming	69.3 ↑	1,906.9	29 ↓	25 ↑

Ryan White Program Medical Provider Sites
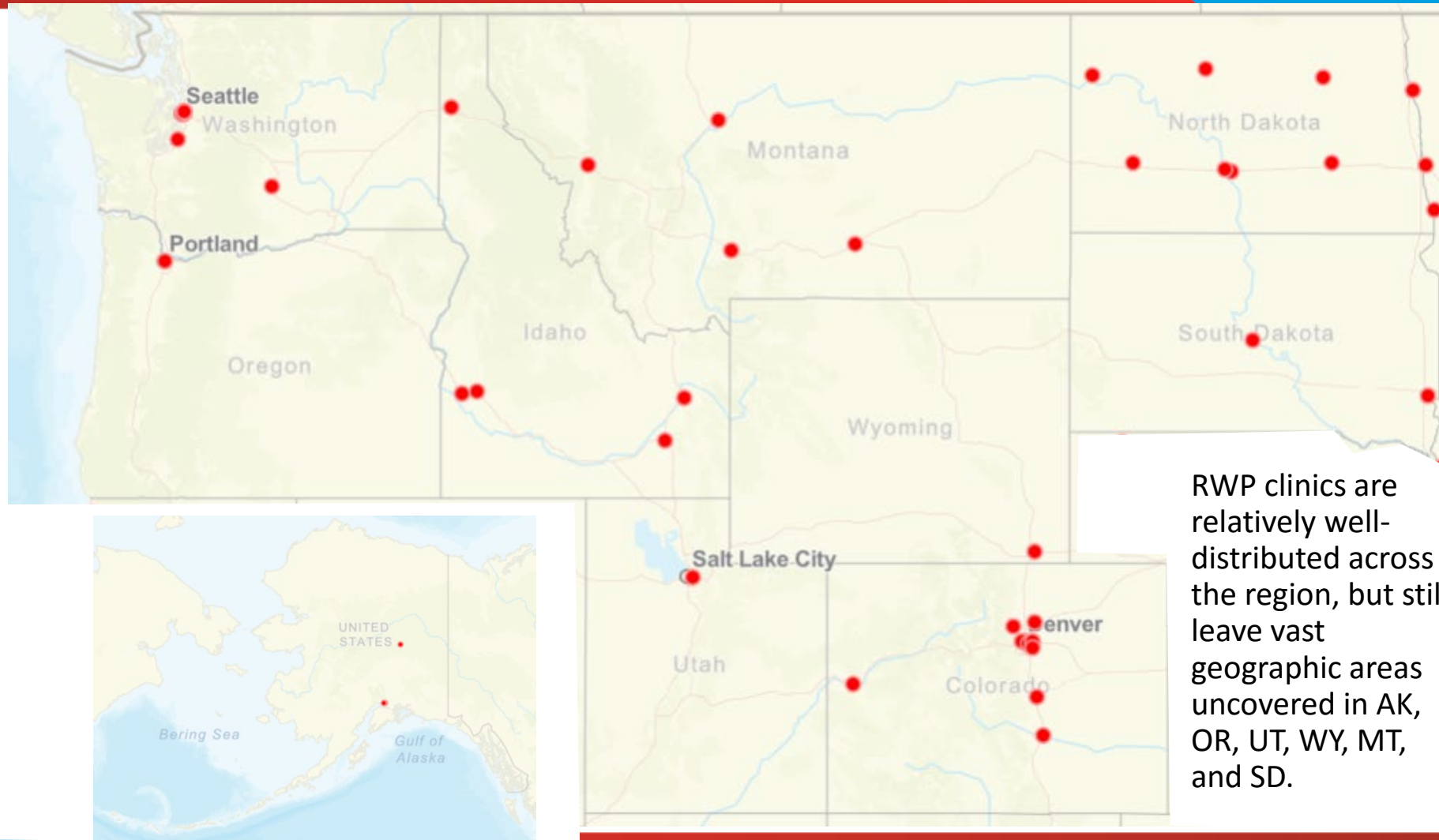
RWP clinics are relatively well-distributed across the region, but still leave vast geographic areas uncovered in AK, OR, UT, WY, MT, and SD.

HRSA Ryan White Program funding data, Dec. 2019, https://data.hrsa.gov/maps/map-tool/

Health Professional Shortage Areas: Primary Care

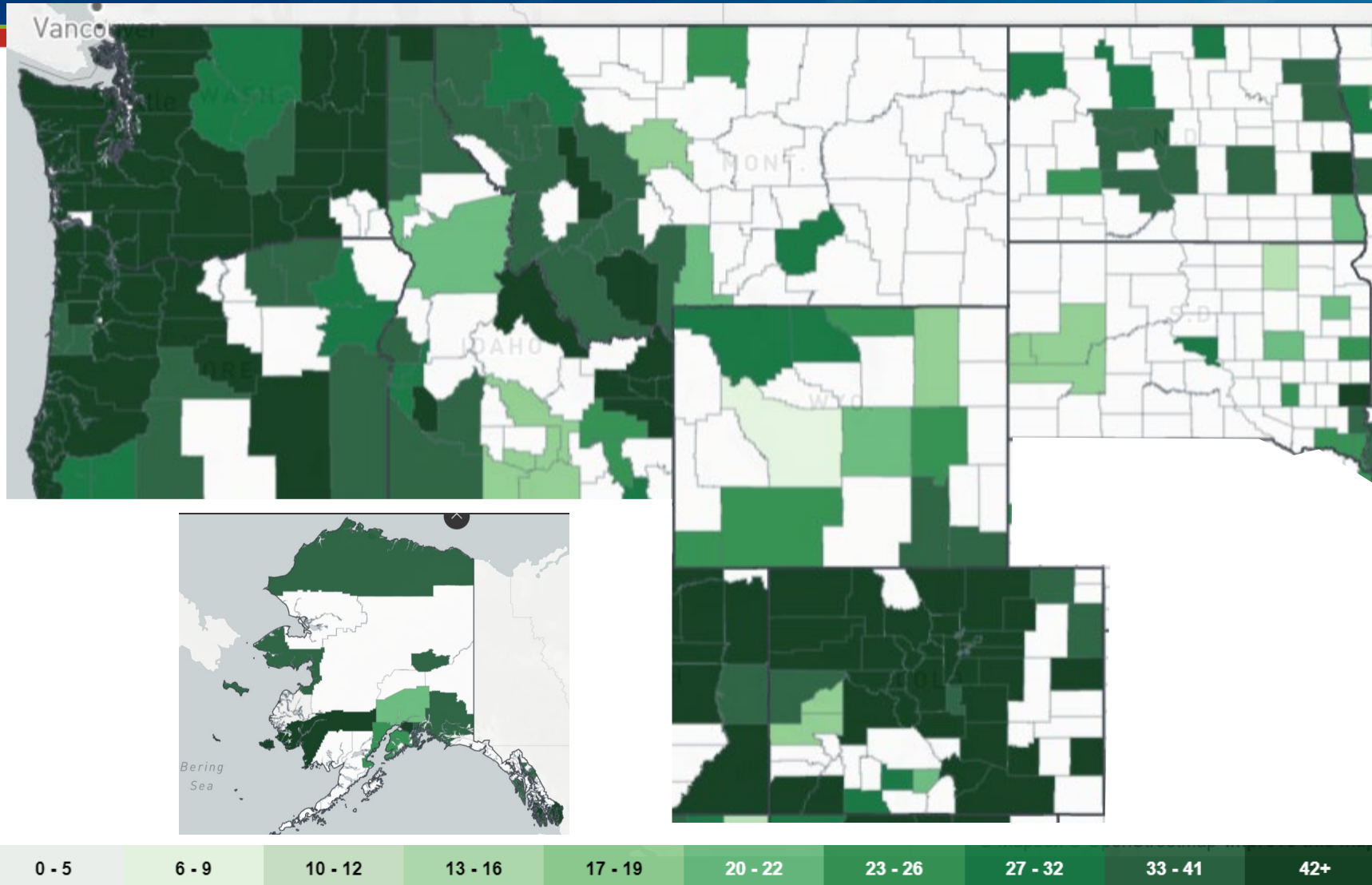Numbers reflect unmet need on a scale of 0 (low) to 25 (high), assigned by the National Health Service Corps

Legend
- States
- 1 - 13
- 14 - 17
- 18 and above
- Non-HPSA

★ = major city or urban area

HRSA Bureau of Primary Care, 2021 data, https://data.hrsa.gov/ExportedMaps/MapGallery/HPSAPC.pdf

Where Do PWH Actually Receive Care?

State	Total # PWH	% Served by Ryan White	% Served by FQHC	% Served by Other Clinic	% Out of Care
CO	12,696	54.6% ↑	10.2% —	2.5% ↓	32.6% ↑
WA	13,614	48.5% —	23.0% ↑	14.6% ↑	13.9% ↓
OR	7,050	48.6% ↓	32.1% ↑	8.0% ↓	11.3% ↓
UT	2,929	50.2% ↑	2.0% —	23.7% ↑	24.1% ↓
AK	708	80.1% ↑	3.7% ↓	4.9% ↓	11.3% —
ID	1,076	82.4% ↑	17.5% ↓	0% —	0.1%*
MT	644	62.7% ↑	43.8% —	0% —	9.5% ↓
ND	447	61.5% ↑	25.1% ↓	0% —	25.3% —
SD	610	62.1% ↑	32.5% —	0% ↓	16.9% ↓
WY	348	71.0% ↑	0% ↓	13.5% ↓	15.6% ↓

PrEP Use by County

| 0 - 5 | 6 - 9 | 10 - 12 | 13 - 16 | 17 - 19 | 20 - 22 | 23 - 26 | 27 - 32 | 33 - 41 | 42+ |

Use of PrEP per 100,000 people: 2019 data from www.aidsvu.org

HIV Care Continuum

- AIDSVu.org

- CDC surveillance data: www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-25-2.pdf

- Ryan White Program report: hab.hrsa.gov/sites/default/files/hab/data/datareports/RWHAP-annual-client-level-data-report-2020.pdf

- HRSA Bureau of Primary Health Care UDS report: bphc.hrsa.gov/sites/default/files/bphc/datareporting/reporting/2020-uds-state-performance-indicators.pdf

- AHEAD.hiv.gov

Example: CDC Surveillance Data

90/90/90 Goals: Gaps in Testing & Retention

State	% PWH Tested Timely	% PWH Retained in Care	% PWH Virally Supressed
Colorado	76.2% —	67.4% ↓	59.9% ↓
Washington	88.2% ↑	86.1% ↑	79.4% ↑
Oregon	87.3% ↑	88.7% ↑	79.1% ↑
Utah	84.9% ↑	75.9% ↑	67.9% ↑
Alaska	82.6% ↑	88.7% —	77.5% —
Idaho	59.5% ↓	*	*
Montana	78.3% ↑	90.5% ↑	81.9% ↓
North Dakota	86.1% ↑	84.7% ↑	78.2% ↑
South Dakota	75.9% ↑	83.1% ↑	58.2% ↑
Wyoming	91.7% ↑	84.4% ↑	76.9% —

