

PROJECT NARRATIVE
Outreach Management System

BRIEF OVERVIEW

HIPAtlanta’s My Community Impact Solutions **Outreach Management System Phase-1** is designed to provide local community street outreach and electronic outreach systems management (i.e. condom distribution logistics, texting management and social media management.) accessible via Lab-tops, Tablets and Smartphones.

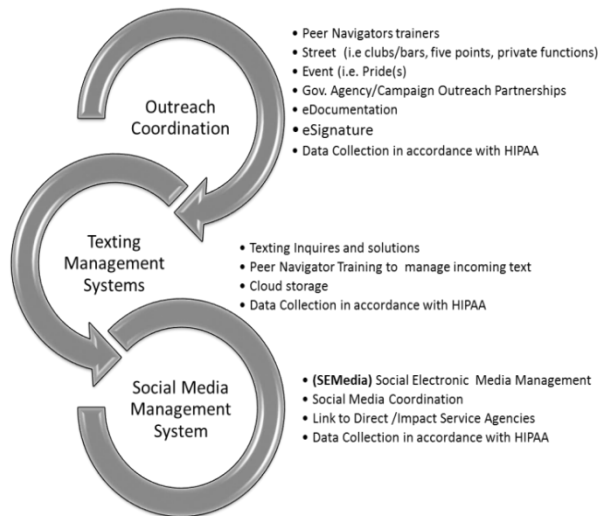
Initial Target: HIV Community Service Agencies providing direct services in the inner-city and rural areas, local, state health departments and federal agencies.

Challenges: (1)CBO Digital Literacy (2) Mobile Devices Point of Care vs HIPAA (3) Private/Public Partnerships (4) Linkage To Medical Care and Direct Services (5) Data Matching Consumers to Services/Providers (6) Most CBO’s do not employ a Data Specialist and/or IT Manager.

Benefits: Outreach Management Platform (2) Social Media Management Platform (3) Texting Mgmt. Platform (4) New inner city job opportunities Academic, GED/HSD, Youth, Veterans, Second Chance (5) Model Replication (6) Bridge service access gaps (7)Data Collection and Analysis

