Using and Presenting Data for HIV Care and Prevention Planning

Michelle Dawson - Precious Illonah

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Partners

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JSI

ANAC Association of Nurses in AIDS Care

Latino Commission on AIDS

ICF

Presenters

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(She/Her/Ella)

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Objectives

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

Define three data -related terms commonly included in HIV care and prevention planning presentations

Understand how data are used to inform HIV care and prevention planning efforts

Articulate the benefits of using data for HIV planning and decision making

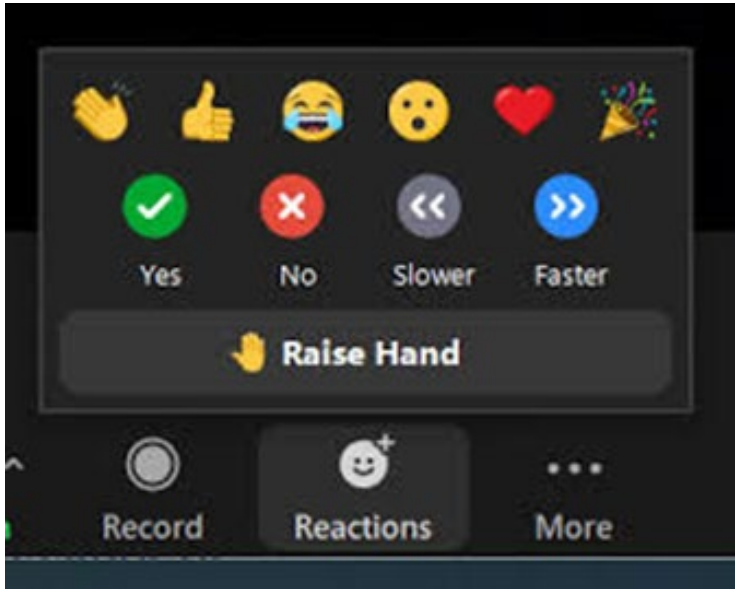
Identify three strategies to build capacity of PWH to understand and use data for HIV care and prevention planning efforts

Zoom Keeping

Recording will be available on targethiv.com/elevate

Audio:
Please mute when not speaking

Participation:
Please use Zoom Reaction Features including Raise Hand



Introduction to Data

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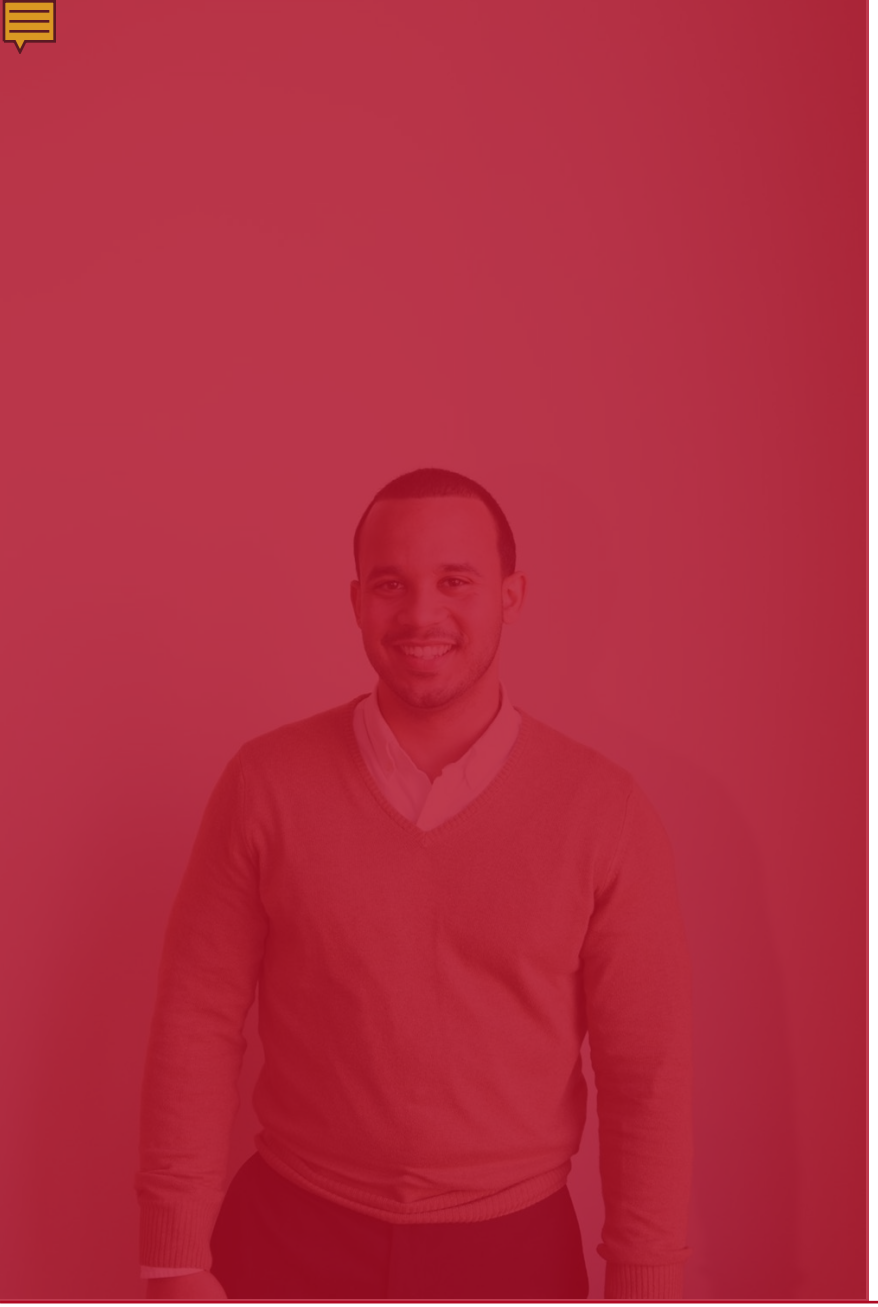
Data

