

FOUR STEP GUIDE TO IMPROVING HIV PREVENTION ACTIVITIES & STRATEGIES



PURPOSE

Use this guide to help you leverage HIV program data your organization already collects to improve CDC-funded HIV prevention activities and strategies, including, but not limited to: 1) targeted HIV testing; 2) linkage to care programs; and 3) medication adherence interventions.

The four steps in this guide will demonstrate how your organization can:

1. Identify a challenge and define a question
2. Gather and review data
3. Analyze and learn from data
4. Make informed decisions for program improvement

In each step, a case study illustrates how an organization can apply these steps to tackle real-world challenges. Your organization may choose to adapt the tables presented in the case study to address your specific challenge.

For further assistance, please submit a technical assistance request through the Capacity Building Assistance (CBA) Tracking System (CTS).



STEP 1

DEFINE YOUR QUESTION

What question related to your HIV prevention program or activities do you want to address?

Review documents that describe program goals and objectives, indicators, activities, and processes (e.g., CDC workplan, logic model, etc.) to help identify potential issues and inform actionable questions.

STEP 1 / CASE STUDY

DEFINE YOUR QUESTION

ABC House is a community-based organization that has received CDC HIV prevention funding for the last 15 years. The agency provides HIV testing services, and linkage to care and medication adherence support for those living with HIV. They have historically served Black heterosexual men and women between the ages of 21 and 45. Through their current CDC funding, they have expanded their services to focus on Black men who have sex with men (MSM) between the ages of 13 and 24.

ABC House has monthly team meetings, which include all linkage to care staff, outreach specialists, testing specialists, and their data specialist. During their monthly meetings, the team discusses program benchmarks and progress. Upon review, the team noticed that they are not meeting the HIV testing targets for Black MSM ages 13 to 24. When they reviewed reports from their locally developed HIV testing database, they noticed that most HIV tests were conducted with their long-standing client population (Black heterosexual men and women ages 21- 45).

ABC HOUSE'S QUESTION



Why aren't we meeting our HIV testing numbers among Black MSM ages 13 - 24?



STEP 2

ASSESS & REVIEW DATA SOURCES

What data are currently available to you?

Determine what types of data you need to help answer your question from Step 1 (e.g., demographic data, service data, testing data, outreach data, etc.). Consider all the formats in which your program may collect, document, and report information (e.g., spreadsheets, database reports, interview or survey data, case notes, intake forms, testing and referral forms, program participation forms, annual or interim progress reports, site visit reports, etc.).

It may also be helpful to review external data sources, such as local or state health department or AIDS Vu data, to inform program activities and ensure your program remains responsive to local needs and trends. For more information on HIV-related data resources, please see the last section of this guide entitled *Additional Resources*.

Gather and review any existing data sources that may help answer your question from Step 1. As you review the data, consider these questions:

- Which data are easily accessible and readily available?
- Which data are most timely or current? (e.g., How soon are data available for use after they are collected and submitted? How current are the data or data source? Are the data still relevant and useful in the current time period?)
- Which data are most accurate? (e.g., How correct and consistent are values for key variables/ fields? How closely do written notes align with what participants experienced or observers witnessed at the time?)
- Which data are most complete? (e.g., Do spreadsheets have many blanks for key variables/ fields? Does the database have many missing or incomplete records? Do written notes have full or partial documentation of topics discussed or observed?)
- Which data will best answer your question?



STEP 2 / CASE STUDY

ASSESS & REVIEW DATA SOURCES

During a ABC House HIV testing team meeting, staff brainstormed existing data sources that may help them answer their question: **Why aren't we meeting our HIV testing numbers among Black MSM ages 13 - 24?**

The HIV testing team only considered information that was readily available, timely, complete, and accurate, which included their local database reports, case notes, and meeting notes from their Youth Advisory Board meeting where this issue was discussed. To assist with identifying which of their multiple sources would best answer their question, they created the table below to organize information about each data source.

