

HIV Strategic Planning - Frequency Analysis

Topics/Subtopics	Times Mentioned in Weaknesses, Threats or Opportunities Sections of SWOT	Times Mentioned in System Analysis	Times Mentioned in Strategic Priorities	Times Mentioned in Large Group Discussion	Times Mentioned in Town Hall	Total Times Mentioned
Coordination/Collaboration						
Improve linkages among AIDS Services Organizations (ASOs) and between ASO/non ASOs. Meet regularly as stakeholders to collaborate.	7	5	4		1	17
Increase integration/communication/education between providers of HIV care and primary care. Provide more HIV/AIDS care in mainstream care.	3	3	1		1	8
Coordinate outreach among service agencies. Currently outreach is often duplicated.		5	1			6
Coordinate outreach to target populations. Currently agencies are competing for numbers.		5		1		6
Get rid of duplication in intake forms, testing and services.		4		1	1	6
Coordinate and collaborate across organizations that focus on prevention and those that focus on care.	3			1		4
We all compete for the same money. This creates uneasy relationships.	2			1		3
Write grant application together.	2			1		3
Lack of awareness/knowledge of who is doing what where. Coordinate better to reduce the ping pong effect of referring clients back and forth among agencies.	2		1			3
Get the EIIHA collaborative off the ground	2		1			3
Duplication in some, but not all, types of testing	1	1				2
Efforts by agencies on behalf of clients result in multiple applications for services		1				1
Use technology better to collaborate		1				1
Collaborate to reduce administrative overhead		1				1
Stop creating barriers between agencies and making assumptions about each other		1				1
Start doing more targeted collaboration		1				1
Co-locate HIV services with agencies whose clients are at high risk		1				1
Combine funding sources to increase impact		1				1
Coordinate planning/prevention groups		1				1
Start doing outreach to non-traditional providers		1				1
Improve communication between organizations on available programs		1				1
Case management is duplicated		1				1

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Access to care/care issues						
Fund more specialty care, including mental health and substance abuse services.	7	6	1		1	15
Make sure there is capacity to accommodate additional numbers of HIV positive individuals identified by expanded testing.	4		1			5
Link clients to care sooner after a positive test result.	1	2	1			4
Address the lack of Medicaid/Medicare providers and what will be a general lack of healthcare providers specializing in HIV/AIDS as many of the current healthcare providers age and retire.	4					4
Wait lists/long waits for services; services not available in some locations	2	1				3
Need programs focusing on people with HIV who are leaving jail and prisons; increase follow up	2	1				3
Provide more comprehensive care at each agency/broaden the scope of ASOs		2				2
Lack of health insurance	2					2
Lack of access to primary care	2					2
Improve screening and referral systems		1				1
Keep clients in care		1				1
Support people at time of diagnosis - many are shocked and unprepared)		1				1
Treatment adherence: engage patients in their care			1			1
Medical care lacks cohesive model	1					1
No access to non-HIV medications	1					1
Clients have difficulty with co-pays	1					1
Clients' other medical needs are not being addressed where they get HIV care.	1					1
After healthcare reform, will undocumented be eligible for care?	1					1
Gentrification in Austin has resulted in people moving away from stable homes and historic service providers.	1					1

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Improve transportation					1	1
Make sure someone's first contact with the system (DIS or case manager) is caring and supportive. People are afraid. The first contact is critical to getting them into care.					1	1
Establish a system of peer advocates so someone who finds out about positive status will have a "buddy" who has been there and can help navigate the emotions and the system.					1	1
Make sure there is psychological follow up for someone after the test results, after the first appointment, and over time.					1	1
Hospice care should be considered medical care and not a support service.					1	1
Data						
Integrate or link data systems to address gaps between various databases and lost and incomplete data.	3	5	2	1		11
Duplicative data systems	1	1				2
Opt out instead of opt-in for ARIES		1				1
Need resources and leadership related to data		1				1
Start reinforcing data collection as standard		1				1
Compile info about needed data (currently is haphazard)		1				1
Start looking at the macro picture		1				1
Start a snapshot data collection to ask when people were last tested and other info		1				1
Identify barriers to sharing data		1				1
Have a system more robust than ARIES to allow cross-agency collaboration and client management		1				1
Add a question to annual homeless survey to ask when people were last tested.		1				1
Link prevention and services data.			1			1
Streamline data collection at all levels			1			1
BVCOG data experts should provide reports			1			1
Better coordination between city and BVCOG on data collection and reports			1			1