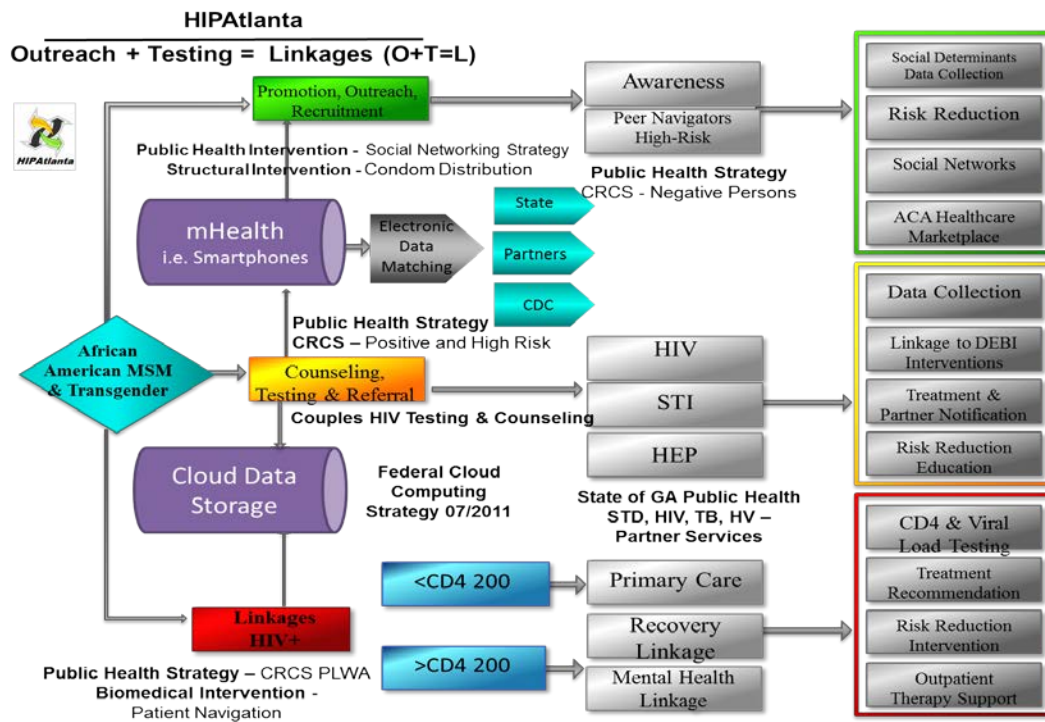
Platform Group Phases

1. **(INITIAL) Outreach/Recruitment Management System** - engages target audience to provide education, awareness, link to testing services and data collections.



2. **Second Phase - eTesting** – HIV Testing documentation and data collection coordination and testing (i.e. HIV, STD, Drug, Hepatitis) in non-clinical settings
 - Electronic Forms, Unique ID Assignment, Cloud Storage
 - Electronic Forms (i.e. consents and Health Dept. Unique ID Assignment)
 - Electronic Data Matching linking infected and/or high risk groups to services and/or interventions.
3. **Third Phase - Linkages To Medical Care & Social Determinants of Health** – Electronic linkage to care/treatment or social determinant direct (impact) services and data collection coordination.
 - Electronic Forms capture, storage and retrieval
 - Real time Linkage to Medical and/or Impact Services
 - Coordinating with Federal Agencies (i.e. housing, food stamps, mental health, recovery services)

HIPAtlanta History and Project Relationship



Human Impact Project of Atlanta, Inc. (formerly HIV Intervention Project, Inc.) aka HIPAtlanta

HIPAtlanta established 2011, is a 501(c)(3) non-profit organizations targeting the African American MSM and Transgender community and our community allies to provide health and wellness awareness. Initially starting with five African-American same gender loving men concerned about the HIV/AIDS epidemic and started to address what are the current needs for African-American men living with HIV/AIDS, high risk groups and Transgenders and the African American community as a collective challenge.

HIPAtlanta was established to linkage persons living with HIV/AIDS with challenges into affordable healthcare, while providing Rapid HIV/AIDS Testing to high risk groups and Workforce Development for persons living with HIV/AIDS.

- #10,000+ safer sex kits distributed
- #420 Incoming calls & texts requesting assistance
- #112 HIV Test Location Referrals
- #42 Medication Assistance (i.e. no insurance)
- #34 Linkage to Medical Care
- #212 Person Living With HIV/AIDS Unemployed looking for work. (Referred Out)
- #12 Community Service
- #23 Housing Referrals
- #2 Sexual Violence (exposed to HIV by person knowing they were living with HIV.)

HIPAtlanta has completed training Comprehensive Risk and Counseling Service, Partner Notification Services, Social Networking Strategies, Peer Educator, and Healthy Relations.

WIN-WIN-WIN APPROACH

THE TRADITIONAL WIN-WIN PHILOSOPHY

Win-win is a frame of mind and heart that constantly seeks mutual benefit in all human interactions. Win-win means that agreements or solutions are mutually beneficial, mutually satisfying. With a win-win solution, all parties feel good about the decision and feel committed to the action plan. Win-win sees life as a cooperative, not a competitive arena.

