



Form approved:
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Assessing STD Programs and Services in Health Departments

Local Health Department Survey

Introduction and Instructions

The National Association of County and City Health Officials, with funding and support from the Centers for Disease Control and Prevention's Division of STD Prevention, are conducting this survey to assess the level of publicly funded STD prevention services offered by health departments in the United States. Provision of STD testing, treatment, and partner services are among the core functions of public health. Your participation in this survey will contribute to a better understanding of the current state of publicly funded STD programs and services, and support our ability to track these services over time. Additionally, the information collected via this survey will be used to support and promote the role of health department STD programs.

The survey should take approximately 15 minutes to complete. After beginning the online survey, you can save your responses and continue the survey at a later time, if necessary. We encourage you to preview this PDF of the survey before beginning, and to consult with your colleagues, as needed, to ensure the most accurate and up-to-date information is provided.

Your responses should be answered on behalf of your local health department and jurisdiction served. A separate survey will be administered with the state health department.

Thank you in advance for your time and attention to this assessment. If you have any questions, please contact Kat Kelley, Program Analyst, HIV, STI, and Viral Hepatitis at kkelley@naccho.org or 202-507-4223.

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing 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 information collection, 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).

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

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BEGIN

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STD Program Background and Structure

Does your health department have an STD program?

For the purpose of this survey, STD program is defined as having at least some staff or funding for STD prevention activities.

STD prevention activities include STD clinical services, partner services, or activities such as public health detailing or provider visitation for STDs.

Yes

No

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If the respondent selects “Yes” proceed to the next question. If the respondent selects “No,” skip to “Is there a clinic in your jurisdiction that provides safety net STD services?”

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Is your STD program combined or integrated with an HIV program?

Yes, the STD program is fully integrated with an HIV program.

Yes, the STD program is partially integrated with an HIV program.

No

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STD Clinical Services

Is there a clinic in your jurisdiction that provides **safety net STD services**?

Safety net STD services refers to the provision of affordable care for uninsured or underinsured persons.

Yes
 No
 Unsure

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If the respondent selects “Yes” proceed to the next question. If the respondent selects “No” or “Unsure,” and also answered “No” to “Does your health department have an STD program?” skip to “Before submitting your responses, is there anything else you would like to share?” If the respondent selects “No” or “Unsure,” and answered “Yes” to “Does your health department have an STD program?” skip to “Currently, does your STD program provide partner services by health department staff?”

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What is the **primary** point of care for **safety net STD services** in your jurisdiction? If there are **multiple clinics that provide safety net STD services, please select the clinic that diagnoses the most STDs, which can include your health department’s clinic.**

Specialized STD clinic
 Family planning clinic
 Combination STD/family planning clinic
 Federally-qualified health center (FQHC)
 General public health clinic
 University-affiliated health clinic
 Other, please specify:

Does your jurisdiction's primary source of **safety net STD services set time aside for same day appointments for persons with STD symptoms or whose partner has a STD?**

Yes

No

Unsure

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If the respondent selects "Yes" proceed to the next question. If the respondent selects "No" or "Unsure," skip to "What STD/HIV services are provided at your jurisdiction's primary source of safety net STD services? Select all that apply."

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Roughly what percent of the daily visits are same day appointments for persons with STD symptoms or whose partner has a STD?

If it is a drop-in clinic with 100% same day appointments, please write in "100."

	Percent	Unsure
Percent of daily visits that are same day appointments	<input type="text"/>	<input type="checkbox"/>

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What STD/HIV services are provided at your jurisdiction's primary source of [safety net STD services](#)? Select all that apply.

Vaccination

- HBV vaccination
- HPV vaccination

STD Tests

- Darkfield microscopy
- Stat (on-site) RPR testing
- Stat (on-site) Gram stain testing for symptomatic men
- Stat (on-site) methylene blue/gentian violet (MB/GV) stain microscopy for symptomatic men
- Stat Wet mount with KOH preparation
- Extra-genital chlamydia and/or gonorrhea testing
- Gonorrhea culture
- Pap testing

STD Treatment

- Ceftriaxone 250 mg. (on-site)
- Benzathine penicillin G (Bicillin-LA) 2.4 million units (on-site)
- [Expedited partner therapy \(EPT\)](#) for chlamydia
- [EPT](#) for gonorrhea

HIV

- HIV testing
- HIV pre-exposure prophylaxis (PrEP) risk assessment and education
- Provision of PrEP (patients return for routine testing associated with the ongoing provision of PrEP)
- Initiate PrEP (patients provided with starter pack and linked to PrEP provider)
- Referral to PrEP provider
- Provision of non-occupational post-exposure prophylaxis for HIV (nPEP)

None of the above

- None of the above

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If respondent selects “Provision of PrEP (patients return for routine testing associated with the ongoing provision of PrEP)” proceed to the next question. If respondent does not select this option, skip to “Currently, does your STD program provide partner services by health department staff?”



Does your jurisdiction's primary source of **safety net STD services provide ongoing monitoring for patients on PrEP as part of the provision of PrEP?**

Ongoing monitoring includes STD/HIV testing every 3 months and assessing renal functioning every 6 months.

- Yes
- No
- Unsure

Is there a PrEP coordinator in either your health department or your jurisdiction's primary source of **safety net STD services?**

- Yes
- No
- Unsure

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STD Partner Services and Other Prevention Activities

Definition of Partner Services

Partner services refers to activities undertaken by the health department that are designed to lead to examination or treatment of partners of persons diagnosed with an STD. Partner services refers to health department staff proactively interviewing cases to facilitate getting partners examined and treated.

