



# Collection of HIV Test Data in Connecticut

AIDS & Chronic Diseases Section  
HIV Prevention Unit  
June 8, 2009



# Learning Objectives

## *Morning Session*

Attendees will be able to describe:

- HIV testing and prevention activities
- Social networks theory
- The collection of HIV testing data
- Use of the HIV Test Form
- Why PEMS is important



# Learning Objectives

## *Afternoon Session*

Attendees will be able to describe:

- Confidentiality
- How to get PEMS access
- PEMS User responsibilities
- How to enter data into PEMS
- How to run Reports in PEMS
- How to get PEMS help



# Funding Sources and Interventions

Janis L. Spurlock, LCSW  
Health Program Supervisor  
AIDS & Chronic Disease Section



# Funding Sources

- HIV Prevention Cooperative Agreement (0412)
- State and federal (901)
- State only (902)

# HIV Prevention Cooperative Agreement (04012)

- Federal funding received by DPH from the Centers for Disease Control and Intervention (CDC) for HIV Prevention programming
- Community contractors selected through a Request for Proposal Process to receive this funding from DPH



# Cooperative Agreement

- The current funding cycle is from July 1, 2008 until December 31, 2011
- Contractors were selected under RFP 2008-901 commonly known as 901
- These contracts contain a combination of 60% federal funding and 40% state funding to conduct HIV Prevention interventions



# Priority Populations 2008-2011

- HIV Positives
- Hispanic IDU
- White MSM
- Black IDU
- White IDU
- Black Heterosexual
- Hispanic Heterosexual
- Hispanic MSM
- White Heterosexual
- Black MSM



# State and Federal Funds (901)

The HIV Prevention Interventions funded under 901 include:

- Effective Behavioral Interventions (DEBIs and EBIs)
- Counseling, Testing, and Referral (CTR)
- Comprehensive Risk Counseling Services (CRCS)



# State and Federal Funds (901)

## *Funded DEBIs and EBIs*

- Safety Counts
- SISTA
- Project Smart
- Street Smart
- Respect
- SISTA
- Healthy Relationships
- Mpowerment
- Voices/Voces
- Together Learning Choices
- Latinas en Accion
- Rikers Health Advocacy Program

# Diffusion of Effective Behavioral Interventions (DEBIs)

- 21 Effective Behavioral Interventions (EBIs) from the Compendium in the DEBI Project
- 8 DEBIs are currently funded DEBI interventions
  - May target multiple populations/risk groups



# Some Funded DEBIs

- **Healthy Relationships (HIV+)** - Helps reduce stress related to disclosure and safer sex - funded 5
- **VOICES/VOCES** (African American and Latino/a heterosexuals) - Video - based condom education - funded 6
- **Safety Counts** (IDU and non-injection drug users) - Helps set goals to reduce risky behaviors and encourages testing for HIV and Hepatitis - funded 5



# Effective Behavioral Interventions (EBIs)

- Program Models that are Evidence-based
- Proven effective at changing risk behavior through research studies
- Identified by the CDC and listed in a Compendium of Effective Interventions



# Some Funded EBIs

- **Intensive AIDS Education in Jail: Rikers Health Advocacy Program – Beyond Fear (Incarcerated Individuals)**
- **The Effects of HIV/AIDS Intervention Groups on High Risk Women – Latinas En Accion (Latina Heterosexual)**



# State and Federal Funds (901)

## *Other Funded Interventions*

- Other effective interventions are based on Procedural Guidance
  - Counseling, Testing & Referral (CTR)
  - Comprehensive Risk Counseling Services (CRCS)



# State and Federal Funds (901) *Reporting Requirements*

- All interventions that are funded through 901 must be entered into PEMS due to federal CDC funding reporting requirements

# State Only Funded Interventions (902)

- DPH funds other HIV Prevention interventions with state money that were not part of the 901 RFP
- These interventions are not entered into PEMS
  - Drug Treatment Advocacy (DTA)
  - State-funded Syringe Exchange Programs
  - Host of other interventions targeting IDUs and MSMs



# The Expanded and Integrated Testing Initiative

Ava Nepaul, MA, MPH, CPH  
Epidemiologist  
AIDS & Chronic Diseases Section  
HIV Prevention Unit  
[ava.nepaul@ct.gov](mailto:ava.nepaul@ct.gov)



# Expanded & Integrated Testing Initiative (ETI)

- Expanded and Integrated HIV Testing for Populations Disproportionately Affected by HIV, Primarily African Americans
  - Increase opportunities for HIV testing
  - Standardize voluntary HIV/AIDS screening as part of routine care in healthcare settings





# ETI

- Three year CDC initiative
  - 07768
  - CT currently in Year 2
- Testing sites
  - STD clinics
  - Community Health Centers
  - Hospital ERs
  - Drug treatment programs



# ETI

## *Components*

- Free rapid test kits to participating sites





# ETI

## *Components*

- Rapid test kits
- Confirmatory testing by DPH Laboratory
- DPH DIS follow-up
- Social marketing
- Social Networks recruitment strategy



# ETI

## *Challenges & Opportunities*

- Meeting testing goals
- Rapid test kit distribution
- Ongoing training



# ETI

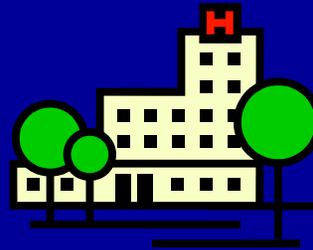
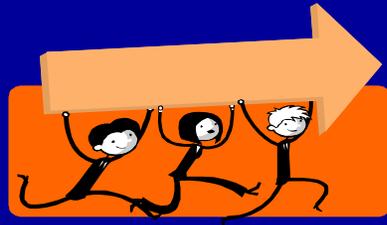
## *Next Steps*

- Increase number of clinical sites
  - More EDs
  - Community Health Centers
  - Private practice physicians
  - Cultivate buy-in from healthcare providers



# Social Networking

“Optimizing our HIV Testing Strategies”



Jennifer Vargas MPH, CHES  
Epidemiologist  
jennifer.vargas@ct.gov  
(860) 509-7901



# Objectives



- Background
- Define Social Network Theory
- Understand the 4 phases in relationship to our current testing initiative
- Consider your agency's interest in joining this initiative



# Background

- Approx. 1 million people are living with HIV in the United States, and 250,000 are not aware of their infection or their risk for transmitting HIV to others.
- Many are diagnosed late in the course of their infection, after a prolonged asymptomatic period during which further transmission can occur.
- Therefore, it is a national priority to identify HIV-infected persons and link them to medical, prevention, and other services as soon as possible after they become infected.



# Social Network Theory

## (SNT)

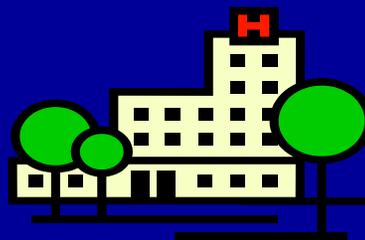
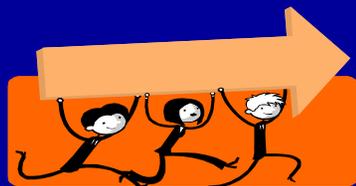
- A recruitment strategy in which participants are trained to recruit their peers for the project
- Based on the concept that individuals are linked together to form large social networks and that infectious diseases often spread through these social networks (i.e. IDU, MSM)
- It is a programmatic, peer-driven to reach the highest risk persons who may be infected but unaware of their status

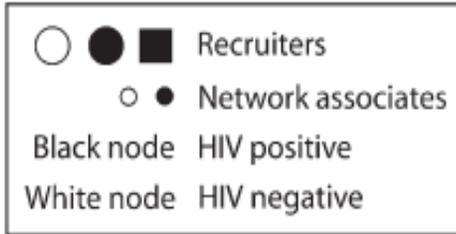
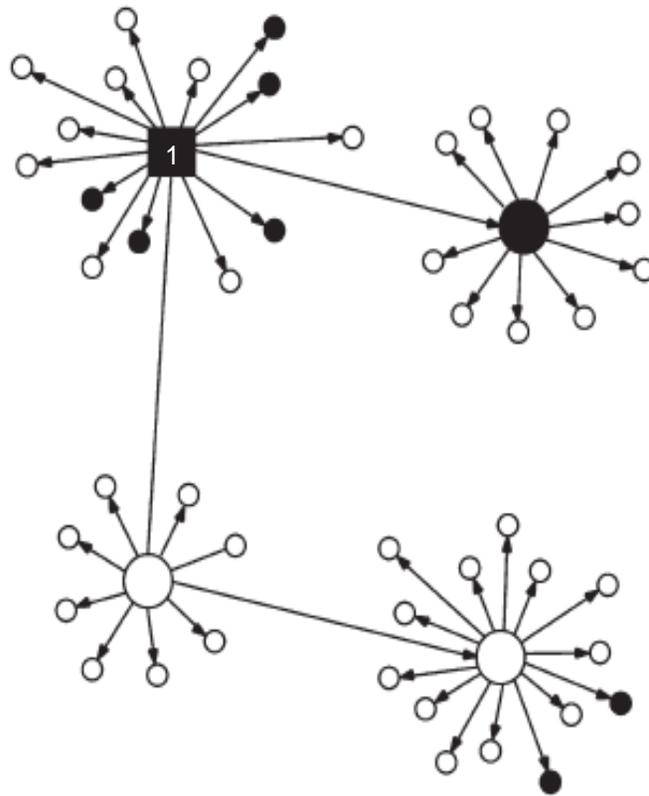


# Social Network Theory

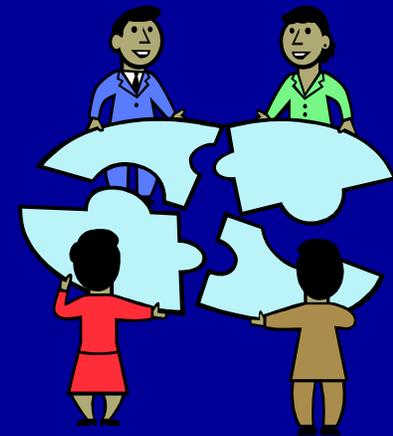
## *Role In HIV Testing Strategies*

- Primary Goal
  - Identify persons with undiagnosed HIV infection within various networks and link them to medical care and prevention services
- HIV infected or high-risk negative individuals asked to identify others in their social networks who are at high risk for infection
- Referred individuals will be given an HIV test
  - ETI: Rapid test
  - CTR : HIV test and counselors will provide risk screening





