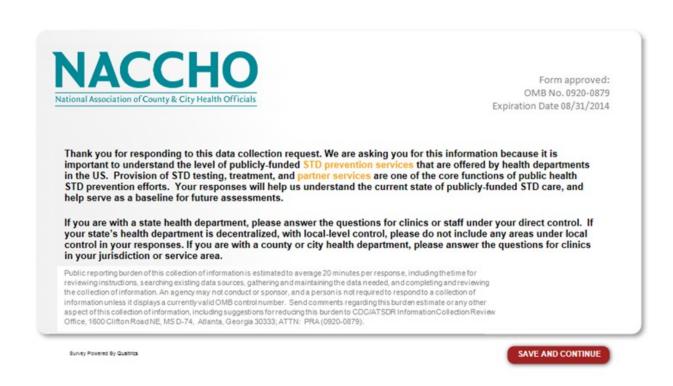
## Attachment B: Web Version of Data Collection Instrument

Note: All screens of the data collection are shown. The paper version of the survey indicates the skip pattern.







The first set of questions asks about the current provision of clinical and non-clinical STD prevention services and STD programmatic prevention activities.

Are you able to provide this information about services in your jurisdiction?

Yes

⊚ No

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How many specialty STD clinics do you currently have in your jurisdiction? If you do not know the number of clinics, type "DK" in the appropriate space(s).

Number of clinics operated directly by the health department:

Number of clinics operated via contract:

What is the primary point of care to which you refer patients in your jurisdiction for STD care?

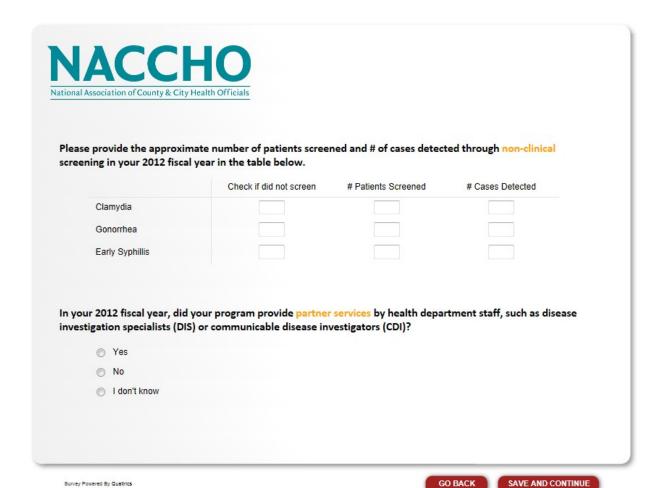
- Specialty STD clinic
- Specialty family planning clinic

Number of additional STD clinics not operated by the health department or via contract:

- Combination STD/family planning clinic
- Federally-qualified health center (FQHC)
- General public health clinic (a clinic which sees patients requesting all types of care)
- University-affiliated health clinic
- Other, please specify:
- Not applicable-we do not refer patients for STD care
- I don't know

## [Screen continues on next page]

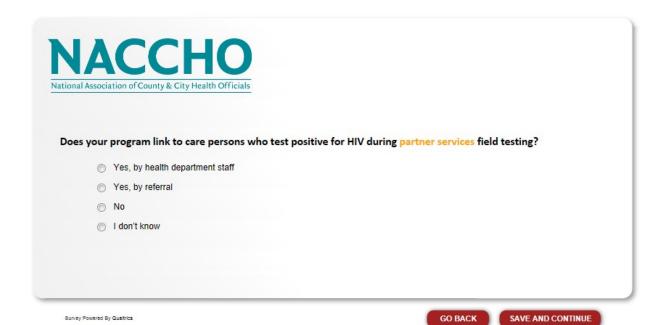
		ole, hepatitis B vaccination may be provided by other parts of your health department, such as perinatal owever, please do not indicate that you provide hepatitis B vaccine unless you also do so as part of your STD
ease	chec	ck all that apply.
		HBV vaccination
		HPV vaccination
		Darkfield microscopy
		Stat (on-site) RPR testing
		Stat (on-site) Gram stain testing for symptomatic men
		Extra-genital chlamydia &/or gonorrhea testing
		Gonorrhea culture
		Pap testing
		Walk-in care (the ability to see a clinician with no prior appointment)
		Not applicable-we do not have a main clinic
		I don't know
d yo	ur ST	TD program conduct screening in any non-clinical settings (e.g., outreach screening) in your 2012 fiscal year?
	0	Yes
	0	No
	0	I don't know



