AAPPS Reporting Update

Marion Carter, Program Evaluation Team

&

Jennifer Ludovic, Policy Team

DSTDP

January 29, 2015

Three Big Objectives for Today

Marion will:

1) **Share summary highlights from the September 2014 POM (program outcome measure) submission**
2) **Describe POM data request for March 2015**

Jennifer will:

3) **Describe the administrative reporting request related to support provided for clinical preventive services ("The 13.5%"), for March 2015**

PART I: HIGHLIGHTS FROM SEPTEMBER 2014 POM SUBMISSIONS

Things to keep in mind

- **This was always considered a pilot period**
- **Data have not been validated and remain a bit messy**
- **We did seek some corrections**
- **We did clean the data somewhat**

- **What follows are a few highlights from each POM domain:**
  - Basic summary statistics (tabulations, means, ranges)
  - Basic summary of some text fields' responses
  - Flavor of how we explored some of the data

ASSESSMENT 1 & 2:
STD-HIV DATA MATCHING MAPPING AND GEOCODING

Assessment 1: Match frequency

Syphilis Match frequency	Number of project areas	Percent of project areas
Daily or as often as cases come in	28	48%
Weekly	6	10%
Monthly	3	5%
Less than monthly	7	12%
Not matched	6	10%
Other/missing	9	15%

Regarding **Syphilis**-HIV matching, almost half were matching daily, or as soon as they get a case in. 6 areas said they didn't match.

Regarding **GC**-HIV matching, 25% were matching daily, or as soon as they get a case in;
11 were not matching at all.

GC Match frequency	Number of project areas	Percent of project areas
Daily or as often as cases come in	15	25%
Weekly	9	15%
Monthly	4	7%
Less than monthly	10	17%
Not matched	11	19%
Other/missing	10	17%

Assessment 1: Most common barriers to Syphilis and GC case matching with HIV

Category	Illustrative comments
Lack of staff time or staff IT expertise	• "Staff turnover." • "Limited in IT personnel."
Lack of automated system for matching	• "Inability to do automated matching" • "Matching is not currently automated and therefore requires a manual record search."
Separateness of STD and HIV data (policy barriers or technology barriers)	• "HIV and STD keeps data in different systems." • "No data sharing agreement with HIV."

Assessment 1: Top uses for Syphilis and GC case matching with HIV

Category	Illustrative comment
Prioritize or inform DIS interviews/ partner services	• "Provided the DIS information used to develop a plan of action before patients were interviewed." • "Case investigations for persons co-infected with HIV and CT, GC, syphilis are assigned daily to DIS as reports are received."
To inform reports, information sharing, and future program priorities, activities, or policies	• "Regional fact sheets were also developed and shared with area stakeholders and health providers …." • "We use matched data to identify high risk individuals and areas that we may need to increase our STD and HIV testing and awareness."
To link patients to HIV care	• "Matched data is used to identify those eligible for Linkage to Care (L2C) services." • "All matched cases were forwarded from Surveillance for Partner Services and linkage-to-care."

Assessment 2: Percent of cases with zip code

	Mean	Standard Deviation
% of reported early syphilis cases with a street address, including zip code	90.0% (n=54)	24.6
% of reported GC cases with a street address, including zip code	88.5% (n=54)	20.0
%of reported CT cases with a street address, including zip code	86.5% (n=52)	21.0

But of course that does not mean all of those were geocode-able

Assessment 2: Lowest level of geographic information available for any STD

Lowest Geographic Distribution	Number of grantees	Percent
Street address	37	63%
Census tract	9	15%
Zip code	6	10%
County	2	3%
Other	5	8%
Total	59	

Assessment 2: Top Reported Uses of Map Data

1) Awareness and education
2) Outreach targeting
3) Surveillance and stakeholder reports
4) Program planning
5) DIS prioritization of efforts
6) Resource allocation

POM 1 AND POM 2: CT SCREENING & SYPHILIS SCREENING

POM 1: CT SCREENING AMONG YOUNG WOMEN ON MEDICAID

- Even though POM 1 was optional, 29% or 17 areas reported on POM 1
- Date ranges varied widely (2012-2014), 6-18 month periods

	Numerator	Denominator	POM 1: CT screening
Mean	22,886	55,942	46%
Range	204-76,466	1,471-218,632	14%-67%

POM 1: Exploring CT screening rates by reported "Data quality"

Data Quality	Frequency	Average percentage of sexually active females 16-24 on Medicaid tested at least once for CT annually	Standard Deviation
Very Poor (1)	1	36%	--
Average (3)	3	36%	.28
Good (4)	6	52%	.17
Excellent (5)	4	58%	.10

POM 1: Top barriers to obtaining CT screening data

1) **Data issues (overwhelming #1 issue)**
   - Data sharing, data access
   - Timely data, numerator/denominator issues
   - Data quality, data analysis and coding
2) **Not having a relationship with Medicaid**
3) **Competing priorities**
4) **Staffing**

POM 2: Syphilis screening among MSM in HIV care

- 33% (19 areas) reported on this, though it was optional

	# MSM Tested	# MSM Examined	POM 2 : % MSM Tested	# of HIV Providers
Total	15,038	17,834	-	165
Mean	716	892	70%	8.3
Range	0 - 3475	0 - 3960	26 - 100	1 - 42

