Overview of Data Sources to Inform Part A Decision-making

I. BACKGROUND

Each year the Denver HIV Resources Council is asked to make recommendation to the Denver Office of HIV Resources on categorical allocation of funding to create a safety net of service providers to those living with or affected by HIV with in the Denver metropolitan area. The council is asked each year to articulate priority populations and to identify emerging needs and populations within the local epidemic. As data is absolutely critical to informed decision making, it is imperative that the council define and annually review a comprehensive plan for data analysis. The City and CDPHE annual review several HIV-related data sets and share summaries of this data with the HIV Resources Council. In addition, the Evaluation and Assessment Subcommittee of the larger Council annually determines what additional data elements might be needed to help make informed decisions, establishes a process by which this data will be secured, compiles and presents this data. Finally, many current analyses are readily available to Council members for review.

This data gathering process has been refined over several years, but has never been formalized. This document would propose a structure to the data sets reviewed and presented to the Council, a timeline for the release of that data, a framework for the Council to task its Evaluation subcommittee with procuring additional data, and the means and mechanism for how all data would be presented back to the Council and the community of stakeholders.

Planning for Priorities should be an ongoing process. Ideally, Council members will take the time to **review all of the below referenced documents during the year**. These documents would then be supplemented by **annual data requests made in the winter** of each year (Noted in this document). Finally, **ad hoc work groups should be convened immediately following Priorities each summer** to define a data gathering plan to address specific questions that need further clarity.

II. EXISTING DOCUMENTS AVAILABLE TO THE COUNCIL

A. CDPHE State-wide Coordinated Statement of Need

http://www.cdphe.state.co.us/dc/HIVandSTD/cohivaidscoalition/Colorado%20SCSN%202009.pdf

B. CDPHE Part B Comprehensive HIV Care and Treatment plan

http://www.cdphe.state.co.us/dc/HIVandSTD/cohivaidscoalition/Colorado%20Part%20B%20Comprehensive%20Plan%202009%20-%202012.pdf

C. CDPHE Comprehensive HIV Prevention plan

http://www.cdphe.state.co.us/dc/HIVandSTD/cwt/cwtplan0709/0709plan.html

D. Council Comprehensive Needs Assessment 2008

http://dhrpc.org/tasks/sites/default/assets/File/PDF's/DHRPC_DataReports_NeedsAssessmentRept2008.pdf

E. Council Comprehensive Needs Assessment 2008, Provider report

http://dhrpc.org/tasks/sites/default/assets/File/PDF's/DHRPC_DataReports_NeedsAssessmentSuppProvRept2008.pdf

F. Council's Comprehensive plan

http://dhrpc.org/tasks/sites/default/assets/File/PDF's/DHRPC_DataReports_ComprehensivePlan2009to2011.pdf

G. Council Mapping of service utilization 2007

http://dhrpc.org/tasks/sites/default/assets/File/PDF's/DHRPC_DataReports_NeedsAssessmentPresMaps2007.pdf

H. CDPHE In-depth assessment on MSM

http://www.cdphe.state.co.us/dc/HIVandSTD/cwt/2006NAReport.pdf

I. CDPHE In-depth assessment on IDU and Heterosexuals at risk for HIV

http://www.cdphe.state.co.us/dc/HIVandSTD/cwt/2007NAReport.pdf

J. Council Standards of Care

http://dhrpc.org/tasks/sites/default/assets/File/PDF's/DHRPC_DataReports_StandardsOfCare_2009.pdf

III. ANNUAL DATA REQUESTS

A. Epidemiological profile of those living with and newly diagnosed with HIV – Limited to Denver metropolitan statistical area (MSA)

1. Tables:
   - Population demographics for persons living in the Denver MSA
   - Persons living with HIV at the end of the most recent calendar year
   - Persons diagnosed with HIV during the most recent full calendar year

   a. Variables:
      - Age
      - Sex/Gender
      - Race/Ethnicity
      - HIV status = HIV/non-AIDS, AIDS, HIV unknown AIDS status
      - HIV risk factor
      - Income status
      - Housing status
      - Insurance status
      - Education

2. Graphs – Simple bar graphs
   - Number of persons living with HIV vs. year
   - Number of persons newly diagnosed vs. year
   - Age categories of newly diagnosed persons (proportion out of 100%) vs. year
   - Male/Female proportion (out of 100%) of newly diagnosed persons vs. year
   - Race/Ethnicity proportion (out of 100%) of newly diagnosed persons vs. year
   - HIV risk categories of newly diagnosed persons (proportion out of 100%) vs. year

Source: CDPHE

Justification:
This data present the most basic picture of HIV as it relates to the Denver population. Graphs characterizing persons newly diagnosed with HIV plotted against year of diagnoses can paint broad brush strokes about changes in the epidemic.

B. Epidemiological profile of those persons living with or affected by HIV served through Denver MSA Ryan White providers

1. Tables
   - Demographics of persons utilizing RW services in MSA for most recent year – Three columns: Overall, Title 1 specific, Title 2 specific, other titles?