nal Associati	ion of County & City Health	Officials			
mai Associati	ion of county & city ricard	Officials			
ho in the l	health department is	the main provider of p	artner services?		
⊚ E	DIS / CDI				
	Public health nurse				
	Community health outread	h worker			
0 0	Other, please specify:				
	death to any				
	don't know				
	don't know				
⊚ I	don't know				
ease provi	ide the approximate i	number of cases interv	•	iscal year and the nu	mber of new cases
ease provi	ide the approximate i	number of cases intervi es in your 2012 fiscal yo	•	iscal year and the nu	mber of new cases
ease provi	ide the approximate i	es in your 2012 fiscal ye	ear.	Check If Your Program	
ease provi	ide the approximate i	Check If Your Program Conducted No	ear.	Check If Your Program Found No New Cases through Partner	# New Cases Found through Partner
ease provi	ide the approximate i	Check If Your Program	ear.	Check If Your Program Found No New Cases through Partner	# New Cases Found through Partner
ease provi entified th	ide the approximate i	Check If Your Program Conducted No Interviews in 2012	# Interviewed in 2012	Check If Your Program Found No New Cases through Partner Services in 2012 Fiscal	# New Cases Found through Partner Services in 2012 Fiscal
ease provi entified th Early	ide the approximate r rrough <mark>partner servic</mark> e	Check If Your Program Conducted No Interviews in 2012	# Interviewed in 2012	Check If Your Program Found No New Cases through Partner Services in 2012 Fiscal	# New Cases Found through Partner Services in 2012 Fiscal
ease provi entified th Early Gono	ide the approximate in the incomment of the incomme	Check If Your Program Conducted No Interviews in 2012	# Interviewed in 2012	Check If Your Program Found No New Cases through Partner Services in 2012 Fiscal	# New Cases Found through Partner Services in 2012 Fiscal

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0	Yes - all partner services staff are trained
0	Yes - but only some partner services staff are trained
0	No
0	State law does not allow for field collection of blood specimens
0	I don't know
Does your	program conduct any other types of partner services? Please check all that apply.
	Expedited partner therapy (EPT) for chlamydia
	Expedited partner therapy (EPT) for gonorrhea
-	Field-delivered treatment for chlamydia or gonorrhea
	Internet partner services
	Internet partner services Serologic testing of syphilis contacts in the field
	Serologic testing of syphilis contacts in the field
	Serologic testing of syphilis contacts in the field Field HIV testing for STD contacts





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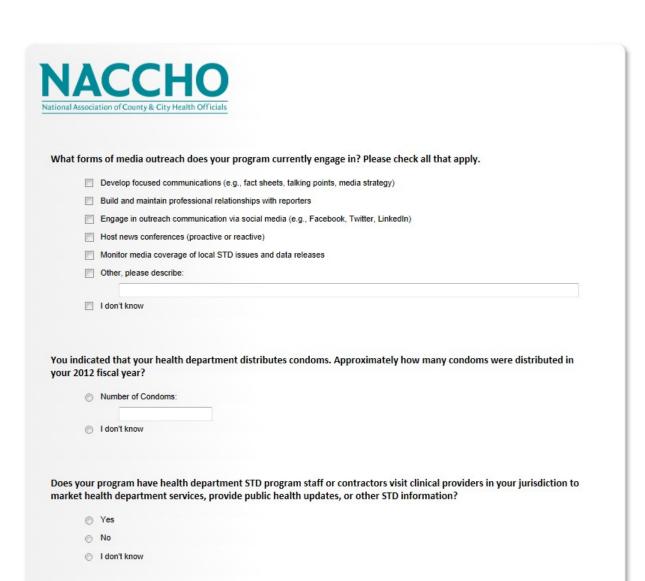


