

# Actuating Care in Georgia, Iowa, and New Jersey

## Using Multilingual, Audio-Assisted, Evidence-Based Needs Assessments

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**Katie Herting**, *Ryan White Quality Coordinator, Iowa Department of Public Health*

**Jesse Thomas**, *Project Director, RDE Systems, LLC*

20  
22

NATIONAL  
**RYAN WHITE**  
CONFERENCE  
ON HIV CARE & TREATMENT

# Disclosures

- The City of Paterson Department of Human Services, Fulton County, and Iowa Department of Public Health have no financial interest to disclose.
- Jesse Thomas works as Project Director for RDE System Support Group, LLC.
- This continuing education activity is managed and accredited by AffinityCE/Professional Education Services Group in cooperation with HRSA and LRG. PESG, HRSA, LRG and all accrediting organization do not support or endorse any product or service mentioned in this activity.
- PESG, HRSA, and LRG staff as well as planners and reviewers have no relevant financial or nonfinancial interest to disclose.
- Commercial Support was not received for this activity.

# Presenters

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**Jesse Thomas**  
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LLC*  
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# Learning Objectives

- At the conclusion of this activity, the participant will be able to:
  1. Recognize how a paradigm of **improved data collection** strengthens **grant applications**, provides answers to community planning bodies, illuminates **counterintuitive insights** important for the description of barriers and helps positively to influence health planning and policy recommendations
  2. Describe how to **adopt and adapt strategies and tools** to deliver web-based technology to the community and planning bodies while overcoming digital divides and perceptions of digital divides.
  3. Identify, analyze and evaluate the **challenges and benefits** of an innovative program for mobile / web-based, audio-assisted, multilingual Needs Assessments and Client Satisfaction Surveys.



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# Welcome and Introductions

# Introductions

Jesse Thomas, Project Director, RDE Systems

Serving public health for over 26 years, HIV/AIDS programs 16+ years  
(HRSA, CDC, HUD, NIH)

RDE Systems: First team to build custom web-based consumer needs  
assessment surveys for PLWH.

Technical Manager for over 18 HRSA Special Projects of National  
Significance

# eCOMPAS and e2Community Success Stories

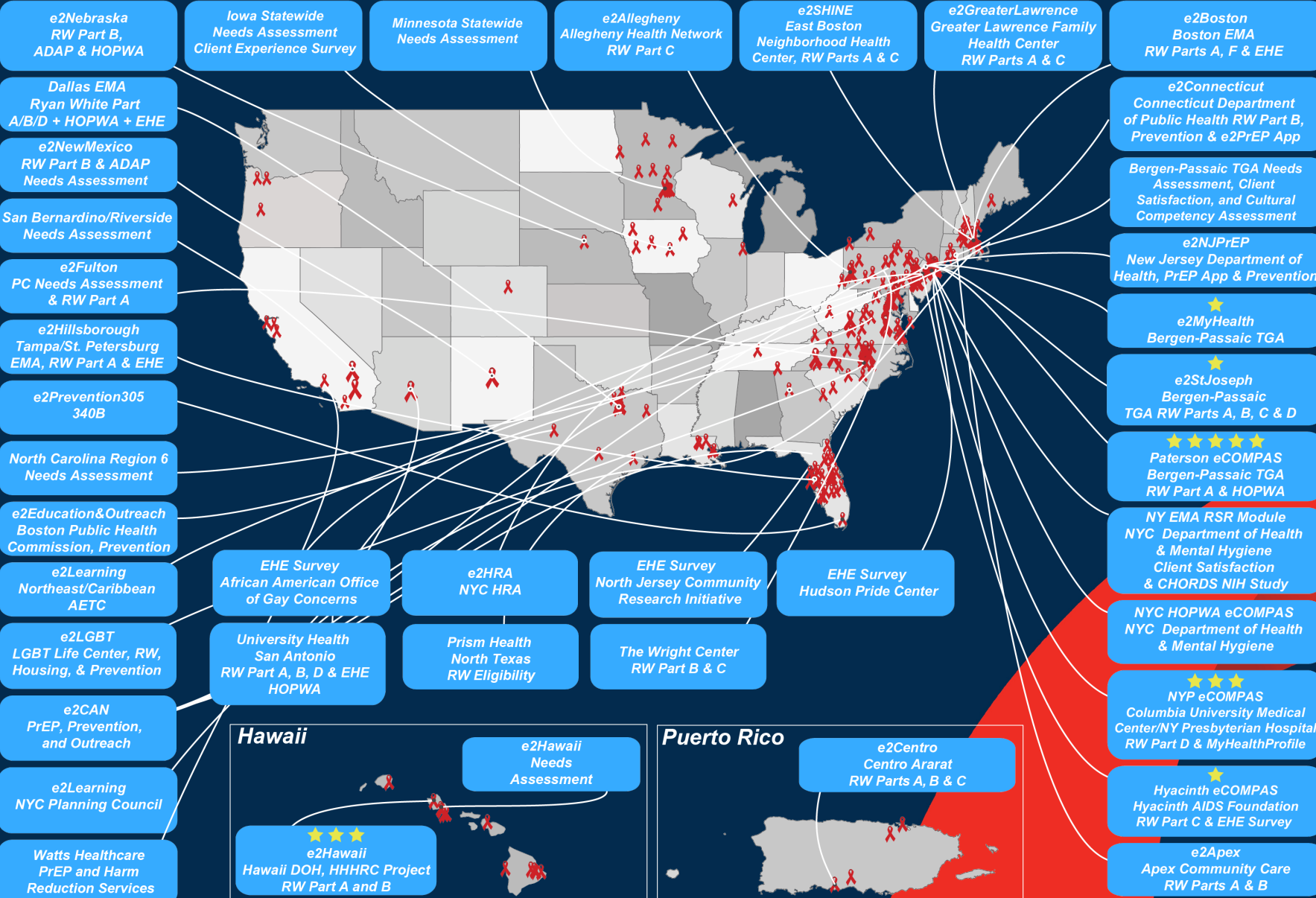
20  
22

## Users

## Programs

- Recipients
- Sub-Recipients
- Public Health
- Human Service
- Health Network
- Harm Reduction
- Clinics
- CBOs
- Planning Commissions
- Clients & Patients

- CDC Prevention
- HRSA A,B,C,D
- HRSA ADAP
- HRSA SPNS
- HRSA AETC
- HUD HOPWA
- NIH
- ONC



**Hawaii**

★★★★  
**e2Hawaii**  
 Hawaii DOH, HHHRC Project  
 RW Part A and B

**Puerto Rico**

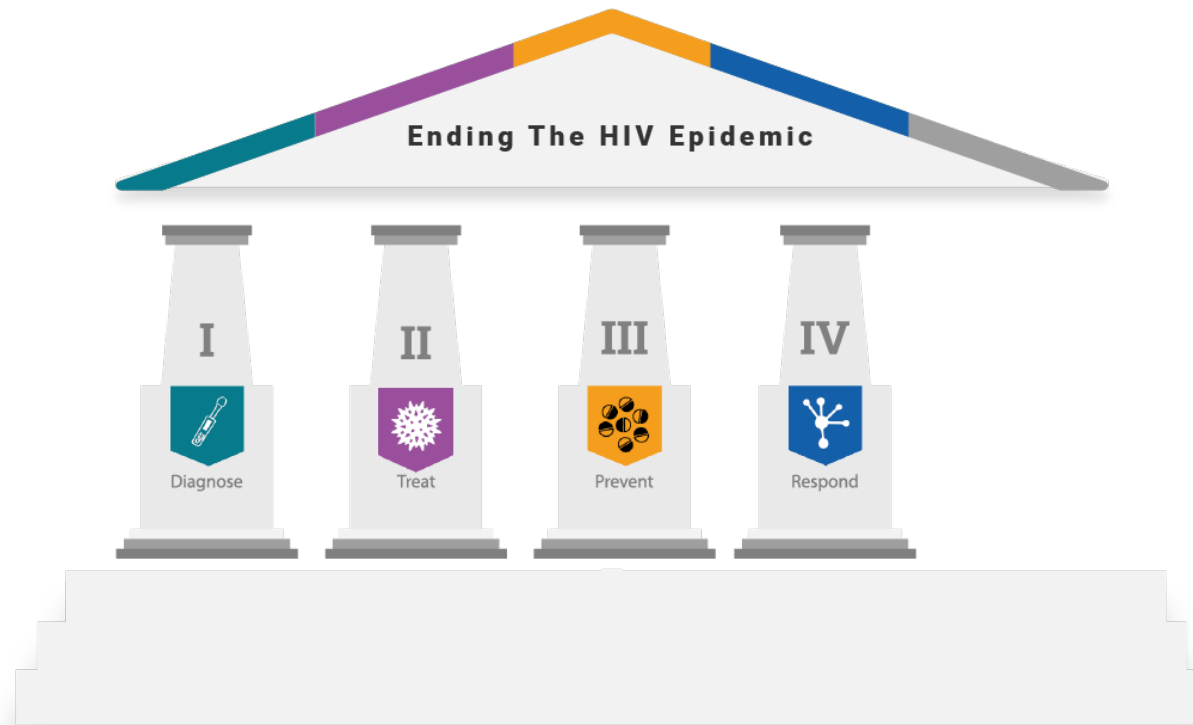
★★★★  
**e2Centro**  
 Centro Ararat  
 RW Parts A, B & C

Legend

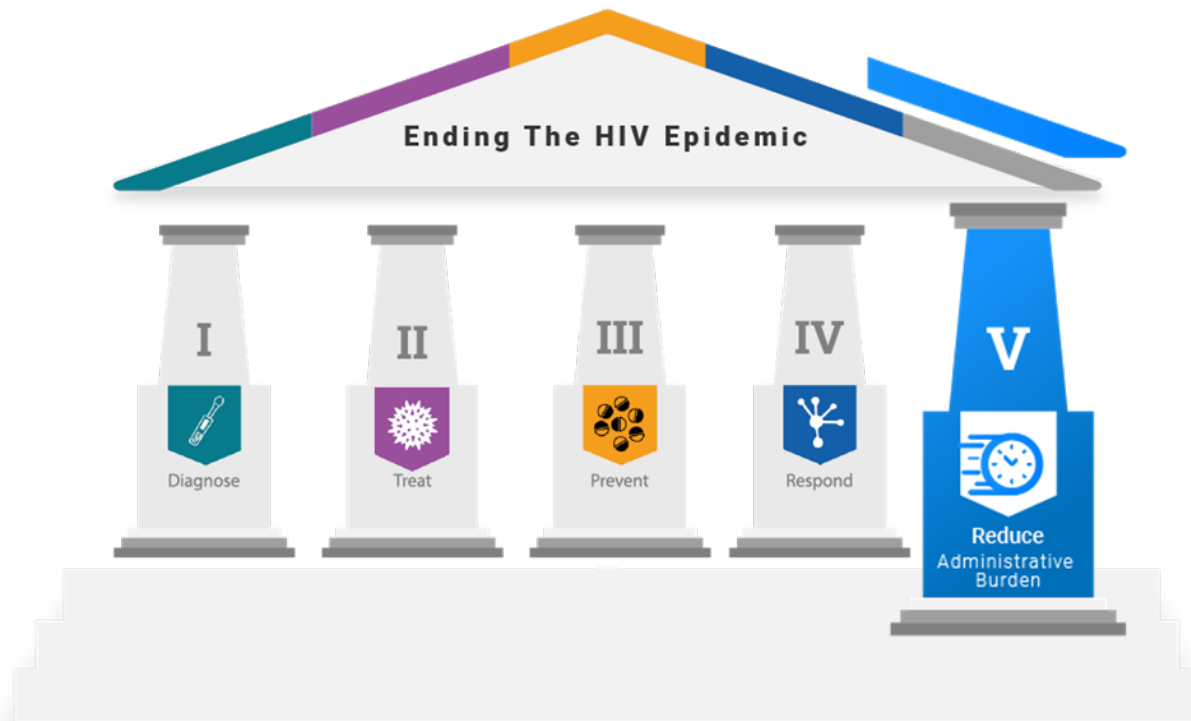
National Resource Guide ★ Special Projects of National Significance (SPNS)

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ON HIV CARE & TREATMENT

# 30 Years of Innovating Care, Optimizing Public Health, Ending the HIV Epidemic



# 30 Years of Innovating Care, Optimizing Public Health, Ending the HIV Epidemic



## Reducing Administrative Burden

- Time is our finite resource
- Reduce staff stress, burnout, and turnover
- Burden → empowerment

## Right Data & Right Tools

- Quality
- Actionable
- Useful + Usable



## AWS Assurance Programs



eCOMPAS  
Advanced  
Encryption



# Projects



Evaluate Impact of HIT on Care

e Networks of Care

Capacity building grants\*

- Parts A & B
- Parts C & D
- All Parts

HIT for ADAP

HIT for HIV Care Continuum

SMAIF HIEs for Care Engagement

SMAIF HIV Care & Housing Data Integration

Direct clinic IT investments:

Medical Home for HIV+ Homeless

Practice Transformation HIV Primary Care

Evidence-Informed Interventions

Social Media HIV Care Continuum

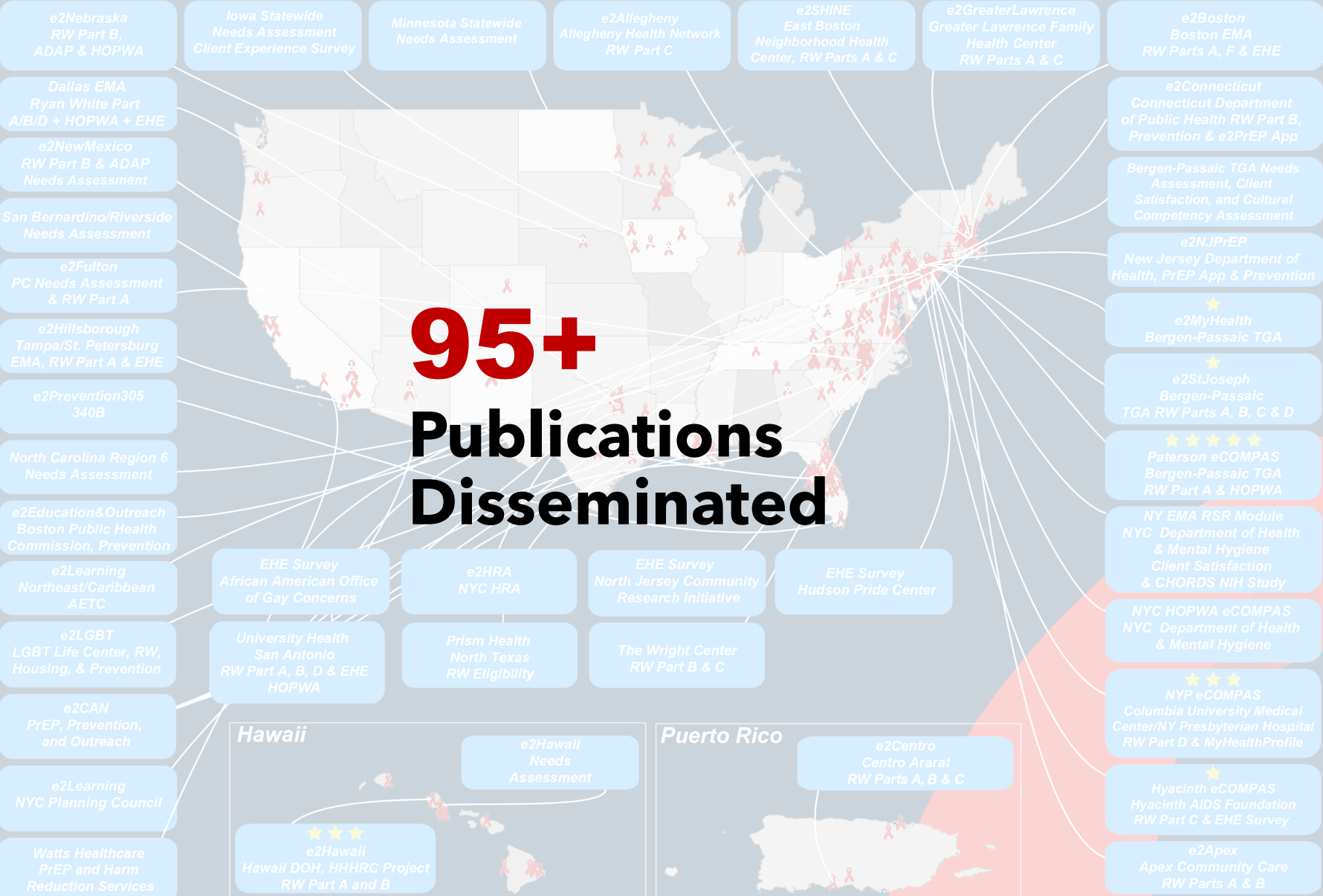
**19**

**SPNS Projects**

# eCOMPAS and e2Community Success Stories

20  
22

**95+**  
**Publications**  
**Disseminated**



**Hawaii**

e2Hawaii Needs Assessment

★★★★ e2Hawaii Hawaii DOH, HHHRC Project RW Part A and B

**Puerto Rico**

e2Centro Centro Ararat RW Parts A, B & C

Legend

National Resource Guide ★ Special Projects of National Significance (SPNS)

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# Sessions

#	Title	Presenters/Panelists	Presenters	Date and Time
1	Reducing Administrative Burdens by Engaging Subrecipients to Develop Data Systems that Work: Tampa, Dallas, Atlanta  (Session #20609)	Hillsborough County, Dallas County Health & Human Services, Fulton County, RDE Systems	Aubrey Arnold; Sonya Hughes; Jeff Cheek; Thomas Reed; Jesse Thomas	TBD
2	Addressing Opiate Use through Practice Transformation: Implementing Dashboard Reports to Improve Panel-Based Care  (Session #20684)	Columbia University / New York Presbyterian, RDE Systems	Sarah Lewittes; Susan Olender; Mila Davila; Onelia Pineda; Jesse Thomas	TBD
3	Actuating Care in Georgia, Iowa, and New Jersey Using Multilingual, Audio-Assisted, Evidence-Based Needs Assessments  (Session #20811)	Fulton County, City of Paterson, Iowa Department of Public Health, RDE Systems	Sandra Vincent; Millie Izquierdo; Katie Herting; Jesse Thomas	TBD
4	Housing, Employment and HIT improve access for vulnerable populations in Paterson NJ & Puerto Rico  (Session #20823)	City of Paterson; RDE Systems	Millie Izquierdo; Jesse Thomas	TBD
5	Two States' Journeys to integrate programs and utilize innovative approaches to improve data quality  (Session #20877)	Nebraska Department of Health and Human Services, New Mexico Department of Health, RDE Systems	Weston Stokey; Laine Snow; Jesse Thomas	TBD



# National HIV/AIDS Strategy

## Goals:

- 1. Reducing new HIV infections*
- 2. Increasing access to care and improving health outcomes for people living with HIV*
- 3. Reducing HIV related disparities*

*(Implementation Plan: Achieving a more coordinated National response to the HIV/AIDS epidemic in the U.S.)*

# How Do We Know What Services to Provide?

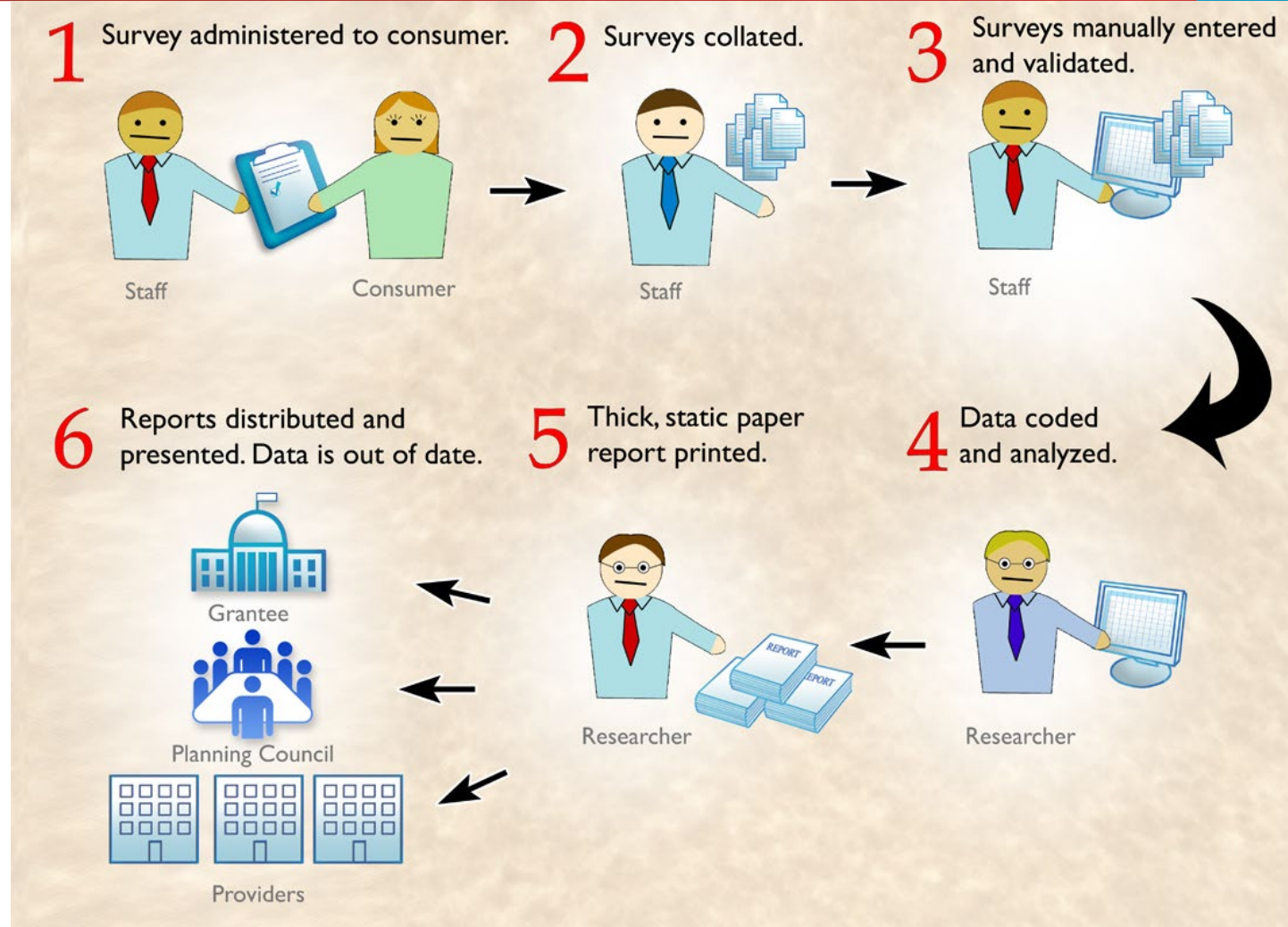
- Evidence-based planning for HIV prevention and care services begins with:

## **DATA-DRIVEN NEEDS ASSESSMENT**

- The “Justification of Need” is included in every grant application that you write.
- Developing an effective needs assessment process is vital to organizational sustainability and delivering high quality, effective programs.