Other HIV Care Continuum Indicators

| State	% PWH who Know Their HIV+ Status	% with AIDS at time of Dx	% Linked to Care (30 Days after new diagnosis)	% newly diagnosed, w/ VL<200 within 6 mos	Deaths/ 1,000 PWH	PrEP Use by At-Risk Patients
Colorado	86.8%	22.1% ↓	83.2%	70.4%	7.4 ↓	17.7%
Washington	87.3%	21.9% —	90.7%	79.6%	10.2 ↓	27.1%
Oregon	88.6%	24.6% ↓	82.1%	71.6%	12.8↓	17.2%
Utah	84.6%	20.0% —	83.2%	79.0%	9.3 ↑	29.7%
Alaska	85.7%	7.4% ↓	87.0%	87.0%	11.8 ↓	13.3%
Idaho	82.3%	46.4% ↑	*	*	6.3 ↓	10.2%
Montana	88.5%	16.0% ↓	91.3%	78.3%	8.8 ↓	11.9%
North Dakota	64.1%	22.5% ↓	83.3%	80.6%	2.8 ↓	13.3%
South Dakota	78.6%	24.2% ↓	89.7%	55.2%	9.9 —	16.6%
Wyoming	87.4%	15.4% ↓	75.0%	75.0%	10.6 ↓	11.1%

HIV and other UDS Quality Indicators for FQHCs

State	% Patients with HIV Test in Chart	% PWH Linked to Care (30 days)	% Controlled with Hypertension	% Controlled with Diabetes	% Screened for Depression
Colorado	33%	96%	60%	59%	63%
Washington	22%	63%	62%	66%	61%
Oregon	34%	83%	59%	67%	55%
Utah	16%	71%	58%	63%	55%
Alaska	28%	75%	53%	67%	69%
Idaho	20%	94%	61%	71%	68%
Montana	18%	73%	58%	65%	75%
North Dakota	24%	50%	58%	75%	78%
South Dakota	14%	100%	62%	73%	54%
Wyoming	9%	50%	53%	62%	61%

RSR Quality Indicators for Ryan White Clinics

State	Total PWH Served by RW Clinics	% PWH Retained in Care	% PWH Virally Suppressed
Colorado	4373 ↓	67.8% —	92.0% >
Washington	4085 ↑	64.6% <	92.6% >
Oregon	1225 ↑	75.2% <	90.6% >
Utah	1069 ↓	74.5% <	93.4% >
Alaska	146 ↓	78.1% <	93.2% >
Idaho	779 ↓	75.4% —	96.5% >
Montana	397 ↑	77.6% <	92.6% >
North Dakota	76 ↓	86.8% >	98.8% >
South Dakota	204 ↓	66.2% <	95.8% >
Wyoming	39 ↓	23.1% <	89.1% >

# Care Continuum Results at MWAETC PT Clinics
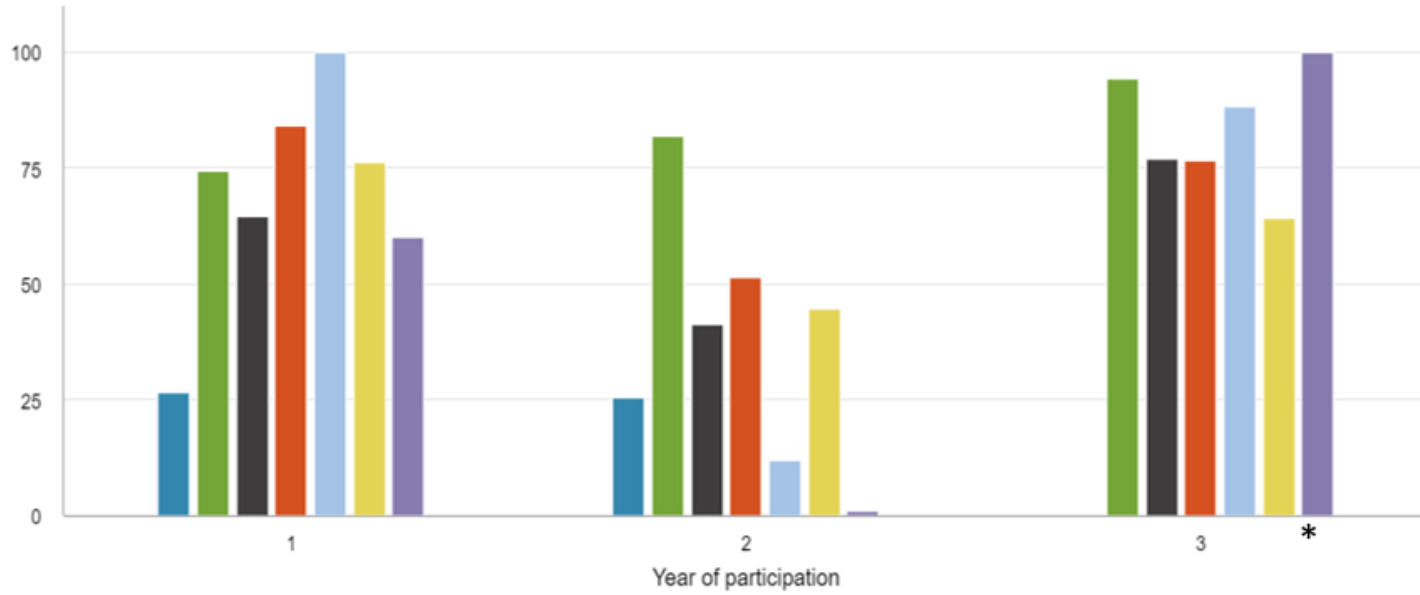
Legend:
- Percent of all clinic patients ever tested for HIV
- Percent linkage to care (30 days) for new PLWH
- Percent of PLWH with 2 medical visits/year
- Percent of PLWH prescribed ART
- Percent of PLWH counseled about adherence
- Percent of PLWH virally suppressed
- Percent of new PLWH screened for substance use

X-axis: Year of participation

* Note that the testing measure definition for the PT project changed in 2020. Prior to July 1, 2020, the testing measure was defined as the % of patients tested within a specific calendar year, which led to lower results than the % of patients ever tested for HIV.

Regional clinic-level QI data, collected annually for each site enrolled in MWAETC practice transformation project per HRSA's national AETC evaluation plan
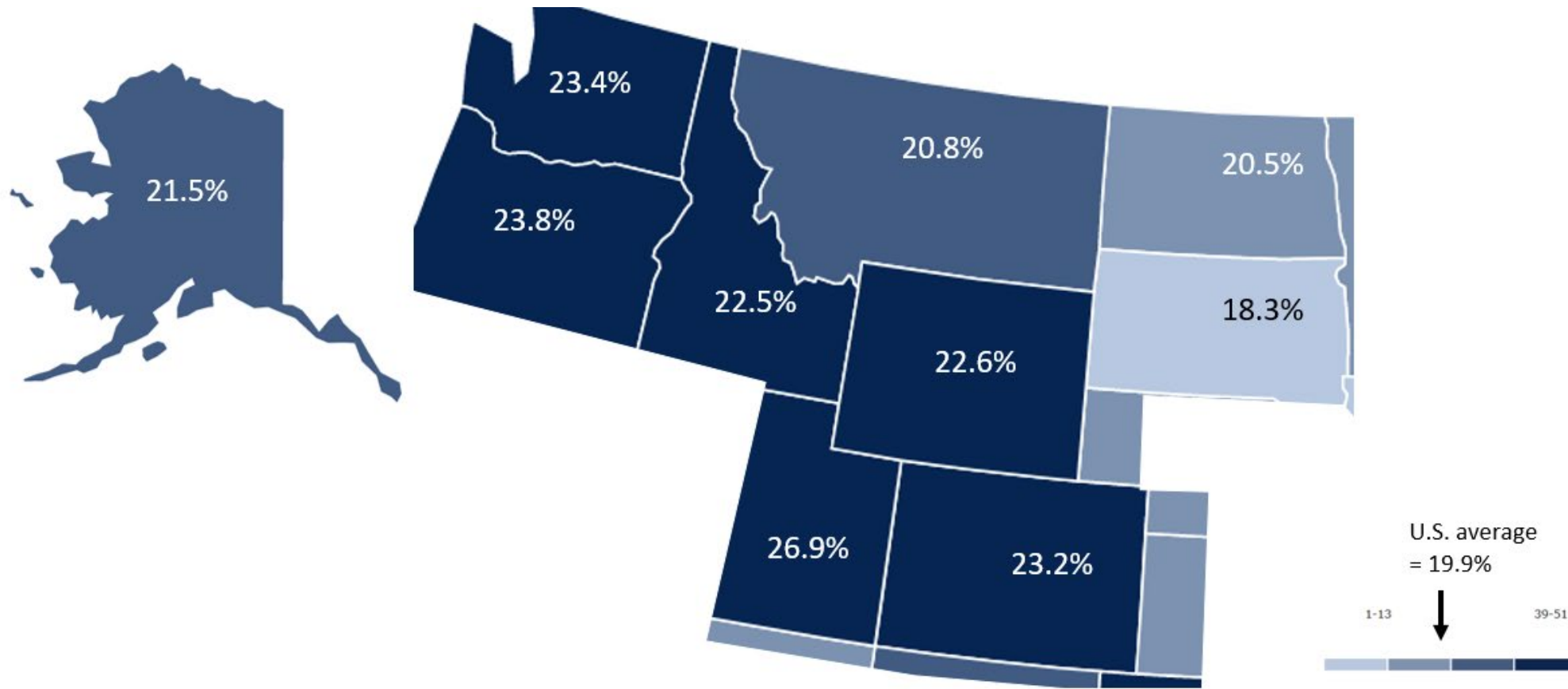
Comorbidities of HIV

- Mental Health America: www.mhanational.org/issues/ranking-states
- HRSA substance use mapping tool: data.hrsa.gov/maps/map-tool