Example of an HIV-positive individual and his/her network recruiters



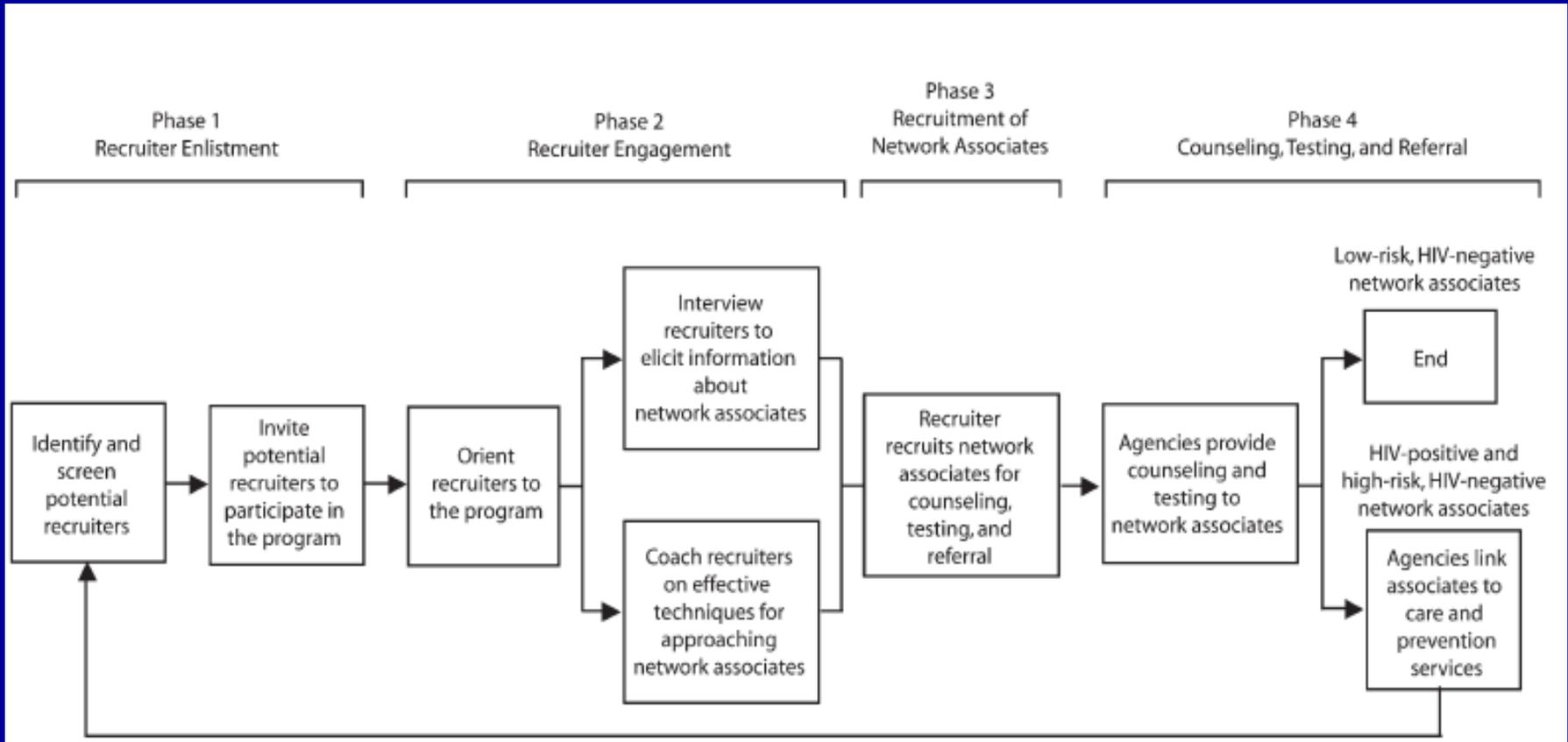


# 4 Phases of the SNT

- **Recruiter Enlistment Phase-** identify and screen potential recruiters (ongoing)
- **Engagement-** orientation, interview, and coach recruiters
- **Recruitment of Network Associates-** (go phase)  
recruiters refer individuals to HIV testing sites
- **Counseling, Testing, and Referral-** agencies provide CTR services



# 4 Phases of the SNT





# Involvement from Agencies

- Define your populations
- Develop plan to identify initial recruiters (seeds)
- Contact potential recruiters
- Interview and coach recruiters
- Help them develop recruitment plan
- Supply recruits with “coupon” to link the network associate back to the recruit
- Administer HIV test and provide counseling as needed





# Supporting Research



- 9 community-based organizations
- Enlisted 422 recruiters who referred 3172 network associates for HIV services
- 177 were determined to be HIV positive; 63% of those were successfully linked to medical care and prevention services
- 5.6% HIV prevalence using SNT, compared to 1% identified in other CTR sites funded by CDC



# Supporting Research

## Conclusion

- Recruiters aged 25-34 yrs had much higher network index (ni) (16.9) than other age categories (18-24 yr ni=7.0 and 45 yr and older ni=5.8)
- Kimbrough, L. W., Fisher, H.F., Jones, K.T., Johnson, W., Thadiparthi, S., Dooley, S. (2009). Accessing social networks with high rates of undiagnosed HIV infection: the social networks demonstration project. *American Journal of Public Health*, 99, 1093-1099.





# Summary

- SNT is an efficient, high yield approach to reach high-risk populations
- Individuals learn of their HIV status and tend to reduce high-risk behaviors to avoid infecting others.
- SNT is a successful addition to HIV testing strategies



# Questions?



Jennifer Vargas

860-509-7901

[jennifer.vargas@ct.gov](mailto:jennifer.vargas@ct.gov)



# The Flow of Data

Ava Nepaul, MA, MPH, CPH  
Epidemiologist  
AIDS & Chronic Diseases Section  
HIV Prevention Unit  
[ava.nepaul@ct.gov](mailto:ava.nepaul@ct.gov)

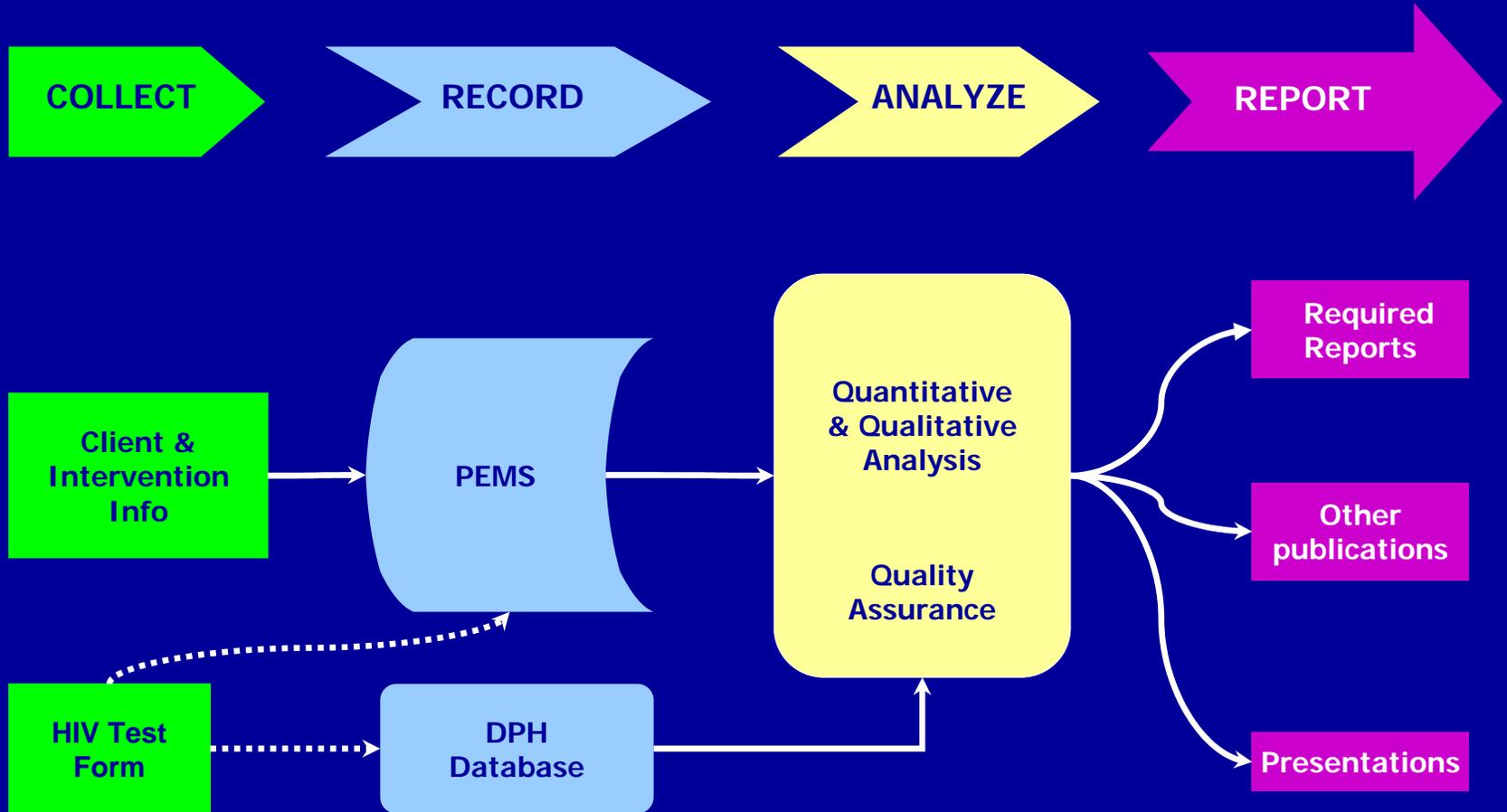


# Why Collect and Report Data?

- Inform an accurate picture of HIV prevention interventions conducted statewide
- Data can have implications for future funding on the state and federal level
- DPH is required to report to CDC
- All DPH-funded contractors are required to report to DPH
- Need to comply with CDC reporting guidelines and secure future funding



# The Flow of Data





# HIV Test Form

Robert Baume, PhD, MPA  
Associate Research Analyst  
HIV Prevention Unit  
[robert.baume@ct.gov](mailto:robert.baume@ct.gov)



# HIV Test Form

## HIV Test Form – Part 1



Printed Barcode

**HIV TEST FORM**  
**PART 1**

Form Approved OMB No. 0920-0698 Exp. Date: 08/31/2010



**Part 1 Sections**

<b>Agency</b>	Session Date (MMDDYYYY) _____ Unique Agency ID Number _____ Intervention ID _____ Site ID _____ Site Type _____ Site Zip Code _____	
<b>Client</b>	Client ID _____ Date of Birth (MMDDYYYY) _____ State _____ County _____ Zip Code _____ Ethnicity: <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Don't know <input type="radio"/> Declined Race—Check all that apply: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Don't know <input type="checkbox"/> Declined Current Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender—M/F <input type="radio"/> Transgender—F/M Previous HIV test? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked Self-Reported Result: <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked Provide date of last test (MMYYYY) _____	
<b>HIV Test Information</b>	Sample Date (MMDDYYYY) _____ Worker ID _____ Test Election: <input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing Test Technology: <input type="radio"/> Conventional <b>HIV TEST 1</b> <input type="radio"/> Rapid <input type="radio"/> Other <input type="radio"/> Conventional <b>HIV TEST 2</b> <input type="radio"/> Rapid <input type="radio"/> Other <b>HIV TEST 3</b> Specimen Type: <input type="radio"/> Blood/finger stick <input type="radio"/> Blood/venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine Test Result: <input type="radio"/> Positive/Reactive <input type="radio"/> Indeterminate <input type="radio"/> NAAT-pos <input type="radio"/> Invalid <input type="radio"/> Negative <input type="radio"/> No result Risk Provided: <input type="radio"/> Yes <input type="radio"/> No Date Provided (MMDDYYYY) _____ If results not provided, why? <input type="radio"/> Declined notification <input type="radio"/> Did not return/Client not locate <input type="radio"/> Obtained results from another agency If rapid retest, did client provide work/review sample? <input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Client not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other	
<b>Risk Factors</b>	Choose one: <input type="radio"/> Client was not asked about risk factors <input type="radio"/> Client was asked, but no risk was identified <input type="radio"/> Client declined to discuss risk factors If client risk factor information was risk assessed, please mark all that apply: In past 12 months has client had _____ without using a condom? <input type="checkbox"/> <input type="checkbox"/> <b>Unprotected Anal Sex</b> <input type="checkbox"/> <b>Oral Sex</b> _____ with person who is an IDU? <input type="checkbox"/> <input type="checkbox"/> <b>With Male</b> <input type="checkbox"/> _____ with person who is MSM? <input type="checkbox"/> <b>Female Only</b> <input type="checkbox"/> <b>With Female</b> <input type="checkbox"/> _____ with person who is HIV positive? <input type="checkbox"/> <input type="checkbox"/> <b>Injection Drug Use (IDU)</b> <input type="checkbox"/> <b>Other Risk Factor(s)</b> _____ Has client used injection drugs in past 12 months? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Did client share drug injection equipment?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>Session Activity, Local Use &amp; CDC Use Fields</b>	During this visit, was a risk reduction plan developed for the client? <input type="radio"/> Yes <input type="radio"/> No Other Session Activities (see codes on reverse) _____ Local Use Fields: L1 _____ L2 _____ CDC Use Fields: C1 _____ C2 _____	

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Service, Paperwork Project (0920-0698), Washington, DC 20503-2907. OMB No. 0920-0698. Form Approved OMB No. 0920-0698 Exp. Date: 08/31/2010.





