Using existing data to develop high-quality abstracts

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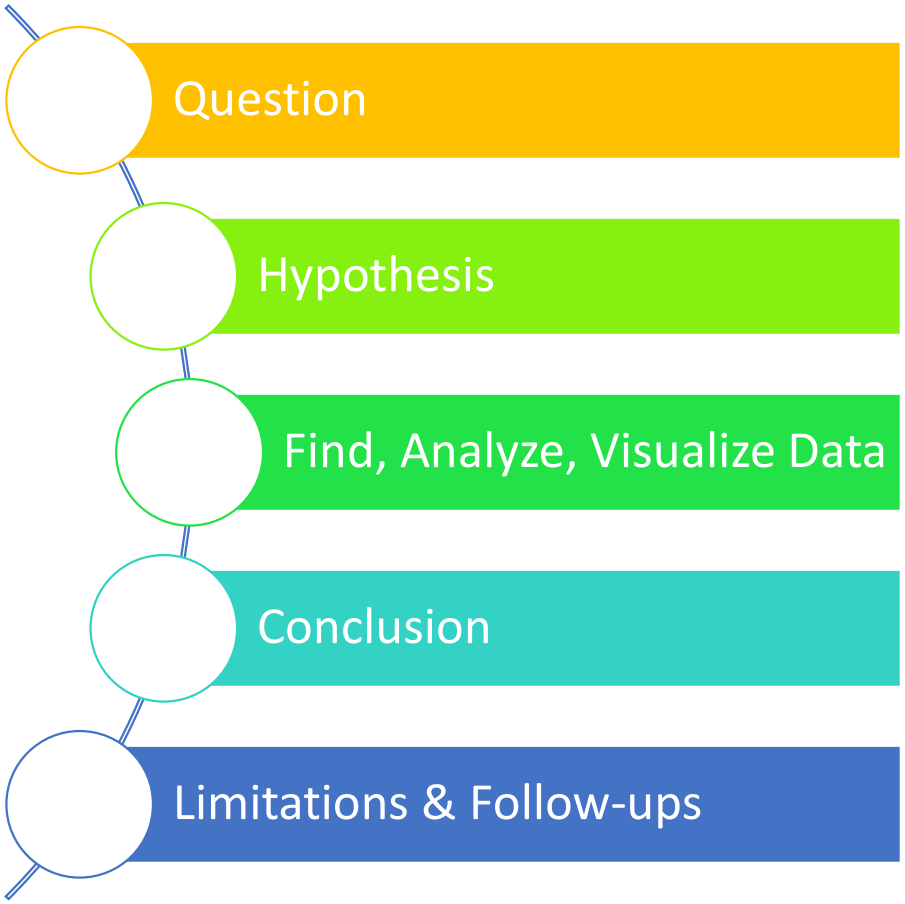
Objectives

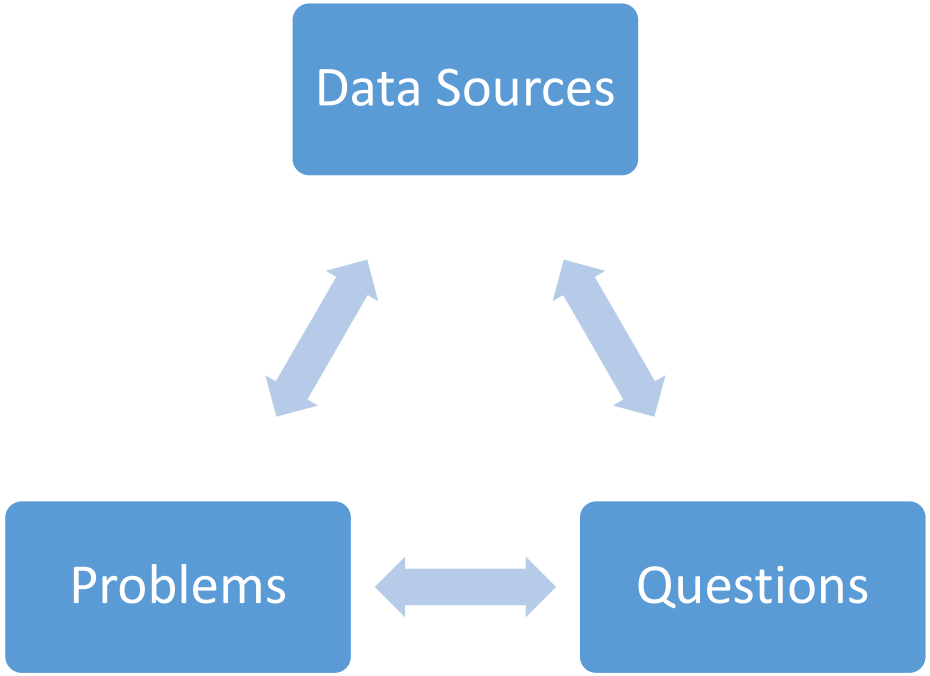
- Suggest process for analyzing data to answer questions
  - From Questions to Data
  - From Data to Questions
- Discuss some data sources
- Conclude

