

ATTACHMENT C: Screen Shot of DIS IPS Assessment

Assessment of Internet Partner Services Activities II

1. Assessment of Internet Partner Services (IPS) Activities in STD Programs

Form approved
OMB No. 0920-0879
Expiration Date 03/31/2014

Thank you for agreeing to participate. This assessment was developed to help the CDC Division of STD Prevention better understand the current status of IPS activities nationwide. The information in this assessment will be used to help identify technical assistance needs and future training opportunities. The assessment should take no more than 25 minutes to complete and your participation is completely voluntary. All information obtained from your responses will be kept secure and you may opt to complete the assessment anonymously. Aggregate data may be shared broadly through publications or other methods, such as webinars or training, but site- or individual - specific data will only be shared with permission from the site or individual. If you have any questions or comments about this assessment, you may contact Frank Strona at FHS3@cdc.gov or 415-355-2016

For the purposes of this assessment, we have defined IPS as the use of the internet and other technologies (e.g. texting) to conduct partner services, including partner notification (PN), and/or for record searches and gathering personally identifiable information for STD/HIV prevention and control purposes.

IPS activities do not include outreach or outreach activities such as recruitment to testing and screening events, promotion of health resources, etc.

Public reporting burden of this collection of information is estimated to average 25 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. 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

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2. Participant Information

*** 1. Please take a moment to share the following:**

Health Department:

Job Title:

State:

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2. Participant Information



* 1. Please take a moment to share the following:

Health Department:

TEST

Job Title:

AGAIN

State:

- select state --
- ✓ AL Alabama
- AK Alaska
- AS American Samoa
- AZ Arizona
- AR Arkansas
- CA California
- CO Colorado
- CT Connecticut
- DE Delaware
- DC District of Columbia
- FM Federated States of Micronesia
- FL Florida
- GA Georgia
- GU Guam
- HI Hawaii
- ID Idaho
- IL Illinois
- IN Indiana
- IA Iowa
- KS Kansas
- KY Kentucky
- LA Louisiana
- ME Maine
- MH Marshall Islands
- MD Maryland

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3. About Program IPS Services

2. In which of the following divisions of your Health Program, does IPS operate within?

- HIV
- STD
- Combined HIV/STD

Other (please specify)

3. Does your program currently conduct IPS?

- Yes
- No

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4. About Your Protocols & Guidelines

4. Does your program have a written IPS protocol?

- Yes
- No
- Don't Know

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5.

5. Was the IPS protocol written in response to a CDC funded requirement?

- Yes
- No
- Don't Know

6. Are you currently following the Protocol?

- Yes
- No
- Don't Know

7. What guidelines were they based on? (Select one)

- NCSN National Guidelines for Internet-based STD & HIV Prevention
- Not based on other guidelines
- Don't know
- Other STD program (please specify)

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6. How Does Your Site Offers IPS

8. For which infections does your program offer IPS? (Check all that apply)

- HIV
- Syphilis
- Chlamydia
- Gonorrhea

Other (please specify) or additional comments

9. Which staff in your program conduct IPS? (Check all that apply. We understand that staff may have duplicate roles. Please check the answer that most similarly matches the job titles of those conducting IPS)

- Community Health/Outreach Workers
- DIS, CDI, or similar position
- Program Supervisors/Managers
- All of the above
- None of the above, IPS is conducted by an outside organization such as a CBOs
- Other (please specify)/Additional Comments

10. Are you one of the people in your program who conducts IPS?

- Yes
- No

11. Which of the following are part of your program's IPS activities? (Check all that apply)

- Case report investigations (eg. Following up on positive tests, assuring treatment)
- Record searches
- Field investigation (locating and notifying patients)
- Linking and referring patients to care and services
- Partnership development with key stakeholders (labs, Drs., venues)
- Other (please specify)/Additional Comments

12. By checking yes or no, which of the following can you do?

	Yes	No
Access sexually explicit sites like AdultAdm to gather information for PIN?	<input type="checkbox"/>	<input type="checkbox"/>
Create IPS- or health department- related profiles on sexually explicit sites?	<input type="checkbox"/>	<input type="checkbox"/>
Use sexually explicit sites for partner notification?	<input type="checkbox"/>	<input type="checkbox"/>
Access social networking sites like Facebook to gather information for PIN?	<input type="checkbox"/>	<input type="checkbox"/>
Create profiles on social networking sites?	<input type="checkbox"/>	<input type="checkbox"/>
Use social networking sites like Facebook for partner notification?	<input type="checkbox"/>	<input type="checkbox"/>
Send emails from work email address for partner notification?	<input type="checkbox"/>	<input type="checkbox"/>
Access an electronic partner services program like InSpot?	<input type="checkbox"/>	<input type="checkbox"/>
Use texting (via SMS or short message system) for partner notification?	<input type="checkbox"/>	<input type="checkbox"/>
Use mobile applications like Grindr to gather information for PIN?	<input type="checkbox"/>	<input type="checkbox"/>
Use mobile applications like Grindr for partner notification?	<input type="checkbox"/>	<input type="checkbox"/>
Access sites like LetusNexus, Account or the DMV records to gather information for PIN?	<input type="checkbox"/>	<input type="checkbox"/>

