Using Data for Decision Making: Part 2

May 30, 2019

2:00 PM - 3:30 PM ET

Molly Tasso (Planning CHATT)
Ann Dills (Texas Department of State Health Services, HIV/STD Program)
Allen Murray (Co-chair, Operations Committee, Houston Area Ryan White HIV Health Services Planning Council)

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Community HIV/AIDS Technical Assistance & Training

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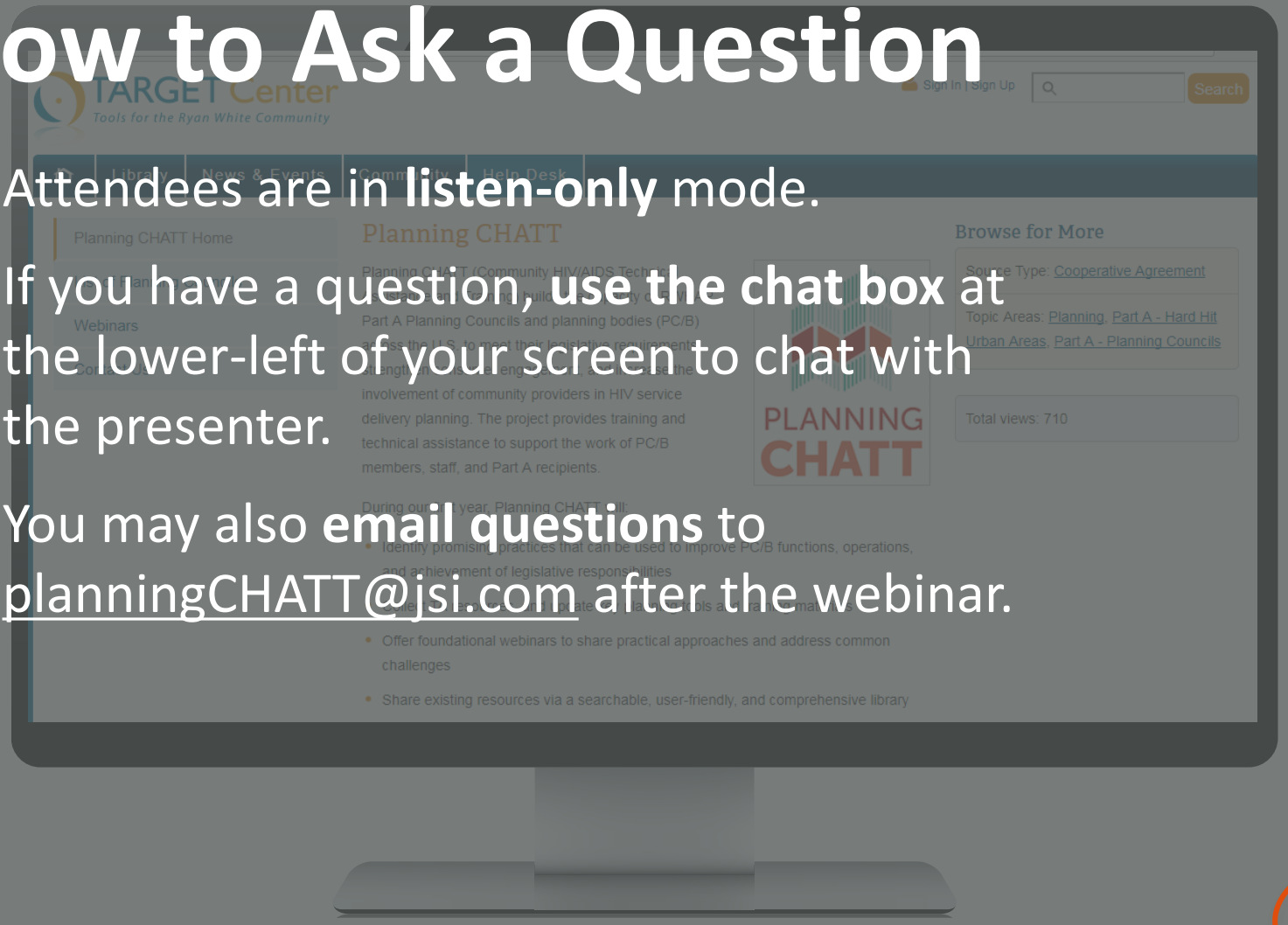
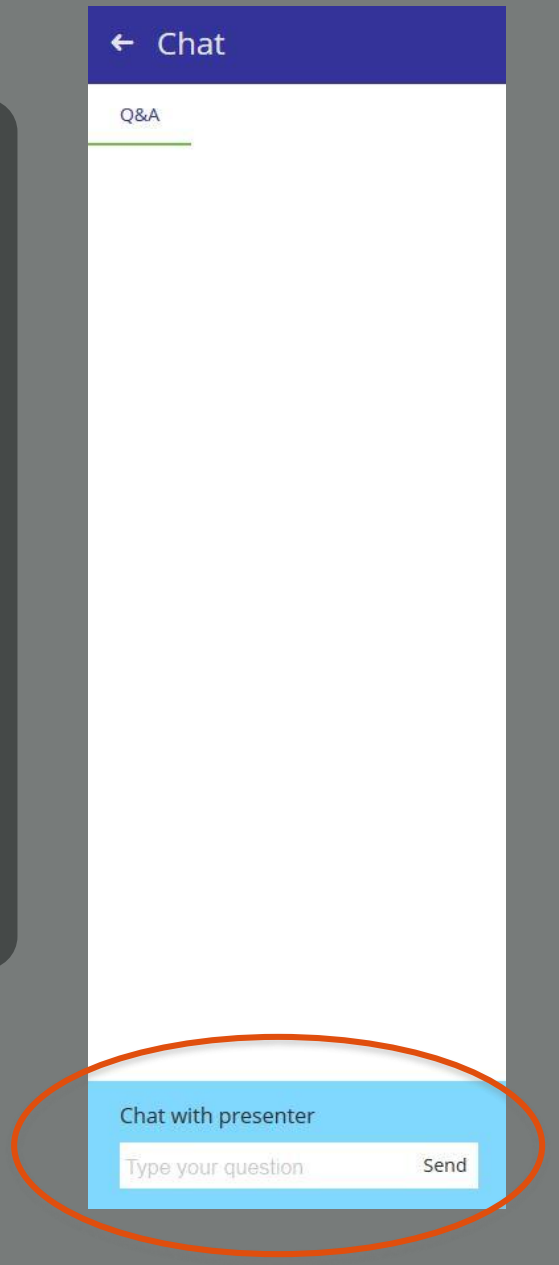
How to Ask a Question

- Attendees are in **listen-only** mode.
- If you have a question, **use the chat box** at the lower-left of your screen to chat with the presenter.
- You may also **email questions** to planningCHATT@jsi.com after the webinar.





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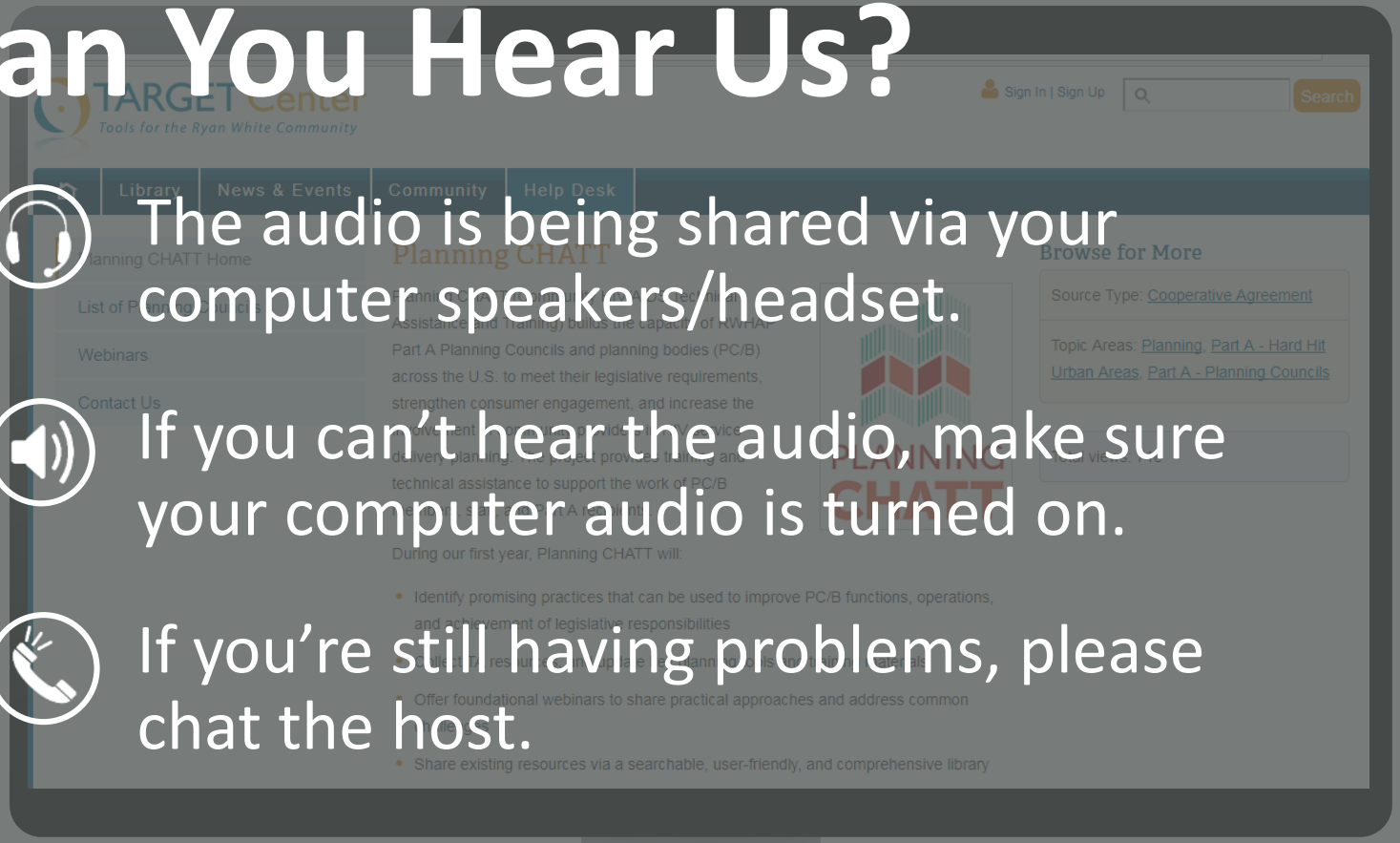

- The audio is being shared via your computer speakers/headset.
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Call-in number: 800-581-5838

Passcode: 567706

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Agenda

1. How to prepare and present data for use by PC/PB
2. Using data to carry out legislative responsibilities
3. Using data to identify and address specific needs in setting priorities
4. Role of PC/PB members as planners and advocates
5. Resources
6. Questions and answers

Objectives

By the end of the webinar, you will be able to:

- Describe how PC/PBs use data to carry out legislative responsibilities, including updating its Integrated HIV Care and Prevention Plan.
- Identify ways to make data presentations understandable for PC/PB members and useful for HIV planning purposes.
- Differentiate between member roles of ‘advocate’ and ‘planner’ and understand how PC/PB members can operate in each of these roles.