POM 2: Common Themes among Reporters

- **Most cited a good relationship with HIV Care Program to identify providers**
- **Some reported incomplete data**
  - E.g., missing data from a qualifying RW provider
- **Some reported for all HIV care sites statewide, as data were available**
- **Some cited having difficulty separating out MSM from all HIV+ clients, reported on all men**

POM 2: Common Themes among Non-Reporters

- Most stated they either had a good relationship with HIV care or were integrated
- Some volunteered that they only had positive test results available, no screening data and no denominator

POMS 3 & 4: HIV TESTING OF STD PATIENTS IN STD CLINICS

POM 3 & 4: Reporting and Results

- 73% (43/59) reported on POM 3
- 66% (39/59) reported on POM 4

	POM 3				
	# Counties	# Clinics	# HIV Tests	# GC, Syph Cases	POM 3: % HIV Tested
Total	409	462	9643	19872	-
Mean	9	10	230	452	59%
Range	1 to 65	1 to 86	0 to 1052	4 to 2488	0-100%

POM 4 Main Results

	POM 4		
	# HIV +	# HIV Tests	POM 4: % HIV +
Total	403	8880	-
Mean	10	228	7%
Range	0 to 51	0 to 1015	0 to 52%

POM 3 & 4: Common Themes

Reporters

- Most relied on health department data systems, not direct clinic data
- Some cited incomplete STD or HIV case counts due to data entry or systems issues
- A few used less than a 6 month report period
- Some did not have the numerator for POM 3 matching the denominator for POM 4

POM 3 & 4: Common Themes

Non-reporters

- **Many cited data systems issues that prevented them from reporting**
  - Barriers to obtaining data (e.g., unlinked data systems)
  - Barriers to calculating the specific measures
- **Some had no STD clinics that fit our definition and thus did not report**

POM 5 & 6:
GC TREATMENT & DISEASE INTERVENTION FOR WOMEN WITH EARLY SYPHILIS

POM 5 Main Results

- 90% (53/59) of PAs reported

	# GC Cases Appropriately Tx'd in 14 days	Total # of GC cases	% Tx'd Appropo in 14d
Totals	60,577	134,942	--
Mean	1,143	2,546	56%
Range	25 to 5,053	25 to 12,991	6% to 100%

POM 5: What fields were missing

Field	Mean % of cases missing info in that field (N=46-49)	Range of % of cases missing info in that field
Date of specimen collection	4%	0-61%
Date of TX	19%	0-87%
Medication	22%	0-84%
Dosage	24%	0-100%
Provider	7%	0-64%

POM 5: Common Themes for Reporters

- Missing treatment information drove down the POM figure in many areas
- Some commented on incomplete GC case and case TX data due to data systems and data entry issues
- A few reported that the 14-day timeframe was not calculated or was incorrect
- A few volunteered that only GC cases from clinics, not private providers, were included

POM 6: Reporting and Results

- 90% (53/59) of PAs reported on POM6
- 85% (50/59) of PAs reported having any female cases in the period

	# Cases w/1 Ptnr. Tx'd	# Female ES Cases	% Cases w/1+ Partner Tx'd
Totals	806	1,750	
Mean	15	32	49%
Range	0 to 233	0 to 301	0 to 100%

POM 6: Exploration by project area disease burden groups

Increasing disease burden →

Grouping	1	2	3	4	5	6	Cities
PAs	DE HI NH RI	AK MT ND SD WV	IA NE NM NV OR UT	AZ CO IN KY MA MD MN MO OK PR SC WA WI	AL IL LA NJ PA TN VA	CA FL GA MI NC NY OH TX	SF LA Phila DC NYC Balt Chi
Mean %	35%	77%	50%	55%	51%	43%	35%
Standard deviation	0.47	0.33	0.18	0.27	0.26	0.25	0.13

POM 6: Common Themes/Issues

- A few cited data systems issues and were not able to extract data to report or had system problems that affected their ability to link cases and partners
- A few reported partial data because some syphilis cases were not yet closed

POMS 7 AND 8: NEW HIV CASES IDENTIFIED FROM PARTNERS OF HIV-SYPHILIS CO-INFECTED CASES

POM 7 basic results

- 49 areas reported a numerator; 50 areas reported a denominator
- 42 areas could report POM 7

	Num: # of partners of coinfected cases newly dx with HIV	Denom: # of initiated partners of coinfected cases not know to be HIV+ already	POM 7: % new positive
Mean	2.9	52	10%
Range	0- 37 (19 areas reported 0)	0-335 (8 areas reported 0)	0%-100%

POM 8 basic results

- 43 areas reported a numerator or denominator
- 28 areas could report POM 8 (*all the 0's threw this off*)

	Num: # linked to care	Denom: # of of newly dx with HIV (from Pom 7)	POM 8: % linked to care
Mean	1.6	3.2	68%
Range	0-8 (20 areas reported 0)	0- 37 (16 areas reported 0)	0%-100%

POMs 7 & 8: Commons issues raised

- **Definitions used**
  - E.g., Volunteered they used partners and suspects; only had data from Ryan White CareWare system
- **Data limitations**
  - E.g., Anonymous, un-locatable partners affected values