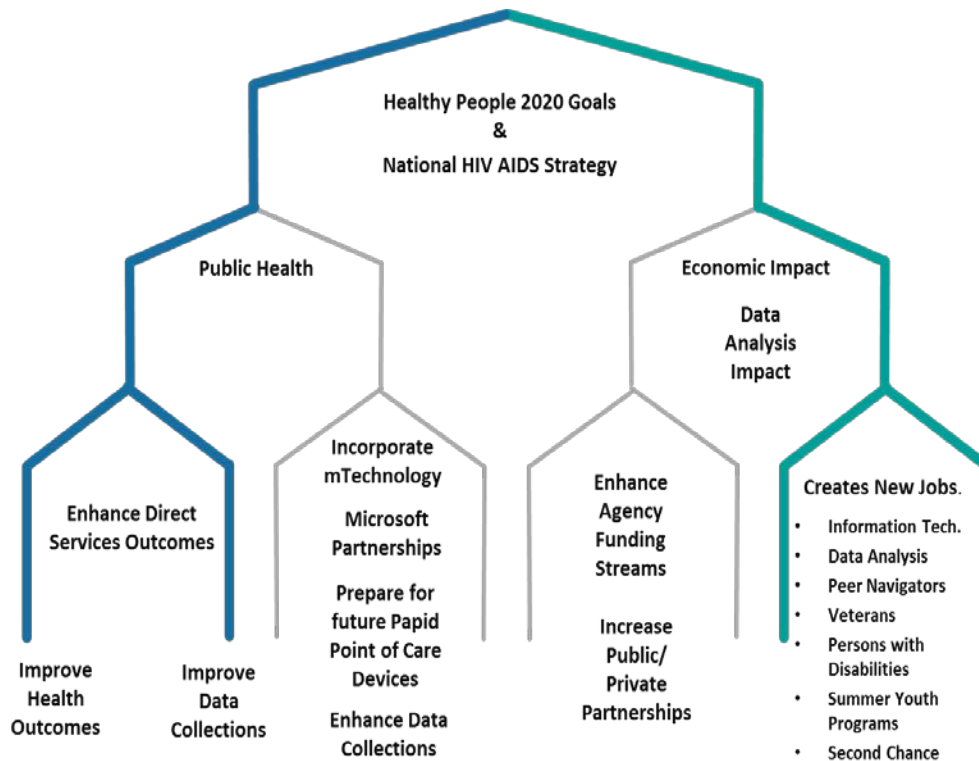
We incorporated a third referring to it as a Win-Win-Win approach to measure all parties involved Community Members, Community Agencies and Community Funders can identify what they are getting out of this process. It is not the people that are primary challenge but the paradigm.

COMMUNITY MEMBERS	COMMUNITY AGENCIES	COMMUNITY FUNDERS
<p>Outreach Management System</p> <ul style="list-style-type: none"> • Convenient access to outreach tools • Less probing • Take info now, text us later <p>Social Media Management</p> <ul style="list-style-type: none"> • Met me where I was comfortable • Down Low and/or Stigma audience • Respond to messages that resonate to me • I like how you presence in this site • You did not rush me to engage • Someone is always there to talk • You ask me questions and I ok with sharing with you • I did not have any knowledge there where groups (EBI's) like this <p>Texting Management</p> <ul style="list-style-type: none"> • Texting is easier for me • I feel safe talking to you • I can reach the same Peer Navigator and I don't have to repeat myself • Link to me people my age group, gender, sexual orientation and gender identity • It was really easy getting linked to addiction programs (i.e. alcohol, substance abuse, sexual addiction) • HIV prevention for HIV-positive persons & high-risk HIV-negative persons • 	<p>Outreach Management System</p> <ul style="list-style-type: none"> • Manage outreach activities and inventory • Real-time encounters reporting • Ratio encounters to access information or services • Invest in innovation to engage population • Targeted HIV Testing • Referral to PrEP Providers <p>Social Media Management</p> <ul style="list-style-type: none"> • >social media presence • Engage challenge to reach target audiences • Tailor messages to target audiences • Adapt to new social media sites • >Measure encounters • >Multiple encounters • Utilize mobile devices for diagnoses and collect data. • Link to funded behavioral interventions. • Referral to PrEP Providers <p>Texting Management</p> <ul style="list-style-type: none"> • Enhance ability to communicate with target audience • HIPAA Compliant • Multiple encounters • Text Messaging Reminder Capability • Link to Behavioral Interventions • Increase engagement Y-14-17&YA18-24 • Referral for PrEP Providers 	<p>Outreach Management System</p> <ul style="list-style-type: none"> • Manage national outreach activities and inventory placement • Real-time encounters reporting • Big Data Analysis Ratio encounters to access information or services <p>Social Media Management</p> <ul style="list-style-type: none"> • Qualitative and Quantitative data analysis • Survey populations and Popular Opinion Leaders. <p>Texting Management</p> <ul style="list-style-type: none"> • Qualitative and Quantitative data analysis • HIPAA Compliant • Cost Measurment of Encounters • Enhance opportunity to engage youth14-17 and young adults 18-24 Link persons living with HIV/AIDS into care. • Link high risk persons to services to address social determinants (i.e. substance abuse, sexual addiction, education, income challenges)
3		