WHAT IS THE DATA SOURCE?	ARE THE DATA ACCESSIBLE?	ARE THE DATA TIMELY	ARE THE DATA COMPLETE?	ARE THE DATA ACCURATE?	WHAT INFORMATION IS INCLUDED?
Youth Advisory Board (YAB) meeting notes	Yes; notes files located in YAB Meetings folder in shared drive	Yes; have notes from last two quarterly meetings	Somewhat; some notes/ sheets with minimal documentation	Somewhat; small representation of the priority population	Description of youth barriers to services, current strategies used to engage priority population, and awareness and attitudes toward testing
ABC House HIV testing and referral report from local database	Yes; reports downloaded from database and saved in HIV testing evaluation folder on shared drive	Yes; data are entered into database within 7 days; database and reports update immediately after entry	Somewhat; many missing fields on form	Yes	Demographics, services provided, referrals, client history, and testing location
ABC House HIV testing outreach report from local database	Yes; reports downloaded from database and saved in HIV testing evaluation folder on shared drive	Yes; data are entered into database within 7 days; database and reports update immediately after entry	Yes; few missing fields on form	Yes	Number of encounters, incentives provided, and barriers experienced



STEP 3

ANALYZE & LEARN FROM DATA

What do your data tell you?

Data analysis does not need to be complex and can include a mix of qualitative data (e.g., narrative summaries from focus groups, semi-structured interviews, text documents, etc.) and quantitative data (e.g., data points from surveys, spreadsheets, etc.). For example, comments from case or meeting notes can be reviewed to identify and categorize major themes. Data from database reports or internal spreadsheets can be summarized into tables showing total counts and percentages to provide a high level overview of the data. After analysis, visuals such as tables, charts, and graphs can be created to help staff interpret the data. For further information on ways to collect and analyze data, see the last section of this guide entitled *Additional Resources*.

Ask these questions to help understand what the data are telling you:

- What do the data explain? What do they not? Do they answer your question?
- What patterns, relationships, similarities, or differences exist?
- What themes emerge?
- What conclusions can you make from the data?
- What do we individually and collectively think the data suggest?



STEP 3 / CASE STUDY

ANALYZE & LEARN FROM DATA

After gathering and reviewing their data sources, ABC House conducted a brief analysis of each data source. First, they summarized major themes from the Youth Advisory Board meeting notes. Then, they calculated total counts and percentages in Excel for the testing and referral data. They added their findings from the analysis to the table created in Step 2.

WHAT IS THE DATA SOURCE?

WHAT INFORMATION IS INCLUDED?

WHAT DO THE DATA SHOW? WHAT CONCLUSIONS CAN WE REACH?

Youth Advisory Board (YAB) meeting notes

Description of youth barriers to services, current strategies used to engage priority population, and awareness and attitudes toward testing

Data show: Black MSM ages 13-24 may feel embarrassed to access testing services in public places; this group uses Instagram and Snapchat, but does not use Facebook; may have transportation issues; other testing programs are giving up to \$75 incentives per test; and four YAB members attend local historically Black colleges and universities (HBCUs) and some had good experience with home testing

Conclusions: Some ABC testing sites might be too “public”, accessibility to sites could be improved, and social media presence on Instagram could be strengthened

ABC House HIV testing and referral report from local database

Demographics, services provided, referrals, client history, and testing location

Data show: 90% of clients are former clients between ages 21 to 45; 80% are heterosexual

Conclusions: Could learn more about sites where youth feel comfortable accessing HIV testing services; need to work on recruitment of 13-24 year-old Black MSM

ABC House HIV testing outreach report from local database

Number of encounters, incentives provided, and barriers experienced

Data show: The numbers of individuals tested in clubs and bars is very low; there is a high number of testing referrals for the agency during weekdays; and the current incentive is not motivating youth to test

Conclusions: Explore other incentive options (i.e. amount and type of incentive) and home testing as a new venue/option



STEP 4

MAKE INFORMED DECISIONS

Based on what we know, what can be done now and in the future?

Once you have analyzed the data and reached some conclusions, determine who needs to be part of the decision making process.

- Program managers?
- Program staff?
- Administrative staff?
- Board of directors?
- Funder?

Determine how you will share data with these stakeholders.