# HIV Test Form

## Part 1 - Agency Section

Printed Barcode

PART 1  
Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

Session Date (MMDDYYYY) Unique Agency ID Number Intervention ID

Agency

Site ID Site Type Site Zip Code

(See codes on reverse)

- Session date: Date you meet with client
- Agency ID: Unique for each agency
- Intervention ID: Specific to each activity and agency
- Site ID: Specific to each activity and agency
- Site Type: Pick from back page
- Site Zip Code: Site Zip Code **NOT** Client Zip Code



# HIV Test Form

## Part 1 - Client Section

Client ID		Date of Birth (MMDDYYYY)		State	County	Zip Code	
Ethnicity		Race — Check all that apply		Current Gender		Previous HIV Test?	Self-Reported Result
<input type="radio"/> Hispanic or Latino	<input type="checkbox"/> American Ind./AK Native	<input type="radio"/> Male	<input type="radio"/> Yes	<input type="radio"/> Positive	<input type="radio"/> Indeterminate		
<input type="radio"/> Not Hispanic or Latino	<input type="checkbox"/> Asian	<input type="radio"/> Female	<input type="radio"/> No	<input type="radio"/> Negative	<input type="radio"/> Don't know		
<input type="radio"/> Don't know	<input type="checkbox"/> Black/African American	<input type="radio"/> Transgender - M2F	<input type="radio"/> Don't know	<input type="radio"/> Prelim. Pos.	<input type="radio"/> Declined		
<input type="radio"/> Declined	<input type="checkbox"/> Native HI/Pac. Islander	<input type="radio"/> Transgender - F2M	<input type="radio"/> Declined	<input type="radio"/> Not asked	<input type="radio"/> Not asked		
	<input type="checkbox"/> White			Provide date of last test (MMYYYY)			
	<input type="checkbox"/> Don't know			<input type="text"/>			
	<input type="checkbox"/> Declined			<input type="text"/>			

- All Sections of form
  - Ovals
    - Black or Blue Ink
    - Fill completely
    - One oval only
  - Boxes
    - **X** in all that apply
    - No check marks
  - Dates
    - Fill in completely and in correct format



# HIV Test Form

## *State and County Codes*

- State code: 09
- County codes
  - Fairfield: 001
  - Hartford: 003
  - Litchfield: 005
  - Middlesex: 007
  - New Haven: 009
  - New London: 011
  - Tolland: 013
  - Windham: 015





# HIV Test Form

## *Part 1 - HIV Test Information*

- Conventional Test – HIV Test 1
- Rapid Preliminary Test – HIV Test 1

If Preliminary Test is HIV+

- Rapid Confirmatory Test – HIV Test 2
- Rapid Inconclusive Test - HIV Test 3



# HIV Test Form

## Part 1 - Risk Factors

**Risk Factors**

Choose one if:  Client was not asked about risk factors  Client was asked, but no risk was identified  Client declined to discuss risk factors

If client risk factor information was discussed, please mark all that apply:

In past 12 months has client had:	...without using a condom?	<input type="checkbox"/>	<b>Injection Drug Use (IDU)</b>	<input type="checkbox"/>	<b>Other Risk Factor(s)</b>
<b>Vaginal or Anal Sex</b>	...with person who is an IDU?	<input type="checkbox"/>	Has client used injection drugs in past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
With Male <input type="checkbox"/>	...with person who is MSM?	<input type="checkbox"/>	↓ # recalled	<input type="checkbox"/>	<input type="checkbox"/>
With Female <input type="checkbox"/>	...with person who is HIV positive?	<input type="checkbox"/>	↓ Did client share drug injection equipment?	<input type="checkbox"/>	<input type="checkbox"/>

DPH 00302 (01/10/10)

- Boxes
  - X in all that apply
  - No check marks
- Other Risk Factors
  - See back page of Form Part 1



# HIV Test Form

## *Part 1 - Session Activities*

Session Activity

During this visit, was a risk reduction plan developed for the client?  Yes  No

Other Session Activities (see codes on reverse)

[ ] [ ]

- Indicate whether or not a risk reduction plan was developed for the client if doing CTR or an EBI
- Other Session Activities
  - See codes on back page



# HIV Test Form

## *Part 1 - Local Use Fields*

A screenshot of a form titled "Local Use Fields". It contains two input fields, L1 and L2, each with a grid of vertical lines. Below the fields is the text "(HIV Test Form, Part 1)".

Local Use Fields

L1

L2

(HIV Test Form, Part 1)

- Comprehensive list may be developed in future
- Currently, only field L2 is used for laboratory codes assigned by DPH



# HIV Test Form

## *Part 1 - CDC Use Fields*

The diagram shows a section of a form titled "CDC Use Fields" in a dark blue header. Below the header are two input fields. The first field is labeled "c1" and the second is labeled "c2". Each field contains a horizontal line with five vertical tick marks, suggesting a scale or a specific data entry format. Below the fields, the text "(HIV Test Form, Part 1)" is written.

- Complete only as directed by DPH



# HIV Test Form

- Fill out Part 2 for confirmed positives

**HIV Test Form – Part 2**

**HIV TEST FORM  
PART 2**

Form Approved: OMD No. 0020-0690 Exp. Date 08/31/2010

CDC

CDC requires the following information on confirmed positives

**Referral Information**

Was client referred to medical care?  
L  Yes → If yes, did client attend the first appointment?  Yes  No  Don't know  
 No → If no, why?  
 Client already in care  
 Client declined care

Was client referred to HIV Prevention services?  
 Yes  
 No

Was client referred to PCRS?  
 Yes  
 No

If female, is client pregnant?  
 Yes → If yes, in prenatal care?  Yes  No  Don't know  
 No  Declined  Not asked  
 No → If no, was client referred for prenatal care?  
 Yes → If yes, did client attend first prenatal care appointment?  Yes  No  Don't know  
 No  Declined  Not asked

**Local Use Fields**

L3: \_\_\_\_\_ L4: \_\_\_\_\_ L5: \_\_\_\_\_ L6: \_\_\_\_\_ L7: \_\_\_\_\_  
L8: \_\_\_\_\_ L9: \_\_\_\_\_ L10: \_\_\_\_\_ L11: \_\_\_\_\_ L12: \_\_\_\_\_  
L13: \_\_\_\_\_ L14: \_\_\_\_\_ L15: \_\_\_\_\_ L16: \_\_\_\_\_ L17: \_\_\_\_\_

**CDC Use Fields**

C1: \_\_\_\_\_ C2: \_\_\_\_\_ C3: \_\_\_\_\_  
C4: \_\_\_\_\_ C5: \_\_\_\_\_ C6: \_\_\_\_\_

**Notes (Print Only)**

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC's STAR Program, Clearance Office, 1600 Clifton Road NE, 10th Floor, Atlanta, Georgia 30333, (404) 458-5434.

WHITE COPY/Score WILLIAM/CRPV - Record Keeping CDC 501326/BL 100307

**Part 2 Sections**

**Referral Information**

**Local Use Fields**

**CDC Use Fields and Notes**



# HIV Test Form

- Fill out Part 3 for confirmed positives

 **HIV TEST FORM**  
**PART 3**

Place Barcode Sticker Here

Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

 **CDC**  
CENTERS FOR DISEASE CONTROL AND PREVENTION

**HIV Incidence**

Date information collected? (MMDDYYYY)       7

Date first positive HIV test: (MMDDYYYY)

Has client ever tested negative?  Yes  
 No  
 Don't know  
 Declined

Date last negative HIV test: (MMDDYYYY)

Number of tests in the two years before the current (or first positive) test. Include the current (or first positive) test.  $\frac{1}{\text{Current (or 1}^{\text{st}} \text{ positive) test}} + \frac{\text{# of tests in the 2 years before the current (or 1}^{\text{st}} \text{ positive) test}}{\text{# of tests in the 2 years before the current (or 1}^{\text{st}} \text{ positive) test}} = \frac{\text{Total}}{\text{Total}}$

Has client used or is client currently using antiretroviral medication (ARV)?  Yes → If yes, specify antiretroviral medication?    
 No  
 Don't know  
 Declined    
(See codes on reverse)

Date ARV began? (MMDDYYYY)

Date of last ARV use? (MMDDYYYY)       L

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed to complete and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR, Reports Clearance Officer, 1600 Clifton Road NE, D-79, Atlanta, Georgia 30333, ATTN: PRA 0920-0696.

WHITE COPY = Scan      YELLOW COPY = Record Keeping      CDC 50.135c (E), 10/2007



# HIV Test Form

- *Questions about coding?*
  - *HIV Testing Form and Variables Manual*
  - Refer to *Quick Sheet* from DPH
  - Look codes up in PEMS
  - Contact HIV Prevention Unit staff



# HIV Test Form

- *Need more forms*
  - Contact HIV Prevention Unit staff
- *How and when do I submit completed forms to DPH?*
  - Sort forms by session date
  - Mail in forms by the 15<sup>th</sup> of each month
  - Do not staple pages



# HIV Test Form

- *What happens once DPH receives the forms?*
  - Review
  - Form data submitted to CDC via PEMS
- *What happens if the forms are not filled in correctly?*
  - DPH staff will contact you
  - Forms may be returned to you for correction



# Program Evaluation & Monitoring System (PEMS)



**RECORD**



# PEMS

## *Overview*

- Developed by CDC
  - Goal: standardized, accurate, and thorough data
  - Data collected include:
    - Agency information
    - Program plan details
    - Client demographics
    - HIV test results
- Secure Internet browser-based software
- Data entry
- Reporting



# PEMS

## *Overview*

- Transition to PEMS from URS
  - January 2009: all sites using HIV Test Form
    - HIV Test Form field codes generated by PEMS
- Contract agencies set up in PEMS
- DPH PEMS Administrators



# What Gets Entered into PEMS?

Ramon Rodriguez-Santana, MPH  
Health Program Assistant  
Ramon.Rodriguez-Santana@ct.gov  
860-509-7849





# Presentation Overview

- Data that describe a program
- Data that describe the client
- Data on the services provided



# Data that describe a program

## Types of Interventions

Maintain Programs - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <https://sdn6.cdc.gov/pems/prd/app/MaintainProgramDetailsAction.do?method=maintain>



### Program Evaluation and Monitoring System

Last Name: Rodriguez-Santana  
Agency: Your Agency

[Help](#) [Logout](#)

[Home](#) | [Client Level Services](#) | [Aggregate Level Services](#) | [Program Information](#) | [Agency Information](#) | [Data Transfer](#) | [Reports](#) | [Admin](#) | [Program Details](#) | [Program Model Details](#) | [Program Model Templates](#) | [Intervention Details](#) | [Additional Target Populations](#) | [Program Model Budget Information](#) |

*Program Information > Program Details > Maintain Programs*

#### Maintain Programs

Existing Program(s)

[Add New Prevention Program](#)

1 through 5 of 5 items

Program Name	Community Planning Jurisdiction	Community Planning Year	Program Details
<a href="#">CTR 2008</a>	CT	2008	<a href="#">Edit</a> <a href="#">Delete</a>
<a href="#">Safety Counts 2008</a>	CT	2008	<a href="#">Edit</a> <a href="#">Delete</a>
<a href="#">Voices/Voces 2008</a>	CT	2008	<a href="#">Edit</a> <a href="#">Delete</a>
<a href="#">HEALTH FAIRS 2008</a>	CT	2008	<a href="#">Edit</a> <a href="#">Delete</a>
<a href="#">Health Communication/Public Information 2008</a>	CT	2008	<a href="#">Edit</a> <a href="#">Delete</a>

[TOP of PAGE](#)

ICONS KEY: \* Indicates information is mandatory.

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# Data that describe a program Sites

Maintain Sites - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Search Favorites

Address: https://sdn6.cdc.gov/pems/prd/app/MaintainSitesAction.do?method=maintain



## Program Evaluation and Monitoring System

Last Name: Rodriguez-Santana  
Agency: ConnectiCOSH Health Technical Committee

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Agency Information > Sites > Maintain Sites

### Maintain Sites

Existing Sites

[Add New Site](#)

Page 1 of 1

Site ID	Site Name	Phone Number	Status	First	Previous	Next	Last
12254	<a href="#">Blue Hills Orchards</a>	2032693189	Active			<a href="#">Edit</a>	<a href="#">Delete</a>
10971	<a href="#">ConnectiCOSH Health Technical Committee</a>	8609532674	Active			<a href="#">Edit</a>	<a href="#">Delete</a>
12246	<a href="#">H F Brown, Incorporated</a>	8606881343	Active			<a href="#">Edit</a>	<a href="#">Delete</a>
12243	<a href="#">Imperial Nurserie</a>	8009506051	Active			<a href="#">Edit</a>	<a href="#">Delete</a>
12255	<a href="#">Jarmoc Tobacco</a>	8607492778	Active			<a href="#">Edit</a>	<a href="#">Delete</a>
12247	<a href="#">Lyman Orchards</a>	8603491793	Active			<a href="#">Edit</a>	<a href="#">Delete</a>
12253	<a href="#">March Farms</a>	2032667721	Active			<a href="#">Edit</a>	<a href="#">Delete</a>
12245	<a href="#">Markowski Farms</a>	8604900874	Active			<a href="#">Edit</a>	<a href="#">Delete</a>
12248	<a href="#">Mulnite Tobacco</a>	8606441918	Active			<a href="#">Edit</a>	<a href="#">Delete</a>
12244	<a href="#">O.J. Thrall Tobacco</a>	8606883315	Active			<a href="#">Edit</a>	<a href="#">Delete</a>

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ICONS KEY: \* Indicates information is mandatory.