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Healthy People 2020 Goals		
<ul style="list-style-type: none"> • A society in which all people live long, healthy lives. 	<ul style="list-style-type: none"> • Identify nationwide health Improvement priorities • Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress. • Provide measurable objectives and goals that are applicable at the National, State and Local levels. • Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge. • Identify critical research, evaluation, and data collection needs. 	<ul style="list-style-type: none"> • Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death. • Achieve health equity, eliminate disparities, and improve the health of all groups. • Create social and physical environments that promote good health for all. • Promote quality of life, healthy development, and healthy behaviors across all life stages
National HIV AIDS Strategy Updated (NHAS)		
<ul style="list-style-type: none"> • Program promotion, Outreach, and Recruitment • HIV prevention for HIV-positive persons & high-risk HIV-negative persons • Condom distribution • Referral for pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) services • Formalized collaborations 	<ul style="list-style-type: none"> • Reducing New Infections. • Increasing Access to Care and Improving Health Outcomes for People Living With HIV. • Reducing HIV Disparities and Health Inequities. • Achieving a More Coordinated Response HIV Epidemic. 	<ul style="list-style-type: none"> • Earlier entry to HIV care, and increased consistency of care. • HIV prevention for HIV-positive persons • Referral for non-occupational post-exposure prophylaxis (nPEP) services • HIV and organizational planning • Formalized collaborations
<p style="text-align: center;">CDC High Impact Prevention</p> <ul style="list-style-type: none"> • Lower the annual number of new infections • Increase the percentage of people living with HIV who know their infection • Reduce the HIV transmission rate • Increase the percenter of newly diagnosed people linked to care within 30 days • Increase the proportion of HIV-diagnosed gay and bisexual men, communities of color with undetectable viral load 	<p style="text-align: center;">CDC High Impact Prevention</p> <ul style="list-style-type: none"> • Effective In Cost • Feasibility of Full-scale implementation • Coverage of Target Population • Interacting and Targeting • Prioritization 	<p style="text-align: center;">CDC High Impact Prevention</p> <ul style="list-style-type: none"> • Effective In Cost • Feasibility of Full-scale implementation • Coverage of Target Population • Interacting and Targeting • Prioritization
CDC Evidence-Based Strategies		
<ul style="list-style-type: none"> • Social Networking Strategy • CRCS – Positive and High Risk 	<ul style="list-style-type: none"> • CDC Condom Distribution • Couples HIV Testing & Counseling 	<ul style="list-style-type: none"> • CRCS - Negative Persons • Patient Navigation

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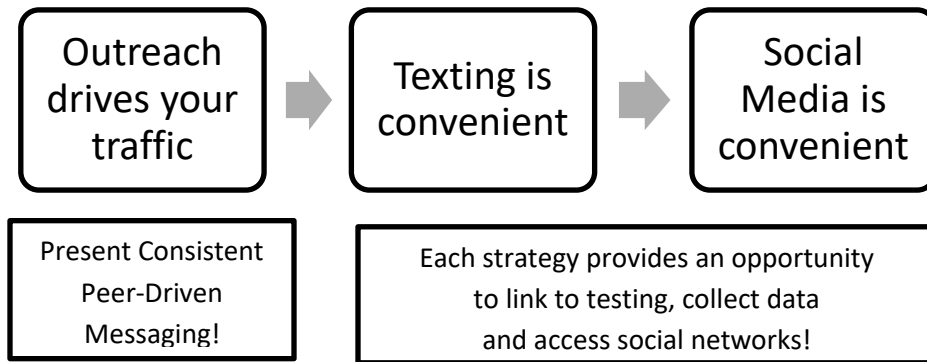
COMMUNITY CHALLENGES

HIV outreach efforts are a daunting and challenging task in local communities. In local communities there is a need for consistent street outreach and an easier method to manage outreach activitie(s). Per CDC condom distribution programs are an effective HIV Prevention strategy but we have very few consistent in the community efforts. HIV street outreach efforts are almost none existent in lieu big billboard ads and poorly executed national campaigns with little or no local coordination efforts.