What types of health promotion activities does your program currently provide? Please check all that apply.

lealth communication, education and STD prevention materials in print or on a health department website	
lews releases	
Promote external Web sites through methods other than linking from your own health department's Web site external STD prevention sites include InSpot, Get Yourself Tested (GYT), CDC, American Social Health Association ASHA), AIDS.gov, Advocates for Youth, and others)	
distribution of condoms to individuals or venues such as bars or bathhouses	
Other, please specify:	
don't know	

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	s of health providers did your program visit in your 2012 fiscal year? Please check all that apply.
	Family planning providers
	Correctional health care providers
	HIV care providers
	Providers in Federally-Qualified Health Centers (FHQCs)
	Private practice providers
	Providers in school-based clinics
	Providers in emergency departments or urgent care
	Other, please specify:
	I don't know
epid	I don't know  emiology and surveillance activities are currently conducted by your program? Please check all that apply.  Geocode case report data
	emiology and surveillance activities are currently conducted by your program? Please check all that apply.
	emiology and surveillance activities are currently conducted by your program? Please check all that apply.  Geocode case report data
	emiology and surveillance activities are currently conducted by your program? Please check all that apply.  Geocode case report data  Match STD case report data with HIV data to analyze syndemics / overlaps
	emiology and surveillance activities are currently conducted by your program? Please check all that apply.  Geocode case report data  Match STD case report data with HIV data to analyze syndemics / overlaps  Assess STD health care services in your jurisdiction to identify gaps in coverage  Assess safety net needs of at-risk populations who are not accessing care (those who lack insurance coverage or those
	emiology and surveillance activities are currently conducted by your program? Please check all that apply.  Geocode case report data  Match STD case report data with HIV data to analyze syndemics / overlaps  Assess STD health care services in your jurisdiction to identify gaps in coverage  Assess safety net needs of at-risk populations who are not accessing care (those who lack insurance coverage or those who have coverage but are not accessing care)
	emiology and surveillance activities are currently conducted by your program? Please check all that apply.  Geocode case report data  Match STD case report data with HIV data to analyze syndemics / overlaps  Assess STD health care services in your jurisdiction to identify gaps in coverage  Assess safety net needs of at-risk populations who are not accessing care (those who lack insurance coverage or those who have coverage but are not accessing care)  Target prevention activities to highest-risk populations
	emiology and surveillance activities are currently conducted by your program? Please check all that apply.  Geocode case report data  Match STD case report data with HIV data to analyze syndemics / overlaps  Assess STD health care services in your jurisdiction to identify gaps in coverage  Assess safety net needs of at-risk populations who are not accessing care (those who lack insurance coverage or those who have coverage but are not accessing care)  Target prevention activities to highest-risk populations  Publish and disseminate data on a health department Web site at least annually

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TEs, countime and p	like to know about recent changes to the size and composition of your STD workforce. To calculate t a full-time employee as 1 FTE, a half-time employee as a 0.5 FTE, etc. Please include ALL regular full-art-time employees, but <i>DO NOT</i> include contractors. If an employee is shared with another health it program, count only the time devoted to STD activities.
low many	FTEs are in your current STD workforce?
0	Approximate number:
0	I don't know
	rogram experience changes in staffing levels during the 2012 fiscal year?
	e indicate the net change in FTEs.
0	Net decrease of FTEs
0	Net <u>increase</u> of FTEs
0	No staffing change in the 2012 fiscal year
	I don't know

