Activity 10.3: Finding Needed Data

TIPS FOR TRAINERS

Suggested Use

Use at the end of your presentation on *Understanding Data Types and Sources,* so participants can apply what they have learned.

Time

About 1 hour:

- 5 minutes to form groups and introduce the activity
- 15 minutes for small group work
- 35 minutes for presentations and discussion in the full group
- 5 minutes for sum up

Materials

☐ Handout for Participants: Finding Needed Data

☐ Quick Reference Handout 10.1: PC/PB Quick Guide to Data Types and Sources for Decision Making

☐ Easel pad paper and markers

Knowledge or Skill Development

Knowledge of which of the many types of data and reports made available to PC/PBs are most likely to include the data necessary to meet a specific planning need

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Activity Steps

1. Before the session, choose the scenarios you wish to use and revise as needed, changing committee names or making other revisions to make them appropriate for your PC/PB.

2. Divide participants into small groups of 4-6 people, by counting off.

3. Ask each group to choose:

   - A **facilitator** to coordinate discussion
   - A **recorder** to summarize the work of the group on easel pad paper
   - A **reporter** to present the small group's work to the full group.

   The same person may serve as recorder and reporter if this is the group's preference.

4. Assign a scenario to each group.

5. Explain that you want them to assume they are members of the planning council/planning body or a specific committee, as specified in their scenario. Their task is to decide what data they need to address the situation described in the scenario, and what data sources/types they would use to obtain that information. They should also identify any data gaps, and how they might obtain data to fill those gaps in the future. Let them know they are free to make additional assumptions about the situation as needed, and answer any questions they may have about their assigned scenarios.

6. Tell the groups they have 15 minutes. After 10-12 minutes, ask the groups to begin wrapping up their discussion and have the recorder summarize their work on easel pad paper. Allow five more minutes.

7. Now ask each reporter to present the work of their small group, focusing on what data sources they identified for their scenario and why. Give the reporter 3-5 minutes to make the presentation for their scenario. If two groups had the same scenario, ask the second group's reporter to indicate areas of agreement and disagreement. Now ask other members of the small group(s) if they have anything to add. Finally, invite other participants to ask questions or suggest other approaches to the situation presented.

8. If a group missed important data sources, or identified sources unlikely to be helpful, help the group improve its understanding of those data sources and types. Summarize the main points and move to the next presentation.

9. Once all scenarios have been discussed, ask the group what they learned from the activity and how it is likely to affect their work in the PC/PB.

Activity 10.3: Finding Needed Data

HANDOUT FOR PARTICIPANTS

1. Work in your small group, choosing:

    - A **facilitator** to coordinate discussion

    - A **recorder** to take notes and then summarize the work on easel pad paper for sharing

    - A **reporter** to present a summary of your group's work to the full group

    The same person may serve as recorder and reporter if this is the group's preference.

2. Review the scenario assigned to your group, and decide together what data sources and types you will want to use to obtain the data you need to address the situation in the scenario. If you feel some needed data are unlikely to be available, indicate why, and suggest how more data might be obtained for the future. Refer to the list of data type/sources below and for more information on each consult *Quick Reference Handout 10.1 PC/PB Quick Guide to Data Types and Sources for Decision Making.*

3. On easel pad paper, list the data sources/types you have identified that can supply the data you need, and also list any data gaps. Have your reporter use that list for presenting your work to the full group.

Data Types/Sources

1. Epidemiologic profile
2. HIV care continuum data
3. Needs assessment data
4. Service expenditure and cost data
5. Client characteristics and service utilization data
6. HIV tests and diagnoses
7. Unmet need data (estimate and assessment)
8. Clinical Quality Management (CQM) data
9. Recipient monitoring data
10. Performance measures and clinical outcomes data
11. Data from other programs

Scenarios for Activity 10.3

Scenario 1: Service Availability in a Rural County

You are members of the PC/PB committee responsible for care strategy/system of care. Your EMA/TGA includes a large central city, two suburban counties, and one largely rural county that has a lot of agricultural workers and a significant population of PLWH. You have been asked to consider how services might be improved in that rural county.

The PC/PB recently completed its first PLWH survey in 5 years, reaching more than 500 current or recent Part A clients from various parts of your EMA/TGA. While residents of the central city and suburban counties mostly indicated that they get their care in the central city and are happy with services, rural county residents seem to be in a very different situation. Rural county residents are underrepresented among survey respondents, but the few who responded (17) reported great difficulty in getting HIV care, including medical care, medical case management, dental care, mental health services, and support groups. Several said they do not know what services are available. Others said that they can't get to care because they don't have cars and there isn't any public transportation. Several said that services only seem to be available during the day, and they can't afford to take time off work to get services. The committee decides that it needs a lot more information about service availability in the EMA/TGA.