Example: HRSA Data Mapping Tool
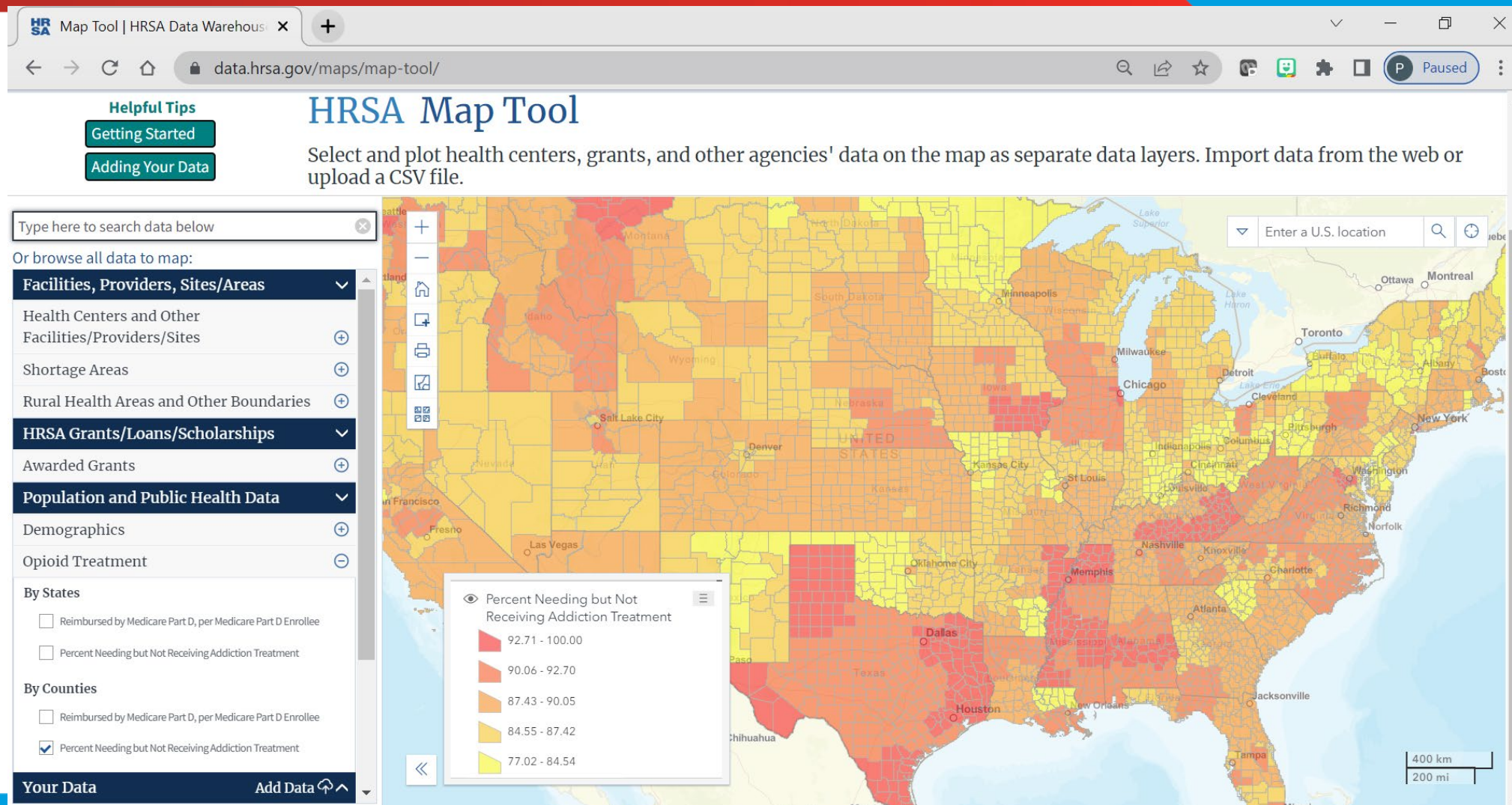
Comorbidities: Percent of Adults with Mental Illness

23.4%
20.8%
20.5%
21.5%
23.8%
18.3%
22.5%
22.6%
26.9%
23.2%

U.S. average
= 19.9%

1-13   39-51

Percent of Adults with a Substance Use Disorder

Mental Health America 2020 rankings: https://www.mhanational.org/issues/ranking-states
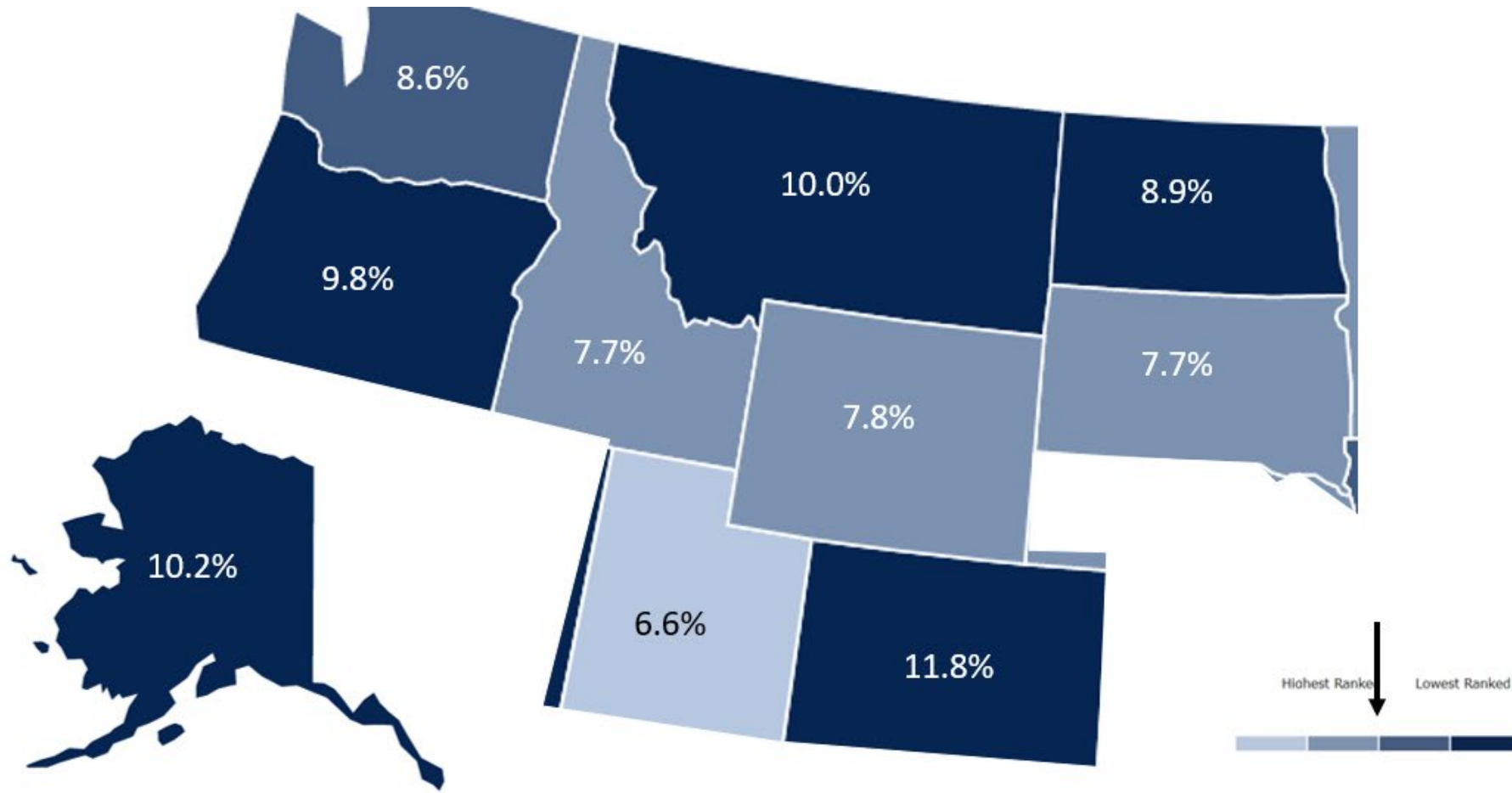
Unmet Need for Substance Use Treatment

Percent Needing but Not Receiving Addiction Treatment
- 92.71 - 100.00
- 90.06 - 92.70
- 87.43 - 90.05
- 84.55 - 87.42
- 77.02 - 84.54

2020 BPHC data on HRSA Map tool: https://data.hrsa.gov/maps/map-tool/, based on available providers vs. people with substance use disorders per capita
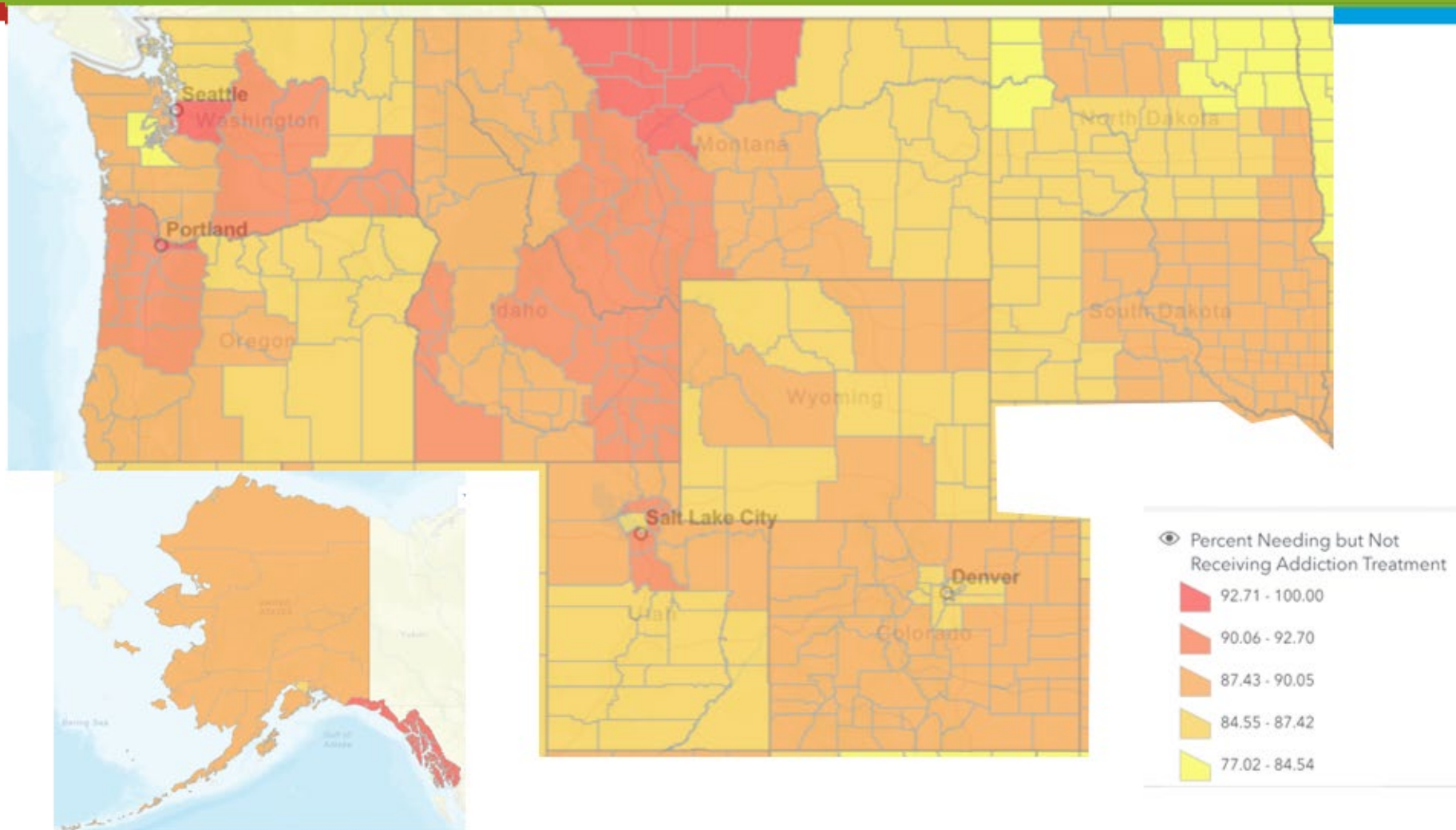
Comorbidities: Opioid Use by County