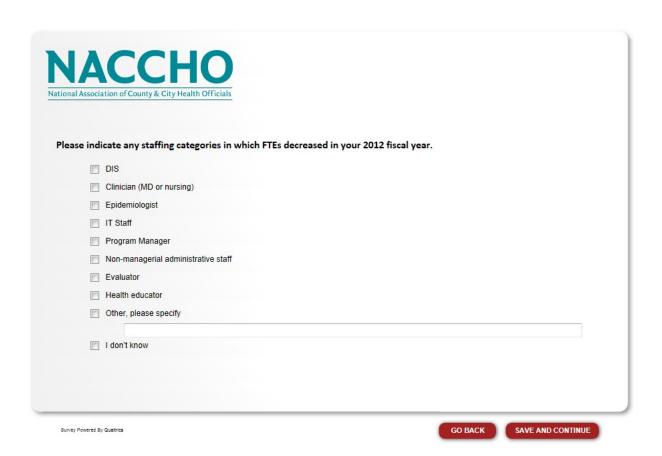
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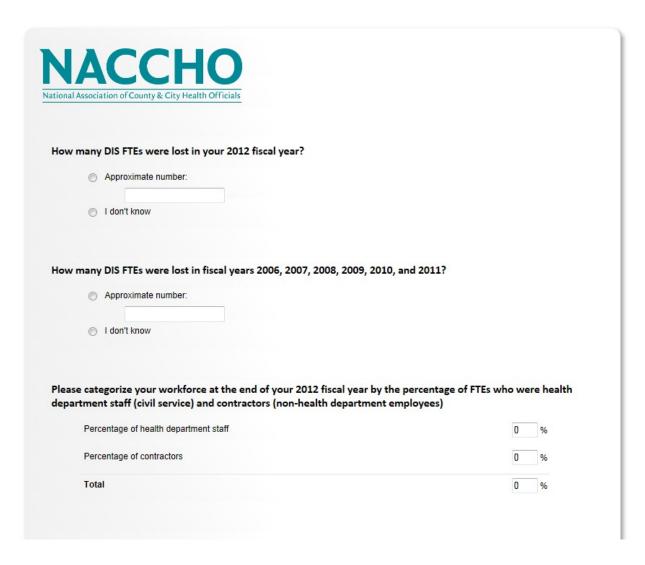
Did your program experienced changes in staffing levels during your 2006 through 2011 fiscal years (i.e., fiscal years 2006, 2007, 2008, 2009, 2010, and 2011)?

If so, please indicate the approximate net change in FTEs.

Net decrease of FTEs

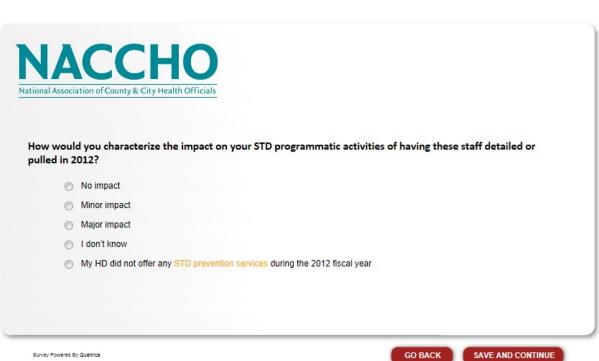
No staffing change
I don't know





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0	Decreased
(	Stayed about the same
(	I don't know
Were an	y STD program FTEs detailed or pulled for non-STD-related activities during your 2012 fiscal year (e.g., to
provide s	surge capacity for non-STD outbreak responses, adverse events, or other health emergencies)?
(	Yes
(	No No
(	I don't know
(	My HD did not offer any STD prevention services during the 2012 fiscal year





The next set of questions asks about your STD program budget. This refers to funds available for STD prevention from government sources. It may include sources such as HIV/AIDS funds intended for use in the STD program if they are from a governmental entity, and may also include any one-time funds you received in the time periods noted below. Please do not include any private grants that your program may have received.

Does your financial system allow you to separate the STD program budget or specific STD line-item expenditures from your overall budget?

