

OUTREACH SERVICES SERVICE AREA REVIEW

Service Area Definition

Outreach Services are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status so that they may become aware of, and may be enrolled in care and treatment services (i.e., case finding), not HIV counseling and testing nor HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.

PRIORITY: 15 out of 23 in 2006

2006-7 Allocation	2006-7 Expenditure	Activity	2007-8 Post Award Allocation
\$168,766	\$167,566	Outreach	\$216,180

Note: The above includes MAI funds.

In 2006, **164 people** used **Outreach**, according to MDH services utilization data. This is **2.9 %** of all HIV+ people, and **4.2 %** of all HIV+ people in services.

*Demographics	Epi #	Epi %	ALL Service Use #	ALL Service Use %	Outreach Service Use #	Outreach Service Use %
Total N	5566	100%	3888	100%	164	100%
Gender:						
Male	4300	77.3%	2838	73.0%	129	78.7%
Female	1266	22.7%	1027	26.4%	34	20.7%
Transgender			23	0.6%	1	0.6%
Race:						
American Indian	97	1.7%	123	3.2%	6	3.7%
Asian/Pacific Islander	83	1.5%	119	3.1%	0	0%
Black	1889	33.9%	1241	31.9%	113	68.9%
Caucasian	3035	54.5%	1727	44.4%	30	18.3%
Other/Unknown	35	0.6%	427	11.0%	10	6.1%
Ethnicity:						
Latino	427	7.7%	251	6.5%	5	3.0%
Transmission:						
MSM	2844	51.1%	1493	38.4%	86	52.4%
IDU	394	7.1%	218	5.6%	12	7.3%
MSM/IDU	289	5.2%	117	3.0%	18	11.0%
Heterosexual	662	11.9%	1054	27.1%	41	25.0%
Perinatal	50	0.9%	27	0.7%	0	0%
Blood/hemophilia	45	0.8%	45	1.2%	3	0.7%
Unknown	1282	23.0%	034	24.0%	71	17.0%

*Demographics	Epi #	Epi %	ALL Service Use #	ALL Service Use %	Outreach Service Use #	Outreach Service Use %
Total N	5566	100%	3888	100%	164	100%
Age:						
<13	27	0.5%	17	0.4%	0	0%
13-19	43	0.8%	27	0.7%	1	0.6%
20-24	169	3.0%	152	3.9%	10	6.1%
25-29	398	7.2%	352	9.1%	21	12.8%
30-34	507	9.1%	395	10.2%	15	9.1%
35-39	846	15.2%	604	15.5%	41	25.0%
40-44	1235	22.2%	834	21.5%	34	20.7%
45-49	1030	18.5%	669	17.2%	15	9.1%
50+	1303	23.4%	838	21.6%	27	16.5%
Unknown	8	0.1%	0	0%	0	0%
Geography:	#	%	#	%		
Hennepin Co.	3175	57.0%	2273	58.5%	139	84.8%
Ramsey Co.	991	17.8%	692	17.8%	10	6.1%
Other 7 counties	625	11.2%	359	9.2%	2	1.2%
Other 13 counties**	65	1.2%	26	0.7%	0	0%
Greater Minnesota	741	13.3%	386	9.9%	1	0.6%
Unknown	34	0.6%	11	0.3%	12	7.3%
Country of Origin	#	%	#	%		
United States	2444	43.9%	2064	53.1%	135	82.3%
Other	1005	18.1%	588	15.1%	14	8.5%
Unknown	2117	38.0%	1235	31.8%	15	9.1%

Data from "Persons Living with HIV/AIDS by Exposure Category, etc. Minnesota 2006, by MDH, n.d.

Epi data does not include Wisconsin counties.

9 uninfected clients were served in 2006.

Transgender identity is not collected in surveillance/epi. All transgender people reported through CLRS is 2006 (N=23) were male-to-female.

"Other" race/ethnicity category "Unknown," "Other," "refused", and "More than 1 race"

Hispanic ethnicity is reported separately from race for surveillance/epi and services.

Other 7-county metro includes clients living in Anoka, Carver, Dakota, Scott and Washington counties (7-county metro area excluding Hennepin and Ramsey counties).

Other 13—county metro includes clients living in Chisago, Isanti, Sherburne, and Wright counties in MN and Pierce and St. Croix counties in WI (13 county EMA excluding the 7 county metro area).