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Community HIV/AIDS
Technical Assistance & Training

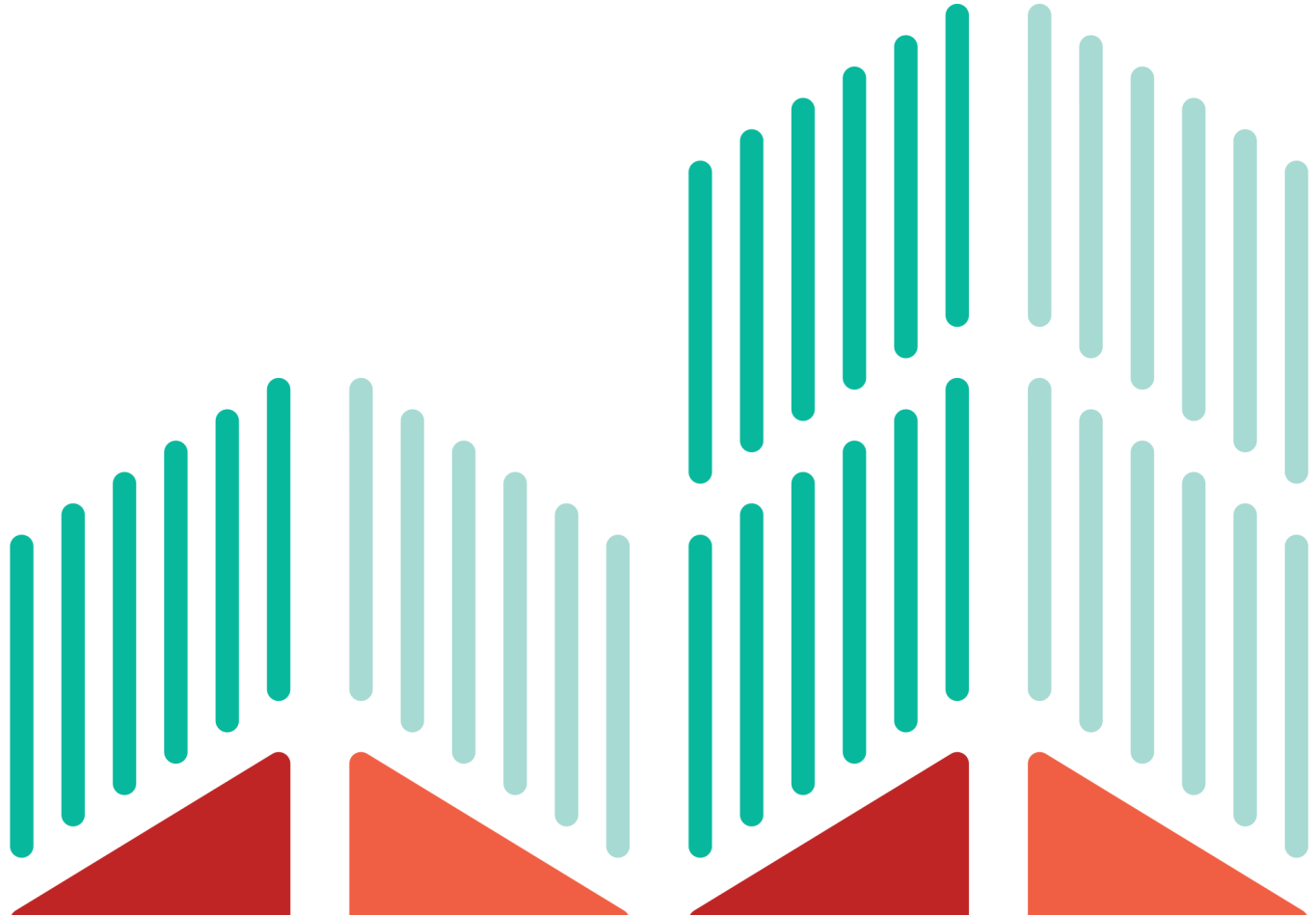
Community HIV/AIDS Technical Assistance and Training (Planning CHATT) Project

- Planning CHATT builds the capacity of Ryan White HIV/AIDS Program (RWHAP) Part A planning councils/planning bodies and planning bodies (PC/PB) across the U.S.
- Our goal is to help PC/PB to meet legislative requirements, strengthen consumer engagement, and increase the involvement of community providers in HIV service delivery planning.

Webinar Presenters

- **Molly Tasso**
  TA Coordinator
  Planning CHATT
- **Ann Dills**
  HIV Systems Consultant
  Texas Department of State Health Services Mobile
- **Allen Murray**
  Co-chair, Operations Committee
  Houston Area Ryan White HIV Health Services Planning Council

How to Prepare and Present Data for Use by PC/PB



Importance of *How* Data are Presented

- Written reports, oral presentation, and charts have influence on understanding and use of data
- PC/PBs can become strong users of data through:
  - Use of well designed, clear reports and presentations
  - Sound basic training on data sources and uses
  - Mini-trainings provided along with presentations
  - Allocation of the time necessary to discuss and clarify data
  - PC/PB & recipient commitment to ensuring that all members feel comfortable asking questions and know they will receive thoughtful, useful answers

Written Data Reports Prepared for the PC/PB should…

- Include narrative, tables, and charts
- Provide information on data sources, sample size and methods, and limitations
- Use plain language – designed for your audience
  - A plain language document looks good, is organized logically, and is understandable the first time you read it
- Use technical terms only when necessary and always be defined and explained
- Include an Executive Summary
- Be reviewed in draft form by the responsible committee

Oral Data Presentations to the PC/PB should…

- Use plain language
- Define new or unfamiliar terms
- Maximize use of charts with brief text to explain them
- Avoid data overload
- Include a structured “mini-training” to maximize understanding of data presented
- Be previewed by the responsible committee and Executive Committee and revised as needed
- Be available electronically before the meeting, and copied and distributed at the meeting

Data Charts in Reports/Presentations should…

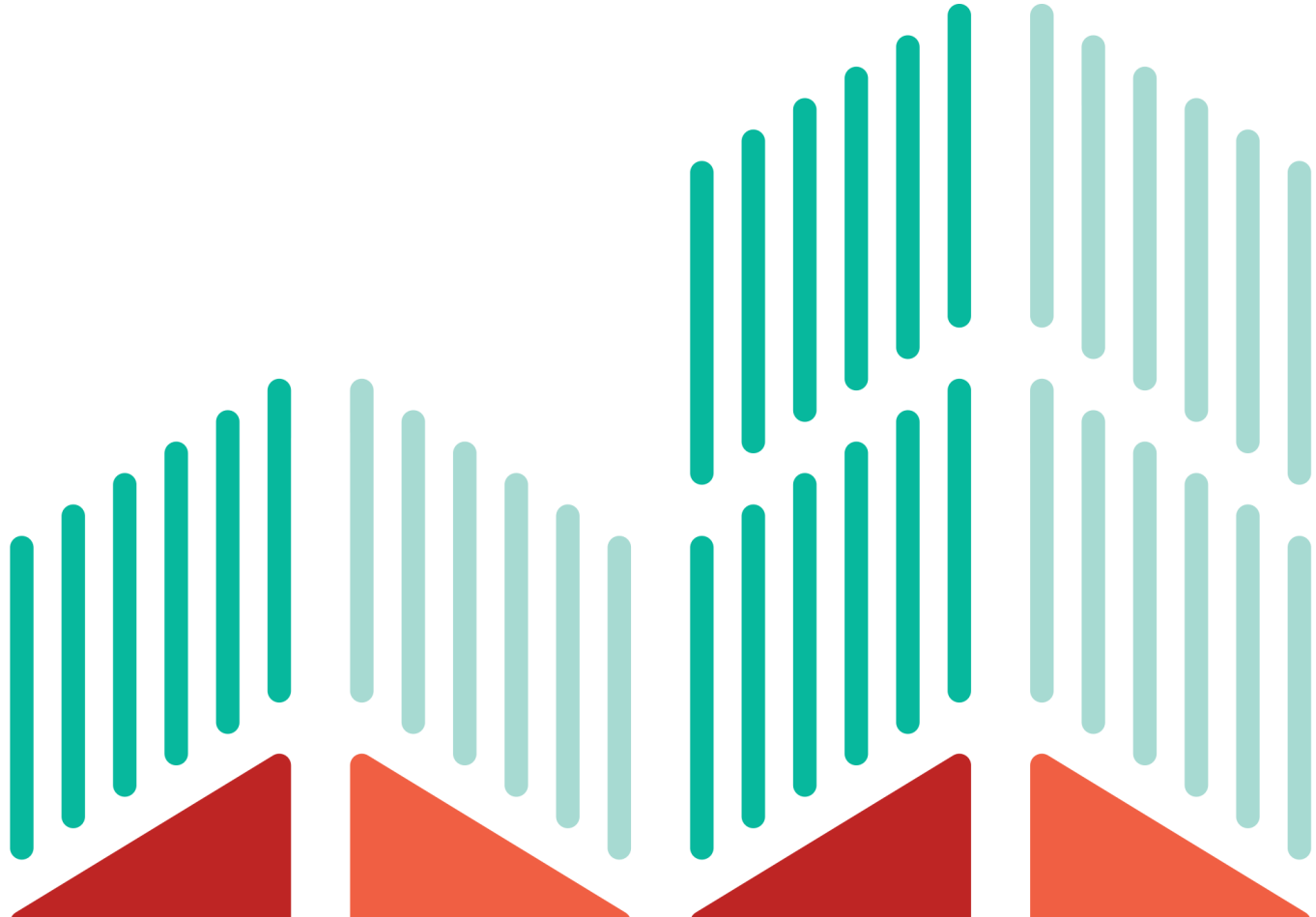
- Be clear and easy to read using color contrast, data labels, and numbers large enough to read
- Include brief text to highlight and explain content
- Use graphics to highlight key data
- Use consistent formats
  - Same type of chart used for same type of data throughout presentation and across presentations
  - Same colors used for a population or other variable
- Specify total number and percent of responses/clients

