

Data Reporting Overview

As a condition of your agency's contract with the Boston Public Health Commission's Infectious Disease Bureau, you will be required to submit data for your intervention activities. In FY 11, the Infectious Disease Bureau Education and Outreach Office developed and implemented a new data reporting system which utilizes Survey Monkey. Each of the four reportable intervention types (Group Level Interventions, Individual Level Interventions and Community Level Interventions: Community Events and Mobile Encounters) have an individualized survey designed to capture relevant data associated with each intervention activity.

As a commitment made to each of the grantees by the ID Bureau, each of your sites will be provided with quarterly data reports no later than one week prior to your quarterly report submission deadline, if all the data for that respective quarter has been entered by the deadline. Given this, the ID Bureau has established a two-tier deadline system for data reporting. See the table below as an example from quarter 1:

Reporting Month	Due Date
July, 2011	August 15, 2011
August, 2011	September 15, 2011
September, 2011	October 1, 2011

This is necessary to provide sufficient time to generate and send each of your sites personalized data reports for that quarter prior to the quarterly report submission deadline.

It is **extremely important** that these deadlines are met, and that the data submitted is reviewed for accuracy as thoroughly as possible prior to submission. The ID Bureau recommends an agency print each survey and review manually prior to submission in order to find and correct any mistakes. Given the amount of work that goes into the retrieving, sorting and compiling of your data into personalized reports each quarter, missing or incorrect data will result in a delay in processing and prohibit our ability to send you data prior to the quarterly report submission deadline. Revisions or additions to data reports will be addressed on an individual basis and while the ID Bureau will strive to address these issues quickly, we cannot guarantee that revisions or additions will be completed in time to meet reporting deadlines.

At the start of the fiscal year, you will all receive an email containing the 4 links to the Intervention Surveys. These will be the only links you will use for the entire fiscal year, **and you will only access surveys for Interventions you are funded to provide** (i.e. if your agency is funded to provide Individual and Group Level Interventions, you will only utilize the ILI and GLI surveys). Once these are sent to you by email, the ID Bureau strongly encourages you to bookmark the link locations for use. If you lose the link, please email Greg M. Lanza at glanza@bphc.org for the link.

Once all the data has been entered for a quarter, each of your sites will be provided with personalized data reports for that respective quarter. In addition, you will receive a 6 month, a 9 month and an annual report. Questions regarding your data should be addressed to your Program Coordinator.

Completing the Surveys

The following are examples of completed surveys. Each field and the response will be explained in comment boxes.

Since the survey content for Community Level Interventions: Community Events and Mobile Encounters is the same, this manual will only review submission for one of the two types.

Regardless of which survey is being filled out, the first page will always be the same:
Agency Code

Select your Agency Code from the drop-down menu. A list of Agency Codes can be found on page

Community Based Prevention Data Submission Tool - CLI: Mobile Encounters

1. Agency Code

* 1. Agency Code

FENWAY08

Next

When finished, click "next"

Community Level Interventions: Mobile Encounters

From the two drop-down menus, select the zip code and setting where the intervention occurred. If the setting is not included in the list of options, select "other" and specify

2. CLI: Mobile Encounters

* 1. Intervention Date & Time (at start of intervention)

Date and Time MM DD YYYY HH MM AM/PM

8 / 11 / 2011 10 : 30 PM

* 2. Intervention Length

Intervention Length Record the length of the intervention

Duration

3 hours to 3.5 hours

* 3. Intervention Location

Zip Code Setting

Zip Code & Setting 02116 public or commercial sex environment

If Other, please specify

* 4. Language Intervention was conducted in:

English

If Other, please specify

* 5. Total # of Contacts Reached. A "Direct Contact" occurs when staff and the individual engage in conversation that includes an exchange of information (including, but not exclusively, educational or preventive materials).

Total Contacts 50

Direct Contacts (may not exceed total contacts) 10

* 6. Event Title(s) and Description: (e.g. Madison Park Health Fair)

Outreach at Back Bay Fens

* 7. Number of Materials Distributed. Please provide BPHC with one copy of each brochure, role model story, and safe sex kit distributed this month.