UTILIZATION HISTORY:

Year	# using Outreach	Total Epi	Percent of Epi	Total in RW Services	Percent of those in services
2006	164	5,566	2.9%	3,888	4.2%
2005	92	5,233	1.7%	3,752	2.5%
2004	285	5,002	5.7%	3,838	7.4%
2003	189	4,895	3.9%	3,399	5.6%

Assessing the Needs of Minnesotans Living With HIV or AIDS: Results of a Community Survey

Positive Outcomes, Inc. and Community Consulting Group, LLC August 2006

INTRODUCTION

The Hennepin County Human Services and Public Health Department funded a voluntary survey of Minnesota HIV-infected residents to assess access to HIV clinical and psychosocial support services, evaluate the impact of recent changes in Minnesota State health insurance programs, measure unmet need, and help to plan the allocation of HIV services funds. Residents of Minnesota counties included in the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title I Eligible Metropolitan Area (EMA) were surveyed. These counties include Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, and Wright Counties. Residents of other Minnesota counties also were surveyed. The survey was designed and conducted by Positive Outcomes, Inc. (POI) and Community Consulting Group (CCG).

KEY FINDINGS

A voluntary survey of 379 HIV-infected Minnesota residents was conducted in Spring 2006. The survey administered by HIV program staff assessed respondents' health insurance coverage, use of HIV clinical and support services, and unmet need.

Almost all survey respondents (96%) reported being enrolled in private health insurance, health maintenance organizations (HMOs), or publicly-funded health insurance. National estimates of uninsured HIV-infected individuals are five-times higher than among those surveyed. Almost one-half (46%) of privately insured and HMO beneficiaries reported that their premiums increased in the twelve months before the survey. Copayments and deductibles were reported by 40% of beneficiaries to have increased.

Medicare enrollment also has contributed to the high rate of health insurance coverage among HIV-infected Minnesotans, with over one-third (35%) of respondents enrolled in Medicare. Among this group, 72% got help from an organization, family member, or other source to enroll in Medicare Part D. Only 7% of Medicare beneficiaries enrolled in Part D reported that they needed help to enroll in Medicare Part D but did not get it.

The array of Minnesota private and public insurers have contributed to the relatively high rate of HIV-infected survey respondents (98%) with a usual source of HIV primary care. Most respondents (92%) had visited a doctor's office, clinic, or emergency room (ER) within the six months before the survey. Only 1% of respondents reported no HIV medical visits in the twelve months before the survey. Only 7% of respondents reported that they needed but did not get specialty medical care in the six months before the survey. Over three-quarters (78%) of respondents were taking HIV medications at the time of the survey. Only 2% of the respondents reported that they stopped taking HIV medications during the six months before the survey.

CONSUMER RANKING OF SERVICES:

From the 2003 Needs Assessment, based on interviews with 242 HIV+ Minnesotans:

Service Activity	1999 Ranking (of 23 services)	2003 Ranking (of 25 services)
Outreach	N/A	24

**APPENDIX: INFORMATION RELEVANT TO OUTREACH
2003 COMPREHENSIVE NEEDS ASSESSMENT**

This information is based on two needs assessments conducted with people who are HIV+ Minnesota. The first assessment was conducted in 1999 with 220 people; the second in 2003 with 242 people. The people interviewed may or may not have been in services, or at the time using case management services. The following provides information from those assessments relevant to case management.

HEALTH CARE. We asked many questions about medical care in this needs assessment. We asked a number of questions about the initial path to medical care, focusing especially on those who are not currently in care, have lapsed in their care or took a long time to get into care.

PATH TO CARE. In an effort to understand the path which people testing positive take to access health care, we asked several questions. First, we asked them how long it took between testing positive and accessing health care for HIV. The following table shows the results.