Discussing the Data: The Presenter or Leader Should…

- Allocate ample time for discussion anytime data are presented
- Encourage questions about data source and quality
- Identify and highlight findings that would benefit from diverse input and interpretation
- Be sure major points of discussion are summarized and included in minutes
- Document and follow up on data questions and provide answers

Making Data User-friendly in Practice

Chart Comparison



Texas HIV Plan's 90% Retention Goal, 90% Suppression Goal and Closing the Disparity Gaps in Houston_HSDA, 2017

Label	Total PLWH	Total Met Need	% Met Need	Total Retained	% Retained	Retention Goal	Gap	Total Suppressed	% Suppressed	Suppression Goal	Gap	% Supppressed out of # Retained
	28480	21476	75.00%	19457	68.00%	25632	6175	16302	57.00%	23069	6767	84.00%
Males	21111	15804	75.00%	14361	68.00%	19000	4639	12175	58.00%	17100	4925	85.00%
Females	7118	5464	77.00%	4914	69.00%	6406	1492	3995	56.00%	5765	1770	81.00%
Transgender People	251	208	83.00%	182	73.00%	226	44	132	53.00%	203	71	73.00%
Whites	5400	4199	78.00%	3922	73.00%	4860	938	3511	65.00%	4374	863	90.00%
Blacks	13945	10367	74.00%	9191	66.00%	12551	3360	7385	53.00%	11296	3911	80.00%
Latinx	7978	5978	75.00%	5495	69.00%	7180	1685	4684	59.00%	6462	1778	85.00%
Other Races/Unknown	390	280	72.00%	261	67.00%	351	90	241	62.00%	316	75	92.00%
< 25	1312	1033	79.00%	845	64.00%	1181	336	621	47.00%	1063	442	73.00%
25 - 44	12474	9335	75.00%	8206	66.00%	11227	3021	6649	53.00%	10104	3455	81.00%
45 - 64	12947	9904	76.00%	9277	72.00%	11652	2375	7983	62.00%	10487	2504	86.00%
>= 65	1747	1204	69.00%	1129	65.00%	1572	443	1049	60.00%	1415	366	93.00%
Male-Male Sexual Contact	16254	12365	76.00%	11216	69.00%	14629	3413	9625	59.00%	13166	3541	86.00%
Injection Drug Use	3514	2579	73.00%	2354	67.00%	3163	809	1852	53.00%	2847	995	79.00%
Male-Female Sexual Contact	8345	6270	75.00%	5652	68.00%	7510	1858	4673	56.00%	6759	2086	83.00%
All Other Modes of Transm	367	262	71.00%	236	64.00%	330	94	151	41.00%	297	146	64.00%
White MSM	4088	3246	79.00%	3044	74.00%	3680	636	2783	68.00%	3312	529	91.00%
Black MSM	6055	4444	73.00%	3908	65.00%	5450	1542	3161	52.00%	4905	1744	81.00%
Latino MSM	5243	3968	76.00%	3631	69.00%	4718	1087	3148	60.00%	4246	1098	87.00%
Black Hetero Females	3980	3049	77.00%	2701	68.00%	3582	881	2193	55.00%	3224	1031	81.00%
Transgender People	251	208	83.00%	182	73.00%	226	44	132	53.00%	203	71	73.00%

2017 Continuum of Care, Parity Table

Most communities have few opportunities to achieve retention in care goals. The communities with the most opportunities are White PLWH, specifically White MSM and Transgender People.*

The communities with the fewest opportunities to achieve viral suppression even when retained in care are people under the age of 45, PWID, people who acquired HIV through male-female sexual contact, Transgender PLWH, Women and Black PLWH, specifically Black Women and Black MSM.

People over the age of 65, and White PLWH, specifically White MSM have achieved In-Care Viral Suppression goals.

90% PLWH retained in HIV care & treatment

90% of those retained achieve viral suppression

	PLWH		Evidence of Care (At least one visit)		Retained in Care		Suppressed		% suppressed of those retained
	#	%	#	%	#	%	#	%	%
All PLWH	**28,480**	**100%**	**21,476**	**75%**	**19,457**	**68%**	**16,302**	**57%**	**84%**
Women	7,118	25%	5,464	77%	4,914	69%	3,995	56%	81%
Men	21,111	74%	15,804	75%	14,361	68%	12,175	58%	85%
Transgender People	251	1%	208	83%	182	73%	132	53%	73%
White	5,400	22%	4,199	78%	3,922	73%	3,511	65%	90%
Black	13,945	49%	10,367	74%	9,191	66%	7,385	53%	80%
Latinx	7,978	28%	5,978	75%	5,495	69%	4,684	59%	85%
<=24	1,312	5%	1,033	79%	845	64%	621	47%	73%
25 – 44	12,474	44%	9,335	75%	8,206	66%	6,649	53%	81%
45-64	12,947	45%	9,904	76%	9,277	72%	7,983	62%	86%
65+	1,747	6%	1,204	69%	1,129	65%	1,049	60%	93%
Male-Male Sexual Contact	16,254	6%	12,365	76%	11,216	69%	9,625	59%	86%
Injection Drug Use	3,514	12%	2,579	73%	2,354	67%	1,852	53%	79%
Male-Female Sexual Contact	8,345	29%	6,270	75%	5,652	68%	4,673	56%	83%
White MSM	4,088	14%	3,246	79%	3,044	74%	2,783	68%	91%
Black MSM	6,055	21%	4,444	73%	3,908	65%	3,161	52%	81%
Latino MSM	5,243	18%	3,968	76%	3,631	69%	3,148	60%	87%
Black Women	3,980	14%	3,049	77%	2,701	68%	2,193	55%	81%
Transgender People	251	1%	208	83%	182	73%	132	53%	73%

Note

Data sets representing PLWH who are in-care are most often used to confirm gender identify for transgender PLWH. Because of this, the percentage of transgender PLWH who have achieved retention in care may be over-represented here.

