Data-Driven Dashboards: Data Visualization Innovations in Demonstrating EHE Outcomes

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ON HIV CARE & TREATMENT

Project Support

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Background and Purpose

- The dashboard is utilized by the EHE program under the Tarrant County HIV Administrative Agency (TC HIV AA) located in Fort Worth (Tarrant County), Texas.

- Serves as an interactive analysis tool for (TC HIV AA) and subrecipients to track and monitor key performance metrics and indicators among clients enrolled in EHE.

- Demonstrates actionable insights and ensure continuous progress towards meeting goals.

- Addresses health outcomes and tracks progress among EHE subpopulations of focus (Black MSM, Black Women, Transgender, Youth aged 18-24).

- *This dashboard was created in collaboration with CAI TAP-in.*

Methods

Analytical Software

- Microsoft Power BI

Data Source

- Provide Enterprise (PE) Client Level Data System

Data Collection

- PE EHE Client Level Data Extract

EHE Metrics

1. HIV Care Continuum

- *Number of Newly Diagnosed*
- *Percentage Linked to Care*
- *Percentage Prescribed ART*
- *Percentage Virally Suppressed*

2. Number of Days from:

- *Diagnosis to Linked to Care*
- *Diagnosis to ART Prescription*
- *Diagnosis to Viral Suppression*

HIV Care Continuum

Race and Ethnicity
All ▾

Gender
All ▾

Risk Factor
All ▾

Engagement
Newly HIV+ ▾

Enrollment Date
1/1/2023 📅   12/31/2023 📅

Diagnosis Date
1/1/2023 📅   12/31/2023 📅

Age
Age
18   75

HIV Care Continuum

● Diagnosed ● Linked to Care ● Prescribed ART ● Suppressed

127 100% 127 100% 125 98% 117 92%

Number of EHE Clients

Provider

| Subrecipient 1 | Subrecipient 2 | Subrecipient 3 | Subrecipient 4 |

Care Continuum | Linked to Care | Rapid ART | ART Prescription by Month | Viral Suppression | Care Continuum Table