POM 8: Barriers to reporting linkage to care

Category	Illustrative quotes
No barriers, N= 13	• "None. The STD program staff conduct all the HIV linkage to care and partner services activities …"
Data quality, completeness, timeliness concerns	• "Due to the deployment of [X data system] in early 2014, there continues to be an associated data entry delay of case information" • "The matching process can be time consuming."
Constrained data access	• "The STD Program and HIV Program are separate funded programs. The databases are not integrated …" • "There are no consistent common identifiers between the state STD surveillance system and eHARS …"

POM 8: Barriers to reporting linkage to care

Category	Illustrative quotes
Limitations to what DIS can obtain	• "Obtaining data on partners is difficult as the index patient often refuses to disclose their partner …." • "Not having good locating information from the patients also affects our ability to initiate partners."
Personnel or resource barrier	• "The HIV Linkage to Care Coordinator position has been vacant since April 2014 …" • "Loss of the STD data manager and downsizing of the Surveillance Unit."
Linkage to care program issue	• "Defining/identify the most appropriate "hand-off" point from local STD DIS staff to the Linkage to Care Coordinator."
Other or missing	N=8

Looking across POMs

POM domain	# of PA's reporting the POM	Mean	Range	Mean "data quality" (1-5)
1 (CT screen)	17	46%	14-67%	3.4
2 (Syphilis screen)	18	70%	26-100%	3.5
3 (HIV testing)	41	59%	0-100%	3.6
4 (New HIV+)	37	7%	0-52%	3.8
5 (GC Tx)	53	56%	6-100%	3.5
6 (ES among WRA)	50	49%	0-100%	4.1
7 (New HIV+, co-infected)	42	10%	0-100%	3.6
8 (LTC)	28	68%	0-100%	3.9