Bleach Kits 0

Condoms (not included in Safe Sex Kits) 50

Female Condoms (not included in Safe Sex Kits) 10

Brochures 5

Role Model Stories 0

Safe Sex Kits 10

Other 0

Previous Next

Record the date and time of the intervention

Record the length of the intervention

Record the language the intervention was conducted in. If the language is not included in the list of options, select "other" and specify were indicated.

Provide title and brief description of the intervention

Record a breakdown of all materials distributed as part of the intervention. At the beginning of each fiscal year, you will submit copies of all materials to ID Bureau staff for review.

When finished, click "next"

Using the drop-down menus, differentiate between Total Contacts and Direct Contacts. See the question for the definition of "Direct Contact". In this example, staff saw 50 people in the Fens. However, of the 50, staff interacted with (engaged in brief discussion and gave materials to) 10 contacts.

Group Level Interventions

Community Based Prevention Data Submission Tool - Group Level Interventions

2. Group Level Intervention

*** 1. Intervention Date & Time (at start of intervention)**

Date and Time MM DD YYYY HH MM AM/PM
 9 / 5 / 2011 1 : 00 PM

Record the date and time of the intervention

*** 2. Intervention Length**

Intervention Length Record the length of the intervention Duration
 2 hours to 2.5 hours

*** 3. Intervention Location**

Zip Code Setting
 Zip Code & Setting 02130 CBO

If Other, please specify

*** 4. Language Intervention was conducted in:**

English

Record the language the intervention was conducted in. If the language is not included in the list of options, select "other" and specify were indicated.

If Other, please specify

*** 5. Group Title(s) and Description: (e.g. Healthy Relationships session 1)**

The Brotherhood: "Negotiating Safer Sex"

Provide title and brief description of the intervention

*** 6. Unique and Duplicate Contacts. A unique contact is one that is seen for the first time. A duplicate contact is one who has had at least one prior intervention with your agency.**

	Total #
Total New/Unique Contacts	2
Total Repeat/Duplicate Contacts	6

*** 7. Gender**

	All Contacts
Male	8
Female	
Male - Identified Transgender	
Female - Identified Transgender	
Unknown	

Using the drop-down menus, record the **Gender** of all participants. Gender total **MUST** equal total # of contacts

*** 8. Age (years)**

	All Contacts
<15	
15 - 19	
20 - 29	3
30 - 39	2
40 - 49	3
50+	

Using the drop-down menus, record the **Age** of all participants. Age total **MUST** equal total # of contacts

*** 9. Race: Please record one Race for each participant. The total race must not exceed total participants.**

	All Contacts
American Indian/Alaskan Native	
Asian/Pacific Islander	
Black	8
Hispanic/Latino	
White	
Unknown	
Multi-Racial	

Using the drop-down menus. record the **Race** of all participants. Race total **MUST** equal total # of contacts

*** 10. Ethnicity: Individuals may identify with more than one ethnicity. Record all that apply.**

	All Contacts
African American	5
Cape Verdean/Portuguese	2
Chinese	
Haitian	1
Latin American	
Puerto Rican	
Southeast Asian	
Sub-Saharan African	
Other	

Using the drop-down menus, record the **Ethnicity** of all participants. Contacts may report more than one ethnicity.

From the two drop-down menus, select the zip code and setting where the intervention occurred. If the setting is not included in the list of options, select "other" and specify were indicated.

Using the drop-down menus, differentiate between New/Unique Contacts and Repeat/Duplicate Contacts. See the question for the distinction. In this example, of the 8 total contacts, 2 were new/unique and 6 were repeat/duplicate.

11. Country of Origin: For foreign born clients, please indicate their country of birth (regardless of new/duplicate status).

	All Contacts
Brazil	<input type="text"/>
Cape Verde	2
China	<input type="text"/>
Dominican Republic	<input type="text"/>
Haiti	1
Nigeria	<input type="text"/>
Puerto Rico	<input type="text"/>
Somalia	<input type="text"/>
Vietnam	<input type="text"/>
U.S. Born	5
Other	<input type="text"/>

Using the drop-down menus, record the **Country of Origin** of all participants. If not known, skip ahead.

