PCSI

Program Collaboration and Service Integration

Developing a Joint Agenda for 2009-2010 on Program Collaboration and Service Integration: Accelerating Implementation

Washington D.C. ♦ April 24, 2009

MEETING REPORT

September 2009

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CDC

CENTERS FOR DISEASE CONTROL AND PREVENTION

ACKNOWLEDGMENTS

We extend our sincere appreciation to **Dave Kern**, **Chris Taylor**, **Natalie Cramer**, and the staff at **NASTAD** for providing the meeting space, logistic support, snacks and lunch; to **Kathy Watt** of the Urban Coalition of HIV/AIDS Prevention Services who secured a note-taker for the meeting, and to **Heidi Arseneault** for providing a detailed account the proceedings from which this report was developed.

Table of Contents

Executive Summary **1**

Introduction **5**

Highlights of PCSI Accomplishments and Plans **6**

PCSI Joint Agenda: Proceedings & Outcome Summary **12**

Group Discussion 12

Summary from Break-Out Groups 13

ACTION ITEMS *14*

Draft Evaluation Plan Discussion Summary **14**

Conclusions **16**

Attachments

A. Meeting Agenda
B. Participants List
C. Presentation: Program Collaboration and Service Integration: Actions and Plans. Gustavo Aquino, MPH. Association Director for Program Integration. CDC/NCHHSTP
D. PCSI Logic Model, April 20, 2009 version

Blank Page

Executive Summary

Introduction

This is a summary report from the April 24, 2009 meeting "Developing a Joint Agenda for 2009-2010 on Program Collaboration and Service Integration: Accelerating Implementation" held in Washington, DC. The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention convened approximately 30 leaders from 10 CDC and national organizations (the full list of organizations can be found in the body of the report) with the following objectives:

- Exchange updates on PCSI accomplishments in 2008 and proposed plans for 2009-2010
- Develop a collaborative PCSI agenda for 2009-2010
- Obtain input from partners on PCSI evaluation plan

The primary purpose of this report is to provide our national partners with a common reference document describing activities, plans, and collaborative agenda items from which they can begin implementing joint PCSI activities in 2009-2010.

PCSI Accomplishments & Plans

Progress and plans for PCSI were presented by Gustavo Aquino, Associate Director for Program Integration, NCHHSTP/CDC, and four national organizations representing NCHHSTP disease areas: National Alliance of State and Territorial AIDS Directors (NASTAD, representing AIDS Directors and the Adult Hepatitis Coordinators), National Coalition of STD Directors (NCSD), National Tuberculosis Controllers Association (NTBA), and Urban Coalition of HIV/AIDS Prevention Services (UCHAPS).

CDC and national organizations are heavily engaged in PCSI activities, and have plans to continue and expand these activities in the coming years. The leadership

Executive Summary

PCSI Accomplishments & Plans (continued)

bodies from all the national organizations are highly supportive of PCSI efforts, and are identifying ways in which their programs can be improved through collaboration and integration. Within the membership of some of the national organizations, concerns have been voiced about the inherent difficulties of integration (e.g., extra time and effort required for planning programs in an integrated fashion), and the need for CDC to move more rapidly in order for PCSI efforts to be realized (e.g., remove funding and/or surveillance barriers), but generally these are raised within a context of a call for assistance to implement PCSI. A summary of the presentations can be found in the body of the report.

PCSI Joint Agenda Outcome Summary

A primary outcome objective for the meeting was to develop a joint agenda among the national organizations primarily, and CDC secondarily, for PCSI work through 2010. To meet this objective, participants were guided in discussion en-mass and in smaller breakout groups.

Several themes emerged during the group discussion and within the breakout groups. Participants agreed that there is a need to conduct case studies, describe model programs, and communicate the important lessons learned from case studies/model programs. Participants also identified the need to develop common language about PCSI, common definitions for terms (e.g., “screening” and “routine testing”), common messages for decision makers, and common prevention messages across two or more disease areas as critical components of communication efforts moving forward.

Action items were identified as a result of the discussion and break-out group work, and lead agencies were assigned for each.

