Activity 10.7: Quick Scenarios to Apply Knowledge—Using Data for Decision Making

TIPS FOR TRAINERS

Suggested Use

Use the Quick Scenarios as part of your presentation on *Using Data for Decision Making* to break up the presentation and provide opportunities for participants to apply knowledge.

Time

The Using Data for Decision Making slide deck provides six slides with Quick Scenarios for participant discussion. The length of the discussion depends on how each slide is used, but varies from about 10 to 15 minutes.

If you have a small group of participants (8 or fewer), you may want to have most of the discussion in the full group. If you are training a larger group, you may want to have initial discussion for a few minutes in pairs or small groups. This will add about 5-10 minutes to the time required. You can choose to use one or all the Quick Scenarios slides.

Materials

☐ PowerPoint slides for each Quick Scenario (included in the *Using Data for Decision Making* slide deck)

☐ Handout for Participants: Quick Scenarios to Apply Knowledge—Using Data for Decision Making (Optional to distribute to participants at the beginning of your presentation)

Knowledge or Skill Development

Participant understanding of how PC/PBs use data in decision making, and skills in choosing appropriate data and processes for data-based decision making.

Activity Steps

1. Review the Quick Scenarios slides as provided and decide which ones you want to use. Revise or "localize" the scenarios as needed to better fit your PC/PB or your EMA/TGA. If you decide not to use certain ones, remove those slides from your slide deck.

2. During the training, when you reach a Quick Scenarios slide, provide instructions to participants

    If the group is small (up to 8 people):

    *   Ask the group to think individually about the questions provided for 2-3 minutes or to discuss them with one other person for 5-7 minutes, depending on the number and complexity of the questions.
    *   Then begin discussion among the full group. Encourage as many participants as possible to provide input to the discussion.

    If the group is larger:

    *   If everyone is sitting around one big table, ask participants to work with 1-2 other people next to them. If participants are seated at small tables, have them work with the other people at their table.
    *   Ask the groups to select a **recorder/reporter** to take notes summarizing the discussion and present the small group's approach to the full group.
    *   Have one reporter present first, then ask the others to agree, add, or offer alternative responses or approaches.
    *   Invite discussion from the full group.

3. Where possible, help the group reach consensus on their answers. Address any questions or issues raised by the discussion.

4. Summarize the main lessons from the Quick Scenario, and continue with your presentation.

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HANDOUT FOR PARTICIPANTS

Time will be taken at intervals throughout the presentation on *Using Data for Decision Making* for one of more of the quick scenarios shown below.

Quick Scenario A: Advocate or Planner

You are a PC/PB member. Which situation below benefits from you serving as an advocate, and why? Which situation needs you to act as a planner, and why?

> **Situation 1:** The PSRA committee is planning consumer town halls. The committee wants to drop the town hall in Spanish this year because of interpreter costs, though 21% of PLWH in the EMA/TGA are Latino and many are immigrants. You are Latino.

> **Situation 2:** Data indicate decreased demand for primary medical care (Outpatient Ambulatory Health Services or OAHS) services under RWHAP Part A. More PLWH are receiving services through health insurance purchased using Part B AIDS Drug Assistance Program (ADAP) funds or under Medicaid or private insurance. You are uninsured and receive your medical care through Part A and are afraid cutting allocations would make you change providers.

Quick Scenario B: Responding to an Impassioned Plea

Your PC/PB has worked hard to understand service needs and gaps through surveys, focus groups, town halls, and review of program data. The data show a clear need for more substance use treatment services to deal with the opioid crisis among PLWH. This will mean reducing funds for other needed services.

At the allocations meeting, when the PSRA Committee recommends a cut in funding for utility assistance, one member makes an impassioned plea in opposition, saying that she and her two children could freeze to death next winter if funds are reduced.

1. How should the PC/PB respond? Why?

Quick Scenario C: Using Data in PSRA

The PC/PB is facing a difficult challenge: how to adjust allocations under a "flat funding scenario" to support a new peer navigation model to improve service retention, adherence, and viral suppression for the growing number of young MSM of color. As the PSRA committee, discuss:

1. What data are likely to be most useful in helping your committee decide where and how to adjust other allocations? How might the recipient assist you?

2. How should your committee present these data and support decision making by the full PC/PB?

Quick Scenario D: Developing Directives

At a recent town hall meeting in a suburban part of your EMA/TGA, three women said that having young children is their greatest service barrier. They have no child care available. Even if they received bus tokens, the trip to their providers takes 1½-2 hours and two transfers – and there is no one to watch the children during their appointments. After discussion with the recipient, you determine that although the PC/PB allocates funds for both transportation and child care, not all subrecipients have access to these funds.

1. What additional information do you need?

2. What kind of directive might you recommend the PC/PB adopt to address this issue?

Quick Scenario E: Improving the System of Care

Three years ago, your PC/PB approved a directive to improve services for employed African and Latino immigrants through ensuring evening and weekend hours for medical care, case management, and mental health services, provided by subrecipients with appropriate language and cultural competence. Now the System of Care Committee has been asked to assess progress.

1. What existing data might help, if you can do appropriate analysis? How will you work with the recipient on this?

2. The PC/PB is planning a new PLWH survey this year. How could it contribute to your assessment?

Quick Scenario F: Identifying Health Disparities

Your PC/PB has consistently looked at disparities in access to care and clinical outcomes for a small number of PLWH populations, including young MSM of color and youth transitioning from adolescent to adult care. In the past 5 years, however, it has not systematically assessed disparities among PLWH populations. For example, it has not looked at disparities based on gender/gender identity or race/ethnicity, or disparities for populations with co-occurring conditions like homelessness or unstable housing, recent incarceration, mental health or substance use needs. Now it wants the System of Care Committee to do such an assessment, beginning with a review and perhaps re-analysis of existing data.

1. What data types and sources might be useful for such an effort? How might other stakeholders assist you?

2. How might you structure and manage this effort?