*** 12. Contact's Neighborhood of Residence: Please enter the total number of contacts from each of the following neighborhoods.**

Allston/Brighton (02134, 02135, 02163)	<input type="text"/>
Back Bay (02108, 02109, 02110, 02113, 02114, 02116)	<input type="text"/>
Charlestown (02129)	<input type="text"/>
East Boston (02128)	<input type="text"/>
Fenway (02115, 02215)	<input type="text"/>
Hyde Park (02136)	<input type="text"/>
Jamaica Plain (02130)	4
Mattapan (02126)	<input type="text"/>
North Dorchester (02121, 02125)	<input type="text"/>
Roslindale (02131)	<input type="text"/>
Roxbury (02119, 02120)	4
South Boston (02127, 02210)	<input type="text"/>
South Dorchester (02122, 02124)	<input type="text"/>
South End (02111, 02118)	<input type="text"/>
West Roxbury (02132)	<input type="text"/>
Homeless	<input type="text"/>
Incarcerated	<input type="text"/>

Record the **Neighborhood of Residence** for the contacts. This is **NOT** the zip code/ neighborhood where the intervention took place. Please indicate if any of the contacts are homeless or incarcerated.

13. Sexual Orientation: If not known, skip ahead.

	Bisexual Male	Bisexual Female	Gay Male	Lesbian/Gay Female	Heterosexual Male	Heterosexual Female
All contacts:	2	<input type="text"/>	3	<input type="text"/>	3	<input type="text"/>

Using the drop-down menus, record the **Sexual Orientation** for all participants. If not known, skip ahead. If reported on, the total **MUST** match the total # of contacts

14. Transmission Risk Factors: If not known, skip ahead. "Known Infected" indicates infected with HIV/AIDS, Hepatitis B or C and/or STI. Individuals may have multiple risk factors, so record all that apply.

	IDU	MSM	Sex w/Known Infected	Sex w/high-risk partner(s) of unknown status	Sex for Money, Drugs, Other	Sex while high/intoxicated
All contacts:	<input type="text"/>	8	<input type="text"/>	6	3	6

Using the drop-down menus, record the **Transmission Risk Factors** for all participants. Contacts can report more than one risk factor. If not known, skip ahead.

*** 15. Number of Materials Distributed. Please provide BPHC with one copy of each brochure, role model story, and safe sex kit distributed this month.**

Bleach Kits	0
Condoms (not included in Safe Sex Kits)	80
Female Condoms (not included in Safe Sex Kits)	0
Brochures	8
Role Model Stories	0
Safe Sex Kits	8
Other	0

Record a breakdown of all materials distributed as part of the intervention. At the beginning of each fiscal year, you will submit copies of all materials to Education and Outreach Office staff for review.

Previous Next

When finished, click "next"

Individual Level Interventions

Community Based Prevention Data Submission Tool - Individual Level Interventions

[Exit this screen](#)

2. Individual Level Intervention

Please submit only one session per form, regardless of how many sessions you have conducted with the same client. If you conducted 5 sessions with the same client this month, please fill out 5 separate forms.

* 1. Intervention Date & Time (at start of intervention)

Date and Time / / :

Record the date and time of the intervention

* 2. Intervention Length

Intervention Length Duration

* 3. Intervention Location

Zip Code Setting

If Other, please specify

* 4. Unique and Duplicate Contacts. A unique contact is one that is seen for the first time. A duplicate contact is one who has had at least one prior intervention with your agency.

New/Unique Contacts
 Repeat/Duplicate Contacts

* 5. Gender

Using the drop-down menu, record the contact's Gender

* 6. Age (years)

Using the drop-down menu, record the contact's Age

* 7. Race: Select one.

Using the drop-down menu, record the contact's Race.

* 8. Ethnicity: Individuals may identify with more than one ethnicity. Record all that apply.