- Demographics of persons utilizing RW services in MSA by service category for most recent year – Limit to Title 1

a. Variables:
- Age
- Sex/Gender
- Race/Ethnicity
- HIV status = HIV/non-AIDS, AIDS, HIV unknown AIDS status
- HIV risk factor
- Income status
- Housing status
- Insurance status
- Education

2. Graphs

Source: CDPHE, City

Justification:
This data will allow assessment of population of persons utilizing RW services as it compares with the demographics of the epidemic presented in A. Service category specific data can highlight if certain populations appear to be over-utilizing, or more importantly, under-utilizing specific services. I.e. Might there be barriers for certain populations in their use of specific service categories? Further investigation of deviations would be necessary.

C. Service utilization by category

1. Tables
- Service utilization (numbers of unique patients) by category for most recent year
- Service utilization (numbers of encounters) by category for most recent year

a. Variables:
- Service categories

2. Graphs
- Service utilization (patients or encounters?) for each category vs. year

Source: City

Justification:
This is data culled from CareWare historically presented to the Council along with trends in funding.

D. Funding by category

1. Tables
   - Funding by category for most recent year

   a. Variables:
   - Service categories

2. Graphs
   - Funding for each category vs. year

Source: City

Justification:
This is data historically presented to the Council along with overall trends in service utilization.

E. Service utilization by targeted populations identified by Council or listed in RW RFA

1. Tables
   - Service utilization by populations for most recent year

   Examples for 2010:
      - MSM
      - Incarcerated
      - Meth users
      - Youth
      - Women
      - People of color
      - Undocumented

   a. Variables:
      - Service categories

2. Graphs
   - Service utilization for 6 core services by population vs. year

Source: City, CDPHE, other targeted data for specific populations

Justification:
Though the analysis of data in B might afford a window into differential utilization of services by demographics, this data will allow comparisons of service use by category over time for populations prioritized by the Council, other data sources, or by HRSA. Trends in service utilization can be compared to funding streams to rates of change. Is

funding keeping up with, or driving use, for these prioritized populations. As data on each of these populations may not be complete, or may be collected in variable ways, a core data set pulled from varied sources will need to be identified.

F. Patient entry into RW system

1. Tables
   - Number of persons entering RW system by category (based on date of first encounter and service provided at that first encounter) in most recent year

   a. Variables:
   - Service categories

2. Graphs
   - Proportion of persons entering the system (out of 100%) through each category vs. year

Source: City

Justification:
This data serves to help understand entry portals into RW services and if/how those change over time.

Note: It may be interesting to look at demographics by site of entry into the system.

G. Patient exit from RW system

1. Tables
   - Number of persons leaving RW system by category (based on date of last encounter if greater than 12 months ago and service provided at that last encounter)

   a. Variables:
   - Service categories

2. Graphs
   - Proportion of persons leaving the system (out of 100%) with a last visit at each category vs. year

Source: City

Justification:
This data would help better identify points in the system from where persons are lost.

H. Demographics of patients lost from RW system

1. Tables
   - Demographics of persons who were in RW services but not seen for over 12? months

   a. Variables:
      - Age
      - Sex/Gender
      - Race/Ethnicity
      - HIV status = HIV/non-AIDS, AIDS, HIV unknown AIDS status
      - HIV risk factor
      - Income status
      - Housing status
      - Insurance status
      - Education

2. Graphs

Source: CDPHE, City

Justification:
Better understanding of characteristics of persons lost. I.e. are there people with whom we can intervene prior to them dropping out of the system.

I. Comparison of persons in primary care and not in primary care

1. Tables
   - Demographics of persons in primary care vs. those not in primary care

   a. Variables:
      - Age
      - Sex/Gender
      - Race/Ethnicity
      - HIV status = HIV/non-AIDS, AIDS, HIV unknown AIDS status
      - HIV risk factor
      - Income status
      - Housing status
      - Insurance status
      - Education

2. Graphs

Source: CDPHE, City

Justification: Assess the differences between those access RW services for primary care versus those not in care. Caveat: Persons not in primary care may be in care through non-RW providers.

J. Comparisons of absolute numbers and demographics for those persons utilizing multiple categories of services

Examples:

1. Those in primary care and case management
2. Those in primary care and non-medical case management
3. Those in primary care and substance abuse treatment
4. Those in primary care and mental health services
5. Those in case management and substance abuse treatment
6. Those in case management and mental health services

Justification: These data may suggest where better linkage might occur in our systems or, at least, identify area in which further research is needed. Example: An analysis of who (numbers and demographics) is in both primary care and case management might identify gaps in cross referral from primary care to case management and vice versa. If this gap is significant enough, this might also prompt the Council to better study the need, linkages, and efficacy of these relationships. Do persons in primary care have better outcomes when they also have a case manager, for example?

IV. OTHER POTENTIAL SOURCES OF DATA

A. CDPHE/Gardner assessment of estimate of out of care persons
B. Categorical summaries of MOHR assessment of how well standards of care are being met
C. DPH Behavioral Surveillance data of populations at risk for or living with HIV