# Traditional Needs Assessment Process



# Problem Statement

1. Too much time spent managing paperwork
2. Delay from data collection to action
3. Validating surveys a challenge
4. Too costly and inefficient
5. Paper reports are not interactive
  - Questions people have about the data result in health planners having to manually re-analyze the data



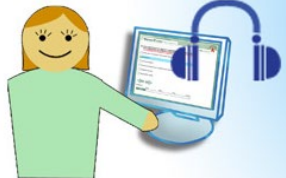
# Our Vision

**1** Consumers fill out surveys whenever and wherever they want..



At a provider site or library,

[www.e2Com](http://www.e2Com)



Using web-based audio-assisted interview if low-literacy, or



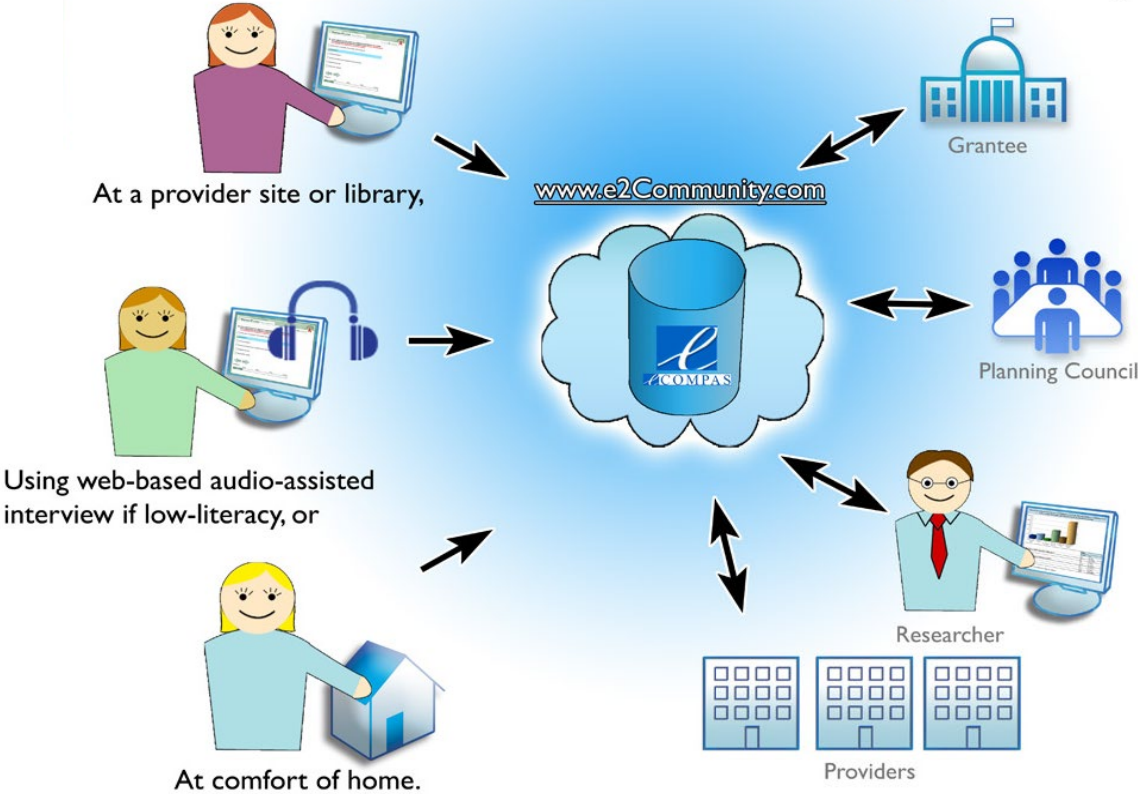
At comfort of home.



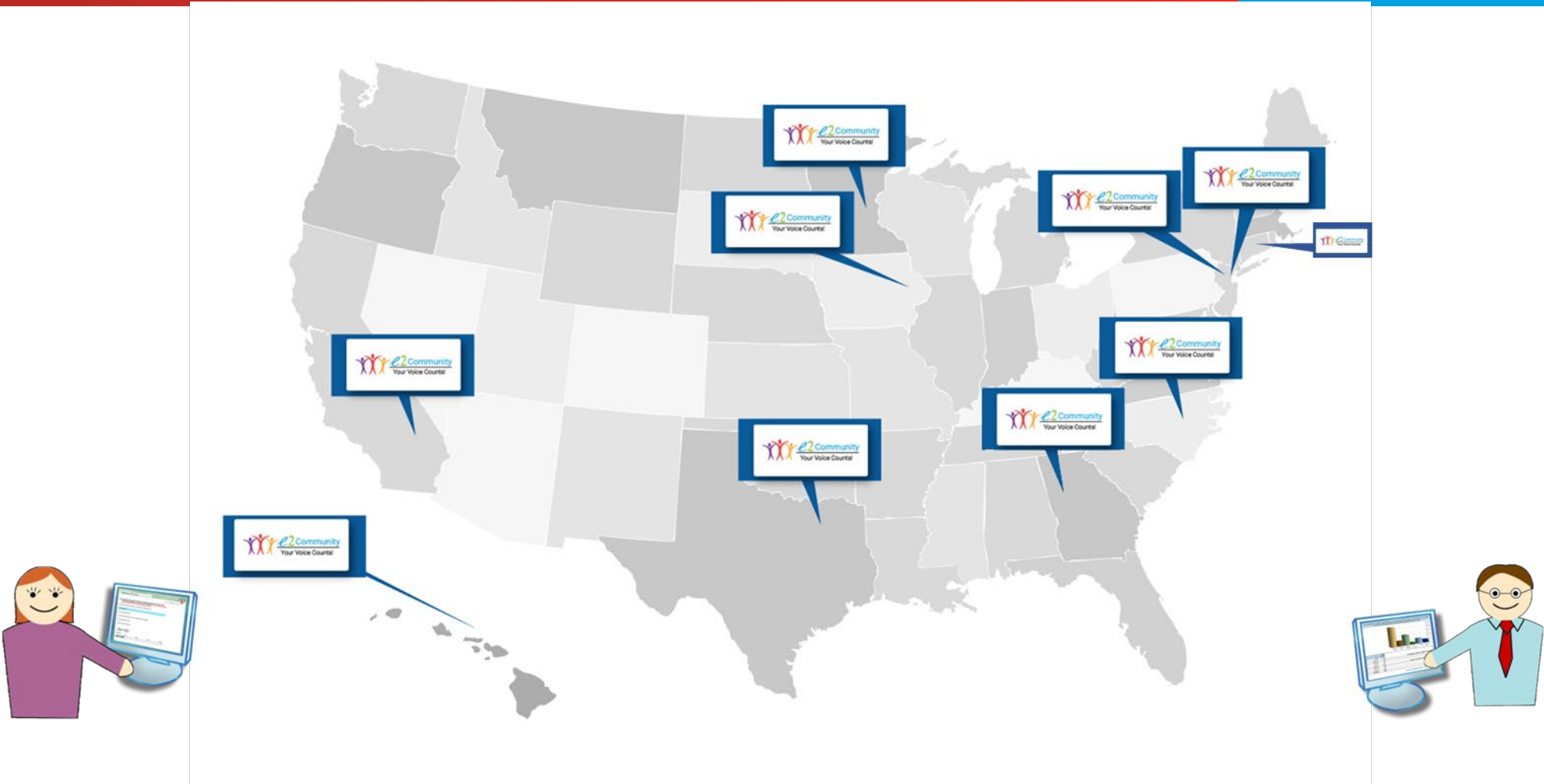
# Our Vision

**1** Consumers fill out surveys whenever and wherever they want...

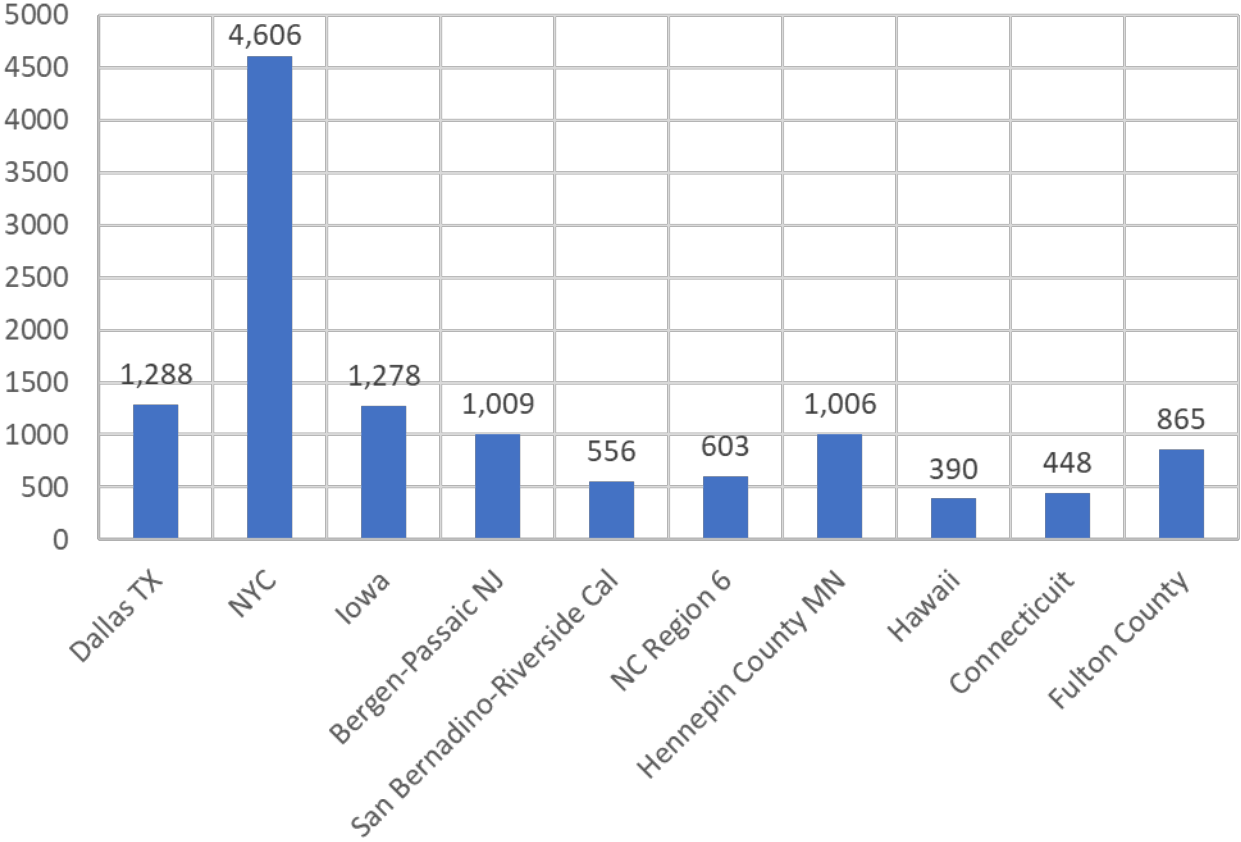
**2** All stakeholders have real-time graphical access to data appropriate to their needs from any location.



# National Context



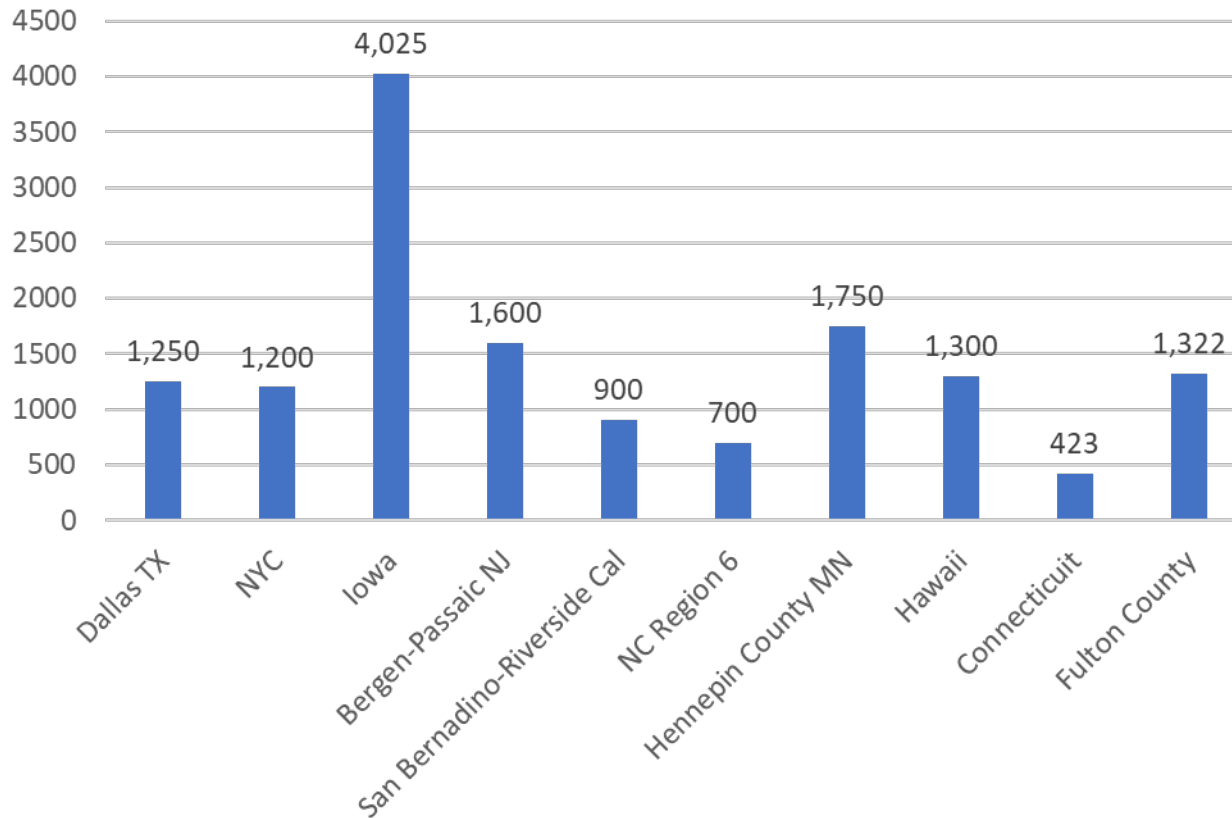
# Over 9,500 Total Consumers



Recipient	Consumers
Dallas TX	1288
NYC	4606
Iowa	1278
Bergen-Passaic NJ	1009
San Bernadino-Riverside Cal	556
NC Region 6	603
Hennepin County MN	1006
Hawaii	390
Connecticut	448
Fulton County	865

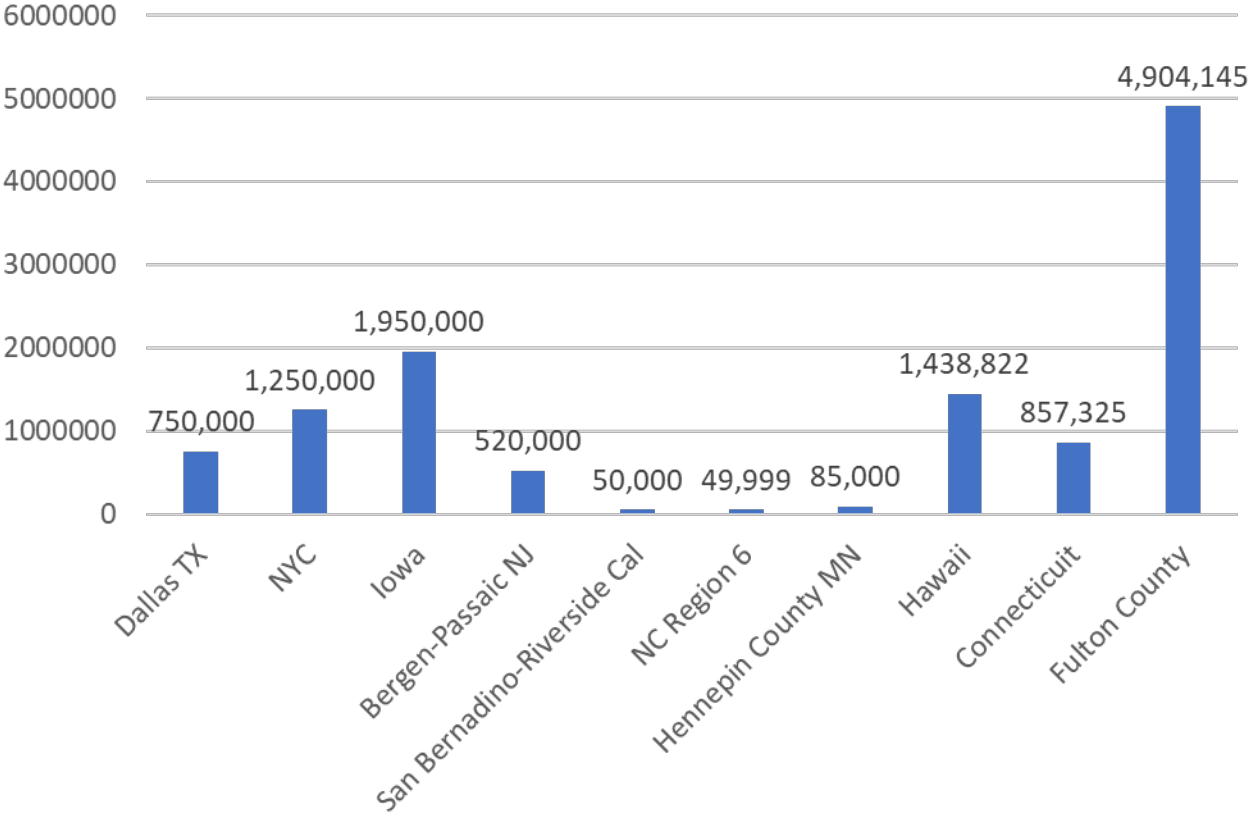
Covering Urban, Suburban, and  
Rural Regions.

# Survey Complexity: Over 12,000 Q & A Fields



Recipient	Q & A Fields
Dallas TX	1250
NYC	1200
Iowa	4025
Bergen-Passaic NJ	1600
San Bernadino-Riverside Cal	900
NC Region 6	700
Hennepin County MN	1750
Hawaii	1300
Connecticut	423
Fulton County	1322

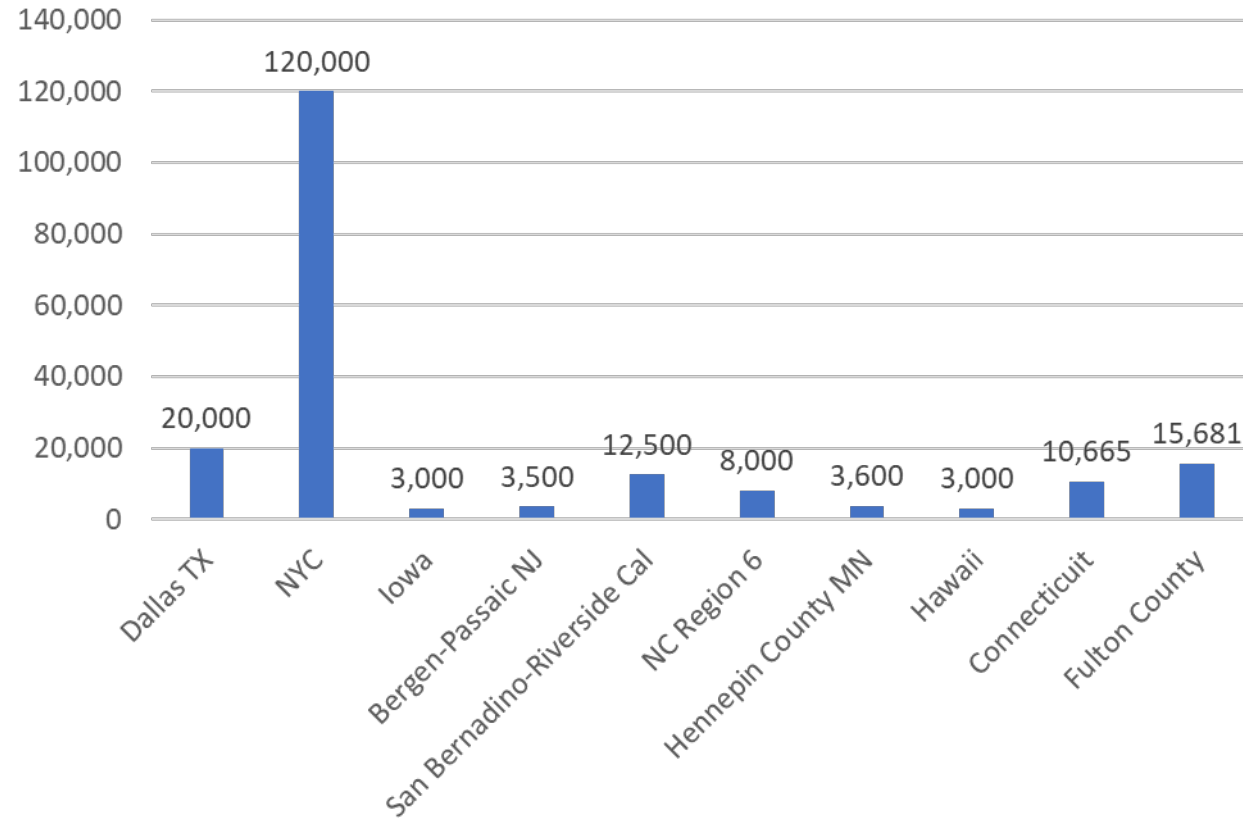
# Over 11 Million Data Points



Recipient	Data Points
Dallas TX	750000
NYC	1250000
Iowa	1950000
Bergen-Passaic NJ	520000
San Bernadino-Riverside Cal	50000
NC Region 6	49999
Hennepin County MN	85000
Hawaii	1438822
Connecticut	857325
Fulton County	4904145



# Diversity of Size of Regions: PLHWA



Recipient	PLHWA
Dallas TX	20,000
NYC	120,000
Iowa	3,000
Bergen-Passaic NJ	3,500
San Bernadino-Riverside Cal	12,500
NC Region 6	8,000
Hennepin County MN	3,600
Hawaii	3,000
Connecticut	10,665
Fulton County	15,681

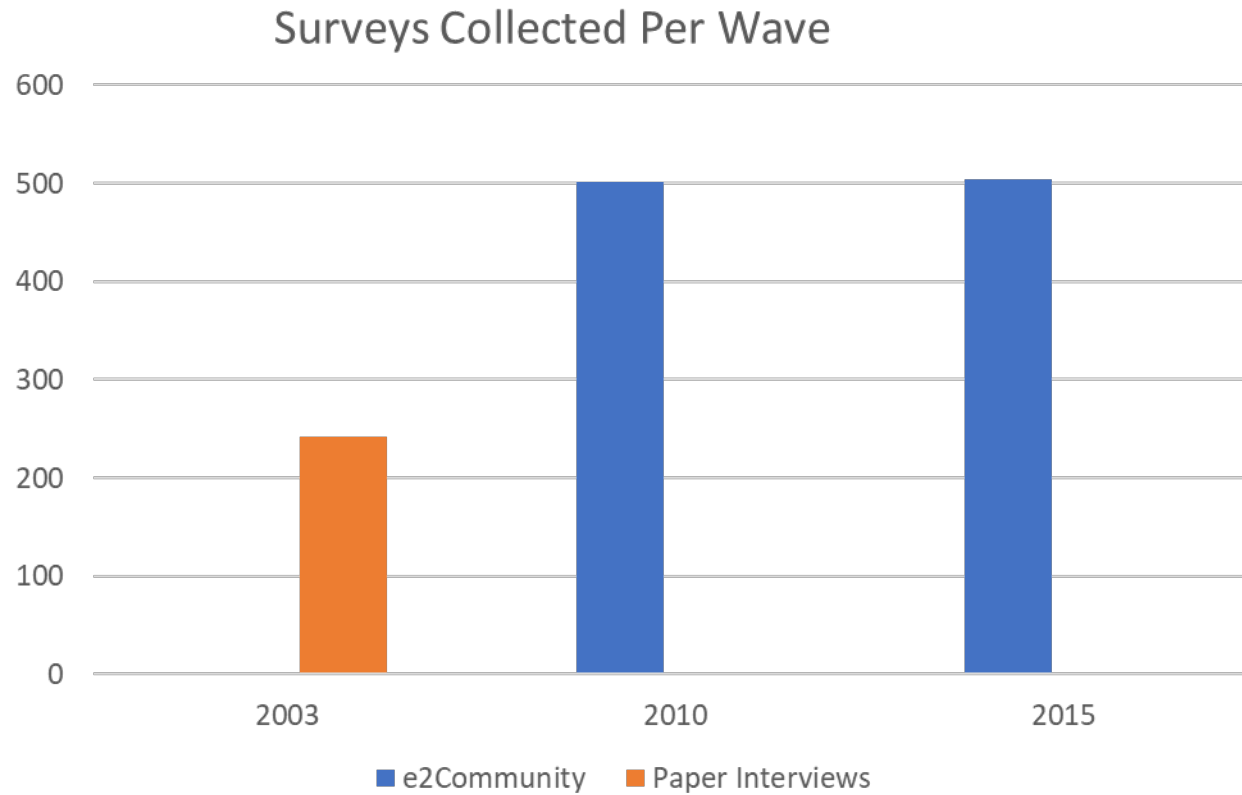
Over \$70,000 in Client  
Incentives Distributed

Over 21,000 Staff Hours Saved!

