



**“What Questions Are We Asking?”**  
**Panel Presentation Overview**

**Joe Pressley, Chair, Planning and Evaluation  
Committee**

**Data Day 3**  
**Using Data to Assess Title I Services**

# Goal

- The panel presenters will briefly present data which may assist with Workgroup assessment of Ryan White CARE Act Title I services.

# Panel Presenters

- Gregg Weinberg, Medical and Health Research Association of New York City/HIV CARE Services
- David Abramson, Columbia University
- Ruth Finkelstein, ScD, New York Academy of Medicine
- Melissa Shurkin, Laurence A. Pagnoni Associates

# Logistics

- During the afternoon Workgroup Break-Out Session, Workgroup members will review service portfolios and utilize the data to answer the planning questions.
- The materials in these presentations may be found in your Data Day 3 binders.

# WORK GROUP PRINCIPLES FOR ASSESSING AND DEVELOPING THE TITLE I SERVICE PORTFOLIO

- As developed by the Planning and Evaluation Committee to provide direction to the Planning Council's six priority setting workgroups as they begin the planning for Year 15.
- All service models and templates must be re-assessed.
- Services must comply with the 2000 CARE Act amendments to provide – or support access to and maintenance in – HIV-related primary medical care.
- Unmet need: Services models must be developed to get people who know their HIV status and who are not in care into HIV primary medical care.
- Service gaps: Services must fill gaps that are documented by data and that fulfill all the above criteria.

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# WORK GROUP PRINCIPLES FOR ASSESSING AND DEVELOPING THE TITLE I SERVICE PORTFOLIO

- The planning process will be driven by the best available data. Data sources available to the workgroups for planning include, but are not limited to: CHAIN, MHRA, HIV QUAL, P&E initiatives, MAI and other outcome evaluations, AIDS Housing Needs Assessment, Adult Spectrum of Disease Study, NYSDOH AIDS Institute data, consumer surveys, community forums and appropriate published studies. The Planning Council may commission studies to fill data gaps as appropriate and practical.
- Individual providers should not provide contract-specific information to the workgroups.
- Planning should be done in accordance with HRSA and Planning Council conflict of interest guidelines.

All decisions should be driven by the best available data.  
 Individual providers should not provide contract-specific information to the workgroups.



Based on the "Work Group Principles For Assessing & Developing the Title I Service Portfolio," this service priority should not be continued.

# What Questions Are We Asking?

1. Is there a compelling need for the service?
2. Is the service reaching special populations and areas disproportionately affected by the epidemic?
3. Is the service meeting the objectives set forth in the Strategic Plan?
4. Does the service clearly and demonstrably contribute to improved health outcomes?

# Is there a compelling need for the service?

- Who needs the service?
- Who is using the service?
- Is the service being effectively utilized? Are contract deliverable targets being met?
- Is there a gap between total contract deliverables for the service and need for the service? If so, what information exists on populations that are not receiving the service? What evidence exists on the health impact of non-receipt of the service?

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## Is there a compelling need for the service?

- Is Ryan White the only provider of this service? If not, what other resources exist to meet this need? How is Ryan White coordinating with existing service systems to minimize duplication?
- Is the service meeting Title I program goals?

## Is the service meeting the objectives set forth in the Strategic Plan?

- What are the strategic plan's objectives for this service?
- Is the service meeting the strategic plan's objectives?
- What evidence exists that the service is meeting the strategic plan's objectives?
- Is there a need to revisit the Strategic Plan's objectives for this service?

## Is the service reaching special populations & areas disproportionately affected by the epidemic?

- Following from the “compelling need” analysis in Item 1, is the service effectively reaching special populations who need it? (Youth, Women of childbearing age, IDU, Other substance users, MSM of color, White/Anglo MSM, MICA, Homeless, Immigrants, Correctional populations)
- What evidence exists that the service is effectively reaching special populations who need it?
- Is the service adequately reaching women, infants, children, and youth?

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## Is the service reaching special populations & areas disproportionately affected by the epidemic?

- What evidence exists that the service is adequately reaching women, infants, children, and youth?
- Does the service follow the need by geographic area?
- What is the geographic distribution of Title I services in the EMA?
- Does the service system reflect the high need areas?
- Are there service gaps (Substance abuse services, mental health services, etc.) in the EMA?

# Does the service clearly and demonstrably contribute to improved health outcomes?

- Does the service involve the provision of primary medical care?
- If the service does not involve the provision of primary medical care, how does the service contribute to improved health outcomes?
- What evidence exists to demonstrate that the service contributes to improved health outcomes?
- With respect to improving health outcomes, how does this service contribute to other service categories in the work group's portfolio?