Opioid prescription Rates per 100 People

- 146.8 - 396.1
- 98.4 - 146.7
- 66.8 - 98.3
- 34.6 - 66.7
- 0.0 - 34.5
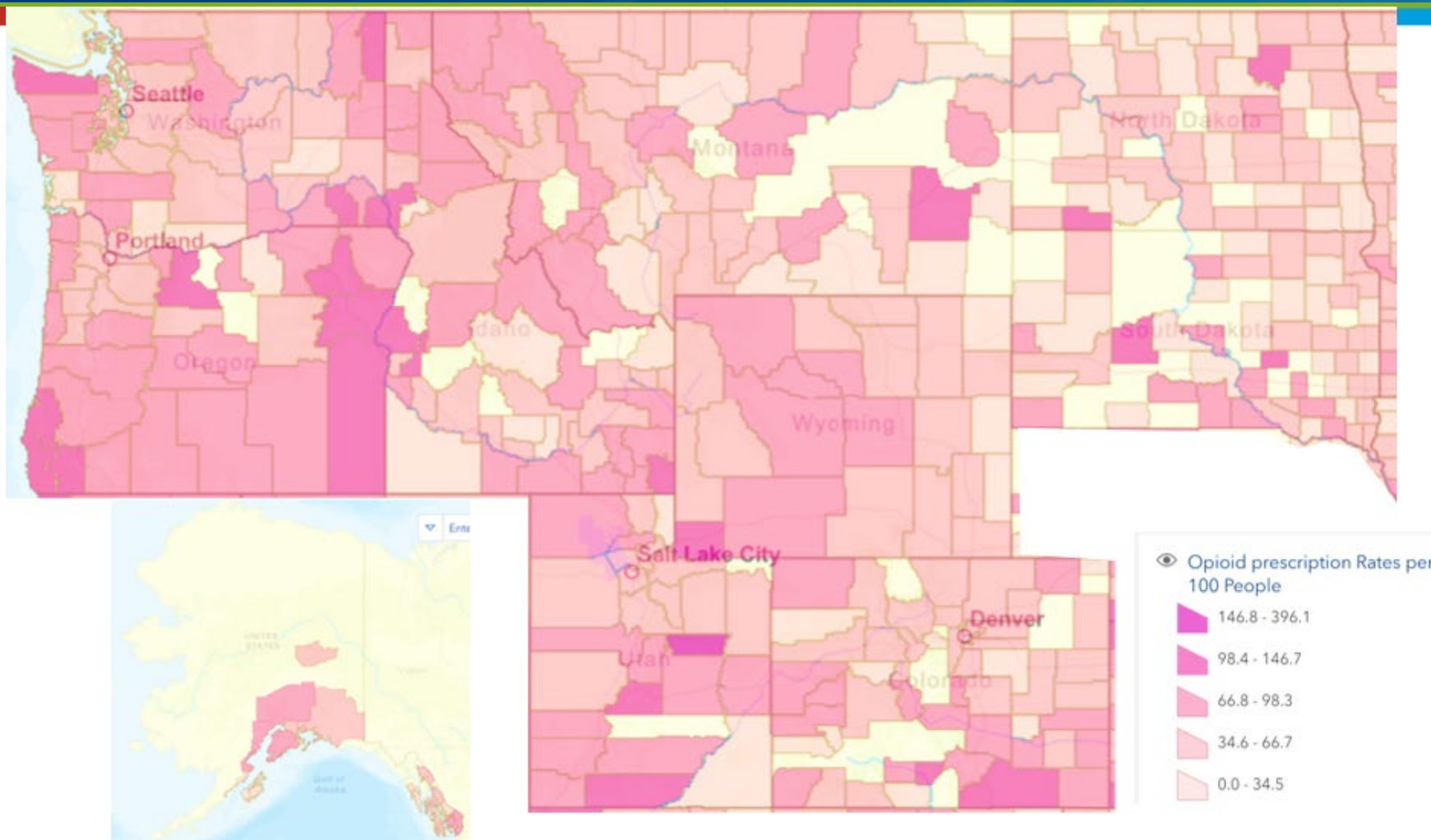
Social Determinants of Health

- American Community Survey data on Census.gov: data.census.gov/cedsci/table
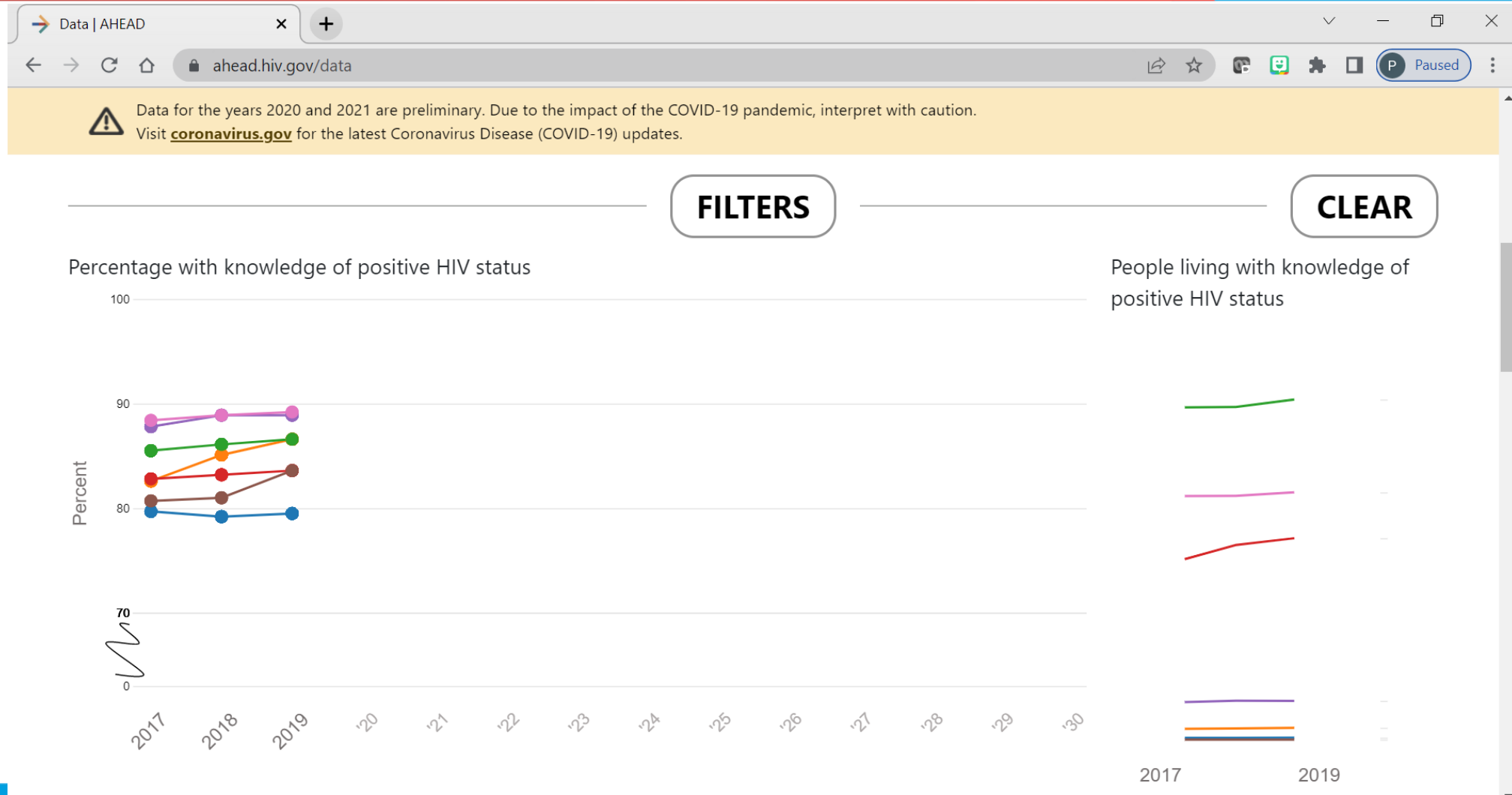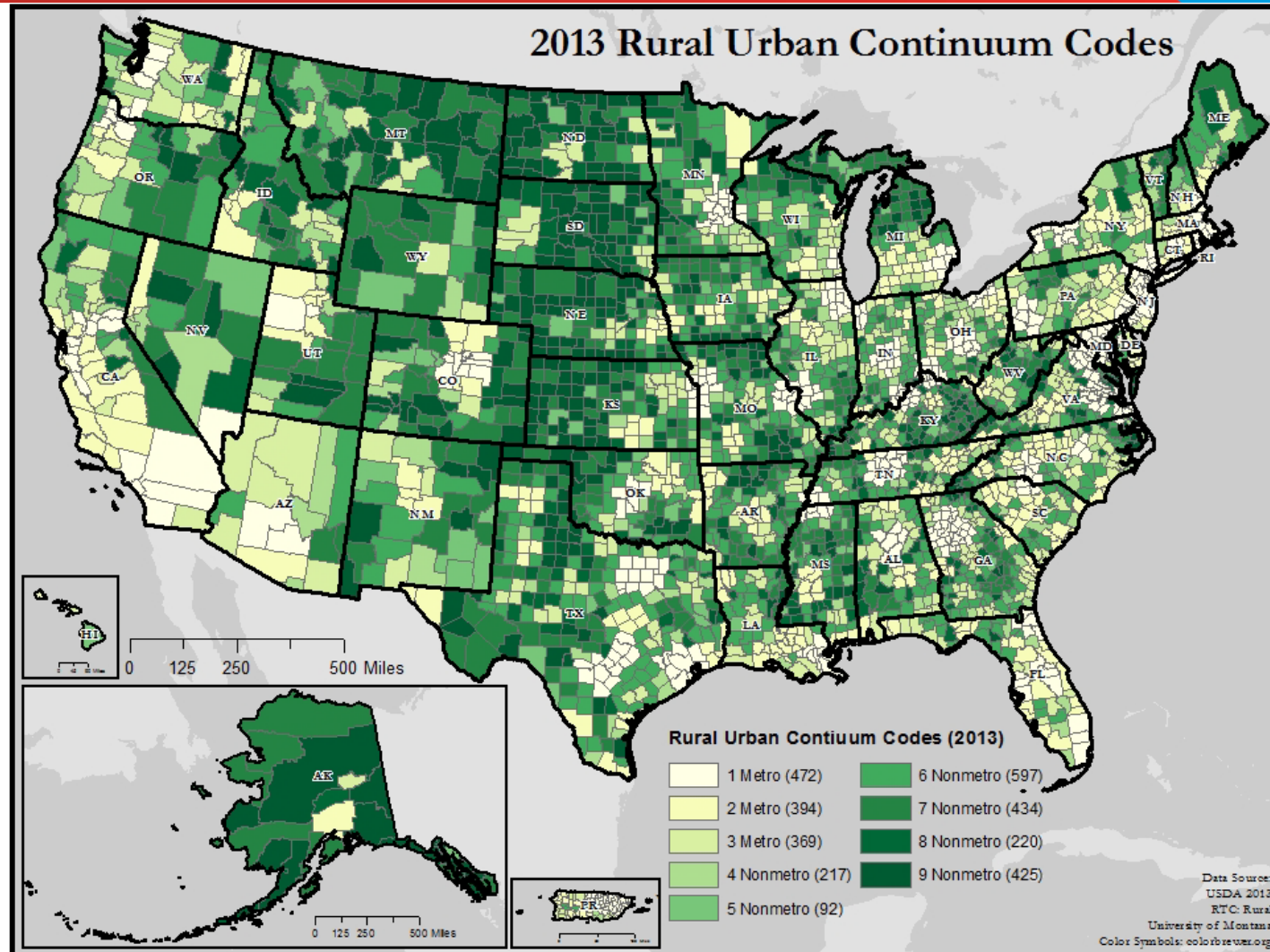- CDC surveillance data by demographic group on AIDSVu: https://aidsvu.org/local-data/#/states
- Kaiser Family Foundation: kff.org
- HRSA BPHC and HRSA HAB mapping tools (see above)
- National Rural Health Association: www.ruralhealth.us
- Care Continuum outcomes by demographic group on AHEAD.hiv.gov

