

# FACT

When it comes to HIV, using a condom makes sex **10,000** times **safer** than not using a condom



## Understanding Data

Applying it to Planning Council Practices



# Objectives

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1

Present key terms that you will encounter in Planning Council and foster clarity on their definition and use

2

Provide a working knowledge of math used for calculating incidence, prevalence, and percentages

3

Practice using key terms and performing basic calculations in the context of Planning Council/ health planning

4

Increase understanding of the role of data in the development of Ryan White Planning Documents such as need assessment, comprehensive planning and service categories

# Abbreviations

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- **PC-** Planning Council
- **RWHAP-** Ryan White HIV/AIDS Program
- **PSRA-** Priority Setting & Resource Allocation
- **OSA-** Orlando Service Area (Brevard, Lake Orange, Osceola, Seminole)
- **EMA-** Eligible Metropolitan Area (Lake, Orange, Osceola, Seminole)
- **EIHA-** Early Identification of Individuals with HIV/AIDS
- **MAI-** Minority AIDS Initiative



# What is Data & Data Based Decision Making?

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- Data is documented information, such as facts and statistics that are formed or arranged to tell a story
- *Data-based (or data-informed) decision making* is guided and supported by documented information – data – rather than based primarily or solely on personal experience, observation, anecdotes, or intuition/insight



# Importance of Data

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- **Data-based decision making is essential** to establishing, supporting, and improving a system of quality care
- **Data guides the entire planning process:**
  - Understanding service needs, barriers, and gaps in your service area – overall and for PWH subpopulations
  - Making sound decisions about use of available funds
  - Targeting funds to particular service models, geographic areas, and PWH subpopulations
  - Improving care for disproportionately affected groups



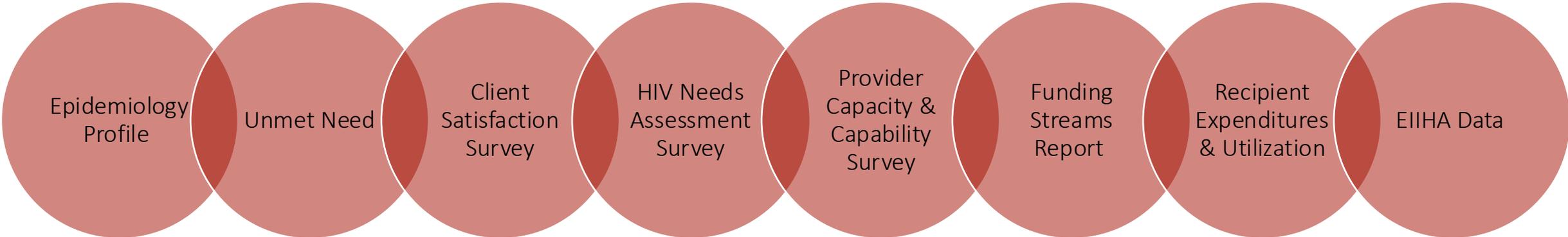
# Planning Council Tasks

PC/PB Task	Role of Data in Implementing PC/PB Tasks
Needs Assessment	Collection and analysis of information about PLWH service needs, barriers, and gaps – a major source of data for decision making
Integrated/ Comprehensive Planning	Development of plan goals, objectives & strategies all based on data of many types and sources
PSRA including Directives	Decisions about priorities, resource allocation, directives, and reallocations all expected to be data-based
System of Care	Many types of data needed to identify and address system of care weaknesses/gaps and improve services
Assessment of the Administrative Mechanism	Data from recipient & subrecipients used to assess whether funds are getting to the community on a timely basis to support services



# Data Sources used in PSRA

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# Data Types

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- Planning Councils should use data that includes:
  - Quantitative and qualitative information obtained and reviewed systematically, using sound methods
  - Information from multiple sources, gathered using several different approaches

Quantitative Data	Qualitative Data
<ul style="list-style-type: none"><li>• Addresses the “what” or “how many” of a question</li><li>• Can be counted or compared on a numeric scale</li><li>• Frequently presented in the form of charts and graphs</li><li>• Fixed and universal</li></ul>	<ul style="list-style-type: none"><li>• Describes qualities or characteristics</li><li>• Can be collected using questionnaires, town halls, or interviews</li><li>• Frequently presented in narrative form</li><li>• Dynamic and can be subjective</li></ul>