- **Data**: facts and statistics collected together for reference or analysis



Why We Use Data for HIV Care and Prevention Planning

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How Do We Use Data?

- Understanding service needs and barriers
- Making sound decisions about use of available funds
- Targeting funds to particular service models, geographic areas, and PLWH subpopulations
- Improving care for disproportionately affected groups

Example: Using Data for HIV Planning: RWHAP Part A Planning Councils/Planning Bodies (PC/PB)

PC/PB Task	Role of Data in Implementing PC/PB Tasks
Needs Assessment	Collection and analysis of information about PWH service needs, barriers, and gaps – a major source of data for decision making
Integrated/ Comprehensive Planning	Development of plan goals, objectives & strategies all based on data of many types and sources
Priority Setting and Resource Allocation, including Directives	Decisions about priorities, resource allocation, directives, and reallocations all expected to be data-based
System of Care	Many types of data needed to identify and address system of care weaknesses/gaps and improve services
Assessment of the Administrative Mechanism	Data from recipient & subrecipients used to assess whether funds are getting to the community on a timely basis to support services

Introduction to Data: Key Terms

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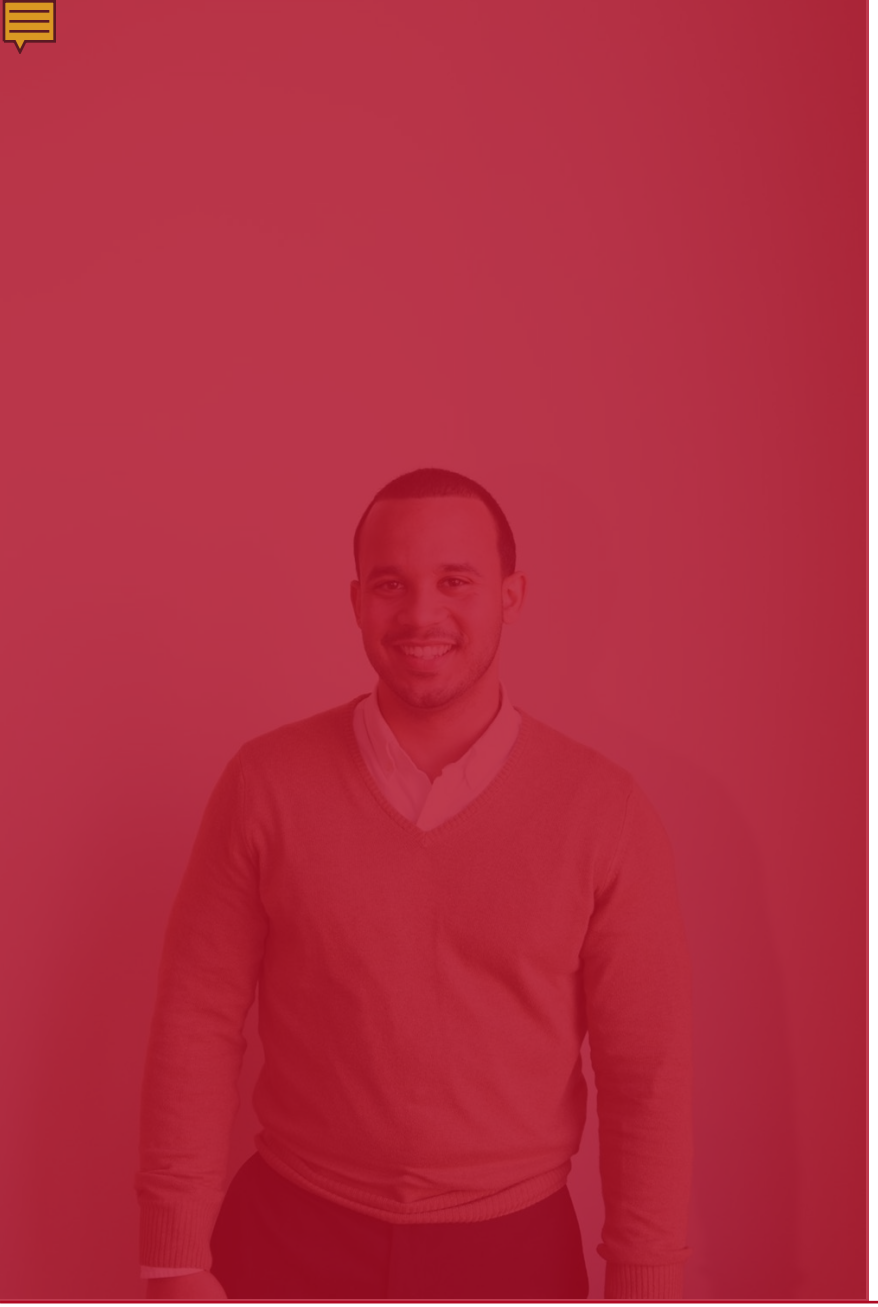
Qualitative and Quantitative Data

- **Quantitative data**: Information that can be counted or measured and given a numeric value
- **Qualitative data**: Describes the quantitative data

In the chat, tell us:

If you wanted to know whether two clinics were providing equitable services, would it be more important to have qualitative data or quantitative data about those services? Why?