Disclaimer

- *The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of CDC*

Process

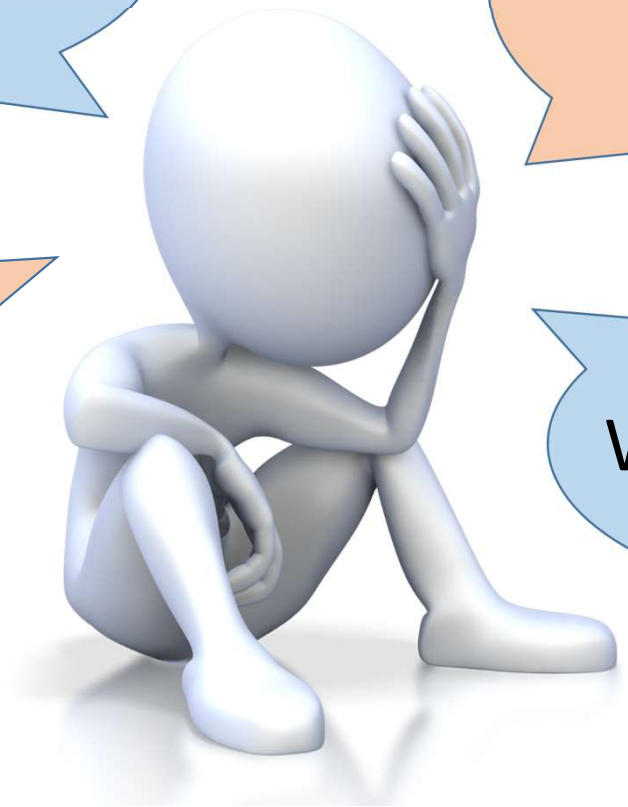

Question
Hypothesis
Find, Analyze, Visualize Data
Conclusion
Limitations & Follow-ups


Data Sources
Problems
Questions

What are you asking?

Are there data to support this?

Did it work??