# *Hennepin County / Minnesota's Comprehensive Needs Assessment Web-Audio Surveys*



# Double the Response Rate



Year	e2Community	Paper Interviews
2003	0	242
2010	502	0
2015	504	0

# Innovative Use of Inexpensive Tablets

## Before Tablets and eCOMPAS 1



2003: Survey required  
6 interviewers to conduct  
face-to-face interviews

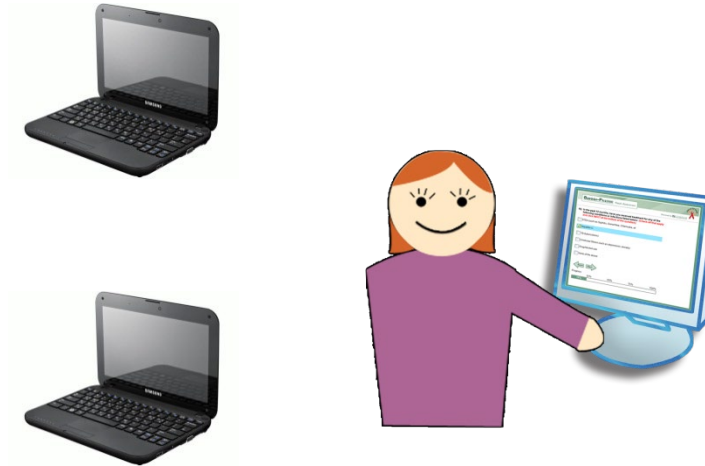


## Before Tablets and eCOMPAS 2



2003: Survey required  
6 interviewers to conduct  
face-to-face interviews

## After Tablets and eCOMPAS



2010: Majority of respondents (69%) did  
so from a private/public computer.

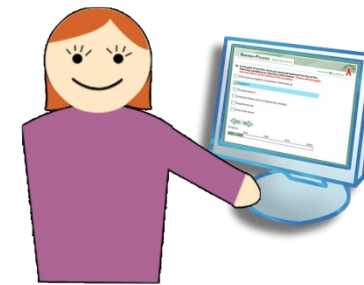
The remaining 31% participated in a  
session led by one of six volunteer  
consumer ambassadors

# Unanticipated Benefit

## Unanticipated Benefit:

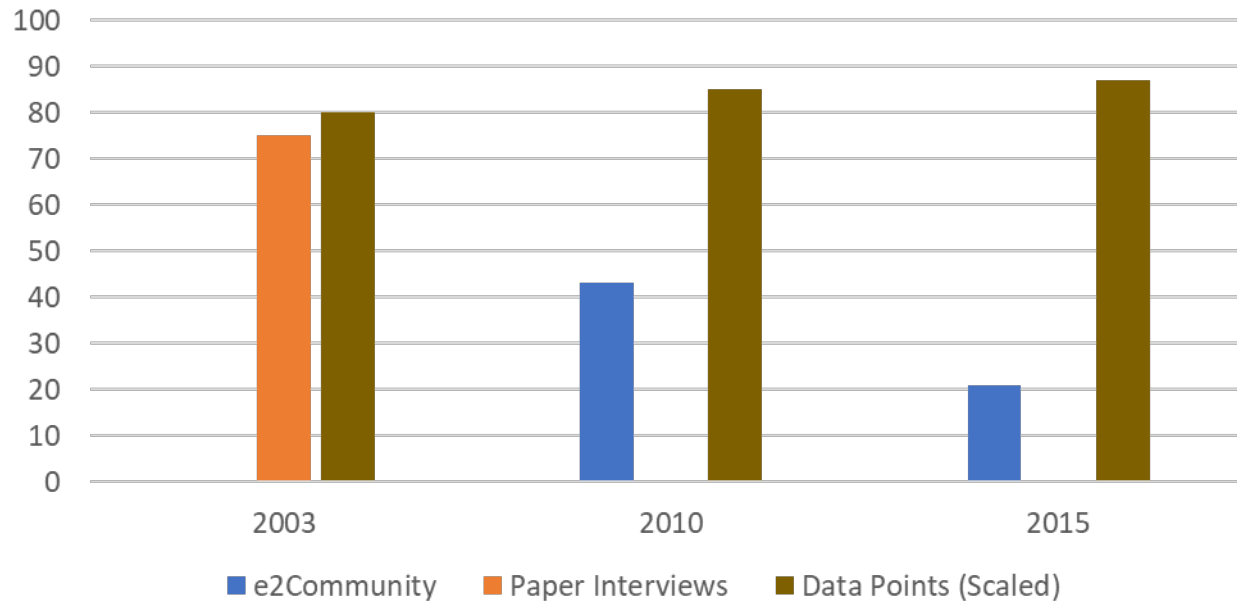
Needed to do translation only once on the web.

Instead of needing a translator for each consumer who needed it.



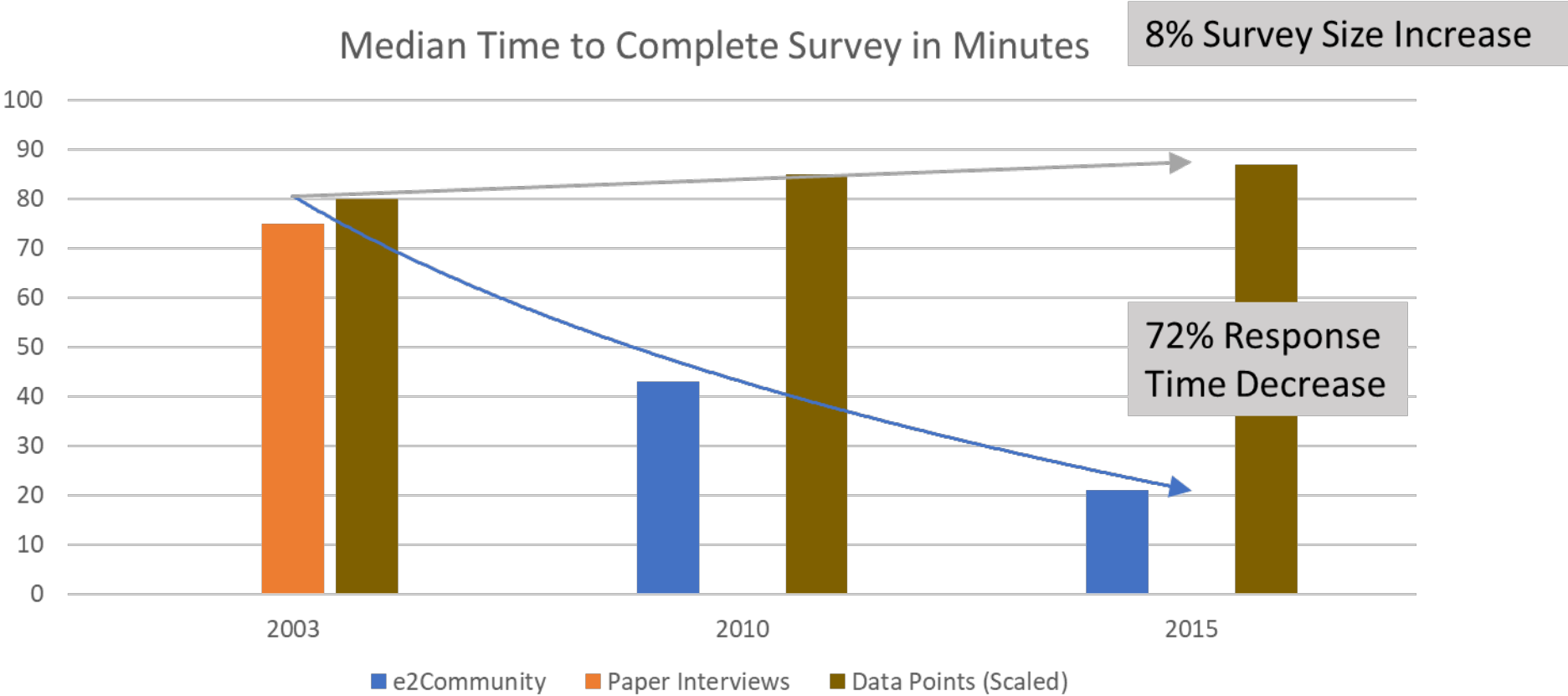
# Quarter the Time Per Response

Median Time to Complete Survey in Minutes



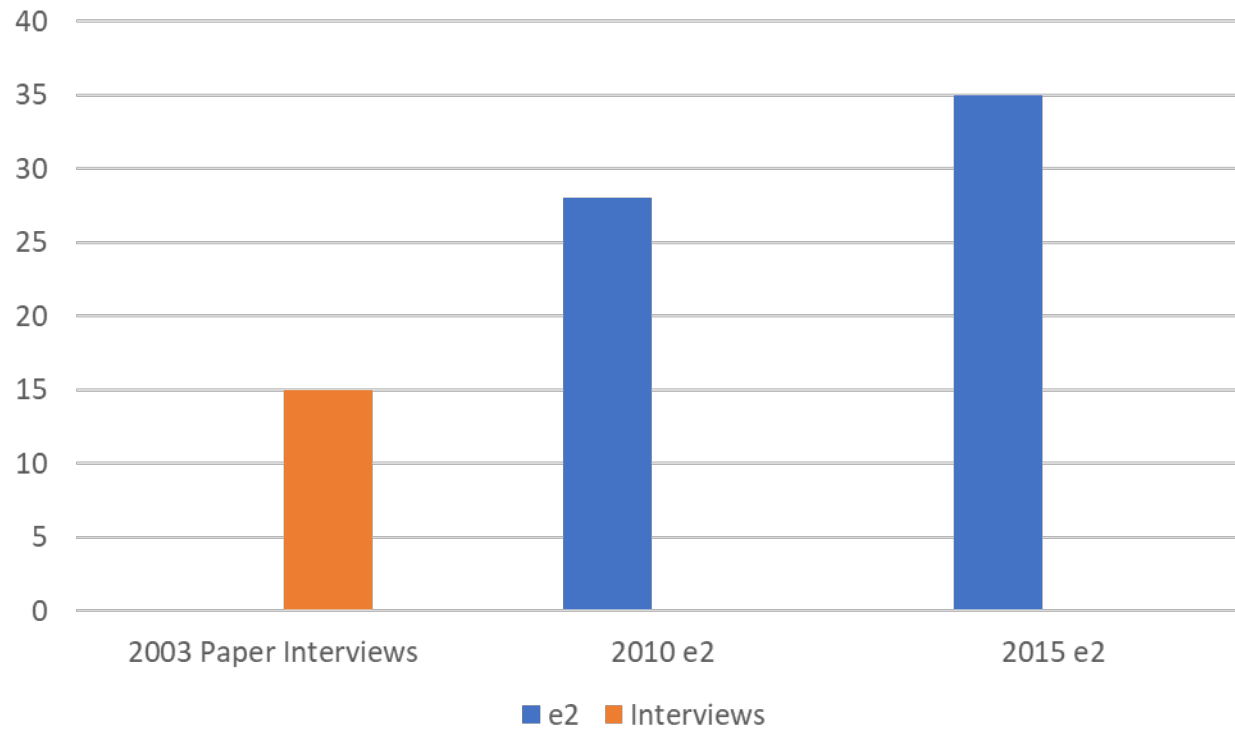
Year	e2Community	Paper Interviews	Data Points (Scaled)
2003		75	80
2010	43		85
2015	21		87

# Quarter the Time Per Response



# Case Study: African-Born Population

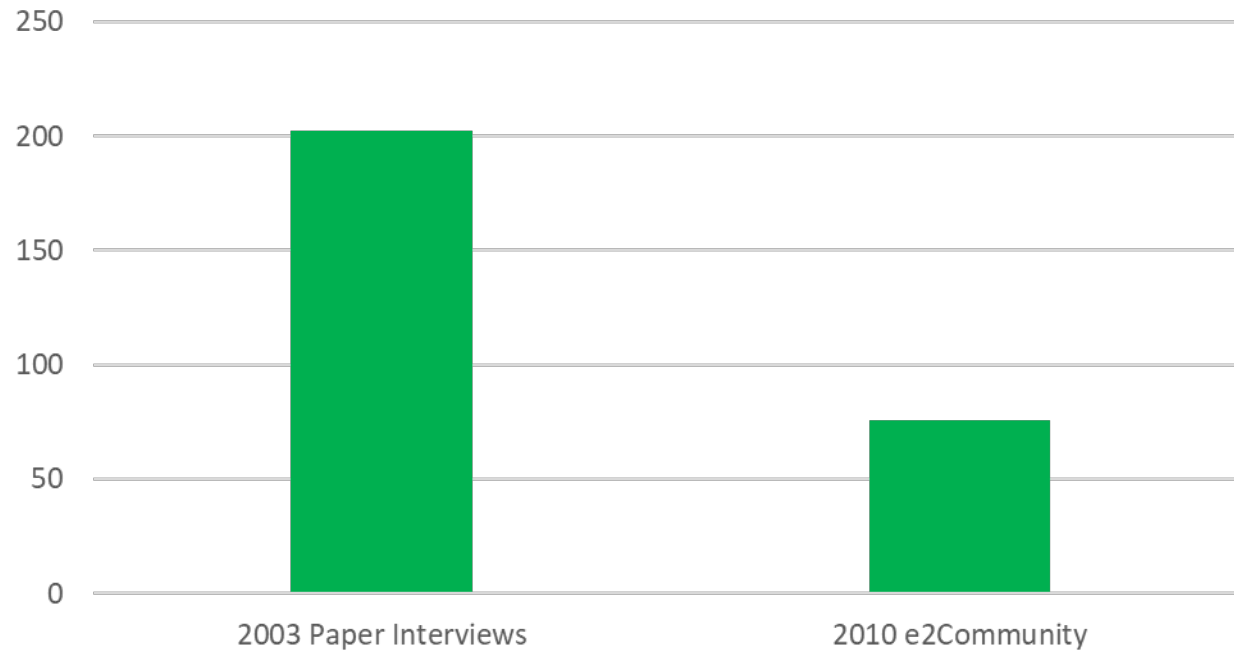
Total Respondents



Survey Wave	e2	Interviews
2003 Paper Interviews		15
2010 e2	28	
2015 e2	35	

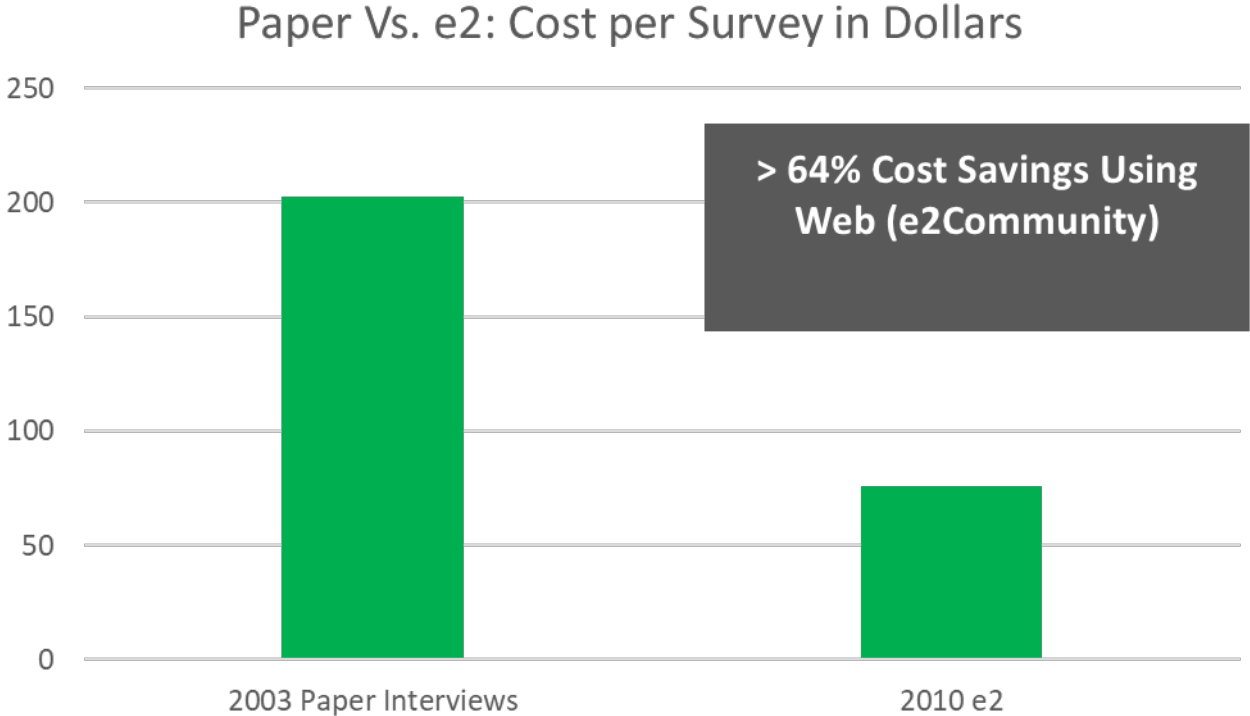
# MHSPC Cost Savings Analysis

Paper Vs. e2: Cost per Survey in Dollars



Survey Type	Cost per Survey
2003 Paper Interviews	202.4
2010 e2Community	76

# MHSPC Cost Savings Analysis





# New York City



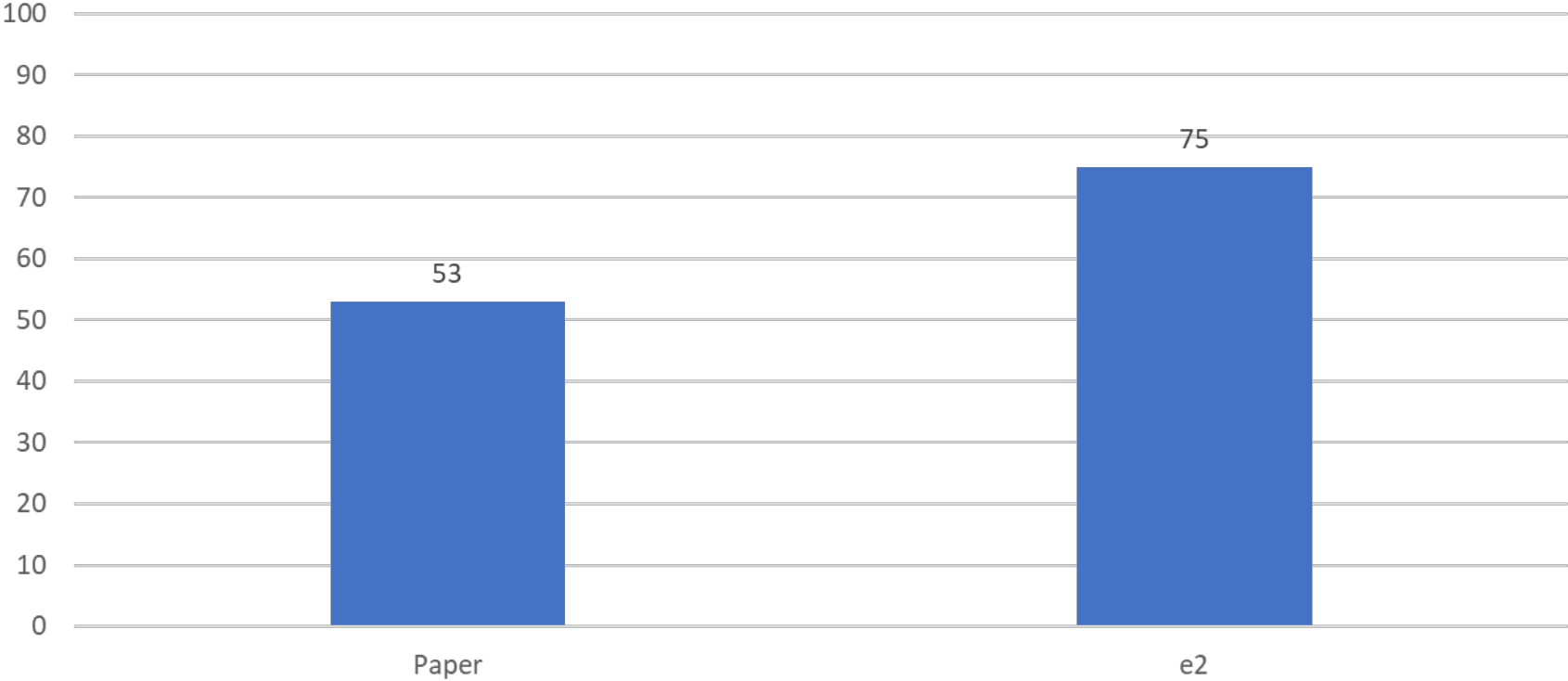


# Case Study: NYC Client Satisfaction & IRB Surveys

- **Better Consumer Experience:** “We have found, anecdotally, that many clients enjoy the experience of taking the survey as well as the ability to provide feedback on different aspects of the Care Coordination program. Clients have reported that the survey platform is easy to use, with many clients having taken it on smartphones, tablets, and computers.”
- **Proactive TA:** “Because of the way survey IDs were set up, even for anonymous surveys, we could figure out which service category and agency a person was being surveyed about. This allowed us to look at the types of responses received by service category and agency and to use that information to provide technical assistance to agencies regarding particular problem areas, and to identify particular facilitators and barriers to receiving services by agency and service category.”
- **Real-time Analysis:** “Electronic extract of survey data made real-time analysis of survey data possible and could be used to regularly track survey’s progress and any survey issues.”

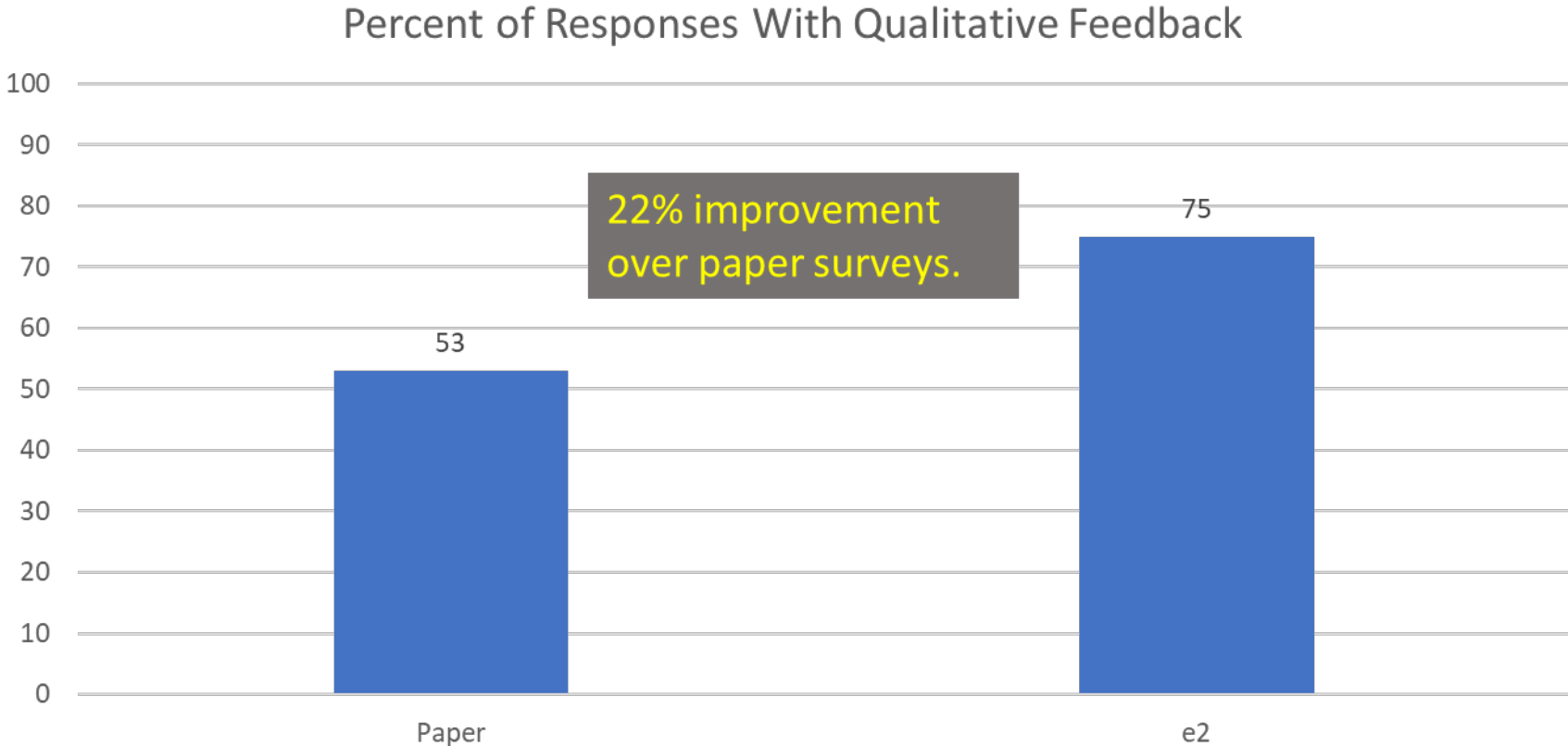
# More qualitative data with web (e2)

Percent of Responses With Qualitative Feedback



Survey Type	Percent of Responses With Qualitative Feedback
Paper	53
e2	75

# More qualitative data with web (e2)



A nighttime aerial view of a cityscape, likely Bergen-Passaic, New Jersey. The image shows a dense collection of buildings, including a prominent Gothic-style church with a tall spire on the left, and several modern multi-story office buildings with illuminated windows. The scene is lit with warm, golden light from streetlights and building interiors, contrasting with the dark blue and black of the night sky.

