



**New York EMA HIV Health and  
Human Services Planning Council  
Comprehensive Strategic Planning  
Process for 2005-2008**

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**Data Day 1**

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**January 21, 2004**



# Topics

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- **Comprehensive plan overview**
- **Understanding goals, objectives, and measures**
- **Planning principles**
- **Process and timeline**



# Comprehensive Plan Overview

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- **Executive Summary**
- **Guide to Readers**
- **Chapter 1 – HIV/AIDS  
Epidemic in the New York EMA:  
Where are we now?**
- **Chapter 2 – Goals and  
objectives for 2005-2008:  
where are we going?**



# Comprehensive Plan Overview, continued

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- **Chapter 3 – Monitoring and Evaluation: How Will We Monitor Our Progress**
- **Appendices**
  - **Glossary**
  - **Sources**
  - **Maps**



# Understanding Goals

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## Goal

- **Broad, overarching statement describing desired outcomes.**
- **Example: Ensure people with HIV achieve and maintain optimal health**



# Goals Should:

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- **Not be written in specific or measureable terms**
- **Be limited**
- **Answer the question: what major changes should occur in the lives of PLWHA in the NY EMA between now and 2008?**



# Understanding Objectives

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## Objective

- **A more targeted statement of the goal that is specific enough to be measured. Multiple objectives may exist for a given goal.**
- **Example: Persons with HIV disease who receive health care services will adhere to treatment**



# Objectives Should:

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- **State...**
  - **What should happen – outcomes**
  - **Not how it should happen – process**
- **Be specific enough to be measured**
- **Be limited to 1-3 per goal**



# Focus of Objectives

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- **Clients' behaviors**
- **Clients' life situations**
- **Clients' satisfaction**
- **Quality of life provided**



# Understanding Measures

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## Measure

- **A specific variable that can be measured to determine progress in achieving an objective.**
- **Measure: CHAIN participants' self-reported adherence to HIV antiretroviral medication**



# Understanding Baseline Data

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## Baseline data

- **The status of the measure at the time the plan was developed.**
- **Example: At the time the plan was developed, CHAIN reported 67% adherence**



# Understanding Result

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## Result

- **The status of the measure at the completion of the plan.**
- **Result: At the time of most recent monitoring, CHAIN reported 72% adherence which was not statistically different from baseline**



# Example of How Data Reported

<b>Baseline: % of original CHAIN cohort with positive indicator (1998- 2001), n=652</b>	<b>Result: % of new CHAIN cohort with positive indicator (2002- 2003, n=562)</b>	<b>Groups in new CHAIN cohort with statistically lower progress</b>
<b>67%</b>	<b>72%</b>	<b>Women, Blacks, Whites</b>

**No significant difference between baseline and result.**



# Sources of Data

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- **CHAIN: Old cohort compared to new**
- **AIDS Institute Title I Quality Management Program (HIV Qual)**
- **Outcomes measurement**
- **NYC DOHMH**
- **MHRA**



# Non-Quantifiable Objectives and Measures

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**If quantifiable data are not available to measure the success of an objective, “Process Measures” can be used.**

**“Process Measures” asked, “Was the planned task completed?”**



# Example

<b>Action Steps</b>	<b>Data Source</b>	<b>Achievement Level</b>
<b>Gather/analyze data from consumers on their experiences with providing input.</b>	<b>MHRA contract monitoring data on CAB implementation</b>	<b>Fully Achieved</b>



# NYC 2002 Strategic Plan

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- **32 Process Objectives were specified for NYC in the Plan:**
  - **8 were fully achieved**
  - **22 were partially achieved or were still being completed**
  - **2 were deemed inappropriate for inclusion in the plan**



# Tri-County 2002 Strategic Plan

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- **5 Process Objectives were specified for Tri-County in the Plan:**
  - **All were partially achieved or were still being completed**



## Lessons Learned from 2002

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**Workgroups may have been too ambitious in their expectations of themselves given the limited time covered by the plan and the number of factors out of their control that contribute to outcomes**



# Planning Principles

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## **Plan should be:**

- **Rooted in the changing environment**
- **Evidenced based**
- **Realistic**
- **Expressed in streamlined language**
- **Inform the yearly allocation process**



# Planning Principles

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**Plan should be:**

- **Revisited and adjusted as needed**
- **Focus on outcomes, not processes**
- **Consistent with HRSA guidelines**
- **Reflect coordination across committees, advisory groups, Community Prevention Group, and the Commission**



# Values of Planning \*

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- **Consumer focus**
- **Fill gaps**
- **Encourage coordination**
- **Define the continuum of care broadly**
- **Focus on meeting the needs of all consumers: historically underserved sub-populations, those with severe needs, those not in care.**

\* Proposed



# Vision Statement \*

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**It is the vision of the HIV Health and Human Services Planning Council of New York that people living with HIV disease in the New York EMA will have access to appropriate, quality services across the continuum of care, resulting in the best possible health and quality of life.**

**\* 2002 Plan**



# Process

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- **Summarize needs assessment documents for Chapter 1**
- **Work with Committees to develop candidate goals and objectives for Chapter 2**
- **Develop monitoring and evaluation framework for Chapter 3**



# Plan Production

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- **Combine three chapters into Draft Plan**
- **Review Draft Plan**
- **Revise Draft Plan**
- **Final Plan**



# Thank you.

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