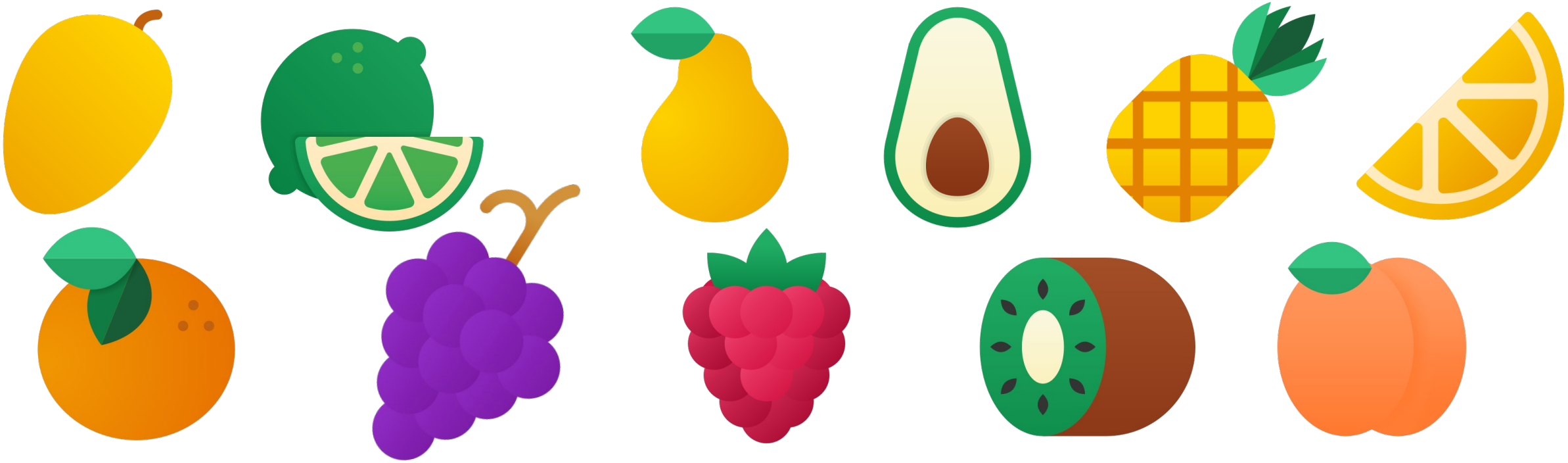
Manipulating Quantitative Data

Percentages: One part in every hundred.

$$\frac{\text{Numerator = The number to be divided}}{\text{Denominator = The total number of objects in the group}} \times 100$$

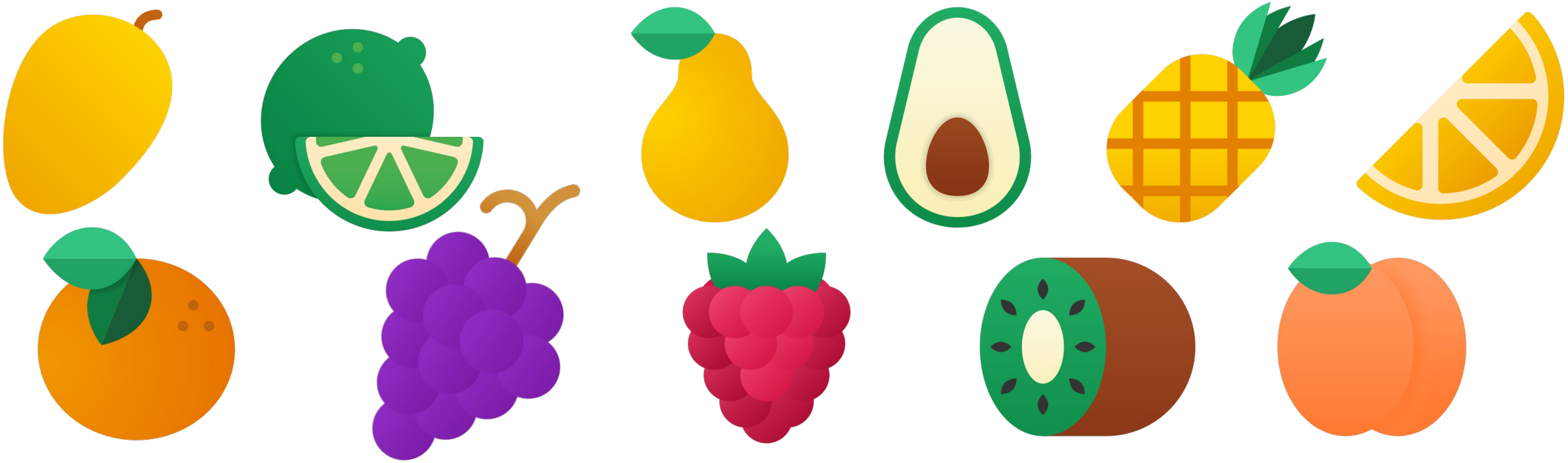
Practice: Percentages

$$\frac{\text{Numerator = The number to be divided}}{\text{Denominator = The total number of objects in the group}} \times 100$$