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# Data that describe a program Workers

Maintain Workers - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address: https://sdn6.cdc.gov/pems/prd/app/MaintainWorkersAction.do?method=maintain



## Program Evaluation and Monitoring System

Last Name: Rodriguez-Santana  
Agency: ConnectiCOSH Health Technical Committee

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Agency Information > Workers > Maintain Workers

### Maintain Workers

Search For Existing Worker(s)

[Add New Worker](#)

First Name	Last Name	Worker Type
<input type="text"/>	<input type="text"/>	Select Worker Type

[SEARCH](#)

Existing Worker(s)

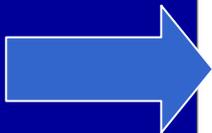
1 through 2 of 2 items

PEMS Worker ID	Local Worker ID	Last Name	First Name	Worker Type	Status	
8645704		<a href="#">Torres</a>	Abigail	Counselor, Educator, Outreach worker	Active	<a href="#">Edit</a> <a href="#">Delete</a>
8645433		<a href="#">Sapiain</a>	Eddie	Counselor, Educator, Outreach worker	Active	<a href="#">Edit</a> <a href="#">Delete</a>

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ICONS KEY: \* Indicates information is mandatory.

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# Data that describe the client

## Demographics: Part 1

**Client Demographics**

**Date Collected:** \*  (mm/dd/yyyy)

**Local Client ID:** \*   Check to use PEMS Client Unique ID

**Local PCRS ID:**

**Last Name:**

**First Name:**

**Middle Initial:**

**Nick Name:**

**Aliases:**

**Birth Date - Month:**

**Birth Date - Day:**  (dd)

**Birth Date - Year:** \*  (yyyy)

**Ethnicity:** \*

**Ethnicity Expanded:**  
(Only for Hispanic or Latino)

**ADD/EDIT ETHNICITY EXPANDED**

**Race:** \*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Don't know
- Declined to answer

**ADD/EDIT RACE EXPANDED**





# Data that describe the client

## *Demographics: Part 2*

The form contains the following fields and sections:

- Birth Country:** Dropdown menu (arrow points to this field)
- State/Territory of Residence:** Dropdown menu with an asterisk (\*)
- English Speaking?:** Dropdown menu (Yes)
- Primary Language:** Dropdown menu (English)
- If Other, Specify:** Text input field
- Client From HIV Test Form:** Checkbox (unchecked)
- Assigned Sex at Birth:** Dropdown menu with an asterisk (\*) (arrow points to this field)
- Current Gender:** Dropdown menu with an asterisk (\*) (arrow points to this field)
- If Additional, Specify:** Text input field
- Physical Description:** Large text area
- Relationship Status:** Dropdown menu
- Level of Education:** Dropdown menu
- Primary Occupation:** Text input field
- Employer:** Text input field
- Notes:** Large text area (arrow points to this field)



# Data that describe the client

## *Demographics: Part 3*

Locating Details

Address Type:	<input type="text"/>	
If Other, Specify:	<input type="text"/>	
Street Address 1:	<input type="text"/>	←
Street Address 2:	<input type="text"/>	
State:	<input type="text"/>	
County:	<input type="text"/>	
City:	<input type="text"/>	
Zip Code:	<input type="text"/>	← (#####-####)
Phone Number (Day):	<input type="text"/>	← (#####)
Phone Number (Evening):	<input type="text"/>	← (#####)
Notes:	<input type="text"/>	←

**SAVE AND FINISH** **CANCEL**

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ICONS KEY: \* Indicates information is mandatory.

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# Data that describe the client

## Recruitment Details: Part 1

### Program Evaluation and Monitoring System

Last Name: Rodriguez-Santana  
Agency: ConnectiCOSH Health Technical Committee

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---

Home | [Client Level Services](#) | [Aggregate Level Services](#) | [Program Information](#) | [Agency Information](#) | [Data Transfer](#) | [Reports](#) | [Admin](#) | [Interventions](#) | [Referrals](#) | [Risk Profile](#) | [Demographics](#) | [HIV Status](#) | [Locating Info](#) | [Attempts to Locate](#) | [PCRS Case](#) | [Session Templates](#) | [HIV Test Form](#) |

*Client Level Services > Interventions > Add Intervention Session*

### Add Intervention Session

Last Name	First Name	Local Client ID	PEMS Client Unique ID	Date of Birth	Change Client
		8655932	8655932	08/20/1991	<a href="#">View Demographic Details</a>

Search Session Template:  [SEARCH](#)

Session Template:

Year: \* 2008

Program Name: \* Safety Counts 2008

Program Model Name: \* Safety Counts 2008

Intervention Name: \* Safety Counts 2008

Session Date: \* 05/19/2009  (mm/dd/yyyy)

Session Number: \* 2

Form ID:

Check to enter information for the following:

Recruitment Details:  ←

Risk Profiles:  ←

Behavior Details:

Local Variables:

[SAVE AND CONTINUE](#) [CANCEL](#)

TOP of PAGE

ICONS KEY: \* Indicates information is mandatory.

User Profile | WCAG Priority 1 Compliance | Version - R3.3





# Data that describe the client

## Recruitment Details: Part 2

Client Level Services > Interventions > Add Recruitment Details

### Add Recruitment Details

- The Session has been saved.

**SKIP AND CONTINUE**

Last Name	First Name	Local Client ID	PEMS Client Unique ID	Date of Birth	<a href="#">Change Client</a>
		8655932	8655932	08/20/1991	<a href="#">View Demographic Details</a>

Intervention Name	Session Number	Session Date	Form ID
Safety Counts 2008	2	05/19/2009	

Notes: You must save your data prior to navigating away from this screen. If you navigate away from this screen without saving, any and all entered data will be lost.

Incentive Provided: No

#### Recruitment Source

Recruitment Source: \*

If Other ,Specify:

Linkage Code:

Linkage DUNS:

Network Agency Name:

Program/Intervention Name:

Service/Intervention Type:

Site Type:

If Other, Specify:

Site Type Location:

Notes:

**SAVE AND CONTINUE**

**SKIP AND CONTINUE**

**SAVE AND SUSPEND**





# Data that describe the client

## Risk Profile: Part 1

**Current Risk Profile**

Check to Use Most Recent Risk Profile and update as of this session date.

**Date Collected:** \*   

**Incarcerated:**

**Sex Worker:**

**Previous HIV Test:** \*  

**Self Reported HIV Test Result:**

(Required if Previous HIV test is yes.)

**Date of Last Negative HIV Test:**  (yyyy)

**Date of First HIV Positive Test:**  (yyyy)

**In Medical Care/Treatment:**

**Pregnant:**

**In Prenatal Care (only if pregnant):**

**Recent STD (not HIV):**

**Internet Sex Partners:**

**Local Recall Period:**  (in days)

---

**Housing Status(s)**

Select Housing status(s) to add and click ADD TO LIST. Choose all that apply.

Select Housing status(s) to remove and click REMOVE. Choose all that apply.

Permanent housing  
Non-permanent housing  
Institution  
Correctional facility  
Not asked  
Declined to answer  
Other  
Don't know



**ADD TO LIST**

**REMOVE**





# Data that describe the client

## *Risk Profile: Part 2*

	12 Month Recall	90 Day Recall	Local Recall	
<b>Client Risk Factors:</b> *	Injection drug use	<input type="checkbox"/>	<input type="checkbox"/>	
	Sex with transgender	<input type="checkbox"/>	<input type="checkbox"/>	
	Sex with female	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Sex with male	<input type="checkbox"/>	<input type="checkbox"/>	
	No risk identified	<input type="checkbox"/>	<input type="checkbox"/>	
	Share injection drug equipment	<input type="checkbox"/>	<input type="checkbox"/>	
	Oral sex with male	<input type="checkbox"/>	<input type="checkbox"/>	
	Oral sex with female	<input type="checkbox"/>	<input type="checkbox"/>	
	Not asked	<input type="checkbox"/>	<input type="checkbox"/>	
	Declined to answer	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
	If Other, Specify:	<input type="text"/>	<input type="text"/>	
<b>Sex Relations:</b>		<b>M</b>	<b>F</b>	<b>T</b>
	Exchange sex for drugs/money/or something they needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	While intoxicated and/or high on drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	With person who is an IDU	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	With person who is HIV positive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	With person of unknown HIV status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With person who exchanges sex for drugs/money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With person who is a known MSM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With anonymous partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With person who has hemophilia or transfusion/transplant recipient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Without using a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No additional risk information specified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Declined to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



# Data that describe the client

## *Risk Profile: Part 3*

Injection Drugs/Substances:	
<input checked="" type="checkbox"/>	Heroin and cocaine together
<input checked="" type="checkbox"/>	Heroin alone
<input checked="" type="checkbox"/>	Cocaine alone
<input type="checkbox"/>	Crack
<input type="checkbox"/>	Amphetamines, speed, crystal, meth, ice
<input type="checkbox"/>	Other narcotic drugs
<input type="checkbox"/>	Hormones
<input type="checkbox"/>	Steroids
<input type="checkbox"/>	Silicone
<input type="checkbox"/>	Botox
<input type="checkbox"/>	Other medical substances

Notes:

SAVE AND FINISH   CANCEL

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ICONS KEY: \* Indicates information is mandatory.

User Profile | WCAG Priority 1 Compliance | Version - R3.3



# Data on the services provided

## Intervention Session Details: Part 1

Client Level Services > Interventions > Add Session Details

### Add Session Details

- The Session has been saved.

Last Name	First Name	Local Client ID	PEMS Client Unique ID	Date of Birth	<a href="#">Change Client</a>
		8655932	8655932	08/20/1991	<a href="#">View Demographic Details</a>

Intervention Name	Session Number	Session Date	Form ID
Safety Counts 2008	2	05/19/2009	

Note: You must save your data prior to navigating away from this screen. If you navigate away from this screen without saving, any and all entered data will be lost.

#### Worker(s)

Sort by:  Last Name, First Name  PEMS Worker ID  Local Worker ID

Select Worker(s)  
to add and click ADD TO LIST.  
You may choose all that apply.

Sapiain, Eddie - 8645433  
Torres, Abigail - 8645704

ADD TO LIST

REMOVE

Select Worker(s)  
to remove and click REMOVE.  
You may choose all that apply.

(Last Name,First Name - PEMS Worker ID - Local Worker ID)

(Last Name,First Name - PEMS Worker ID - Local Worker ID)

Site: \*   Search for Site Name:

Duration of Session:  (In Minutes)

Unit of Delivery:





# Data on the services provided

## *Intervention Session Details: Part 2*

**Delivery Method(s)**

---

**Included in Program Plan**

Select Delivery Method(s) Included in Program Plan to add and click ADD TO LIST. Choose all that apply.

In person

**ADD TO LIST**

**REMOVE**

Select Delivery Method(s) Included in Program Plan to remove and click REMOVE. Choose all that apply.

---

**Not Included in Program Plan**

Select Delivery Method(s) Not Included in Program Plan to add and click ADD TO LIST. Choose all that apply.

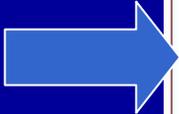
Internet  
Printed materials  
Printed materials - Magazines/newspapers  
Printed materials - Pamphlets/brochures  
Printed materials - Posters/billboards  
Radio  
Telephone  
Television  
Video  
Other (specify)

**ADD TO LIST**

**REMOVE**

Select Delivery Method(s) Not Included in Program Plan to remove and click REMOVE. Choose all that apply.

If Other, Specify :





# Data on the services provided

## Intervention Session Details: Part 3

**Activity(s) \***

**Included in Program Plan**

Select Activity(s) Included in Program Plan to add and click ADD TO LIST. Choose all that apply.

- Information - HIV/AIDS transmission
- Information - Abstinence/postpone sexual activity
- Information - Other sexually transmitted diseases
- Information - Viral hepatitis
- Information - Availability of HIV/STD counseling ar
- Information - Availability of partner notification and
- Information - Living with HIV/AIDS
- Information - Availability of social services
- Information - Availability of medical services
- Demonstration - IDU risk reduction

**ADD TO LIST**

**REMOVE**

Select Activity(s) Included in Program Plan to remove and click REMOVE. Choose all that apply.

**Not Included in Program Plan**

Select Activity(s) Not Included in Program Plan to add and click ADD TO LIST. Choose all that apply.

- Not collected
- HIV Testing
- Referral
- Personalized risk assessment
- Elicit partners
- Information - Other
- Demonstration - Condom/barrier use
- Practice - Condom/barrier use
- Practice - IDU risk reduction
- Practice - Negotiation/communication

**ADD TO LIST**

**REMOVE**

Select Activity(s) Not Included in Program Plan to remove and click REMOVE. Choose all that apply.

If Other, Specify :

**Notes:**

**SAVE AND FINISH**

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ICONS KEY: \* Indicates information is mandatory.