Executive Summary

PCSI Joint Agenda Outcome Summary (continued)

Primary Action Items & Lead Organization:

1. Identify and adopt PCSI as a priority through formal organizational processes (all organizations)
2. Link to the other national organizations websites (all organizations)
3. Develop common language, definitions, and key messages for decision makers (NCSD)
4. Assess PCSI implementation through identifying case studies and coordinating member surveys (NASTAD)
5. Capture and share models and best practices (NACCHO)
6. Interface with HRSA's HIV/AIDS Bureau and Bureau of Primary Health Care (NACHC)

The lead organization is responsible for initiating engagement with other national organizations related to the action item, and the group of organizations will work collaboratively to develop and accomplish concrete next steps.

Draft Evaluation Plan

CDC has two goals related to PCSI evaluation: 1) to obtain a picture of the amount and types of PCSI activities currently occurring among funded entities in the United States, and 2) to monitor internal CDC progress on commitments and activities, and the effect of these activities in the field. David Napp, a consultant assisting the NCHHSTP PCSI team in the development of the over-arching PCSI evaluation plan, presented and facilitated the discussion on the draft evaluation plan and the PCSI logic model (Attachment D).

Executive Summary

Draft Evaluation Plan (continued)

The meeting participants agreed with the direction of the plan, and provided valuable input that will help to improve future versions and ultimately the final PCSI evaluation plan and logic model. Related to the logic model, participants suggested adding inputs such as PCSI office staffing, funding levels, etc, before the list activities, noting that the activities could not occur if sufficient resources were not available. Participants also suggested adding national partner organization activities to the logic model.

There was productive discussion related to data sources and the need to construct baseline measures from existing data sources such as data from the recent NASTAD web survey and data already being reported to CDC by jurisdictions. There was considerable enthusiasm expressed for the idea of the national partner organizations collaborating to host a web survey with jurisdictions (modeled on the NASTAD survey) to collect more comprehensive evaluation data in the future. Participants also emphasized that the evaluation should detect any unintended effects of PCSI, such as possible impacts on service provider work-load and their ability to deliver disease-specific services.

David Napp informed participants that NCHHSTP will be vetting the evaluation plan with other stakeholders and groups, and to expect to see a revised plan incorporating many of their suggestions in the near future.

Conclusions

Partners are enthused about PCSI, and have taken many actions to further this in the field. Plans are underway for 2009, and the national organizations made several commitments for additional activities in 2009-10. Partners are committed to working together and with CDC to achieve our common aims.

Meeting Report

Introduction

This is a summary report from the meeting "Developing a Joint Agenda for 2009-2010 on Program Collaboration and Service Integration: Accelerating Implementation" held in Washington, DC on April 24, 2009. The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention convened approximately 30 leaders from CDC and national organizations including the National Alliance of State and Territorial AIDS Directors, National Coalition of STD Directors, National Tuberculosis Controllers Association, Urban Coalition of HIV/AIDS Prevention Services, Association of State and Territorial Health Officials, National Association of City and County Health Officials, National Association of Community Health Centers, Association of Public Health Laboratories, National Network of Prevention Training Centers, and TB Regional Training and Medical Consultation Centers (see Attachment B, participants list). The primary purpose of the meeting was to develop a collaborative agenda for PCSI activities between national partners for 2009 and 2010.

The meeting developed as a result of interest from national prevention partners to hear more about NCHHSTP's progress on PCSI since the August 2007 External Consultation (see 2007 PCSI External Consultation report), and to become more active in PCSI planning and activities. A small committee formed representing the interest of HIV, viral hepatitis, STD, and TB from NASTAD, NCSD, NTBA, and UCHAPS to help develop the meeting objectives, agenda, and list of participating organizations. The meeting objectives were to:

- Exchange updates on PCSI accomplishments in 2008 and proposed plans for 2009-2010
- Develop a collaborative PCSI agenda for 2009-2010
- Obtain input from partners on PCSI evaluation plan

To obtain these objectives, the day was divided into three parts: the morning portion of the meeting was dedicated to updates and group discussion about PCSI accomplishments and plans from CDC and prevention partners, followed by small group work and large group discussion to formulate a collaborative PCSI agenda for 2009-10 during mid-day, and ending with a presentation and discussion on NCHHSTP's draft PCSI evaluation plan (See Attachment A, Meeting Agenda).