Linkage to Care

Race and Ethnicity

All

Gender

All

Risk Factor

All

Engagement

Newly HIV+

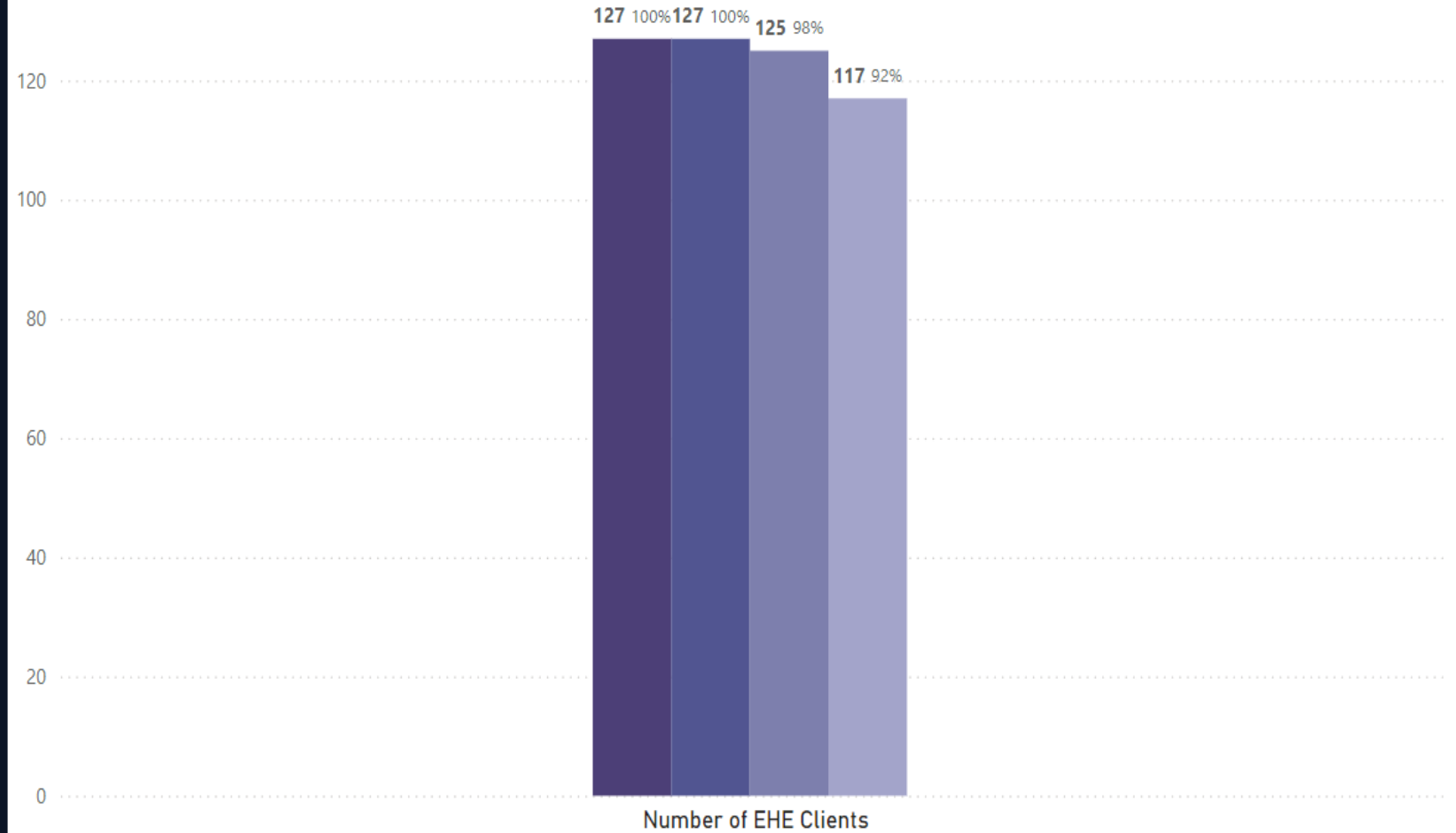## Enrollment Date

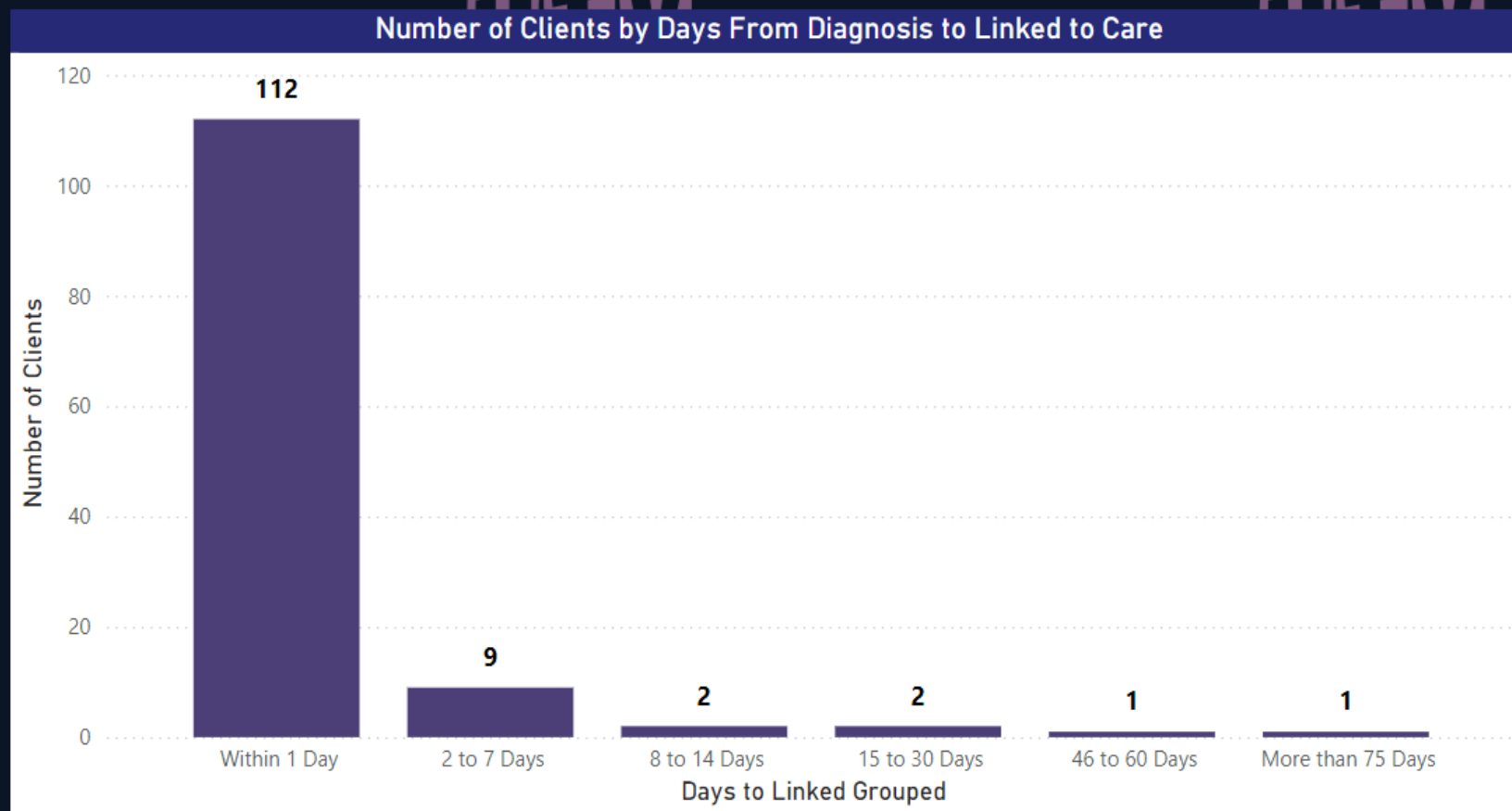1/1/2023   12/31/2023

Diagnosis Date

1/1/2023   12/31/2023

Age

Age

18   75

Days From Diagnosis to Linked to Care

Minimum	10th Percentile	Median	90th Percentile	Maximum
0	0	0	2	109

Number of Clients by Days From Diagnosis to Linked to Care

Number of Clients

| Within 1 Day | 2 to 7 Days | 8 to 14 Days | 15 to 30 Days | 46 to 60 Days | More than 75 Days |
| 112 | 9 | 2 | 2 | 1 | 1 |

Days to Linked Grouped

Provider

| Subrecipient 1 | Subrecipient 2 | Subrecipient 3 | Subrecipient 4 |

Linked to Care | Rapid ART | ART Prescription by Month | Viral Suppression | Care Continuum Table

Rapid ART Initiative

Race and Ethnicity
All ▾

Gender
All ▾

Risk Factor
All ▾

Engagement
Newly HIV+ ▾

Enrollment Date
1/1/2023   📅   12/31/2023   📅
○━━━━━━━━━○

Diagnosis Date
1/1/2023   📅   12/31/2023   📅
○━━━━━━━━━○

Age
Age
18   75
○━━━━━━━━━○

Days From Diagnosis to ART Prescription

Minimum	10th Percentile	Median	90th Percentile	Maximum
0	0	0	20	53

Number of Clients by Days From Diagnosis to ART Prescription

Bar chart — Number of Clients by Days to ART Grouped:
- Within 1 Day: 75
- 2 to 7 Days: 4
- 8 to 14 Days: 18
- 15 to 30 Days: 22
- 31 to 45 Days: 3
- 46 to 60 Days: 3
- No ART Prescription: 2