User Profile | WCAG Priority 1 Compliance | Version - R3.3





# Common PEMS User Complaints

David Wagner  
Health Program Assistant  
david.wagner@ct.gov  
(860) 509-8068



# Common Complaints

- URS worked fine, why did we switch from it to PEMS?
- PEMS doesn't currently collect data on all our programs
- PEMS sometimes has bugs or errors when entering information or switching screens



# Common Complaints (cont.)

- PEMS screens are too bright, don't provide enough contrasting colors, or create too much glare causing eye strain and headaches
- PEMS is too hard to navigate around or find the proper screens for data entry



# Common Complaints (cont.)

- PEMS takes too long to complete, when you only have a limited time with a client on their first visit to your agency
- “PEMS is too technical” or “I’m not a very PC literate person”. “I can’t use this system...”



# Legal Aspects of Data Collection

Ava Nepaul, MA, MPH, CPH

Epidemiologist

[ava.nepaul@ct.gov](mailto:ava.nepaul@ct.gov)



# Legal Aspects

## *Connecticut General Statutes*

Sec. 19a-585. Requirements for disclosure of HIV-related information.

(a) Whenever confidential HIV-related information is disclosed it shall be accompanied by a statement in writing, whenever possible, which includes the following or substantially similar language: "This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is NOT sufficient for this purpose...



# Legal Aspects

- PEMS use subject to federal laws and regulations
  - Freedom of Information Act
  - Management of Federal Information Resources (OMB Circular A-130)
  - Privacy Act
  - Standards of Ethical Conduct for Employees of the Executive Branch



# Legal Aspects

## *Privacy Act*

- A system is subject to the Privacy Act if it contains a system of records; any item, collection, or grouping of information about an individual that identifies the individual, and where those records are retrieved by the name of the individual or by some type of identifier unique to the individual.



# Legal Aspects

- No release of PEMS data except to:
  - CDC
  - DPH
- Requests for PEMS data must be reviewed by DPH and/or CDC
- All requests must be documented



# PEMS Access

Bob Baume, PhD, MPA  
Associate Research Analyst  
robert.baume@ct.gov  
(860) 509-7846



# PEMS Access

## *Digital Certificates*

Secure Data Network (SDN):

Used to send Data to CDC

Digital certificates issued in order to:

1. Ensure that only authorized persons can access the SDN
2. All data are encrypted while in transit



# PEMS Access

## *Digital Certificates*

- Each user must register for a digital certificate
- Install it on a computer to access the SDN
- You create Challenge Phrase to link you to SDN



# PEMS Access

## *Getting a Digital Certificate*

- Email to DPH:
  - User's name
  - Agency name
  - User's email address
  - I ask CDC to give you access to the SDN
  - You will receive a return email with downloading instructions



# PEMS Access

## *Getting a Digital Certificate*

1. Go to the digital certificate enrollment site: <https://ca.cdc.gov>.
2. Enter the password: !cdc\_sdn\_apply!
3. Select a program: Program Evaluation and Monitoring System
4. Select 3 activities - hold down Ctrl key select:
  - PEMS Training
  - PEMS Software
  - Upload PEMS



# PEMS Access

## *Getting a Digital Certificate*

- Click submit:
  - receive an e-mail link to download the digital certificate
  - instructions to install it on your computer



# PEMS Access

## *Getting a Digital Certificate*

- For assistance from CDC
  - Help Desk (877) 659-7725
  - e-mail: [dhapsupport@cdc.gov](mailto:dhapsupport@cdc.gov)
- For assistance from DPH
  - DPH PEMS Website:  
<http://www.ct.gov/dph/cwp/view.asp?a=3135&q=437742>
  - Contact Ramon Rodriguez-Santana
    - (860) 509-7849
    - [ramon.rodriguez-santana@ct.gov](mailto:ramon.rodriguez-santana@ct.gov)



# PEMS Access

## *Renewing a Digital Certificate*

- Every Year
- [HTTPS://CA.CDC.GOV](https://ca.cdc.gov)
- !cdc\_sdn\_apply!
- Follow on screen instructions



# PEMS *Rules of Behavior*

David Wagner  
Health Program Assistant  
david.wagner@ct.gov  
(860) 509-8068  
AIDS & Chronic Diseases Section  
HIV Prevention Unit



# Key Topics

## Introduction to the *Rules of Behavior*

- What is the “Rules of Behavior”?
- Purpose & Scope
- Statement of System Policy
- No Expectation of System Privacy
- Penalties for non-compliance



# Key Topics (cont.)

## User Responsibilities

- Ethical Conduct
- Authentication Management
- Information Management and Document Handling
- System Access & Usage
- Incident Reporting
- PEMS Security Agreements

## PEMS Assistance



# What is the “*Rules of Behavior*” ?

The *Rules of Behavior* is a CDC developed document that details the guidelines and policies governing the proper use of the PEMS System by State and Local agencies across the country. It also outlines the roles and responsibilities of users to protect the confidentiality and security of data



# Purpose & Scope

The purpose of the *Rules of Behavior* is to provide PEMS Users:

- System rules
- Law and policy
- Penalties for violation of policy
- Descriptions of responsibilities
- List of forbidden actions
- Obtaining Assistance



# Statement of System Policy

Every user is responsible for helping to prevent unauthorized use of, and access to, system resources.

Important: If users are ever in doubt, they are strongly encouraged to contact their PEMS Administrator for assistance



# No Expectation of System Privacy

CDC or DPH administrators monitor both the system and user activities

**Important:** Users should always keep in mind that they are provided access to the PEMS system for the purposes of facilitating Federal, State, Local and agency Public health missions only.



# Penalties for Non-Compliance

- Removal of PEMS access privileges
- Report to the contract agency and recommend suspension
- Report to authorities for criminal prosecution



# User Responsibilities

- Ethical Conduct
- Authentication Management
  - Important: It is not acceptable to enter in client data under another user's login/password. The first user must log-off first if they are entering from the same computer.
- Granting Access
- Levels of Access
- Terminating Access



# Use of Passwords

- Password confirmation
- Separate passwords



# Screensavers

- Computers of PEMS Users should always have a screen saver and should be set to 15 minutes or less.
- Remember: If you are leaving your workstation for any reason you must log off of PEMS.

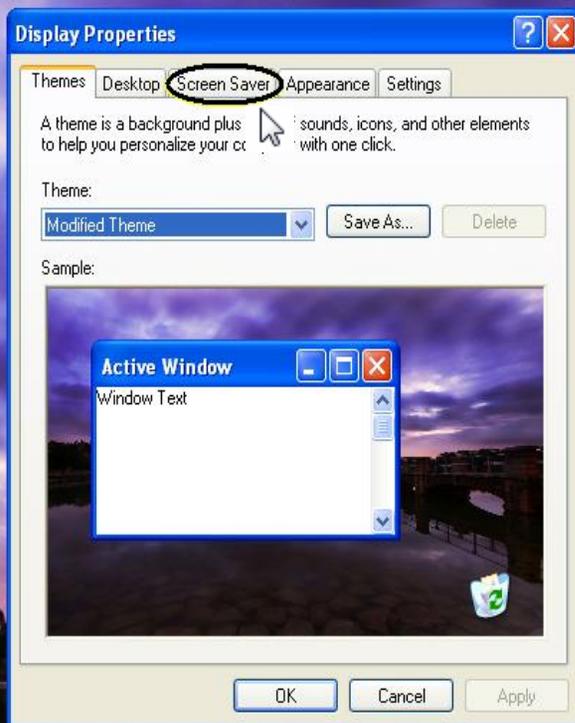
# TO SET A PASSWORD FOR YOUR SCRENSAVER

## Step 1

Right-mouse  
click on your  
desktop and click  
“Properties”



# TO SET A PASSWORD FOR YOUR SCREEN SAVER (continued)



## Step 2

Click on the  
“Screen Saver”  
tab



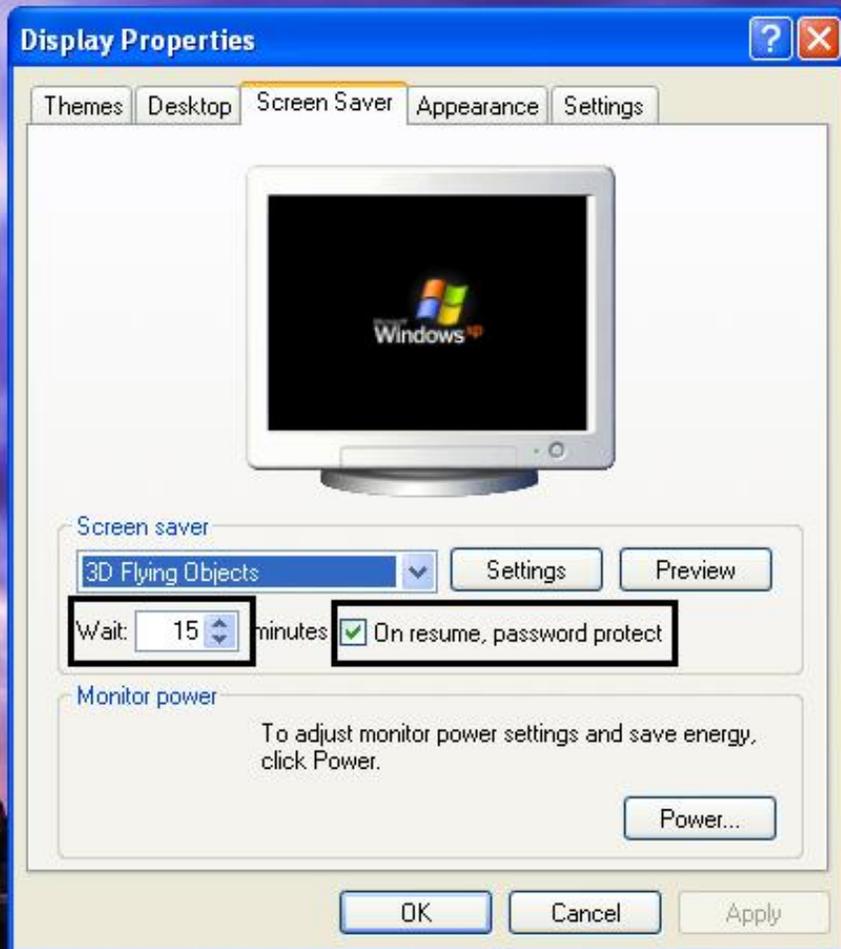
## TO SET A PASSWORD FOR YOUR SCREENSAVER (continued)

### Step 3

Make sure to  
adjust your  
“Wait” time to 15  
minutes or less

Check the box  
for “On resume,  
password  
protect”

Generally this  
will be your  
windows login  
password





# Managing PEMS Users: New Users

## 1. What would define a new PEMS User?

A new PEMS user is any staff member who will need to have access to PEMS client-level data for the purposes of collecting, processing or analyzing that data



# Managing PEMS Users: New Users (cont.)

## 2. The PEMS Client-Level Data Form

Complete a Request for Access to PEMS Client-Level Data Form and submit it to the PEMS System Administrator.



# Managing PEMS Users: New Users

3. In order to be authorized to be a PEMS user, a staff member must do the following:
  - Sign a confidentiality statement.
  - Sign a statement of acknowledgement and agreement of the PEMS confidentiality and security policy.



# Managing PEMS Users:

## *Changes to a User's Duties*

If a PEMS User no longer needs access to PEMS data, you must:

1. Complete a Notification of Staff Separation Form
2. Contact the DPH Administrator
3. Collect any/all keys to PEMS data storage
4. Conduct an exit interview



# Managing PEMS Users:

## *Changes to a User's Duties*

If a staff member who is a PEMS user will be changing duties within your agency but will still be a PEMS user you must:

Talk to the DPH PEMS Administrator about modifying what client-level data the user has access to accordingly:

- *Take possible steps to make sure the user does not have access to data unnecessary for his/her new scope of work. This helps us make sure that user gets assigned the proper roles for his/her position.*



# Data Release

## *Release of Client-Level Data*

### 1. Releasing client-level data

Releasing client-specific information to an individual or organization other than the Connecticut Department of Public Health (DPH) or the Centers for Disease Control and Prevention (CDC) is prohibited.



# Data Release (cont.)

## *Requests for Client-Level Data*

### 2. Requests for client-level data

If your agency should receive any request that you get for client-level data from an individual or agency outside of your own must be forwarded to the DPH PEMS Administrator



# Assistance with PEMS

For assistance in using PEMS you should always contact your DPH PEMS Administrator.

Do Not contact CDC directly.