Practice: Percentages

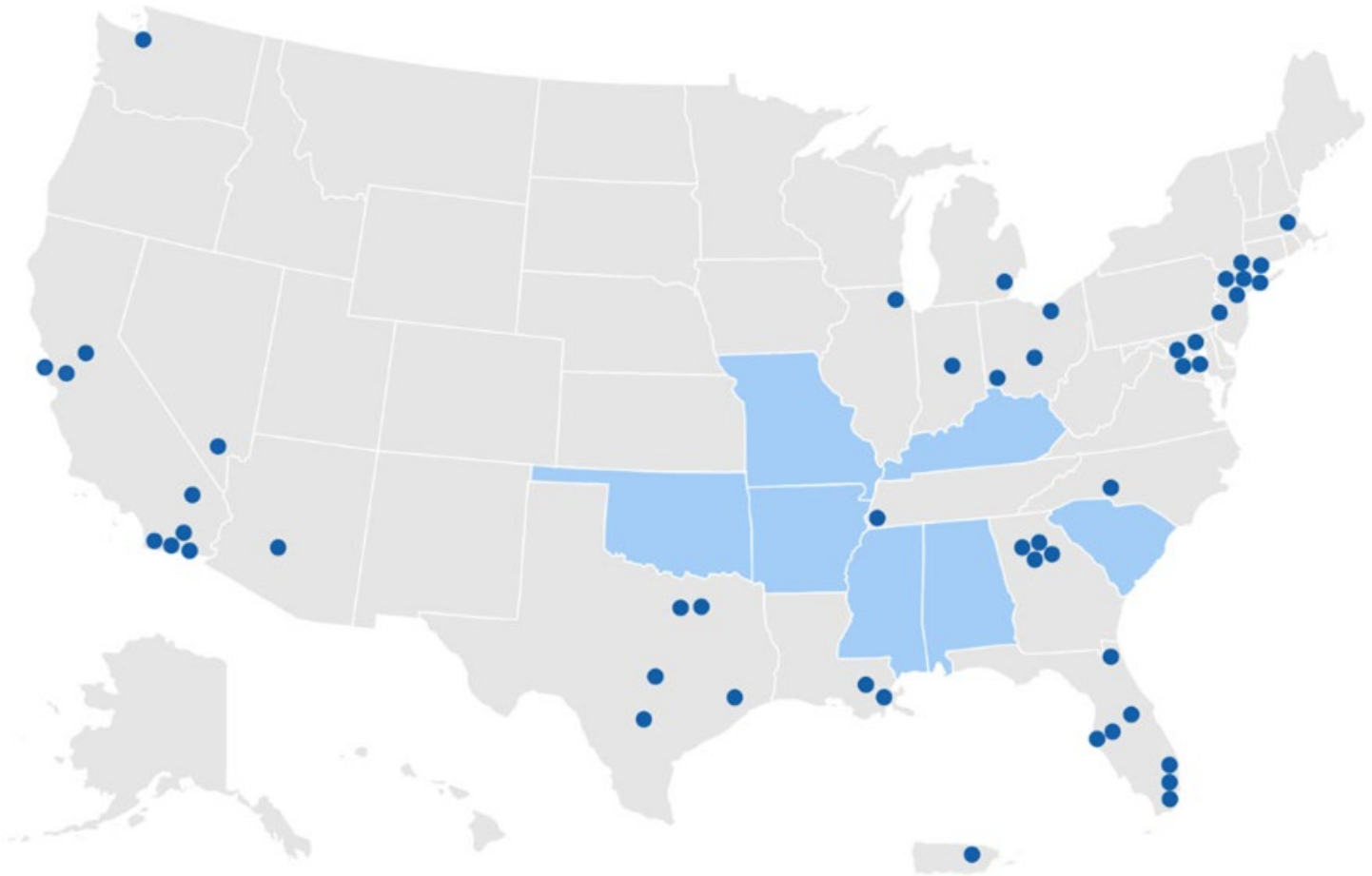
$$\frac{4}{11} \times 100 = 36.36\%$$



Examples of Percentages in HIV Prevention and Care

GOAL:

75%
reduction in new HIV infections by 2025
and at least
90%
reduction by 2030.



Geographic Hotspots: The 48 counties, plus Washington, DC, and San Juan, PR, where >50% of HIV diagnoses occurred in 2016 and 2017, and an additional seven states with a substantial number of HIV diagnoses in rural areas

In the chat, tell us:

When else might you use percentages to describe an aspect of HIV prevention or care service delivery?

Example: 15 of 60 new cases of HIV were among women

15 ÷ 60 = 0.25

0.25 x 100 = 25%

Measures of Central Tendency: Describe the Data

- **Dataset**: a collection of data (data presented together)

- **Mean (Average)**: a number expressing the central or typical value in a set of data, which is calculated by dividing the sum of the values in the set by their number.
- **Median**: Middle value when a data set is ordered from least to greatest
- **Mode**: The number that occurs most often in a data set.