Outreach and HIV Testing is two different vehicles but are most often interchanged as one. Street Outreach is peer driven and provides consistent messages and safer-sex tools within the target population. Outreach drives the traffic to testing and/or campaigns but in the past year outreach it is more billboards, oversized outreach cards, cute slogans and sexual images.

Outreach most now adapt to the ever growing texting as a norm and fast growing social media outlets (*i.e. Facebook, Snap Chat and Twitter*). Local agencies are burden with an enormous task to engaging via text and outreaching within social media with no budgets, guidelines and/or strategies.

Community Agencies and Local Health Departments need a efficient outreach mechanism that will allow them to management outreach efforts(i.e. locations, contacts, encounters, collect data and pre-national outreach campaign plan). In addition, outreach is vulnerable to turnover and lack of trained/assigned peer navigators.



Social Network Outreach - Outreach efforts for HIV prevention activities provide access to hard-to-reach populations at high risk for HIV.

In CDC’s Social Networks Demonstration Program (2003 – 2005), social network strategies were used to identify people who were unaware of their HIV infection in communities of color. Across nine sites funded for the program, approximately 6% of people tested were newly diagnosed with HIV (4). This prevalence rate is six times higher than the average of most HIV CTR programs, illustrating the great value of using social networks to reach people at risk for HIV infection.



Figure1- Example social network of an HIV-positive recruiter and his network associates

The key to these networks is having team members designated to go into the community and go where others will not go. A HIV Counselor may not be appropriate for street and/or event outreach activities. This is oftentimes challenged with conflicting social perceptions, classism, personal insecurities or environment (i.e., weather, recovery, sexual behaviors).

Texting as Prevention The major phone carriers (AT&T, Verizon, Sprint & T-Mobile) turned tablets and PCs into fully functioning SMS (texting) units and are currently developing multi-level SMS platform for their business consumer base.

Excerpts from “Texting in Crisis” an article posted by the New York Times Feb 2014:

- *Texting provides privacy that can be crucial if a person feels threatened by someone near them, counselors say. It also looks more natural if the teenager is in public. “They can still look ‘cool’ to their peers or friends while receiving assistance that they are in desperate need of,” said Jerry Weichman, a clinical psychologist in Newport Beach, Calif., who deals with adolescent issues.*
- *That said, with texting, a conversation is never really over, she said. The minute the textor writes back, whether it is an hour later or a week later, the system will automatically pull up the previous messages for the counselor on duty and they can begin again.*

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Data Collection Challenges	
<ul style="list-style-type: none"> ▪ CBO have little or no IT and/or Data Collection management systems. ▪ Community Outreach Strategies have little or no ability to track activities, encounters and data collection tool. ▪ No strategy for integrating mTechnology, Cloud Data Storage and eDocuments 	
Why	Why Here?
Larger agencies storing data	Assist in building a universal data collection mgmt. system
No IT Budgets	Majority have no IT staffing history
No data management history except with CareWare	Need for integrated data mgmt. software outside of CareWare
Electronic Unique ID	County and State Health Depts. resistance
Mobile Testing Limitation	eDocumentation provides opportunity for multiple encounters
Private consultants	Engage us after they have decided model
Electronic Data Matching	Addressing data sharing fears
Every encounters counts	Collecting data in non-clinical settings
HIPAA crutch	Designed to guide us not stop us
HIPAA Texting Paranoia	Texting before calling is new norm.
Data Collection opportunities missed	20min window lets us collect more data

Outreach Challenges	
<ul style="list-style-type: none"> ▪ Community Outreach Strategies have little/no ability to track activities, encounters & data collection tool. ▪ No strategy for social media ▪ Target population text more than call but no texting mgmt. system. 	
Why	Why Here?
Street Outreach is challenging	Tough getting office staff in street activities
No outreach budget	Budget to print materials but not to effectively distribute
Peer Navigators	Not assigned to provide outreach
No consistent presence	Understaffing
Little data collection tools	No QL&QN Analysis
No dedicated staff	Staff spread thin
Street vs Health fairs	Requires different tools
Websites	Who is who? Too many?
Social Media cost	CBO cannot keep up with growing Social Media challenges
No Social Media Peer Navigations System	
Texting Paranoia	HIPAA excuse
Call Center vs Texting Center	Big agencies hoard encounters

HIV & STD Testing Challenges	
<ul style="list-style-type: none"> ▪ Community Outreach Strategies have little of no ability to track activities, encounters and data collection tool. ▪ No strategy for social media and texting management strategy ▪ Data Reporting delays provides missed opportunities to inform community and funders about outcomes. 	
Why	Why Here?
Outreach testing is challenging	Help make their jobs easier
No outreach budget	Budget to print materials but not to distribute
Outreach & Testing	O & T are different but often not separated
Unique ID Synchronizing	County and State Health Depts. resistance
eDocumentation	Opportunity for multiple encounters
Private consultants	Engage us after they have decided model
High Staff turn over	CRCS training schedule poor
Funded EBI's	No testing risk group linkage or synchronizing
Electronic Data Matching	Address Data sharing fears
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Approach

1.0 Data Collection System (DCS)

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Win-Win-Win Approach			
	Community Members	Community Agencies	Community Funders
○ 1.1 eDocumentation	Convert Consent, Referral & Linkages forms to e-documents accessible via tablets & mobile in accordance to HIPAA guidelines.		
	<input type="checkbox"/> Convenient to Access <input type="checkbox"/> Storage Convenience <input type="checkbox"/> Secured Space	<input type="checkbox"/> Multiple Encounters <input type="checkbox"/> Easy Retrieval <input type="checkbox"/> Date Reminders	<input type="checkbox"/> NHAS Updated <input type="checkbox"/> Healthy People 2020 <input type="checkbox"/> Cost Effective
○ 1.2 Electronic Data Matching	Provide an data analysis process to inspect, clean, transform, and model data in line target populations with the goal of determining useful information, suggesting conclusions, and supporting decision-making.		
	<input type="checkbox"/> Information Saved <input type="checkbox"/> Less Duplication <input type="checkbox"/> Efficient Referrals	<input type="checkbox"/> Data Analytics <input type="checkbox"/> EBI linkage <input type="checkbox"/> Measurable Encounters	<input type="checkbox"/> Real-Time Reporting <input type="checkbox"/> Big Data Analytics <input type="checkbox"/> Services Mapgraphy
○ 1.3 Consumer Data Collection	Provides an ability to do statistical analysis of consumer data.		
	<input type="checkbox"/> Linked to services <input type="checkbox"/> Behavioral Recommendation <input type="checkbox"/> Convenient access	<input type="checkbox"/> Data Analytics <input type="checkbox"/> EBI linkage <input type="checkbox"/> Measurable Encounters	<input type="checkbox"/> Real-Time Reporting <input type="checkbox"/> Big Data Analytics <input type="checkbox"/> Disease Mapgraphy
○ 1.4 Partners Data Collections	Implements the process of synchronizing data with potential partners and/or vendors to efficiently and cost effectively link target populations and partners within HIPAA guidelines. Evaluating information content, and refining information to build portfolios. The information analysis with works both for community members, community agencies and community funders. We can use a non-quantitative process and/or a quantitative investment process.		
	<input type="checkbox"/> Services Options <input type="checkbox"/> Cost Options <input type="checkbox"/> Provider screening	<input type="checkbox"/> Linkage Options <input type="checkbox"/> Cross-sell Services <input type="checkbox"/> Additional Revenue	<input type="checkbox"/> Increase ACA Enrollment <input type="checkbox"/> Increase EBI Participation <input type="checkbox"/> Public/Private Partners
○ 1.5 Microsoft Impact	The partnership will provide us the ability to generate big data analytics, enabling us to examine large data sets containing a variety of data types and to uncover hidden patterns, unknown correlations, market trends, community member's preferences and other useful social impact/public health information.		
	<input type="checkbox"/>	<input type="checkbox"/> Cloud based Storage <input type="checkbox"/> EHR System <input type="checkbox"/> QN/QL Data Analysis	<input type="checkbox"/> Big Data Analysis <input type="checkbox"/> HIPAA Compliant <input type="checkbox"/> Public/Private Investment

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2.0 Outreach Management System (OMS)

Outreach Challenges	
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Win-Win-Win Approach			
	Community Members	Community Agencies	Community Funders
2.1 Data Collection Tools	Reimagining how we collect outreach or recruitment data, measuring encounters ratio to testing services, management of outreach tools, calendar coordination, location management, HIPAA compliant		
	<input type="checkbox"/> Less Duplication <input type="checkbox"/> Paperless <input type="checkbox"/> Easier linkage to testing	<input type="checkbox"/> Target Audience <input type="checkbox"/> Outreach Ratio to Access <input type="checkbox"/> Calendar Management	<input type="checkbox"/> Improve Data Collection <input type="checkbox"/> Real-time Data Retrieval <input type="checkbox"/> Improved Data Analysis
2.2 Street and Event Outreach Activities	Off-site outreach easier to manage location activities, inventories, planning and data collection, reporting and ratio encounters to services.		
	<input type="checkbox"/> Easy linkage to testing <input type="checkbox"/> Less pervasive <input type="checkbox"/> Convenience	<input type="checkbox"/> >Encounters <input type="checkbox"/> >Multiple Encounters <input type="checkbox"/> >Easier to manage	<input type="checkbox"/> >Data Collection <input type="checkbox"/> <Decrease Duplication <input type="checkbox"/> Campaign Effectiveness
2.3 Social Media Outreach System	Implement a social media management system with the ability to engage, link and monitor in-house. Ability to provide rich data analysis.		
	<input type="checkbox"/> Access Convenes <input type="checkbox"/> Non-intrusive <input type="checkbox"/> Privacy	<input type="checkbox"/> >Target Audience <input type="checkbox"/> >Linkage to Services <input type="checkbox"/> < Disease Stigma	<input type="checkbox"/> Strategy replicated <input type="checkbox"/> >Data Collection <input type="checkbox"/> >Data Analysis
2.4 Texting Management System	Texting is the new norm that requires an investment to help agencies outreach and management this system.		
	<input type="checkbox"/> Convenience <input type="checkbox"/> Does not have to repeat issues <input type="checkbox"/> Safe-space to talk	<input type="checkbox"/> >Outreach Efforts <input type="checkbox"/> >Measure Encounters <input type="checkbox"/> >Linkage to Services	<input type="checkbox"/> >Improved Data Collections <input type="checkbox"/> >Real-time Reporting <input type="checkbox"/> >Big Data Analysis

3.0 Testing Document Management System (TDMS)

HIV & STD Testing Challenges	
<ul style="list-style-type: none"> ▪ Community Outreach Strategies have little of no ability to track activities, encounters and data collection tool. ▪ No strategy for social media and texting management strategy ▪ Data Reporting delays provides missed opportunities to inform community and funders about outcomes. 	
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Win-Win-Win Approach			
	Community Members	Community Agencies	Community Funders
3.1 eDocumentation and Electronic Data Matching			
• Testing Consent Forms			
• Health Department Reporting Forms			
3.2 Automated Unique ID System			
3.3 Digital Literacy Training Modules			
3.4 Electronic Health Records			

**THE POSSIBILITIES ARE
LIMITLESS WITH
TECHNOLOGY TODAY**