# PEMS Security & Confidentiality

Ramon Rodriguez-Santana, MPH  
Health Program Assistant  
Ramon.Rodriguez-Santana@ct.gov  
860-509-7849





# Presentation Overview

- PEMS and Confidentiality (PEMS Client-Level Data)
- Securing PEMS Client-Level Data
- PEMS Client-Level Data in a Secured Area
- PEMS Client-Level Data in the Field
- PEMS Client-Level Data Retention and Disposal
- Transmitting Client-Level Data
- Printing and Photocopying Client-Level Data
- Verbal Discussion about Client-Level Data
- PEMS User Responsibilities
- Release of Client-Level Data





# PEMS and Confidentiality

## *PEMS Client Level Data*

1. Information that is collected about a particular client while the client is enrolled in your program
2. For the purposes of PEMS, this data could be:
  - a. Client demographics – such as the race, ethnicity, gender or year of birth of the client
  - b. Client risk-behaviors – such as whether the client has had sex or used injection drugs during a certain period of time





# PEMS and Confidentiality

PEMS client-level data records can consist of either:

- a. Paper Records – client-level data that is on a data collection form for example
- b. Electronic Records – client-level data that is stored electronically (on a computer most likely)
- c. Portable Electronic Records – client-level data that is stored on portable electronic devices such as a laptop, blackberry etc., or on removable storage media such as a “flash drive” or CD etc.





# PEMS and Confidentiality

- Given the previous information about PEMS Client-Level Data you can see how it could be possible to use this data to identify a particular client.
- Therefore, PEMS Client-Level Data needs to be kept confidential in order to protect client privacy.





# Securing PEMS Client-Level Data

1. When client-level data is not being used, it must be stored in a secured area. A secured area is a locked file cabinet or other locked receptacle within a room that has floor-to-ceiling walls and a door with a lock.
  - A. For the purpose of talking about client-level data, a secured area would be a room with floor-to-ceiling walls and a door with a lock.
2. Secured Areas must be locked when the PEMS user is not present.





# PEMS Client-Level Data in a Secured Area

## Passwords & Keys:

1. As a PEMS user, you are responsible for protecting any keys, passwords/codes or electronic devices that would give a person access to PEMS client-level data. All of these must be kept in a locked location.
2. If you discover that a password has been stolen or become known to another person, notify your supervisor immediately. This would be a security breach.





# PEMS Client-Level Data in a Secured Area

Computers:

If client-level data is stored on a computer, the computer must:

- a. Have an automatic screen saver lock with a 15 minute or less activation time
- b. Be password protected (you need a username and password to unlock the screensaver)
- c. Be locked at all times when not in use
- d. Be located in a secured area
- e. Be protected by surge suppressors and emergency battery power to prevent data loss in case of power fluctuations





# PEMS Client-Level Data in a Secured Area

## Visitors:

1. If a person who is not a PEMS user is in a secured area, they must be accompanied at all times, and client-level data must be removed from view.
2. Regular maintenance personnel must sign a confidentiality statement before being admitted to a secured area.



# PEMS Client-Level Data in a Secured Area

Leaving:

1. If you are leaving a secured area for a brief time (less than 30 minutes)
  - A. Client-level data records must be turned face-down on office surfaces
  - B. Computers storing client-level data records must be locked
2. If you are leaving a secured area for a long time (more than 30 minutes)
  - A. Client-level data records must be returned to their locked file cabinet or receptacle
  - B. Computers storing client-level data records must be locked





# PEMS Client-Level Data in the Field

## Collecting Data:

1. If you are in the field and need to collect client-data from a client verbally you must:
  - A. Make sure a door can be closed
  - B. Make sure you are alone in the room with the client or that only PEMS users are present
  
2. If you are in the field and a client will be completing a client-level data form individually you must:
  - A. Assure that you are in a room with a door
  - B. Do your best to honor client requests to complete a form in a more private location





# PEMS Client-Level Data in the Field

## Handling Data:

1. When you have client-level data records in the field:
  - A. Keep records in a manila envelope that is sealed and marked 'confidential' or in a locked briefcase
  - B. Do not leave records unattended
  - C. Do not keep records overnight (except with prior approval from the Program Manager or PEMS Administrator)
  - D. Encrypt portable electronic records.





# PEMS Client-Level Data

## *Retention and Disposal*

Paper client-level data records:

1. You must keep these records for 6 years from the date that they were created
2. After that point, they must be machine shredded





# PEMS Client-Level Data

## *Retention and Disposal*

Portable electronic records:

1. You should only keep these records for as long as it takes to complete the task that they were created for
2. After that point, disks and other storage media must be sanitized



# PEMS Client-Level Data

## *Retention and Disposal*

### Electronic records:

1. Electronic records stored on a computer hard-drive can be kept indefinitely
2. Before you get rid of a computer that has client-level data stored on it, or give to someone who is not a PEMS user, the hard drive must be sanitized



# PEMS Client-Level Data

## *Transmitting Information*

### U.S. Mail and E-mail:

1. When transmitting client-level data using the U.S. Mail you must:
  - A. Place data in an envelope stamped 'confidential'
  - B. Address the envelope to the PEMS System Administrator
  
2. E-mail
  - A. You MUST NOT send client-level data through e-mail





# PEMS Client-Level Data

## *Transmitting Information*

### Fax:

1. You must not fax client-level data unless you have prior authorization from the PEMS System Administrator
2. Fax machines being used must be located in secured areas
3. After assuring these two things, you must do the following when faxing:
  - A. Use a coversheet with the confidentiality notice
  - B. Call the person the fax is going to before you send it in order to tell them
  - C. Confirm and re-check the fax number on the view screen
  - D. Call the person you sent the fax to in order to verify that they got it
  - E. If data was not received attempt to retrieve it





# PEMS Client-Level Data

## *Printing and Photocopying*

1. Both printers and photocopiers must be located in secured areas
2. To print or photocopy:
  - A. Wait by the machine until the job is completed
  - B. Do not print or photocopy if there are people in the area who are not PEMS users





# PEMS Client-Level Data

## *Verbal Discussion*

1. Do not discuss client-level data with anyone who is not a PEMS user
2. Do not discuss client-level data when non-PEMS users may be able to overhear
3. When discussing client-level data on the telephone:
  - A. Only do so with familiar PEMS users or a referral agency
  - B. Only do so within a secured area
  - C. Attempt to prevent non-PEMS users from overhearing





# PEMS User Responsibilities

As a PEMS user, you have the following responsibilities to avoid a breach of confidentiality:

- A. Adhere to CT DPH policies to ensure confidentiality of client-level data that you work with
- B. Do not access client-level data that is not necessary to do your job
- C. Do not disclose any client-level data to non-PEMS users
- D. Challenge unauthorized users of data
- E. Report suspected security and confidentiality breaches to your supervisor





# PEMS User Responsibilities

Not adhering to these responsibilities could result in the following penalties:

- A. Reprimands
- B. Suspension of system and data privileges
- C. Suspension from duty
- D. Civil penalties
- E. Criminal prosecution





# Release of Client-Level Data

- Releasing client-level data means giving that data to an individual or organization other than the Connecticut Department of Public Health (CT DPH) or the CDC.
- Any request that you get for client-level data from an individual or agency outside of your own must be forwarded to the CT DPH and the PEMS System Administrator.



Source: (VHD, 2009)





# References

- PEMS Security Summary (CDC)
- Vermont Department of Health. (2009). HIV program evaluation system: Confidentiality documents. Retrieved May 20, 2009, from <http://www.healthvermont.gov/prevent/aids/pems.aspx#docs>





# PEMS Users: Access Levels

Ramon Rodriguez-Santana, MPH  
Health Program Assistant  
Ramon.Rodriguez-Santana@ct.gov  
860-509-7849



# Presentation Overview

- Roles for Users
- Core Roles



**Access to PEMS  
is a privilege, not a right!**



# PEMS Users

## *Core Roles*

- PEMS Administrator
- Agency Budget Information
- Agency Information
- Aggregate HC/PI
- Aggregate HERR/OR
- Aggregate Services
- CRCS
- CTR
- Client HERR
- Client Service
- Community Planning
- Data Transfer
- PCRS
- Program Budget Information
- Program Information
- Quality Assurance



# PEMS Users

## *Functionality and Tasks*

Core Roles	Functionality and Tasks
PEMS Administrator	Manages administration of users, roles, and permissions within an agency. The PEMS administrator role can also create announcements and create contract agency administrators.
Agency Budget Information	Maintains program award data for the agency
Agency Information	Maintains all agency information data (address, contacts, workers, sites, excluding the program awards data)
Aggregate HC/PI	Maintains Aggregate HC/PI intervention data
Aggregate HERR/OR	Maintains Aggregate HERR/OR intervention data
Aggregate Services	Maintains all Aggregate intervention data
CRCS	Maintains Comprehensive Risk Counseling and Service Intervention data (does not include CTR or PCRS intervention data)
CTR	Maintains Counseling, Testing and Referral data (does not include PCRS or CRCS intervention data).
Client HERR	Maintains DEBI intervention data (does not include PCRS, CRCS or CTR intervention data)
Client Service	Maintains all Client Service intervention data (including CRCS, CTR, and PCRS)
Community Planning	Maintains all community planning data
Data Transfer	Maintains all data extract requests, data sharing permissions with other agencies and data submission parameters to CDC; Also provides access to the Scanning Import Sub Module for those agencies that have implemented a scanning solution
PCRS	Maintains PCRS intervention data (does not include to CRCS or CTR)
Program Budget Information	Maintains program model budget information data that is entered at the end of the year to determine how the program model funding was spent
Program Information	Maintains all program information data, including the program, program model, interventions, additional target populations and program model templates
Quality Assurance	Under the Reports Module, allows the generation of two quality assurance reports for agency data, and/or the data shared by contract agencies



# PEMS Users

- Only DPH PEMS Administrators are assigned the role of PEMS Administrators
- Roles allow you to enter and look at specific things in the system
- Do not *play* in PEMS
  - Do not try to edit the setup of interventions
  - Do not try to edit the names of interventions
  - Tampering has consequences!



# PEMS Data Entry

## *Individual vs. Aggregate*

Ramon Rodriguez-Santana, MPH

Health Program Assistant

Ramon.Rodriguez-Santana@ct.gov

860-509-7849





# Presentation Overview

- Individual's Data
- Aggregate Data



# Individual's Data

## Client Data: Part 1

**Client Demographics**

**Date Collected:** \*  (mm/dd/yyyy)

**Local Client ID:** \*   Check to use PEMS Client Unique ID

**Local PCRS ID:**

**Last Name:**

**First Name:**

**Middle Initial:**

**Nick Name:**

**Aliases:**

**Birth Date - Month:**

**Birth Date - Day:**  (dd)

**Birth Date - Year:** \*  (yyyy)

**Ethnicity:** \*

**Ethnicity Expanded:**  
(Only for Hispanic or Latino)

**ADD/EDIT ETHNICITY EXPANDED**

**Race:** \*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Don't know
- Decline to answer

**ADD/EDIT RACE EXPANDED**



# Individual's Data

## Client Data: Part 2

Birth Country:	<input type="text"/>
State/Territory of Residence: *	<input type="text"/> ←
English Speaking?:	Yes <input type="text"/>
Primary Language:	English <input type="text"/>
If Other, Specify:	<input type="text"/>
Client From HIV Test Form:	<input type="checkbox"/>
Assigned Sex at Birth: *	<input type="text"/> ←
Current Gender: *	<input type="text"/> ←
If Additional, Specify:	<input type="text"/>
Physical Description:	<input type="text"/>
Relationship Status:	<input type="text"/>
Level of Education:	<input type="text"/>
Primary Occupation:	<input type="text"/>
Employer:	<input type="text"/>
Notes:	<input type="text"/>



# Individual's Data

## Client Data: Part 3

Locating Details

Address Type:	<input type="text"/>	
If Other, Specify:	<input type="text"/>	
Street Address 1:	<input type="text"/>	
Street Address 2:	<input type="text"/>	
State:	<input type="text"/>	
County:	<input type="text"/>	
City:	<input type="text"/>	
Zip Code:	<input type="text"/>	(#####-####)
Phone Number (Day):	<input type="text"/>	(#####)
Phone Number (Evening):	<input type="text"/>	(#####)
Notes:	<input type="text"/>	

[SAVE AND FINISH](#) [CANCEL](#)

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# Aggregate Data

- Health Communication/Public Information (HC/PI)
- Health Fairs
- Other



# Aggregate Data HC/PI: Part 1

**Add Aggregate Intervention Session/Event - Microsoft Internet Explorer**

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites

Address [https://sdn6.cdc.gov/pems/prd/app/AddNewAggregateInterventionAction.do?method=create&context=INTERVENTION\\_SELECTED&formId=&planYear=2008&programId=8646606&programMo](https://sdn6.cdc.gov/pems/prd/app/AddNewAggregateInterventionAction.do?method=create&context=INTERVENTION_SELECTED&formId=&planYear=2008&programId=8646606&programMo)



## Program Evaluation and Monitoring System

Last Name: Rodriguez-Santana  
Agency: ConnectiCOSH Health Technical Committee

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Aggregate Level Services > Interventions > Add Aggregate Intervention Session/Event

### Add Aggregate Intervention Session/Event

Year: \* 2008

Program Name: \* Health Communication/Public Information 2008

Program Model Name: \* Health Communication/Public Information 2008

Intervention Name: \* Health Communication/Public Information 2008

Form ID:

[CONTINUE](#) [CANCEL](#)

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# Aggregate Data HC/PI: Part 2

## Program Evaluation and Monitoring System

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Agency: ConnectiCOSH Health Technical Committee

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[Interventions](#) | [Referrals](#)

Aggregate Level Services > Interventions > Add HC/PI Event Details

### Add HC/PI Event Details

Intervention Name	Event/Session Date (mm/dd/yyyy - mm/dd/yyyy)	Form ID
Health Communication/Public Information 2008	-	

**Key Message:**

**Event Start Date:** \*

**Event End Date:** \*

**Data Reported as of Date:**

**Site Name:**

**Worker(s)**

**Sort by:**  Last Name  PEMS Worker ID  Local Worker ID

Select Worker(s) to add and click ADD TO LIST. You may choose all that apply.