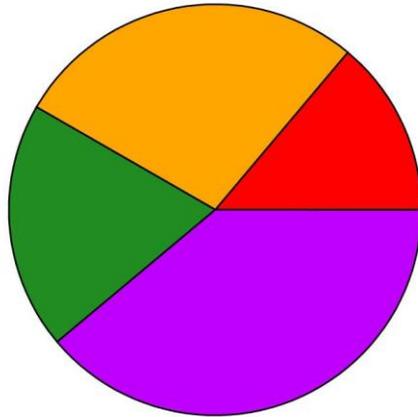
# Ways to Display Data

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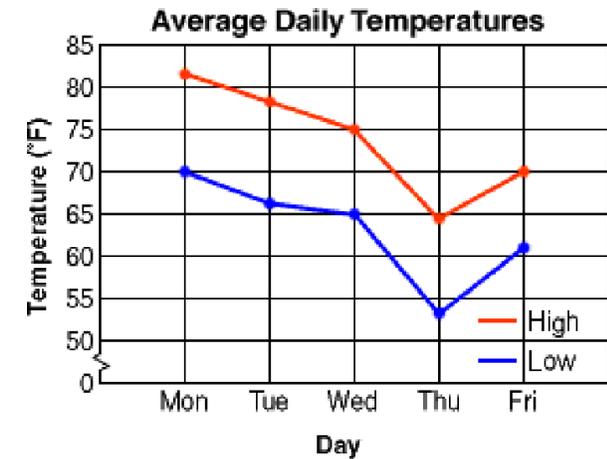
## Bar Graph

Uses bars to compare two or more categories.



## Pie Chart

Divided into areas that are proportional to percentages of the whole.



## Line Graph

Uses line segments to show changes that occur over time.



# Key Terms



# Epidemiology (Epi)

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- The study of the distribution, causes, and control of health and disease in a population

*“upon”*  
epidemiology  
*“study”*  
*“people”*



# Common Terms

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- **Sample:** A group of people selected from a total population with the expectation that studying this group will provide important information about the total population
- **Trends:** Long-term movement of change in frequency, such as 5-year trends in HIV incidence among youth
- **Risk factor:** A behavior, condition, or other factor that increases the likelihood of HIV infection



# Aggregate Data

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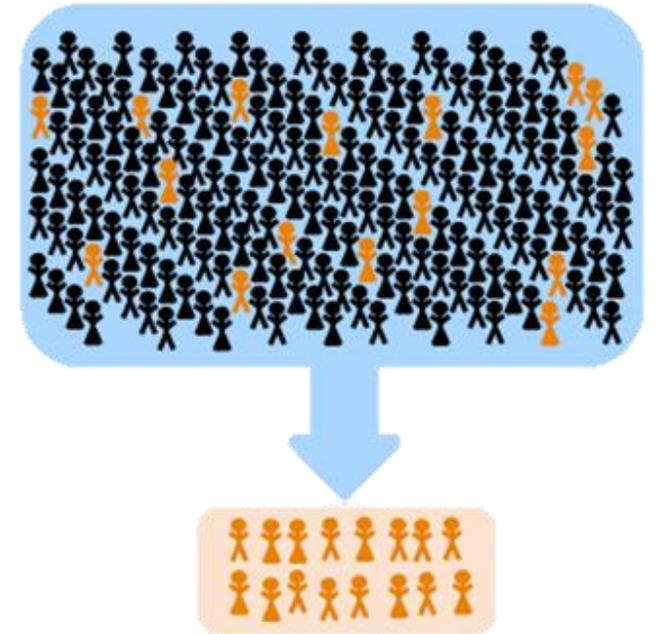
- Aggregate data is high-level summary data that is de-identified. It is for a group of people and consists of data from multiple sources.
- Aggregate data points represent a group average (or mean) instead of information from an individual.



# Population & Subpopulation

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- Population= the total group to be studied  
**Example:** All People With HIV (PWH) in the Orlando Service Area
- Subpopulation= A defined set of people from the group being studied  
**Example:** people with HIV who are experiencing homelessness and housing insecurity in the Orlando Service Area



# What Is the Total Population of This Room?

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In epidemiology, the population could be defined as the people living in a defined area like Orange County or the service area.