At the 2007 External Consultation, Dr. Fenton noted that future PCSI efforts would involve broadening the circle of engagement with wider audiences and partners. As a

step in this direction, this meeting included representatives from organizations who have not been involved in prior PCSI activities such as the National Association of Community Health Centers and the Association of Public Health Laboratories.

The primary purpose of this report is to provide our national partners with a common reference document describing activities, plans, and collaborative agenda items from which they can begin implementing joint PCSI activities in 2009-2010. For archival purposes, this report also includes highlights from the morning presentations on accomplishments and plans, and the late afternoon discussion about the PCSI evaluation plan.

Highlights of PCSI Accomplishments and Plans

This section describes highlights of accomplishments and integration related plans presented by CDC/NCHHSTP and four national partner organizations, namely: National Alliance of State and Territorial AIDS Directors (NASTAD), National Coalition of STD Directors (NCSD), National Tuberculosis Controllers Association (NTBA), and Urban Coalition of HIV/AIDS Prevention Services (UCHAPS). NASTAD also represents the interest of Adult Hepatitis Coordinators.

CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (CDC/NCHHSTP): Gustavo Aquino, Associate Director of Program Integration

Mr. Aquino presented am overview of NCHHSTP's definition, vision, and conceptualization of PCSI, noting how it has evolved since the 2007 external consultation. He then presented NCHHSTP accomplishments and plans for each of the areas prioritized at the 2007 external consultation (integrated funding, integrated surveillance, and integrated training), and other organizational and supportive activities such as communications, work structure, and the PCSI evaluation plan.

Below are selected NCHHSTP PCSI accomplishments and plans. See Attachment C for a complete review.

FUNDING and PROGRAM ANNOUNCEMENTS

1. Standard operating procedures for FOA development
2. Inventory of FOA opportunities
3. Incorporating PCSI language into funding announcements to allow greater flexibility (5/11 FOAs)

INTEGRATED SURVEILLANCE

- Surveillance Workgroup: integrated surveillance report
- Plans to complete NCHHSTP Common Confidentiality Standards for data sharing

TRAINING

- Held meeting of funded training partners, June 24
- Developed meeting report
- Identified priority next steps

COMMUNICATIONS

- Green Paper and External Consultation
- PCSI sessions at National Conferences
- Plans to complete the White Paper
- Websites (external and internal)
- Plans to develop interactive web resource to foster networks by jurisdictions and resource sharing

WORK STRUCTURES

- PCSI meetings at the Division, Branch and PO level
- Grand Rounds Integrating Programs, a jurisdiction-by-jurisdiction review
- Collaboration with Portfolio Management Project
- Workgroups for surveillance, corrections, drug users, MSM

National Alliance of State and Territorial AIDS Directors (NASTAD): Dave Kern, Director of Strategic Initiatives, and Chris Taylor, Senior Manager for Viral Hepatitis.

Mr. Kern and Taylor first described NASTAD as an organization and its strategic map, which guides NASTAD programming, and then described NASTAD's PCSI accomplishments, on-going activities, and plans. They identified common ground with the other national organizations (a goal of reducing incidence soon and providing care and treatment now), described the benefits of collaboration (enhances collective power/influence, increases opportunities for positive impacts in each field, promotes re-focusing on core public health), but recognized the downsides (time and energy, organization capacity, competing priorities, lack of clarity around issues), and suggested the national organizations focus on joint activities with easy first steps (low threshold activities with mutual benefits).

As an organization that has had success in moving PCSI forward, Mr. Kern and Taylor shared their suggested "key considerations" for national organizations in earlier stages of the process or when planning integrated activities:

1. Organizational commitment
2. Make the case to members, staff, and leadership
3. Consistent talking points shared with staff
4. Discuss integration early in the planning process
5. Look for integration opportunities: Low(er) threshold activities, how does integration fit into planned projects

They also shared relevant information gleaned from a survey of the membership. Selected accomplishments and plans are presented below.