Sapiain,Eddie - 8645433-  
Torres,Abigail - 8645704-

**ADD TO LIST**

**REMOVE**

(Last Name - PEMS Worker ID - Local Worker ID)





# Aggregate Data

## HC/PI: Part 3

**Delivery Method(s) \***

---

**Included in Program Plan**

Select Delivery Method(s) Included in Plan to add and click ADD TO LIST. You may choose all that apply.

In person

**ADD TO LIST**

**REMOVE**

Select Delivery Method(s) Included in Plan and click REMOVE. You may choose all that apply.

**Not Included in Program Plan**

Select Delivery Method(s) Not Included in Plan to add and click ADD TO LIST. You may choose all that apply.

Internet  
Printed materials  
Printed materials - Magazines/newspapers  
Printed materials - Pamphlets/brochures  
Printed materials - Posters/billboards  
Radio  
Telephone  
Television  
Video  
Other (specify)

**ADD TO LIST**

**REMOVE**

Select Delivery Method(s) Not Included in Plan and click REMOVE. You may choose all that apply.

If Other, Specify :





# Aggregate Data

## HC/PI: Part 4

**Activity(s) \***

**Included in Program Plan**

Select Activity(s) Included in Plan to add and click ADD TO LIST. You may choose all that apply.

- Information - HIV/AIDS transmission
- Information - Abstinence/postpone sexual activity
- Information - Other sexually transmitted disease
- Information - Viral hepatitis
- Information - Availability of HIV/STD counseling
- Information - Availability of partner notification a
- Information - Living with HIV/AIDS
- Information - Availability of social services
- Information - Availability of medical services
- Discussion - Sexual risk reduction

**ADD TO LIST** **REMOVE**

Select Activity(s) Included in Plan and click REMOVE. You may choose all that apply.

**Not Included in Program Plan**

Select Activity(s) Not Included in Plan to add and click ADD TO LIST. You may choose all that apply.

- Not collected
- Referral
- Information - Other
- Demonstration - Condom/barrier use
- Demonstration - IDU risk reduction
- Demonstration - Negotiation/communication
- Demonstration - Decision making
- Demonstration - Disclosure of HIV status
- Demonstration - Providing prevention services
- Demonstration - Partner notification

**ADD TO LIST** **REMOVE**

If Other, Specify :

Notes :

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# Aggregate Data

## Health Fairs: Part 1



### Program Evaluation and Monitoring System

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[Aggregate Level Services](#) > [Interventions](#) > [Add Aggregate Intervention Session/Event](#)

#### Add Aggregate Intervention Session/Event

Year:	*	2008	▼
Program Name:	*	HEALTH FAIRS 2008	▼
Program Model Name:	*	HEALTH FAIRS 2008	▼
Intervention Name:	*	HEALTH FAIRS 2008	▼
Session Number:		<input type="text"/>	
Form ID:		<input type="text"/>	



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# Aggregate Data

## Health Fairs: Part 2



### Program Evaluation and Monitoring System

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Agency: ConnectiCOSH Health Technical Committee

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Aggregate Level Services > Interventions > Add Event/Session Details

#### Add Event/Session Details

Intervention Name	Session Date (mm/dd/yyyy)	Form ID
HEALTH FAIRS 2008		

Incentive Provided:  Yes  No

Date of Event/Session: \*  (mm/dd/yyyy)

Duration of Event/Session:  (in minutes)

Number of Client Contacts: \*

Site Name:  Search for Site Name:  [SEARCH](#)

#### Worker(s)

Sort by:  Last Name  PEMS Worker ID  Local Worker ID

Select Worker(s) to add and click ADD TO LIST. You may choose all that apply.

Sapiain,Eddie - 8645433  
Torres,Abigail - 8645704

(Last Name - PEMS Worker ID - Local Worker ID)

[ADD TO LIST](#)

[REMOVE](#)

Select Worker(s) to remove and click REMOVE. You may choose all that apply.

(Last Name - PEMS Worker ID - Local Worker ID)





# Aggregate Data

## Health Fairs: Part 3

### Aggregate Data Collection Method

Method(s):

- Service provider estimate
- Anonymous - client self-report
- Other



### Client Primary Risk

- Number
- Percent

Indicate client contacts whose Primary Risk is the following:

<b>MSM:</b>	<input type="text"/>	<input type="text"/>
<b>IDU:</b>	<input type="text"/>	<input type="text"/>
<b>MSM/IDU:</b>	<input type="text"/>	<input type="text"/>
<b>Sex Involving Transgender:</b>	<input type="text"/>	<input type="text"/>
<b>Heterosexual Contact:</b>	<input type="text"/>	<input type="text"/>
<b>Other/Risk Not Identified:</b>	<input type="text"/>	<input type="text"/>



### Client Gender

- Number
- Percent

Indicate client contacts whose Gender is the following:

<b>Male:</b>	<input type="text"/>	<input type="text"/>
<b>Female:</b>	<input type="text"/>	<input type="text"/>
<b>Transgender MTF:</b>	<input type="text"/>	<input type="text"/>
<b>Transgender FTM:</b>	<input type="text"/>	<input type="text"/>





# Aggregate Data

## Health Fairs: Part 4

Client Race		
	<input checked="" type="radio"/> Number	<input type="radio"/> Percent
Indicate client contacts whose Race is the following:		
American Indian or Alaska Native:	<input type="text"/>	<input type="text"/>
Asian:	<input type="text"/>	<input type="text"/>
Black or African American:	<input type="text"/>	<input type="text"/>
Native Hawaiian or Other Pacific Islander:	<input type="text"/>	<input type="text"/>
White:	<input type="text"/>	<input type="text"/>
Multiracial:	<input type="text"/>	<input type="text"/>



Client Ethnicity		
	<input checked="" type="radio"/> Number	<input type="radio"/> Percent
Indicate client contacts whose Ethnicity is the following:		
Hispanic or Latino:	<input type="text"/>	<input type="text"/>
Not Hispanic or Latino:	<input type="text"/>	<input type="text"/>



Client Age		
	<input checked="" type="radio"/> Number	<input type="radio"/> Percent
Indicate client contacts whose Client Age is the following:		
Under 13 years:	<input type="text"/>	<input type="text"/>
13-18 years:	<input type="text"/>	<input type="text"/>
19-24 years:	<input type="text"/>	<input type="text"/>
25-34 years:	<input type="text"/>	<input type="text"/>
35-44 years:	<input type="text"/>	<input type="text"/>
45 years and over:	<input type="text"/>	<input type="text"/>







# Aggregate Data

## Health Fairs: Part 5

**Client HIV Status**

Number  Percent

Indicate client contacts whose HIV Status is the following:

<b>Positive :</b>	<input type="text"/>	<input type="text"/>
<b>Negative :</b>	<input type="text"/>	<input type="text"/>
<b>Unknown :</b>	<input type="text"/>	<input type="text"/>

**VALIDATE**

**Delivery Method(s)**

**Included in Program Plan**

Select Delivery Method(s) Included in Plan to add and click **ADD TO LIST**. You may choose all that apply.

In person

**ADD TO LIST**

**REMOVE**

**Not Included in Program Plan**

Select Delivery Method(s) Not Included in Plan to add and click **ADD TO LIST**. You may choose all that apply.

Internet  
Printed materials  
Printed materials - Magazines/newspapers  
Printed materials - Pamphlets/brochures  
Printed materials - Posters/billboards  
Radio  
Telephone  
Television  
Video  
Other (specify)

**ADD TO LIST**

**REMOVE**

**If Other, Specify :**





# Aggregate Data

## Health Fairs: Part 6

**Activity(s) \***

**Included in Program Plan**

Select Activity(s) Included in Program Plan to add and click ADD TO LIST. You may select all that apply.

- Information - HIV/AIDS transmission
- Information - Abstinence/postpone sexual activity
- Information - Other sexually transmitted diseases
- Information - Viral hepatitis
- Information - Availability of HIV/STD counseling and
- Information - Availability of partner notification and
- Information - Living with HIV/AIDS
- Information - Availability of social services
- Information - Availability of medical services
- Discussion - Sexual risk reduction

**ADD TO LIST**

**REMOVE**

Select Activity(s) Included in Program Plan to remove and click REMOVE. You may select all that apply.

**Not Included in Program Plan**

Select Activity(s) Not Included in Program Plan to add and click ADD TO LIST. You may select all that apply.

- Not collected
- Referral
- Personalized risk assessment
- Elicit partners
- Information - Other
- Demonstration - Condom/barrier use
- Demonstration - IDU risk reduction
- Demonstration - Negotiation/communication
- Demonstration - Decision making
- Demonstration - Disclosure of HIV status

**ADD TO LIST**

**REMOVE**

Select Activity(s) Not Included in Program Plan to remove and click REMOVE. You may select all that apply.

If Other, Specify:

Notes:

**SAVE AND FINISH** **CANCEL**

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# PEMS Reports

Ramon Rodriguez-Santana, MPH  
Health Program Assistant  
Ramon.Rodriguez-Santana@ct.gov  
860-509-7849





# Presentation Overview

- PEMS Data Report
  - Evidence-based intervention (EBI)
  - The Final Report (Voices/Voces)
- PEMS Data Report
  - CDC Recommended
  - The Final Report (CTR)



# PEMS Data Report EBI



## Program Evaluation and Monitoring System

Last Name: Rodriguez-Santana  
Agency: ConnectiCOSH Health Technical Committee

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Home | Client Level Services | Aggregate Level Services | Program Information | Agency Information | Data Transfer | [Reports](#) | Admin | Agency and Program Plan | CTR | PCRS Case | [Other Client Level Services](#) | Aggregate Level Services | Referral and Recruitment | Workers | Quality Assurance | HIV Test Form |

Reports > Other Client Level Services > Overview of Client Characteristics by Agency(s)

### Overview of Client Characteristics by Agency(s)

#### Report Criteria

Session Date Range: \* From  (mm/dd/yyyy) To  (mm/dd/yyyy)

Zip Code of Service Delivery:  (#####-####)

Risk Profile/Confirmed HIV Test Result:  Latest  Earliest

**Agency Name(s) \***

Select Agency Name(s) to add and click ADD TO LIST. Choose all that apply.

Select Agency Name(s) to remove and click REMOVE. Choose all that apply.

**ADD TO LIST** **REMOVE**

**Program Model Basis**

Program Model Basis Type:

Select Program Model Basis to add and click ADD TO LIST. To choose all that apply, do not select any values.

Select Program Model Basis to remove and click REMOVE. Choose all that apply.

**ADD TO LIST** **REMOVE**





# PEMS Data Report

## *EBI*

### Program Model Basis:

- Healthy Relationships
- Voices/Voces
- Safety Counts
- Mpowerment
- Street Smart
- Together Learning Choices
- SISTA
- RHAP
- Many Men / Many Voices
- Holistic Health Recovery
- Magura (1994): Intensive AIDS Education in Jail
- McCusker (1992): Informational and Enhanced AIDS Education
- Jemmott (1992): Be Proud! Be Responsible



# PEMS Data Report

## EBI

### Program Model Basis

**Program Model Basis Type:** Evidence Based

Select Program Model Basis to add and click ADD TO LIST.  
To choose all that apply, do not select any values.

Select Program Model Basis to remove and click REMOVE.  
Choose all that apply.