Practice: Mean (Average)

Mean (average): (1+1+2+2+3+4+4+4+4+4+5) ÷ 11 = 3.09

Practice: Mean (Average) with “Outlier”

Mean: (5+5+5+5+5+5+5+5+5+0) ÷ 10 = **4.5**

Practice: Median

Median: 1, 1, 2, 2, 3, **4**, 4, 4, 4, 4, 5

Practice: Mode

Mode: 4

Epidemiologic Terms:
Prevalence (Total Cases)

- **Prevalence:** The *total number* of people in a defined population diagnosed with a specific disease or condition at a given time
  - Can refer to all cases diagnosed from the beginning of the epidemic
  - More often “total living cases”: the number of people diagnosed and living with the disease
- **Prevalence rate:** The total or cumulative number of cases of a disease per unit of population as of a defined date

Epidemiologic Terms:
Incidence (New Cases)

- **Incidence:** The number of new cases of a disease in a population during a defined period of time
- **Incidence rate:** The frequency of new cases of a disease that occur per unit of population during a defined period of time

In the chat, tell us…

In your opinion, is prevalence or incidence data is more important for addressing the HIV epidemic in your jurisdiction?

Other Common Epidemiological Terms

- **Sample:** A group of people selected from a total population with the expectation that studying this group will provide important information about the total population
- **Trends:** Long-term movement of change in frequency
  - E.g. five-year trends in HIV incidence among youth

HIV Prevalence

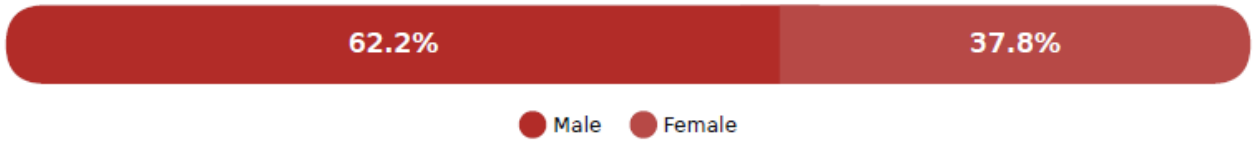
Number of people living with HIV, 2019

3,976

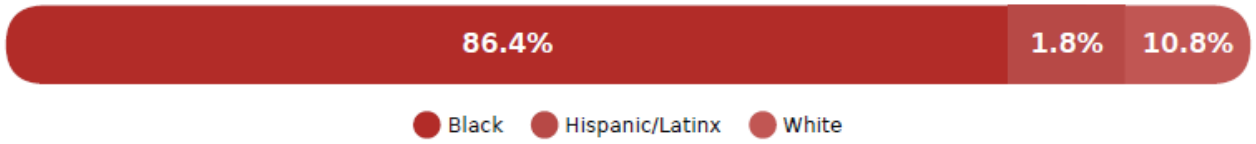
Rate of people living with HIV per 100,000 population, 2019

1,091

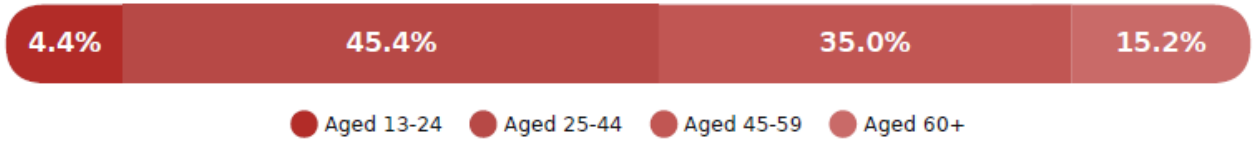
Percent of people living with HIV, by Sex, 2019



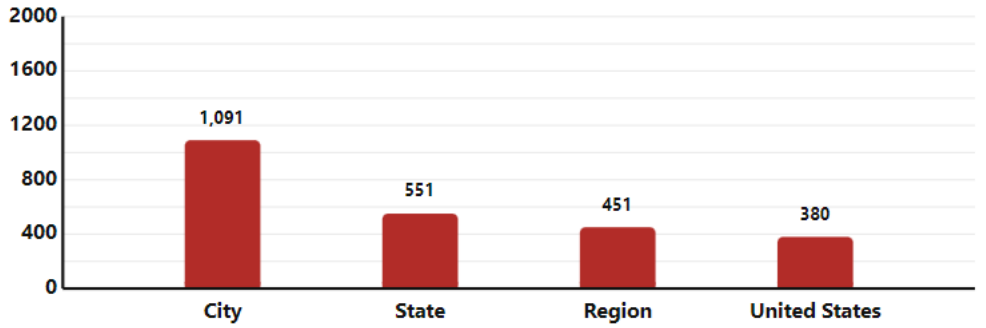
Percent of people living with HIV, by Race/Ethnicity, 2019