**Bergen-Passaic TGA:**

**Pioneer in Web Tools for Health Planning**

# Introduction

- Milagros Izquierdo, Program Director, Paterson-Bergen-Passaic TGA
- Jesse Thomas, Project Director, RDE Systems

# A Long Partnership

- Partnered with RDE in needs assessment & client satisfaction surveying cycles since 2005.
- Impact of digital surveying vs paper-based processes immediate.
- The Story of Consumer Accessibility and the Voices Committee

# The Old Way

26. Answer each of the following questions, following directions listed under the headings.

<p style="color: red; text-decoration: underline; font-size: 2em; transform: rotate(-15deg); display: inline-block;">The Old Way</p>	A During the past 12 months, did you <i>get</i> :				B <u>If YES</u> , how easy was it for you to get this service?				C <u>If NO</u> , during the past 12 months, did you <i>need</i> ?				D <u>If YES</u> , what is the main reason you were not able to get this service?
	1	2	3	4	1	2	3	4	1	2	3	4	See Code List
Visits with a doctor, nurse, or assistant to take care of your HIV outpatient medical care.													
Visit to a medical specialist based on a referral from your doctor.													
Visit with a doctor, nurse, or assistant to examine or treat non-HIV health conditions.													
Education or counseling about HIV, HIV transmission, and how to reduce the risk of HIV transmission.													
Treatment adherence services to provide you with education and counseling on ways to help you routinely take HIV/AIDS medications and follow through on HIV/AIDS treatments.													
Case management session(s) with a case manager to help you coordinate your HIV/AIDS care and help access other services and benefits.													
Client advocacy where a counselor assists you to work through a particular problem in obtaining a service, obtaining benefits or in a complaint against a service provider.													

# The New Way

25a) During the past 12 months, did you get **HIV outpatient medical care visits**?

Yes

No

Don't know

25a) How easy was it for you to get **HIV outpatient medical care visits**?

Easy

Somewhat hard

Hard

Next  
Question

25b) During the past 12 months, did you **Visit a medical specialist based on a referral from your doctor**?

Yes

No

Don't know

Next  
Question

25a) What is the main reason it was hard to get **HIV outpatient medical care visits**?

Information - Where to get it, how to qualify

Personal or cultural - You weren't comfortable with the agency staff or language barrier

Service delivery - No agency available, you didn't qualify to get it

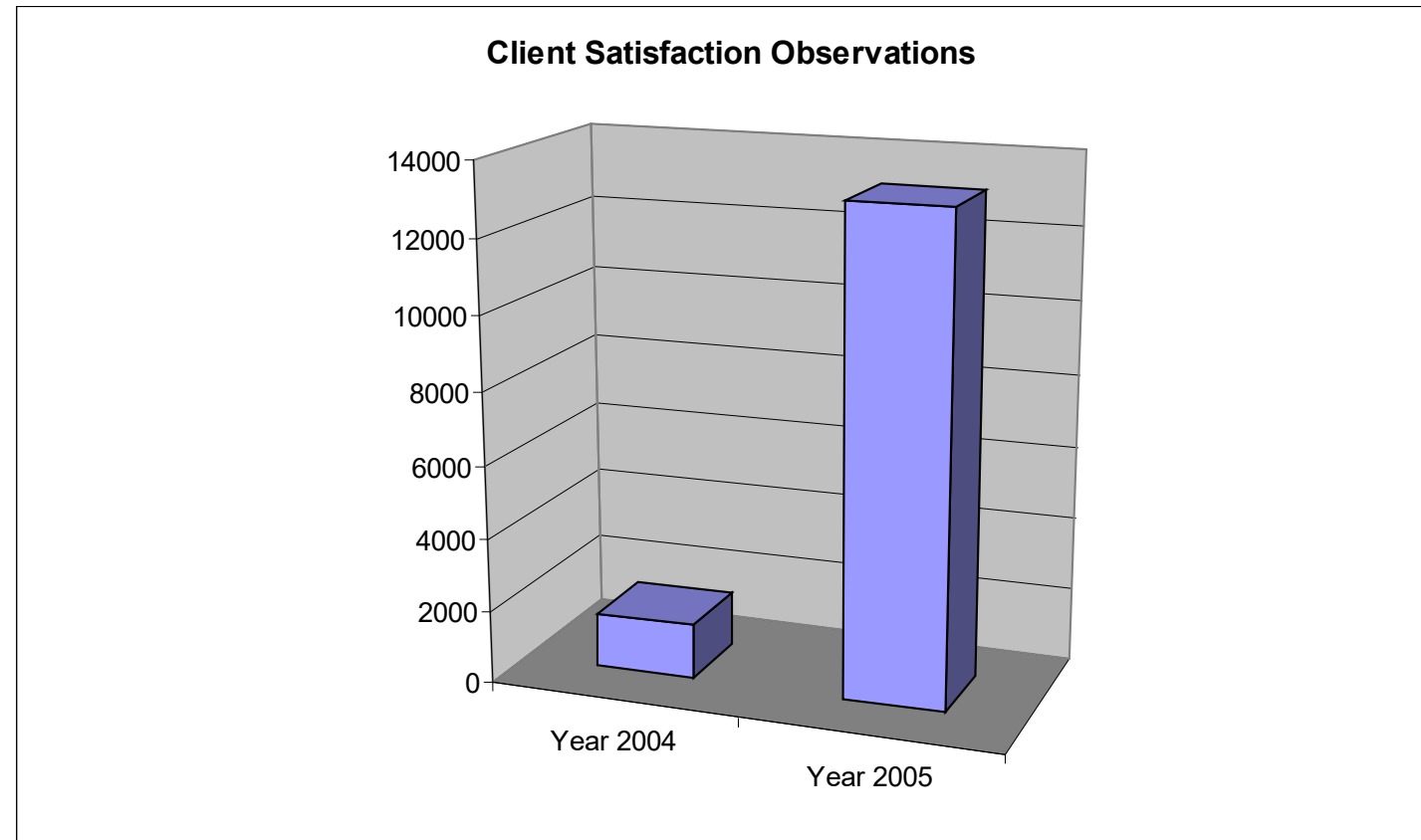
Access/availability - Too far away, not open when you could get there, long waits

Not applicable/no barriers

The New Way  
The System  
does all the  
work behind  
the scenes.



# A Long Partnership – Immediate Impact



**We were expecting response rates to drop in moving from paper-based to web-based surveys. Instead going web-based produced a surprising increase in response rates for a primarily urban, disadvantaged population, making internet access barriers a myth.**

# 2005 Consumer Access Points



**COMPAS**

**ACCESS POINT**

*Easy Client Satisfaction Survey Submission*

**SIMPLE TO USE**  
*Click on-screen buttons.*

**QUICK**  
*Automatically completes parts of each survey for you.*

**ACCESS 24/7**  
*Any time, any day from any computer with Internet access.*

**PRIVATE**  
*No surveys in envelopes.*

**GREATER VOICE**  
*More frequent feedback of your views to Providers and Planning Council.*

**COMPUTER / INTERNET SKILLS**  
*Helps you learn.*

[www.ryanwhitegrantee.com/ecompas](http://www.ryanwhitegrantee.com/ecompas)

**CITY OF PATERSON**  
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Ryan White Title I Services  
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(973) 341-1242 ext. 6

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# Planning Council Interface

The screenshot shows a Microsoft Internet Explorer browser window displaying the COMPAS web application. The browser's address bar shows the URL: `https://www.e-compas.com/OutcomesView/a_index.cfm?CFID=600&CFTOKEN=22910094`. The browser's toolbar includes navigation buttons (Back, Forward, Stop, Home, Search), a search box, and various utility icons. The browser's status bar at the bottom shows the Internet icon and a lock icon.

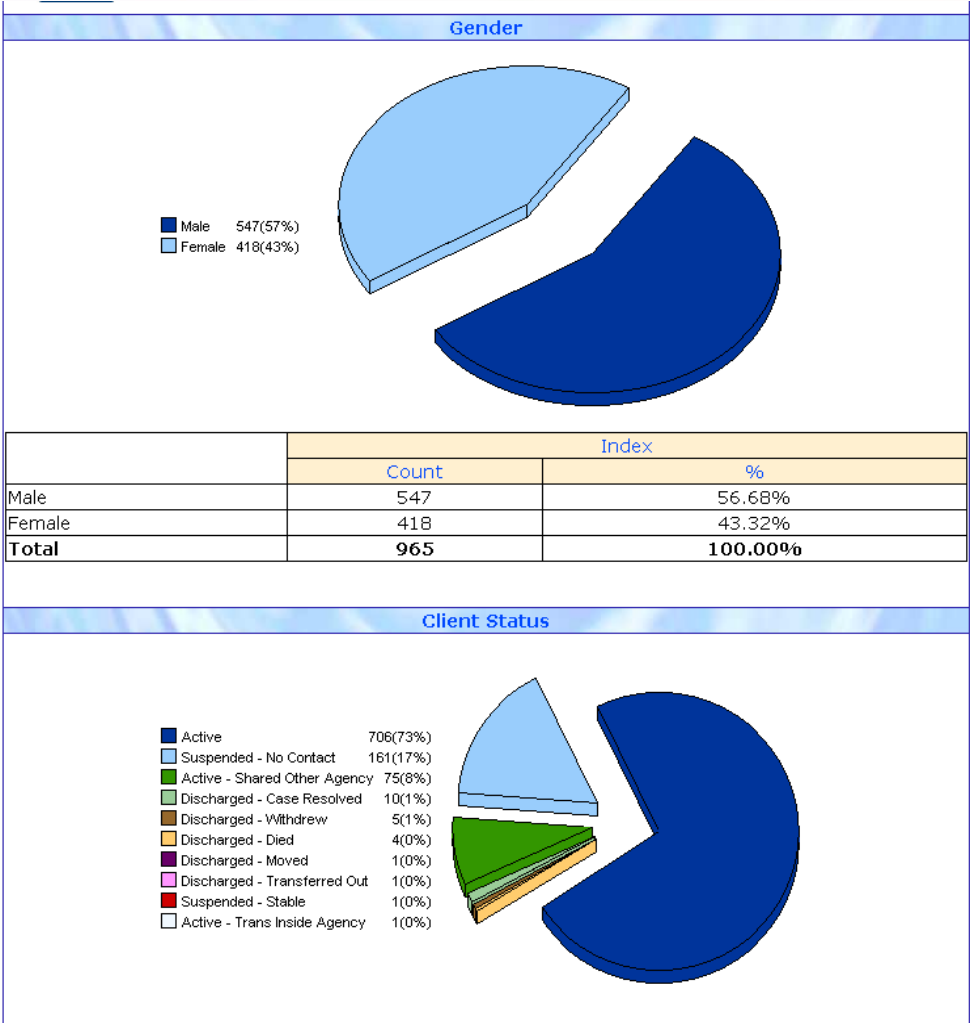
The web application interface features a header with the text "ELECTRONIC COMPREHENSIVE OUTCOMES MEASUREMENT PROGRAM FOR ACCOUNTABILITY AND SUCCESS" and the COMPAS logo. Below the logo is the tagline "The smart alternative to paper-based outcomes management" and three small portraits of healthcare professionals. A navigation menu includes links for Main, Reports, Help, My Account, Comments, About Us, and Logout.

The main content area is titled "Planning Council Interface" and contains several interactive elements:

- Buttons for "Demographics [beta]" and "Indicators [beta]".
- A link for "View My Favorite Reports".
- A dropdown menu labeled "Select service category" with "Provider Outcomes" selected.
- Another dropdown menu labeled "Select service category" with "Client Satisfaction" selected.

At the bottom of the page, there is a logo for the "CITY OF PATERSON".

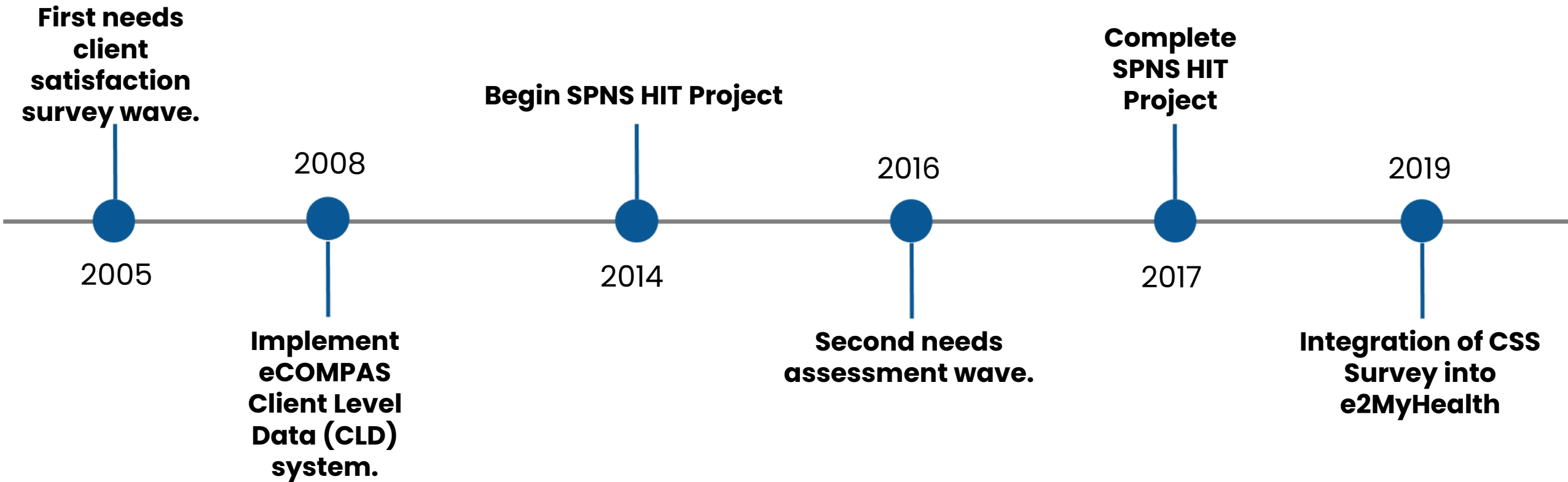
# Demographics & Utilization



# Building the Big Picture

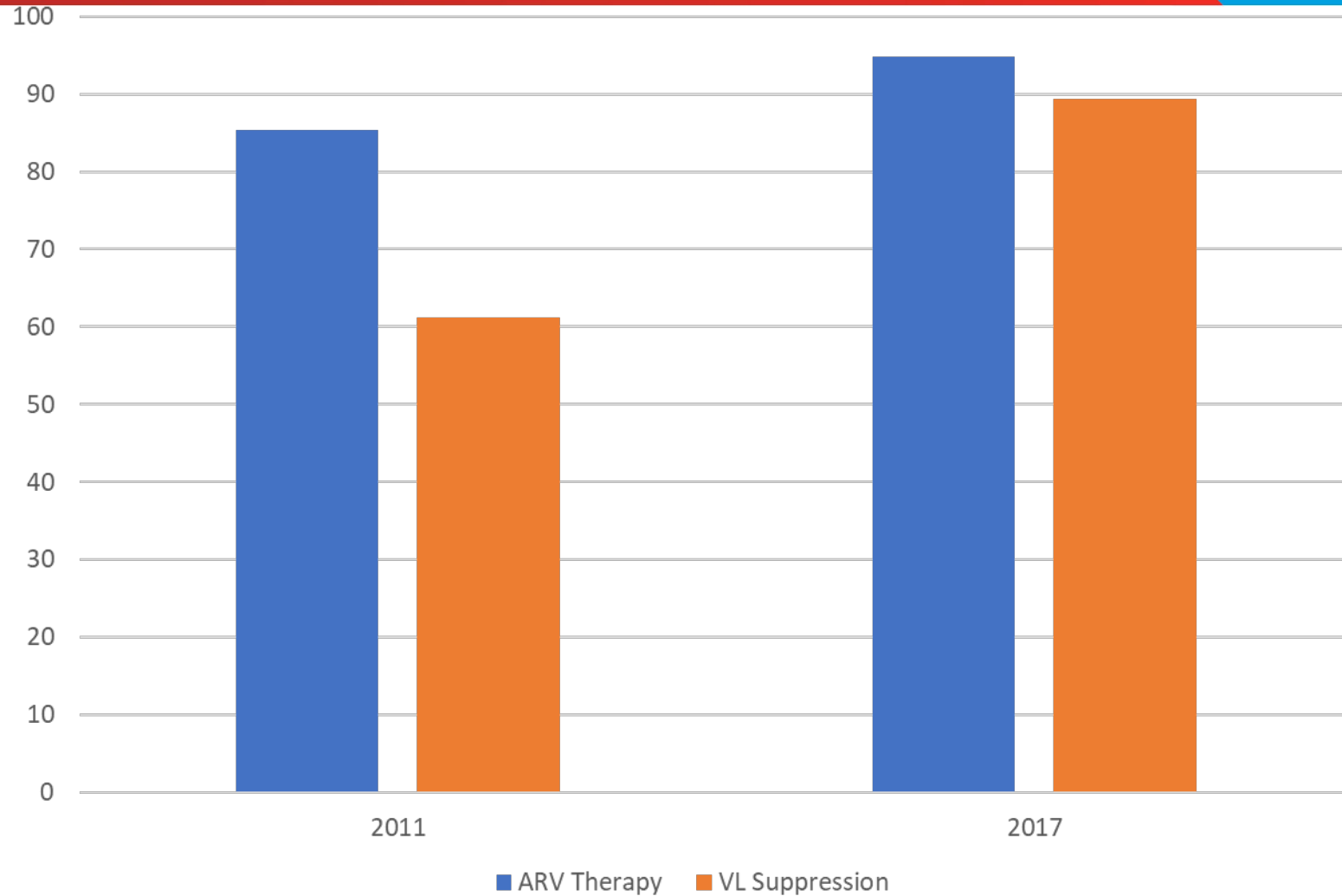
- Long-term goal of partnership is to integrate CLD and other client data in order to build a big picture about PLWHA and the HIV/AIDS Epidemic in the TGA.
- Combining CLD with needs assessment responses.
- Interlinking data from disparate medical providers and funding sources through Special Project of National Significance.
- Recording and comparing outcomes across the TGA's 3 major medical service providers.

# Building the Big Picture - Timeline



# Cumulative Gains – 2017

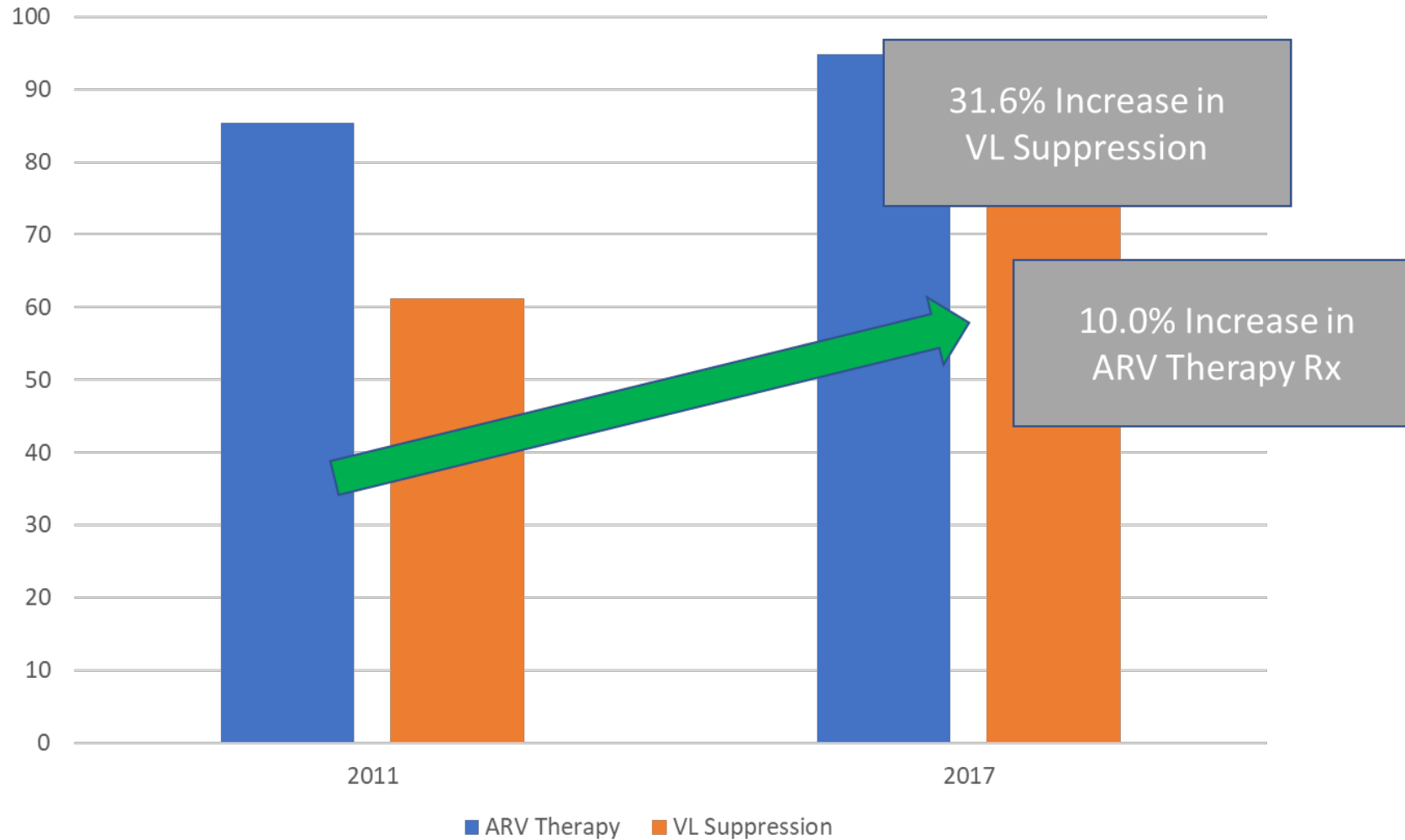
## 3-Clinic Statistics



Year	ARV Therapy	VL Suppression
2011	85.36	61.16
2017	94.88	89.37

# Cumulative Gains – 2017

## 3-Clinic Statistics





# How We Did It

# How We Did It - Innovations

**Visual Analytics**

**Real-Time Feedback**

**Broad Access to Data**

**Linkage to CLD Systems**

**Goal-Attainment Tracking**

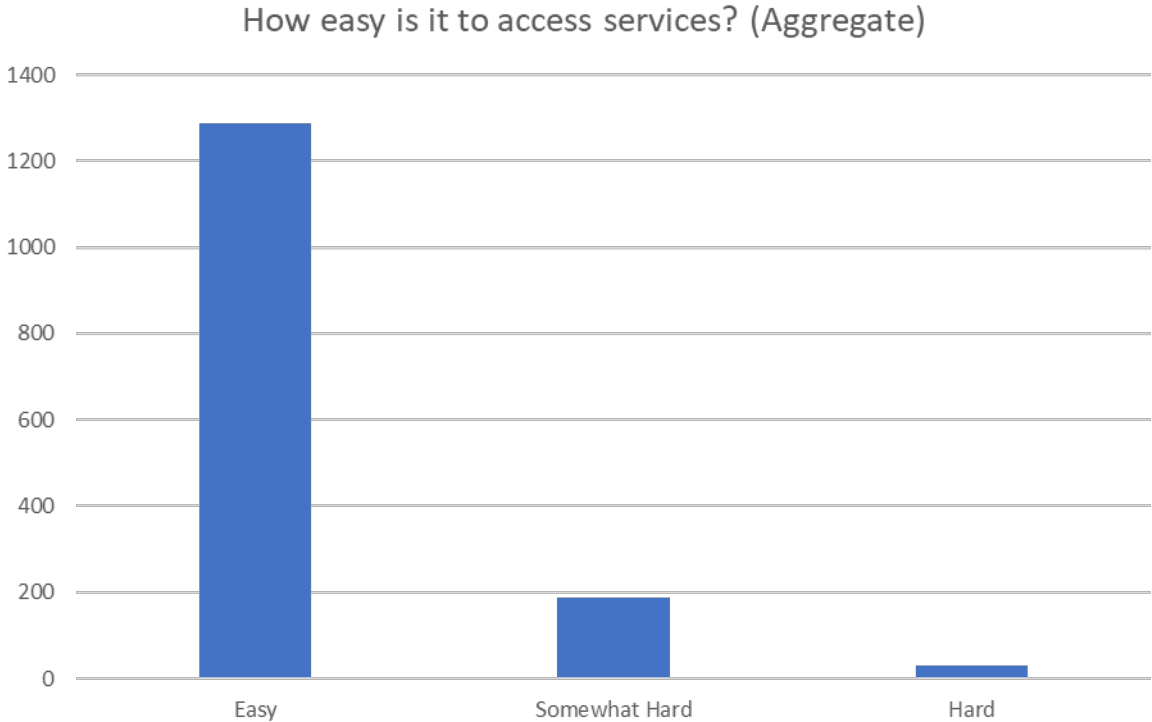
**SPNS and Capacity Development Grants**

