

Introduction

The National Association of County and City Health Officials (NACCHO) and the National Coalition of STD Directors (NCSDD), with funding and support from the Centers for Disease Control and Prevention (CDC), are conducting this assessment to enumerate the number of STD/HIV Disease Intervention Specialist (DIS) positions within the U.S. public health workforce and to assess STD/HIV DIS workload and capacity and how often DIS are utilized outside of health department STD/HIV programs. This information is being collected to inform a CDC-led effort to develop a national certification program for DIS. Your participation in this assessment is critical to the development of a certification program that meets the needs of DIS, health departments, and other partners and stakeholders across the country.

This assessment is being conducted among a mix of state, territorial, and local health departments. The assessment should be completed for the jurisdiction your health department has responsibility for; if you are a state or territorial health department, the scope of the assessment is the entire state or territory and if you are a local health department, the scope of the assessment is your local jurisdiction.

Click the Next button to advance to the assessment instructions.

Instructions

Before you begin the assessment, please review the criteria for STD/HIV DIS enumeration (see page 2). The assessment should take approximately 20 minutes to complete. Once you begin the assessment, you will be able to save and continue at a later time. To ensure the most accurate and up-to-date information is provided, we encourage you to consult with your colleagues, including those in district, regional, and local offices and departments (if applicable).

For State Health Departments ONLY: It is understood that the information requested in this assessment may not be readily available at the state level. In such cases, it is encouraged that you consult with your colleagues to determine if there is a feasible way for the state health department to gather this information. You will be asked at the beginning of the assessment to confirm whether it is possible for the state to provide a reasonable estimate of the total number of DIS positions.

If you have any questions, please contact Gretchen Weiss, Director of HIV, STI, & Viral Hepatitis at NACCHO or Kelly Mayor, Director of Operations at NCSDD.

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gweiss@naccho.org
202-507-4276

Kelly Mayor
kmayor@ncsddc.org
202-842-4660

By clicking the Begin button, you are providing your consent to voluntarily participate in this activity.

CDC estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

Criteria for STD/HIV DIS Enumeration

For the purpose of this assessment, DIS refers to a number of non-licensed public health job titles and classifications that perform a similar scope of work and require similar knowledge and skills.

Functions and Programmatic Areas of Work

The functions and responsibilities of STD/HIV DIS include a broad scope of disease investigation and client interviewing activities. Other activities performed by DIS include partner services, contact tracing, field investigation in outbreaks and emergency preparedness, community outreach, collaboration with healthcare providers and navigation of healthcare systems, and collection of enhanced surveillance and community assessment data.

Inclusions and Exclusions

- Include all DIS that support your health department's STD and HIV programs.
- Include the total number of positions/individuals who function as DIS, not the total FTE.
- Include individuals regardless of their employment category (i.e., full-time, part-time, contract).
- Include individuals regardless of the funding source(s) that supports the position.
- Include all filled and unfilled DIS positions.
- **For State Health Departments ONLY:** Include all DIS positions as defined above, including those at the local, district, regional, and state level, as well as health department-funded DIS positions that work in a community health center or other setting (i.e., community-embedded DIS, or CEDIS).
- **For Local Health Departments ONLY:** Include all DIS positions as defined above, including health department-funded DIS positions that work in a community health center or other setting (i.e., community-embedded DIS, or CEDIS).
- Do not include community health workers, epidemiologists, and public health nurses.
- Do not include federal assignees, such as Public Health Advisors and Public Health Associate Program (PHAP) associates.
- Do not include DIS supervisors in the count of DIS positions. There will be a separate question for enumerating the number of DIS supervisor positions.
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1. Is your health department's STD program combined or integrated with other health department programmatic areas? (Select all that apply)

- No, STD program is not combined with other health department programs.
- Yes, STD program is combined with the HIV program.
- Yes, STD program is combined with the TB program.
- Yes, STD program is combined with the hepatitis program.
- Yes, STD program is combined with other programs not mentioned in the choices above.

If you are a state health department, please answer question, 2. If you are a local health department, please skip questions 2-3 and proceed to question 4.

2. Is your health department able to provide, with relative certainty, the total number of STD/HIV DIS positions within the state?

- Yes
- No → *if checked, skip questions 3-20*

For states with a city or county health department that receives direct funding from the CDC for STD and/or HIV prevention, please answer questions 3. Otherwise, go to question 4.

*States that should answer question 3 are **California** (Los Angeles and San Francisco), **Georgia** (Fulton County), **Illinois** (Chicago), **Maryland** (Baltimore), **New York** (New York City), **Pennsylvania** (Philadelphia), and **Texas** (Houston).*

3. Will your state enumeration include DIS positions supported by the city or county health department?

(If "No" is selected, this assessment will be sent directly to the city or county health department for enumeration of the DIS positions within their jurisdiction.)

- Yes, DIS positions supported by the city or county health department will be included in the number of DIS positions provided in response to this assessment
- No, DIS positions supported by the city or county health department will not be included in the number of DIS positions provided in response to this assessment.

4. What is the total number of STD/HIV DIS positions within your health department?

(Please provide whole numbers only; no decimals, commas, or spaces)

5. Approximately how many STD/HIV DIS positions within your health department are currently filled?

(Please provide whole numbers only; no decimals, commas, or spaces)

6. Are the numbers of DIS positions (total positions and currently filled) provided based on actual health department record or your best estimate?