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Effective and efficient data collection, access and sharing at all levels			1			1
Lack of reliable data and data management	1					1
Lack of knowledge of national data/trends	1					1
Funding/Strategic Planning						
More resources for prevention and HIV/AIDS services are needed. In the current environment funding is being cut instead.	8				1	9
Follow up on the ideas generated from the strategic planning process. Develop an action plan. Meet regularly to follow through. Identify leadership; volunteers cannot do it all.	1	1	3	1		6
Provide education about health care reform.	5	1				6
Help service agencies gain a better understanding of funding sources and what the money can be used for.	4	1				5
Improve the HIV Planning Council website		2				2
Standardize the RFP/RFA processes, timing and requirements for Ryan White Parts A, B, C	2					2
Get more input from schools, fraternities, sororities doing community outreach in the summer. Consumers did not come to town hall meeting. You need to go find them!					2	2
Need for research about HIV and aging	2					2
Conduct a truly comprehensive assessment of resources in the 5 counties		1				1
We move too quickly to implement changes without looking for pitfalls	1					1
Identify and work on complexities of healthcare landscape: medical issues, funding sustainability, SSI, comorbidities and using resources to address			1			1
Simplify and streamline contracting process		1				1
Stop committee wastage		1				1
Identify client needs parallel to evidence based strategies		1				1
Improve consumer involvement in decision making		1				1
Need mechanism for constructive feedback, continuous evaluation and innovation	1	1				2

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Testing						
Fund and implement more opt-out testing.	3	3	1		1	8
Start notifying offenders within justice system of test results, whether + or -		1				1
Provide incentives to be tested		1				1
Seek out new testing venues		1				1
Need more staff for counseling for opt-out testing	1					1
Examine whether the DIS partner interview/notification process discourages people from being tested.					1	1
Stop separating HIV testing from other routine tests. Separating it reinforces stigma.					1	1
Prevention/Education/Awareness						
Address the perception in the community that HIV is a manageable disease that is not a problem and therefore does not merit attention or additional resources.	7				1	8
Advocate for comprehensive sex education and improved health education	4	2	1			7
Increase awareness/education in schools, medical communities, at events, in non-traditional locations like beauty shops, and through social marketing, and social media	1	4			2	7
Expand the definition of "at risk" populations to include people who, because of their circumstances, are vulnerable to the risky behavior of others. For example, people living in poverty, married women who are unaware their partners are having sexual relations with others, and victims of domestic violence.	2	2	1		1	6
Need better understanding of core causes of distrust and cultural barriers	2					2
Need to address rising rates in youth and elders.	2					2
Update resource guide and distribute to PCPs, faith-based orgs, etc.		1	1			2
Increase the participation of the minority faith-based communities	2					2
Lack of client education		1				1

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Keep comprehensive STI testing and treatment as part of HIV prevention and education		1				1
Need more innovative prevention strategies	1					1
Indiscriminant use of Viagra has contributed to spread of the disease.	1					1
Don't glamorize the lives of those living with the disease. Yes, there is					1	1
Need better programming for special populations		1				1
Update perception of Ryan White among public (so they have realistic expectations)		1				1
Improve health literacy			1			1
Lack of media attention	1					1
Need programs for the incarcerated	1					1
Develop creative strategies to reach the Hispanic population					1	1
Use creative approaches to inform people. Example of American Heart Association that used gospel singer at event to share info about heart disease.					1	1
Normalize HIV		1				1
Need to address language differences other than Spanish	1					1
General System Improvements						
Address stigma and social isolation throughout the continuum from prevention to treatment.	5				1	6
Improve knowledge (client and agency) of system and community resources		3				3
Work more holistically; shift the focus from sick care to prevention and wellness	2					2
Reduce excessive paperwork		1				1
Provide more healthy social activities		1				1
Interpretation of standards limits ability of staff to solve problems		1				1
Use the system to fit the client, not the client to fit the system.		1				1
resources and meeting client needs.		1				1
Don't be a jack in the box. Know what you do well and stick to it.		1				1
Use best practices for staff training		1				1
Use multidisciplinary teams; current system is too fragmented.		1				1

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Increase diversity of staff, for example, Spanish speaking providers		1				1
Use evidence-based interventions	1					1
Take advantage of technology	1					1
Rural issues						
Improve transportation.	2		1		1	4
Maintaining confidentiality		1				1
Address prescription issues. Mail order?			1			1
Strengthen relationships with non-nontraditional community partners to increase awareness and education			1			1
Improve housing options.	1					1
Clients are isolated.	1					1
Ensure people can get doctor's appointments after work hours.					1	1
People's lives can be chaotic, particularly if they are poor. Change the rules about missed appointments and keep going after people who drop out of care.					1	1
Support Services						
Improve transportation.	3	1				4
Establish programs to build self-sufficiency for people living in poverty. Poverty makes it very difficult to manage the disease.	4					4
Increase affordable housing options for people living with HIV/AIDS, in particular for those recently released from incarceration.	3	1				4
Centralized one stop shop for social services	2		1			3
Revamp case management system: tiered levels for varying needs, a way to exit the system		1	1			2
Keep doing non-medical case management		1				1
Use case management aides/assistants or peer advocates so case managers can work with clients on higher-level issues and increase self sufficiency		1				1
Not fostering self sufficiency in clients		1				1
Need more case managers		1				1

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Move toward interdisciplinary teams to link clients to appropriate services and move them to self sufficiency			1			1
Need wrap-around services	1					1