**Tight Integration with QM**

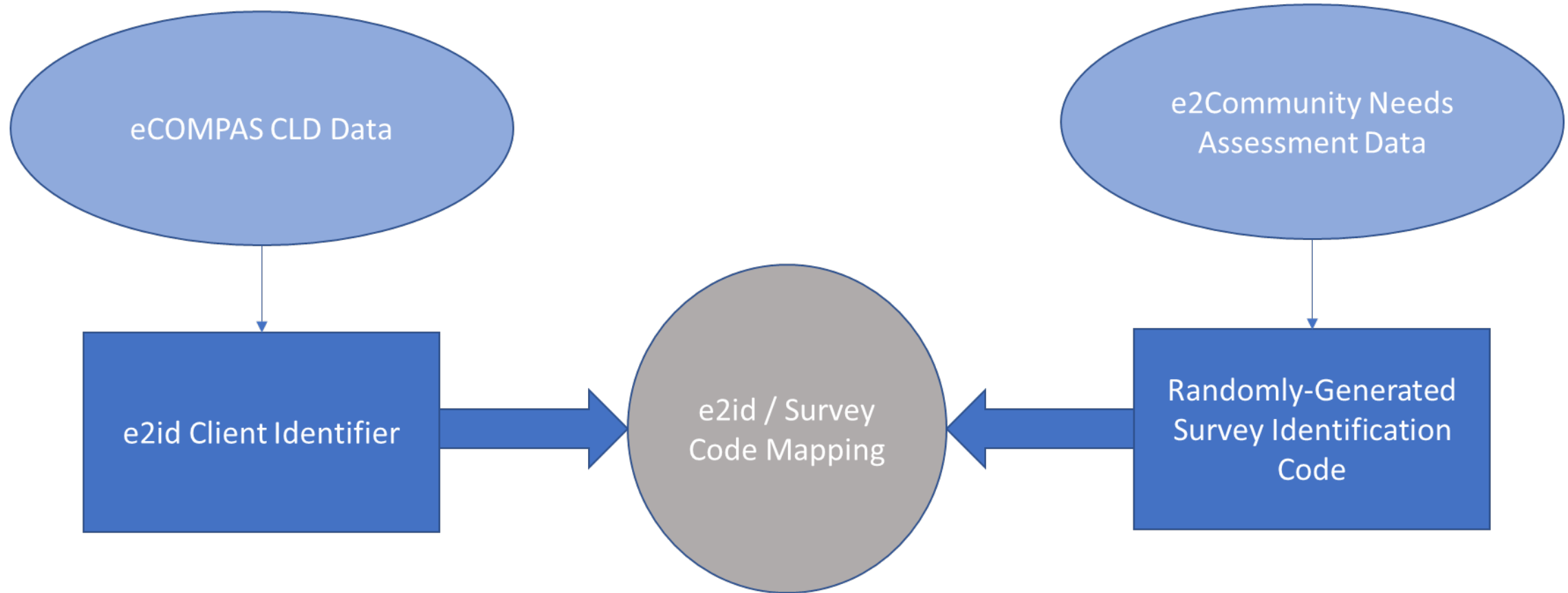
# How We Did It

- Make sure your client base's service needs are met.
- 15+ years of working with digital client satisfaction & needs assessment data simplifies this process.
- According to 2016 needs assessment, majority of PLWHA in the TGA can easily get services that they need.

# How We Did It continued



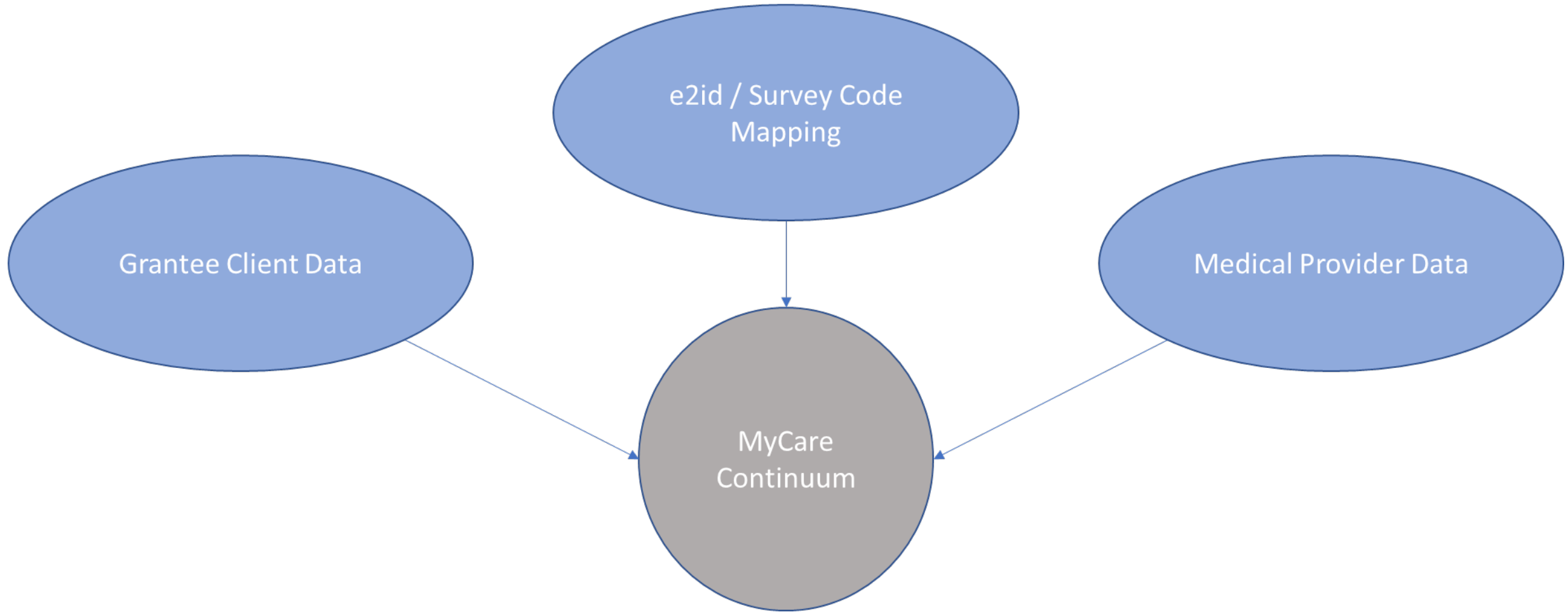
# How We Did It – Record Linkage



# How We Did It – Record Linkage continued

- CD4 values
- Viral load counts
- Services received
  - Medications
  - Screenings
- Medical Care

# How We Did It – MyCareContinuum






# Bergen Passaic e2MyHealth

e2MyHealth Bergen Passaic

Email Address Password Log in Register Forgot your password?

THIS IS AN RDE DEMO SITE. DO NOT INCLUDE ANY PERSONAL HEALTH INFORMATION IN THIS SITE. USE ONLY DUMMY DATA.

Your Health. Simplified.



This is a secured web connection. All data is protected by the highest level of Internet encryption (SSL).

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# Features of e2MyHealth

- Easy and secure login
- Care team information displayed
- Upcoming appointment reminders
- View medical and lab results
- View prescribed medications
- Ability for consumers to grant secure temporary access to others
- Audit Log
- Integration with MedLine Plus for plain English explanations
- Mobile / tablet and cross-browser compatible

e2MyHealth
Care Information
Access Management
Help
My Account
Sign Out
18 : 45

---

General
Labs
Services
Satisfaction Survey

### Satisfaction Survey

A satisfaction survey is awaiting your response. [Click here to answer it.](#)

### My Care Team

<b>Case Manager (Non-Medical)</b>	None	<b>HIV Specialty Care</b>	
<b>Case Manager (Medical)</b>	None	<b>Clinic Last Serviced</b>	ABCD Healthcare
<b>Private Doctor</b>	None		

### Demographics

<b>Name</b>	J*** S***	<b>HRSA Insurance Category</b>	
<b>e2MyHealth ID</b>	JCLHV4A6	<b>Primary Insurance</b>	
<b>Ethnicity</b>	Non-Hispanic	<b>Payment Source</b>	
<b>Race</b>	White		

### HIV & AIDS

<b>Most Recent CD4</b>	350	11/05/2019	<b>HIV Status</b>	HIV Positive, AIDS Status Unknown
<b>Lowest CD4</b>	350	11/05/2019	<b>HIV Year of Diagnosis</b>	2007
<b>Most Recent Viral Load</b>	255	11/05/2019	<b>AIDS Year of Diagnosis</b>	0
<b>Highest Viral Load</b>	255	11/05/2019	<b>Transmission Mode</b>	

# CSS Survey

General Labs Services Satisfaction Survey

### Satisfaction Survey

1.) Please tell us how satisfied you were with the SUBSTANCE ABUSE TREATMENT AND COUNSELING services you received.

Very satisfied

Satisfied

Neutral

Unsatisfied

Very unsatisfied

2.) Are there any services that **YOU NEEDED** and were unable to get?

3.) Overall, how satisfied are you with the Ryan White Part A Program?

Very satisfied

Satisfied

Neutral

Unsatisfied

Very unsatisfied

# CSS Survey – Future Vision

General

Labs

Services

Satisfaction Survey

## Satisfaction Survey

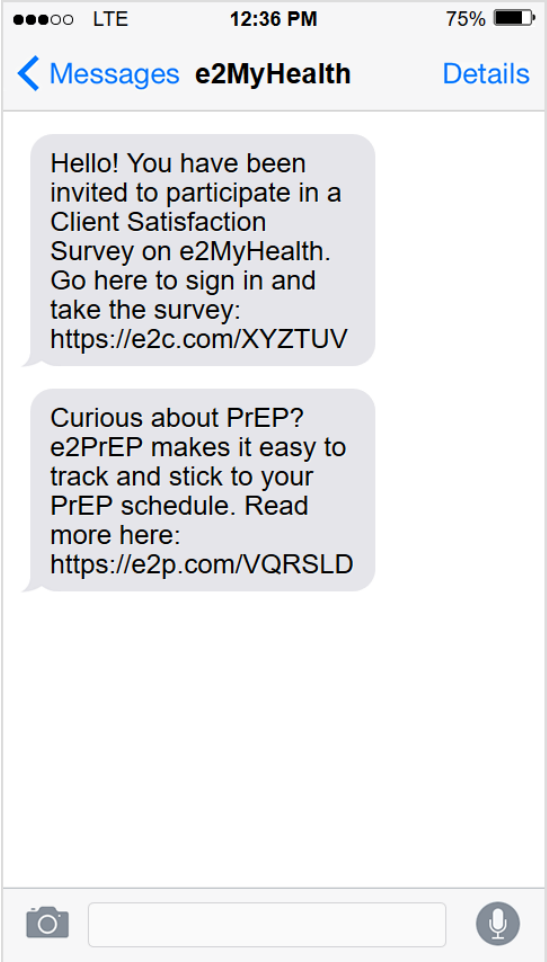
1.) Please tell us how satisfied you were with the staff during your service visit.



2.) Would you like to leave a compliment for a staff member?

Submit

# CSS Survey – Future Vision



# Future Vision – Geospatial Visual Analytics

e2community - Needs Assessment Survey

Main Reports Help 19 : 59

## Visual Demographics Report

### 1. Select Reporting Period

Start: 01/01/2020 End: 06/01/2020

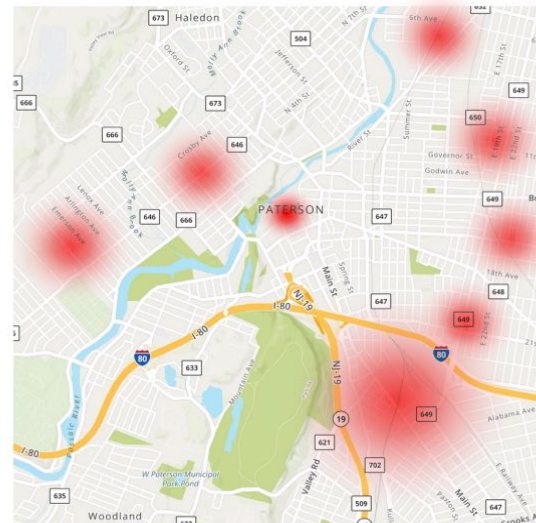
### 2. Custom Filters

Question: 20 0. Have you ever experienced homelessness? (St Answer: Yes

Add New Filter

Run Report

## Results





# Future Planning

- Continue using an integrated, collaborative process to study needs assessment data, derive useful findings from said data, and plan for future needs assessment processes.
- Increase collaboration between:
  - Planning council
  - Providers
  - Consumers
  - Quality management team
  - Health policy experts

# Future Vision: Advancing Health Literacy in COVID

- Addressing Health Disparities
- Distributing innovative health literacy platform to Funded Agencies to promote COVID Health Literacy in Paterson and surrounding municipalities.
- Combines gamification, creative messaging, and teach back approaches in multi-lingual, audio-assisted platform

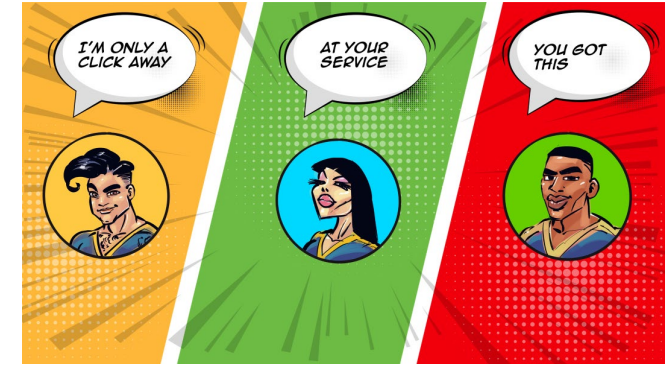
# COVID Health Literacy Messaging Inspired by HIV



**e2DataHeroes**  
Promoting the data and grants of the hard-working staff behind the scenes that keep our HIV Programs running

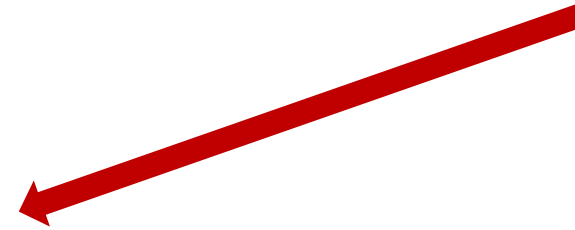


**e2Genie**  
Promoting cross-pollination of ideas to help create dream data systems



**e2PrEP (S)Heroes**  
Promoting cross-uptake and adherence for PrEP

**Jessie, PathersonAHL.org  
Hero**  
Promoting health literacy to reduce COVID-19 health disparities for prevention, testing, and vaccination





***HI, IT'S YOUR PAL JESSIE!***

***I'M SICK AND TIRED OF THE MISINFORMATION AND CONFUSION ON COVID-19.***

***ARE YOU, TOO?***

***IF SO, COME WITH ME SO YOU CAN LEARN HOW TO PROTECT YOURSELF AND OTHERS FROM COVID-19 AND STAY HEALTHY.***

***FACTS GIVE US POWER! BE A PART OF THE PATERSON ADVANCING HEALTH LITERACY PROJECT!***

***JOIN THE MOVEMENT!***

# Press Conference



Press Conference with Mayor & HHS



# Local News



Telemundo Coverage

## Health & Wellness

### Paterson Division Of Health Launches New Advanced Health Literacy Program



The program will provide information that would assist residents of Paterson and the contracting towns to not only understand COVID-19 prevention, but also promote testing, vaccination and boosters.

Photo Credit: Gabriella Dracena



#### YOU MAY ALSO BE INTERESTED IN

#### HEALTH & WELLNESS



District, State Launches 11 In-School COVID-19 Vaccination Sites

#### EVENTS

Mon, April 11, 6:00 pm  
Paterson

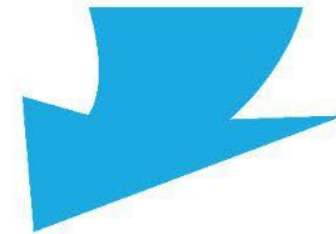
Crowdfunding: A New Alternative to



# Example of Current Billboard



**TAKE ACTION  
PREVENT COVID-19  
TODAY!**



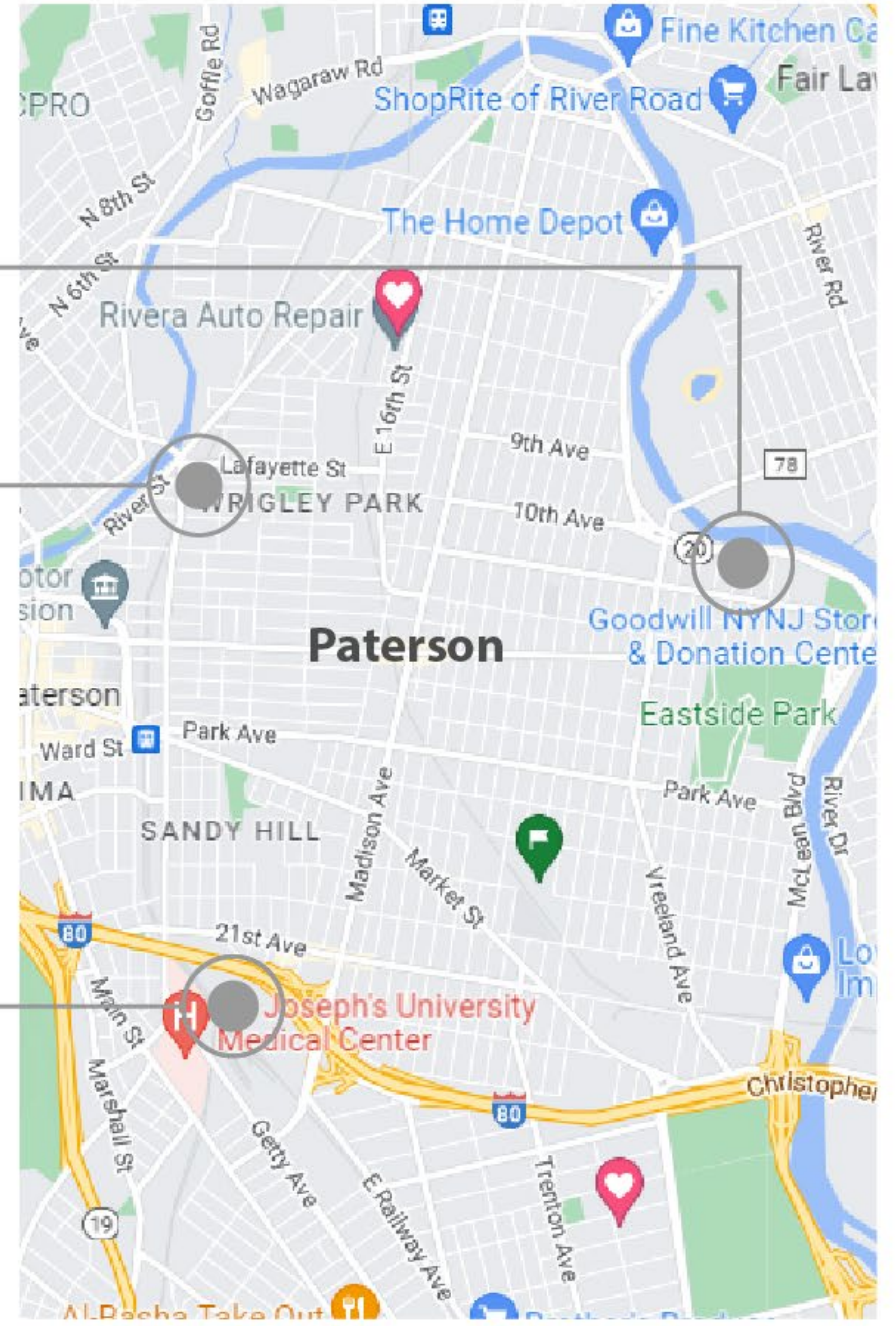
**PatersonAHL.org**



**Paterson Advancing Health Literacy**

Great Falls • Great Food • Great Future







# Cardboard Cutout



Cardboard cutout of PAHL character for foot traffic and engaging messaging

# Des Moines, Iowa

Katie Herting

Ryan White Quality Coordinator

Iowa Department of Public Health

# Overview

- HIV in Iowa
- Consumer Needs Assessment
- Prevention Needs Assessment
- Client Experience Survey

