From Data to PSRA: How to Ask Better Questions

Learning to look beyond the numbers and ask the questions that lead to better planning decisions

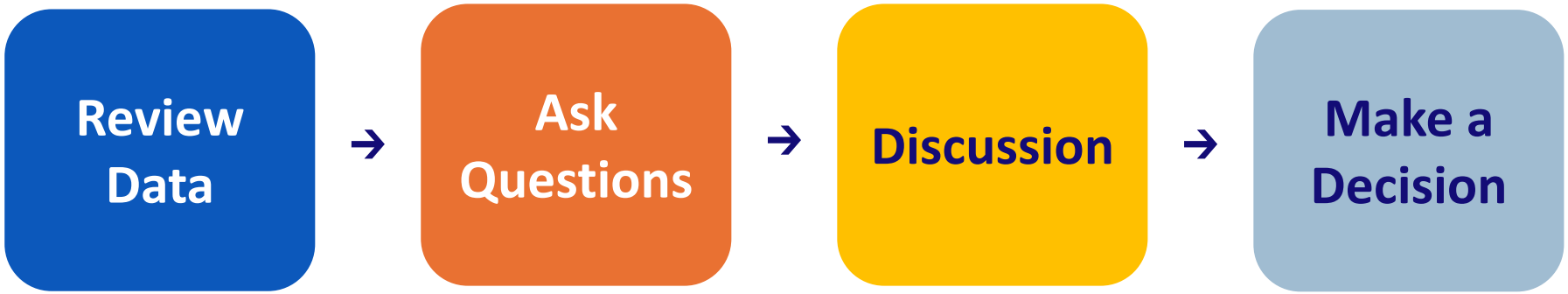


2026 Data Summit
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Data for Decision-Making

As a Ryan White Planning Council, your primary responsibility is strategic, data-informed decision-making.



PSRA must be data-based. Asking structured questions ensures decisions reflect needs assessment, utilization/cost patterns, and population-level disparities, not personal experience or “impassioned pleas”.

Shifting our Mindset

Moving beyond the surface allows us to make strategic funding decisions that maximize impact and advance health equity.

DATA

Starting point for discussion and not the final answer

INVESTIGATION

What does the data show and what is missing

DECISIONS

Asking sound questions leads to better decision-making

To effectively synthesize data during the Priority Setting and Resource Allocation process, we should ask targeted questions designed to uncover service gaps, equity issues, and funding efficiencies.

Using Data in Decision-Making

1. Start by asking the questions you want answered.
2. Apply the appropriate data to answer the appropriate question.
3. Know what you want/need to measure.
4. Prioritize data needs.
5. Find experts and solicit their assistance.
6. Don’t be afraid to use data that aren’t perfect.
7. Educate yourself to understand data & how it can be used in planning.

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Data Quality & Interpretation

KNOW THE DATA

Identify the sources, sample selection, & if underserved groups and people not in care are included.

CHECK FOR REPRESENTATION

Large numbers don't guarantee representativeness—look at who's included.

VALIDATE FINDINGS

Compare across multiple sources to see if results are consistent.

ASSESS PRESENTATION

Ask why are the data presented in a certain format.

STAY WITHIN EVIDENCE

Avoid conclusions that go beyond what the data show.

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Use Triangulation

Triangulation is when you compare data from different sources to see if they show similar results, and giving more weight to results that appear across several sources.

Reviewing multiple data sets together to get a deeper understanding of an important measure or indicator.

1. Pick a key report and note the findings that matter for your decision.
2. Check 2–3 other sources to see if they show similar results.
   - If they agree, you can trust the data more.
   - If they don't, look into why the results differ and give more or less importance to each source based on quality and fit.

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Questions for the Epidemiological Profile

Look for shifting trends or emerging demographic disparities. Identify which sub-populations or geographic areas are disproportionately impacted.

QUESTIONS TO ASK

1. **Who is most impacted?** Which demographic groups (race, ethnicity, age, gender identity, etc.) show the highest rates of new diagnoses and overall prevalence?
2. **Where is the need?** Are there specific zip codes or rural areas experiencing a spike in cases that lack local service infrastructure?
3. **How are trends shifting?** Is the epidemic stable, or is it migrating into populations that historically haven't utilized Ryan White services?

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Questions for the HIV Care Continuum

Identify where the largest "drop-offs" or gaps occur in the local system.

QUESTIONS TO ASK

1. **Where are the drop-offs?** At which stage of the continuum (linkage, retention, or viral suppression) do we see the sharpest decline?
2. **Who is falling behind?** When we break down the continuum by race, age, or gender, which specific sub-populations have the lowest viral suppression rates?
3. **What services drive success?** Which service categories are most strongly correlated with clients maintaining viral suppression?

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Questions for Needs Assessments & Consumer Input

Directly compare what consumers identify as their highest barriers against how funds are currently allocated.

QUESTIONS TO ASK

1. **What are the top barriers?** What do consumers identify as the primary reasons they miss medical appointments or drop out of care?
2. **Are there hidden gaps?** Are there service categories that consumers highly prioritize but report severe difficulty accessing?
3. **Whose voice is missing?** Does our consumer feedback accurately reflect the demographics of our epidemiological profile, or are we missing input from heavily impacted groups?

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Questions for Service Utilization and Provider Capacity

This data reveals exactly how current services are being used in the community.

QUESTIONS TO ASK

1. **Are services over or under-utilized?** Which service categories saw an increase in unduplicated clients this year, and which saw a decline?
2. **Are there waitlists?** Are any providers turning clients away or putting them on waitlists due to capacity or funding limits? Are there enough providers in the area to meet demand?
3. **What is the unit cost?** What is the average cost per client for each service category, and is a sharp rise in costs limiting the number of people we can serve?

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Best Practices and Final Alignment Questions

BEST PRACTICES

- **Start with a clear question:** Then pick data sources that can answer it. Triangulate!
- **Assess data for limitations:** Sample size, who's included/ excluded, & generalizability.
- **Interpret with caution:** Watch assumptions, note what the data shows, & what you can (and can't) infer.

FINAL QUESTIONS

- Does our funding match our data? Do final allocations align with needs?
- Is this allocation equitable? Are we addressing disparities?
- With the final allocation, what are some unintended drawbacks or risks for consumers and/or providers?

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Activity: Data Duel

Objective: Practice balancing subjective qualitative data (consumer input) with objective quantitative data (the care continuum) when they disagree.

We have **$500,000 in unallocated funds** and a direct conflict in our data:

- **Our Consumer Needs Assessment** overwhelmingly shows that clients are begging for an increase in **Mental Health Services** funding due to long appointment wait times.
- **Our HIV Care Continuum**, however, shows a massive drop-off in *viral suppression* among young adults (ages 18–24), and our epidemiology data shows a spike in new diagnoses in this exact same group.

Do we fund mental health services that the community is actively asking for, or do we fund a youth-focused viral suppression initiative?

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