Percent of people living with HIV, by Age, 2019



Rate of people living with HIV per 100,000 population, by Geography, 2019



Data available on AIDSVu

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HIV Incidence

New HIV Diagnoses

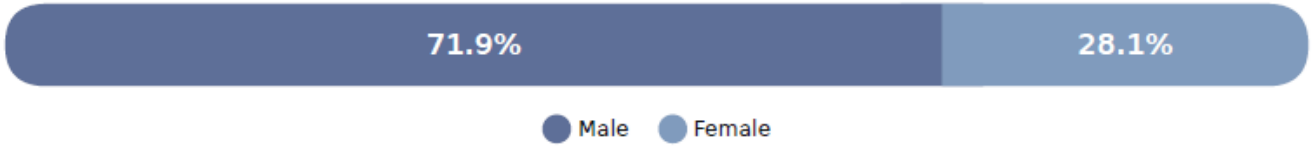
Number of new HIV diagnoses, 2019

153

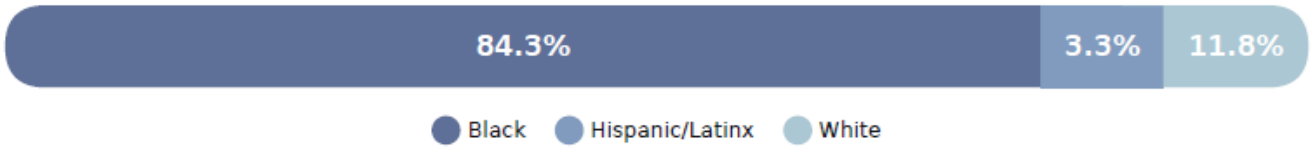
Rate of new HIV diagnoses per 100,000 population, 2019

42

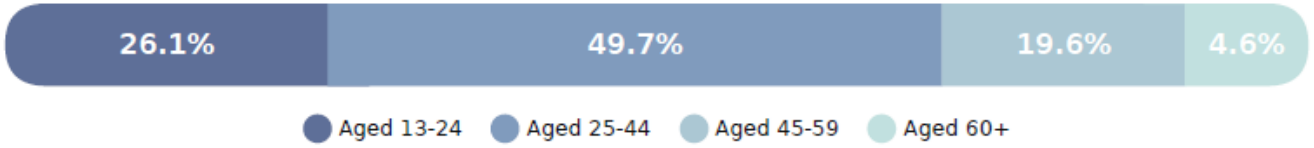
Percent of people newly diagnosed with HIV, by Sex, 2019



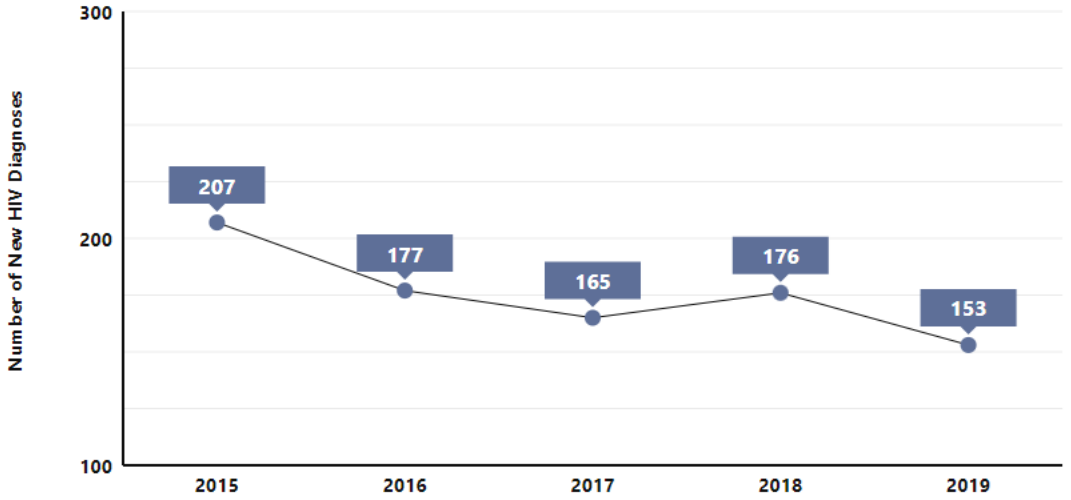
Percent of people newly diagnosed with HIV, by Race/Ethnicity, 2019



Percent of people newly diagnosed with HIV, by Age, 2019



Number of New HIV Diagnoses, 2015-2019



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Examples of Data Types and Sources

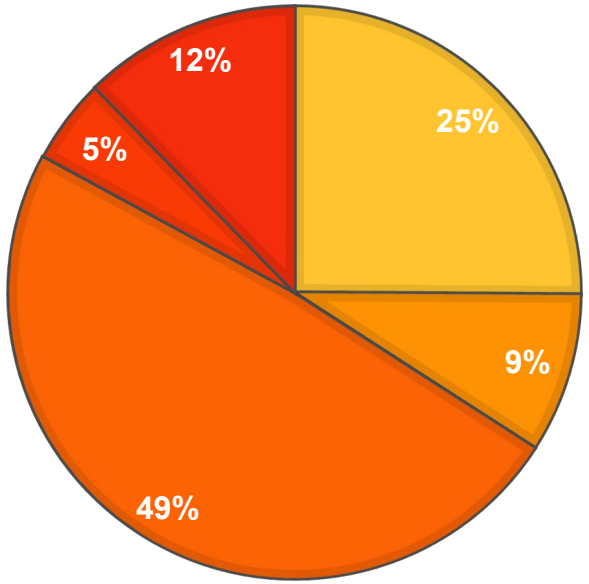
- Epidemiologic profile
- HIV care continuum data
- Needs assessment data
- Service expenditure and cost data
- Client characteristics and service utilization data
- HIV tests and diagnosis
- Unmet need data (estimate and assessment)
- Clinical Quality Management (CQM) data
- Recipient monitoring data
- Performance measures and clinical outcomes data
- Data from other programs

Analyzing Data

What Do You Notice?

