Baseline Needs Assessment
LANDSCAPE ANALYSIS

Table of Contents

> *This tool was created as part of The Status Neutral Approach to Improve HIV Prevention and Health outcomes for Racial and Ethnic Minorities project. The Baseline Needs Assessment Landscape Analysis is designed to capture consistent information across a jurisdiction in order to implement a whole-person approach. This tool is easily adapted to assist with any new program implementation with minor editing. The tool does not address the nuts and bolts of day-to-day implementation, but rather facilitates a high-level assessment of factors that inform program implementation.*

Landscape Analysis Overview

This template is designed to capture consistent information across a jurisdiction to compile a baseline understanding of the HIV prevention and care goals, service delivery system, structures and referral networks, as well as the epidemiological data to propose a whole-person approach to care and service delivery. Additional data points and sections may be added to capture information relevant to the jurisdiction's project goals and focus areas. Along with the Readiness Assessment tool, the Landscape Analysis serves as a foundational tool, providing critical contextual and background information about the jurisdiction, as well as about the whole-person approach to support long-term sustainability.

JSI's Person-Centered Care Framework

JSI's Person-Centered Care (PCC)[1] framework complements whole-person approaches as it places the individual at the center, accounts for different perspectives on healthcare and wellness, supports a trauma-informed lens, and engages all stakeholders as active contributors to health systems, services, and experiences. The sections in this tool that follow include information that align with the six PCC domains.

---

[1] https://snapetap.jsi.com/resources/person-centered-care

Person-Centered Care framework domains	
	Service design and delivery
	Policy and financing
	Monitoring, learning, and accountability
	Workforce environment and development
	Point of care access and experience (client level)
	Leadership and governance

Instructions

Review the questions below and document responses considering the information below each question. The items to consider are not exhaustive and listed items may not apply to every jurisdiction, but they do provide initial prompts to begin brainstorming and describing the current landscape. It is better to include too much information rather than too few details when completing this document. The landscape analysis will be strengthened by adding data, graphs, and links to specific resources.

Once you have compiled all the information and completed the Landscape Analysis:
1. Have key staff and stakeholders review the analysis
2. Review and discuss Section 4 to:
    a. Identify resources (e.g., funding, staffing, programs, services, partnerships) to support implementation and sustainability of whole-person care
    b. Assess the gaps
3. Discuss next steps

Section 1: Jurisdictional HIV prevention and care goals

- **What are the jurisdictional priorities, initiatives, and planning bodies?**
  Consider the following:
    - Ryan White HIV/AIDS Program infrastructure
    - Integration/collaboration with the state
        - Funding of pharmaceutical assistance
    - Planning body structures
    - Participation in demonstrations projects or other initiatives (e.g., Special Projects of National Significance) that support the proposed whole-person approach
    - Other

- **What are the plans, and associated goals and/or key targets, guiding HIV prevention and care efforts?**
  Consider the following:
    - Integrated HIV Prevention and Care Plan
    - Getting to Zero
    - Ending the Epidemic plan
    - Syndemic plan
    - Other

- **What is the current healthcare landscape?**
  Consider the following:
    - Federally Qualified Health Centers (FQHCs)
        - Ending the HIV Epidemic-Primary Care HIV Prevention (PCHP) funding
    - Status of Medicaid expansion
        - Proportion of the identified priority population eligible for Medicaid
        - Impact of Medicaid unwinding
    - Funding available to support individuals to access PrEP and support services (e.g., 340B)
    - Other

Section 2: Prevention and care service delivery system, structures, and referral networks
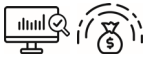
- **What is the current policy landscape that supports or hinders implementation of whole-person care and services?**
  Consider the following:
    - Harm reduction including syringe services programs (SSPs)
    - PrEP assistance programs
    - Other

- **Who are the key partners to engage in planning and implementing whole-person care and services?** (indicate funded and non-funded partners)
  Consider the following:
    - Implementation partners
        - Organizational information
        - Staffing plan
    - Collaborative/referral partners
        - Sexual health and other medical services (specify) for individuals not eligible for RWHAP services
            - Federally-funded community health centers
            - Substance use treatment services
        - Support services (specify) for individuals not eligible for RWHAP services
    - Other