Example: AHEAD.HIV.gov

Rurality as a Risk Factor

2013 Rural Urban Continuum Codes

Rural Urban Continuum Codes (2013)

1 Metro (472)	6 Nonmetro (597)
2 Metro (394)	7 Nonmetro (434)
3 Metro (369)	8 Nonmetro (220)
4 Nonmetro (217)	9 Nonmetro (425)
5 Nonmetro (92)	

Data Source:
USDA 2013
RTC: Rural
University of Montana
Color Symbols: colorbrewer.org

University of Montana (2015). https://www.umt.edu/rural-institute/rtc/focus-areas/maps/other-maps/defining-rural-maps/2013_rucc_maplg.jpg (resource identified via Rural Health Network site: https://www.ruralhealth.us/)

Social Determinants: Poverty and Homelessness

State	Living in Poverty	Median Income	Unemployed	Home Ownership	RWP clients unstably housed
Colorado	9.3%	$72,331	6.6%	63.6%	12.9% ↑
Washington	9.8%	$73,775	6.0%	62.6%	14.0% ↑
Oregon	11.4%	$62,818	6.2%	63.6%	14.7% ↑
Utah	8.9%	$71,621	3.1%	71.4%	9.3% ↑
Alaska	10.1%	$77,640	6.6%	61.8%	13.8% ↑
Idaho	11.2%	$55,785	3.4%	68.6%	8.6% ↑
Montana	12.6%	$54,970	4.0%	68.2%	9.5% —
North Dakota	10.6%	$64,894	4.5%	63.9%	7.6% ↑
South Dakota	11.9%	$58,275	3.1%	72.3%	3.4% ↑
Wyoming	10.1%	$64,049	5.1%	71.4%	12.3% ↑

Poverty Rate by County

2020 BPHC data on HRSA Map tool: https://data.hrsa.gov/maps/map-tool/
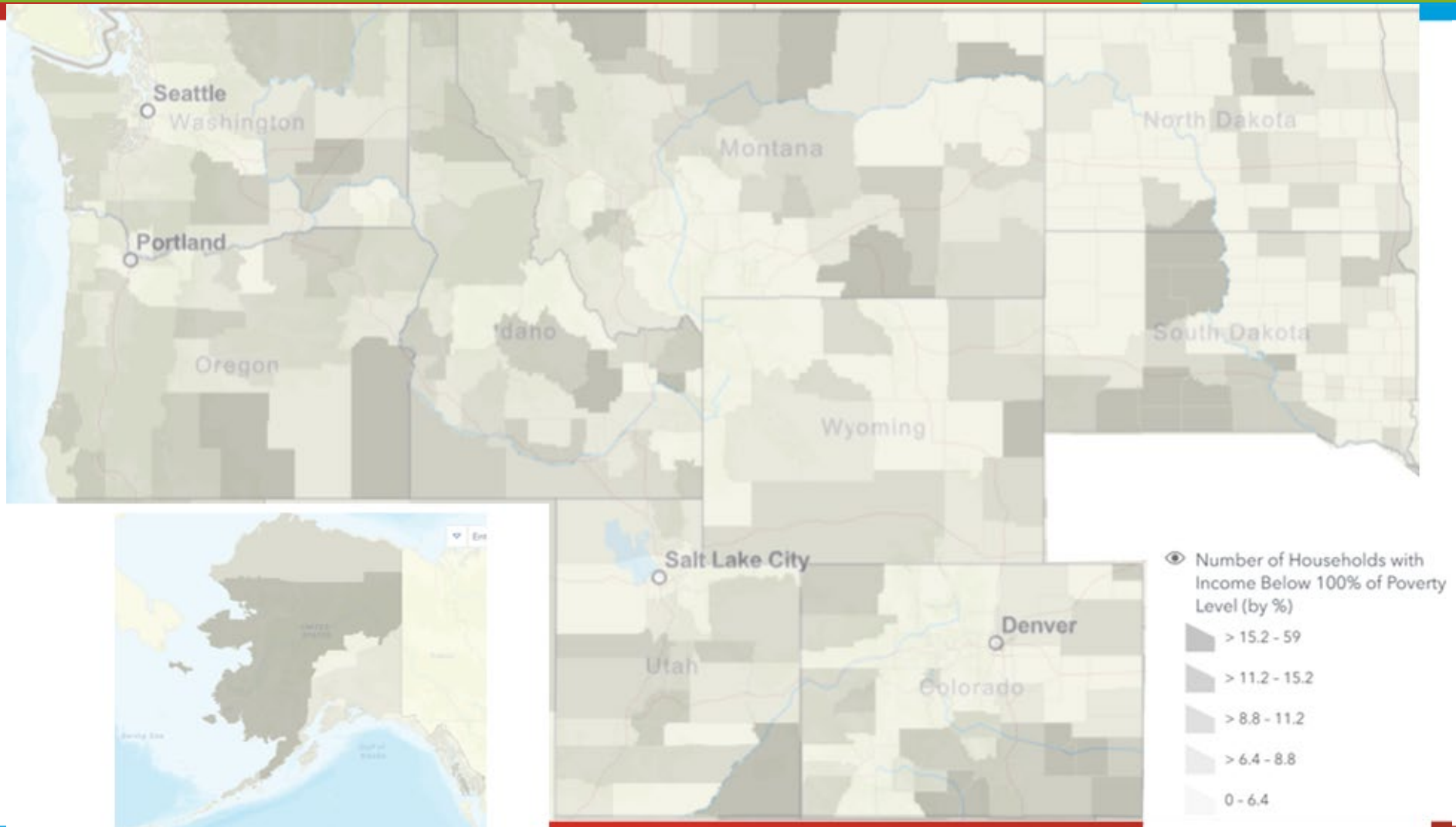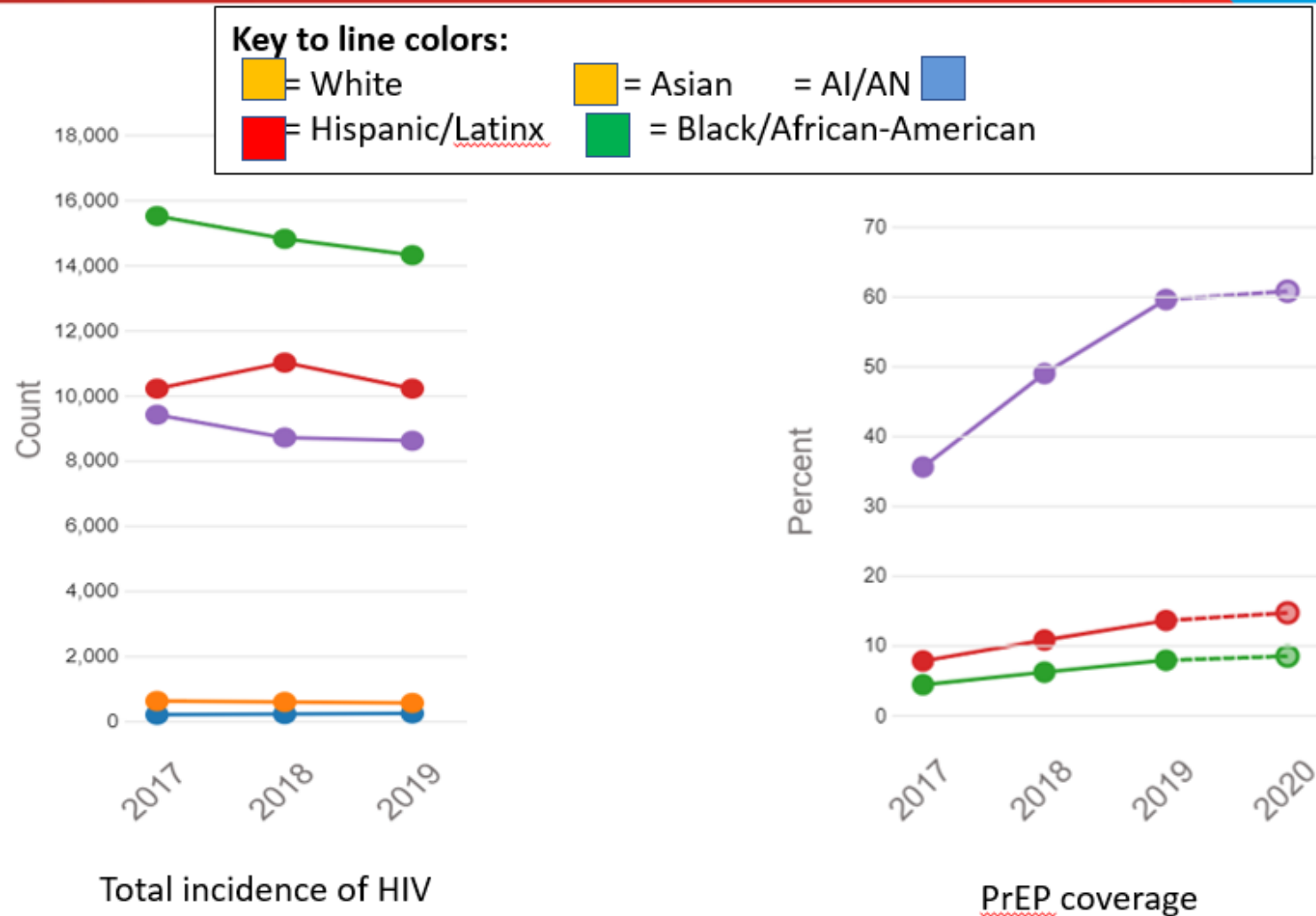
Status of Medicaid Expansion
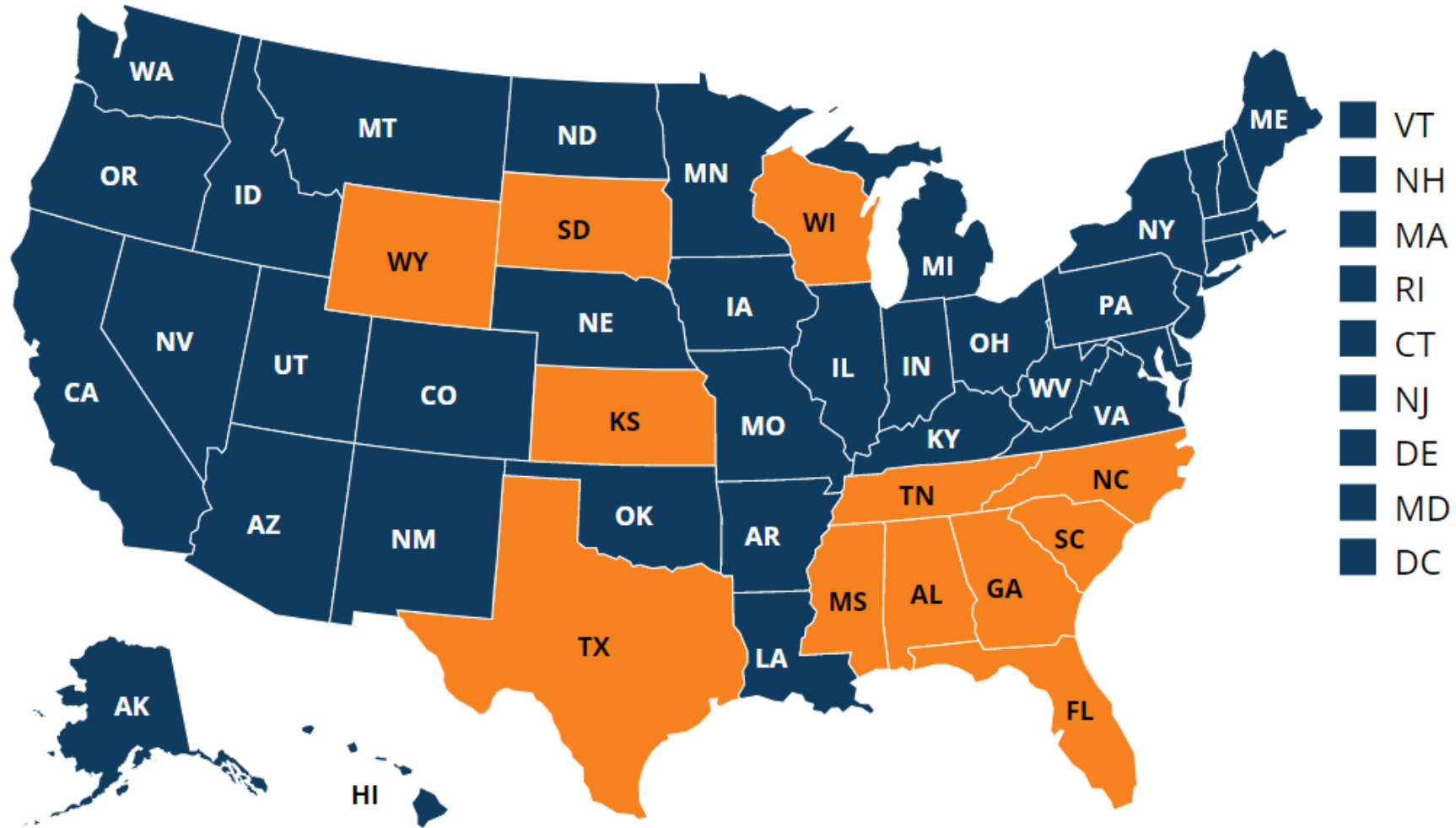
Ryan White Clinic Patient Diversity

