



Region IV & Region VI Bi-regional IPP Meeting
Data Subcommittee Agenda & Summary Notes

Subcommittee Chairs:

Mary Scisney, AL DPH
Sarah Goldenkranz, CHT (Region VI IPP Data Manager)

Participants:

Adrian Cooksey, FL DOH
Chimira Edwards, FL CHC
Reginald Robinson, GA
Chang Lee, KY
Sherri White, KY
David Peyton, MS
Ron Higginbotham, NC
Lynne Sampson, NC
Dennis Murphy, SC
Constance Perkins, SC
Mickey McCowen, TN
Mohammad Rahman, LA
Dan Burke, NM
Meghan Davis, OK
Kristen Eberly, OK
Jen Curtiss, TX
Kelly Opdyke, CAI (Region IV)
Erin McClain, UNC-Sheps
Kevin O'Connor, CDC
Catherine Satterwhite, CDC
Lizzi Torrone, CDC

I. Welcome

II. Discussion of State Specific Data Collection and Reporting Duties

- Region IV can share examples of state specific data reports with the Region VI Infrastructure.
- Behavioral data? Methodological challenges.
- Kevin O'Connor will send the behavioral summary form that includes some questions project areas can use.
- Dennis suggested using YRBS as another source.
- For IPP, risk factors may be used to determine adherence to screening criteria.

III. Data Issues/Performance Measure Reporting for Timeliness of Treatment Data

- Problems getting data from clinics?
 - o KY uses their own or private labs.
 - o FERPA DOE (Family Education Rights and Privacy Act, Department of Education) policy is a barrier.



IV. STD*MISv5 Update / Data Issues

- STD*MIS will eventually be irrelevant. CDC Program Consultants can provide more information as necessary.
- States will need to determine what data are needed, where they are collected, and how they are managed.

V. GIS Mapping Activities to target Health Disparities

- KY just started (“in its infancy”) looking at morbidity based on census tract.
 - o Data source: case reports extracted from STD*MIS.
- FL using PRISM with local epi support
 - o State provides “layers.”
 - o Recently mapped morbidity for youth relative to school districts; this generated a lot of interest.
 - o Free sources: ESRI (GIS software)
 - o PRISM verifies the address at time of data entry (add-on software; NM also purchased).
- SAS also has GIS
- TX: problem with coding addresses, so clinic zip code is often used.
 - a. Other activities to address Health Disparities?**
- Kevin pointed out that the GC morbidity maps showed disparities – these can be used to advance policy, as well as for local outreach.

VI. Follow up Discussion of State Specific Data presented on Day 1 (Kelly & Sarah)

- Region VI is interested in state-specific data provided by Infrastructure.

VII. Review of Standardized Data Reports (IPP Provider Report Cards)

- Discussion around sharing models
 - o Region I sample “Clinic Report Card”
 - o States that already use clinic report cards: AL, FL CHC, KY, NM, OK
 - AL monitors turn away – could calculate screening coverage.
 - o Include Positivity, Timeliness to Treatment
- Examples of types of reports
- Infrastructure to create a template of what to share locally?

VIII. Comments & Other Discussion

- Screening coverage: CEI (Chlamydia Evaluation Initiative) methodology (funded by CDC, coordinate by CAI)
- Concern and debate around 3% threshold
 - o Steve reiterated that CSPA guidance asks for a description beyond IPP. The 3% cut off is best practice regardless of whether activities are paid for by IPP and should not be excluded from data reports.