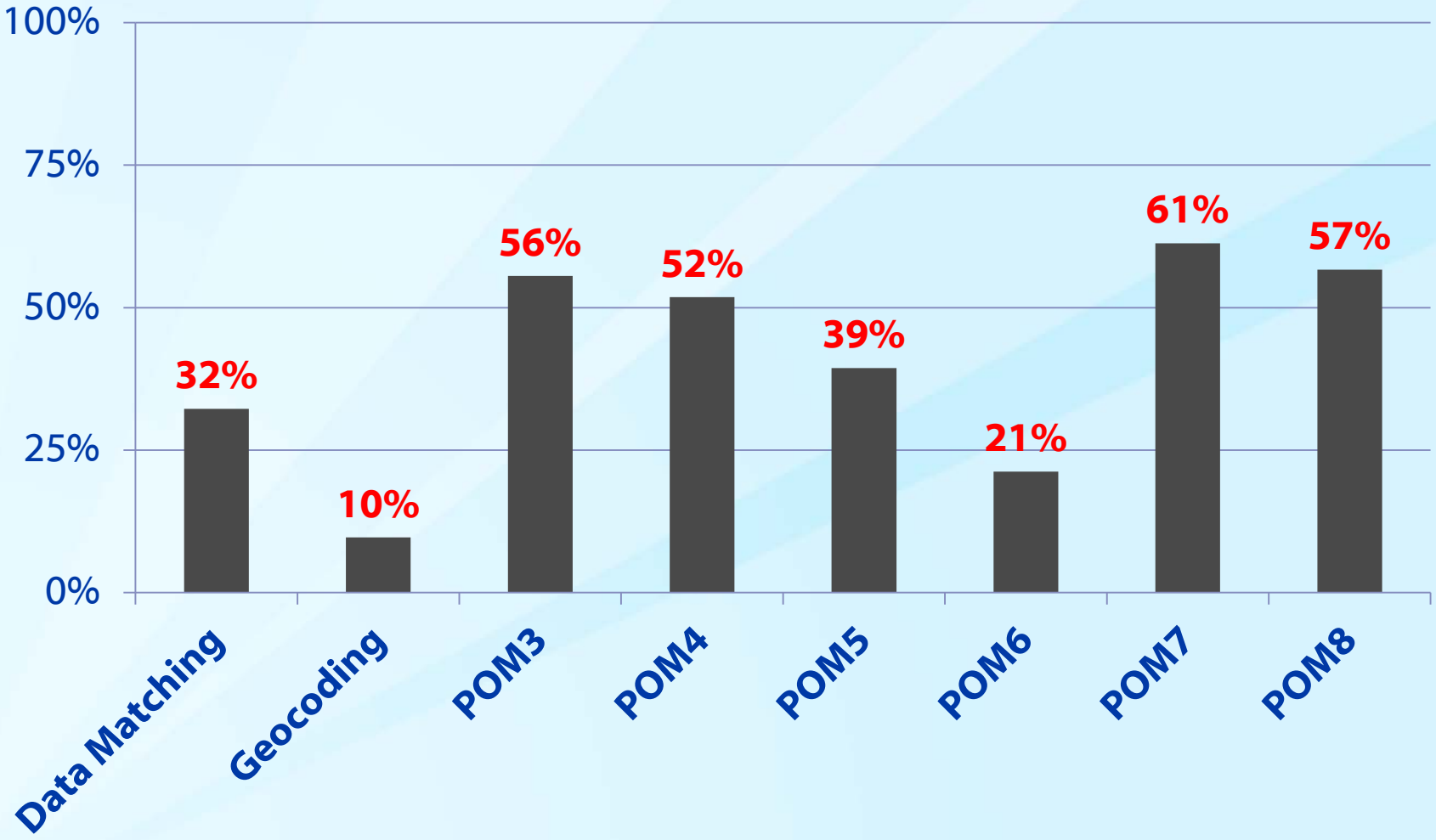
Looking across POMs

POM domain	# of PA's reporting the POM	Mean	Range	Mean "data quality" (1-5)
1 (CT screen)	17	46%	14-67%	3.4
2 (Syphilis screen)	18	70%	26-100%	3.5
3 (HIV testing)	41	59%	0-100%	3.6
4 (New HIV+)	37	7%	0-52%	3.8
5 (GC Tx)	53	56%	6-100%	3.5
6 (ES among WRA)	50	49%	0-100%	4.1
7 (New HIV+, co-infected)	42	10%	0-100%	3.6
8 (LTC)	28	68%	0-100%	3.9

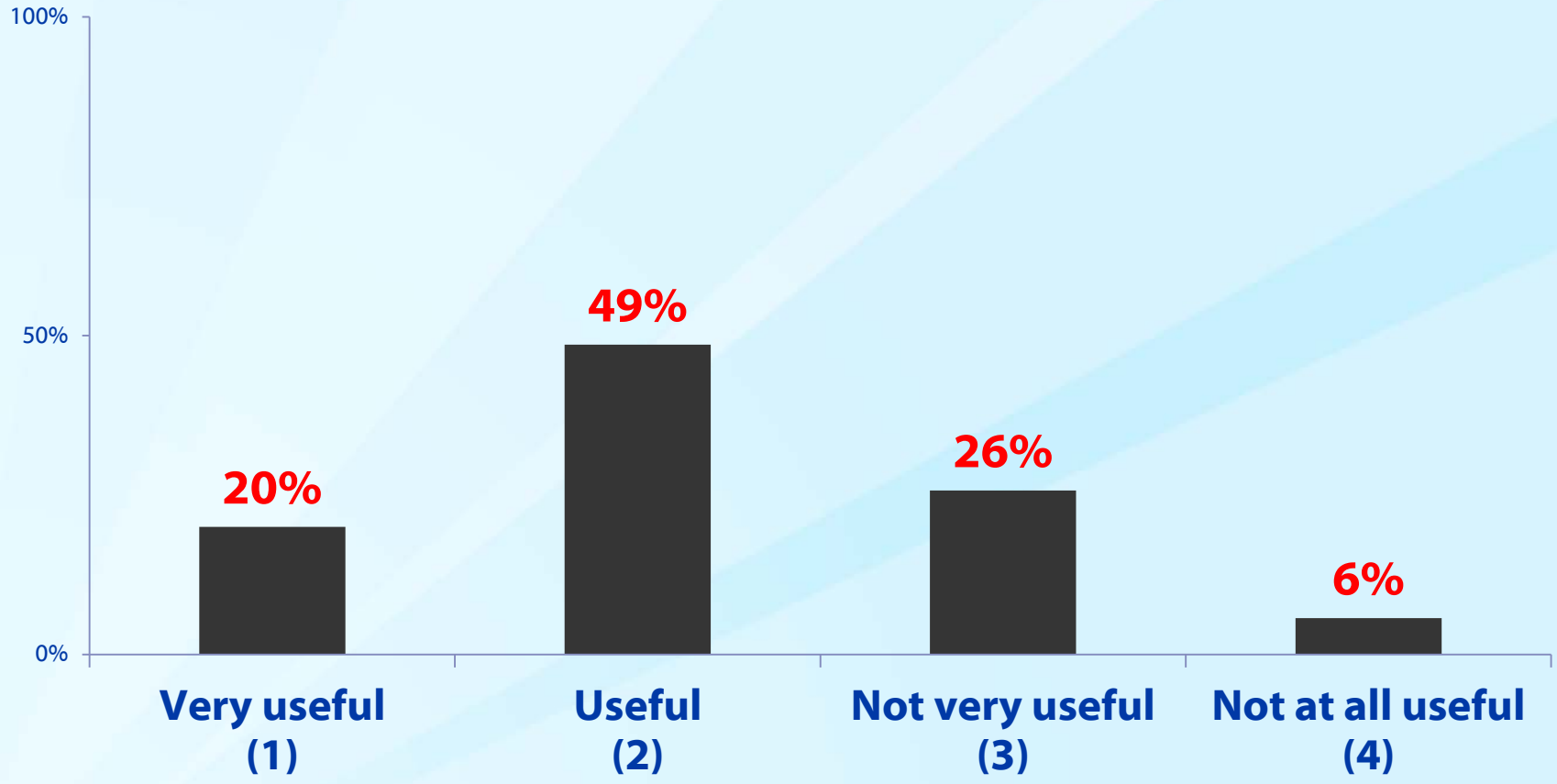
Looking across POMs

POM domain	# of PA's reporting the POM	Mean	Range	Mean "data quality" (1-5)
1 (CT screen)	17	46%	14-67%	3.4
2 (Syphilis screen)	18	70%	26-100%	3.5
3 (HIV testing)	41	59%	0-100%	3.6
4 (New HIV+)	37	7%	0-52%	3.8
5 (GC Tx)	53	56%	6-100%	3.5
6 (ES among WRA)	50	49%	0-100%	4.1
7 (New HIV+, co-infected)	42	10%	0-100%	3.6
8 (LTC)	28	68%	0-100%	3.9