State	Under age 25	Over age 64	Black	Latino/ Latina	American Indian/Alaska Native (AI/AN)	Asian/ Pacific Islander
Colorado	5.5%	7.5%	17.6%	30.7%	0.9%	1.5%
Washington	2.8%	9.2%	27.2%	16.5%	1.9%	3.6%
Oregon	2.0%	8.9%	8.0%	18.5%	1.2%	2.0%
Utah	5.2%	5.9%	11.6%	27.4%	1.8%	3.5%
Alaska	3.1%	6.5%	13.8%	9.5%	37.7%	4.3%
Idaho	2.1%	8.4%	5.3%	14.5%	1.2%	1.0%
Montana	2.1%	6.4%	4.4%	5.1%	7.2%	1.1%
North Dakota	7.3%	8.1%	46.3%	5.4%	3.8%	1.0%
South Dakota	3.5%	6.2%	40.5%	10.7%	5.7%	0.4%
Wyoming	2.1%	8.2%	6.4%	15.5%	9.4%	0.4%

Diversity of FQHC Patients

State	Under age 18	Over age 64	Black	Latino/Latina	American Indian/Alaska Native (AI/AN)	Asian/Pacific Islander
Colorado	28.5%	8.5%	9.1%	51.1%	1.6%	3.4%
Washington	28.3%	9.2%	7.9%	36.8%	2.9%	9.7%
Oregon	23.3%	11.7%	4.1%	27.7%	2.5%	3.7%
Utah	26.5%	8.4%	1.4%	49.4%	9.0%	1.6%
Alaska	22.9%	14.3%	2.8%	5.1%	41.8%	6.7%
Idaho	21.8%	14.1%	1.5%	25.5%	3.8%	1.3%
Montana	16.7%	15.7%	1.1%	6.7%	8.7%	1.0%
North Dakota	25.8%	12.3%	13.4%	6.2%	6.0%	5.5%
South Dakota	29.6%	15.3%	4.4%	10.3%	12.3%	3.1%
Wyoming	23.4%	13.7%	2.3%	13.4%	4.6%	0.9%

2020 UDS Data, HRSA BPHC. https://data.hrsa.gov/tools/data-reporting/program-data

HIV Incidence and Prevention
Health Disparities for Minority Clients

Key to line colors:
- = White
- = Asian
- = AI/AN
- = Hispanic/Latinx
- = Black/African-American
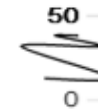
Total incidence of HIV

PrEP coverage

HIV Outcome Disparities for Minority Clients
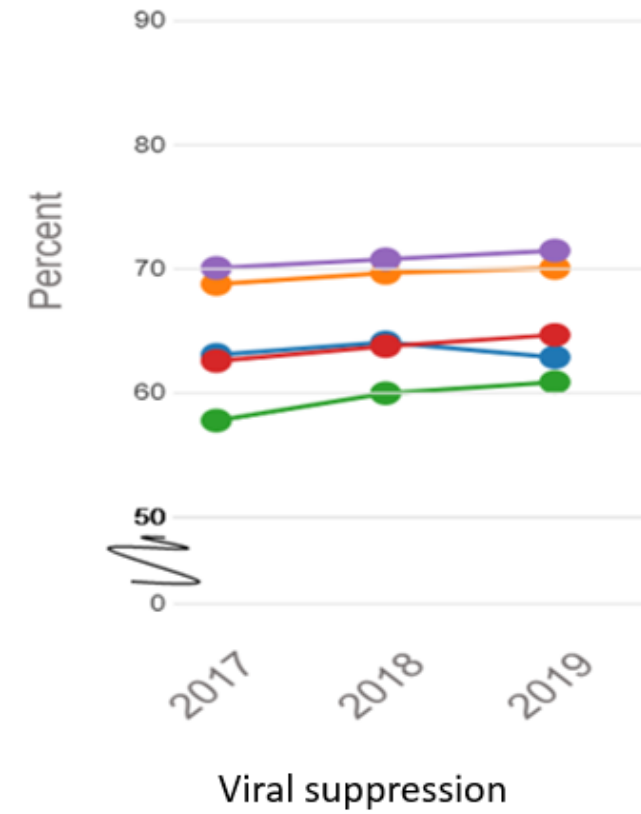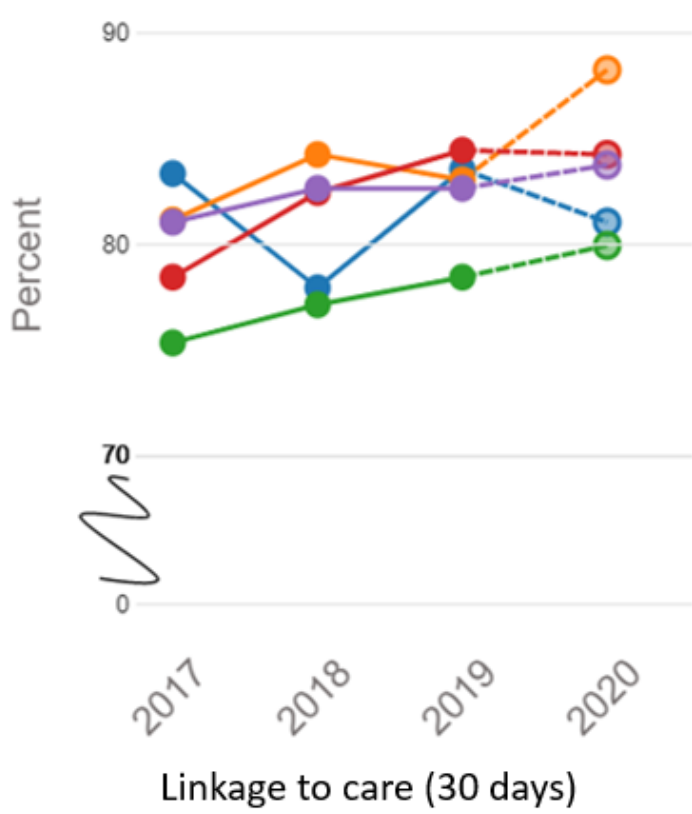
HIV Outcomes for Young Adults by State

State	Teen Pregnancy Rate[1]	% of all PWH who are ages 13 24[2]	% of new diagnoses in ages 13 24[2]	% tested for HIV, ages 18 24[3]	PrEP to Need Ratio in ages 13 24[4]	% HIV deaths ages 13 24[4]
Colorado	13.9	2.4%	20.3%	27.1%	6.33	0%
Washington	12.7	2.1%	12.5%	25.3%	14.30	0%
Oregon	12.1	1.6%	14.8%	25.5%	9.91	1.0%
Utah	12.0	3.1%	23.5%	14.0%	7.00	2.2%
Alaska	18.3	3.0%	21.7%	28.9%	9.80	0%
Idaho	14.9	2.8%	18.9%	21.2%	13.29	0%
Montana	16.3	2.0%	13.0%	18.6%	17.67	0%
North Dakota	15.6	4.7%	11.1%	22.8%	9.25	12.5%
South Dakota	19.2	2.5%	10.3%	20.9%	10.67	0%
Wyoming	19.4	2.9%	0%	31.4%	N/A	0%