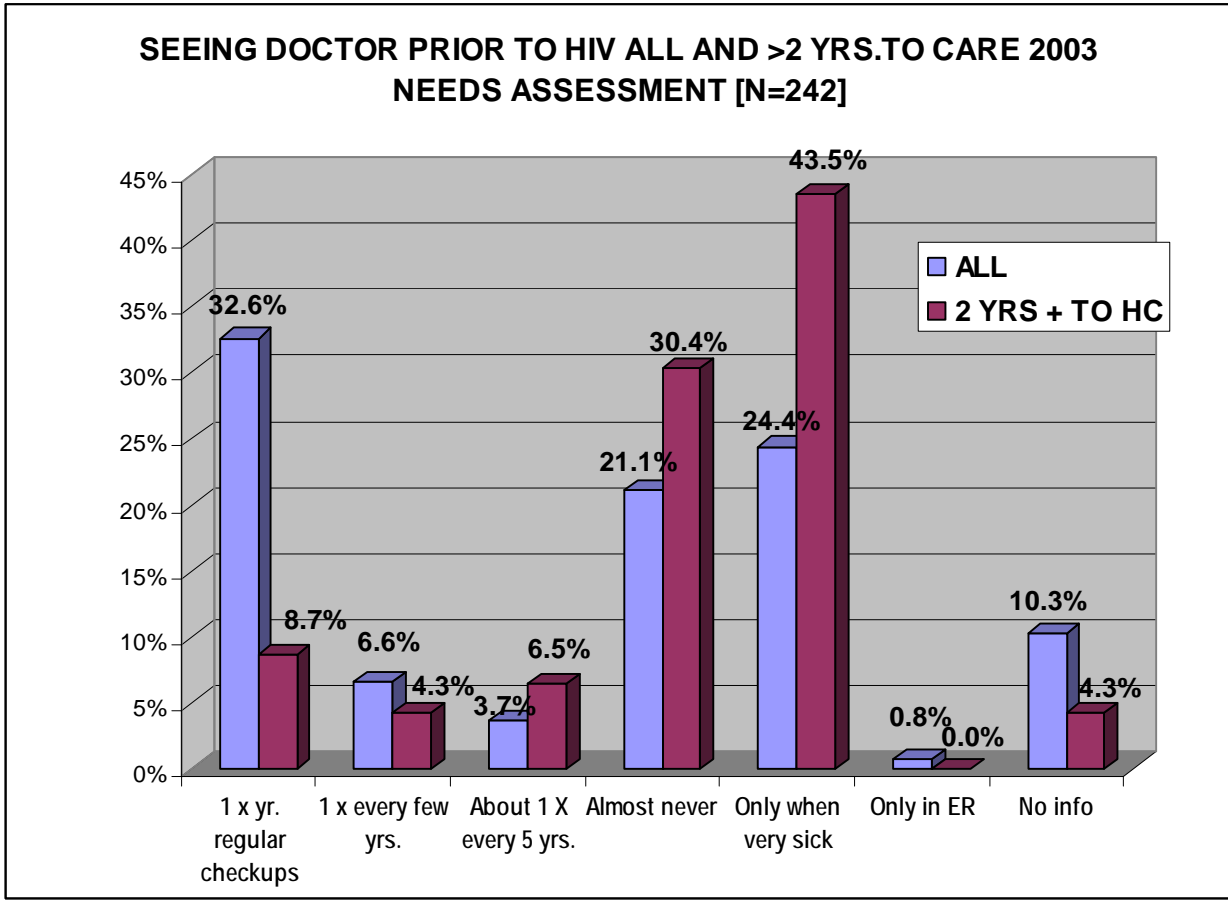
WHEN AFTER [YOUR TEST DATE] DID YOU FIRST GET MEDICAL CARE FOR HIV/AIDS?	Frequency	Percent
Within three months	130	53.7%
Within six months	14	5.8%
Within one year	8	3.3%
Longer than one year	29	12.0%
Other	17	7.0%
Does not apply (not in health care)	5	2.1%
Missing/no info	39	16.1%
Total	242	100%

As the above table indicates, there were a number of people who did not access health care for HIV+ within one year of their diagnosis. A crosstabulation analysis of year of diagnosis and year accessing health care found that 12 of these people did access health care in the year following their diagnosis (not within one year but in the next year). There were 24 people, however, who did not access health care for two years or more. The following table indicates the numbers of people for whom there were two or more years between health care access; the table also indicates the years of these gaps.