Provider

| Subrecipient 1 | Subrecipient 2 | Subrecipient 3 | Subrecipient 4 |

...ontinuum | Linked to Care | **Rapid ART** | ART Prescription by Month | Viral Suppression | Care Continuum Table
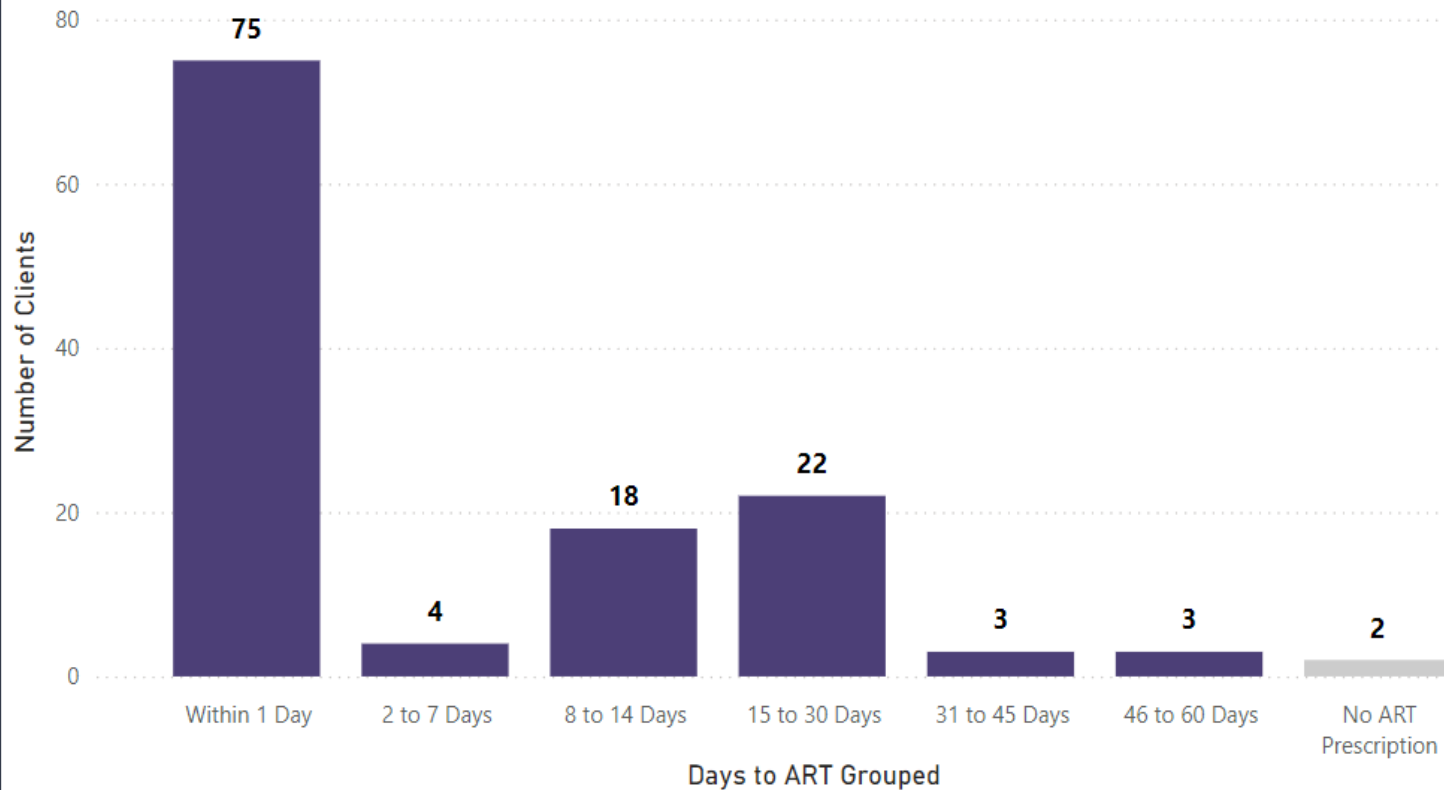
ART Prescription within 7 Days by Month