SELECT NASTAD PCSI ACCOMPLISHMENTS

- Executive Committee and All Member Calls (HIV, VH, STD)
- Programmatic Work Group Calls (HIV, VH, STD)
- NASTAD Prevention Bulletin and NASTAD News (HIV, VH, STD)
- Government Relations (HIV C&T and Prevention, VH, STD, TB)
- Blueprint and Policy Agenda (HIV C&T and Prevention, VH, STD)
- Joint NASTAD/NSCD Board Meetings (HIV Prevention, VH, STD)
  - Follow up letter to CDC DHAP/DSTDP
  - Gay men / Internet letter to CDC NCHHSTP
- NASTAD/NCSD/NTCA "summit" (HIV Prevention, VH, STD and TB)
- National ADAP Monitoring Report (HIV C&T, VH)
- National ADAP TA meeting (HIV C&T, HIV Prevention, VH)
- Latino Call to Action (HIV C&T, Prevention, VH, STD)
- CDC Partner Services Guidelines (HIV Prevention, VH, STD)
- DASH National Stakeholders Meeting (HIV Prevention, STD)
- NASTAD Prevention Webinar—Young IDU (HIV Prevention, VH)
- National STD Conference (HIV Prevention, VH, STD)
- NASTAD African American Women's Issue Brief No. 1 (HIV C&T, Prevention, STD)
- Viral Hepatitis TA meeting (VH, HIV C&T, Co-infection)
- ASHA State Funding for STD Prevention (VH, STD)
- DVH Strategic Work Plan (VH, HBV, HCV and Co-infection)
- IOM Panel (VH, HBV, HCV and Co-infection)

SELECT NASTAD 2009 PLANS

The presentation of these plans was couched within a review of where things stand in regard to the economic crisis, furloughs and staff cuts, hiring freezes, and decreasing programmatic funding.

- TA Meeting: *Reaching Gay Men Using the Internet* and Ongoing Technical Assistance (HIV, STD, VH)
- National HIV Prevention Program Inventory (HIV, VH, STD, TB)
- African American Women's Regional Forum (HIV, STD)
- Latino Call to Action Diffusion (HIV C&T, Prevention, VH, STD)
- IDU Webinar (HIV, VH)
- IDU Meeting (HIV, VH)
- Annual Meeting Sessions (HIV, VH, STD, Integration)
- ADAP TA Meeting (HIV,VH Co-Infection)
- Public Health Guide to Gay Men's Health (HIV, VH, STD, TB)

National Coalition of STD Directors (NCSD): Don Clark, Executive Director

Mr. Clark described NCSD's involvement in PCSI planning prior to the CDC 2007 consultation, and stated that the organization is fully in support for the goal of integrating HIV, Hepatitis, TB and STD. NCSD also encourages a more expansive vision of integration that includes reproductive health, sexual health & public health goals. NCSD had obtained feedback from members and received a mix of positive and negative experiences, feelings, and a range of suggestions for what CDC should and could do.

NCSD ACCOMPLSIHMENTS AND PLANS

- All external partnerships based on "integrated" philosophy
- Active Participant in HIV Coalition
- Advocacy efforts on behalf of HIV/STD
- Integrated relationship with IHS developing Native Stand Curriculum
- Works actively with DASH
- CHAC/HRSA/OMB
- Faculty instructor: NNPTC funded "Ask, Screen, Intervene: Incorporating HIV Prevention into the Medical Care of Persons Living with HIV" curriculum

National TB Controllers Association (NTBA): Jim Cobb, Past President

Mr. Cobb presented NTCA's commitment and activities related to HIV and TB collaboration and integration, and its other PCSI activities prior to the CDC 2007 consultation. Mr. Cobb expressed interest in more regular involvement in NASTAD activities and plans. Mr. Cobb encouraged participants (including himself) to reflect on this question, and asked that we be wholly honest with ourselves: "Are we doing the heavy work needed to realize PCSI?"

