

Imagine

Ending HIV. It's Possible.

Going Beyond RWHAP Data:

Finding and Using the Best Data
Sources to Support Your EHE Strategies



Data is crucial for Ending the HIV Epidemic in the U.S. (EHE) jurisdictions for both planning and measuring progress. In your jurisdiction's EHE workplan, you have identified priority populations, some of whom are served through the Ryan White HIV/AIDS Program (RWHAP), and some who are not. EHE aims to bring new clients and services into RWHAP, including newly funded providers, people with HIV who are new to care and new services for people already in care.

This new paradigm raises **questions for jurisdictions**, such as:

- Who among the non-RWHAP eligible population is out of care?
- Are people newly diagnosed with HIV at a non-RWHAP provider being linked to care? How quickly?
- Are people who leave correctional settings being successfully transitioned to care in the community?
- Are providers located in areas where clients need services?

TAP-in supports EHE jurisdictions by identifying and helping them to obtain the best data sources.









To better understand your clients who are not served under RWHAP and not found in the RWHAP Services Report (RSR), you may need to access additional data sources. Current systems may need updating to support new EHE activities to identify missing clients, such as:

- Non-RWHAP eligible clients
- Non-RWHAP funded services
- Clients who are newly diagnosed

Jurisdictions may also want to **understand the characteristics and needs of these populations**, such as:

- Do they have access to a RWHAP provider?
- Do they have substance use or behavioral health needs?
- Do they need linkage to housing services?
- What are their demographic characteristics?
- Are providers trained to meet their needs?

Finding and Identifying Additional Data Sources to Fill the Knowledge Gap

	Type	Value	Access
 Surveillance	Client level data: Lab values, newly diagnosed, HIV viral load dates and results	<ul style="list-style-type: none"> Provides a full picture of the HIV population; demographics and risk factors Supports Data to Care (D2C) 	May require partnership with state health department (unless a directly funded site)
 Medicaid	Client level data: Services, medication	Provides more complete picture of services for clients, likely eligible for RWHAP	Partnership with state agency
 AIDS Drug Assistance Program (ADAP)	Client level data: Medication	Provides more complete picture of medications for RWHAP-eligible clients	Partnership with state agency
 Pharmacy	Client level data: Medication	Helps identify people who've fallen out of care between prescription and pick up	Partnership with pharmacy chain
 Housing Opportunities for People with AIDS (HOPWA)	Client level data: Housing status, other risk factors	Linking to this organization can help identify clients with high needs and those who may need to be linked into your system of care	Partnership with housing agency
 RWHAP HRSA, TargetHIV, state, county, or city	Population-level: Location of RWHAP-funded services	Provides location information for RWHAP-funded services to identify and assess the current service delivery system for RWHAP-eligible clients	Publicly available
 RWHAP-funded organization websites	Population-level: Services	Provides information on all of the different medical, mental health and substance use services, supportive services, and prevention services available for RWHAP-eligible clients	Publicly available
 Census and Health Department	Population-level: Demographics and HIV Care Continuum data	Provides overview of demographic descriptors (e.g., race/ethnicity, age) and HIV care continuum data of residents by zip code or county level	Publicly available, but usually with time lag

Using Data to Identify Needs in the Jurisdiction

Case Study: Austin, Texas



The challenge.

TAP-in supported the Austin EHE jurisdiction to access and analyze new data to plan and prioritize Year 3 EHE strategies



The approach.

TAP-in used innovative data visualization techniques and geo-mapping software to take publicly available census data and jurisdiction data on funded service sites to create maps depicting where priority populations live and the current service delivery system. These “systems of care” maps draw from reliable data sources available in each jurisdiction to take a comprehensive look at all people with HIV – those being served and those not being served.

In turn, data visualization and mapping highlight the disparities and strengths of a jurisdiction’s system of care. This approach can help guide conversations with the jurisdiction on availability and accessibility of services for priority populations. Seeing data from a new vantage point allowed the jurisdiction to ask innovative questions:

- How does the care system need to be structured to respond to the needs of those not retained in care and not reaching viral suppression?
- Where should care be provided?
- What services are needed?



The results.

The Austin team is using the data from their technical assistance session to strategically assess the use of EHE funds to bring services to priority populations. For example, after seeing how many Black MSM are not retained in care and do not have a suppressed viral load, Austin is considering expansion of their mobile van services and care locations to where Black MSM live and work.



Helpful Resources

Following are links to relevant webinars and resources:

TAP-in Data-Focused Webinars

(Access the complete list at [TargetHIV.org](https://www.targethiv.org))

[Performance Measurement: Using Data to Achieve EHE Goals](#)

[Finding and Using the Best Data Sources to Support EHE Strategies](#)

[Building Partnerships for Data Sharing to Support EHE Plans](#)

Documents

[Q & A Summary for Finding and Using the Best Data Sources to Support EHE Strategies from June 2021](#)

[NASTAD, the EHE Systems Coordination TA Provider, Data Sharing Agreement \(DSA\) Templates and User Guide](#)

TAP-in can help you use your data more strategically.

Contact us at tap-in@caiglobal.org.

This fact sheet is part of the Imagine campaign and part of a series of materials that providers and jurisdictions can use in their EHE efforts.

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