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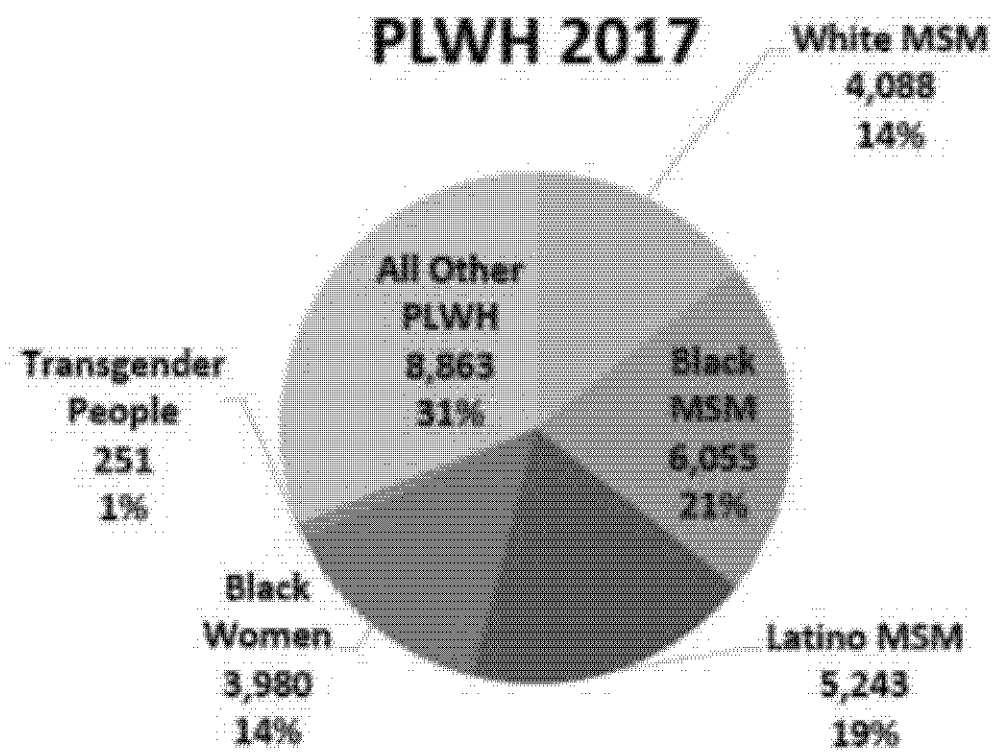
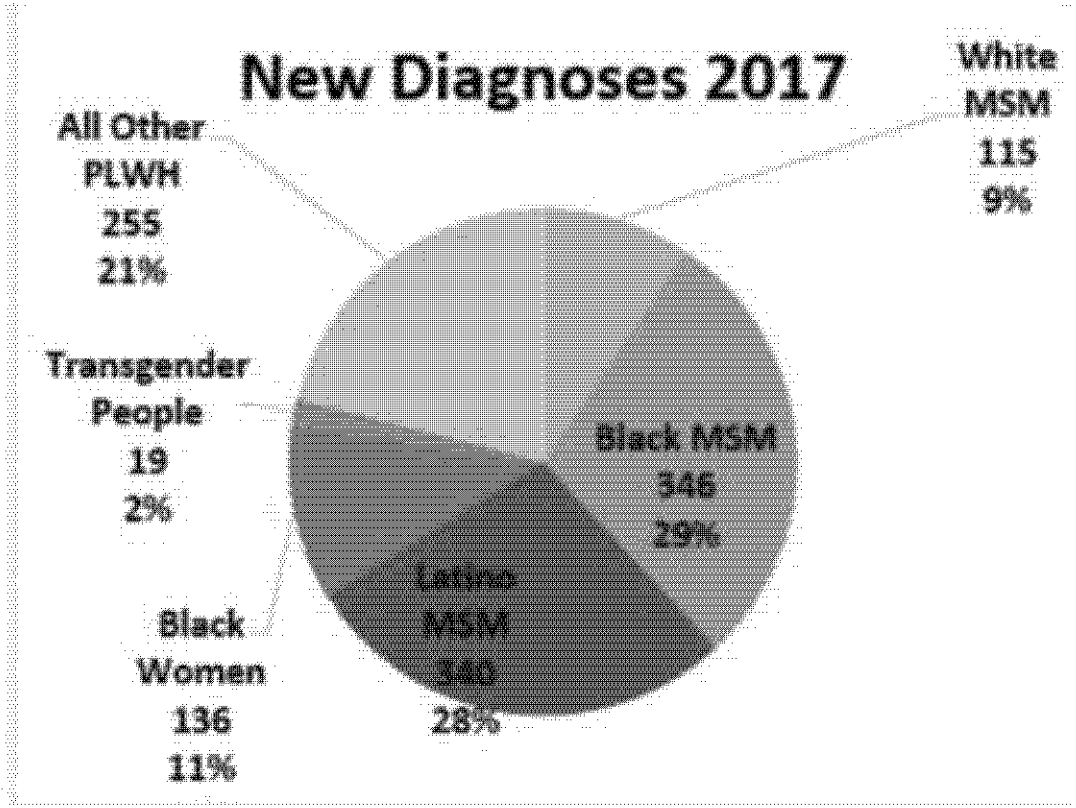

PLWH 2017
White MSM
4,088
14%
All Other
PLWH
8,863
31%
Black
MSM
6,055
21%
Transgender
People
251
1%
Black
Women
3,980
14%
Latino MSM
5,243
19%


New Diagnoses 2017
White
MSM
115
9%
All Other
PLWH
255
21%
Transgender
People
19
2%
Black MSM
346
29%
Black
Women
136
11%
28%

Priority Populations, Houston HSDA 2017

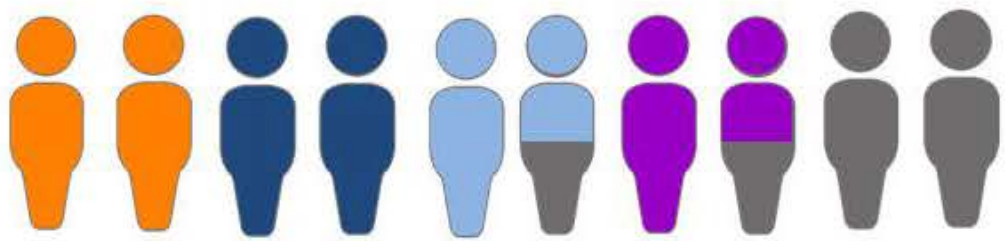
Locally Relevant Populations for Focused Prevention

