

Using a Statewide Data System to Enhance HIV Prevention Programs

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Background

- The Evaluating Local Interventions (ELI) Monitoring System allows the California Office of AIDS to
 - Assess if HIV prevention services are delivered in accord with prevention planning
 - Respond to emerging prevention needs in the state
 - Document that resources are well utilized

Needs Assessment

- Prior to ELI, data reported to the state were often estimated or were inconsistently collected.
- The focus of programs was not always on populations in need, and was too often the “general population.”
- Local prevention providers needed feedback on their work and target populations.
- Local providers also struggled to develop evaluation strategies to better understand implementation of programs.

The Response

- ELI is a web-based data collection system introduced in 2001 and implemented statewide in July 2002.
- In addition to system introduction, a training and technical assistance plan was developed and implemented.
- Through ELI, agencies provide process data on
 - Types of prevention interventions planned and delivered
 - Demographic and risk characteristics of clients served by each prevention intervention
- In the first three years of implementation, approximately 440,000 contacts with individuals receiving HIV prevention services were reported by over 300 agencies.

Objective

- After full implementation of ELI, we assessed user satisfaction with the ELI system, data collection forms, and user training and technical support.
- We also assessed how prevention providers in local health jurisdictions (LHJs) were using data for planning and tailoring programs.

Methods

- A web-based survey was administered to all users.
- We asked about satisfaction with training and technical support, usefulness of data and user-friendliness of the system.
- Survey recruitment was conducted via email.

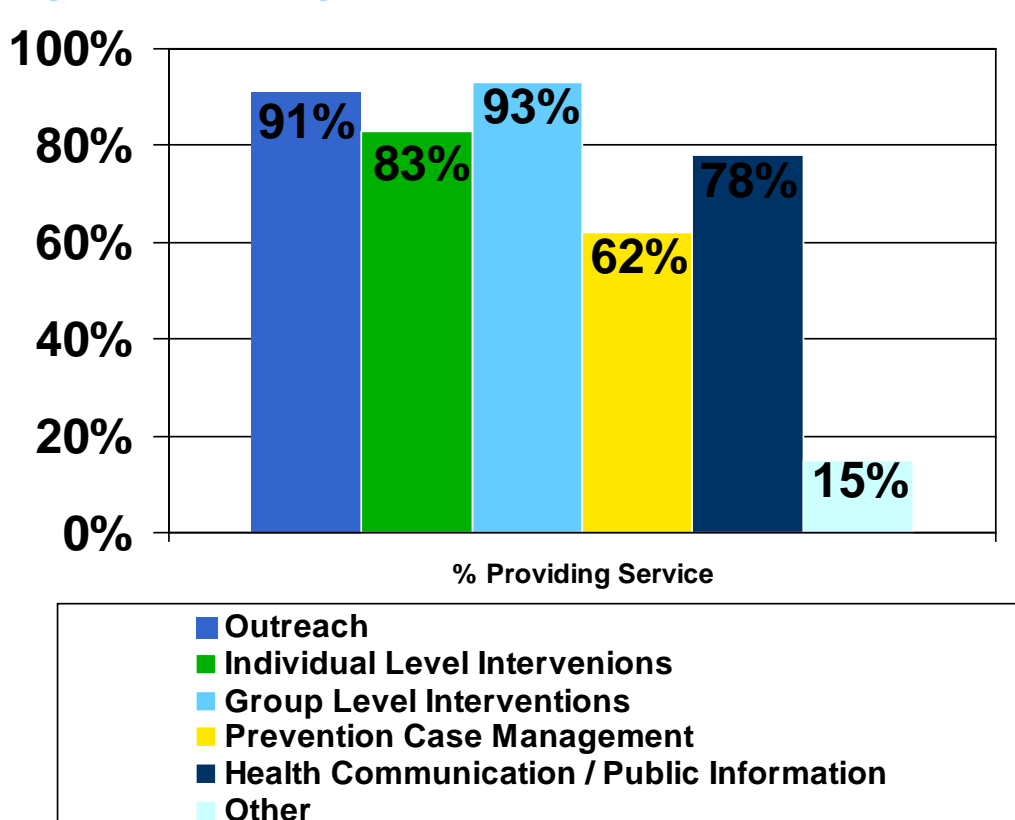
Respondents

- 70 individuals responded from 35 of the 61 local health jurisdictions in California.
- Most respondents were Intervention providers (29%) or Administrative Staff (29%).
- Most (70%) were working in urban areas.

Respondent Role in HIV Prevention

Prevention Intervention Provider	29%
Outreach Worker	12%
Manager of Prevention Intervention Providers	25%
City/County/CBO Administrative Staff	29%
Data Entry Staff	22%
Other	10%

Type of HIV Prevention Services Provided by Agencies using ELI



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In Respondents' Agencies

Number of Clients Served

- Mean: 2,140 (range 20 to 15,000)

Number of Years using ELI

- Mean: 3.5 (range 1 to 6)

Satisfaction with...