Length of time between HIV diagnosis and accessing HIV health care for HIV	Time Frame	Frequency	Percent of 242
Two years	1987-1989 1990-1992 1993-1995 1995-1997 1996-1998 1999-2001	7	2.9%
Three years	1993-1996 2000-2003	2	0.8%
Four years	1981-1985 1994-1998	2	0.8%
Five years	1990-1995 1994-1995	2	0.8%
Six years	1992-1998 1995-2001	2	0.8%
Seven years	1986-1993 1993-2000 1994-2001	3	1.2%
Eight years	1995-2003	1	0.4%
Nine years	1983-1992	1	0.4%
Ten years	1990-2000	1	0.4%
Eleven years	1985-1996	1	0.4%
Twelve years	1987-1999	2	0.9%

We also asked a question about relationships with a doctor and health care prior to testing positive. The following table shows the results for all, and for the 46 people who either did not access HIV care for two years or more or had not yet accessed health care.

Prior to testing HIV+, how often did you see a doctor?	Frequency ALL	Percent of 242	Frequency 49	Percent of 49
Once a year for regular checkups	79	32.6%	4	8.2%
Once every few years	16	6.6%	2	4.1%
About once in five years	9	3.7%	3	6.1%
Almost never	51	21.1%	17	34.7%
Only when I was really sick	59	24.4%	20	40.8%
Only in an emergency room	2	0.8%	0	0.0%
No answer/missing info/does not apply	25	10.3%	2	4.1%
Total	242	100%	49	100%



We also asked those not currently in care, and those who took longer to get into care, about their reasons for not seeking care. The following table summarizes reasons given:

If you didn't seek medical care right away after testing positive, please tell me the reasons why you didn't.	Frequency	Percent of 46	Percent of 242
No one told me that I needed to get medical care for HIV.	3	7.1%	1.2%
I was using (alcohol or drugs) and thought a doctor would tell me to stop	6	14.3%	2.5%
I was in denial about being HIV+	7	16.7%	2.9%
I didn't want anyone to know my HIV+ status	5	11.9%	2.1%
I didn't think I needed medical care because I wasn't sick	4	9.5%	1.7%
I didn't think the medical care would do me any good	4	9.5%	1.7%
I didn't know or couldn't find a doctor or nurse who I wanted to go to	4	9.5%	1.7%
I didn't want to receive medical care	3	7.1%	1.2%
I couldn't afford medical care at that time	4	7.1%	1.7%
I used alternative treatments (complementary care, non-Western medicine)	0	0.0%	0.0%
I didn't feel comfortable revealing my HIV status to my doctor	1	2.4%	0.4%
Other:	4	9.5%	1.7%

*Each person could identify multiple reasons, so there is no cumulative total reported.

MAKING A DIFFERENCE GETTING INTO CARE. We also asked those who took longer to get into health care, "What made a difference in getting into medical care?" Responses fell into several thematic categories:

- Insurance/health care access
- Friends/family convinced
- Change in attitude
- Denial

The greatest number of comments concerned access to medical care. The following are comments which indicate this made a difference in getting into medical care:

:

- *Free insurance*
- *My friend went to the same doctor.*
- *Doctor transferred me to HIV specialist.*
- *Got onto Medical Assistance.*
- *The DHS program helped me since I couldn't get insurance at work.*
- *I was scare to die and saw a doctor for free.*
- *Insurance and partner who cares.*

A number of other indicated that friends, family or other concerned people convinced them to get into medical care. The following are comments which illustrate this theme:

- *It was a gift to my wife.*
- *Concern from friend.*
- *Good doctor, friend's encourage, wanted to stay healthy*
- *My partner made a difference in me getting medical care.*
- *Case manager*

Some of those interviewed indicated that it took a change in their attitude to seek medical care. These comments indicate how their thinking influenced a decision to seek care:

- *I just make up my mind to do it.*
- *I wanted to know stuff only docs know.*
- *I was scared that I would give it to others.*
- *I want to stay healthy and live a long life.*
- *Teaching prevention.*