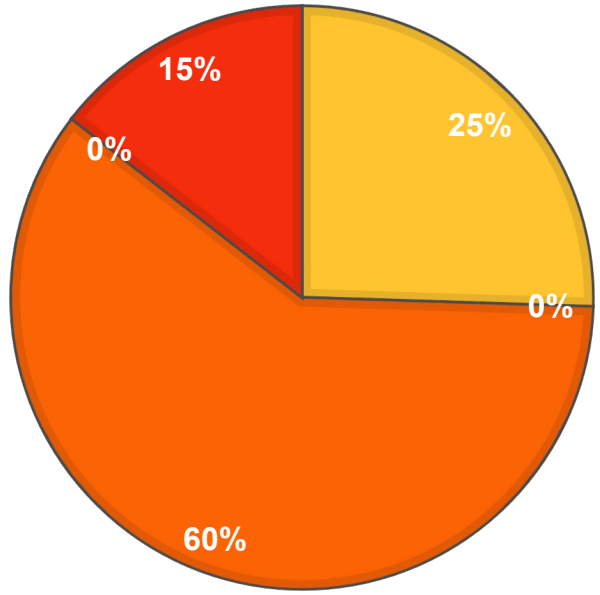
Mode of Transmission, 2018

- Heterosexual Contact
- Injection Drug use
- Male-to-Male sexual contact
- Male-to-Male Sexual Contact & Injection Drug Use
- Other



Mode of Transmission, 2019

- Heterosexual Contact
- Injection Drug use
- Male-to-Male sexual contact
- Male-to-Male Sexual Contact & Injection Drug Use
- Other



Analysis Practice

People diagnosed with HIV and linked to HIV care, 2019	128 (83.7%)
People living with HIV who received HIV care, 2019	3,221 (87.8%)
People living with HIV who were virally suppressed, 2019	2,767 (69.6%)

Analysis Practice

Viral Suppression

Viral suppression is defined as those living with diagnosed HIV who had suppressed HIV viral load (<200 copies/mL).

Number of people living with HIV who were virally suppressed, 2019

2,767

Percent of people living with HIV who were virally suppressed, 2019

69.6%

Proportion of people who were virally suppressed, by Sex, 2019

Male: 67.1%

Female: 73.6%

Proportion of people who were virally suppressed, by Age, 2019

Aged 13-24: 48.9%

Aged 25-44: 65.7%

Aged 45-59: 73.6%

Aged 60+: 77.9%

Proportion of people who were virally suppressed, by Race/Ethnicity, 2019

Black: 69.9%

Hispanic/Latinx: 50.7%

White: 70.6%

Presenting Data for HIV Care and Prevention Planning

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In the chat, tell us…

What do you find most challenging about understanding and using data for HIV care and prevention planning – or what was most challenging when you first became involved?

Consider How People Will Review Data

Formatting Data

- Write a slide title that reinforces the data's point
- Immediately appealing
- Make sure your data can be seen and is easy to read
- Use bolding or highlighting to emphasize important points
- Focus most on the points your data illustrates
- Leave white space

Use Images, Graphics, and Charts

HIV Prevalence Rate Ratios, by Race/Ethnicity, 2019

The rate of **Black males** living with an HIV diagnosis is 7.1 times that of **White males**.

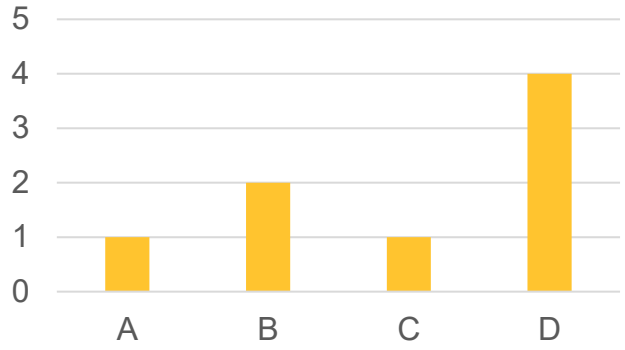
The rate of **Black females** living with an HIV diagnosis is 22.4 times that of **White females**.

The rate of **Hispanic/Latino males** living with an HIV diagnosis is 1.8 times that of **White males**.

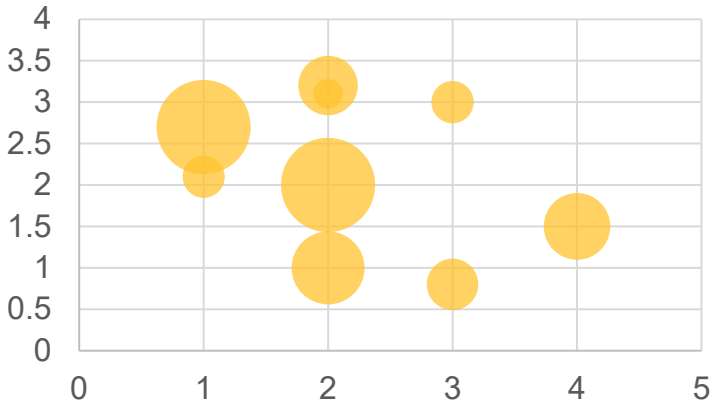
The rate of **Hispanic/Latina females** living with an HIV diagnosis is 4.0 times that of **White females**.

