Asking Patients About Their Experiences, Opinions and Needs when Planning Health Services Jennifer Bennett, MPH¹; Patricia Charles, DrPH¹; Trudy Larson, MD^{1,2}; Leah Thompson, MPH³; Barbara Scott, RD, MPH¹ ¹University of Nevada School of Medicine AIDS Education and Training Center, ²University of Nevada School of Community Health Sciences, ³Public Health Consultant



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Training Center

ISSUE: Program administrators frequently set about planning programs and services without patient input. Here are three examples demonstrating the importance of including patient input when planning services that affect them.

- How many miles do you travel from your home to come to your HIV appointments?
- Do you have to take time off work to travel to your **HIV appointments?**
- Do you have a doctor in your local community that you see for non-HIV health issues?
- Would you be interested in having some of your routine HIV appointments done via telemedicine?
- Please check all the HIV services you currently use (from a list).
- Is it easy or hard for you to get the services you need? Why/why not?
- Do you get all the services you need? Why/why not?
- How many people do you know who are HIVpositive and not accessing services? Why do you think they're not accessing services?
- Studies done with women who have HIV show that a lot of women experience feelings of depression. Have you ever felt that way? If so, how have these feelings affected your life?
- How has having HIV affected how you feel about yourself as a woman?
- How much control do you feel you have over your disease?

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- An estimate of costs to travel to the hub clinic (time, mileage, lodging, time away from work)
- Accounting of reasons for missing or cancelling appointments
- Opinions about being able to see their **HIV specialist without having to travel**
- Fears, barriers and concerns about
- receiving care from a remote site
- Patient responses to a few questions were counter to what providers reported; prompting a deeper investigation into the matter and a revision of goals and objectives for the **Comprehensive Care Plan.**
- Information unavailable through other sources: first-hand account of access issues and barriers to care, including both clinical and social services.
- HIV risk assessment and education provided at all clinic visits, as some of the younger women admitted to not using safer sex practices.
- Also, the clinic began holding support groups offsite for women, because many of them didn't want to attend groups located at the clinic.