## **Service Priority Setting Worksheet 2025**

Each service category will be scored according to these factors and scales using the sources noted for each factor. For the Community Voices factor each individual will vote their conscience (as informed by EMA data and committee deliberations) and the service category scores will be tallied by the average of those scores.

Factor	Definition	Scale
Consumer Survey (20%)	Percentage of consumers who said they used or "needed but didn't get" in the last 12 months, in the 2022 Consumer Survey. The sample is geographically representative of the EMA and includes PLWH who have engaged in the RW system.	Ranges determined by how much a service % deviates from the overall average  1: deviates <= -0.5  3: deviates <= 0.3  5: deviates <= 1.3  8: deviates >= 1.4
Medical Monitoring Project (20%)	Medical Monitoring Project (2020-2022 weighted) data captures unmet service needs for PLWH in care. It is a representative sample of PLWH in HIV care. The data sample is Philadelphia only.	Ranges determined by how much a service % deviates from the overall average  1: no mention  3: deviates <= 0.3  5: deviates <= 1.3  8: deviates >= 1.4
Client Services Unit - Need at Intake (20%)	Self-reported service need to Client Services MCM intake (2023). These individuals are re-entering or entering the RW service system. The data sample is not EMA-wide- Philadelphia and PA counties with very few NJ.	Ranges determined by how much a service % deviates from the overall average  1: no mention  3: deviates <= 0.3  5: deviates <= 1.3  8: deviates >= 1.4

## Community Voices (40%)

This factor seeks to quantify community experience/expertise of delivering and receiving HIV services in relationship to emergent needs and issues, vulnerable populations, community knowledge, and other EMA data.

- 1- this service is important to ensure engagement in care, retention in care and/or viral suppression
- 5- This service is needed to ensure engagement in care, retention in care, and/or viral suppression
- 8- This service is critical to ensure engagement in care, retention in care and viral suppression.

More about the process for determining ranges/scale for ranking:

How did we find out how far each service need is from the overall average (the typical value) for each dataset?

We are using something called a z-score. Without having to learn specifics, a z-score helps compare and contrast how the services are relative to each other. It tells us how far above or below the average a service is, measured in a consistent way.

A positive z-score means the service is reported as a need more than average and a negative z-score means the service is less needed than average.

Using z-score helps us rank the services in a way that accounts for disparities in the data. This is important because the data is not evenly spread – **for example**, many services are either not mentioned or have lower percentages, while a few services have much higher percentages. Using a standardized formula helps us to see the data in a balanced & logical way so we don't end up with too many services in the same category. Z-score "levels the data playing field."

After figuring out how much each service strays from the average, it has been determined that the following rankings work best and create a fair spread of 1, 3, 5, and 8.

- 1- This is the lowest rating which signifies there is either no mention of the service or that it deviates -0.5 or more below the average.
- 3- This is rating signifies a medium, or average priority. It should be prioritized as much as any other services. That is why these services are right around the average, deviating 0.3 at most from the average.
- 5- This rating signifies that a service is definitely needed by clients to ensure proper care. That is why these services are well above the average, deviating at most 1.3 from the average.
- 8- This rating signifies that a service is critical to client care. That is why these services are well above the average, deviating at least 1.4 from the average.