POM domain was "difficult" or "very difficult" to report on (N=27-33)



"How useful has (or will be) the information reported in the POM workbook to your program's planning and strategies?" (n=35)



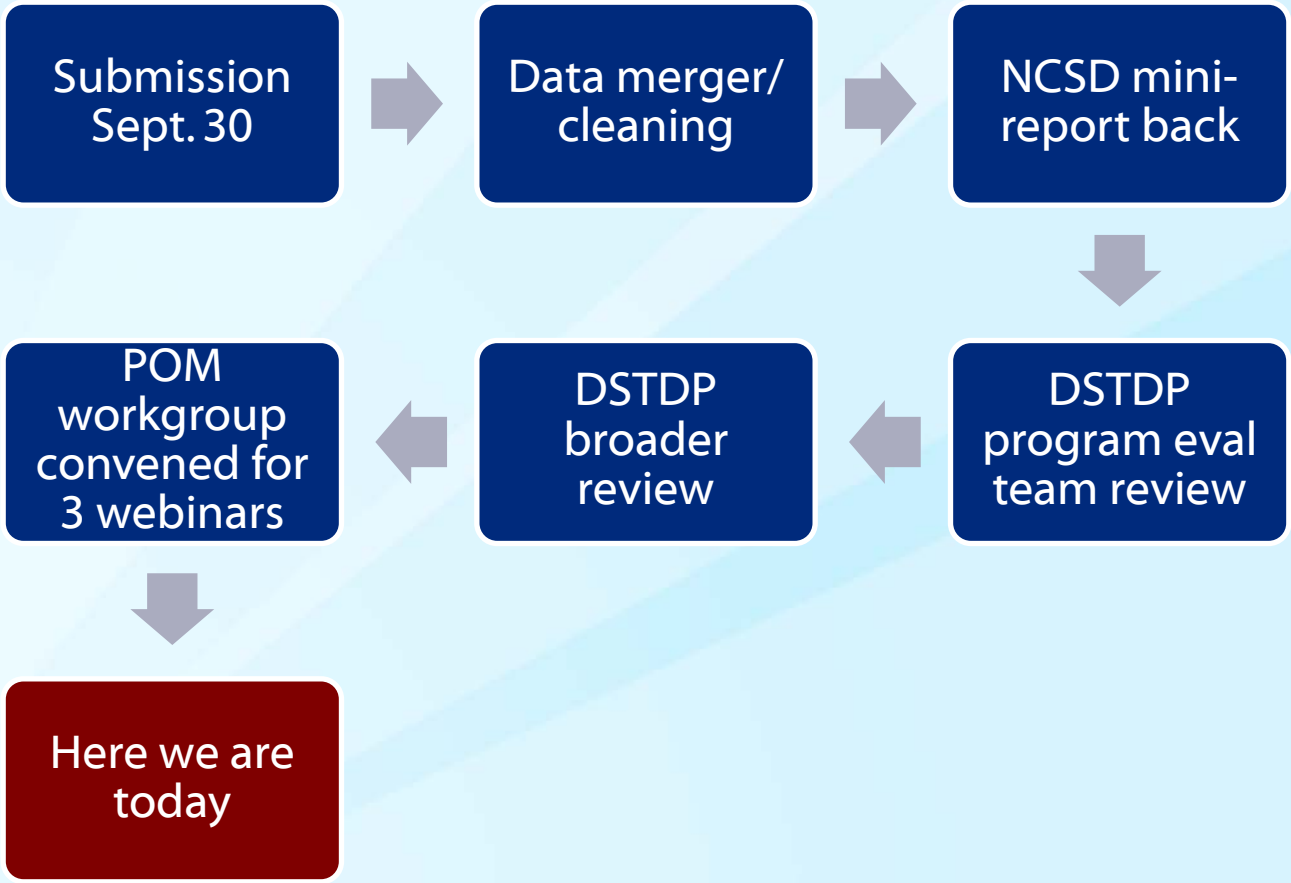
Summary

- **Many reported on POM 1 and POM 2, despite being optional**
- **POMs 5 and 6 had most complete reporting**
  - Assessment 1 and 2 also were pretty complete
- **Variation was wide**
  - Data quality, data sources, scope of reporting ranged widely
- **Many points were raised via comment fields**
  - Things to clarify in guidance
  - Many barriers to reporting, or reporting better

Questions or comments?