Race and Ethnicity
All

Gender
All

Risk Factor
All

Engagement
Newly HIV+

Enrollment Date
1/1/2023   12/31/2023
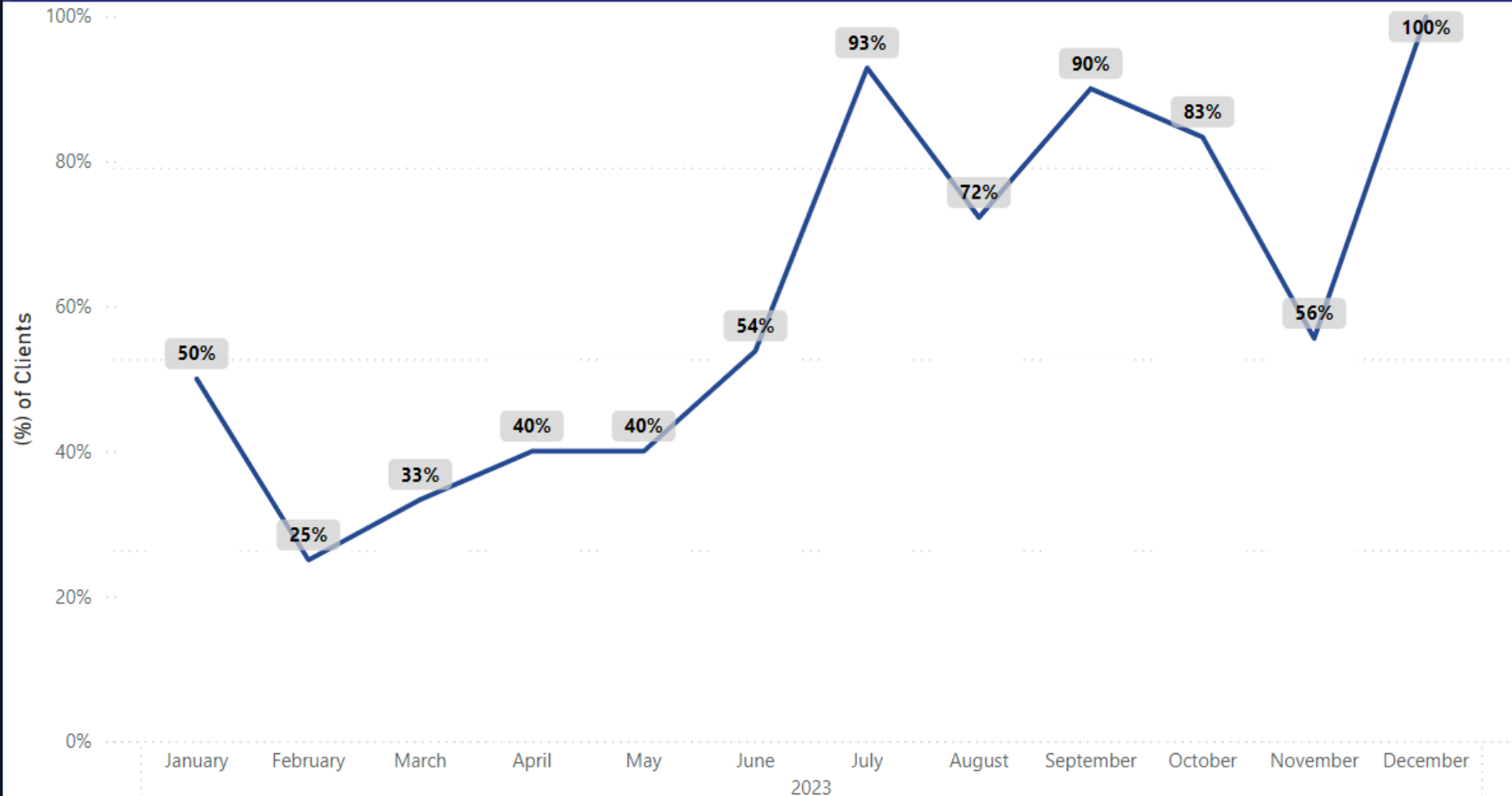
Diagnosis Date
1/1/2023   12/31/2023

Age
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Chart — (%) of Clients by Month, 2023:
- January: 50%
- February: 25%
- March: 33%
- April: 40%
- May: 40%
- June: 54%
- July: 93%
- August: 72%
- September: 90%
- October: 83%
- November: 56%
- December: 100%

Provider
| Subrecipient 1 | Subrecipient 2 | Subrecipient 3 | Subrecipient 4 |

Linked to Care | Rapid ART | ART Prescription by Month | Viral Suppression | Care Continuum Table

Viral Suppression

Race and Ethnicity
All ▾

Gender
All ▾

Risk Factor
All ▾

Engagement
Newly HIV+ ▾

Enrollment Date
1/1/2023 📅   12/31/2023 📅

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Diagnosis Date
1/1/2023 📅   12/31/2023 📅
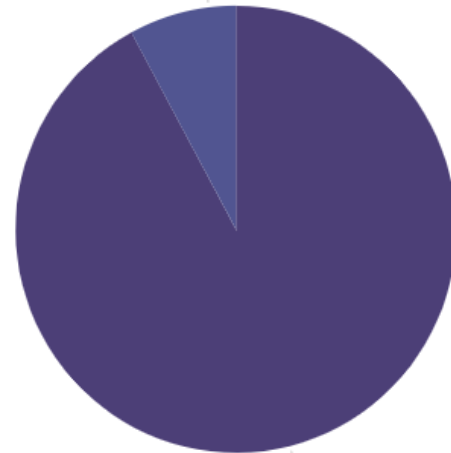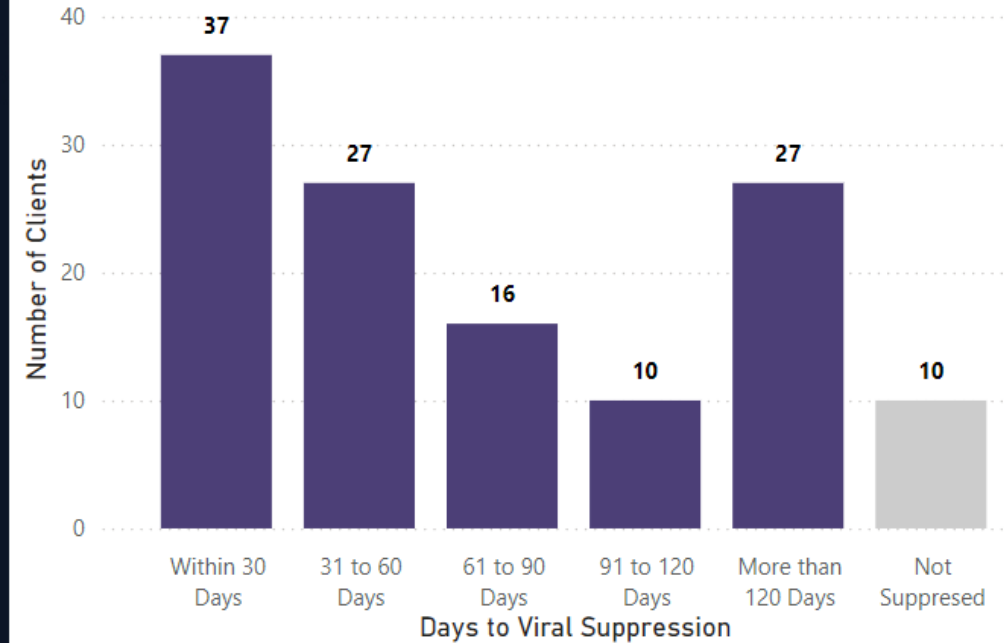
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Age
Age
18   75