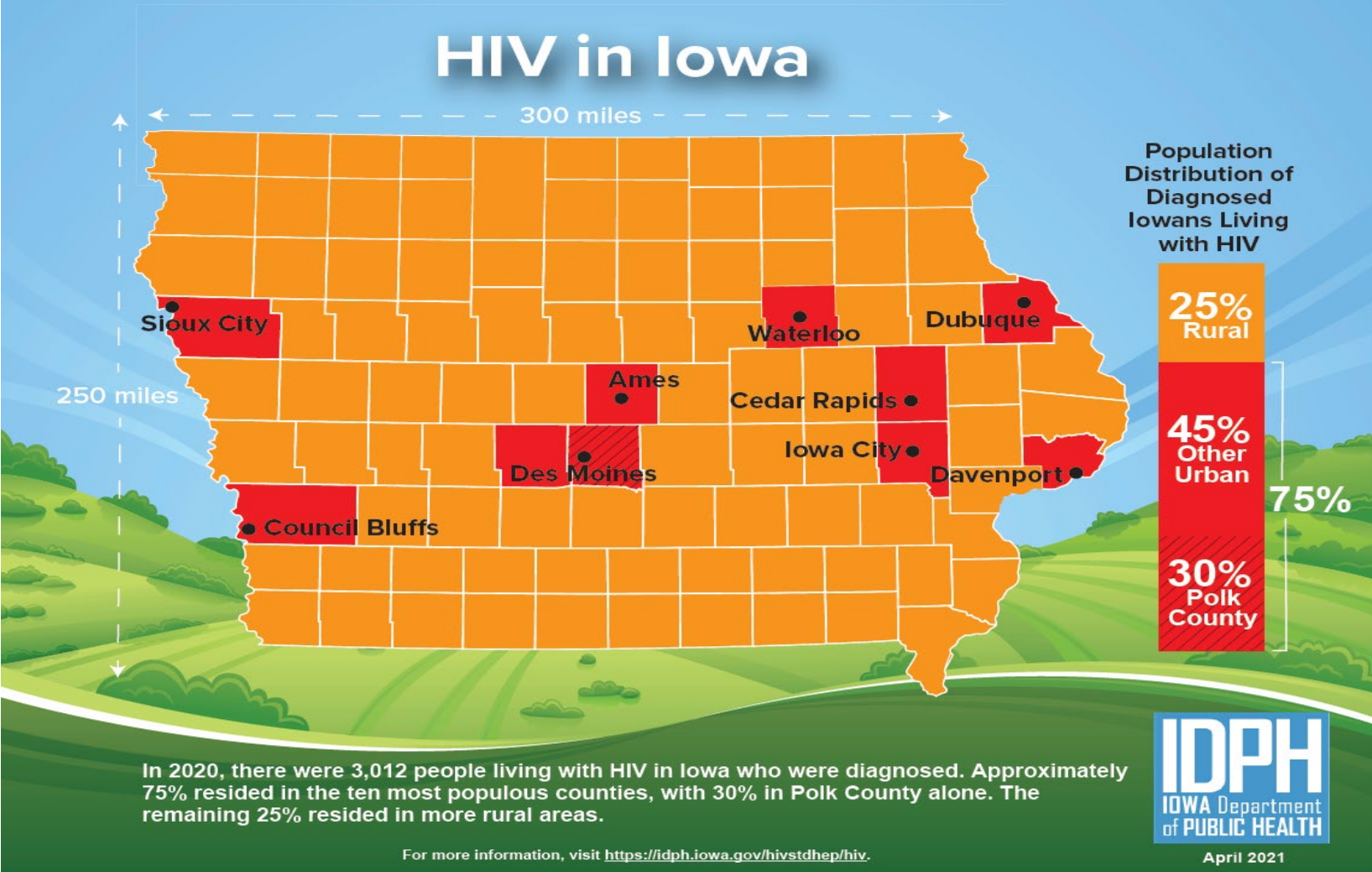
# HIV in Iowa

# Des Moines, Iowa

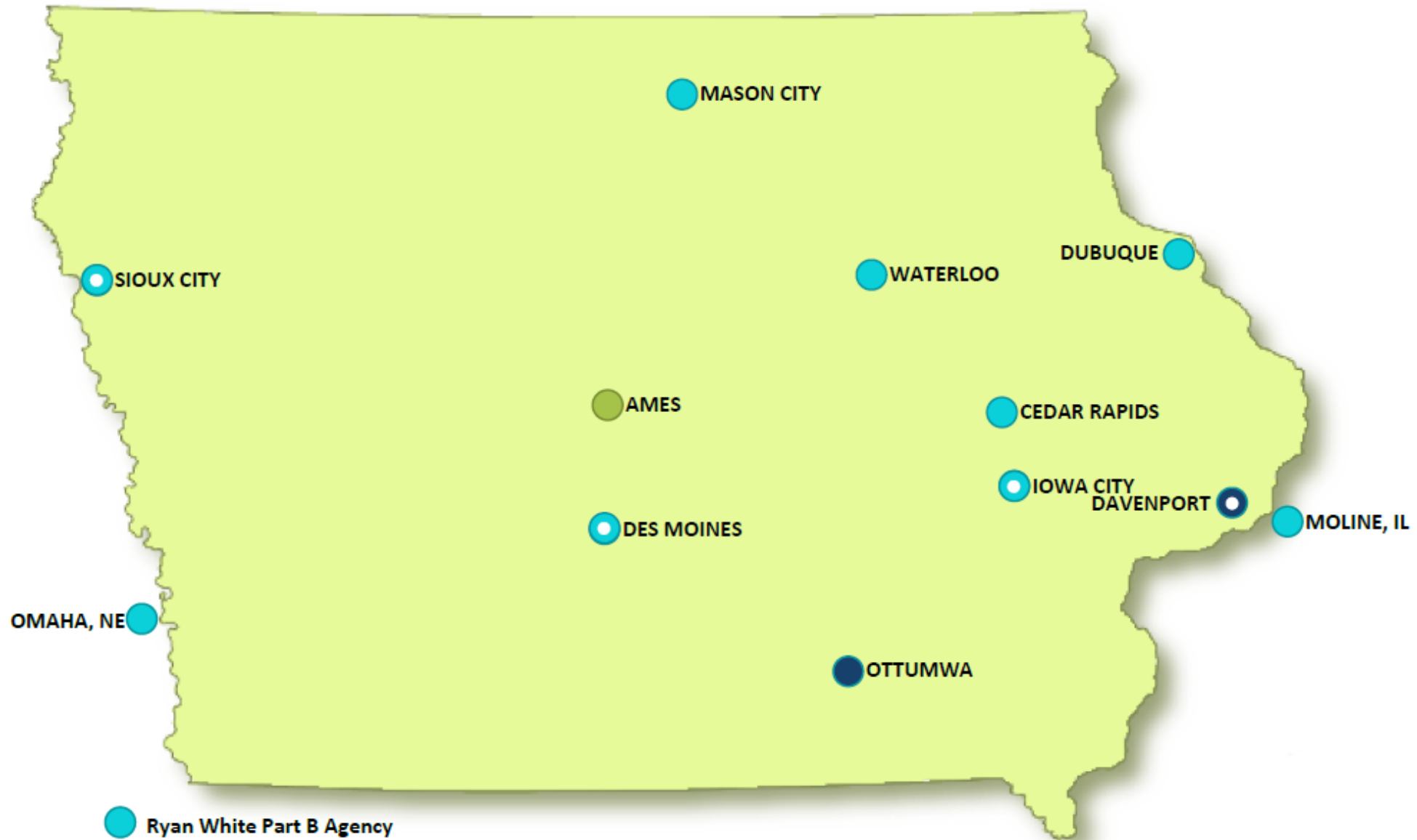




# Distribution of HIV







- Ryan White Part B Agency
- Ryan White Part B Agency & Ryan White Part C Clinic
- Ryan White Part B Subcontract & Ryan White Part C Clinic
- Ryan White Part B Agency Satellite Site
- Ryan White Part B Subcontract Agency

Iowans living with HIV could access services in 2022 from 11 agencies across the state. Four agencies were also funded as Ryan White Part C clinics. One agency had a satellite site. Two agencies were subcontracted sites.

# Differences Between Paper and Online Surveys

## Data Collection & Analysis

Item	Paper Survey	Paper & Online Survey	Online Survey
<b>Survey Distribution</b>	Received surveys in the mail from participants	Received surveys in the mail from participants	Responses received in real time
<b>Data Analysis</b>	Hired staff to enter the data into Excel	Hired staff to enter the data into Survey Monkey	Data displayed online and available to review in real time
<b>Report</b>	No formal report	No formal report	Formal report published

# Consumer Needs Assessment (CNA)

# Iowa CNA History

## 2005 – Paper survey

- Original survey developed
- Managed by program manager
- Hired consulting agency to enter raw data – took 4 weeks to receive
- Data analysis conducted in Excel by program staff

## 2011 – Paper and online survey

- Managed by temp
- Paper survey data entered into Survey Monkey (110 hours)
- Paper and online results displayed in Survey Monkey (separately)
- Other data analysis conducted in Excel by contractor

## 2019 – Online survey

- Managed by RDE Systems and Consumer Needs Assessment coordinator (hired through contractor)
- New CAREWare integration
- Added Prevention Needs Assessment for people not living with HIV or who do not know their HIV status

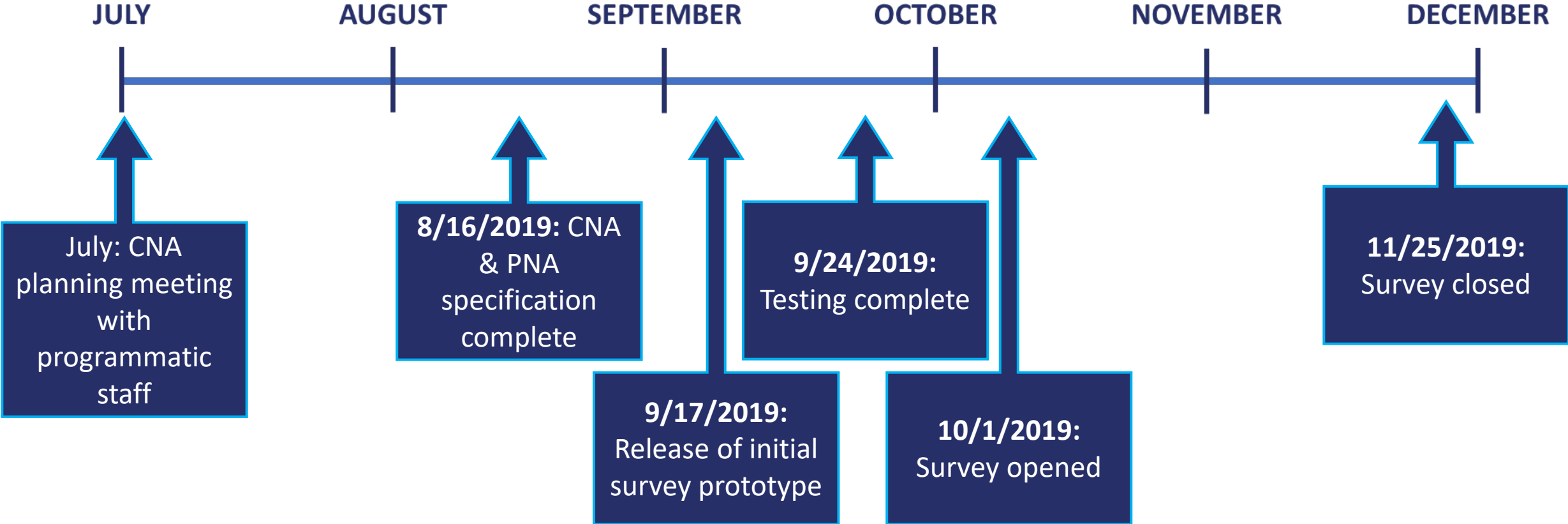
## 2008 – Paper survey

- Managed by intern/temp
- Hired consulting agency to enter raw data – took 4 weeks to receive
- Data analysis conducted in Excel by contractor

## 2016 – Online survey

- Managed by RDE Systems and long-term contract employee
- Data available in real-time
- Data analyses conducted by RDE Systems
- Other data analysis conducted by program staff

# 2019 CNA Timeline



# CAREWare Data Integration

- Imported data from CAREWare into the survey for clients who:
  - Were actively enrolled at an agency, and;
  - Had the required fields completed in CAREWare
- Eligible respondents were pre-determined prior to assigning Survey ID
- Respondents were able to choose whether they wanted to link their CAREWare data to their survey responses
  - Either way, anonymity was maintained
- Eligible respondents were able to skip 12 questions in the survey
- Able to use data for crosstab analysis

# CAREWare Data Integration

- **2,227** respondent records imported from CAREWare
- **500** completed surveys from imported records
  - Accounts for 90% of all completed surveys
- **48,994** total data points imported from CAREWare

# Outreach Strategy



WE'D LOVE TO HEAR  
FROM YOU!

The Iowa HIV and Hepatitis C Community Planning Group and the Iowa Department of Public Health would like to invite you to participate in a **survey** to learn about how HIV has affected you, what your living circumstances are, and what services you may need. The information we collect will help provide better care and prevention services for people living with HIV in Iowa.

**Your responses are CONFIDENTIAL!**

We will ask personal questions about your background so that we can better understand the current concerns and issues you may be facing. Your name will **never** be linked to your answers.

As a thank you for completing the survey, we would like to give you a **\$25 gift card** to HyVee or Walmart. Surveys are coded to protect your confidentiality and so you can confidentially receive your gift card upon completion of the survey.

**Your assigned Survey ID is:** **AC983759**

*Do not lose your Survey ID! You will need it to complete the survey and receive your gift card.*

For more information, or to take the survey, go to: <http://iowa.e2community.com>

**We appreciate your time! Thank you!**

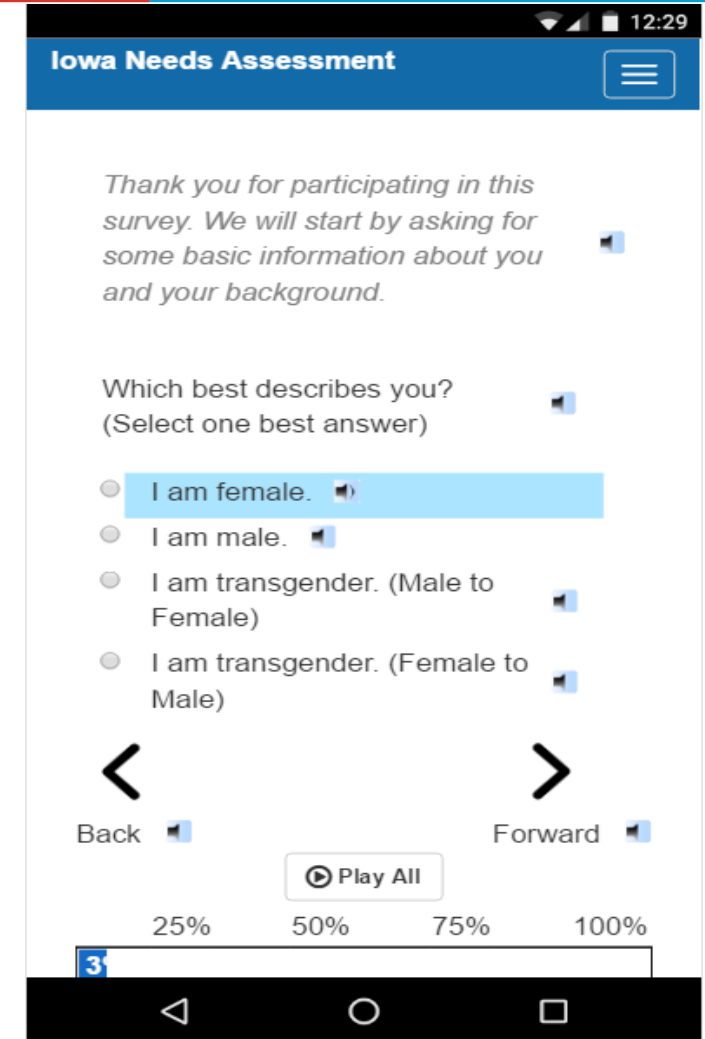


# Survey Completion

- Respondents were able to complete the survey:
  - At their Ryan White agency using agency computers or tablets
  - On their own devices, including smartphones
  - Over the phone with the Consumer Needs Assessment Coordinator
- Survey took 20-30 minutes to complete
- Up to 83 questions (survey included skip logic)
- Goal of 500 respondents
  - Met goal after 4 weeks

# Using RDE Systems

- Survey accessibility features:
  - Mobile and tablet compatibility
  - Multi-language compatibility
  - Audio playback for all text
  - Fully translatable
  - Survey progress saving
- Real time data analysis
  - Able to see results in real time and track trends



# Incentive Module

- Respondents received a \$25 gift card
- Clients eligible to link CAREWare data to their survey were also eligible to pick up their gift card at their Ryan White agency
  - Otherwise, gift cards were mailed to respondents
    - Required respondents to provide a mailing address, names were optional
    - Confidential client info kept secure using LKM encryption technology
- Case Managers had access to the Incentive Module online to mark gift cards as distributed

# Incentive Management – The *OLD* Way

- Upon completing survey, respondent receives unique incentive code
- Respondent contacts staff at IDPH & provides their survey ID and incentive code
- IDPH staff confirms respondent completed survey using survey ID
- Respondent provides name and mailing address to IDPH staff
- IDPH staff mails gift card to respondent

# Incentive Management – The *NEW*Way

- Upon completing survey, respondent indicates how they would like to receive their gift card
- IDPH or agency staff confirm respondent completed survey in the Incentive Module
- IDPH staff mails gift card to respondent OR agency staff provides gift card on site

# Thank You Cards



**Thank you** for completing the 2019 Consumer Needs Assessment. The information provided will help develop better care and prevention services for people living with HIV in Iowa.

**Please enjoy your \$25 gift card!**

The gift card you received is based on your specified preference and the gift cards in stock.

**Thank you,**  
**Annie Rodruck**  
**Consumer Needs Assessment Coordinator**

# Lessons Learned

- Start early - Know that the process will probably take much longer than you anticipate
  - Factor contract procurement into timetable
- Early in the process:
  - Consider modifications needed to translate a paper survey to an online tool
  - Identify staff capacity for data analysis
- Review real-time analytics to adjust population outreach effort



# CNA Report



## [2019 Consumer Needs Assessment Report](#)



### 2019 Iowa Consumer Needs Assessment

## DEMOGRAPHICS

**Geographic Distribution of Respondents by County**

**Gender Among All Respondents**

Female	29%
Male	70%

**Race/Ethnicity Among All Respondents**

White, non-Hispanic	70%
African American, non-Hispanic	19%
Hispanic	7%
Other	4%

**Transgender (male to female), 1%**

**Age**

18-24	1%
25-34	1%
35-44	1%
45-54	1%
55-64	1%
65-74	1%
75+	1%

**Sexual Orientation**

Gay	1%
Bisexual	1%
Lesbian	1%
Other	1%
Not sure	1%

### 2019 Iowa Consumer Needs Assessment

## INCOME AND EMPLOYMENT

**Respondents of the 2019 CNA had a Higher FPL% compared to the 2016 CNA. Notable differences include:**

- Fewer respondents had an FPL% less than 25% in 2019 (45%) compared to 2016 (54%).
- More respondents had an FPL% between 201%-400% in 2019 (26%) compared to 2016 (15%).

**Women (51%), Black (30%) and Hispanic respondents (51%) were more likely to have an FPL <138% compared to all 2019 respondents.**

### 2019 Iowa Consumer Needs Assessment

## ALCOHOL USE

**Respondents Who Drank Alcohol in the Last 30 Days**

11-15	3%
16-20	3%
21-25	1%
26-30	4%

**The majority of respondents drank 5 drinks or less on the days that they drank (91%).**

**Women (82%) and Black respondents (79%) who drink were more likely to have more than one drink compared to all respondents. Hispanic respondents (51%) were more likely to have only one drink compared to all respondents (28%).**

### 2019 Iowa Consumer Needs Assessment

## INTIMATE PARTNER VIOLENCE

**Respondents Who Have Experienced Intimate Partner Violence**

19%
17%
16%
15%
14%
13%
11%
10%
10%
8%
8%

**Women respondents to all respondents.**

### 2019 Iowa Consumer Needs Assessment

## SEXUALLY TRANSMITTED INFECTIONS (STIs)

**Respondents Who Have Experienced Intimate Partner Violence**

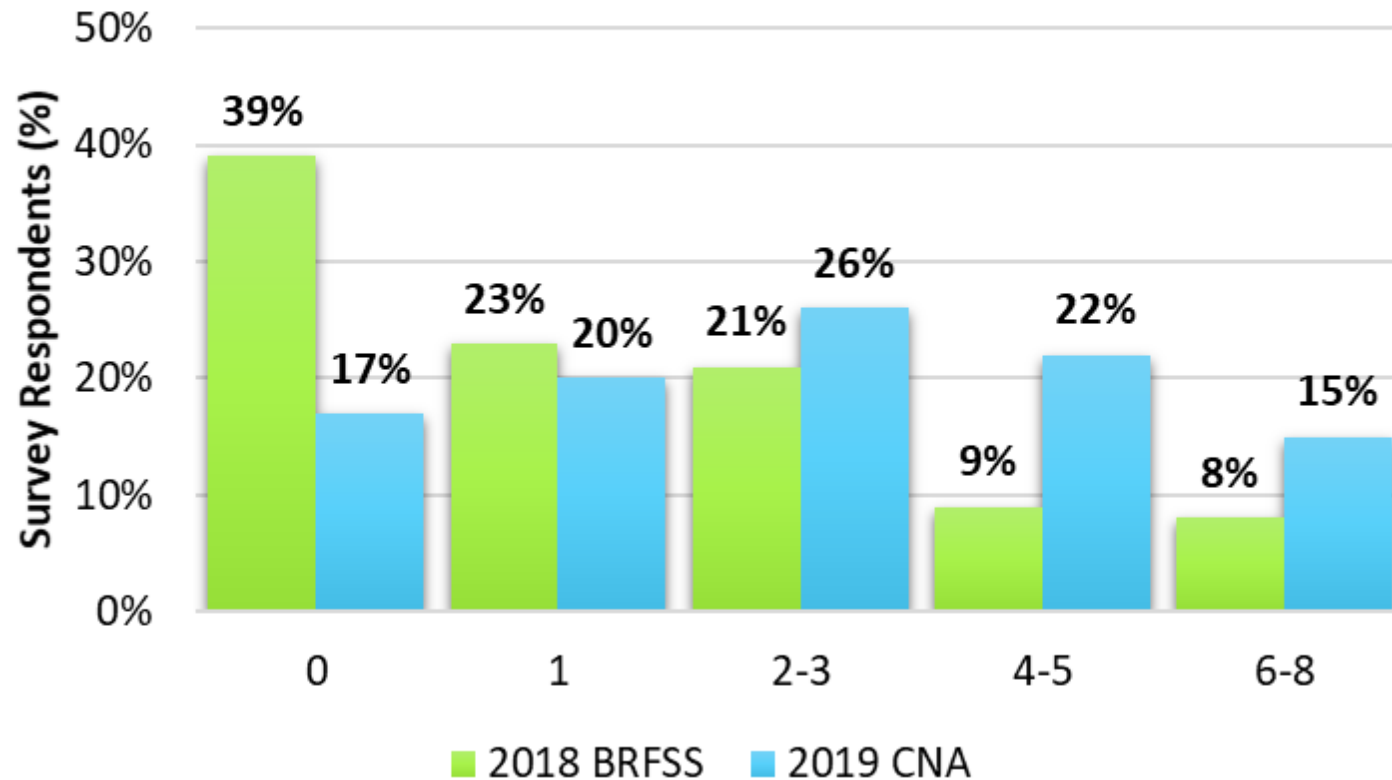
Yes, 33%
I don't know, 3%
No, 45%
Yes, 49%

**The majority of respondents were tested via a blood test (77%) compared to all respondents (54%).**

- Women respondents (16%) were less likely to be tested via a blood test.
- Women (6%), Black (19%), and Hispanic respondents (16%) were less likely to be tested via an oral swab.
- Women respondents (65%) were less likely, and Black (97%) and Hispanic respondents (81%) were more likely, to be tested via a blood test.

# Adverse Childhood Experiences (ACEs)

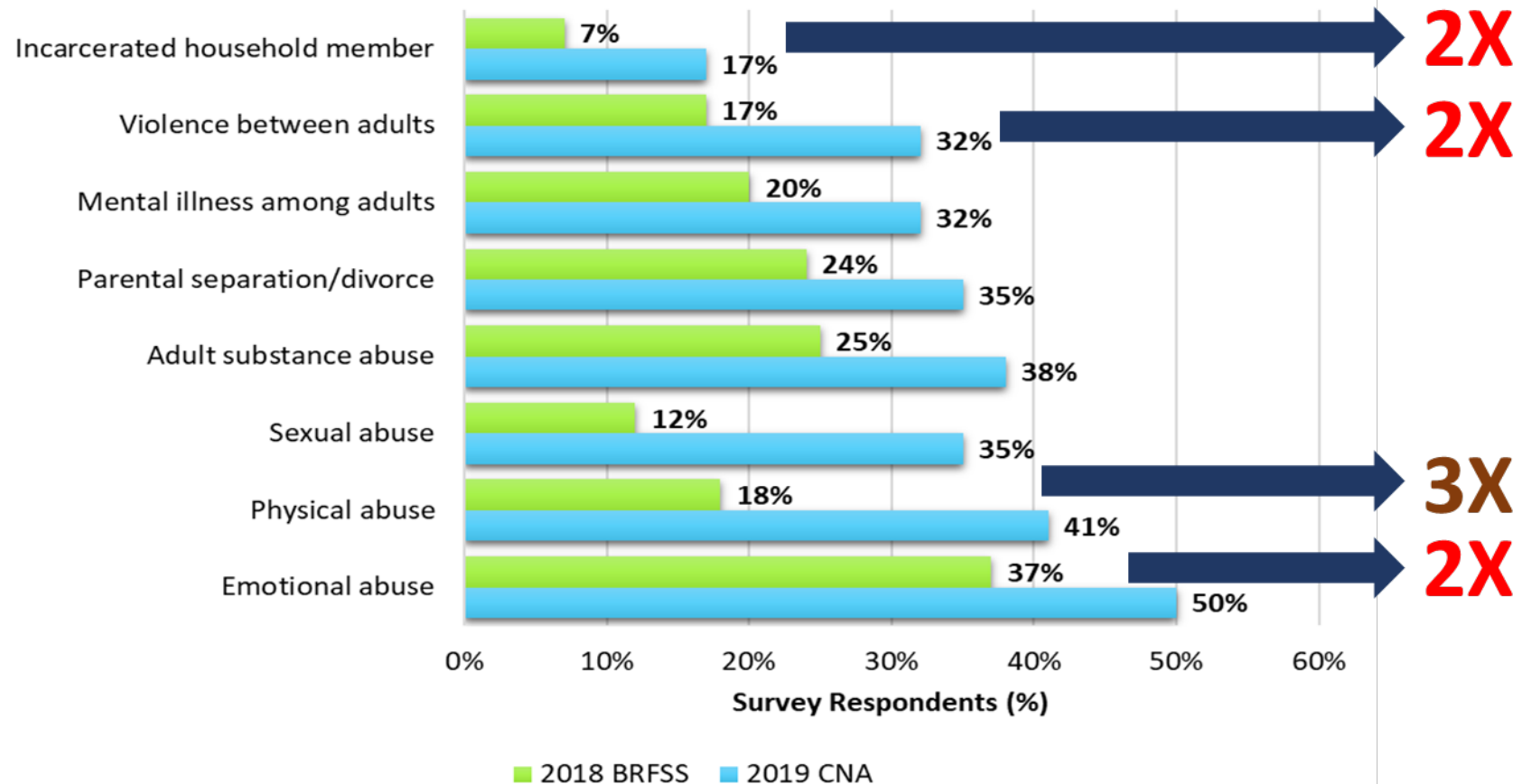
ACE Scores Among 2018 BRFSS (n=9,127) and 2019 CNA (n=555) Respondents



BRFSS = Iowa Behavioral Risk Factor Surveillance System

# Adverse Childhood Experiences (ACEs) continued

ACEs Experienced by 2018 BRFSS (n=9,127) and 2019 CNA (n=555) Respondents



# Prevention Needs Assessment (PNA)

# Prevention Needs Assessment (PNA) 1

- Similar to the CNA but for people not living with HIV, or who do not know their HIV status
- Evaluated HIV, STI and Hepatitis C testing and treatment (when applicable), along with PrEP, nPEP, and condom use
- Used the same RDE platform to deploy survey and track incentives

# Prevention Needs Assessment (PNA) 2

- **572** completed surveys
- Ability to direct respondents to proper survey based on survey ID and response to initial question





# Prevention Needs Assessment (PNA) 3

Thank you for participating in this survey. The first section asks for some basic information about you and your background. 