African American
 Cape Verdean/Portuguese
 Chinese
 Haitian
 Latin American
 Puerto Rican
 Southeast Asian
 Sub-Saharan African
 Other

Record the contact's Ethnicity. Contacts may report more than one ethnicity.

* 9. Country of Origin: If the client is foreign born, please indicate the country of birth.

If other, please specify:

* 10. Primary Language (other than English): Please indicate the client's primary language if other than English.

* 11. Client's Neighborhood of Residence: Please select the neighborhood of residence for the client.

Allston/Brighton (02134, 02135, 02163)
 Back Bay (02108, 02109, 02110, 02113, 02114, 02116)
 Charlestown (02129)
 East Boston (02128)
 Fenway (02115, 02215)
 Hyde Park (02136)
 Jamaica Plain (02130)
 Mattapan (02126)
 North Dorchester (02121, 02125)
 Roslindale (02131)
 Roxbury (02119, 02120)
 South Boston (02127, 02210)
 South Dorchester (02122, 02124)
 South End (02111, 02118)
 West Roxbury (02132)
 Homeless
 Incarcerated

Record the Neighborhood of Residence for the contact. This is NOT the zip code/neighborhood where the intervention took place. Please indicate if the contact is homeless or incarcerated.

From the two drop-down menus, select the zip code and setting where the intervention occurred. If the setting is not included in the list of options, select "other" and specify were indicated.

Indicate whether the contact is a New/Unique Contact or a Repeat/Duplicate Contact. See the question for the distinction. In this example, the contact is a Repeat/Duplicate contact.

Using the drop-down menu. record the contact's Country of Origin. If not included in the list, select "other" and specify.

Using the drop-down menu. record the contact's Primary Language, if other than English.

*** 12. Sexual Orientation:**
 Bisexual Using the drop-down menu, record the contact's **Sexual Orientation**.

*** 13. Transmission Risk Factors:** "Known Infected" means infected with HIV/AIDS, Hepatitis B or C and/or any STI. Individuals may have multiple risk factors. Check all that apply.

IDU
 MSM
 Sex with known infected
 Sex w/high risk partner(s) of unknown status Record the contact's **Transmission Risk Factors**
 Contacts can report more than one risk factor.
 Sex for money, drugs, other
 Sex while high/intoxicated
 Other
 If Other (please specify):

*** 14. Referrals Made:** Check all that apply. Record all **Referrals Made** during the intervention

Counseling/Testing/Screening
 Detox/Substance Abuse Treatment
 Health/Primary Medical Care
 Mental Health
 Other

15. Referrals Confirmed: Check all that apply. A "confirmed" referral is one where the client successfully completed the referral process (e.g. attended the scheduled appointment, etc...)

Counseling/Testing/Screening Record all **Referrals Confirmed** during the intervention. In this example, staff referred the contact to a different department for STD screening and accompanied her to the area.
 Detox/Substance Abuse Treatment
 Health/Primary Medical Care
 Mental Health
 Other

*** 16. Number of Materials Distributed.** Please provide BPHC with one copy of each brochure, role model story, and safe sex kit distributed this month.

Bleach Kits	<input type="text" value="0"/>	Record a breakdown of all materials distributed as part of the intervention. At the beginning of each fiscal year, you will submit copies of all materials to Education and Outreach Office staff for review.
Condoms (not included in Safe Sex Kits)	<input type="text" value="20"/>	
Female Condoms (not included in Safe Sex Kits)	<input type="text" value="20"/>	
Brochures	<input type="text" value="2"/>	
Role Model Stories	<input type="text" value="0"/>	
Safe Sex Kits	<input type="text" value="2"/>	
Other	<input type="text" value="0"/>	

When finished, click "next"

Regardless of which survey is being submitted, when you hit next you will see this page:

3. Submit Survey

Thank you for completing your data submission process. Please take a moment to review your data for completeness and accuracy. If you are ready to submit, please press **done**.

Press "previous" to return to the last page and review your submission closely for accuracy or to print your submission for your records. The Education and Outreach Office **strongly** encourages you to review your data prior to submitting.

When you have finished reviewing and are confident in the accuracy of your data, click "Done" to submit.