- Yes
- ⊚ No
- I don't know

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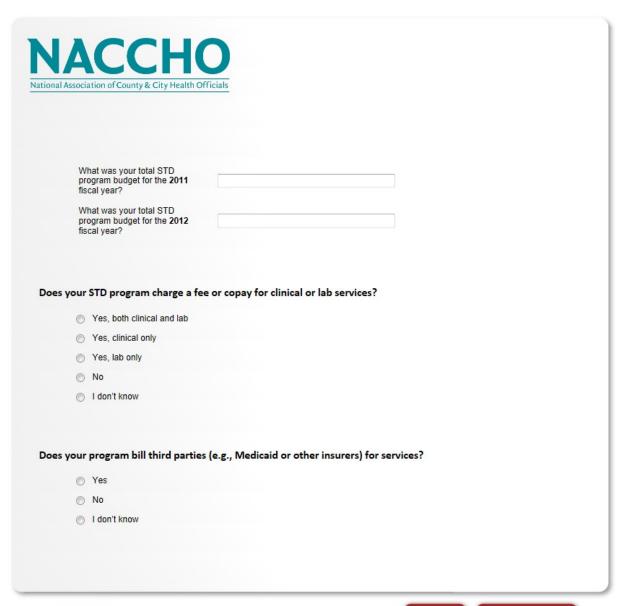


Can you provide reasonable estimates of your STD program budget or specific STD line-item expenditures for your current and last fiscal years?

- Yes
- No

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	and the same of th
ease inc	icate the reason(s) your STD program does not bill for third party reimbursement. Please check all that apply.
	State/local laws do not allow for third-party billing
	Health department policy does not allow for third-party billing
	STD program does not have enough staff to handle reimbursement process
	STD program does not have a billing system available to handle billing and reimbursement.
	Historical precedent for offering free services
	Other,please explain:
om wha	t payer(s) does your program bill or collect fees? Please check all that apply.
	Patients via a fee, copay, or sliding scale
	Patients via a fee, copay, or sliding scale  Medicaid
	Medicaid
	Medicaid Other insurance

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Yes—all revenue remains with the clinic
Yes—part of the revenue remains with the clinic
No     No
○ I don't know
back to any cuts to your STD program in <u>your 2011 or 2012 fiscal year</u> . Have these cuts negatively impacted ammatic activities in any of the following ways? Please check all that apply.
Our STD program did not have any cuts in the 2011 or 2012 fiscal years
STD program was eliminated
Reduced clinical services
Specialty STD clinic closures
Fewer clinic hours
Reduction in routine screening
Initiated or increased patient fees or co-pays
☐ Initiated patient fees or co-pays for clinical services
Increased existing fees or co-pays for clinical services
Reduced partner services
Fewer early syphilis cases followed-up for treatment
Reduced partner services for early syphilis
Fewer STD cases (other than early syphilis) followed-up for treatment
Fewer partner services for chlamydia, gonorrhea , or other STD cases
Although our health department experienced budget cuts, programs were not negatively impacted in any of the above ways
Other, please specify:
☐ I don't know if budget cuts have caused any of the above negative impacts

ional Association of County & City Health Officials	
low many Specialty STD clinics have closed	since the beginning of your <u>2011 fiscal year?</u>
Number of STD Clinics	
<ul> <li>I cannot provide this information</li> </ul>	
lease describe the changes in your partner	services or follow-up procedures for syphilis, gonorrhea, and chlamydia.
lease describe the changes in your partner	services or follow-up procedures for syphilis, gonorrhea, and chlamydia.
lease describe the changes in your partner	services or follow-up procedures for syphilis, gonorrhea, and chlamydia.
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lease describe the changes in your partner	services or follow-up procedures for syphilis, gonorrhea, and chlamydia.

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	Cuts were made across the board	
E	Cuts were designed to preserve clinical services to the greatest extent possible	
E	Cuts were dictated by changes in staffing	
E	Cuts were determined using other criteria	
E	Other, please specify:	
E	] I don't know	
	scribe your program's greatest success in your 2012 fiscal year.	
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lational Asso	ociation of County & City Health Officials  ou for responding to this data collection. Please hit submit to officially record your respo	nses.