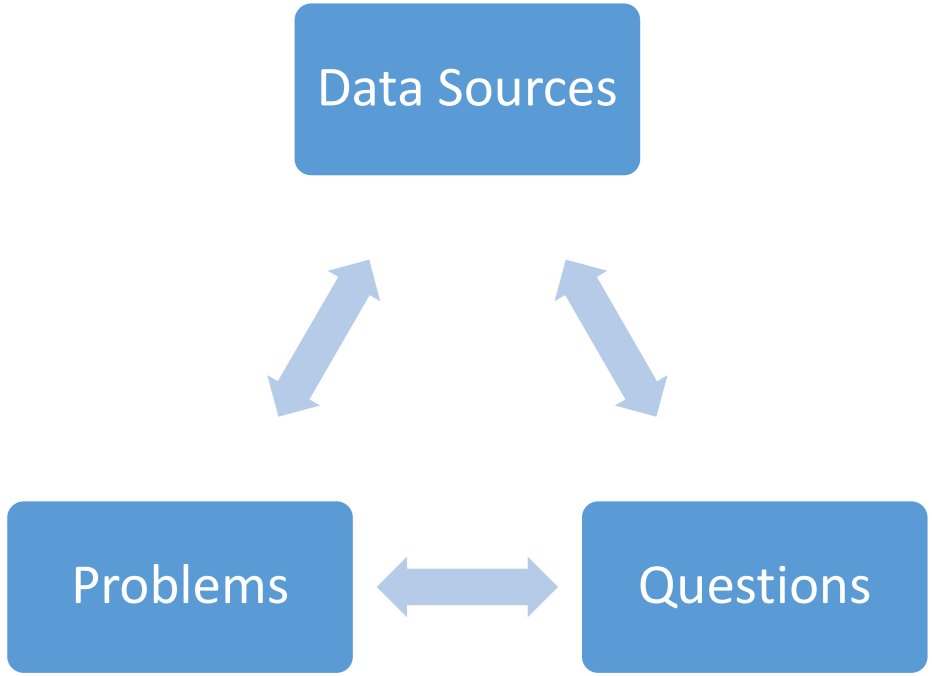


What's wrong??

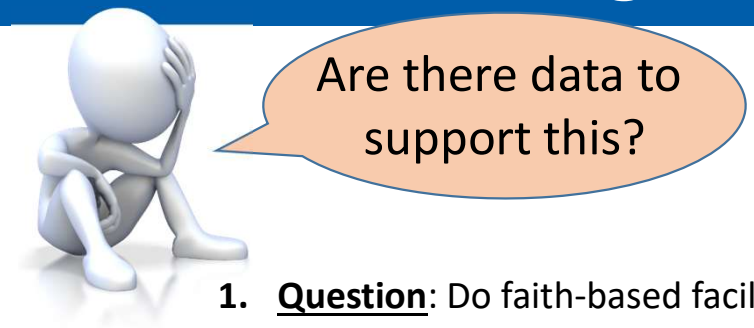
What's going on?

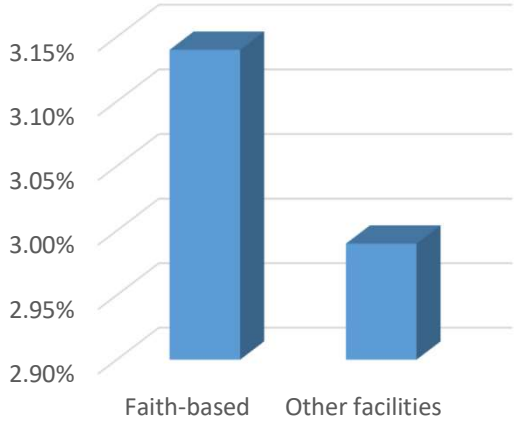
Process

From Problems or Questions to Data



Data to investigate hypotheses





1. **<u>Question</u>**: Do faith-based facilities have better outcomes than other facilities?

2. **<u>Hypothesis</u>**: Faith-based facilities find more people living with HIV than other facilities

3. **<u>Find Data Source(s); then Analyze and Visualize Data</u>**:
   - National data system includes data element on whether facility is faith-based

4. **<u>Conclusion</u>**:
   - Faith-based facilities have more POS tests per total tests (higher positivity) compared to other facilities
   - Cannot answer the question with this figure

5. **<u>Data Limitations and Follow-ups</u>**:
   - Need to look at total POS tests to answer the question, but this is still meaningful
   - This leads to more questions like “Are these facilities screening?” “Are these facilities creating demand?” “Are people with HIV more comfortable being tested at these facilities?”