- Actual health department record
- Best estimate
- Other (please specify): _____

7. **Over the past five years, approximately how many STD/HIV DIS positions has your health department hired per year?** *For the purpose of this question, you do not need to distinguish between hiring for vacant positions or for new positions.*
(Please provide whole numbers only; no decimals, commas, or spaces)
- _____

8. **Over the past five years, approximately how many STD/HIV DIS have vacated their positions?**
(Please provide whole numbers only; no decimals, commas, or spaces)
- _____

9. **Of the vacated positions, what was the average tenure of the DIS, in years?**
(Please provide whole numbers only; no decimals, commas, or spaces)
- _____

Not sure

10. **If you would like to share additional information related to DIS hiring, turnover, and tenure, please do so in the space below.**
- _____

11. **Within health departments, a number of job titles and classifications are used for DIS. From the list below, please select the three most commonly used titles or classifications for DIS in your health department.** (Select up to three.)

- Behavioral Intervention Specialist
- Care Specialist
- Communicable Disease Investigator
- Communicable Disease Representative
- Communicable Disease Specialist
- Disease Control Investigators
- Disease Intervention Specialist (DIS)
- Disease Prevention Specialist
- HIV/STD Counselor
- HIV/STD Program Manager
- Linkage to Care Coordinator
- Public Health Advisors
- Public Health Associate
- Public Health Inspector
- Public Health Program Representative
- Senior Health Program Representative
- STD Health Navigator
- Testing and Referral Coordinator
- Other (please specify): _____

If you are a state health department, please answer question 12. If you are a local health department, please skip question 12 and proceed to question 13.

12. Is your health department able to provide, with relative certainty, the total number of STD/HIV DIS supervisor positions within your health department?

- Yes
- No → *if checked, skip questions 13-15*

13. What is the total number of STD/HIV DIS supervisor positions within your health department? *(Please provide whole numbers only; no decimals, commas, or spaces)*

14. Is the number of STD/HIV DIS supervisor positions provided based on actual health department record or your best estimate?

- Actual health department record
- Best estimate
- Other (please specify): _____

15. Is the total number of STD/HIV DIS supervisor positions in your health department sufficient to effectively manage the DIS in the health department?

- Yes
- No
- Not sure

DIS Workload and Capacity

In addition to enumerating the number of STD/HIV DIS positions within the U.S. public health workforce, it will also be helpful for the purpose of developing a national certification program to know more about DIS workload and capacity. The questions in this section are intended to expand our understanding in these areas. We recognize that some of these questions may be challenging to answer in absolutes and that responses may be educated estimates. This information will not be directly used to make programmatic or funding decisions, but will add to the knowledge base for certification program development, and overall efforts to support the DIS workforce. There will be an open text box for comment at the end of the assessment, so that you can share additional or explanatory information. We appreciate your effort to answer these questions.

16. In a typical year, what is the approximate distribution of the STD/HIV DIS workload across the program areas listed below?

For State Health Departments Only: It is not possible for the state health department to provide a reasonable estimate of the DIS workload across the state. (Check box)

Program Area	Number of Cases	Percent of Time <i>Must not exceed 100%</i>
STD/STI		
HIV		
TB		
Other communicable diseases		

Other program areas		
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17. Over the past five years, has there been a public health emergency or other situation that resulted in your STD/HIV DIS being utilized to support other activities?

- Yes → *if checked, go to question 18*
- No → *if checked, skip question 18*
- Not sure → *if checked, skip question 18*

18. Please briefly describe the situation(s). Particular points of interest include how much of the STD/HIV DIS workload was directed to the other program area and if any staffing adjustments might have been made to help fill gaps, such as DIS supervisors performing DIS work.

19. Is the size of your current STD/HIV DIS workforce sufficient to meet your STD/HIV program's requirements or expectations for partner services/outreach services and linkage to care?

- Yes → *if checked, skip question 20*
- No → *read instructions in following note in red*
- Not sure → *if checked, skip question 20*
- For State Health Departments Only:** Given variations across local jurisdictions, it is not possible for the state health department to reasonably answer this question. → *if checked, skip question 20*

For respondents who reported fewer currently filled positions (in question 5) than the total number of positions in the health department (in questions 4) AND indicated that their DIS workforce is not sufficient ("No" for question 19), answer question 20. Otherwise, go to question 21.

20. Would the size of the STD/HIV DIS workforce be sufficient to meet your STD/HIV program's requirements or expectations for partner services/outreach services and linkage to care if all currently unfilled DIS positions were filled?

- Yes
- No
- Not sure
- For State Health Departments Only:** Given variations across local jurisdictions, it is not possible for the state health department to reasonably answer this question.

21. Please use the space below if there is anything else you would like to share or go into greater detail about.

Please confirm the information below for the person primarily responsible for completing this assessment:

Attachment B. Instrument: Word Version

Name: _____
E-mail address: _____
Job title: _____

Please click the Submit button to record your responses.

Thank you for your participation in this assessment.

For State Health Departments that selected “No” for question 2 (Is your health department able to provide, with relative certainty, the total number of STD/HIV DIS positions within the state?), please read following note.

To assess the number of STD/HIV DIS positions in your state, NACCHO and NCSD will distribute this assessment to a sample of local health departments in your state. Once the data has been collected and summarized, NACCHO and NCSD will share the assessment findings in aggregate form only with all assessment participants.