Si se Puede! Yes, We Can!

Integrating Prevention and Care Community Planning in Los Angeles

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Office of AIDS Programs and Policy
Planning and Research Division
Overview of Community Planning

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

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

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

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

Square Miles: 4,086
Population\(^1\): 10.3 Million

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Latino/a</td>
<td>47%</td>
</tr>
<tr>
<td>White</td>
<td>28.9%</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>12.6%</td>
</tr>
<tr>
<td>African-American</td>
<td>9.0%</td>
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<tr>
<td>Native American</td>
<td>0.3%</td>
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Proportion of:
- California Population\(^2\): 29%
- California AIDS Cases\(^3\): 36%
- U.S. AIDS Cases\(^3\): 5%

Living with HIV/AIDS\(^3\): 61,700 (Estimated)

\(^1\)United Way, Los Angeles (2008)
\(^2\)U.S. Department of Commerce (2008)
\(^3\)Los Angeles County HIV Epidemiology Program (2009)
HIV Community Planning in Los Angeles County

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

<table>
<thead>
<tr>
<th>History of Collaboration/Coordination</th>
<th>Integrated</th>
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<tbody>
<tr>
<td>One integrated care and prevention planning group</td>
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<td>Single Epidemiologic Profile</td>
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<td>Data Sharing</td>
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# Purpose of Needs Assessment

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Prevention</th>
<th>Care</th>
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<tbody>
<tr>
<td>Establish service priorities</td>
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<tr>
<td>Provide guidance on how to best meet these priorities</td>
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<tr>
<td>Document need for specific services</td>
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<tr>
<td>Provide baseline data</td>
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<tr>
<td>Identify unmet need</td>
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<tr>
<td>Evaluate service utilization</td>
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<tr>
<td>Identify geographic areas of risk</td>
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What is LACHNA?

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

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

- Shared Staffing Resources
- Cost Efficiency
- Innovative Technology

Time Efficiency

- Shorter Data Collection Period
- Increased Sample Size
- More Sites
- Increased Data Validity

- Increased Statistical Power
- Access to marginalized populations

- Increased Representativeness
- Strategic Program Planning

COST EFFECTIVENESS

COUNTY OF LOS ANGELES Public Health
Shared Resources

Collaboration + Coordination = Shared Resources

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

• Increased number of data collectors
  – More data collection teams

  1) shorter data collection period
     a. availability of preliminary data
        i. comprehensive planning

  2) increased sample size
     a. increased statistical power for analysis
        i. data more representative
        ii. evidence based planning
        iii. comprehensive planning
Benefits of Shared Staffing Plan (cont.)

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

  3) increased number of sites/venues
    a. reach marginalized and emerging populations
      i. data more representative
      ii. evidence based planning
      iii. measure unmet need
      iv. comprehensive planning

COST EFFECTIVENESS
Benefits of Shared Staffing Plan (cont.)

• Increased number of data collectors (cont.)
  – Project PIs monitored all sites
    1) increased data validity
      a. increased statistical power
         i. data more representative
         ii. evidence based planning
         iii. comprehensive planning

• Cost savings/efficiencies
  – Hire additional data collectors
  – New data collection hardware and software
Benefits of Shared Expertise

- Improved method of collecting transgender identity
  - Additional question resulted in
    - 25% more transgender individuals
    - 26% more HIV positive transgender individuals

![Chart showing gender distribution and transgender individuals.]

- Male: 1,367
- Female: 393
- Transgender Individuals: 121
- Other: 7

N=1,888
Benefits of Shared Expertise (cont.)

• Surveyed out of care and return to care clients
  – COH now able to assess and address unmet need and access to care issues

• Non-traditional needs assessment topics
  – Underlying “barriers”, “drivers”, “identity shifts”, to risk behavior change or maintenance
  – Adult/sex video/film industry association with HIV risk
  – Perception of transmission/risk and self efficacy
  – Sero-sorting
  – HIV co-factors (e.g. poverty, mental health issues, immigration status, sex work, meth use, day labor, etc.)
  – Geographic mapping
Benefits of Collaboration

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

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

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

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

• Thank you to all, without your support this project could not have been completed.
  - Executive Office, Commission on HIV
  - LACHNA Workgroup
  - PPC Evaluation Subcommittee
  - OAPP Planning and Research Team
<table>
<thead>
<tr>
<th>Topic</th>
<th>Time and Locations</th>
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<tbody>
<tr>
<td><strong>Track A (AR02)-Popular Opinion Leader (POL) On the Internet:</strong></td>
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<tr>
<td>Preliminary Results of the Behavior and Perception Modifications</td>
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<td>Utilizing Geographic Information Systems (GIS) in HIV Prevention</td>
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<td>Planning: Lessons Learned in Los Angeles County</td>
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<td><strong>Day:</strong> Monday August 24, 2009</td>
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<tr>
<td><strong>Track A (A06)-Minority Risk Behaviors</strong></td>
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<tr>
<td>High HIV Risk Among African-American MSM Who Self-Report Low Levels</td>
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<td>of Risk Behaviors</td>
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<tr>
<td><strong>Track D (D14)-The Promise and Challenges of New Technologies for</strong></td>
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<td>Data Collection</td>
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<td>The Use of Hand-Held Electronic Data Collection Technology in the</td>
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