NTCA ACCOMPLSIHMENTS AND PLANS

- July 2007: position paper developed titled, "Finding Synergies Across TB and HIV Programs." In this position paper, NTCA recommends a number of steps that should be taken by the federal government (Centers for Disease Control and Prevention—CDC's Division of TB Elimination—DTBE--and HIV programs, CDC's Division of HIV/AIDS Prevention–DHAP, and the Department of Health and Human Services' Health Resources and Services Administration--HRSA), by NTCA as an organization, by National Association of State and Territorial AIDS directors (NASTAD), Regional Training and Medical Consultation Centers (RTMCCs), and by state and local TB programs
- NASTAD representative attends NTCA Executive Board retreat and listens to our plans on collaborating with our national partners at NASTAD's headquarters.
- July 14, 2009 – The summit is held. Discussion items included surveillance/data collection, appropriations/funding, racial/ethnic disparities, ADAP, workforce, and training centers.
- Security & Confidentiality Guidelines Subgroup of the NCHHSTP Surveillance Work Group (SWG)
- HRSA's Office of Minority Health and Health Disparities (OMMHD) unveils plans to work with CDC on a health disparities elimination project on TB and HCV targeting African Americans in HRSA-funded health centers and CDC-funded health departments.
- NTCA receives an affiliate packet from ASTHO
- In March, members from ACET meet with NAACHO's Infectious Disease Committee
- March 24, 2009 – NTCA President and Executive Director meet with the Executive Director of APHL to examine the structure of the two organizations
- NTCA President Phil Griffin joins a committee on the President's Stimulus Plan along with other national partners mapping out ways to distribute the funds to communicable disease programs

Urban Coalition of AIDS Prevention Services (UCHAPS): Kathy Watt and Israel Nieves-Rivera, Community Co-Chairs

Ms. Kathy Watt and Mr. Israel Nieves-Rivera described UCHAPS organization and structure, and its historic and current PCSI leadership efforts and plans. Results of a quick turn-around query of the 7 member areas (Chicago, Houston, Los Angeles County, Miami-Dade County, New York City, Philadelphia, San Francisco, and Washington, DC) showed substantial PSCI efforts currently underway within the 7 member areas. Finally, Ms. Watt and Mr. Nieves-Rivera presented general observations and lessons learned, and provided suggestions to CDC on what could be done to accelerate implementation in the field.

UCHAPS ACCOMPLSIHMENTS AND PLANS

- Since 2004, have strived for collaboration and integration
- 2007: participated on planning committee and in the CDC PCSI external consultation
- 2007: UCHAPS Steering Committee prioritized PCSI, discussed PCSI principles, and how to integrate the concepts into UCHAPS quarterly technical assistance presentations
- 2008: all TA presentations include PCSI principles
- 2008-2009 TA presentations that included PCSI principles included the following topics: partnerships in health departments, lessons learned from harm reduction and syringe access/disposal, working with gay/MSM, obtaining baseline information for the expanded HIV testing funding announcement, HIV testing in non-medical settings, prevention for transgender communities, and partner services.
- Continue to monitor and support UCHAPS jurisdictions in the implementation of PCSI
- Continue to work with other national organizations for the advancement of PCSI

OBSERVATIONS AND SUGGESTIONS

- Bringing everyone to the table to talk, and including a leader who is enthusiastic and knowledgeable about PCSI is the first step. Dr. Fenton's visit galvanized movement on integration in San Francisco.
- Health departments mirror CDC. Leadership and systems have to happen at the national level in order to trickle down.
- HIV and STDs are out of control in the transgender community. However, this doesn't exist in CDC surveillance. We need mapping and other technology to target on-the-ground services. Miami Dade County does mapping and sends out vans based on wise use of the data.
- There is a need for a consistent set of surveillance variables across NCHHSTP Divisions.
- There is a need for consistent use of PCSI language and core principles within program announcements– i.e., how does this program announcement address PCSI?
- There is a need for guidance on the use of resources to support PCSI efforts. When can you use support dollars? When can you pay for STD screening but not treatment, for example. We need a core standard of variables – for both implementation and surveillance.