- **What are the funding sources that may support a whole-person approach and what services do they fund?**
  Consider the following:
    - CDC
    - HRSA HAB RWHAP Part A
    - HRSA HAB RWHAP Part B
    - HRSA HAB RWHAP Part C
    - HRSA HAB RWHAP Part D
    - HRSA HAB RWHAP Part F
    - HRSA HAB Special Projects of National Significance (SPNS)
    - HRSA Bureau of Primary Health Care
    - HRSA (other, i.e. 340B, Ending the HIV Epidemic - EHE)
    - SAMSHA
    - State

- ○ City/county
- ○ Other (such as foundation or private support)

- **According to epidemiological data, what specific populations would benefit from a whole-person approach to reduce health disparities and improve health outcomes?**
  Consider the following:
  - ○ [HV Surveillance Supplemental Report: Estimated HIV Incidence and Prevalence in the United States, 2018–2022](#)
  - ○ Care continuum data for the identified jurisdictional priority populations
  - ○ PrEP coverage
  - ○ [America's HIV Epidemic Analysis Dashboard](#)
  - ○ [AIDSVu](#)
  - ○ Other

- **What data systems are used in the jurisdiction to track and report sexual health and support services? How are data shared?**
  Consider the following:
  - ○ Site's current data sharing agreements with partners
  - ○ Other

- **What are the gaps in service coordination and access to care?**
  Consider the following:
  - ○ Client eligibility criteria across programs
  - ○ Service and program gaps for individuals not eligible for RWHAP services
    - ■ Sexual health and other medical services (specify)
    - ■ Support services
  - ○ Other

Section 3: Proposed whole-person approach based on epidemiological data

- **What data sources and systems will be used to track service delivery?**
  Consider the following:
    - Prevention data sources and systems
    - Care and treatment data sources and systems
    - Social services data sources and systems
    - Other

- **What policies and procedures are in place that may affect implementation of a whole-person approach?**
  Consider the following:
    - Hiring/human resources protocols
    - Staffing
    - Cost analysis
      - Percentage time allocated to grant(s)
      - Caseload per case manager
    - Restrictive local/state legislation or policies
    - Other

- **How have agencies worked together previously? What is the history with implementing and referral partners?**
  Consider the following:
    - Positive experiences
    - Challenging experiences
    - Pain points
    - Other

- **Who are the priority populations?**
  Consider the following:
    - Population with the most need
    - Population that the jurisdiction is best able to serve

- ○ Unreached populations
- ○ Other

- **What is the proposed intervention model?**
  Consider the following:
  - ○ Key activities
  - ○ Role of community to inform intervention
  - ○ Incorporation of trauma informed principles
  - ○ Components of whole-person health and wellness - beyond HIV prevention and care
  - ○ Other

- **What are the plans to evaluate whole-person care and service delivery?**
  Consider the following:
  - ○ Current evaluation tools and reporting mechanisms
  - ○ Current data visualizations/data reports
  - ○ Other

- **What leadership support does the initiative have?**
  Consider the following:
  - ○ Senior leadership buy-in
  - ○ Champion(s) with decision making authority
  - ○ Critic(s)
  - ○ Other

- **How have community members and other stakeholders been engaged in discussions of whole-person care and services? How have they informed the proposed model?**
  Consider the following:
  - ○ Extent to which community members and other stakeholders are aware of and have informed the development of the whole-person approach
  - ○ Support from community members and other stakeholders

- ○ Resistance from community members and other stakeholders - to language, approach, etc.
  - ○ Other

- **What are the intervention start-up considerations? What will need to be in place prior to implementation?**
  - ○ Current whole-person service delivery landscape
  - ○ Infrastructure development needs
  - ○ Staffing needs
  - ○ Initial start-up activities
  - ○ Other

Section 4: Summary: strengths and challenges

- **What are the identified strengths to support implementation of a whole-person approach?**
  Consider the following:
  - ○ System level
  - ○ Service delivery level
  - ○ Client level
  - ○ Other

- **What are the identified challenges/gaps that threaten implementation of a whole-person approach?**
  Consider the following:
  - ○ System level
  - ○ Service delivery level
  - ○ Client level
  - ○ Other

- **What is the forecast for sustainability?**
  Consider the following:
    - Funding streams to support continued navigation and whole-person services
    - Mechanisms to sustain partnerships with staff turnover
    - Continued staffing
    - Infrastructure to support a program
    - Other

SNAP ETAP
Supporting a whole person approach to comprehensive services

JSI