PART 2: WHAT NOW? THE MARCH 2015 DATA REQUEST

Process since submission



Major Changes Planned

March 2015 request will focus on:

- **POM 2 (Syphilis screening among MSM in HIV care)**
- **POM 5 (GC tx)**
- **POM 6 (Disease intervention for women with ES)**

<u>Not</u> reported for March 2015:

- **Assessment areas**
- **POM 1**
- **POMs 3 & 4**
- **POMs 7 & 8**

Overview of changes for those we are keeping for March 2015

	Type of changes	Rationale
POM 2	• Make more flexible	• To increase usefulness to project areas • To accommodate some difficult data barriers
POM 5	• Clarify • Focus	• So project areas can tell their story better
POM 6	• Clarify • Expand contextual information	• So project areas can tell their story better

All had good response and support to continue generally as is

Considerations for those we are dropping for March 2015

	Plan	Rationale
Assessment areas	• Focus, refine questions • Move to APR	• Better suited for that outlet
POM 1	• Change from state-level measure to a hot-spot focus • Discuss further • Issue new guidance for September 2015	• Far more useful to project areas
POMs 3 & 4 POMs 7 & 8	• Discuss further • Future is uncertain	• Complex issues • Multiple barriers • In current form, not very useful to DSTDP

POM 2: What to expect in the guidance

September 2014	March 2015
Optional	Required
Ryan White care providers only	Any high-volume providers, RW or not
Among MSM	MSM or, if unavailable, among males is ok
Time frame unclear	Annual measure for 2014 (Jan-Dec)
No request for new case rate	Add an associated, developmental POM: • New cases of syphilis diagnosed among men screened If unable to report, describe barriers

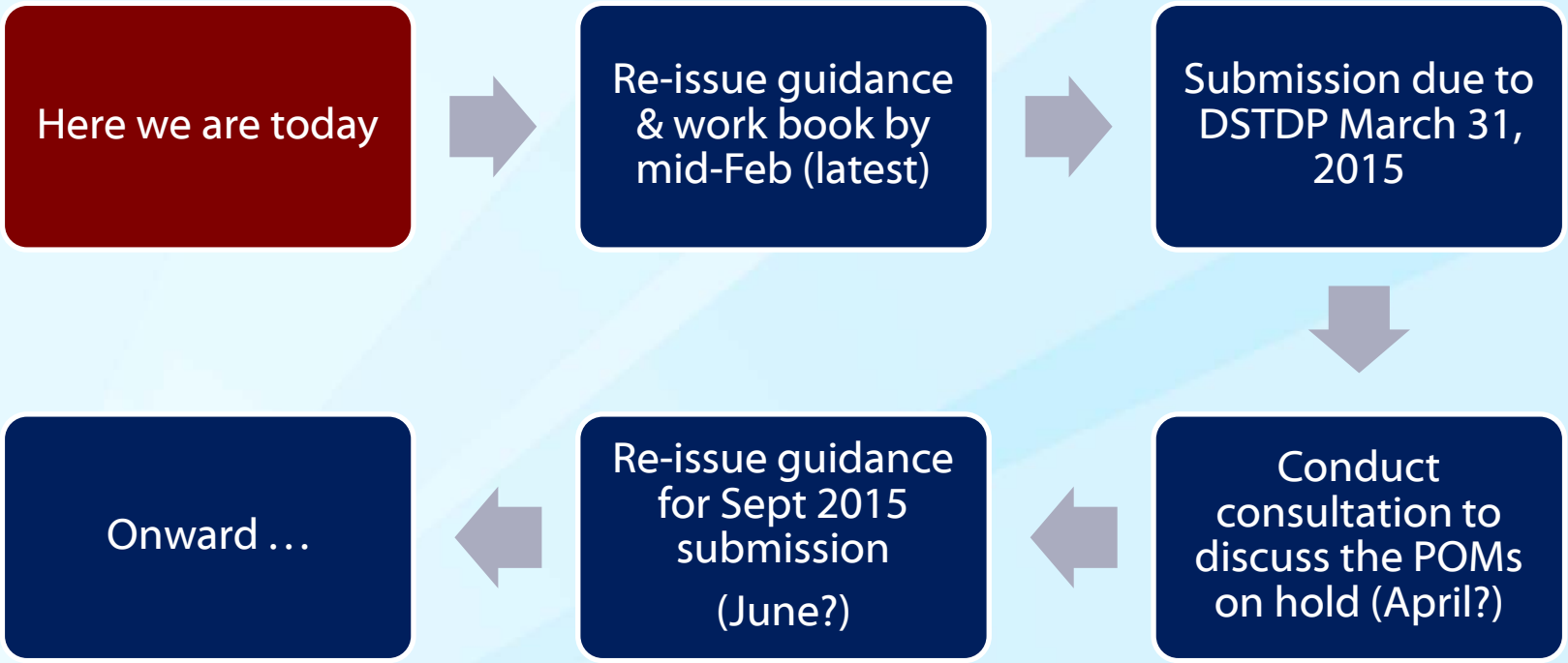
POM 5: What to expect in the guidance

September 2014	March 2015
All GC cases as main POM denominator	Same
2 denominators requested, but not clearly	• # of GC cases • # of GC cases with <u>any medication information/ not-missing for medication</u> (ok if missing date of TX, provider, dosage)
Numerator focused on many correct fields, including 14 day time frame	• # of GC cases with <u>correct medication</u> (i.e. dual therapy)
% of cases with valid responses in particular data fields	Deleted
Jan-June 2014	Jan-Dec 2014 (12 months data - this time)