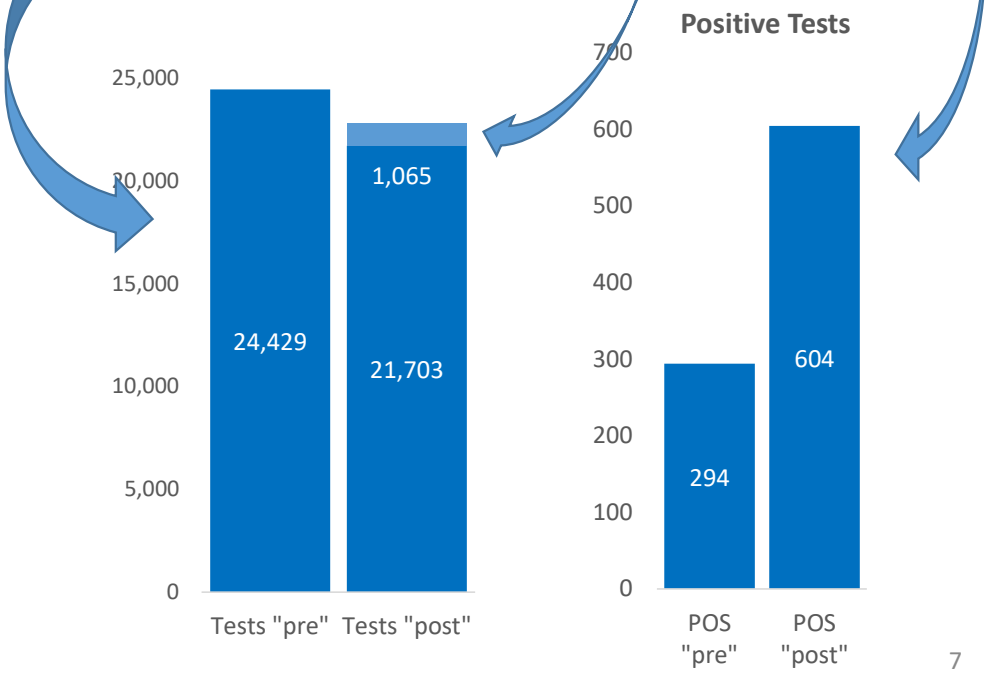
Data to evaluate interventions – Pre/Post Example

1. **Question**: Are FCI activities having the desired effect?
2. **Hypothesis**: Self-tests distributed by faith leaders will lead to identifying more men living with HIV
3. **Find, Analyze, and Visualize Data**
4. **Conclusion**: The number of men testing POS increased after self-test kits were distributed by faith leaders
5. **Data Limitations and Follow-ups**: Did the reporting process change? Were other interventions also introduced?

Number of men testing POS more than doubled

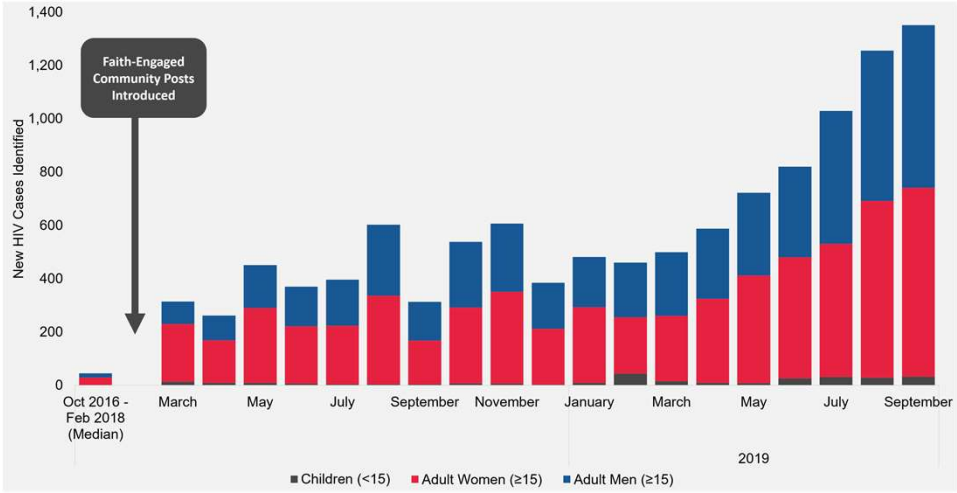
after faith leaders distributed self-test kits