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7. About IPS Related Venues

13. Which "online" venues does your program currently use for IPS? (Check all that apply)

- Facebook/MySpace
- Twitter
- GPS check in sites (e.g. Foursquare)
- Social/sexual GPS applications (e.g. Scruff, Grindr)
- Adult social/sexual websites (e.g. Manhunt, Adam4Adam, BlackGayChat)
- Dating sites such as Match, eHarmony, OKCupid
- Other (please specify)/Additional Comments

14. Are there any sites you are prohibited from using?

- Yes
- No

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8.

15. Has your IPS profile ever been disabled or banned by an online venue/website?

Yes

No

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9. About Texting for IPS



16. Which of the following texting/SMS methods do you use for IPS? (Check all that apply)

- Personal mobile phone
- Program-supported mobile phone
- Online-based texting from a computer, laptop or tablet
- None, we do not use texting/SMS for IPS
- Other (please specify)

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10. About IPS Access



17. In the past 12 months, which of the following barriers have you encountered related to conducting IPS? (Check all that apply)

- Old equipment/computers
- Prohibited from accessing to sites by local program policy
- Prohibited from accessing site by IT policy
- Prohibited from accessing site by firewall blockages
- Considered low priority/low yield activity for DIS
- Lack of training to conduct IPS
- Belief that IPS negatively impacts DIS performance measures
- Resistance/lack of support from program leadership
- Resistance/lack of understanding from other staff
- Lack of staffing
- Legal issues
- Have not experienced any barriers
- Other (please specify)

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11. About IPS Training

18. Have you ever participated in any informal or formal IPS-related training?

Yes

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19. What were some of the IPS-related trainings you participated in?

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20. Would you be interested in future IPS trainings?

Yes

No

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14.

21. Which of the following training methods would you prefer?
(Please rank with 1 = most preferred to 5 = least preferred)

	Most preferred				Least preferred
Trainings at a conference or meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conference Call	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-line/Web-Based Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Webinars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-house training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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15. About IPS Data Collection

22. Has your program conducted an assessment of community acceptability of IPS?

- Yes
 No
 Don't know

Additional Comments

23. What data management system does your program currently use for case management? (e.g., STD*MIS, PRISM, MAVEN, etc..)

24. Are there IPS specific data fields in your data management system?

- Yes
 No
 Don't Know

25. Are your IPS data analyzed?

- Yes
 No
 Don't Know

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16.



27. Which of the following IPS-related data variables does your program collect? (Check all that apply)

- Number of Internet cases (cases involving your use of the Internet for PN)
- Number of Internet cases that become "traditional" cases, that is cases with locating information such as an address or phone number
- Number of text messages sent
- Number of emails/posts sent
- Number of websites used
- Number of contacts examined via self-report
- Number of contacts treated via self-report
- Number of contacts examined (verified)
- Number of contacts treated (verified)
- Timeliness of IPS investigations
- Don't know
- Other (please specify)/Additional Comments

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17. About IPS Quality



28. Overall, how would you rate the quality of your IPS program over the last 12 months?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Very Poor

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29. What suggestions would you like to make to further improve the quality and impact of your IPS program?

30. Any additional information related to IPS that you would like to share?

31. We in the process of revising and creating new materials related to IPS. We may like to follow up with you in the future. By providing us with your name and email address here - you are giving us permission to contact you.

Name:

Email Address:

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19. Thank You



Thank you for taking the time to complete this assessment.

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Done

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4.



4. If "No", has your program ever conducted IPS?

Yes

No

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5.

5. If "No", why has IPS never been conducted? (check all that apply)

- lack of funding
- lack of staff/not enough staff
- no trained staff
- leadership resistance/lack of interest
- staff resistance/lack of interest
- legal issues
- Other/Additional Comments

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5.

5. If "Yes", why was IPS discontinued? (check all that apply)

- Lack of funding
- Lack of staff/not enough staff
- No trained staff
- Leadership resistance/Lack of Interest
- Staff resistance/lack of interest
- Legal issues

Other/ Additional Comments

Other/ Additional Comments

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6. Final Comments

6. We in the process of revising and creating new materials related to IPS. We may like to follow up with you in the future. By providing your name and email address here - you are giving us permission to contact you.

Name:

Email Address:

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