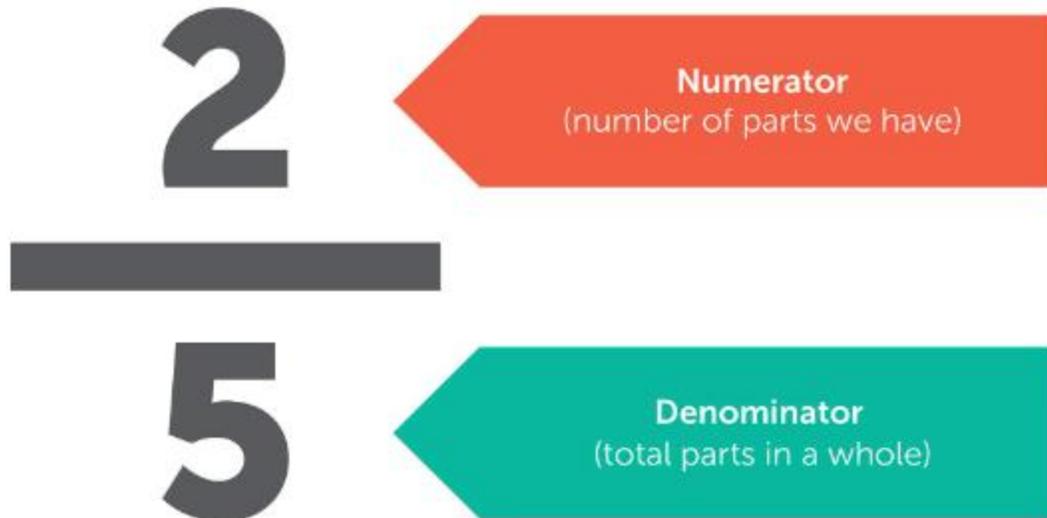


We will often want to count subpopulations too, such as the number of women living in a certain area



# Numerator & Denominator

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- The **numerator** is the top number of a fraction. The number of parts of a whole or the number to be divided.
- The **denominator** is the bottom number of a fraction. The total number of objects.
- Together, the numerator and the denominator make up a **fraction**. In a fraction, the numerator and denominator are separated by a horizontal line. The line represents division.



# Percentage

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- Proportion of a whole, expressed as parts in 100
  - **Example:** 10 out of 200 people with HIV (PWH) in the Orlando Service Area who are using childcare
  - $(10/200) = .05 \times 100 = 5\%$



# Let's Practice: Counting Subpopulations

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- How many people in the room are wearing glasses?
- What is the percentage of people wearing glasses in the room?

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# of people  
in the  
room with  
glasses on

$\times 100 = \% \text{ of}$   
people in the  
room wearing  
glasses.

# of people  
in the  
room

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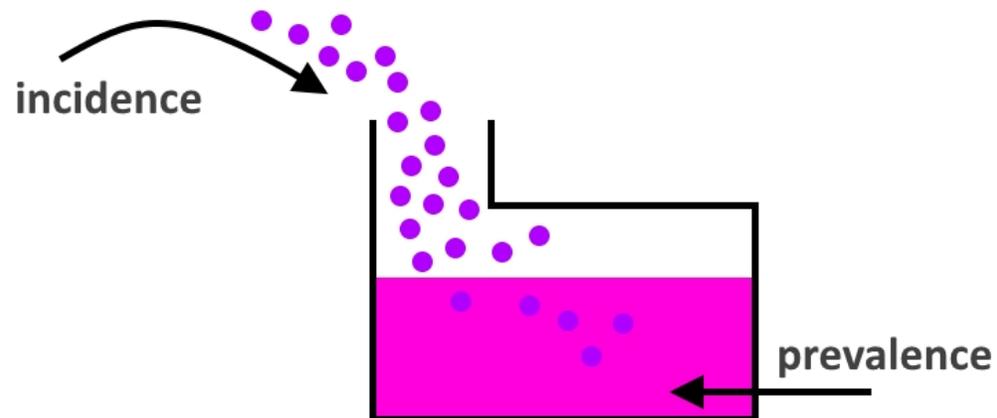
# Incidence & Prevalence



# Prevalence

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- The total number of existing cases of a disease in a population during a defined period of time (includes both old and new cases)
- **Example:** 7,000 cases of HIV diagnosed in the Orlando Service Area as of December 2022



# Prevalence Rate

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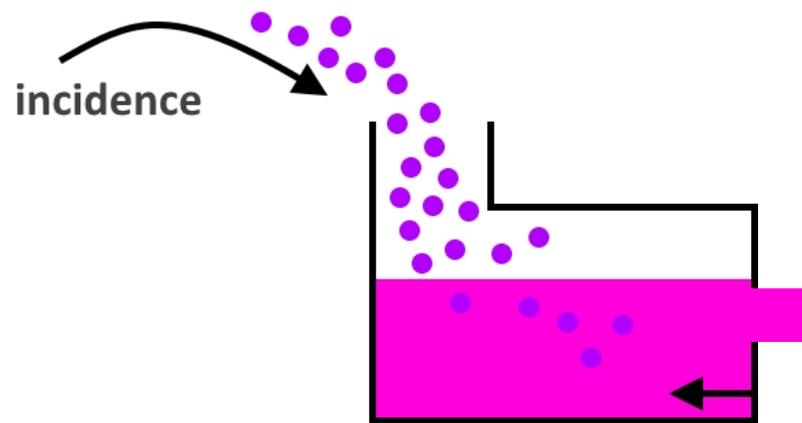
- The total or cumulative number of cases of a disease per unit of population during a defined period of time
- **Example:** 10,000 cases of HIV in a population of 4 million people can be expressed as 250/100,000 as of December 2025



# Incidence

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- The number of ***new*** cases of a disease in a population during a defined period of time
- **Example:** 300 *new* cases of HIV diagnosed in the Orlando Service Area in the year 2025