while number of tests did not increase



Data to evaluate interventions – Timeline Example

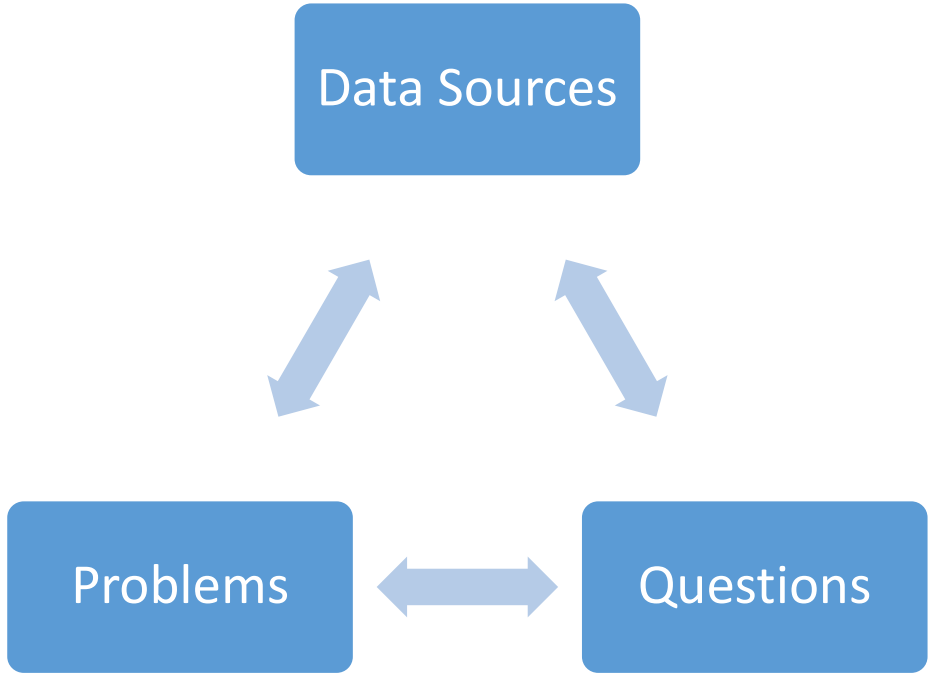
1. **Question**: Are FCI activities having the desired effect?
2. **Hypothesis**: Faith community posts will lead to identifying more people living with HIV
3. **Find, Analyze, and Visualize Data**
4. **Conclusion**: The number of people testing POS increased after faith-engaged community posts were introduced
5. **Data Limitations and Follow-ups**: Sometimes need to ask others



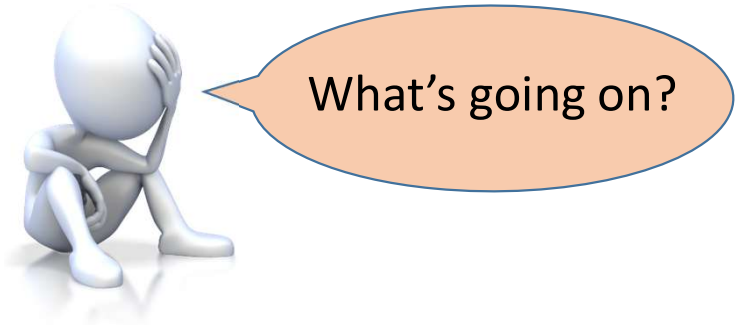
Shah et al., IAS 2020

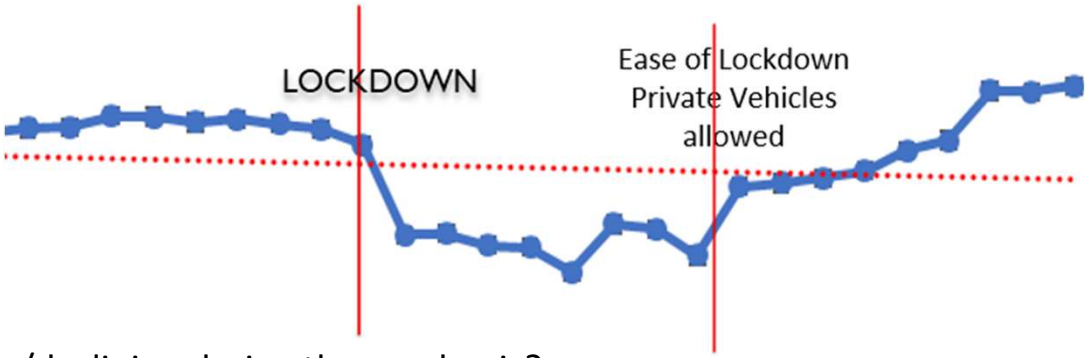
Process

From Data to Problems and Questions



Data to identify problems – Timeline Example





1. **<u>Question</u>**: Is this indicator improving/declining during the pandemic?