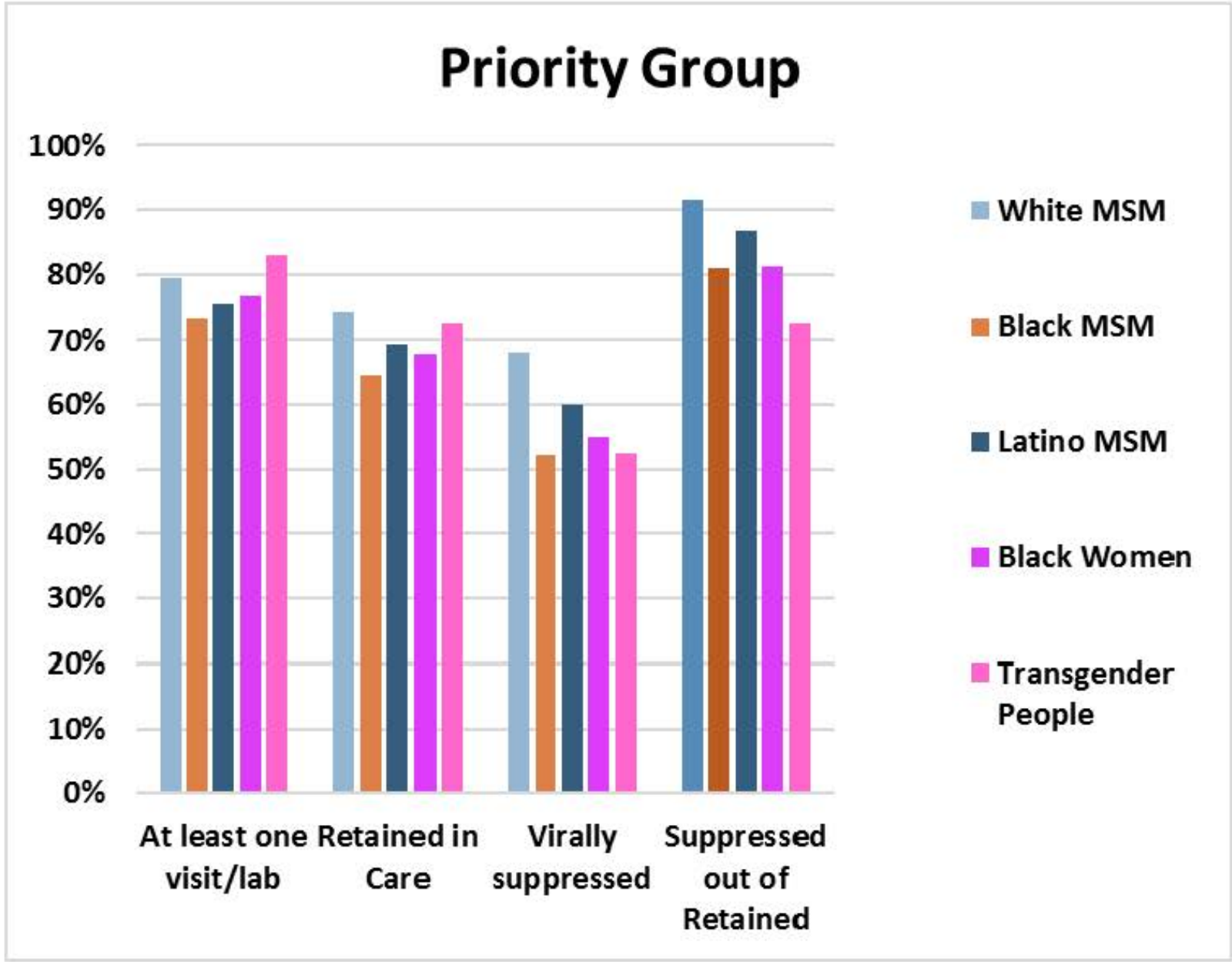
New Diagnoses

2017 – 1,210

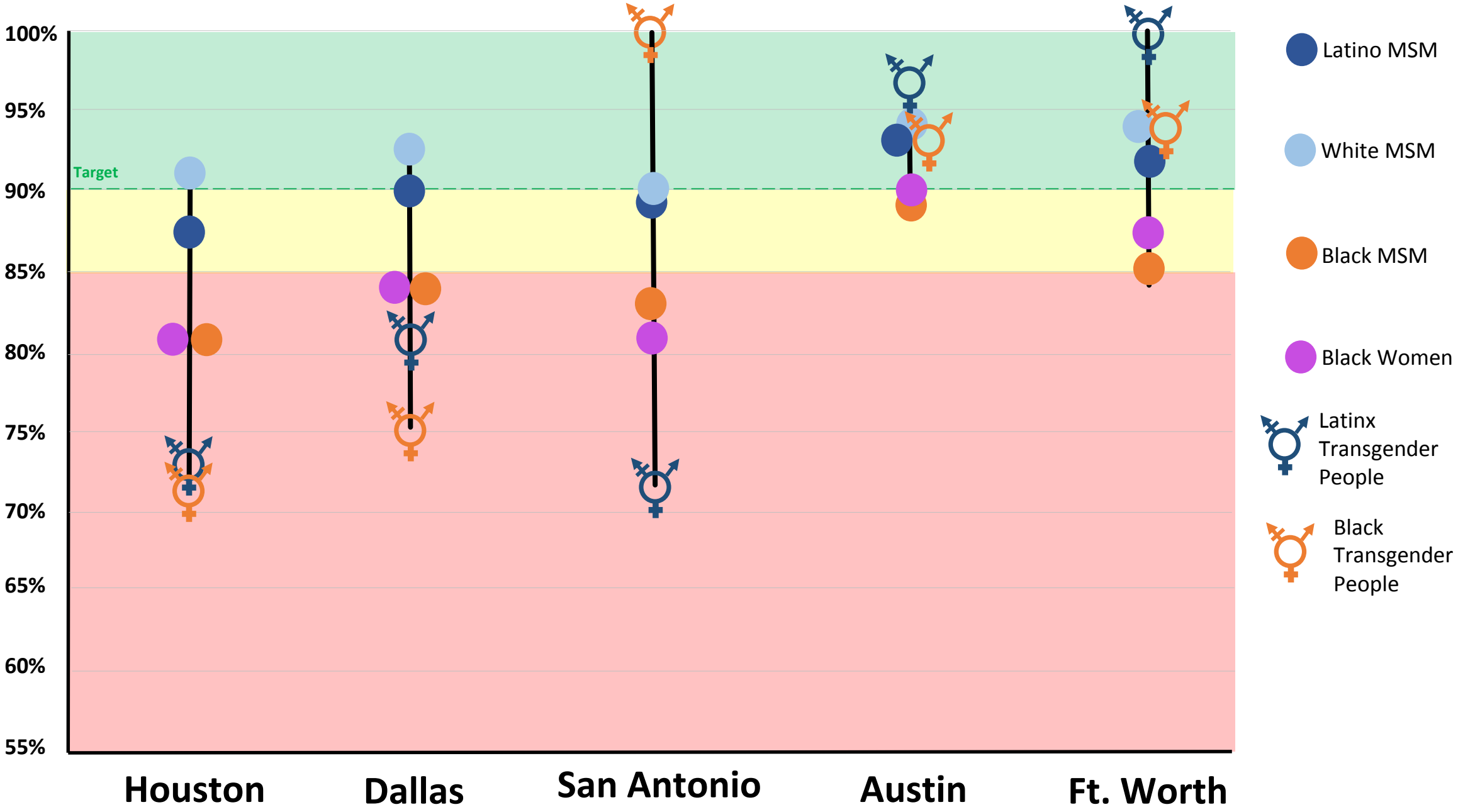
PLWH

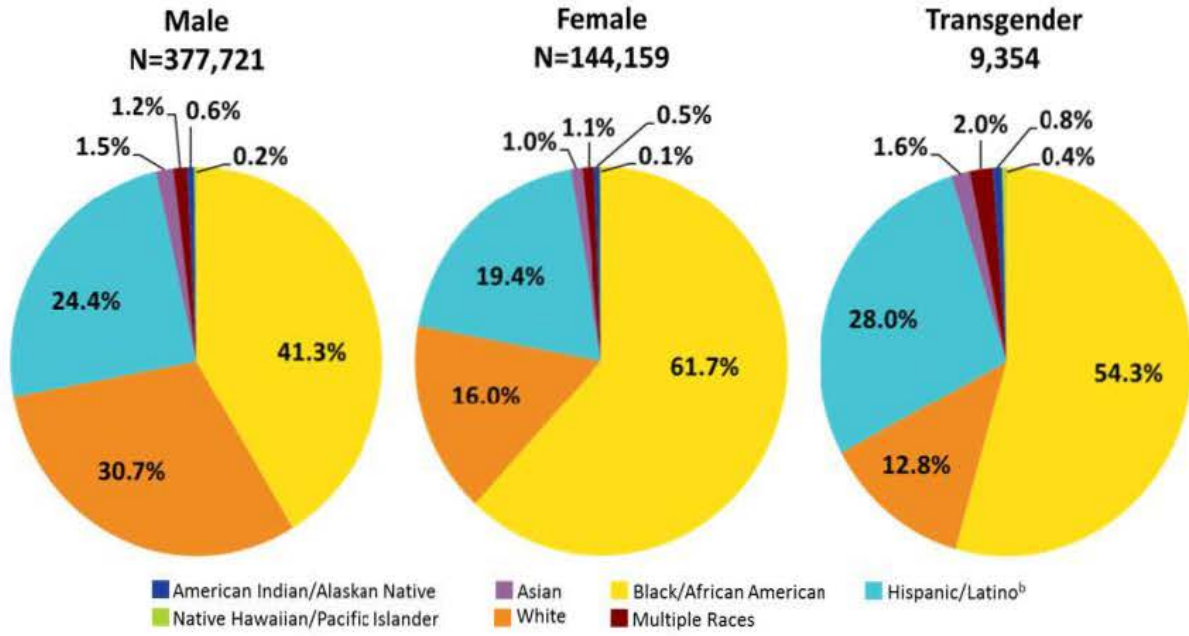
2017 – 28,840

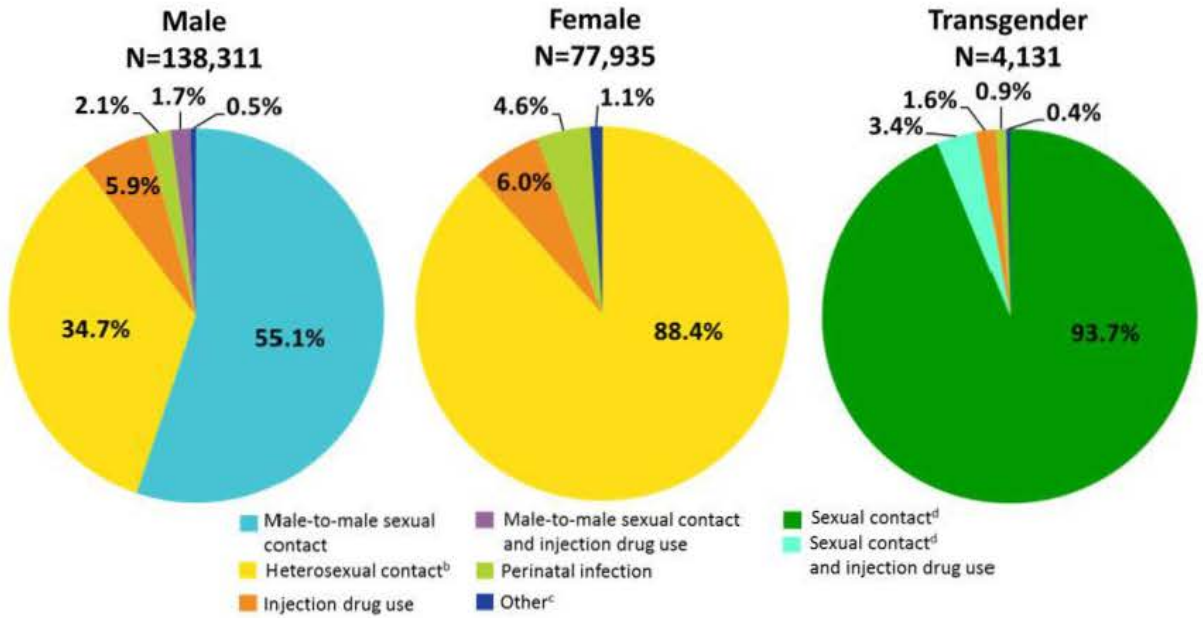



Priority Group
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
At least one visit/lab
Retained in Care
Virally suppressed
Suppressed out of Retained
White MSM
Black MSM
Latino MSM
Black Women
Transgender People

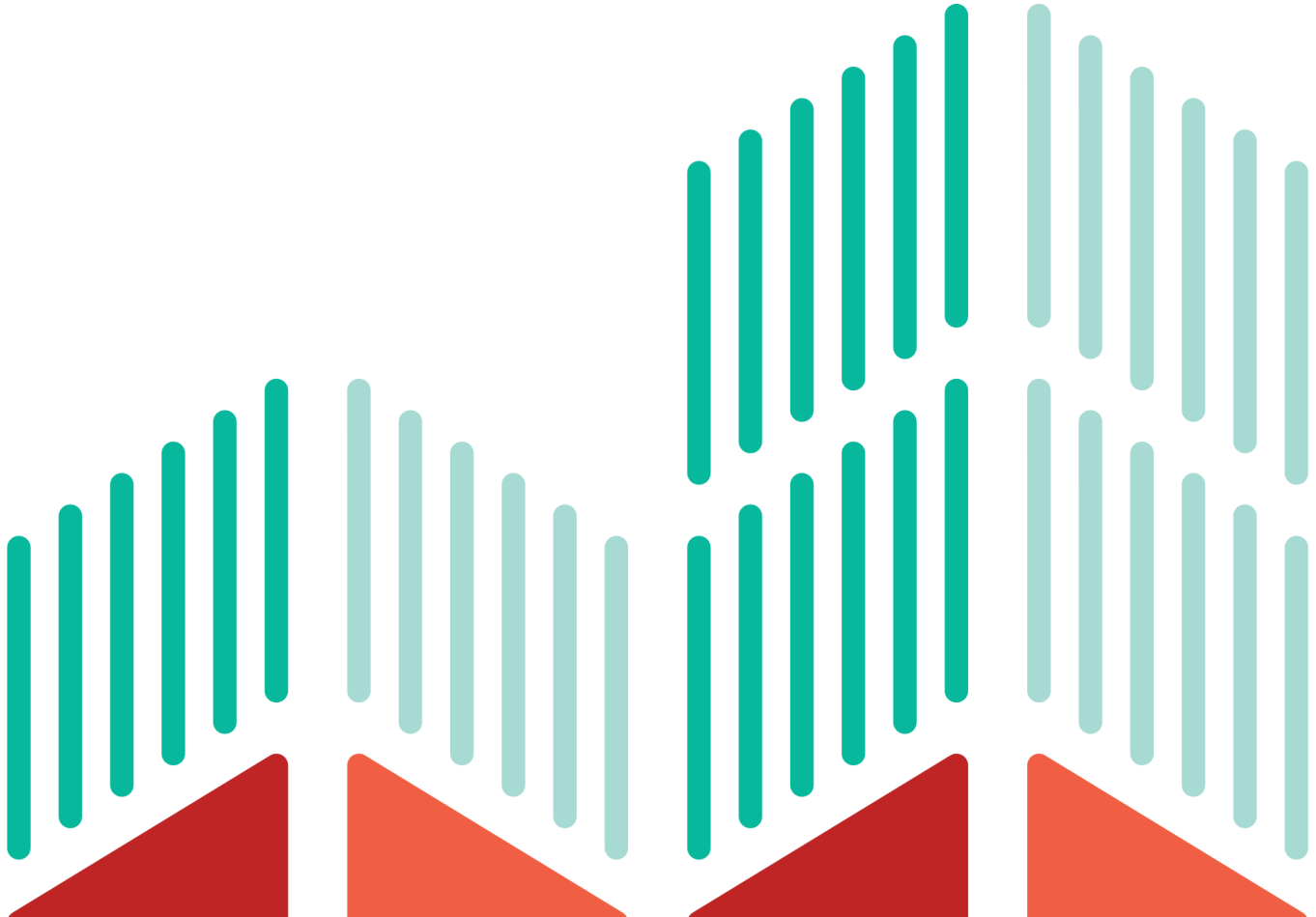
In-Care Viral Suppression, Priority Populations,2017