# Incidence Rate

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- The frequency of new cases of a disease that occurs per unit of a population during a defined period of time
  - **Example:**

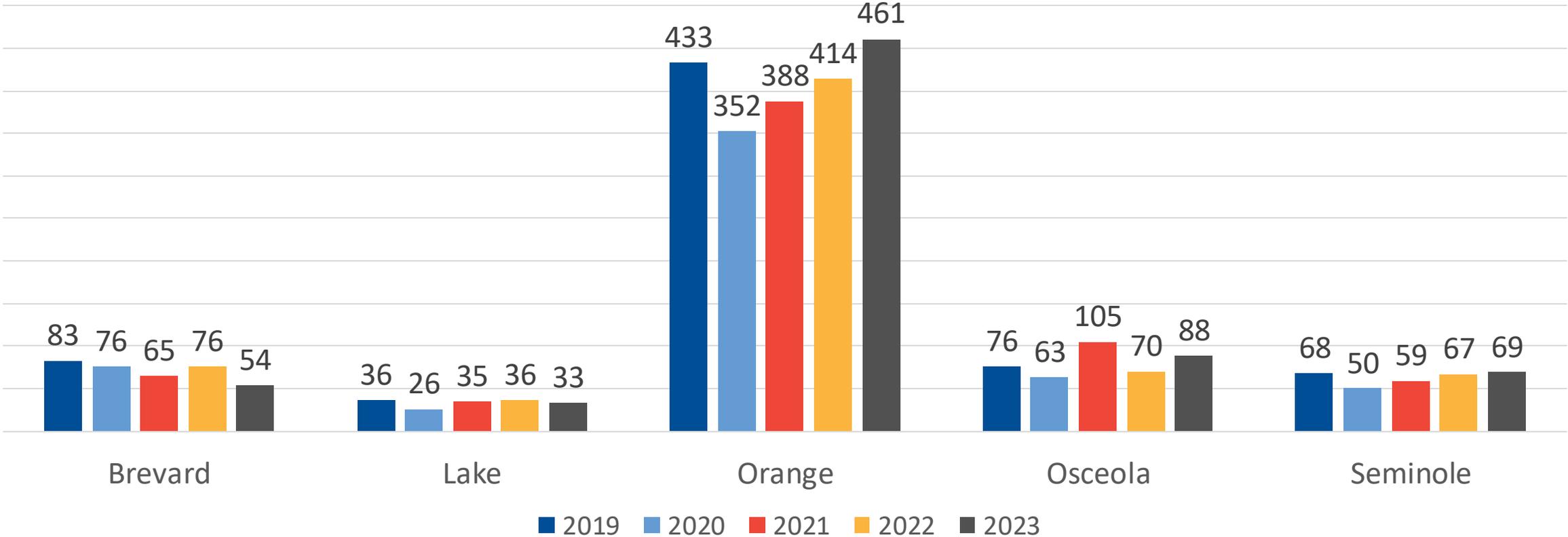
$$\frac{100}{5,000,000} \times 100,000 = \text{Incidence Rate}$$

**2 HIV cases per 100,000 people**



# HIV Incidence by County

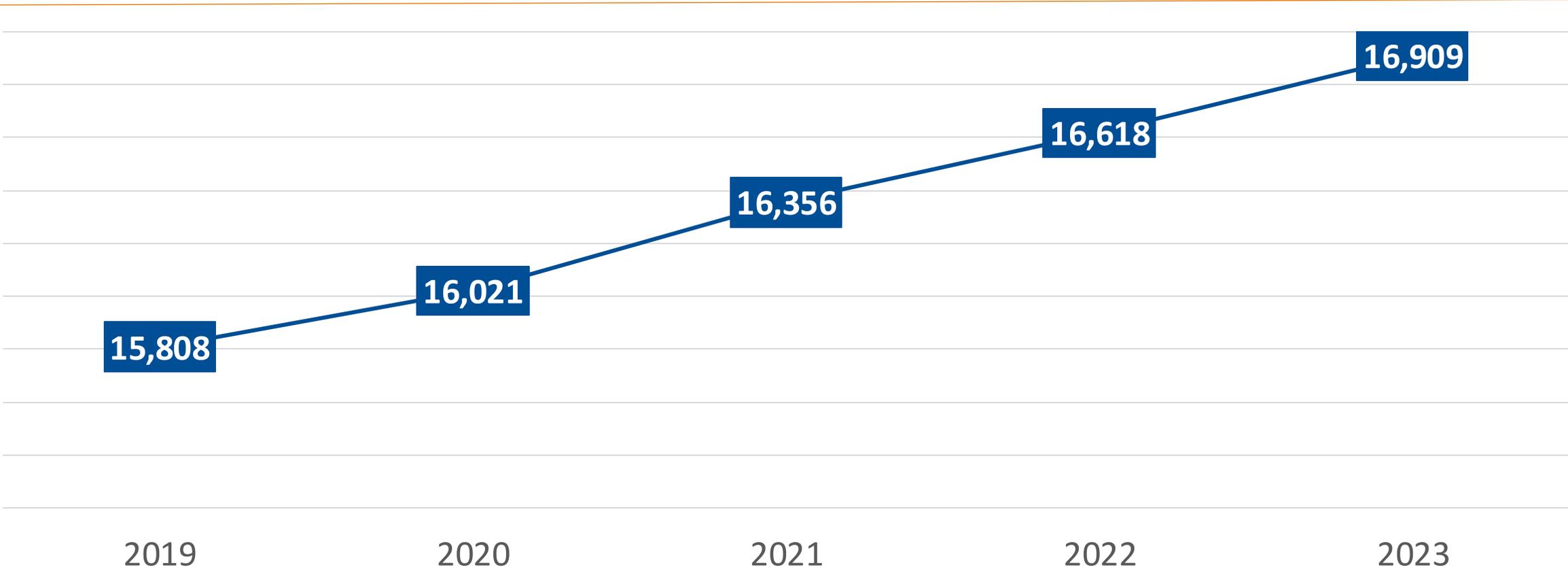
## Orlando Service Area, 2019-2023



	Brevard	Lake	Orange	Osceola	Seminole
1 yr change	-29%	-8	11	26	3
5 yr change	-35%	-8	6	16	1



# Persons with HIV (Prevalence) Orlando Service Area, 2019-2023



# Analyzing Data



# Sound Data-Use Practices

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- Become familiar with all the data types and sources (& use them during PSRA!)
- Review both quantitative and qualitative data
- Look for appropriate and timely data to answer specific questions
- Begin by looking for the main findings—but don't stop there
- Always look at the data for subpopulations
- Assess the data quality and source
- Identify data gaps
- Ask questions!



# Sound Data Use Practices

## Orlando Service Area In Care, Not Virally Suppressed, 2018-2022

**Total Tested in Orlando Service Area**  
Publicly funded testing events in 2022

**Always Read Titles**  
Many titles give you information on what area, year(s), and category that the data applies to

**Always Check the Key**  
Unsure of what you're looking at? Check the key that is on each slide so that you know what each bar, line, or table represents.

Race Ethnicity	White	Black	Hispanic/Latinx	Other
1 yr change	-3%	24%	-2%	0%
5 yr change	-27%	4%	11%	-38%

- White
- Black
- Hispanic/Latino
- Other
- PWH
- In Care, Not VLS



# Questions to Ask in Assessing & Interpreting Data

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Who was responsible for the survey, study, or data collection?



Does the “tool” use good questions? Are they clear and understandable? Do they seem likely to generate reliable data that really measure what the study is supposed to be measuring? Was the tool pre-tested?



For surveys, what was the sample size? Is it representative?

# Questions to Ask in Assessing & Interpreting Data

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What evidence is there that the data was collected using appropriate methods and by trained individuals?



What conclusions can you draw from this data?



How does the data inform other processes that the PC is responsible for, like developing service standards?

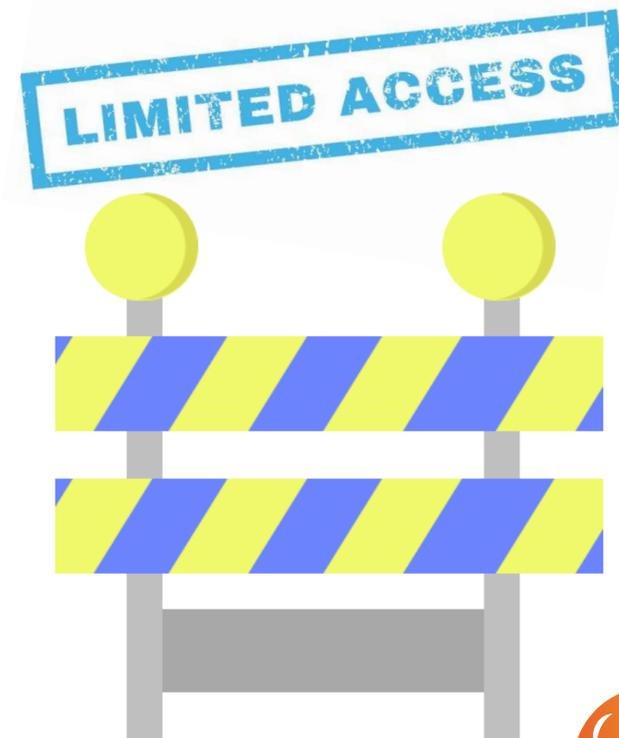
# Let's Practice

What does this data tell us?