1. CDC: 2019 births per 1000 females ages 15-19, https://www.cdc.gov/nchs/pressroom/sosmap/teen-births/teenbirths.htm
2. CDC: 2018 HIV surveillance data by state and age group, https://aidsvu.org/local-data/#/states
3. BRFSS survey data by state: 2018 data on HIV testing item among people 18-24, https://aidsvu.org/local-data/#/states
4. 2019 PNR measures # of people using PrEP / # of new HIV diagnoses the previous year. Higher ratios reflect more appropriate use of PrEP.   For comparison, the national PNR for all ages is 6.00. Data from Gilead Sciences/Emory U. on AIDSVu.org

HIV Outcomes for Older Adults by State

State	% of all PWH who are ages 55+[1]	% of new diagnoses in ages 55+[1]	% tested for HIV, ages 65+[2]	% of PrEP Users ages 55+[3]	PrEP to Need Ratio for ages 55+[3]	% HIV deaths ages 55+[1]
Colorado	39.7%	8.5%	13.9%	6.8%	7.32	51.4%
Washington	35.3%	13.5%	20.0%	8.9%	8.40	58.1%
Oregon	37.9%	10.0%	16.1%	8.3%	8.48	56.4%
Utah	32.2%	7.6%	10.2%	6.0%	10.89	46.7%
Alaska	33.6%	8.7%	19.9%	8.3%	10.50	66.7%
Idaho	38.5%	18.9%	14.9%	4.6%	3.14	38.5%
Montana	35.9%	13.0%	11.8%	7.3%	6.67	45.5%
North Dakota	23.7%	5.6%	7.8%	2.3%	2.50	50.0%
South Dakota	32.8%	27.6%	10.8%	3.2%	0.75	30.0%
Wyoming	33.3%	0%	11.5%	6.5%	N/A	60.0%

1. CDC: 2018 HIV surveillance data by state and age group, https://aidsvu.org/local-data/#/states
2. BRFSS survey data by state: 2018 data on HIV testing item among people 65+, https://aidsvu.org/local-data/#/states
3. 2019 PNR measures # of people using PrEP / # of new HIV diagnoses the previous year. Higher ratios reflect more appropriate use of PrEP. For comparison, the national PNR for all ages is 6.00. Data from Gilead Sciences/Emory U. on AIDSVu.org

HIV Prevention Disparities Associated with Sexual Minority Status and Injection Drug Use
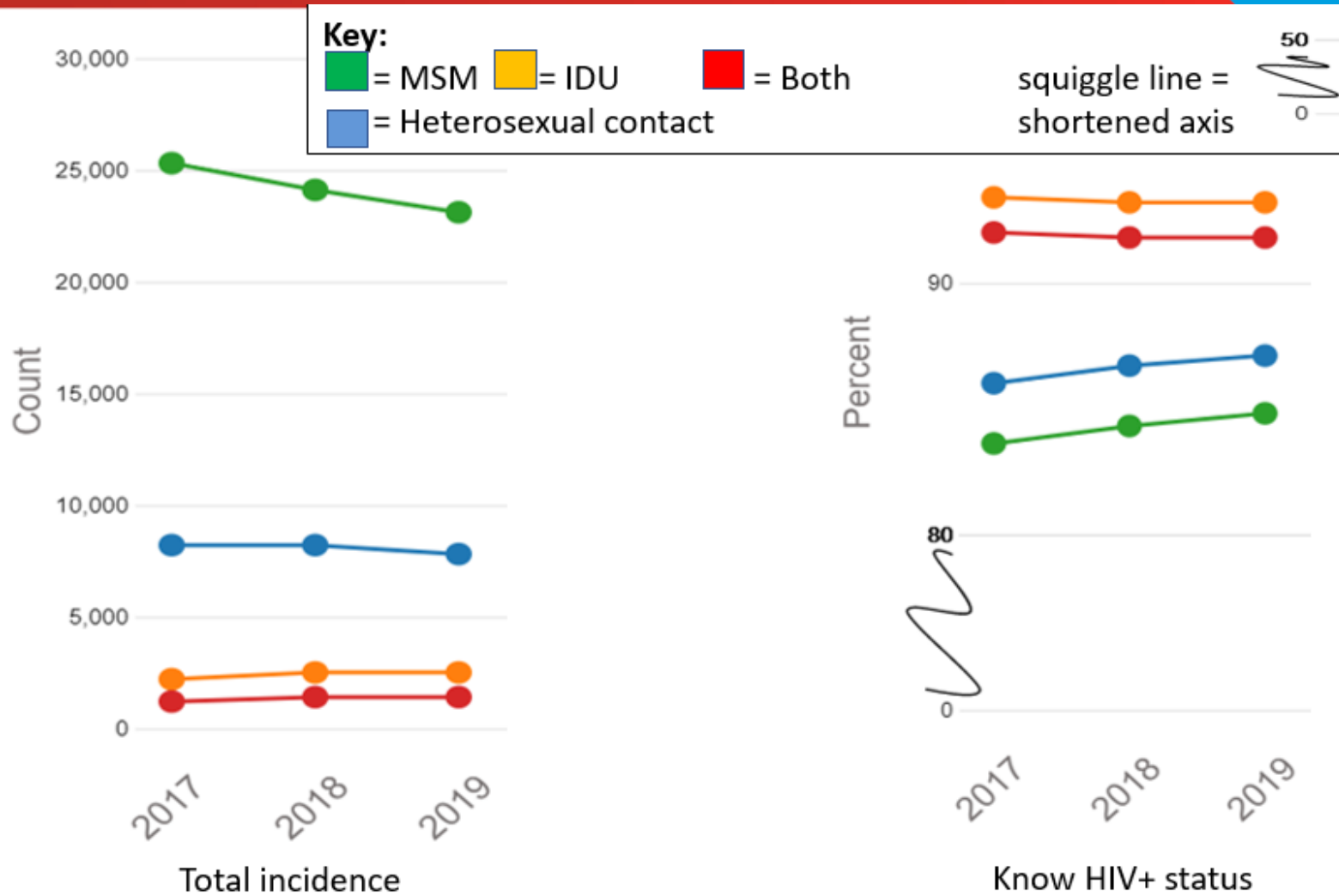
HIV Outcome Disparities Associated with Sexual Minority Status and Injection Drug Use
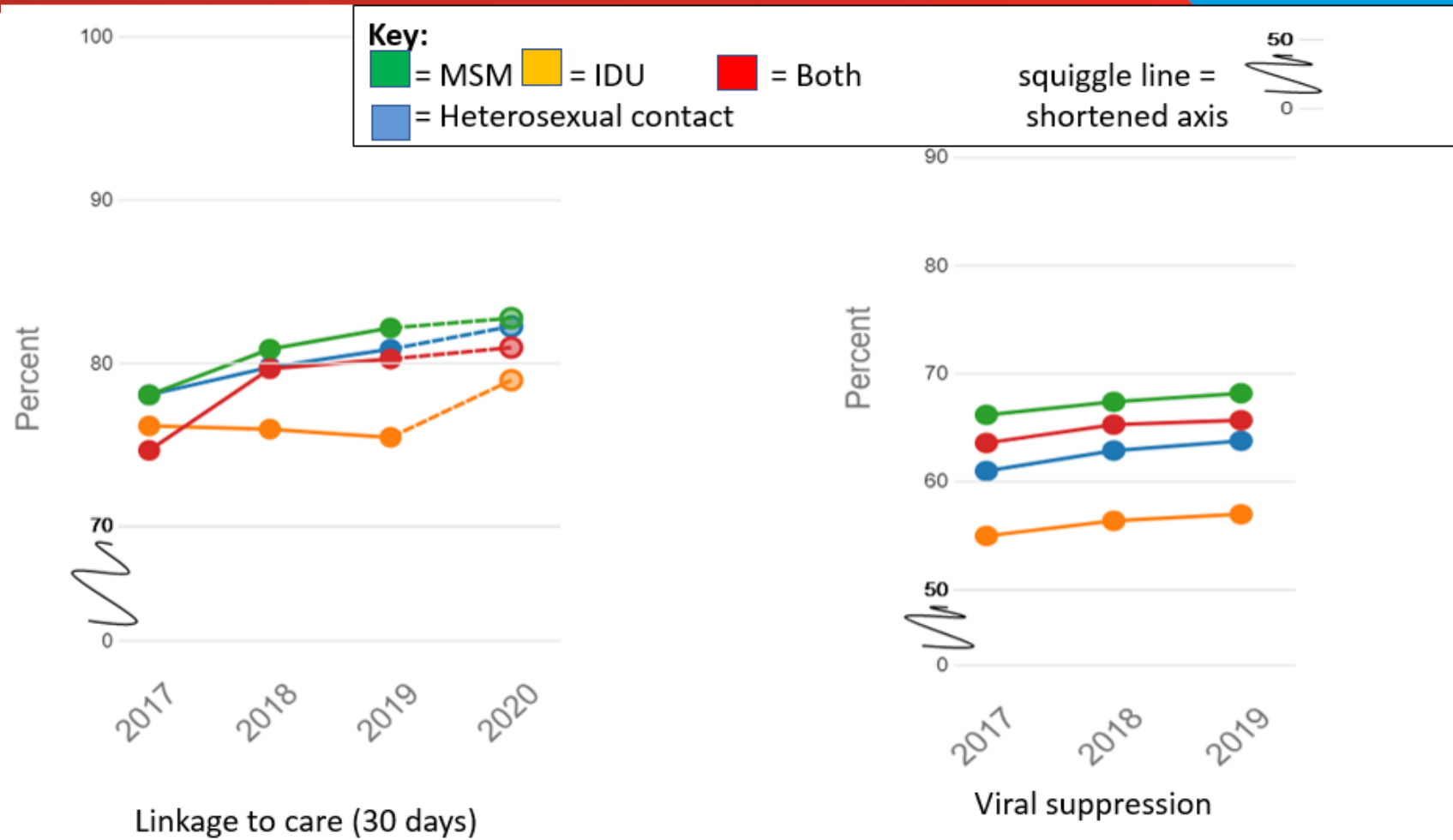
Providers' Need for Training on HIV

- Care Continuum results (see above)

- State health departments / Statewide Coordinated Statements of Need

- Re-use of local data that are already on the shelf

MWAETC Trainee Characteristics by Program

|	— Out of all trainees served by MWAETC —			— Of clinicians —		— Of those who — serve PWH
Program	**Rural**	**Clinicians**	**At RWP Sites**	**At FQHCs**	**Low/No-Volume†**	**Minority Serving**
Core*	9.8%	61.2% ↓	9.5% ↓	13.6% ↓	39.9% ↓	52.2% ↑
MAI	8.1%	55.8% ↓	9.5% ↓	15.2% ↓	35.2% ↓	58.9% ↑
PTP	10.8%	60.0% ↓	12.6% ↓	24.4%—	36.9% ↓	49.8% ↑
IPE	1.3%	46.6% ↓	2.5%	3.1%—	83.7% ↑	73.4% ↑
COVID-19 (3/20 onward)	7.2%	77.1%	5.6%	13.8%	23.1%	42.1%

* Core percentages include regional office ECHO and AIDS Clinical Conference training programs
† Low-volume means 1-20 PWH served in the past year, or those who served no PWH at all
Arrows indicate change in percentage of trainees in that category since the prior needs assessment in 2016.
Note. Because of branching logic, "minority-serving" reflects only the % of minority <u>PWH</u>, not the % of <u>all</u> pts seen.