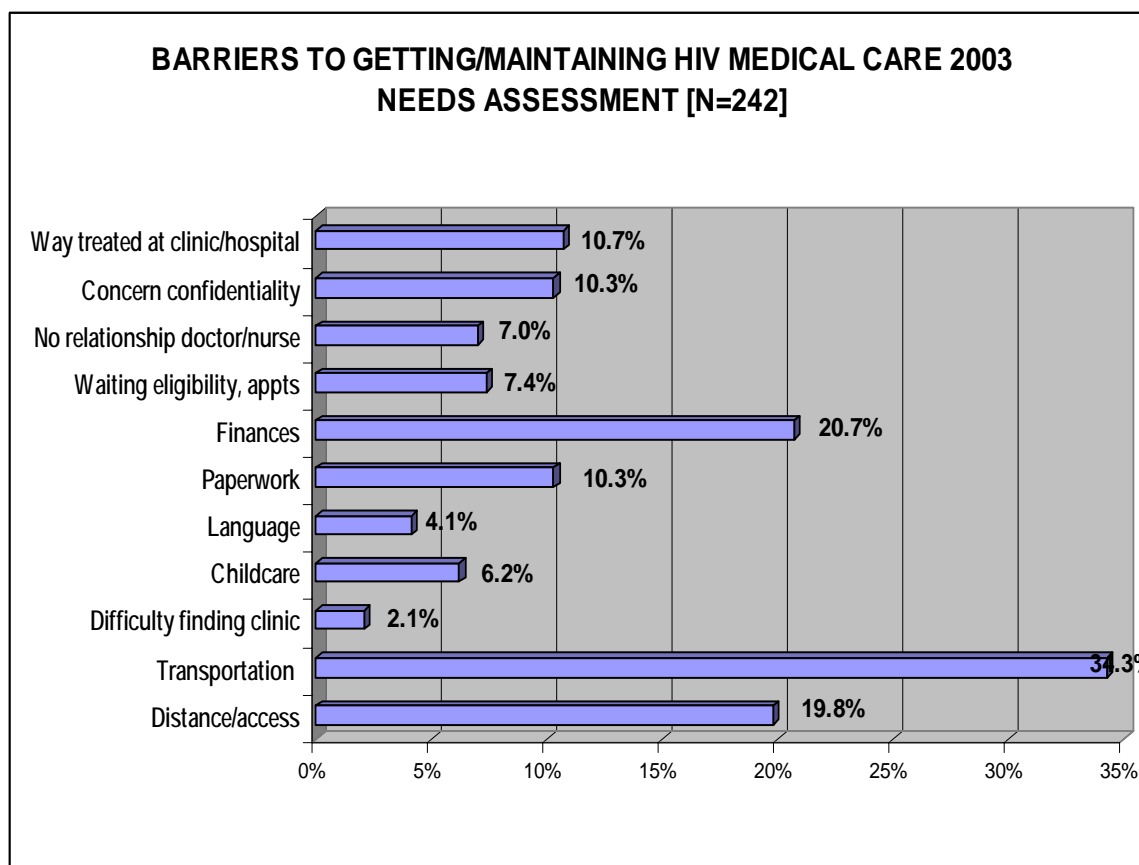
Example comments which reflect the theme of denial or illness include the following:

- *Nothing when I first heard I tried to kill myself. I tripled my drug use.*
- *I just walked out of there and don't remember much until I was in an ER two years later.*
- *I was in denial.*
- *I'm not ready to go yet. But I may go after I have my own place.*
- *I was in the psych ward.*
- *They had nothing back then. There was no reason to go for about four years.*