# Top Inaccessible Services – All Respondents

Oral Health	17%
Food Assistance/Nutritional Supplements	16%
Transitional, short-term or emergency housing assistance to prevent homelessness	13%
Mental Health Counseling	12%
Legal Services	11%

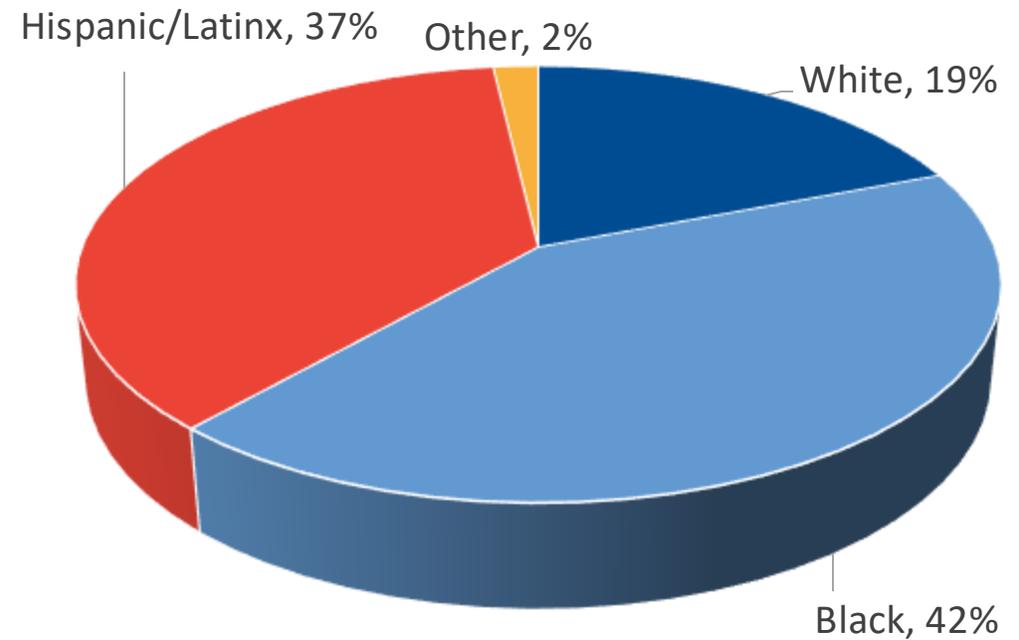
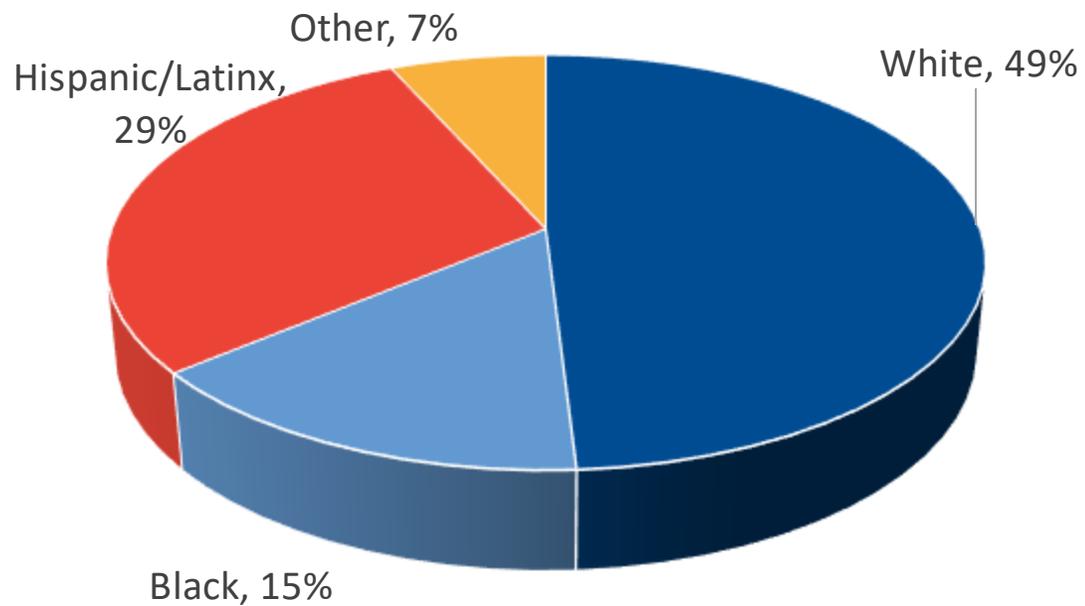