Training Topics Requested – Medical
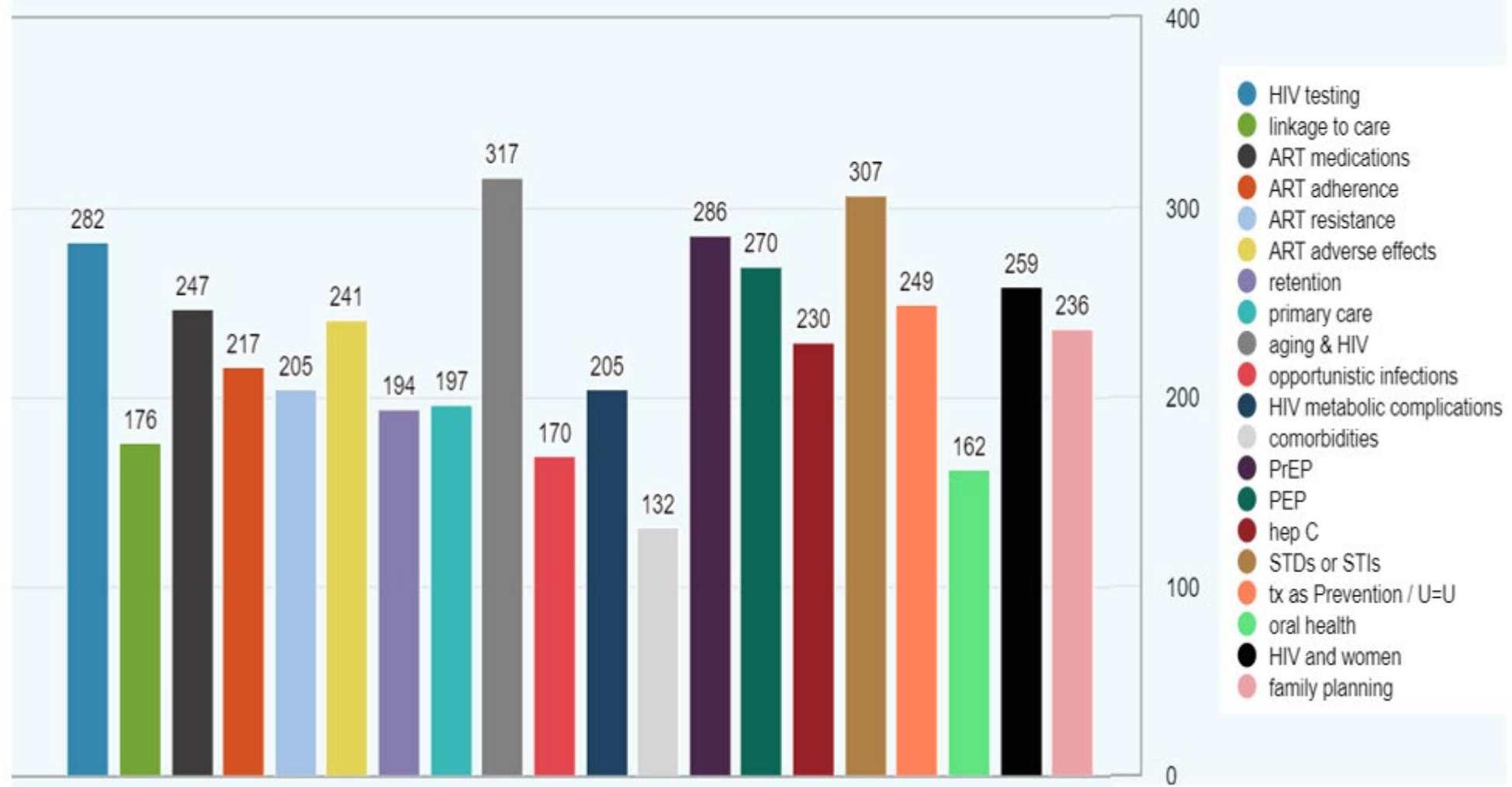
Training Topics Requested – Psychosocial
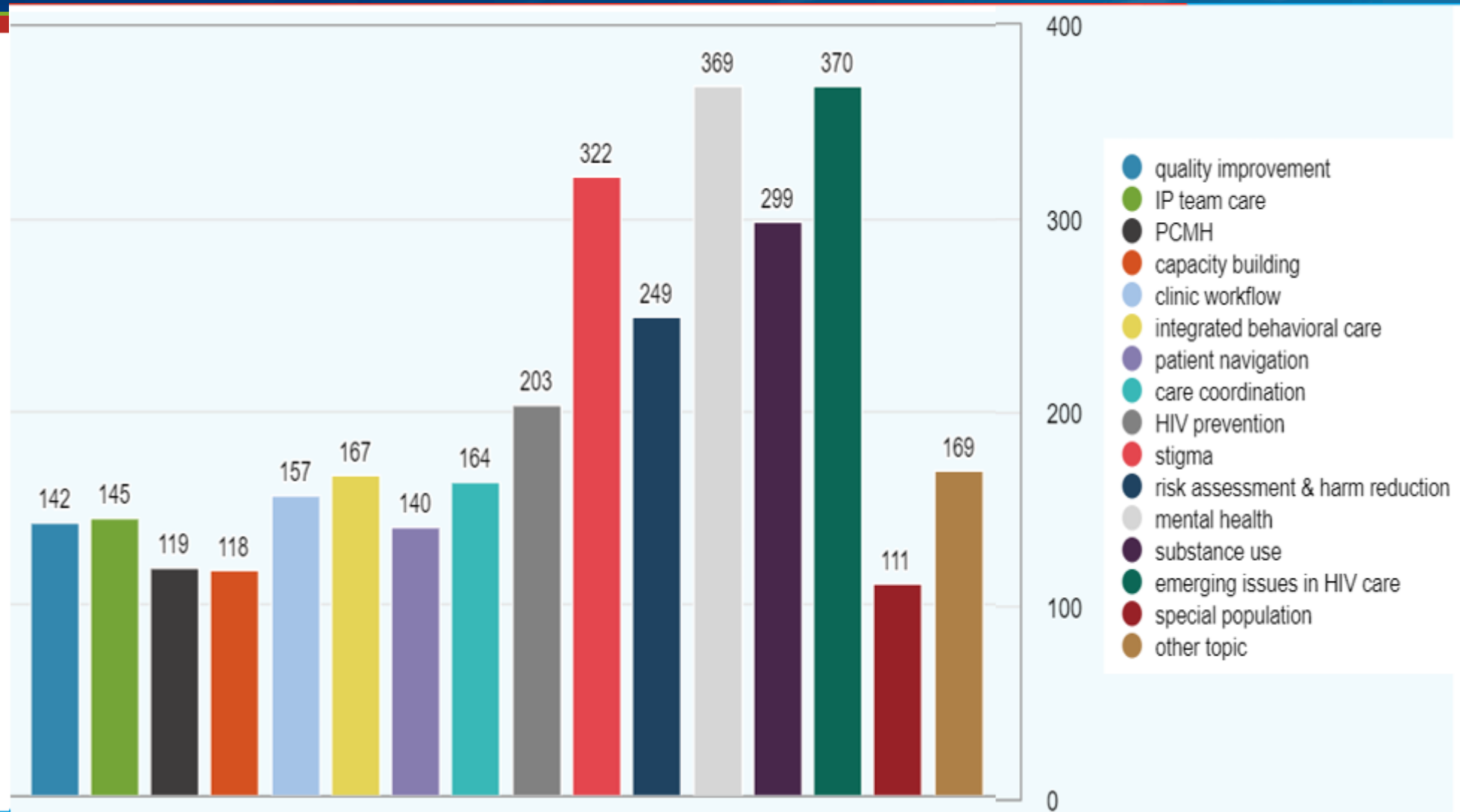
Focus of MWAETC Core Trainings

Level of HIV CoC	% of Events (2020)	% of Events (2019)	Satisfaction Score (1-5)	Knowledge Before (1-5)	Knowledge After (1-5)	Intent to Change (1-5)	Actual Change (3 mos.)
Prevention	52%—	52%	4.5	2.7	3.9	4.22	4.10
Testing	27% ↓	32%	4.5	2.5	3.9	4.16	4.18
Linkage	29% ↓	34%	4.5	2.8	3.9	N/A	4.30
Engagement /Retention	20% ↓	26%	4.4	2.7	3.9	N/A	4.11
ART	40% ↓	49%	4.5	2.7	3.8	4.07	4.37
Comorbidities	58% ↑	52%	4.5	2.7	3.9	4.09	3.98
Health Systems	72% ↑	63%	4.5	2.8	3.9	4.09	4.44

What We Couldn't Learn

- Provider *knowledge* about HIV

- Type of *services* delivered by providers, by discipline and geographic area

- *Barriers* to delivering HIV care in local settings

So we also did a survey! But it was much shorter and more focused that it would have been if we didn't have access to the public data reporting tools.

Data Utilization

- Program design and targeting

- Quality improvement

- Feedback to HRSA, state health departments, or other sponsors of training

Key Findings

- Extreme rurality

- Low prevalence of HIV

- Greatest gaps in (a) testing and (b) retention

- Key social determinants and comorbidities:
  mental health, substance use, poverty

- Minority groups experience health disparities

- Trainees' interests are more biomedical than psychosocial

- MWAETC trains across the Care Continuum:
  - Special emphasis on prevention and testing
  - Special emphasis on comorbidities (MH, SA, other)
  - Special emphasis on health care systems

Integration with Project Management

- Tiered funding for states based on HIV epidemiology

- Training plans developed by each state based on epidemiology, targeted training needs

- Training curricula often match a high-need topic (e.g., PrEP) with a high-demand topic (e.g., ART), to increase appeal of training while meeting identified needs

- State-level curricula to meet identified needs:
  - PrEP initiative in Oregon
  - Interprofessional education program includes mental health

Quality Improvement

- Findings presented to regional partners (RPs), who were encouraged to incorporate the identified needs when developing their annual workplans

- Default needs assessment report format is a *slideset* with slide notes – slides disseminated to RPs with encouragement to share and re-use them

- Provided an index to help RPs find and re-use individual slides on specific topics

- 3 formal quality improvement projects this year:
  - Improving the impact of MWAETC training programs on diversity, equity, and inclusiveness
  - Improving the accuracy of demographic data collection
  - Improving the completeness of QI data for our practice transformation training project

Data Sharing and Discussion

- Annual request and review of SCSN data from states

- State-level collaborations with RW Part A and B sites

- State-level collaborations with State Public Health Departments

- Formal data collation and analysis: 2016, 2022

- Dissemination of slides and written document (slides with index, definitions, and analysis) via GlassCubes site

- Regular discussion of emerging needs at RP Coordinator meetings, PT Coach meetings, Regional Management Team meetings

- *New* administrative report on trainee-reported needs vs. training focus by HIV Care Continuum level

MWAETC

Thank you!

paul.cook@cuanschutz.edu

mwaetc.org

NATIONAL
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT