

Perspectives on HIV-Service Priorities: A Multi-Dimensional Approach

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Background

Agreement between seropositive consumers, providers and agency administrators concerning service priorities is imperative to ensure maximum program effectiveness. Service needs not previously identified and reported might well require the combined perspectives of all three groups of stakeholders to ensure policy and funding attention. Finally, further attention might be warranted should there be major discrepancies between service priorities.

Methods

King, Snohomish and Island counties (the Seattle-King County Eligible Metropolitan Area in Washington state) were included in all surveys. Consumers responded to a survey handed out by agency representatives (1997 Ryan White Consumer Needs Assessment; n = 417). Providers returned a mail-out survey (1997 *Tri-County Collaboration* Provider Assessment; n = 111). Agency administrators were interviewed using a semi-structured format (1997 *Tri-County Collaboration* Agency Assessment; n = 52). Providers and administrators were surveyed from four agency types or service domains: HIV/AIDS, mental health, substance abuse and correctional facilities.

Results

Consumers ranked primary medical care, case management, funding (for prescriptions, medical care and rent), dental care and mental health care as the top five priorities. The need for chemical dependency treatment was ranked 22nd by 4.8% of the respondents. Rank order, based on the providers' perspective of the most important needs and problems, placed mental health services first with 68% of the respondents followed by the need for help locating housing (47%), increased interagency collaboration (45%) and chemical dependency treatment (42%). With a focus on multiply afflicted¹ seropositive individuals, administrators from HIV/AIDS agencies would use additional funds to supplement mental health services, long-term housing and in-patient chemical dependency treatment programs.

#	Consumer priorities ranked	#	Provider priorities ranked
1	Primary medical care	1	Mental health care
2	Case management	2	Help obtain housing
3	Funding (for Rx, medical care and rent)	3	Increased interagency collaboration
4	Dental care	4	Chemical dependency treatment
5	Mental health care		
22	Chemical dependency treatment		

Implications

Stakeholders appear to endorse the need for mental health services. Administrators from all service domains would spend extra funds in this area. This discrepancy between the providers and consumers perspectives on the need for chemical dependency treatment is notable, intriguing and (potentially) worrisome.

¹ "Multiply afflicted" in this context was defined as (seropositive and) either a major mental illness and/or a chemical dependency disorder.