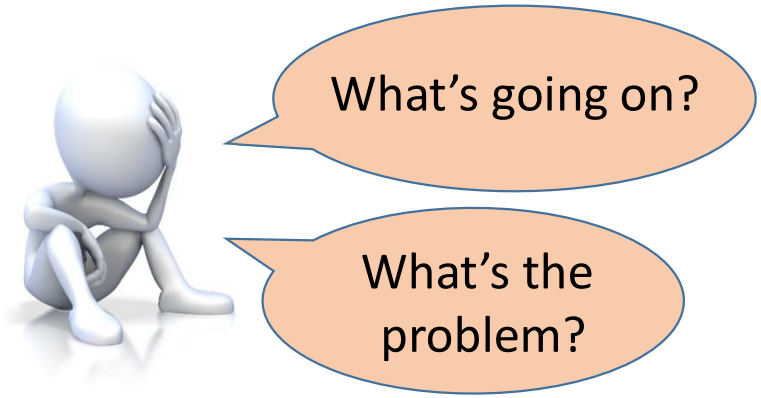
2. **<u>Hypothesis</u>**: This indicator is decreasing due to lockdown

3. **<u>Find, Analyze, and Visualize Data</u>**:
   - The indicator declined after lockdown was instituted, suggesting lockdown had an effect
   - Improvement after taking away the variable further suggests lockdown had an effect

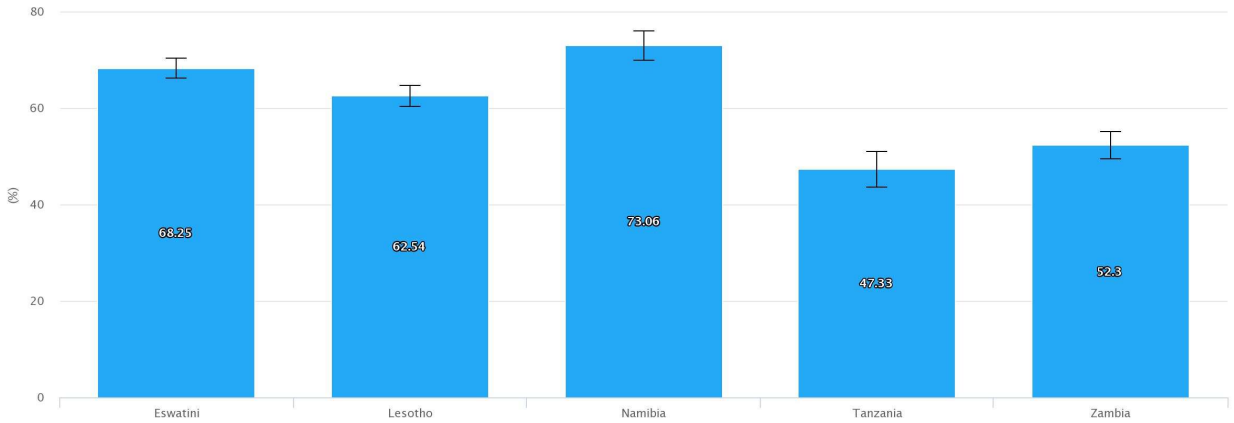
4. **<u>Conclusion</u>**: The indicator declined during lockdown and recovered after ease of lockdown

5. **<u>Data Limitations and Follow-ups</u>**:
   - We observe changes, but is this due to decline of reporting, decline of service delivery, other?

Data to identify problems to address – PHIA National Survey



Viral Load Suppression Among PLHIV in Five Countries, Population-based HIV Impact Assessment (PHIA)
https://phia-data.icap.columbia.edu/visualization#



Questions:

- How does my country compare?
- Which country should we focus on?