Are you living with HIV? (Select one best answer) 

Yes 

No, I am not living with HIV 

I don't know if I am living with HIV 

Back 

1%

Next 

Turn On Autoplay


Play All



Prevention Needs Assessment. All responses are confidential.




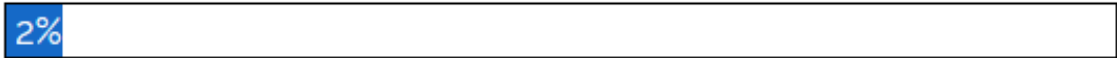
# Prevention Needs Assessment (PNA) 4


Thank you for participating in this survey. The first section asks for some basic information about you and your background. 

You were assigned a survey for people who are unsure of their HIV status or are HIV-negative, but you selected that you are HIV-positive. Please confirm your HIV status below to continue to the survey: 

- I am living with HIV 
- I am HIV-negative 
- I don't know my HIV status 

Back 



Next 

Turn On Autoplay Play All

Prevention Needs Assessment. All responses are confidential.

# PNA Marketing Materials



The Iowa HIV and Hepatitis C Community Planning Group and the Iowa Department of Public Health would like to invite you to participate in a **survey** to learn about your HIV and STD prevention services. The information that we collect will help provide better HIV and STD prevention services in Iowa. **Your responses are CONFIDENTIAL! Your name will never be linked to your answers.**

We will ask personal questions about your background so that we can better understand the current concerns and issues you may be facing.

As a thank you for completing the survey, we would like to give you a **\$25 dollar gift card**. Surveys are coded to protect your confidentiality, and so you can receive your gift card after taking the survey.

**Your assigned Survey ID is:**

*Do not lose your Survey ID! You will need it to complete the survey and receive your gift card.*

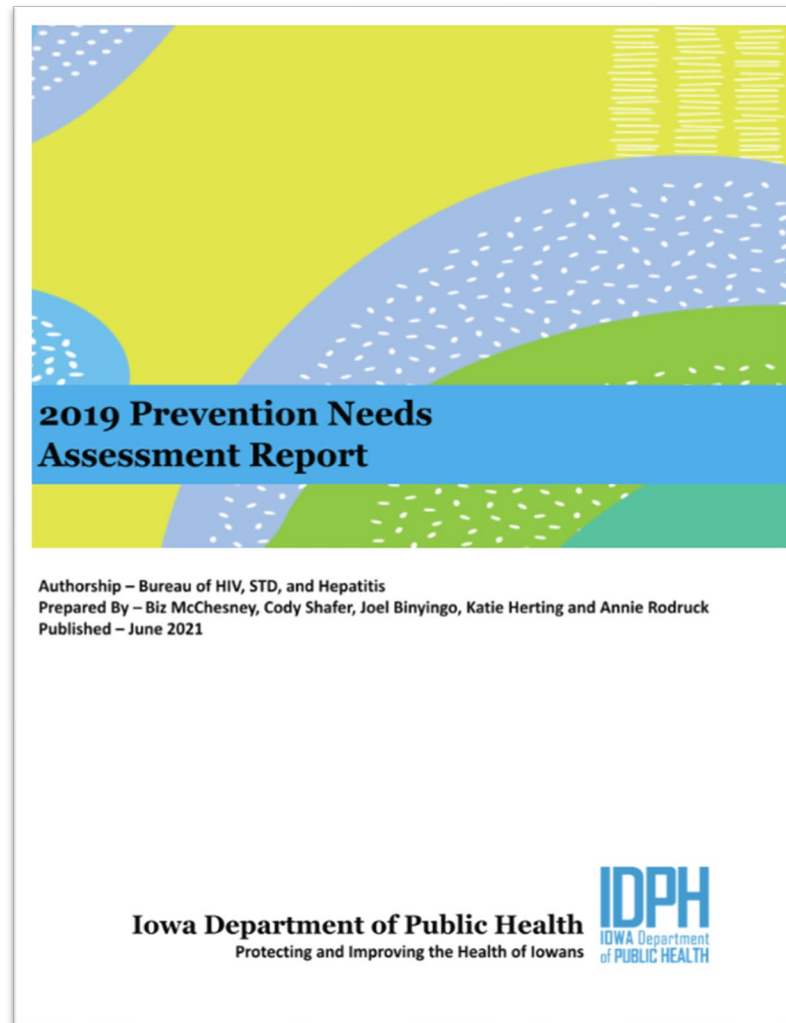
For more information, or to take the survey go to: <http://iowa.e2community.com>

**For Questions or assistance, please contact:**

Annie Rodruck  
Consumer Needs Assessment Coordinator  
515-201-8773



# PNA Report



## [2019 Prevention Needs Assessment Report](#)

# Client Experience Survey

# Background

- First standardized statewide satisfaction survey
  - Expanded to encompass a clients overall experience, not just satisfaction
- Goal is to collect feedback from clients on the variety and availability of RW Part B services, and the types of interactions they are having with agency staff
- Results will be used to improve services and will inform the development of the *Stop HIV Iowa Plan*

# The Survey

- Three ways to take the survey
  - Online - Available in English, Spanish, and French with computer-generated audio available in all three languages
  - Paper - Available in English, Spanish, French, and Burmese. Clients will mail completed surveys using a pre-addressed and pre-stamped envelope (provided by IDPH).
  - Over the Phone - Clients can call the Capacity Building Coordinator to take the survey over the phone at (515) 314-2337
- Survey was open for 5 weeks (closed on Friday, June 3)
- Respondents received a \$15 gift card to Walmart or Amazon
  - Physical gift card or egift card

# The Survey continued

- Survey sections
  - Demographics
  - Case Manager Availability
  - Case Manager Interactions
  - Availability and Quality of Services
  - Discrimination and Cultural Humility
  - Agency-Specific Sections
  - Additional Comments
  - Contact Info
  - Incentive



# Conclusions about Online Survey

- Maximized staff time and efficiency
- Reduced potential for human error
- Reduced burden for clients
- Allowed for:
  - Real-time analysis of data
  - Greater in-depth analysis of data
  - Faster dissemination of data

# Future Vision

- Increased utilization of client data import
  - Service information
  - Increased availability of medical data
  - Increased survey instrument response pre-population
- Management of automatic electronic incentive distribution through the platform
- Client satisfaction survey

# Results





# e2Fulton Client Needs Assessment

## Fulton County, GA

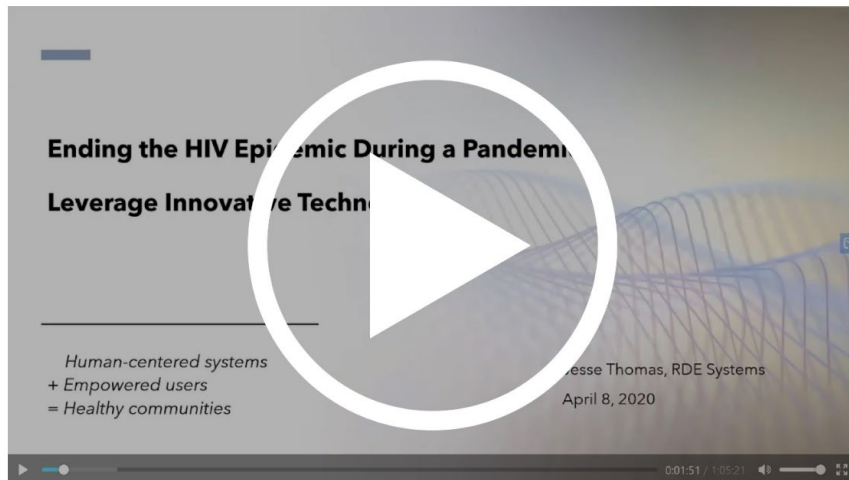


# The Story: We Need to do an Assessment!

## Our Needs on our Journey

- Useful and usable during the Pandemic
- Modern, automated cloud-based system
- Logic checks for quality data and reporting and skip logic to streamline experience
- User-friendly
- Bespoke tailoring instead of cookie cutter
- Story: Part A Director – “Ending the HIV Epidemic During a Pandemic: Leverage innovative Technology” webinar

# How did we get here?



- Part A Director attended “**Ending the HIV Epidemic During a Pandemic**” webinar on human-centered systems
- Met RDE Systems
- “Roll up sleeves” Visioning and Planning sessions
- Peer Learning from and Brainstorming with Iowa

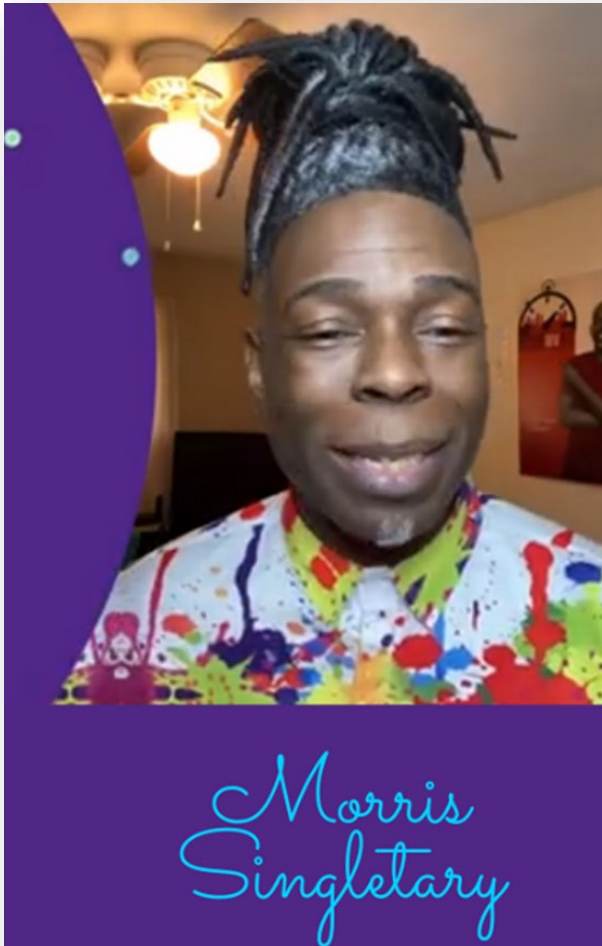
# The Atlanta EMA Focus:

COVID Pandemic + Community Engagement

- **COVID-19 pandemic required alternate methods of survey distribution and administration.**
- **GOAL:** Limit person-to-person interaction.
- **Methodologies:**
  - Electronic survey instrument.
  - Electronic incentive gift card distribution and auditing.
  - Advertisement & ease of access.



# The Morris Story



**We Need Your Help**

"It's time to fill out the **Needs Assessment**. The **Needs Assessment** helps us figure out what those of us who live with HIV, need. Just take out your phone and scan the below QR Code or follow the link. At the end of the survey we will provide a **\$20 gift certificate**, so make sure you have something to write with or screenshot your **assigned code**. If you need to take a break, do so, and enter the **number** to resume your assessment. If you know someone else who's living with HIV, have them fill out the assessment as well. We are trying to do some really amazing things but we can only do them when **you complete the Assessment**"

*Morris Singletary*



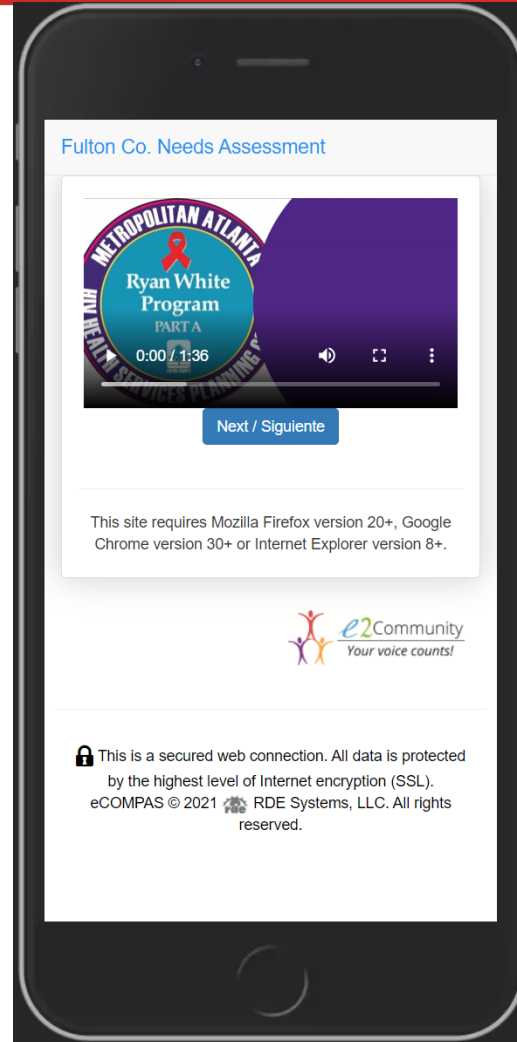
If you have questions email - [mahhspc@fultoncounttyga.gov](mailto:mahhspc@fultoncounttyga.gov)  
[HTTPS://FULTONNA.E-COMPAS.COM](https://fultonna.e-compas.com)  
Metropolitan Atlanta HIV Health Services Planning Council

# QR Code + Other Promotion



FultonNA.e-compass.com

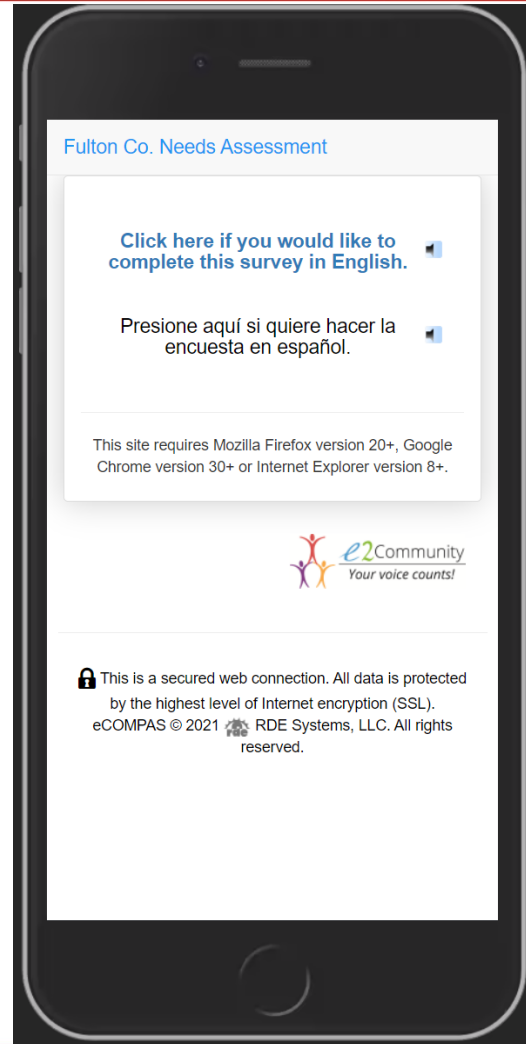
# Consumer Needs Assessment 1



## Personalized Intro Video

[\(Click to Play on YouTube\)](#)

# Consumer Needs Assessment 2



Multi-Lingual

Audio-Assisted

Mobile-First Design

No Apps or Software to Install

# Consumer Needs Assessment 3

Fulton Co. Needs Assessment

**Question 1:**  
¿Vives con el VIH?

Si


No

No lo sé

Atrás      Próximo

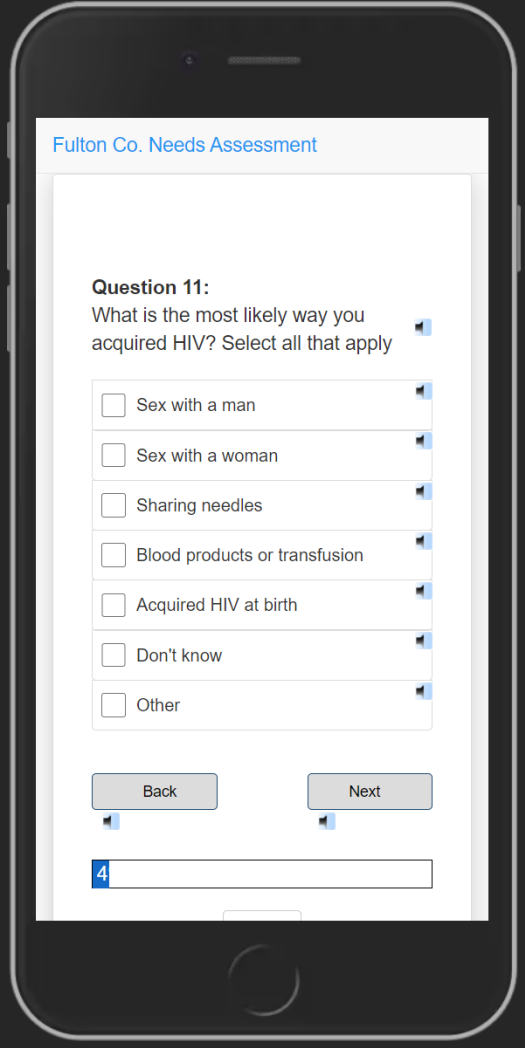
Jugar todo

Survey ID: **SV-FAW6A**

 e2Community  
Your voice counts!

Spanish Version Example

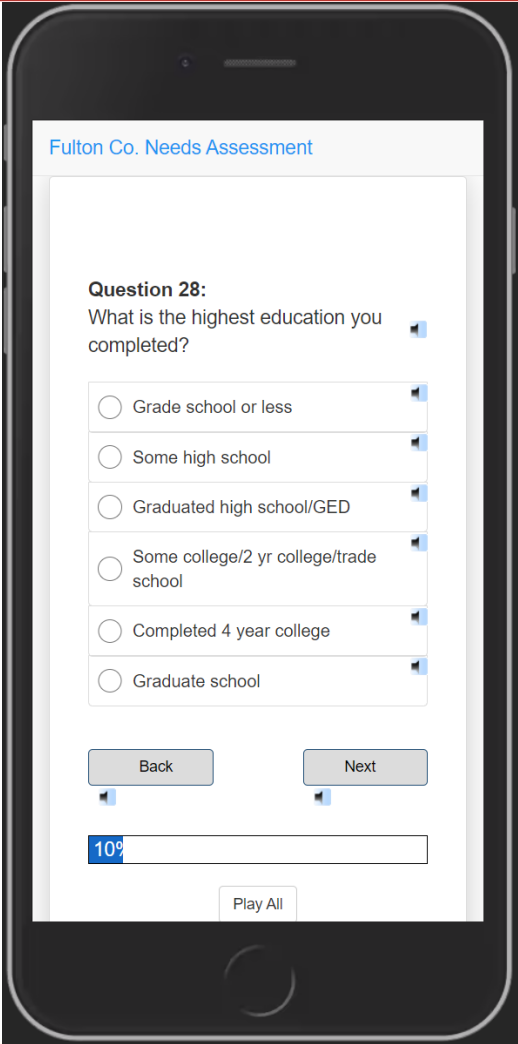
# Consumer Needs Assessment 4



Multi-Select



# Consumer Needs Assessment 5

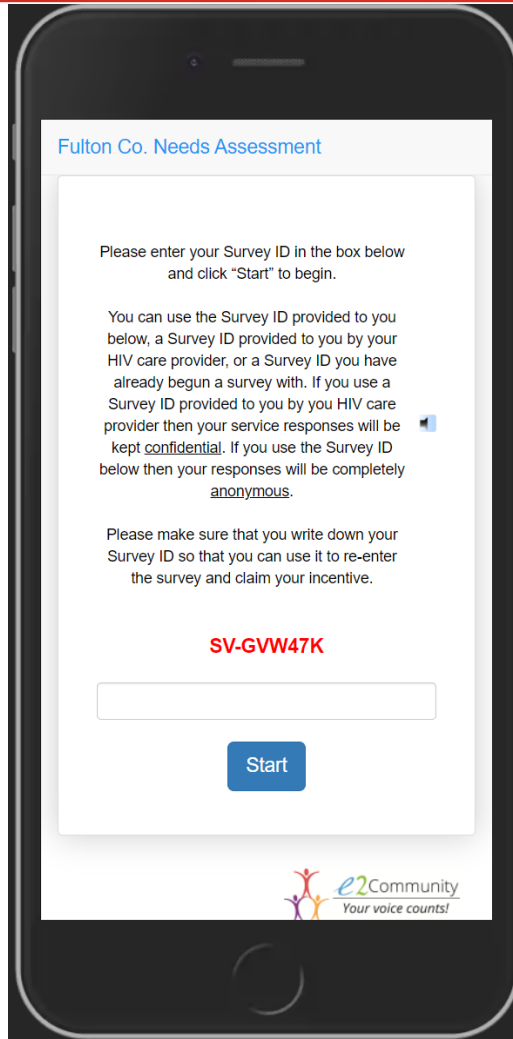


Survey Progress Bar

# Consumer Needs Assessment

## 6 Consumer Needs Assessment

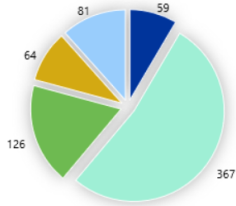
### 7



Client can pause their survey and continue at a later time.