Male
N=377,721
1.2%
0.6%
1.5%
0.2%
24.4%
41.3%
30.7%
Female
N=144,159
1.0%
1.1%
0.5%
0.1%
19.4%
61.7%
16.0%
Transgender
9,354
1.6%
2.0%
0.8%
0.4%
28.0%
54.3%
12.8%
American Indian/Alaskan Native
Asian
Black/African American
Hispanic/Latino[b]
Native Hawaiian/Pacific Islander
White
Multiple Races


Male
N=138,311
2.1%
1.7%
0.5%
5.9%
34.7%
55.1%
Female
N=77,935
4.6%
1.1%
6.0%
88.4%
Transgender
N=4,131
1.6%
0.9%
3.4%
0.4%
93.7%
Male-to-male sexual contact
Male-to-male sexual contact and injection drug use
Sexual contact[d]
Heterosexual contact[b]
Perinatal infection
Sexual contact[d] and injection drug use
Injection drug use
Other[c]

Sound Data-use Practices for PC/PBs



Sound Practices to Facilitate Decision-Making

In decision making:

- Develop and consistently follow a process to weigh, summarize, compare, and use data to reach decisions
- Give organized opportunities for individual and research-based data to be presented before decision making
- Have a policy and process to manage conflict of interest
- Empower all members to use data and help uphold a commitment to data-based decision making

Sound Data-Use Practices for PC/PB Members and Committee Members

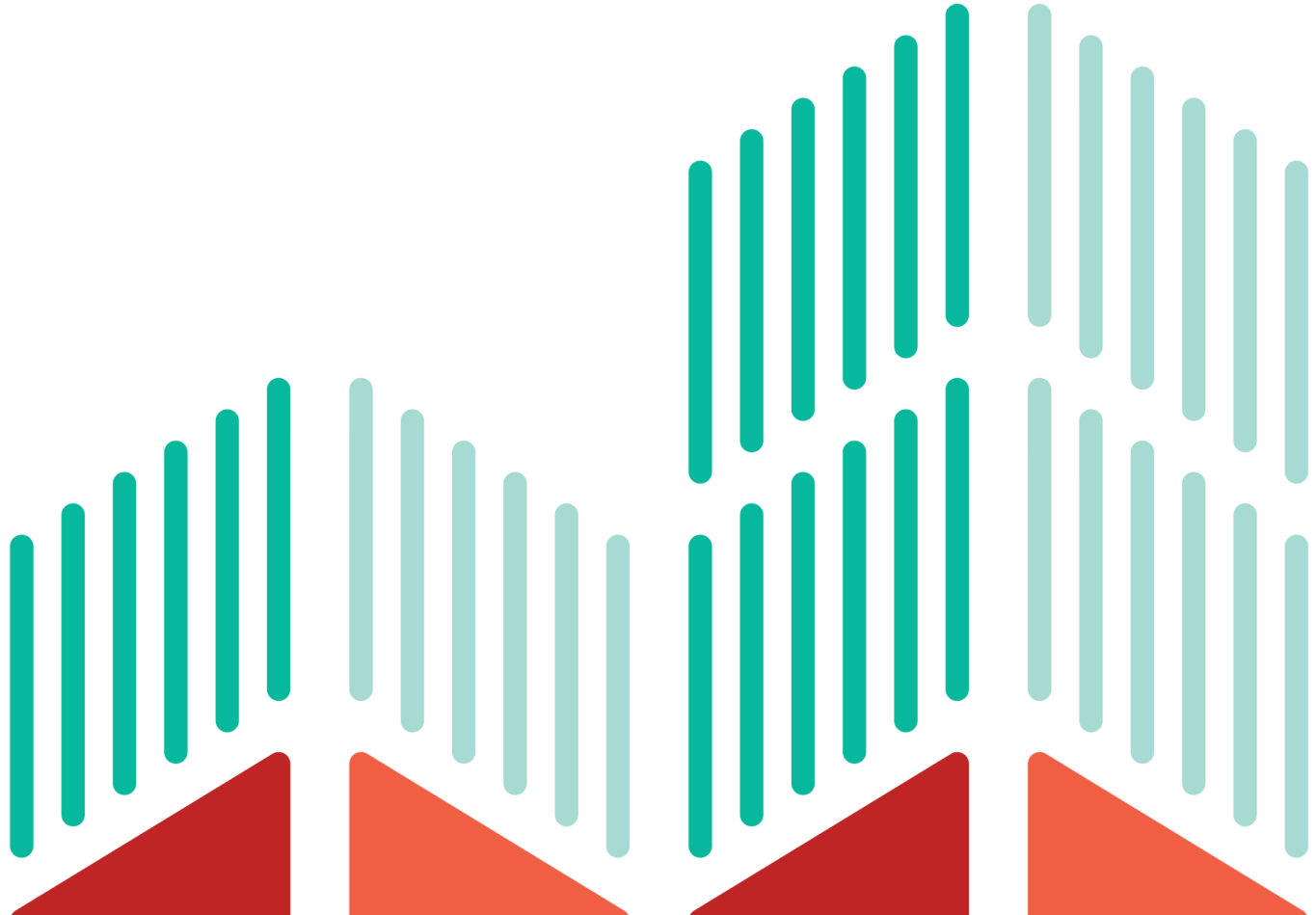
- Become familiar with all the data types and sources
- Look for appropriate and timely data to answer specific questions
- Always look at subpopulations
- Identify data gaps
- Review multiple data sources (triangulation) and give most weight to the “best” data

Use Quantitative *and* Qualitative Data

Example:

- Client utilization and characteristics data show that Latinas were much less likely to use mental health services last year than in prior years
- A Latina focus group indicates that two bilingual clinical social workers left their jobs about a year ago and were replaced by staff who do not speak Spanish – and sometimes no interpreter is available

Using Data to Carry out Legislative Responsibilities



Using Data in Priority Setting & Resource Allocation (PSRA)

- Begin the PSRA process with a data presentation summarizing data from various sources (including needs assessment, epidemiology report, service utilization and client characteristics data)
- Use a structured process to allow individuals and organizations, both members and non-members, to speak about their concerns and needs

Using Data in PSRA, cont.

- Solicit and answer any data-related questions either before or during the meeting(s) where priorities and/or allocations are set
- Review data on other funding streams
- Have readily available:
  - Previous year's service priorities
  - Previous year's allocations and expenditures by service category – including over- and under-expenditures
  - Unit and per client costs by service category

Using Data in PSRA, cont.

- Prepare and discuss data by service category that summarizes:
  - Service needs and gaps, as identified through service category-based findings from needs assessment, service utilization and client characteristics data from the RSR
  - Overall service quality, as identified through HIV care continuum data for all RWHAP clients, CQM and other performance data, client feedback through CQM and needs assessment, the unmet need estimate, and summary monitoring data
  - Disparities in care, based on subpopulation-based analyses of service utilization, needs assessment data on service needs and gaps, and performance along the RWHAP HIV care continuum

Using Data for Developing Directives

- Develop directives prior to PSRA for inclusion in allocation decisions
- Review and triangulate data describing service gaps, barriers, or disparities in care that need special recipient attention
- Carefully consider in-depth information from focus groups, key informant interviews and group sessions with providers and other stakeholders
- Be sure to consider:
  - Geographic areas – central city, suburbs, outlying counties
  - Service models – new/refined approaches
  - PLWH subpopulations – especially where disparities exist

Using Data for Developing Directives, cont.