	Out of:	😊	😊	😊	😊	😊
Number of Trainings Offered		😊	😊	😊		
Number of Trainings Received		😊	😊	😊		
Data Submission Technical Support		😊	😊	😊	😊	
Data Use Technical Support		😊	😊			
Intervention Technical Assistance		😊	😊	😊		
Amount of Automatic Reports		😊	😊	😊	😊	
Quality of Automatic Reports		😊	😊	😊		

Usefulness of ELI Data for...

	Out of:	😊	😊	😊	😊	😊
Program Planning		😊	😊	😊		
Program Evaluation		😊	😊	😊		
Securing funding from Office of AIDS		😊	😊	😊		
Securing funding from other Sources		😊	😊	😊		
Managing Staff		😊	😊	😊		
Continuous Quality Improvement		😊	😊	😊		
Collaborations with other Agencies		😊	😊			

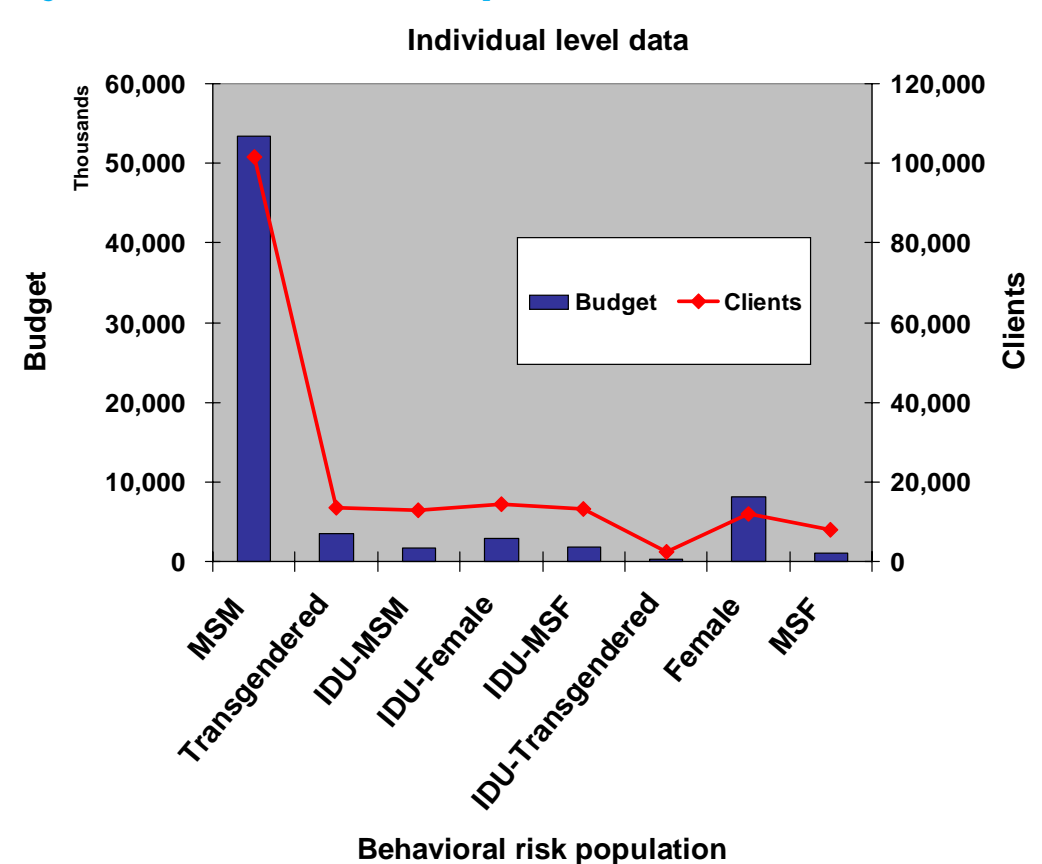
Additional Findings

- Individuals and agencies “completely agreed” that they were initially resistant to using ELI.
- However, most agreed that, over time, ELI had become a useful tool and that staff liked ELI.

Outcomes

- At the end of year three, agencies were allocating funding relative to the populations most affected by HIV in California.

Allocated Funding and HIV Prevention Clients by Behavioral Risk Population



Next Steps

- Initial training focused on developing and implementing evidence-based HIV prevention interventions.
- Along with implementation, data quality has improved.
- Providers are increasingly interested in training on evaluation and data analysis.

Conclusions

- Evaluation and monitoring systems can increase public accountability and responsiveness of public health programs.
- Training and technical assistance are recommended to help staff overcome initial challenges to implementation.
- With training and support, local agencies can successfully use evaluation data to refine and enhance programs.