# What Does This Data Tell Us?

## HIV Incidence- Total Population Compared to Service Area, 2023

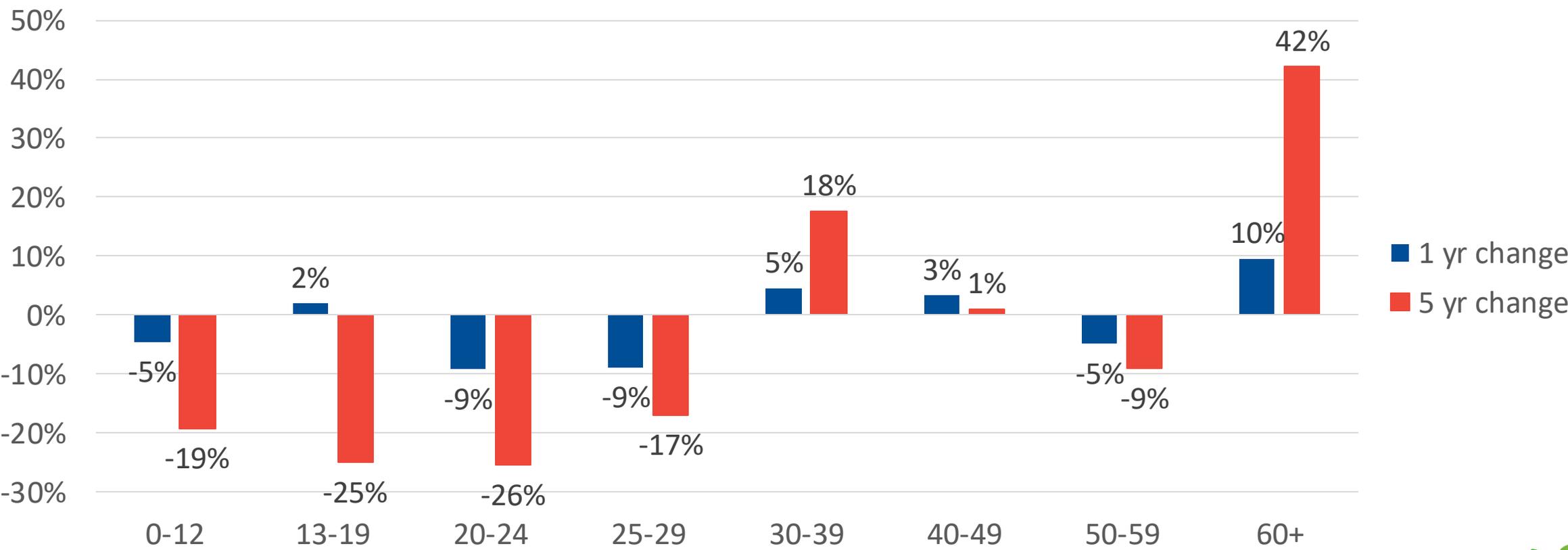
Population = 3,499,222

HIV Incidence = 705

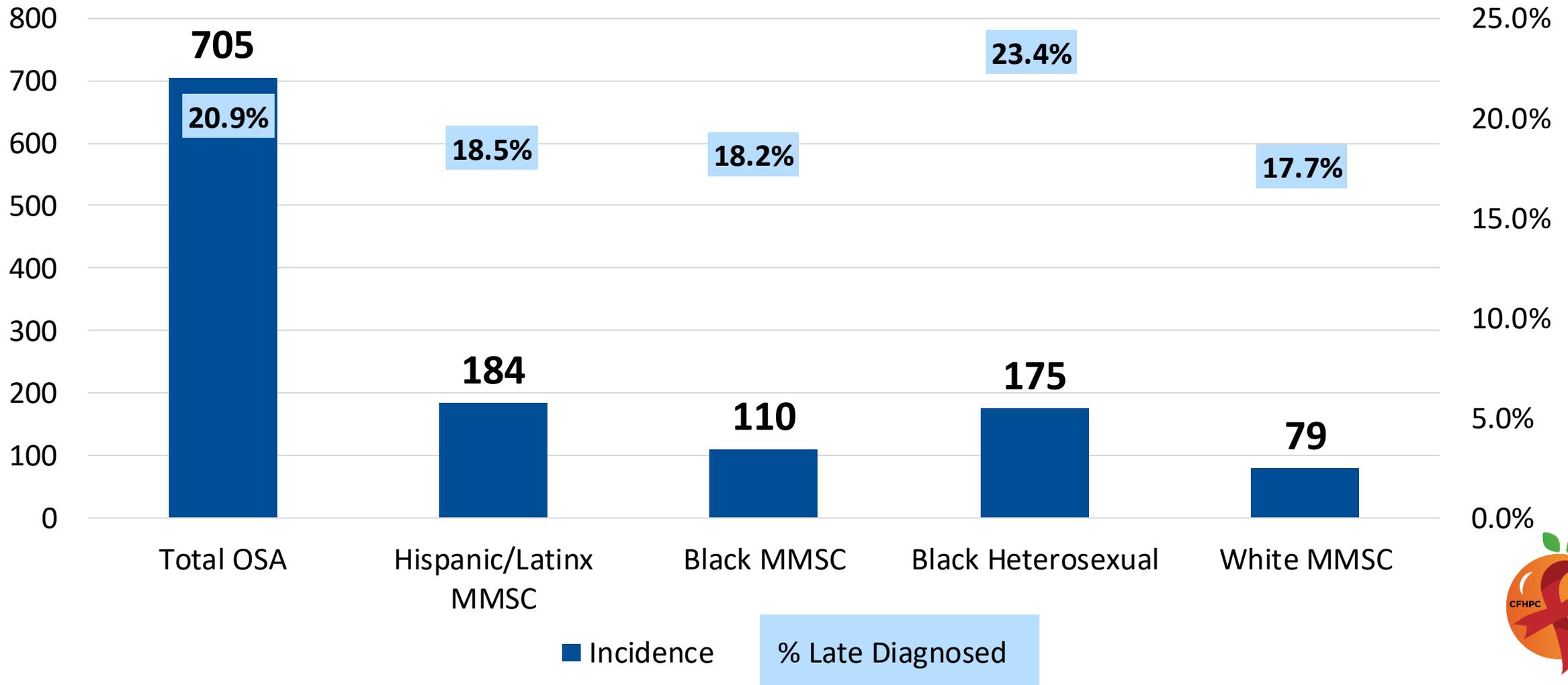