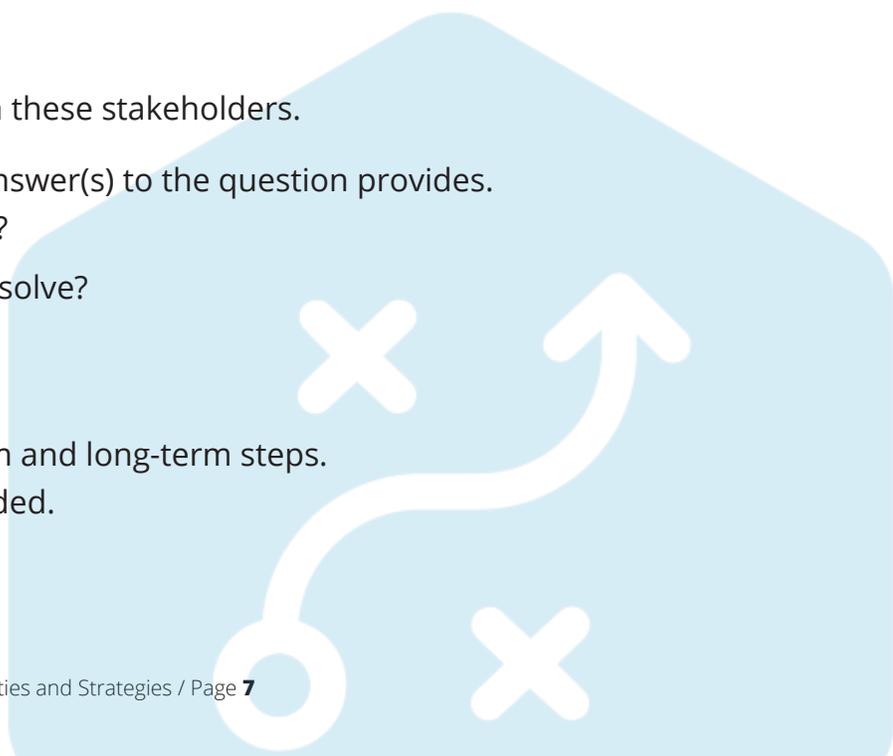
Identify the potential approaches the answer(s) to the question provides.

- Is there a workflow issue to address?
- Is there a documentation issue to resolve?

Outline potential next steps.

Develop a plan to implement short-term and long-term steps.

- Request technical assistance as needed.





STEP 4 / CASE STUDY

MAKE INFORMED DECISIONS

To help make decisions about what to do next, ABC House staff **reviewed their notes about the data and initial conclusions**. Then, at their next staff meeting, they brainstormed and **prioritized next steps** for the short-term (next three months) and the long-term (next 12 months). They added the ideas they discussed to the table they created in Step 2.

WHAT DO THE DATA SHOW? WHAT CONCLUSIONS CAN WE REACH?

SHORT- AND LONG-TERM ACTIONS

Data show: Black MSM ages 13 - 24 may feel embarrassed to access testing services in public places; this group uses Instagram and Snapchat, but does not use Facebook; may have transportation issues; other testing programs are giving up to \$75 incentives per test; and four YAB members attend local HBCUs and some had good experience with home testing

Conclusions: Some ABC testing sites might be too “public”, accessibility to sites could be improved, and social media presence on Instagram could be strengthened

Short-term:

- Add recruitment and incentive ideas as a standing agenda item for every YAB meeting
- Request technical assistance to develop a social media strategy

Long-term:

- Work with YAB to conduct focus groups to learn more about barriers and facilitators to HIV testing
- Update communications plans to include reaching youth on social media

Data show: 90% of clients are former clients between ages 21 to 45; 80% are heterosexual

Conclusions: Could learn more about sites where youth feel comfortable accessing HIV testing services; need to work on recruitment of 13-24 year old Black MSM

Long-term:

- Work with the YAB to conduct focus groups to learn about appropriate locations for testing and attitudes toward home testing

Data show: The numbers of individuals tested in clubs and bars is very low; there is a high number of testing referrals for the agency during weekdays; and the current incentive is not motivating youth to test

Conclusions: Explore other incentive options (i.e. amount and type of incentive) and home testing as a new venue/option

Short-term:

- Start conducting HIV testing at locations other than club or bars and track and monitor progress for four weeks
- Research home testing models

Long-term:

- Update incentive protocols based on findings from analysis and YAB feedback (i.e. cost of incentive, type of incentive, etc.)
- Update HIV testing program to include strategies better able to reach Black MSM ages 13- 24

ADDITIONAL RESOURCES

CDC Framework for Program Evaluation in Public Health

The framework guides public health professionals in their use of program evaluation. It is a practical tool, designed to summarize and organize essential elements of program evaluation.

<https://www.cdc.gov/eval/framework/index.htm>

Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide

The manual based on CDC's *Framework for Program Evaluation in Public Health*, is intended to assist managers and staff of public, private, and community public health programs to plan, design, implement and use comprehensive evaluations in a practical way.

<https://www.cdc.gov/eval/guide/CDCEvalManual.pdf>

Community Toolbox Focus Group Resources

The *Community Tool Box* is a free, online resource for those working to build healthier communities. It is a public service of the Center for Community Health and Development at the University of Kansas.

<https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-focus-groups/main>

AIDSVu is an interactive online mapping tool that visualizes the impact of the HIV epidemic on communities across the United States.

<https://aidsvu.org/>