PCSI Joint Agenda: Proceedings & Outcome Summary

This section summarizes the portion of the day dedicated to developing a 2009-10 joint agenda for PCSI. Presented first is highlights of the full-group discussion immediately following the morning presentations facilitated by Dr. Kevin Fenton. Next is a summary of the themes that emerged from the work of the break-out groups and the discussion that ensued during report-backs. Finally, identified action items are listed.

Group Discussion

Mr. Aquino's presentation ended with 3 questions related to accelerating PCSI that served as the focus of the large-group discussion:

1. Are CDC's efforts translating locally?
2. What are some of the areas we can join efforts in 2009-10?
3. How do we enhance our network and communication?

Presented below are themes that emerged as a result of these questions, although the discussion was somewhat fluid.

Discussion Question: Are CDC's efforts translating locally?

- There is still a need to assist field-level integration by translating the national message and making it actionable.
- There is a need for local-level service integration models, but in order to develop or test models, data systems and other methods for getting information need to be in place.
- Communication and data sharing barriers between and within disease area programs remain.
- Methods for developing successful collaborations should be disseminated.
- Collaboration takes a lot of extra time and effort, but is critical. Leadership should encourage this use of time.
- Senior-level leaders should champion PCSI and take time to do the necessary planning and collaborating.

Discussion Question: *What are some of the areas we can join efforts in 2009-10?*

- We need to identify champions in localities and provide information and support that they need
- There is a need to identify data and information sources, package the information that is supportive to programs, and disseminate it.

- We need to explore involvement in health information technology and join those efforts to shape the future
- There is a need to identify new federal partners who can help
  - PGO should be present at future meetings.
  - Division of Reproductive Health
  - CMS: The Medicaid program has two big initiatives in prenatal care and chronic disease, may add additional resources (people/money).

Discussion Question: *How do we enhance our network and communication?*

- There is a need for common messages across the diseases so that programs can speak in one voice, which is more powerful that individual efforts.
- Prevention messages should be integrated, and think about how we're differentiating our messages strategically.
- In FOAs and other communications, PCSI should be explained, and what exactly is required or requested should be clearly laid out.
- PCSI should remain a topic at meetings and be repeated frequently at least for the next few years.
- Clear messages about the importance of collaboration and integration need to be sent to grantees repeatedly.
- Identify and disseminate best practices from the field
- Publish best practices and other findings related to PCSI as they are discovered

Summary from Break-Out Groups

The participants split into three smaller groups, and were charged to identify one or two collaborative activities that national organizations could work on together to advance PCSI, one or two communication strategies to help CDC pass information to members and on to wider circles, and a "champion" organization for each of these (person or agency who takes responsibility to make sure the activity occurs – someone who takes the lead).

Several themes emerged across the groups: more than one group identified the need for case studies, describing model programs, and communicating the main lessons learned from case studies/model programs as important areas for collaborative work. Groups also mentioned the need for developing common language about PCSI, common definitions for commonly used terms (e.g., "screening" and "routine testing"), standard messages for decision makers, and common prevention messages across two or more disease areas as critical components of communication efforts moving forward.

There was a discussion about the need for additional resources (funding and staff) to coordinate program integration activities, and there was general agreement it is important to identify and support a person whose main responsibility is to coordinate and push these efforts. We cannot expect the activities to succeed if they are done on a "volunteer" basis. Gustavo Aquino acknowledged that this would help, and encouraged organizations to find a way to get this work done by pooling resources.

ACTION ITEMS:

Primary Action Items (Lead Organization):

1. Identify and adopt PCSI as a priority through formal organizational processes (all organizations)
2. Link to the other national organizations websites (all organizations)
3. Develop common language, definitions, and key messages for decision makers (NCSD)
4. Assess PCSI implementation through identifying case studies and coordinating member surveys (NASTAD)
5. Capture and share models and best practices (NACCHO)
6. Interface with HRSA's HIV/AIDS Bureau and Bureau of Primary Health Care (NACHC)

The lead organization is responsible for initiating engagement with other national organizations related to the action item, and the group of organizations will work collaboratively to develop and accomplish concrete next steps.