POM 6: What to expect in the guidance

September 2014	March 2015
Asked for disease intervention only (POM)	Ask for background/process measures: • Total cases of ES among WRA • # interviewed • # contacts initiated • # contacts examined • # contacts treated, by dispo code AND • POM (disease intervention index)
Asked for combined dispositions A, C, E	Ask for these separated out
Jan-June 2014	Jan-Dec 2014 (12 months data - this time)

Process going forward



For now, will continue with Excel workbook, as we continue to explore options for an appropriate web-based system

Acknowledgements

Project Area POM Workgroup

- Beth Butler, PA
- Jennifer Vandevelde, KS
- Jeff Stover, VA
- Jeff Hitt, LA
- Brad Beasley, TN
- Erin Fratto, UT
- Robin Hennessy, NYS
- Heidi Bauer, CA
- Andrea Radford, IL
- Daniel Daltry, VT
- Charlie Rabins, NCSD

DSTDP colleagues

- Dayne Collins
- Shaunta Wright
- Marta Bornstein

- LaZetta Grier
- Darlene Davis

Questions or comments?

PART 3: ADMINISTRATIVE REPORTING RELATED TO CLINICAL PREVENTIVE SERVICES

Administrative Reporting Request:
What Are the 13.5% Clinical Preventive Services Funds?

The administrative reporting elements requested by DSTDP focus on the following required assurance activity in the STD AAPPS FOA:

> "Provide assistance (at least 13.5 percent of the overall award amount) to non-profit organizations that have demonstrated their ability to provide safety net STD clinical preventive services. This assistance could be used to screen and treat women and their partners for CT and GC to prevent infertility." (page 16)

Why Does CDC Need This Information?

- CDC senior leadership has indicated that DSTDP is expected to regularly report certain information about how the 13.5% has been used by grantees to support safety net STD clinical preventive services.

- This includes information on the types of partners that may receive AAPPS funding or AAPPS-funded in-kind services under this activity.

How Will CDC Use This Data?

- DSTDP will review and aggregate the data that is collected for use in ongoing program development and reporting.
- This information will be reported to stakeholders within and outside of HHS/CDC.
- The information collected through this request will be used in decisions related to the discontinuation, reduction, continuation, or expansion of this type of funding.

Administrative Reporting

- Like POMs, administrative reporting will be for the period 1/1/2014-12/31/2014.
- The "13.5%" funding information will not be used as program outcome measures.
- We will not be comparing the grantees—we expect that the approaches will be different and will address state or local needs.
- In brief, we want to hear how grantees are using this portion of funding to reach a target population.

WHICH FIELDS ARE REQUESTED FOR ADMINISTRATIVE REPORTING?

Description of Supported Organizations and Their Clients

1.	For each clinical partner type: Brief description of the programmatic approach you are using for this portion of AAPPS: 1) Rationale 2) Type of support provided (include in-kind and funding) 3) Additional information
2.	Clinical partner type and # of clinic sites • Family Planning • Community Health Center • State STD clinic • County or local STD clinic(s) • School-based clinic • Juvenile corrections/ jail/prison-based clinic • Hospital-based clinic • LGBT clinic • Other primary care: [describe] • Other type: [describe]
3.	Total for each clinical partner type: Number of clinic visits by age (16 to 24, 25 to 44) and gender served for any reason, not just STD services
4.	Total for each clinical partner type: Number of all clinic visits for whom no third party was billed, by age (16 to 24, 25 to 44) and gender

Description of STD Tests Performed and Associated Positivity

5.	Total for each clinical partner type: Number of AAPPS-funded tests performed for syphilis, chlamydia, and/or gonorrhea by age (16 to 24, 25 to 44) and gender
6.	Total for each clinical partner type: Number of AAPPS-funded newly diagnosed syphilis cases, positive chlamydia tests, and positive gonorrhea tests by age (16 to 24, 25 to 44) and gender
	OR
7.	Total for each clinical partner type: Number of tests performed for syphilis, chlamydia, and/or gonorrhea by age (16 to 24, 25 to 44) and gender
8.	Total for each clinical partner type: Number of newly diagnosed syphilis cases, positive chlamydia tests, and positive gonorrhea tests by age (16 to 24, 25 to 44) and gender

Determining the Dollar Value of AAPPS-related Support: Direct and In-kind Estimates

9.	For each clinical partner type: Total annual dollar amount of AAPPS funds provided
10.	For each clinical partner type: Total annual amount of AAPPS in-kind support provided to them (e.g. value of staff time, lab services, medications, etc.)
11.	For each clinical partner type: Total annual dollar amount of funding your program provided.
12.	For each clinical partner type: Total annual amount of in-kind support your program provided to them (e.g. value of staff time, lab services, medications, etc.).

“13.5%” EXAMPLE ADMINISTRATIVE REPORTING

Example #2 in the Guide Document

Administrative Reporting Element #1:

For each clinical partner type: Brief description of the programmatic approach you are using for this portion of STD AAPPS funding

Example Response:

Community Health Center:	
1) Rationale	State Y has seen increasing congenital syphilis cases in County D, so is partnering with the two community health centers run by the county.
2) Type of support provided	State Y is providing funding to increase syphilis testing among underinsured and uninsured women, targeting especially women who are pregnant. State Y is also providing one staff person to provide syphilis partner services, half time at each location.
3) Additional information	CT and GC testing are funded by other sources. This program began in July 2014, so data is reported for July-December. Next year we will report a full year of data.