# Persons with HIV (Prevalence) by Age Group

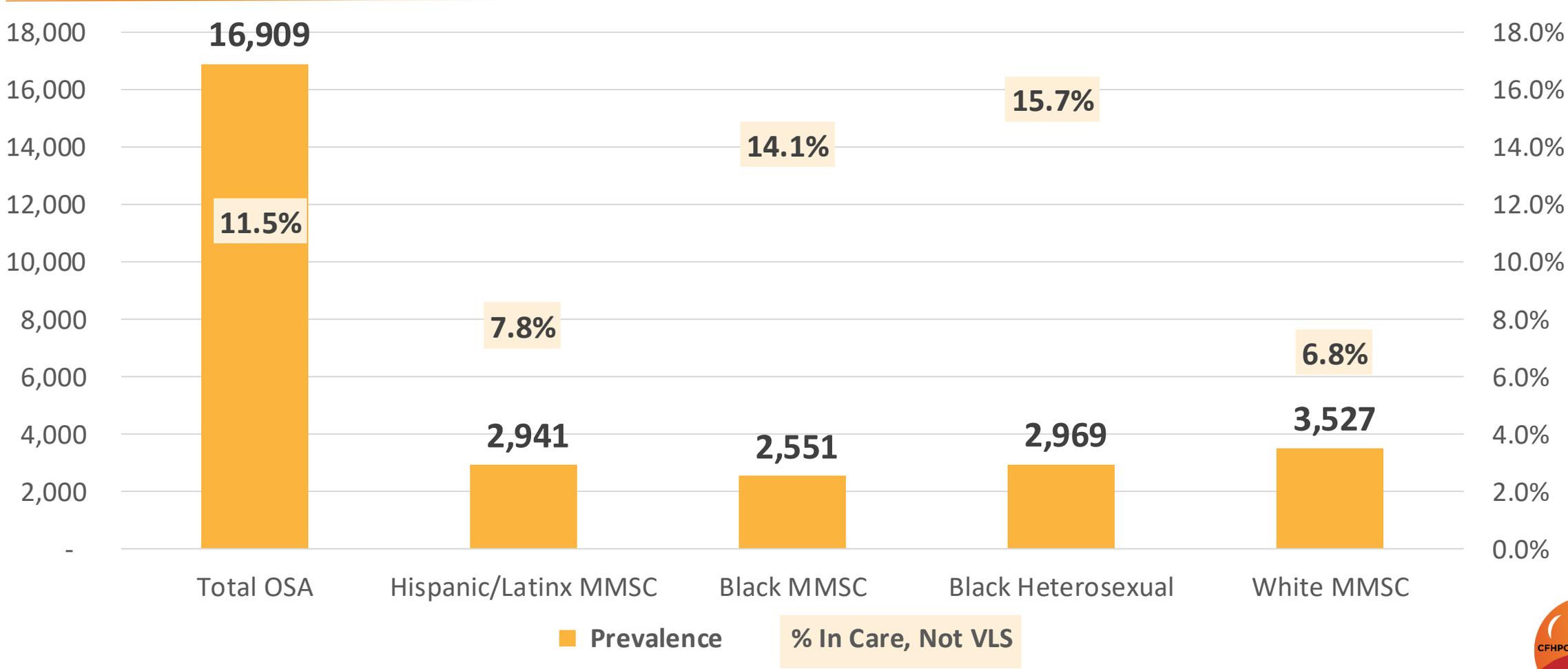
Orlando Service Area, 2019-2023



# Orlando Service Area Populations of Focus Late Diagnosed, 2023



# Orlando Service Area Populations of Focus In Care, Not Virally Suppressed, 2023



# Questions?

