# Webinar questions and answers

## Using Data for Decision Making: Part 1

## Thursday, May 23, 2019 | 2:00 p.m.

**Questions about Data collection and analysis**

**What is the best practice for tracking transgender individuals as many don’t identify as transgender, but rather just male or female?**

A best practice for identifying transgender individuals is to ask a two-part question: First, ask the client their assigned sex at birth and second, ask about their current gender identity. This allows clients to respond to questions in a way that is gender affirming and comfortable for them, and also allows programs to accurately identify this client population. More broadly, it is strongly encouraged that RWHAP providers and programs evaluate their current data collection methods to identify ways they can improve their processes and respectfully collect this information. For example, this might include conducting focus groups or having informal conversations with transgender individuals to ask how they would like to be addressed and asking for suggestions for best practices for collecting gender information from their communities.

**How are other types of disparities addressed (e.g among age group, gender, race and sexual orientation?)**

To look at other types of disparities, it’s important to use a combination of analyzing utilization data by these variables -- for example, use of a particular service category by race/ethnicity, or ideally multiple variables to look at use for a subpopulation like young MSM of color, and analyzing HIV Care Continuum data to present it by population -- and doing special needs assessment studies that focus on particular populations. Always important to be able to analyze PLWH and other survey data by these variables, so you can compare data needs, barriers, and baps by subpopulation.

**How do you quantify data about geographic areas, taking into account people might not seek services closest to their home due to stigma?**

If your client-level data system has place of residence consistently entered, you can map where people live and receive care -- and map sources of care. Can also ask in PLWH surveys whether respondents prefer to receive care near their homes or farther away due to stigma, and you can work with providers to look at the residence of their clients -- for example, percent of medical clients at a clinic who live in the same municipality, zip code, etc. or other counties or municipalities. If you find certain subpopulations particularly often seek care out of their area, it may be good to do some focus groups to look at this (e.g., immigrants from a particular area)

**What is the most common source of Needs Assessment Data? Does it come from the Medical Monitoring Project (MPP)? If not, are jurisdictions conducting their own Needs Assessments and if so, how often?**

Mostly PCs do their own using various methods and get some data from surveillance. Only a limited number of Part A programs are part of the Medical Monitoring Project (MMP), and it doesn’t provide all the needed pieces of a needs assessment. Surveillance usually provides an epi profile and estimate of unmet need. PC gathers data on service needs and barriers and about provider resources/capacity and capability -- using PLWH surveys, focus groups, special studies, provider surveys, town halls, etc.. Then it adds data from the recipient like service utilization data, and determines key service gaps, overall and by subpopulation.