- Develop directives to address needs revealed by data, for example:
  - **Populations:** Develop directives to require services appropriate for specific PLWH groups based on service utilization, client characteristics, and HIV care continuum data showing populations that are underserved or have low retention in care or viral suppression
  - **Service model:** Use CQM data showing good results for a new service model to direct expanded use of that model
  - **Geographic area:** Use utilization, focus group, and PLWH survey data on disparities in access to care to develop a directive requiring services to be offered in a specific area

Using Data in HRSA/CDC Integrated HIV Prevention and Care Planning

- Use all available types of data to set challenging but reasonable goals and objectives for your Plan
- Use HIV care continuum and other performance measures and outcomes data to assess progress
- Update your plan with new epidemiology data
- Refine annual work plans based on new needs assessment, service utilization and client characteristics data

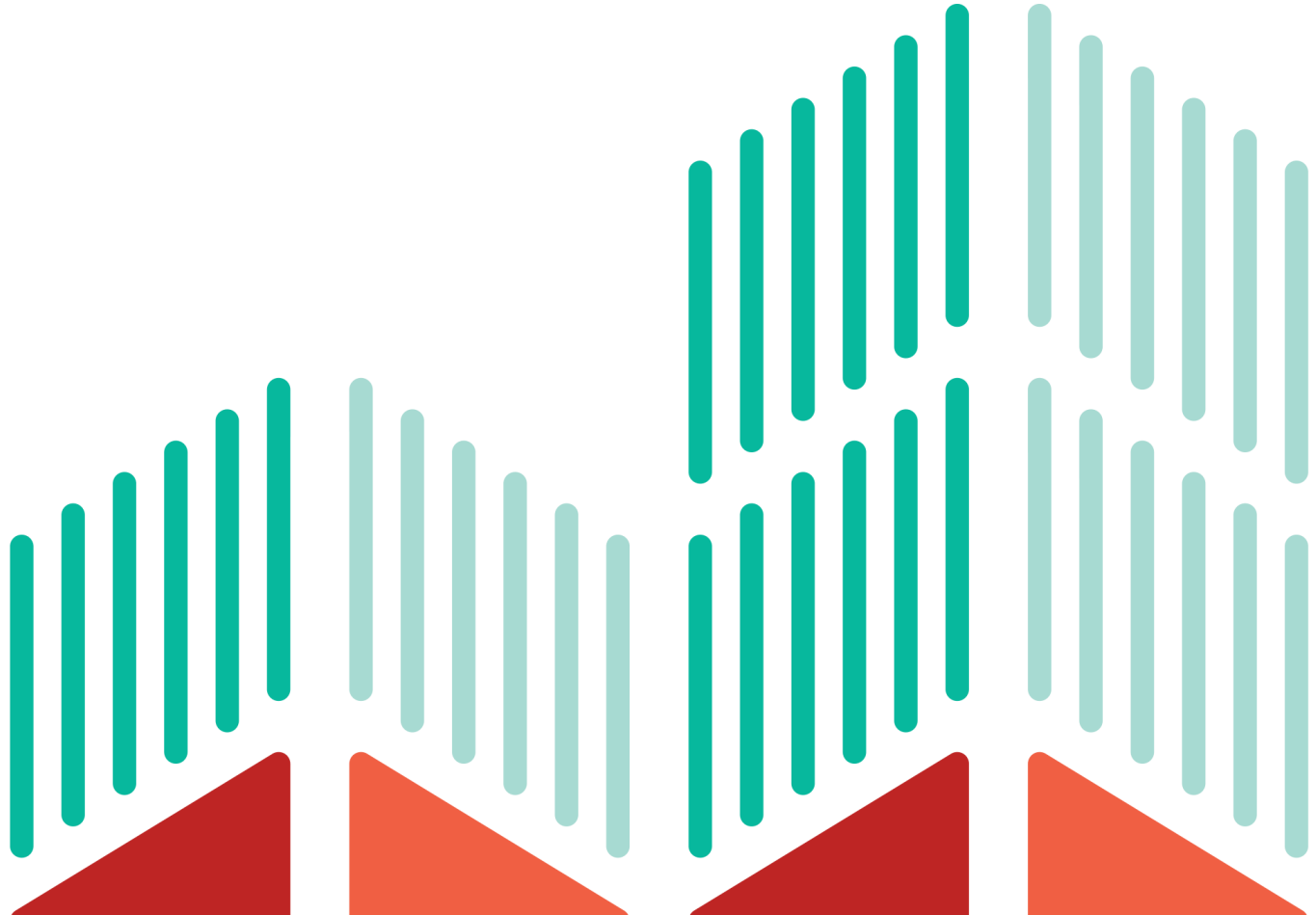
Using Recent Data to Answer Questions About the Current System of Care

- Needs assessment findings on client needs and service participation, gaps, and barriers (from surveys, focus groups, or special studies)
- Needs assessment data on services--from the provider inventory and profile of capacity/capability
- RSR client characteristics and service utilization data
- Recipient data on service expenditures including percent of funds expended by service category
- Data on linkage, retention, and viral suppression from the HIV care continuum for RWHAP clients and subpopulations
- CQM and other data on performance measures and outcomes
- Data on other funding streams

Understanding the Current System of Care, cont.

- Make data review a workplan task for the committee responsible for care strategy/system of care
- Discuss the data to identify changes needed in:
  - Service priorities
  - Allocation of funds
  - Directives
  - Standards of care
- Work with the recipient on new or revised service models that address identified limitations
- To assess improvements in the system of care review data annually to identify changes in service utilization, disparities, performance and clinical measures

Using Data to Identify and Address Health Disparities



Using Data to Identify and Address Health Disparities

Identifying and addressing HIV-related health disparities should be an integral part of all planning done by the PC/PB:

1. **Consider population-specific needs in setting priorities**

   Example: PLWH who are parents of young children may be a small percent of clients, but a special study or focus group shows that they require child care to keep appointments – this service category needs high enough priority to ensure funding if other funding streams are not available

Using Data to Identify and Address Health Disparities, cont.

2. Address disparities through allocations

Example: Providers report they are serving immigrants who speak less-frequently needed languages – funds need to be allocated for interpretation and translation in the absence of bilingual staff

Example: CQM data indicate that male immigrants are missing appointments at a growing rate. These groups have a high rate of employment, and case managers point to the recent elimination of evening and weekend hours at several clinics due to funding cuts – allocations need to be adjusted to provide evening/weekend access

Using Data to Identify and Address Health Disparities, cont.

3. Develop directives to address disparities

Example: Focus group and CQM data indicate that young MSM of color need case managers with special training and skills – a directive can require that subrecipients hire such staff

Example: CQM data and results of a recent pilot project indicate that young MSM of color that receive peer navigator services keep appointments, adhere to medications, and have higher rates of viral suppression compared to other MSM of color – a directive (and allocations) can call for expansion of this model

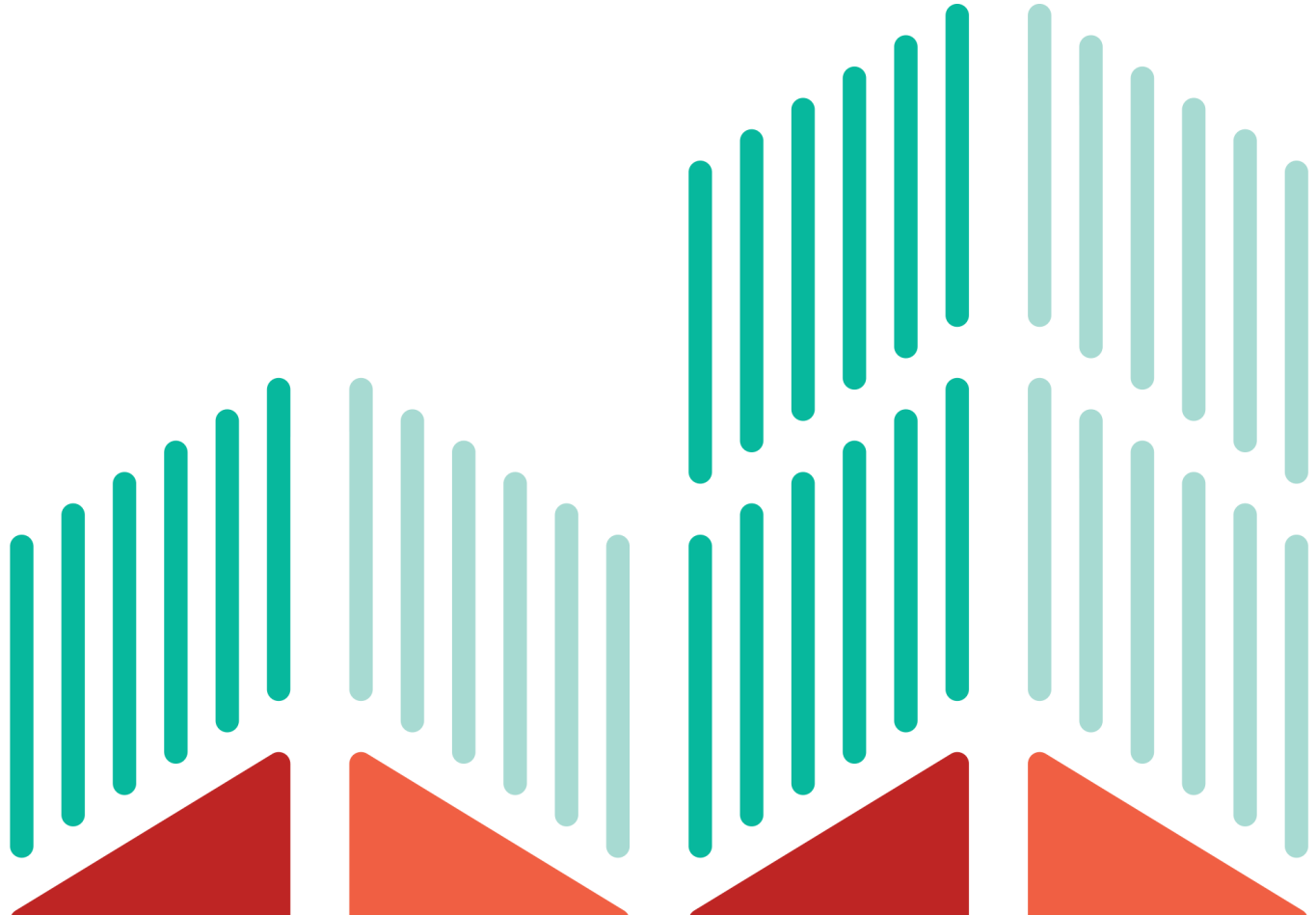
Using Data to Identify and Address Health Disparities, cont.

4. Develop or refine services to increase access to and retention in care

Example: Needs assessment data show that transgender PLWH face special barriers to care including stigma and negative responses from some service providers. The PC/PB may work with the recipient on development of a transgender-appropriate service model and/or training for all subrecipients on serving this population, using allocations and directives to get these improvements implemented

Role of PC/PB Members as Planners and Advocates

Allen Murray
Houston Area Ryan White HIV
Health Services Planning Council



Members often come to the PC/PB as advocates

- Bring passion
- Provide a voice for their own communities or for populations their organization serves
- Also learn to advocate on behalf of other subpopulations that may not be represented in PC/PB deliberations

Members learn when and how to be planners:

- Consider the entire community
- Seek Win-Win versus Win-Lose
- Listen to others
- Come prepared – review data and reports; ask questions
- Use data to make decisions – not “impassioned pleas”
- Understand boundaries
- Remain passionate and committed!