CLEAR  
Cohen (1991): Condom Skills Education  
Cohen (1992): Group Discussion Condom Prom  
Community PROMISE  
Connect

ADD TO LIST  
REMOVE

VOICES/VOCES

### Program Model Name(s)

Select Program Model Name(s) to add and click ADD TO LIST.  
To choose all that apply, do not select any values.

Select Program Model Name(s) to remove and click REMOVE.  
Choose all that apply.

ADD TO LIST  
REMOVE

Voices/Voces 2008

### Site Name(s)

Select Site Name(s) to add and click ADD TO LIST.  
To choose all that apply, do not select any values.

Select Site Name(s) to remove and click REMOVE.  
Choose all that apply.

ADD TO LIST  
REMOVE

Blue Hills Orchards  
ConnectiCOSH Health Technical Committee  
H F Brown, Incorporated  
Imperial Nursene  
Jarmoc Tabacco

**Intervention Type:**

- Counseling, Testing, and Referral
- Partner Services
- Comprehensive Risk Counseling Services
- Outreach
- Health Education/Risk Reduction
- Other (specify)



# PEMS Data Report

## *EBI*



**GENERATE REPORT** **RESET** **CANCEL**

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ICONS KEY: \* Indicates information is mandatory.

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# The Final Voices/Voces Report

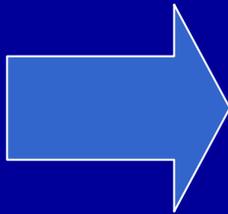
Overview of Client Characteristics by Agency(s)		
<b>Request Information</b>		
<b>Agency Name/ID:</b>	ConnectiCOSH Health Technical Committee/1680	
<b>Report Requestor:</b>	Rodriguez-Santana, Ramon	
<b>Data Current as of:</b>	05/21/2009	
<b>Run Date/Time:</b>	05/21/2009 10:13 AM	
<b>Report Criteria</b>		
<b>Session Date Range:</b>	07/01/2008 to 05/21/2009	
<b>Risk Profile/Confirmed HIV Test Result:</b>	Earliest	
<b>Agency Name(s):</b>	ConnectiCOSH Health Technical Committee/1680	
<b>Program Model Basis Type:</b>	Evidence Based	
<b>Program Model Basis:</b>	VOICES/VOCES	
<b>Program Model Name(s):</b>	Voices/Voces 2008	
<b>Site Name(s):</b>	Blue Hills Orchards, ConnectiCOSH Health Technical Committee, H F Brown, Incorporated, Imperial Nurserie, Jarmoc Tabacco, Lyman Orchards, March Farms, Markowski Farms, Mulnite Tabacco, O.J. Thrall Tabacco	
<b># of Unique Clients in this Report</b>	70	
<b>Agency</b>	ConnectiCOSH Health Technical Committee	
<b>Program Model Name</b>	Voices/Voces 2008	
<b>Program Model Basis</b>	VOICES/VOCES	
<b>Intervention Name</b>	<b>Intervention Cycle</b>	<b># of Clients Reached</b>
Voices/Voces 2008	Not Available	70





# The Final Voices/Voces Report

List of Individual Client Characteristics by PEMS ID													
<b>Request Information</b>													
Agency Name/ID: ConnectiCOSH Health Technical Committee/1680													
Report Requestor: Rodriguez-Santana, Ramon													
Data Current as of: 05/21/2009													
Run Date/Time: 05/21/2009 10:17 AM													
<b>Report Criteria</b>													
Session Date Range: 07/01/2008 to 05/21/2009													
Risk Profile/Confirmed HIV Test Result: Earliest													
Agency Name(s): ConnectiCOSH Health Technical Committee/1680													
Program Model Basis Type: Evidence Based													
Program Model Basis: VOICES/VOCES													
Program Model Name(s): Voices/Voces 2008													
Site Name(s): Blue Hills Orchards, ConnectiCOSH Health Technical Committee, H F Brown, Incorporated, Imperial Nurserie, Jarmoc Tabacco, Lyman Orchards, March Farms, Markowski Farms, Mulnite Tabacco, O.J. Thrall Tabacco													
<b>Additional Criteria</b>													
Intervention: Voices/Voces 2008													
# of Unique Clients: 70													
PEMS Client ID	Local Client ID	Calculated Age	Ethnicity	Race	Assigned Sex at Birth	Current Gender	12 Month Recall Period - HIV Risk Category (Computed)	90 Day Recall Period - HIV Risk Category (Computed)	Local Recall Period - HIV Risk Category (Computed)	Self-Reported HIV Test Result	Confirmed HIV Test Result	Number of Sessions Attended	
<b>Confidential</b>							Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	1
							Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	1
							Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	1
							Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	1
							Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	1
							Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	1
							Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	1
							Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	1





# PEMS Data Report

## CDC Recommended



### Program Evaluation and Monitoring System

Last Name: Rodriguez-Santana  
Agency: ConnectiCOSH Health Technical Committee

[Help](#) [Logout](#)

Home | Client Level Services | Aggregate Level Services | Program Information | Agency Information | Data Transfer | **Reports** | Admin | Agency and Program Plan | CTR | PCRS Case | Other Client Level Services | Aggregate Level Services | Referral and Recruitment | Workers | Quality Assurance | HIV Test Form |

Reports > Other Client Level Services > Overview of Client Characteristics by Agency(s)

#### Overview of Client Characteristics by Agency(s)

**Report Criteria**

Session Date Range: \* From 01/01/2009 (mm/dd/yyyy) To 05/21/2009 (mm/dd/yyyy)

Zip Code of Service Delivery: (#####-####)

Risk Profile/Confirmed HIV Test Result:  Latest  Earliest

**Agency Name(s) \***

Select Agency Name(s) to add and click ADD TO LIST. Choose all that apply.

Select Agency Name(s) to remove and click REMOVE. Choose all that apply.

ADD TO LIST REMOVE

ConnectiCOSH Health Technical Committee

**Program Model Basis**

Program Model Basis Type:

Select Program Model Basis to add and click ADD TO LIST. To choose all that apply, do not select any values.

Select Program Model Basis to remove and click REMOVE. Choose all that apply.

CDC Recommended Guidelines  
Evidence Based  
Other Basis for Program Model

ADD TO LIST REMOVE





# PEMS Data Report

## *CDC Recommended*

### **Program Model Basis:**

- Comprehensive Risk Counseling Services
- Counseling, Testing and Referral (CTR & Social Networks)
- Partner Services
- Recommendations for HIV/STD Partner Services



# PEMS Data Report

## CDC Recommended

**Program Model Basis**

**Program Model Basis Type:** CDC Recommended Guidelines

Select Program Model Basis to add and click ADD TO LIST. To choose all that apply, do not select any values.

Comprehensive Risk Counseling Services  
Partner Services  
Recommendations for HIV/STD Partner Services

**ADD TO LIST**

**REMOVE**

Select Program Model Basis to remove and click REMOVE. Choose all that apply.

Counseling, Testing, and Referral

**Program Model Name(s)**

Select Program Model Name(s) to add and click ADD TO LIST. To choose all that apply, do not select any values.

**ADD TO LIST**

**REMOVE**

Select Program Model Name(s) to remove and click REMOVE. Choose all that apply.

CTR 2008

**Site Name(s)**

Select Site Name(s) to add and click ADD TO LIST. To choose all that apply, do not select any values.

**ADD TO LIST**

**REMOVE**

Select Site Name(s) to remove and click REMOVE. Choose all that apply.

Blue Hills Orchards  
ConnectiCOSH Health Technical Committee  
H F Brown, Incorporated  
Imperial Nurserie  
Jarmoc Tabacco

**Intervention Type:**

- Counseling, Testing, and Referral
- Partner Services
- Comprehensive Risk Counseling Services
- Outreach
- Health Education/Risk Reduction
- Other (specify)

# PEMS Data Report

## *CDC Recommended*



**GENERATE REPORT** **RESET** **CANCEL**

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ICONS KEY: \* Indicates information is mandatory.

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# The Final CTR Report

Overview of Client Characteristics by Agency(s)

**Request Information**

**Agency Name/ID:** ConnectiCOSH Health Technical Committee/1680  
**Report Requestor:** Rodriguez-Santana, Ramon  
**Data Current as of:** 05/21/2009  
**Run Date/Time:** 05/21/2009 10:02 AM

**Report Criteria**

**Session Date Range:** 07/01/2008 to 05/21/2009  
**Risk Profile/Confirmed HIV Test Result:** Earliest  
**Agency Name(s):** ConnectiCOSH Health Technical Committee/1680  
**Program Model Basis Type:** CDC Recommended Guidelines  
**Program Model Basis:** Counseling, Testing, and Referral  
**Program Model Name(s):** CTR 2008  
**Site Name(s):** Blue Hills Orchards, ConnectiCOSH Health Technical Committee, H F Brown, Incorporated, Imperial Nurserie, Jarmoc Tabacco, Lyman Orchards, March Farms, Markowski Farms, Mulnite Tabacco, O.J. Thrall Tabacco

**# of Unique Clients in this Report** 72

<b>Agency</b>	ConnectiCOSH Health Technical Committee
<b>Program Model Name</b>	CTR 2008
<b>Program Model Basis</b>	Counseling, Testing, and Referral

Intervention Name	Intervention Cycle	# of Clients Reached
<u>CTR 2008</u>	<u>Not Applicable</u>	<u>72</u>





# The Final CTR Report

List of Individual Client Characteristics by PEMS ID													
<b>Request Information</b>													
Agency Name/ID: ConnectiCOSH Health Technical Committee/1680													
Report Requestor: Rodriguez-Santana, Ramon													
Data Current as of: 05/21/2009													
Run Date/Time: 05/21/2009 10:04 AM													
<b>Report Criteria</b>													
Session Date Range: 07/01/2008 to 05/21/2009													
Risk Profile/Confirmed HIV Test Result: Earliest													
Agency Name(s): ConnectiCOSH Health Technical Committee/1680													
Program Model Basis Type: CDC Recommended Guidelines:													
Program Model Basis: Counseling, Testing, and Referral													
Program Model Name(s): CTR 2008													
Site Name(s): Blue Hills Orchards, ConnectiCOSH Health Technical Committee, H F Brown, Incorporated, Imperial Nurserie, Jarmoc Tabacco, Lyman Orchards, March Farms, Markowski Farms, Mulnite Tabacco, O.J. Thrall Tabacco													
<b>Additional Criteria</b>													
Intervention Name: CTR 2008													
# of Unique Clients: 72													
PEMS Client ID	Local Client ID	Calculated Age	Ethnicity	Race	Assigned Sex at Birth	Current Gender	12 Month Recall Period - HIV Risk Category (Computed)	90 Day Recall Period - HIV Risk Category (Computed)	Local Recall Period - HIV Risk Category (Computed)	Self-Reported HIV Test Result	Confirmed HIV Test Result	Number of Sessions Attended	
<b>Confidential</b>							Heterosexual Contact Only	Not Available	Not Available	Not Available	Not Available	Not Available	1
							Heterosexual Contact Only	Not Available	Not Available	Not Available	Not Available	Not Available	1
							Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	1
							Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	1
							Heterosexual Contact Only	Not Available	Not Available	Negative	Not Available	Not Available	1
							Other , Transgender Sex	Not Available	Not Available	Not Available	Not Available	Not Available	1
							Heterosexual Contact Only	Not Available	Not Available	Not Available	Not Available	Not Available	1
							Not Available	Not Available	Not Available	Negative	Not Available	Not Available	1
							Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	2
							Not Available	Not Available	Not Available	Negative	Not Available	Not Available	1



# Moving Forward

Ava Nepaul, MA, MPH, CPH

Epidemiologist

[ava.nepaul@ct.gov](mailto:ava.nepaul@ct.gov)



# Moving Forward

## *PEMS Implementation Goals*

- Set up of state-funded agencies
  - Jan 2010: 100% fully set up
  - June 2010: 80% completing electronic HIV Test Form
- Confidentiality & Security Policy & Procedures
  - Jan 2010: draft under revision
  - July 2010: final document



# Training and Awareness

All personnel dealing with PEMS data should be trained on policies and procedures established by the agency, on the legal aspects of data collection, and on the ethics of their responsibility to the clients. They should also be aware of the penalties associated with breaches of confidentiality or security.



# Moving Forward

## *PEMS Implementation Goals*

- Increased training and awareness
  - Annual completion of signed statements
    - Confidentiality
    - Rules of Behavior
    - Security
  - Jan 2010: Office Hours
  - March 2010: standard curriculum
- Documentation of PEMS access
  - Request for Access to PEMS Client-Level Data
  - Notification of Staff Separation/Change of Duties



Thank You!