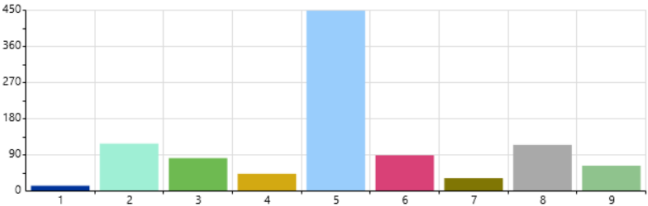
# Consumer Needs Assessment 8

14 How long have you been living in your current situation?



Answer	Count	Percentage
1. Less than one month	59	8.46%
2. More than one year	367	52.65%
3. One to two months	126	18.08%
4. Six months to one year	64	9.18%
5. Three to six months	81	11.62%
<b>Total:</b>	<b>697</b>	

15 At any time in the last 2 years have you needed any of the following housing services? (Select all that apply)



Answer	Count	Percentage
1. Other	13	1.87%
2. Help finding a place to live	118	16.93%
3. Housing for persons living with HIV/AIDS	82	11.76%
4. Housing where my child(ren) can live with me	43	6.17%
5. I didn't need housing services	449	64.42%
6. Money to pay utilities	89	12.77%
7. Nursing home, drug/psych treatment	32	4.59%

e2 Visual Analytics

Real-Time Data

Ensure Reaching Priority Populations

User-Friendly

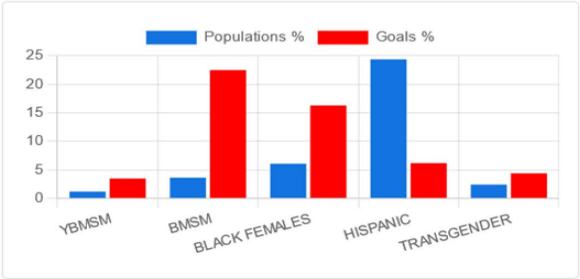
# Consumer Needs Assessment 9

## Progress At-A-Glance

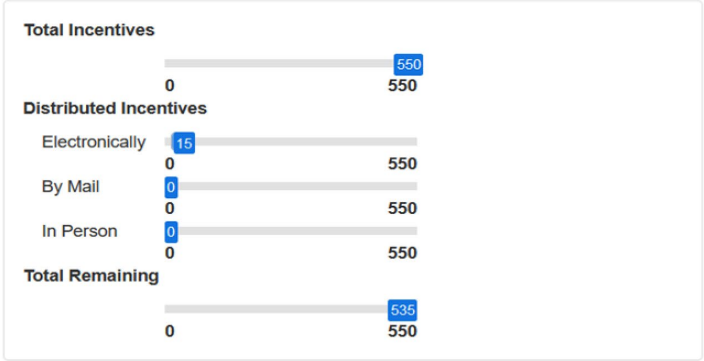
### Survey Overview



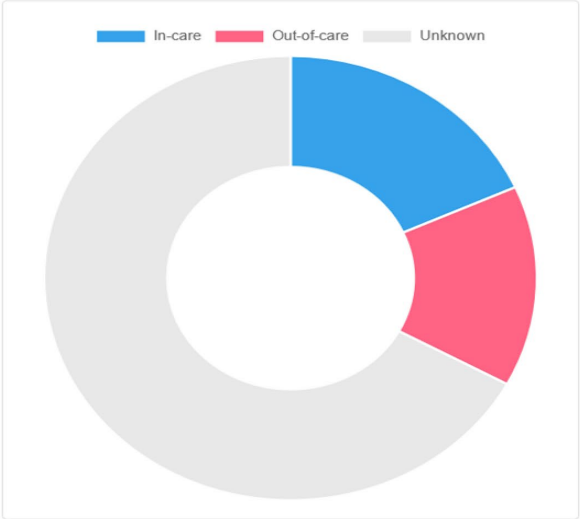
### Priority Populations



### Incentive Statistics



### Care Status



### Survey Volume

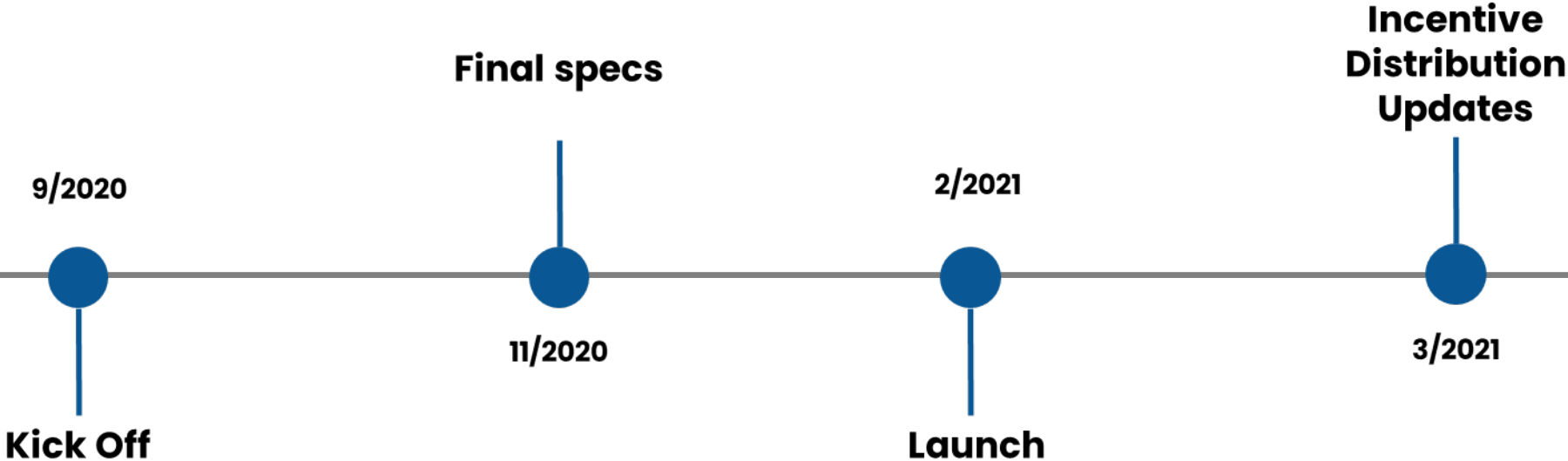
e2 Visual Analytics

Real-Time Data

Ensure Reaching Priority Populations

User-Friendly

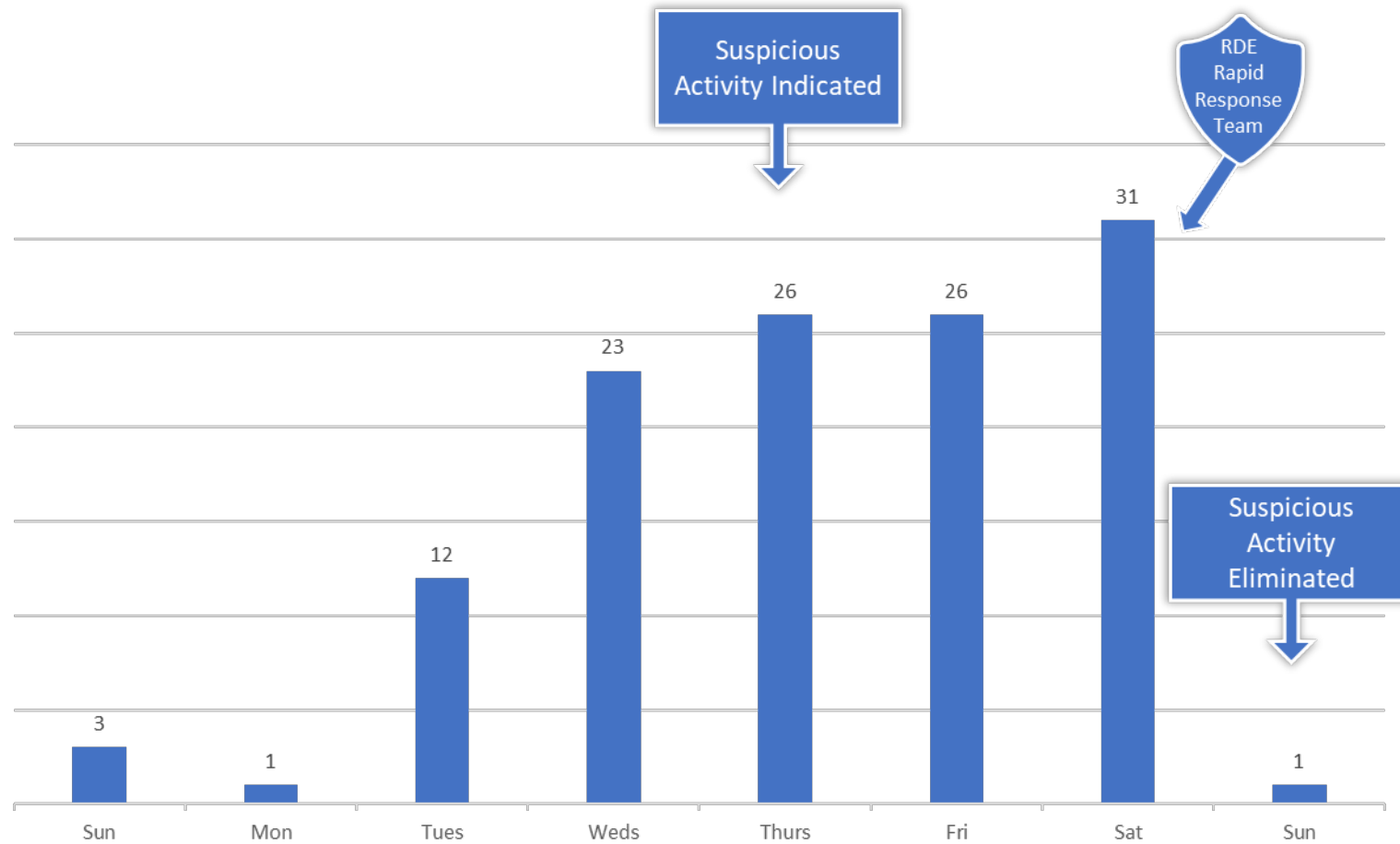
# Key Milestones



# Incentives Distribution Methodology

- Goal: get incentives into the hands of respondents with minimum barriers.
- Decision: Use the Honor System.
- Rely on respondents' honesty to ensure that they only take a single survey & incentive.
- Outcome: It was taken advantage of by a few individuals for a short period of time.

# Suspicious Incentive Distributions





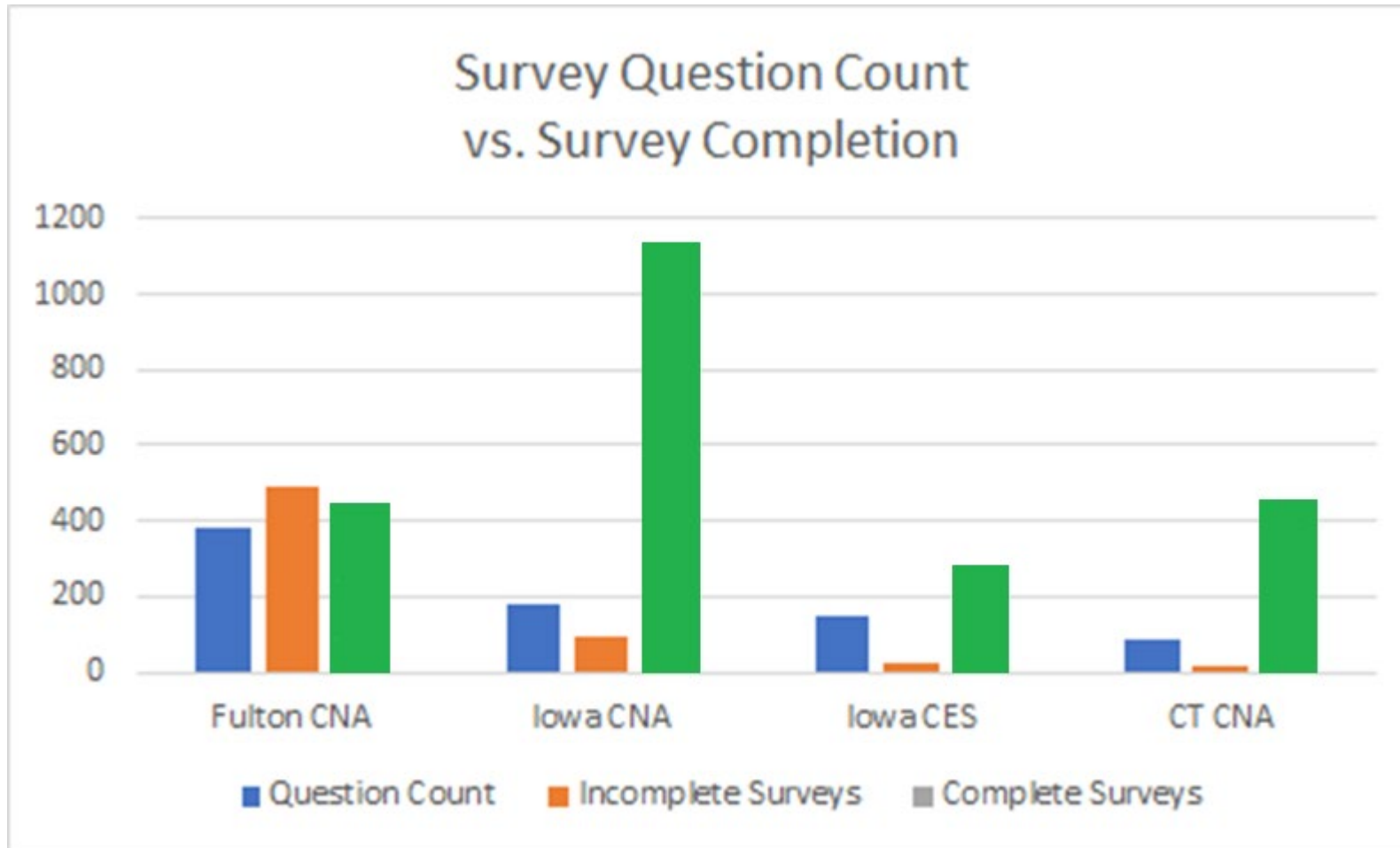
# Rapid Response Team Outcomes

- Lasting Innovations Resulted
  - **Verification:** Implemented verification system to make sure each respondent can receive one incentive and could not take survey again afterward
  - **Suspicious Activity Dashboard:** Real-time suspicious detection and scoring algorithm, with County Dashboard
  - **County Distribute Incentive Button:** County staff reviews suspicious detection score and decides to distribute or not
- **No Suspicious activity**

# Lessons Learned

- Take steps to ensure respondents can only receive 1 incentive
- Protected System is better
- Include disclaimer: *violation of terms can result in federal fraud charges*

# Survey Size → Response Rate



- Surveys with fewer questions correlate with higher response rates

# Future Vision

- Rolling Assessments
- Vision for next round of survey.
  - Reduction of questions for higher response rate
  - Expand QR / promotion to other non-Ryan White sites (e.g., Schools, homeless shelter).
  - Target the entire community (outreach to those who are housed and unhoused), reaching higher out-of-care populations.
- In care and out of care distribution to be automated.
- Expand outreach using SMS, email, and distribution to agencies.
- The e2Fulton-style geospatial hotspot tracking
- Pre and Post survey wave poll for recipient staff

# Data Collection Process



The Assessment Committee collaborated with a previous contractor to create a tool



The tool was revised and reviewed with the current contractor



The tool was re-formatted by the contractor to accommodate an online format



The assessment was launched . . . . 2021



Respondents were offered \$ gift card for completing the assessment

There were over 1400 responses to the survey

Approximately 400 responses with only demographic information were eliminated

Suspected duplicate responses were eliminated by the contractor

- With assistance from a contractor, Assessment Committee
  - Organized and cleaned the data
  - Conducted descriptive analysis
  - Prioritized responses



# Limitation of the Data

- Two primary limitations:
  - Outreach
    - Tool launched during COVID-19
    - Limitations to outreach means respondents were primarily in care with a RWA agency
    - Limited response from consumers with highest unmet needs – not currently in care
  - Assessment Tool
    - Limitations to the tool itself make some data points unreliable – met needs section doesn't separate no need from no response
    - Difficulties completing tool – slightly unwieldy with meta-questions at the end of the survey to gather opinion of tool



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# Respondents

75% born male

70% identify as male

- 20% female
- 5% MTF transgender
- 3% FTM transgender

86% Non-Hispanic

68% Black/African American

- 16% Caucasian
- 9% Other/Bi-racial

76% Stable Housing

- 18% Temporary Housing

55% Current Housing more than one year

- Average respondent high school graduate
  - 55% graduated high school with some college
  - 20% four years of college
  - 11% some high school
  - 11% grade school or less
- Average income between \$19,139 and \$15,080
  - Largest number earn less than \$15,080 (48%)

# Employment

- 62% not working or working off and on
  - 46% Not Employed
  - 32% Employed Full Time
  - 20% Self-Employed
  - 18% Employed Part Time
  - 15% Employed Off and On

# Health Seeking Behaviors

78% Provider visit within 6 months

- 63% Within 3 months

21% No provider visit in 12 months

- 93% of those report being unable to get time off from work

58% Health Department or HIV Clinic for Care

- Majority (78%) receive care at HIV clinic or private practice provider

# Health Seeking Behaviors

Between 72% (CD4) and 74% (viral load) labs within last 6 months

- 53% CD4 >500 or between 350 and 500
- 59% Undetectable viral load or viral load <200
- 23% did not know lab results or getting lab work

35% Received Mental Health Care

- 87% One on One Counseling
- 45% Medication
- 38% Group Counseling



# Medical Regimens

- Keep up with Medical Care
  - Desire to Stay Healthy , 623
  - Feel Better, 340
  - Support from Health Care Provider, 313
  - Support from Friends and Family, 303
- Not taking Medications more than once monthly
  - 28% (240)
  - Forgot
  - Side Effects

# Medical Regimens

- Housing Related Difficulties
  - 56% report no difficulties related to housing
- Of the 44% reporting difficulties caring for their health, most frequent responses:
  - Not Enough Money for Food or Rent
    - 294
  - No Safe or Private Room
    - 105
  - Afraid for Others to Know had HIV
    - 103

# Health Care Access

- 67% Use personal vehicle or public transportation to medical appointments
  - 42% Personal Vehicle
  - 24% Public Transportation
  - 14% Walk

# Health Care Access

65% No Health Insurance

35 % Health Insurance

- 62% Federally Funded Insurance
  - 35% Medicaid
  - 23% Medicare
  - 23% Employer Insurance/HMO
    - Very Small number reported problems obtaining medication (switching providers, trouble with co-pays, interruptions)
    - 64 received co-pay assistance
- 28% Insurance through Federal Marketplace
- 39% Aware of Co-Pay Assistance
- 39% Not Aware of Co-Pay Assistance

# Health Care Support

44% No Case Manager to Coordinate Care

39% Use Case Manager to Coordinate Care

16% Don't Know

### Those with Case Managers

- 11% contacted in 12 months to check on them
- 46% knew how to contact case manager in emergency or need for additional support
- 12% needed a case manager for emergency or service need
- Most reporting not needing to contact a case manager for medication, support service, or other referrals

# Linkage to Care

## After diagnosis

- 325 were offered help to obtain care
- 300 were given an appointment
- 246 given a list of clinics
- 223 linked to care within 3 months
- None true for 264

## Average appointment after diagnosis between 6 months and 1 year

- 34% within one month
- 24% within 3 months
- 22% didn't know

# Linkage to Care

389 reported not seeking care after diagnosis

- 22% could not get time off
- 6% reported depression or not ready to deal with diagnosis
- 5% didn't feel sick or didn't know where to go

Assistance Accessing Care

- 29% Nobody
- 15% Doctor/Healthcare Provider
- 14% Friend



# Services Needed

- 72% of individuals reporting a needed services were offered the service
  - 70% of those offered received the service
  - 78% of those receiving service reported the service met their needs

# Services Needed

Service	Needed	Offered	Received	Met Needs
Medical Care	323	271 (84%)	177 (65%)	160 (90%)
Individual counseling with MH professional	250	198 (79%)	146 (74%)	124 (85%)
Emergency dental care	228	157 (69%)	112 (71%)	90 (80%)
Individual SU counseling	200	149 (75%)	103 (69%)	91 (88%)
Treatment adherence support	163	133 (82%)	78 (58%)	73 (93%)
Peer counseling/support	162	121 (75%)	77(64%)	62 (81%)
Medical case management	161	130 (81%)	97(75%)	83 (86%)
Medication Co-Pay Assistance	160	101 (63%)	71 (70%)	58 (82%)
Medical nutrition therapy	157	119 (76%)	77 (65%)	65 (84%)
Emergency financial assistance	155	100 (65%)	55 (55%)	44 (80%)

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# Services Needed

Service	Needed	Offered	Received	Met Needs
Linguistic services	35	21 (60%)	15 (71%)	9 (60%)
Childcare	43	27 (63%)	20 (74%)	12 (60%)
Harm Reduction	89	62 (70%)	46 (74%)	37 (80%)
Other professional services (legal)	100	56 (70%)	39 (70%)	31 (79%)
Non-emergency dental care	100	100 (100%)	74 (74%)	62 (84%)
Nutritional Supplements	101	54 (53%)	39 (72%)	29 (74%)
Crisis support (MH)	101	73 (72%)	56 (77%)	47 (84%)
Medical transportation assistance	116	78 (67%)	44 (56%)	35 (80%)
Group SU counseling (not 12 step)	120	88 (73%)	67 (76%)	57 (85%)
Patient navigation	124	85 (69%)	58 (68%)	47 (81%)

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# Next Steps

- Improvements focus along the two areas identified in the limitations of the survey
  - Outreach
    - Improvements to increase respondents and broaden scope beyond RWA agencies to capture more in-need populations
- Tool
  - Improvements to the tool and data capture process to improve consumer experience and quality of data

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  - Meta questions show a large number of respondents view the tool as too long and cumbersome
  - Nest questions so additional details are only captured when a respondent shows an unmet need - captures all the data needed without making the tool excessively long for all respondents
  - Assistance given completing the tool for persons living with HIV without reliable access to the internet and not currently receiving care at a RWA agency

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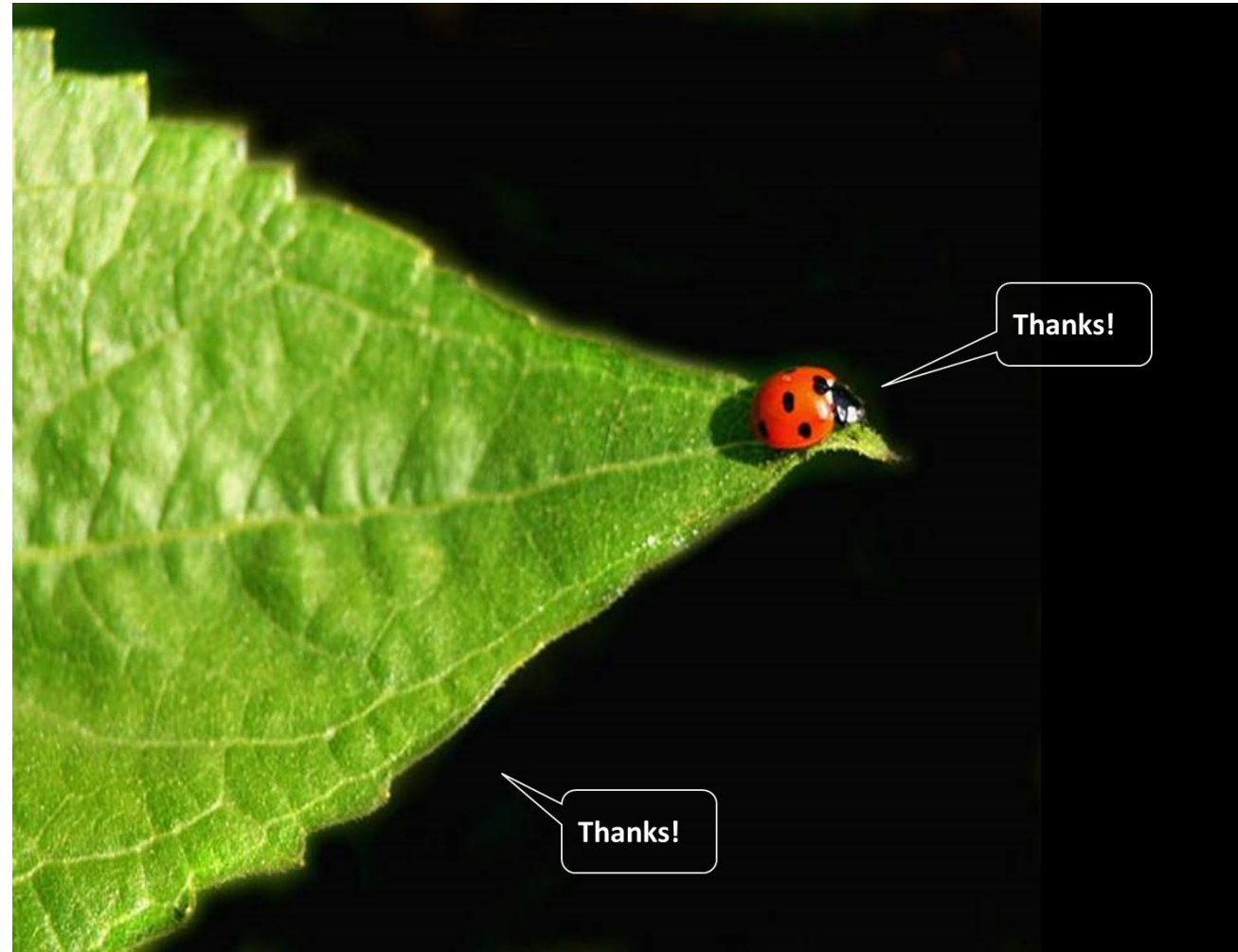
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# Wrap Up



251,000 pages of paper saved  
and counting...



# Replication and expansion

1. Client Satisfaction
2. Rolling Needs Assessment
3. Tailored Action Buttons
4. Statistical Reporting
5. Online, Interactive Resource Guide

# Feedback on e2 approach

*“Survey Monkey is an ok tool but only has canned reporting and is not helpful for low-literacy outreach.*

*E2Community has customizable analytics which are very helpful, and the audio playback feature saves many hours of staff time.”*

*– Needs Assessment Consultant*

*“Although many providers seemed to be hesitant and wary of an electronic tool at first, many of them finally opened up to the idea and saw how simple the process actually was.*

*I also anticipate that they will be glad to get reports on client satisfaction back to them sooner than they would have with a paper survey.”*

*– Field Research Assistant*

# Feedback on e2 approach

*“We do want to commend you guys on the ease of use of your system. This part has been so remarkably easy! Thanks for making this as painless as possible!”*

*– RW Data Manager*

*“We are really starting to see the advantages of having an electronic tool for this survey process.”*

*– Research & Evaluation Director*

# Practical Tips on Replication

1. Find a few **key champions** on the planning body, recipient, and quality team.
2. Utilize a **web-based architecture** to minimize management and maintenance headaches and costs. Have automatic linkage with client level data system.
3. Choose a systems partner and consultant who operates on a **human-centered approach** (not technical approach) and has experience with surveying special populations.
4. **Ask for Help.** Resources are available on successful initiatives, and peers are happy to help others.



How can we accomplish ambitious goals?





How can we accomplish ambitious goals?



One bite at a time.



Thank you for your time!



# Thank you!

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