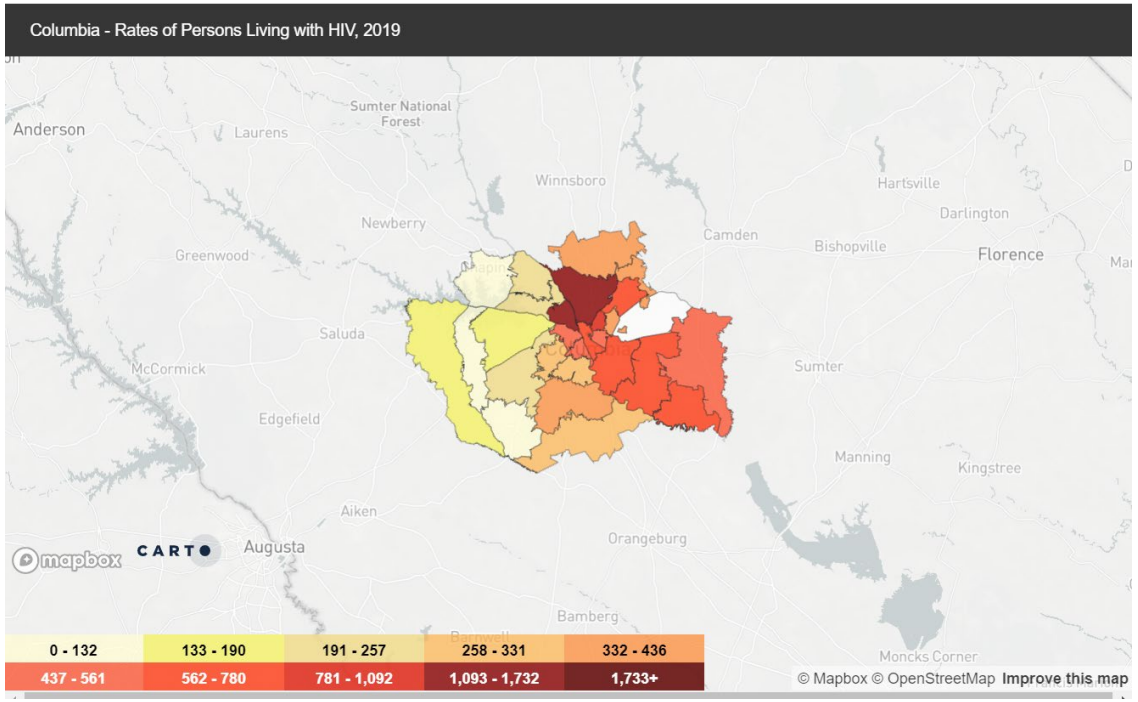
Chart Options

Bar Graph

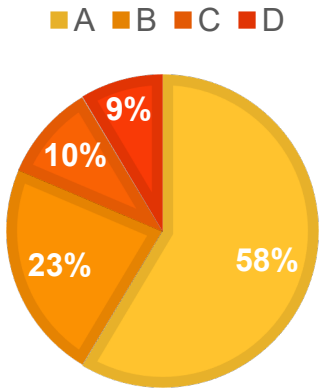


Bubble Chart

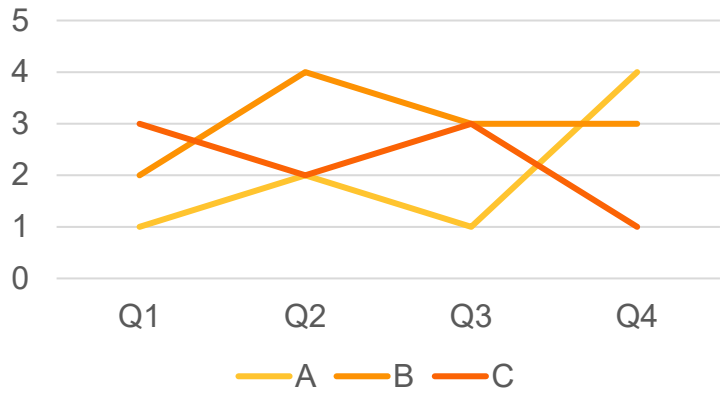




Pie Chart



Line Graph



Data Presentation Tips

- Hold a training before the data presentation to help orient people to what data will be covered and how it will be presented
- Give the audience opportunity to review data ahead of time or after the presentation before asking them to make decisions
- Use simple words and short sentences
- Present to your audience, not to your data
- Allow for and encourage questions throughout the presentation

In the chat, tell us…

- If you prepare or present data, what tips do you have for the group? What has worked in your jurisdiction/at your organization?
- If you don't typically prepare or present data, how would you like to engage with data?

Avoid

- ALL CAPITAL LETTERS
- *Italicized text*
- Underlined text
- Acronyms and contractions
- Technical words or jargon

Resources to Learn More

- Planning CHATT Training Guide
- NMAC Building Leaders of Color (BLOC)

The Next Webinar

Conducting Community Needs Assessments to Inform Priority Setting and Resource Allocation (PSRA) for HIV Prevention and Service Delivery Efforts

April 26, 2022

Register today!

See you there!

Thank You!

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Get in Touch

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Please complete the evaluation!

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Q&A