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Client Suppression at Last Viral Load Test

Not Suppressed 8%

Suppressed 92%

Number of Clients by Days From Diagnosis to Viral Suppression

Days to Viral Suppression	Number of Clients
Within 30 Days	37
31 to 60 Days	27
61 to 90 Days	16
91 to 120 Days	10
More than 120 Days	27
Not Suppressed	10

This chart represents the earliest date after HIV diagnosis in which a client became virally suppressed.

Provider

| Subrecipient 1 | Subrecipient 2 | Subrecipient 3 | Subrecipient 4 |

Provider Comparisons

Race and Ethnicity

All ▾

Gender

All ▾

Risk Factor

All ▾

Engagement

Newly HIV+ ▾

Enrollment Date

1/1/2023   12/31/2023

Diagnosis Date

1/1/2023   12/31/2023

Age

18   75

Number of Clients in Care Continuum and Average Days to ART, Linked to Care, and Viral Suppression

Provider ▲	Diagnosed	Linked to Care	Prescribed ART	Suppressed	Percent Linked to Care	Percent Prescribed ART	Percent Suppressed	Average Days From Diagnosis to ART Prescription	Average Days From Diagnosis to Linked to Care	Average Days From Diagnosis to Suppression
Subrecipient 1	21	21	21	21	100%	100%	100%	0	0	141
Subrecipient 2	63	63	62	54	100%	98%	86%	0	0	81
Subrecipient 3	26	26	25	26	100%	96%	100%	14	0	22
Subrecipient 4	17	17	17	16	100%	100%	94%	0	0	71
All Providers	**127**	**127**	**125**	**117**	**100%**	**98%**	**92%**	**0**	**0**	**55**

Provider

| Subrecipient 1 | Subrecipient 2 | Subrecipient 3 | Subrecipient 4 |

Continuum | Linked to Care | Rapid ART | ART Prescription by Month | Viral Suppression | Care Continuum Table

Evaluation and Performance Measures

The Tarrant County Ending the HIV Epidemic (EHE) Evaluation Framework is used to evaluate the jurisdiction's EHE strategies. This framework was created in collaboration with CAI TAP-in and addresses:

1. Evaluation Questions and Barriers

2. EHE Stratified Measures

- *Process Measures*
- *Program Measures (Short-Term and Medium-Term)*
- *Long-Term Measures*

3. Data Sources

4. Analytical Tools

5. Dissemination Mechanisms

6. Next Steps

Implications

Lessons Learned

- Ensure all metrics included on the dashboard are captured in the client level data system.

- Ask questions and be open to receiving valuable feedback from team and subrecipients.

- Ensure data quality is assessed routinely along with ongoing data mining and data cleanup.

Next Steps

- Ongoing technical support from CAI TAP-in to further refine the Newly Diagnosed dashboard as well as developing the Reengagement dashboard.

- Identify additional modifications to client level data system, PE, as needed.

- Share public facing dashboard.

Thank You!

CAI TAP-in, we appreciate all your help and assistance with these projects! ☺

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BEAT HIV TARRANT COUNTY