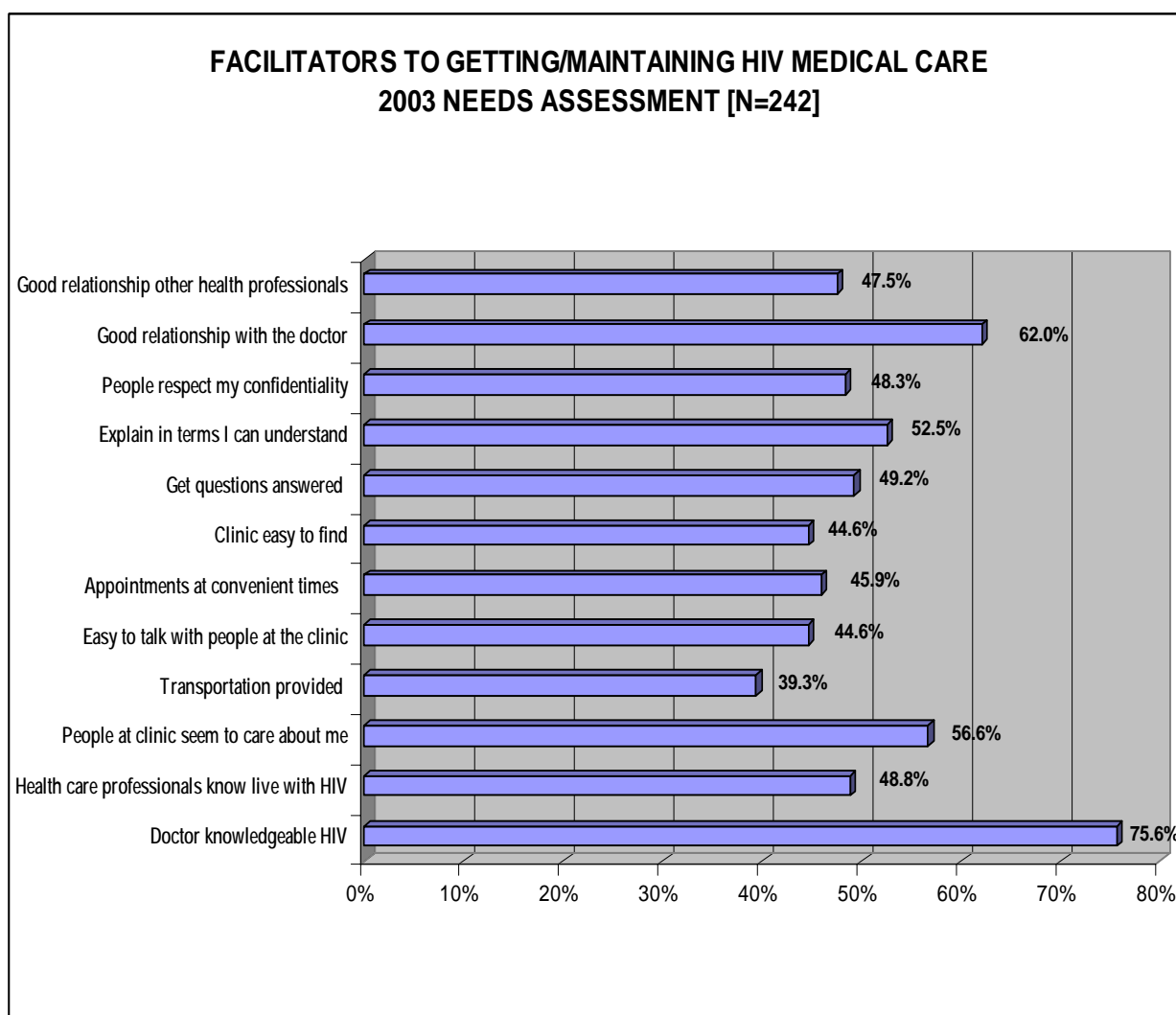
BARRIERS AND FACILITATORS TO GETTING AND MAINTAINING MEDICAL CARE.

We asked each person interviewed to identify things that are *barriers* to getting and maintaining medical care, as well as things that work as *facilitators* to getting and maintaining medical care for HIV. The following tables summarize how people identified barriers and facilitators.

HAVE ANY OF THE FOLLOWING BEEN BARRIERS TO GETTING OR MAINTAINING YOUR MEDICAL CARE FOR HIV?	2003 Frequency	2003 Percent
Distance/access	48	19.8%
Transportation to appointments	83	34.3%
Difficulty finding the office or clinic	5	2.1%
Childcare	15	6.2%
Language	10	4.1%
Paperwork	25	10.3%
Finances	50	20.7%
Time waiting for eligibility, appointments	18	7.4%
No relationship with doctor or nurse, "feel like a number"	17	7.0%
Concern about confidentiality	25	10.3%
The way I was treated by people at clinic/hospital	26	10.7%



HAVE ANY OF THE FOLLOWING BEEN HELPFUL (FACILITATORS) FOR GETTING OR MAINTAINING YOUR MEDICAL CARE FOR HIV?	2003 Frequency	2003 Percent
Excellent doctor knowledgeable about HIV	183	75.6%
Other health care professionals knowledgeable about how to live with HIV	118	48.8%
People at the clinic seem to care about me	137	56.6%
Transportation is provided to get to medical care	95	39.3%
Easy to talk with people at the clinic	108	44.6%
Offers appointments at times convenient for me	111	45.9%
Clinic is easy to find	108	44.6%
I get my questions answered at the clinic	119	49.2%
People explain things in terms I can understand	127	52.5%
People respect my confidentiality	117	48.3%
Good relationship with the doctor	150	62.0%
Good relationship with nurse or other health professionals	115	47.5%



KNOWLEDGE AND USE OF SERVICES. We asked about knowledge and use in the past year for about 25 services, some of which are currently funded by Ryan White dollars.