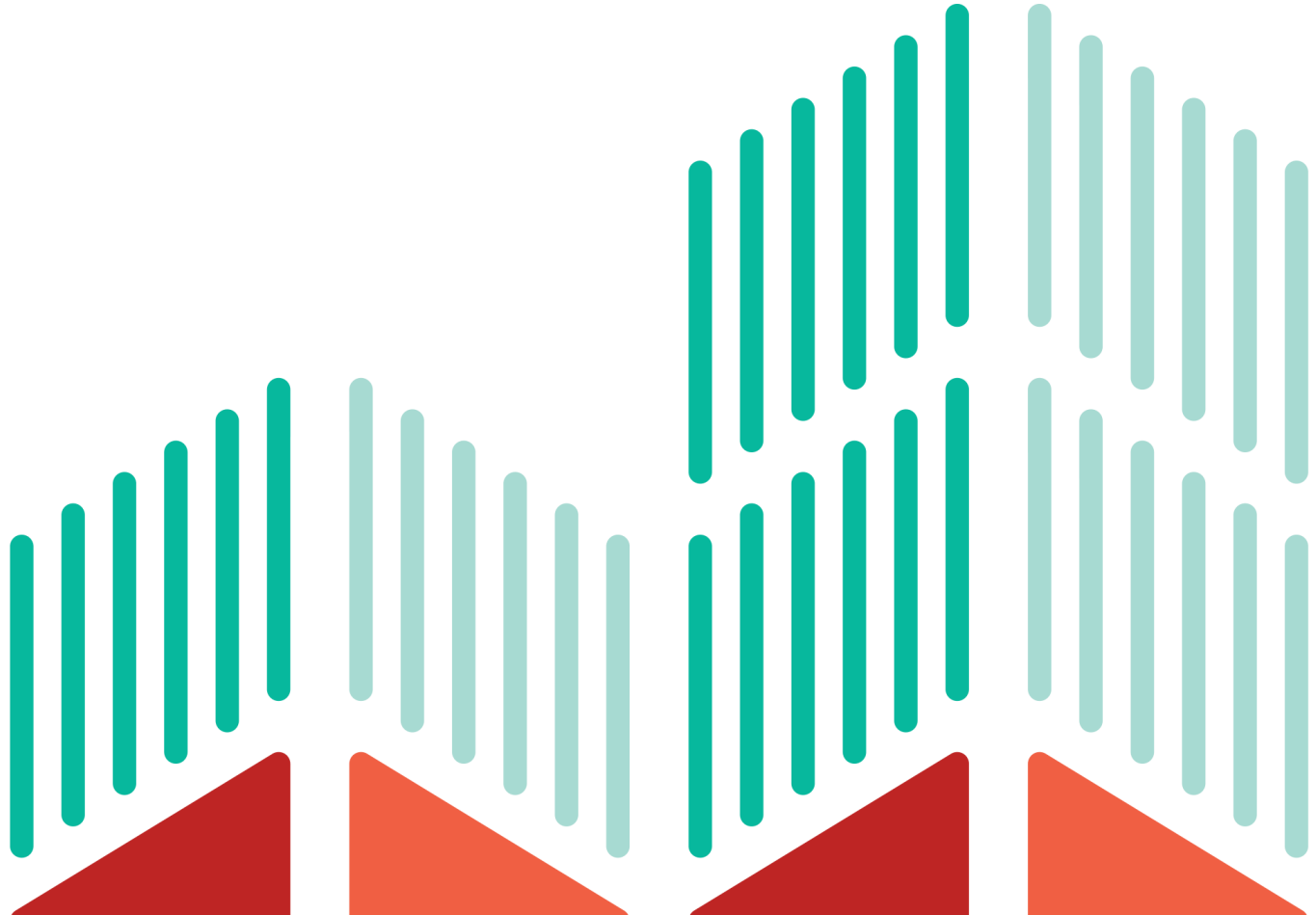
Acting as an Advocate

- **In discussing service needs**: call attention to the needs of a specific HIV group or subpopulation – their own community or another group that is not represented
- **During needs assessment:** ensure that the needs of this group are studied and documented
- **During PSRA:** support targeting of services to this group
- **During integrated/comprehensive planning**:
  - Question assumptions
  - Help ensure that important factors are considered
  - Ask how plan addresses service access/quality for this group
- **During evaluation:** provide the perspective of a consumer from this group

Acting as a Planner

- **In needs assessment and integrated/comprehensive planning:** ensure that the needs of diverse PLWH communities are studied and documented
- **In decision making:**
  - Consider the needs of all communities and PLWH populations in the service area
  - Prioritize needs and allocates resources to services based on needs assessment data and objective criteria, not personal experiences
  - Help prevent and manage conflict of interest – including their own and that of other members
  - Take responsibility for helping to ensure an equitable and data informed decision-making process

Resources



Compendium of Materials
for Planning Council Support Staff

www.targetHIV.org/planning-chatt/pcs-compendium

- Quick Definitions and Descriptions for Data-related Terms and Concepts Used by RWHAP Planning Bodies
- Understanding and Using Data: Model Planning Council Training Session

TRAINING GUIDE

for Ryan White HIV/AIDS Program Part A Planning Councils/Planning Bodies

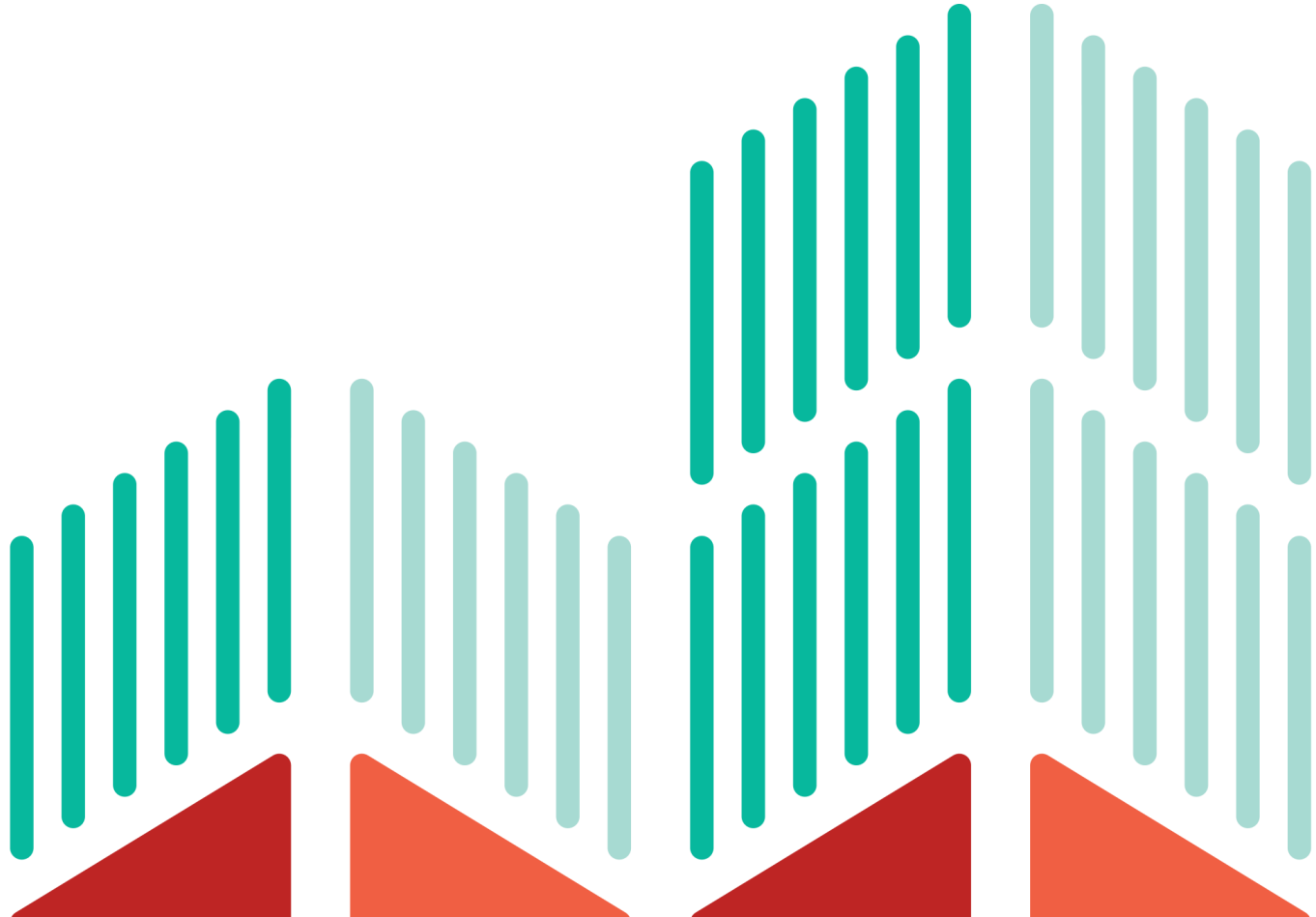
A Member's First Planning Cycle

www.targetHIV.org/planning-chatt/training-guide

Data-specific Training Guide Modules

- Module 4: Needs Assessment
- Module 5: PSRA
- Module 7: Maintaining and Improving a System of Care
- **Coming soon!**
  Module 10: Data-based Decision Making: Understanding, Assessing, and Using Data

Questions & Answers



Thank You

Please complete the evaluation!

www.targetHIV.org/planning-CHATT
Sign up for our mailing list, download tools and resources, view archived webinars and more…

Contact Planning CHATT: **planningCHATT@jsi.com**

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