

Using Data to Plan and Monitor Gonorrhea Action Plans

Region IV Infertility Prevention Project
Advisory Board Meeting
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Using data to plan and monitor GC Action Plans

- ▶ Goal: Establish plan to evaluate activities to address gonorrhea health disparities
 - At the state or local level
 - At the regional level
 - Objective: Identify **two core indicators** (one state/local, one regional) that can be used to measure outcomes for plans to reduce gonorrhea health disparities
- ▶ Link to Regional Logic Model

GC Action Plans – Progress

States were asked to describe:

- ▶ Part I: Target area(s) and population
 - % of ALL GC cases attributed to target area(s)
 - Case report trends
 - by age, sex, race/ethnicity
 - By provider type

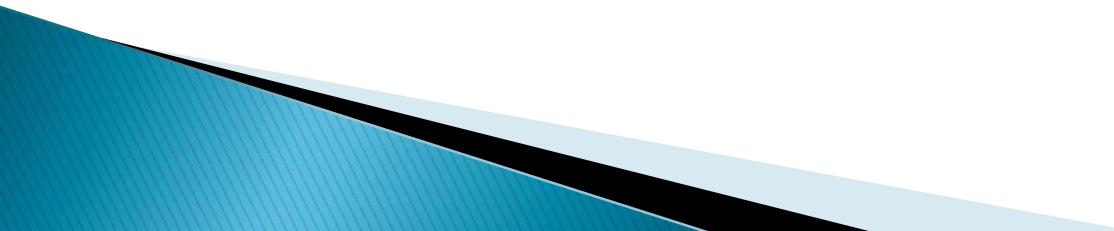
GC Action Plans – Progress (cont'd)

▶ Part II: Action plan (activities/objectives)

- Screening, treatment, partner management
- Lab test technology, specimen type
- Communications/marketing, outreach
- Monitoring & evaluation plan

▶ Part III: Next steps

Evaluating GC Action Plans

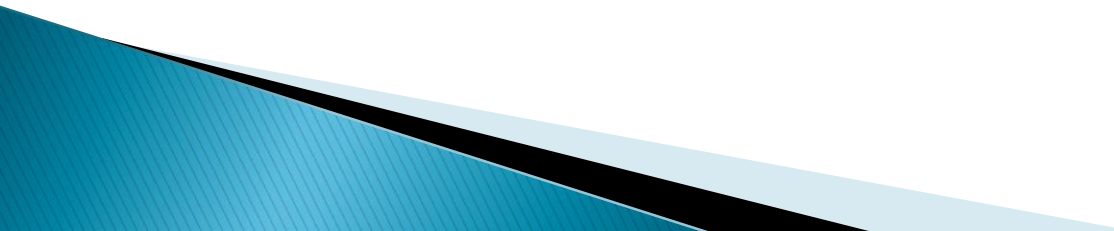
- ▶ How will your state evaluate its plan?
 - ▶ What are the desired outcomes?
 - ▶ What indicators of success can be measured?
 - State/local
 - Regional
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Sample Indicators to Consider*

- ▶ Number, location of new GC cases identified
- ▶ Number of cases reported from target area
- ▶ Test volume, positivity in target area
- ▶ Test volume, positivity in target IPP clinics
- ▶ Proportion of cases receiving timely treatment
- ▶ Screening coverage in target areas
- ▶ Proportion of partners treated

**Link to Regional Logic Model*

Evaluating GC Action Plans (cont'd)

- What data sources are available to
 - Establish baseline?
 - Monitor outcomes over time?
 - What additional data are needed?
 - How can IPP data be used to inform this effort?
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Using Data to Plan and Monitor GC Action Plans – Discussion

- ▶ DISCUSSION WORKSHEET
 - ▶ Note on interpreting trends for IPP data
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Morbidity Data

Table A. Reported Cases, Rank, and Case Rates for Chlamydia and Gonorrhea by County, CDC STD Surveillance Report, **CY2007**.

Includes:

- ▶ County rank by reported case volume
- ▶ Percent of all GC cases in top 10 counties
 - Range 50% (MS) to 85% (TN)
- ▶ Percent of all GC cases in identified target areas
 - Range 8.4% (GA) to 61.5% (AL)

Prevalence Monitoring (IPP) Data

Female Trends in GC Testing and Positivity for Targeted Areas:

Table 5E.1. by *Facility (facility_link_id)* and County, **IPP CY2005–CY2007.**

Table 5E.2. by *Facility (facility_link_id)* and County, **IPP CY2008.**

Table 5E.3. by *Facility (facility_link_id)* and *Facility/Visit Type* and County, **IPP CY2008.**

Changes to Facility_Link_ID

- ▶ Affects analysis of facility-level trends
- ▶ Corresponds with switch to CDC codebook
- ▶ Prior to CY2008, facility_link_ID was 7-digits:
 - 2-digit state code
 - 3-digit clinic code
 - 2-digit clinic/visit type code, including:
 - 01 = FP
 - 02 = STD
 - 03 = Prenatal
 - 04 = Integrated
 - 98 = Other

Changes to Facility_Link_ID (cont'd)

- ▶ As of CY2008, facility_link_id is now 6-digits
 - 2-digit state code
 - 4-digit clinic code (inserted leading zero)
- ▶ Visit_type is now a separate variable used only for Integrated Clinics; can be combined with facility_type
 - 1 = FP
 - 2 = STD
 - 3 = Prenatal
 - 4 = Other
 - 9 = Not applicable

Examples of Facility_Link_ID changes

Georgia	Facility_Link_ID	Facility_Name
Before 2008*	<i>1308201</i>	Baker Co HD/FP
	<i>1308202</i>	Baker Co HD/STD
As of 2008	<i>130082</i>	Baker County HD

Kentucky	Facility_Link_ID	Facility_Name
Before 2008*	<i>2104601</i>	Dixie Health Center
	<i>2104602</i>	Dixie Health Center
As of 2008	<i>210046</i>	Dixie Health Center

*Note: Sometimes the same Facility_Name is used for >1 Facility_Link_ID

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