1. What sources/types of data are most likely to add to your understanding of the situation for the residents of that rural county?

2. What data gaps are you likely to find, and how might you work around them or make plans to fill them in the next 6-12 months?

Scenario 2: Serving Young MSM of Color

Your PC/PB just got new HIV care continuum data for RWHAP clients in your EMA/TGA, with breakdowns for several different key PLWH subpopulations, including young men of color who have sex with men (MSM) aged 18 to 25. The continuum indicates that this population has the lowest rates of retention in care and viral suppression of any age group, and substantially lower rates than older African Americans, Latinos, and mixed-race clients. You know from your epi profile that this subpopulation is an increasing proportion of newly diagnosed PLWH. One new PC/PB member, a 27-year old African American MSM, says he was in and out of care for 7 years after aging out of a youth-focused program at the local Children's Hospital.

The PC/PB Co-Chairs ask the committees responsible for care strategy/system of care and needs assessment to explore this issue together and be ready to provide a directive or other recommendations to inform next year's priority setting and resource allocation process. You are having your first meeting to address this issue.

1. What sources/types of available data are most likely to add to your understanding of:
    *   Services, service gaps, barriers to care for young MSM of color in your EMA/TGA
    *   What types of service models work best for this population?

2. What data gaps are you likely to find, and how might you work around them or make plans to fill them in the next 6-12 months?

Scenario 3: Reduced Service Utilization

For the past four months, service expenditure data received from the recipient has indicated serious underspending in the mental health category. The PC/PB committee responsible for reviewing service expenditure and utilization data just got the new quarterly report on number of clients by service category, and it indicates that total clients and service units are well below projections. On the other hand, the psychosocial services category, which includes support groups, is overspent and over projections in terms of clients served, indicating an increased demand for that service. Both service categories have more than one funded subrecipient. The recipient says that mental health service providers have not reported staff vacancies. However, a lot of the clinical services are provided by licensed clinical social workers and clinical psychologists who work on a part-time or contract basis, and their hours seem to be down substantially.

The recipient and committee agree on the need to better understand whether the demand for mental health services has actually decreased or if something else is negatively affecting service utilization. The PC/PB committee wants to better understand past and current use of mental health services, as well documented need for, access to, and experiences with mental health services throughout the EMA/TGA. Members would also like to better understand the increased use of psychosocial services and whether it might be related.

1. What sources/types of available data are most likely to add to your understanding of:
   - the need for and use of mental health services
   - possible reasons for reduced use and underspending of mental health service
   - increased use of psychosocial services?

2. What data gaps are you likely to find, and how might you work around them or make plans to fill them in the next 6-12 months?

Scenario 4: Barriers to Care and Strategies to Overcome Them

As the PC/PB committee responsible for reviewing progress on the HRSA and CDC Integrated HIV Prevention and Care Plan and recommending Plan updates, you just identified a task in the Plan that has not yet been implemented: a special study to better understand unmet need in the service area and how it can be reduced. The Plan was completed in the summer of 2016; at the time, the estimate of unmet need was 27%, but little information was included about who was out of care or why.

The committee decides the first step is to collect all available information about the current level of unmet need, which populations are most affected, barriers to entering or remaining in care, and strategies used to address unmet need. Then you can decide what else needs to be done, which might include new data collection and/or additional analysis of existing data, and include it in the Plan update.

1. What sources/types of available data are most likely to add to your understanding of unmet need in the EMA/TGA?

2. What data gaps are you likely to find, and how might you fill those gaps?

Scenario 5: Serving Recently Incarcerated PLWH

Your EMA/TGA has identified recently incarcerated PLWH as a population facing serious challenges to retention in care, adherence to medications, and viral suppression. Two very active members brought the issue to the attention of the PC/PB, and a well-attended focus group of 17 recently incarcerated PLWH identified serious barriers to care and a need for improved strategies to help people keep appointments, take their medications, and address other life challenges like poverty, unemployment, homelessness, mental health issues, and substance misuse. The PC/PB has established a subcommittee, with strong provider and consumer participation, to explore this issue and make recommendations to the Steering Committee, hopefully within the next 6-9 months.

You are the subcommittee, and you are having your first meeting. You decide to begin by gathering all available data about the size of this PLWH subpopulation, its treatment status and experiences, the current capacity of service providers to provide appropriate services (including support services), and strategies that have been used or should be considered for addressing its needs.

1. What sources of available data are most likely to add to your understanding of this population?

2. What data gaps are you likely to find, and how might you fill those gaps over the next 6-9 months?