Administrative Reporting Element #2:

Clinical partner types and number of sites for each

Example Response:

Clinical partner type	Number of sites
Family Planning	0
Community Health Center	2
State STD clinic	0
County or local STD clinic(s)	0
School-based clinic	0
Juvenile corrections/ jail/prison-based clinic	0
Hospital-based clinic	0
LGBT clinic	0
Other primary care	0
Other type: [describe]	0

Administrative Reporting Element #3:

Total for each clinical partner type: Number of clinic visits by age (16 to 24, 25 to 44) and gender served (for any reason, not just STD services)

Example Response:

Community Health Centers:		
Gender	Age	Total visits
Females	16-24	3014
Females	25-44	2016
Male	16-24	1024
Male	25-44	1807
Additional text:	This information is for July-December	

Administrative Reporting Element #4:

Total for each clinical partner type: Number of all clinic visits for whom no third party was billed, by age (16 to 24, 25 to 44) and gender

Example Response:

Community Health Centers:		
Gender	**Age**	**# of patients without 3rd party billing**
Females	**16-24**	**1504**
Females	**25-44**	**604**
Male	**16-24**	**809**
Male	**25-44**	**1402**
Billing status:	**Clinics currently billing Medicaid only. No plans to expand billing at this time.**	
Additional text:	**This data is for July-December.**	

Administrative Reporting Element #5:

Total for each clinical partner type: Number of AAPPS-funded tests performed for syphilis, chlamydia, and/or gonorrhea by age (16 to 24, 25 to 44) and gender

Example Response:

Community Health Centers:				
Gender	Age	Syphilis tests	CT tests	GC tests
Females	16-24	125	0	0
Females	25-44	236	0	0
Male	16-24	140	0	0
Male	25-44	278	0	0
Additional text	Male partners are tested only if female partners are positive. This data is for July-December.			

Administrative Reporting Element #6:

Total for each clinical partner type:
Number of AAPPS-funded newly diagnosed syphilis cases, positive chlamydia tests, and positive gonorrhea tests by age (16 to 24, 25 to 44) and gender

Example Response:

Community Health Centers:				
Gender	**Age**	**Newly diagnosed syphilis cases**	**Positive CT tests**	**Positive GC tests**
Females	16-24	4		
Females	25-44	5		
Male	16-24	8		
Male	25-44	8		
Additional text	This data is for July-December.			

Administrative Reporting Element #7:

Total for each clinical partner type: Number of tests performed for syphilis, chlamydia, and/or gonorrhea by age (16 to 24, 25 to 44) and gender

Example Response:

(Provided a response to element #5, so do not need to respond)

Community Health Centers:				
Gender	**Age**	**Syphilis tests**	**CT tests**	**GC tests**
Females	16-24			
Females	25-44			
Male	16-24			
Male	25-44			
Additional text				

Administrative Reporting Element #8:

Total for each clinical partner type: Number of newly diagnosed syphilis cases, positive chlamydia tests, and positive gonorrhea tests by age (16 to 24, 25 to 44) and gender

Example Response:

(Provided a response to element #6, so do not need to respond)

Community Health Centers:				
Gender	**Age**	**Newly diagnosed syphilis cases**	**Positive CT tests**	**Positive GC tests**
Females	16-24			
Females	25-44			
Male	16-24			
Male	25-44			
Additional text				

Administrative Reporting Element #9:

For each clinical partner type: Total annual dollar amount of AAPPS funds provided

Example Response:

Community Health Centers:	$7,321
Additional text:	This is for syphilis tests for July-December.

Administrative Reporting Element #10:

For each clinical partner type: Total annual amount of AAPPS in-kind support provided to them (e.g. value of staff time, lab services, medications, etc.)

Example Response:

Community Health Centers:	$14,325
Additional text:	This represents 1 DIS staff to provide partner services from July-December.

Administrative Reporting Element #11:

For each clinical partner type: Total annual dollar amount of funding your program provided.

Example Response:

Community Health Centers:	$7,321
Additional text:	This is the only activity our program funds/supports for these 2 clinics, so our response for element 11 is the same for element 9.

Administrative Reporting Element #12:

For each clinical partner type: Total annual amount of in-kind support your program provided to them (e.g. value of staff time, lab services, medications, etc.).

Example Response:

Community Health Centers:	$14,325
Additional text:	This is the only activity our program funds/supports for these 2 clinics, so our response for element 12 is the same for element 10.

Completing the Administrative Reporting Request

- We are asking for responses aggregated *by clinical partner type*.
- Each clinical partner type will have a separate tab in the Excel template.
- Three examples will be provided in the accompanying guide – the example I just walked through is example #2 from the guide.
- This type of data request is new for DSTDP too, so please contact me if you have any questions.

Administrative Reporting Questions?

Jennifer Ludovic

jludovic@cdc.gov

404-639-1859