Problems:

- None of these countries had achieved 90% viral load suppression among PLHIV
- Country X is at XX% viral load suppression, which is below its goal of 90%
- Country X has the worst viral load suppression as compared to other countries in Region Y

Data Sources

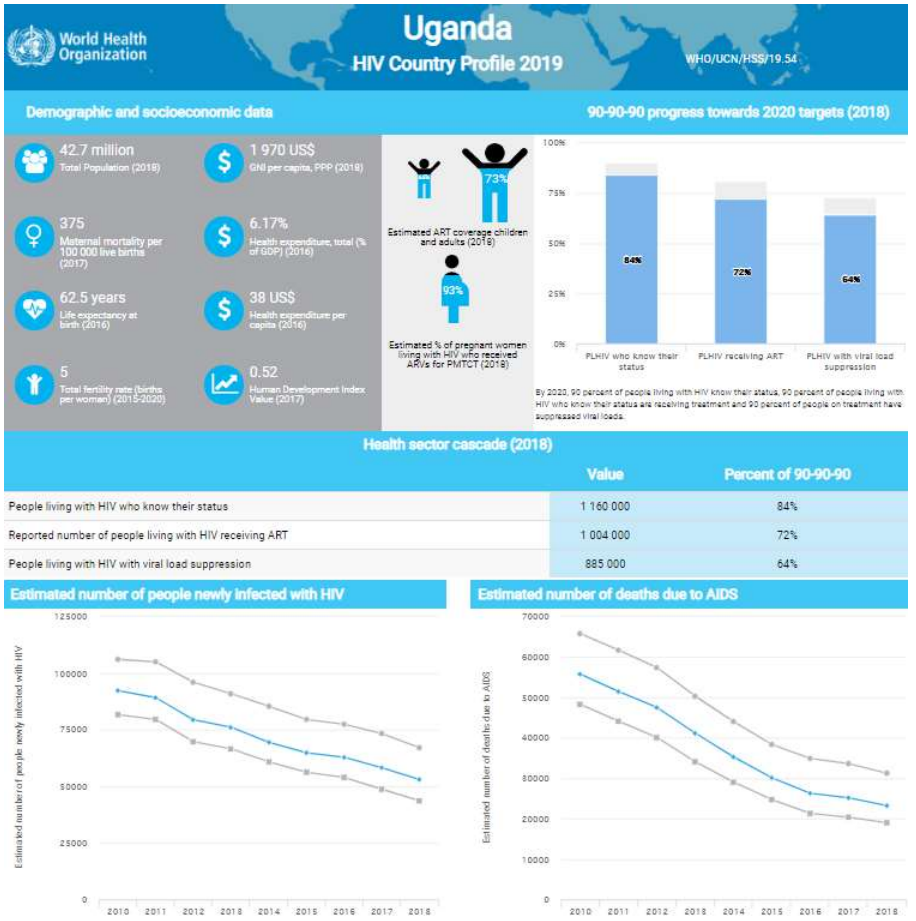
Static data

(e.g., reports, reference sheets, published posters/articles)

&

Dynamic data

(e.g., dashboards, public datasets)



WHO HIV Country Profiles

https://cfs.hivci.org/country-factsheet.html

Data Sources

PEPFAR Panorama Spotlight
https://data.pepfar.gov/

Population-based HIV Impact Assessment (PHIA)
https://phia-data.icap.columbia.edu/visualization#

WHO HIV Country Profiles
https://cfs.hivci.org/country-factsheet.html

UNAIDS AIDSinfo
https://aidsinfo.unaids.org/

UNAIDS Key Population Atlas
https://kpatlas.unaids.org/dashboard

USAID Demographic & Health Surveys
https://dhsprogram.com/
https://www.statcompiler.com/en/

Other static and dynamic data sources?

- Program data
- National statistics
  - DHIS2
  - MOH dashboards
- Population surveys
- Clinical trials
- Academic journals
- Conference posters
- Qualitative feedback

- Faith-based data sources
  - Some national data
  - Some PHIA
  - Others?

Final Considerations

- Ethical considerations
- Data should be publicly available; be careful before you pay for data
- Static and dynamic data sources
- Can use data from your program or other programs,
  but might need to collaborate to ensure using it correctly
  - Study of faith/religion is nuanced field

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Questions? Comments?

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