[Please note, also, that because someone indicated “yes” about knowledge and use of a service does not necessarily mean that they used a Ryan White funded service. For example, outstate participants, reporting “yes” about use of a food shelf typically did not (could not) involve a Ryan White funded service.]

Service:	1999 - Know about this service?		1999 - Have used in the past year?		2003 - Know about this service?		2003 - Have used in the past year?	
	#	%	#	%	#	%	#	%
Primary Medical Care	218	99.1%	189	85.91%	196	81.0%	166	68.6%
Pharmacy/ADAP	163	74.1%	149	67.73%	109	45.0%	49	20.2%
Dental Care	138	62.7%	94	42.73%	152	62.8%	92	38.0%
Medication Adherence					145	59.9%	66	27.3%
Education/Self Advocacy					159	65.7%	110	45.5%
Interpretation/Translation					92	38.0%	19	7.9%
Outreach					110	45.5%	36	14.9%

MET AND UNMET NEEDS. We asked participants in 1999 whether their needs were met in each of the service areas. In 2003, we asked the same question but using a 5-point scale, with the opportunity to cite a need *completely, well, adequately, poorly* or *not at all met*. For 2003, the figures represent those who said their needs were *completely, well* or *adequately met*, versus those who said their need was *poorly* or *not at all met*.

Service:	1999 – Currently need met		1999 – Currently need NOT met		2003 – Currently need completely/well met		2003 – Currently need met poorly/not at all	
	#	%	#	%	#	%	#	%
Primary Medical Care	195	88.6%	16	7.3%	168	69.4%	5	2.1%
Pharmacy/ADAP	187	85.0%	22	10.0%	93	38.2%	5	2.1%
Dental Care	136	61.4%	70	31.8%	117	48.3%	19	7.8%
Medication Adherence					117	48.3%	4	1.6%
Education/Self Adv					139	57.4%	4	1.6%
Interpretation/Transl					69	28.5%	3	1.2%
Outreach					81	33.5%	11	4.6%

FUTURE NEEDS. In both 1999 and 2003, we asked each person interviewed if they thought they might need a service in the future. The following table summarizes these results for both years. In 2003, 88% of those interviewed indicated they **might need outreach** in the future.

SERVICE:	1999 Might need in the future		2003 Might need in the future	
	#	%	#	%
Primary Medical Care	207	94.1%	202	83.5%
Pharmacy/ADAP	201	91.4%	172	72.1%
Dental Care	198	90.0%	181	74.8%
Medication Adherence			166	68.6%
Education/Self Advocacy			168	69.4%
Interpretation/Translation			80	33.1%
Outreach			97	40.1%

RANKING OF SERVICES. When consumers participating in the Needs Assessments are asked to rank services (by choosing five cards out of 24 or 25 services as the most important to preserve). The ranking for outreach was::

- In 2003, was ranked 23th of 25 services.

SERVICES	1999 RANKINGS			2003 RANKINGS		
	Rank (of 24)	# or Top Five Votes	% of Top Five Votes	Rank (of 25)	# of Top Five Votes	% of Top Five Votes**
Ranking of Top Services [where comparable services]						
Emergency Financial Assistance	4	68	6.62%	1	135	12.1%
Case Management	3	84	8.18%	2	127	11.3%
Primary Medical	1	143	13.93%	3	117	10.4%
ADAP	2	100	9.74%	4	95	8.4%
Transportation	8	60	5.84%	5	86	7.6%
Substance use Treatment	17	19	1.85%	21	14	1.2%
Medication Adherence				22	14	1.2%
Outreach				23	13	1.2%
Nutritional Services	20	14	1.36%	24	10	0.8%
Interpretation				25	10	0.8%

* indicates tie in rank order. **Total number of votes: 1125

From **Comprehensive Needs Assessment Report, 2003, CLEAR**