Draft Evaluation Plan Discussion Summary

This section briefly describes proceedings from the discussion of the April 20, 2009 versions of the draft PCSI evaluation plan and PCSI Logic Model (See Attachment D). David Napp is a consultant assisting the NCHHSTP PCSI team in developing the over-arching PCSI evaluation plan, and he presented the plan and facilitated discussion about the draft plan and PCSI logic model.

CDC has two goals related to PCSI evaluation: 1) to obtain a picture of the amount and types of PCSI activities currently occurring among funded entities in the United States, and 2) to monitor internal CDC progress on commitments and activities, and the effect of these activities in the field.

The meeting participants generally agreed with the direction of the plan. Regarding the logic model, participants suggested that it include "inputs" such as PCSI office staffing, funding levels, etc, and that national partner organization activities also be added to the logic model. Some confusion was expressed about the use of the word "grantee" in the logic model. It was explained that this term was intended to refer to health departments and jurisdictions funded by CDC, and not the national organizations that also receive CDC funding. It was agreed that the phrase "jurisdiction" will be used in subsequent versions of the logic model.

Questions were raised about the absence of patient-level indicators. It was explained that this evaluation will not attempt to measure disease outcomes or behavioral risk at the level of individual clients, though the evaluation plan does include indicators will capture the extent to which services are integrated at the client-level.

Participants asked how baseline data would be established. The group discussed that because the PCSI initiative has already begun and the evaluation is still in the planning stages, baseline data will need to be reconstructed as best as possible using existing data sources such as data from the recent NASTAD web survey and data already being reported to CDC by jurisdictions. There was considerable enthusiasm expressed for the idea of the national partner organizations collaborating to host a web survey with jurisdictions (modeled on the NASTAD survey) to collect more comprehensive evaluation data in the future.

Some participants wondered if the interim / annual progress reports might provide a useful data source for evaluation. It was explained that using the reports for PCSI evaluation was deemed impractical because the reports do not provide easy to access data that are standardized across jurisdictions and because abstraction of evaluation data from the reports in their current form would be a monumental task. Similarly, some participants raised the possibility of using surveillance data in the evaluation. After clarifying that the evaluation focuses on service integration, and not disease outcomes, these data were no longer considered to be useful for this evaluation.

Lastly, participants emphasized that the evaluation should detect any unintended effects of PCSI, such as possible impacts on service provider work-load and their ability to deliver disease-specific services.

Other questions, issues, concerns, and suggestions discussed during the meeting are summarized below.

- All outcomes specified in the logic model may not occur among all jurisdictions at the same time; add a footnote to the logic model to clarify this point

- Inputs must be sufficient for PCSI activities and outcomes to occur; participants suggested that additional PCSI office staffing and resources would help accomplish everything specified in the logic model

- Confounding events outside of CDC and jurisdiction control (e.g., budget crises) may affect the extent to which PCSI activities and outcomes occur

- Activities described under CDC-Sponsored Training Courses do not necessarily reflect the entirety of PCSI training activities (e.g., national partner organizations may be doing some PCSI webinars); add national partner organization activities to the logic model

- Examine GPRA measures to discover helpful data

- Consider adding medium-term outcomes between the shorter-term and longer term outcomes described in the logic model

- Find a way to highlight that the goal of PCSI is to help clients in the evaluation plan; this perspective may get lost among the many organizational level outcomes described in the logic model

- Consider measuring cost-effectiveness and increased efficiency due to PCSI

- Remove hepatitis services in correctional settings from outcome indicators since other prevention in correctional settings aren't included

David Napp informed participants that NCHHSTP will be vetting the evaluation plan with other stakeholders and groups, and to expect to see a revised plan incorporating many of their suggestions in the near future.

Conclusions

Partners are enthused about PCSI, and have taken many actions to further this in the field. Plans are underway for 2009, and the national organizations made several commitments for additional activities in 2009-10. Partners are committed to working together and with CDC to achieve our common aims.