

Guidelines Regarding Data Collection And Reporting

Agencies receiving funding from Colorado Department of Public Health and Environment (CDPHE) to provide Human Immunodeficiency Virus (HIV) prevention services must adhere to data collection and reporting requirements set by the U.S. Centers for Disease Control and Prevention (CDC) and CDPHE. The most recent version of the requirements can be found on the Internet at:

<http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>

Agencies (Contractors) receiving funding from the CDPHE to provide HIV prevention services must also agree that CDPHE will act as the Contractor's data administrator for CDC data collection.

The required data elements are subject to change by CDPHE and CDC, and CDPHE-funded contractors must follow the most recent data requirements. The descriptions below are meant as an overview; detailed requirements, including sample forms, will be provided to the Contractor and revised as needed during the course of the contract with CDPHE.

Agency and Program Plan Data

Funded providers of HIV prevention services are required to report, and update when necessary, agency and planning data, which includes the following: agency location and contact information; agency budgetary information; sessions and activities planned as part of funded HIV prevention services; sites where HIV prevention will take place; and the planned number of clients to be served or service delivery levels.

Session and Activity Data

As sessions and activities are conducted, funded agencies are required to provide data such as delivery method; session date; number of sessions provided; types of activities conducted during HIV prevention sessions; materials distributed; and length of sessions.

Client Descriptive and Risk Data

Funded agencies are required to report descriptive and risk data for clients receiving HIV prevention services, with different types of data required for different interventions.

For individual and group level interventions, Contractors must collect and report detailed client-level information such as date of birth; age; ethnicity; race; state of residence; assigned sex at birth; current gender; incarceration; sex work; housing status; self-reported HIV status and testing history; pregnancy status; receiving prenatal care; risk behaviors; and history of sexually transmitted disease and HIV care.

For HIV counseling and testing (such as a counseling and testing site), outreach testing, testing conducted in a healthcare setting (such as an STD clinic or medical practice), and testing in social network settings, Contractors must collect and report client-level information such as client demographics; locating information (for those testing confidentially); client risk assessment data; HIV testing history; specimen type; test technology utilized; test results; screenings performed; referrals made; and delivery of results to the client.

In some limited circumstances, the State may direct that data be collected and reported in aggregate rather than at the individual client level. Aggregated data elements include: number of client contacts; delivery methods; activities conducted; sites; risk information; gender; ethnicity; race; age range; HIV status (if known); and materials distributed.

For health communication/public information, data to be collected and reported includes delivery method; activities; event dates; total number of airings or exposures; numbers and types of materials distributed; numbers of “web hits”; numbers of attendees; numbers of callers and numbers of referrals given to callers.

Client Behavioral Outcomes

For clients accessing individual level interventions, data must be collected and reported concerning behavioral outcomes associated with the intervention(s). For short term interventions, this data must be collected at baseline and at the conclusion of the intervention; for longer term interventions, there may be additional data collection required at interim dates. This behavioral outcome data may include: number of sex partners; number of sex events; number of anonymous, serodiscordant, and HIV status unknown sex partners; number of sex events; number of unprotected sex events with serodiscordant, and HIV status unknown sex partners (broken down by gender); number of unprotected sex events while intoxicated or high on non-injection drugs; number of needle-sharing events; number of injection drug events with serodiscordant and HIV status unknown partners.

For clients accessing group level interventions, a subset of these client behavioral outcome variables may be required to be collected and reported, depending on the program model. Client behavioral outcome data is not collected or reported for outreach or health communication/public information interventions.

Referral and Follow Up Data

Whenever a client receives a referral, data concerning this referral must be collected and reported, such as the service type, referral date, plans for follow up, and outcome of the referral. There may be exceptions to this requirement for some program models.

Rules of Behavior

Funded contractors will utilize the data collection and reporting system specified by CDPHE. To ensure the security and privacy of data reported to CDC, Contractors will be required to adhere to the CDC-mandated rules that apply to that data system. Rules may cover such issues as ethical conduct, authentication management, information management, document handling, system access and usage, reporting incidents of unauthorized intrusions, training of users, and completion of security agreements (if applicable).