Informing patients to refer their partners for examination and treatment without further assistance is not considered to be partner services for the purposes of this survey.

Currently, does your STD program provide partner services by health department staff?

- Yes
- No
- Unsure

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If the respondent selects "Yes," proceed to the next question. If the respondent selects "No" or "Unsure," skip to "Does your STD program conduct public health detailing or provider visitation (i.e., health department staff or contractors visit clinical providers in your jurisdiction to market health department services or provide STD information and public health updates)?"



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Is your STD program **partner services** team integrated with other programs areas?

- Yes, partner services is integrated with HIV partner services
- Yes, partner services is fully integrated across disease areas (i.e., one partner services team that covers all disease areas)
- No, there are separate partner services teams for each program area (i.e., STD and HIV)

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Currently, what diseases and populations do you prioritize to **routinely** conduct **partner services**?

Select all that apply.

Syphilis

- Syphilis cases (all stages of syphilis)
- Early syphilis cases
- Male primary and secondary syphilis cases
- Female primary and secondary syphilis cases
- Syphilis among pregnant women
- Other, please specify:

Gonorrhea

- Gonorrhea cases (all subgroups)
- Gonorrhea among men who have sex with men (MSM)
- Gonorrhea among MSM with HIV
- Gonorrhea among pregnant women
- Other, please specify:

Chlamydia

- Chlamydia among pregnant women
- Other, please specify:

Other

- Please specify:

None of the above

- None of the above



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Does your health department use any of the following staff as the main provider of **partner services**? Select all that apply.

- Disease Intervention Specialists (DIS)/Communicable Disease Investigators (CDI), or another position title/classification that is used for DIS/CDI
- Public health nurses
- Other, please specify:
- Unsure

Are any of the following staff used to support **partner services**, such as at times when the main provider is unavailable or has a full case load? Select all that apply.

- Community health worker
- Patient navigator
- Other, please specify:
- None of the above
- Unsure

Does your STD program conduct any other types of **partner services**? Select all that apply.

- Expedited partner therapy (EPT) for chlamydia
- EPT for gonorrhea
- Field-delivered treatment for chlamydia or gonorrhea for cases who do not return for treatment
- Field-delivered treatment for chlamydia or gonorrhea for partners
- Internet partner services
- Serologic testing of syphilis contacts in the field
- Field HIV testing for STD contacts (finger stick or blood draw)
- Other, please specify:
- No other partner services are provided
- Unsure

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If respondent selects “Field HIV testing for STD contacts (finger stick or blood draw),” proceed to the next question. If respondent does not select this option, skip to “Do the staff in your STD program who are the main providers of partner services do any of the following activities? Select all that apply.”

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Does your STD program link persons who test positive for HIV during **partner services** field testing to HIV care?

- Yes
- No
- Unsure

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If respondent selects “Yes” proceed to the next question. If respondent selects “No” or “Unsure,” skip to “Do the staff in your STD program who are the main providers of partner services do any of the following activities? Select all that apply.”



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How are newly diagnosed HIV patients linked to care when diagnosed via field testing? Select all that apply.

- Give patient a referral
- Call the HIV program/case managers
- Transport or facilitate transport to HIV care provider (e.g., given transportation vouchers)
- Make appointment with HIV care provider (no follow-up to confirm appointment is kept)
- Make appointment with HIV care provider (follow-up to confirm appointment is kept)
- Other, please specify:
- Unsure

Who are the primary staff person(s) that link newly diagnosed HIV patients to care when diagnosed via field testing?

- DIS/CDI
- Public health nurse (nurse who works out in field)
- Other nurse or mid-level clinical staff (in clinic setting)
- Community health worker
- Patient navigator
- Other, please specify:
- Unsure

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Do the staff in your STD program who are the main providers of partner services do any of the following activities? Select all that apply.

- Enroll or facilitate enrollment into health insurance
- Connect people to routine health care
- Refer patients to mental health and/or substance abuse services
- Refer or offer to link patients to other sexual health services (e.g., pregnancy testing, contraception)
- Conduct enhanced surveillance activities (e.g., survey administration, chart abstraction)
- Participate in outbreak response and emergency preparedness activities
- None of the above

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Does your STD program conduct public health detailing or provider visitation (i.e., health department staff or contractors visit clinical providers in your jurisdiction to market health department services or provide STD information and public health updates)?

- Yes
- No
- Unsure

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If respondent selects “Yes” proceed to the next question. If respondent selects “No” or “Unsure,” skip to “In calendar year 2016, how many FTEs, including contractors, were in your STD workforce?”

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In 2016, what types of providers did your STD program visit or provide public health detailing? Select all that apply.

- Family planning providers
- Correctional health care providers
- HIV care providers
- Providers in federally-qualified health centers (FQHCs)
- Private practice providers
- Providers in school-based clinics
- Providers in emergency departments or urgent care
- Other, please specify:
- Unsure

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If respondent selects “Private practice providers” proceed to the next question. If respondent does not select this option, skip to “In calendar year 2016, how many FTEs, including contractors, were in your STD workforce?”

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What types of private practice providers were visited? Select all that apply.

- Primary care
- Family medicine
- Pediatrics
- Adolescent medicine
- Obstetrics/Gynecology
- Other, please specify:
- Unsure

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STD Program Workforce and Impact of Budget Cuts on STD Services

Instructions
<p>We would like to know about recent changes to the size and composition of your program's STD workforce during calendar year 2016. To calculate full-time equivalents (FTEs):</p> <ul style="list-style-type: none"> Count a full-time employee as 1 FTE, a half-time employee as a 0.5 FTE, etc. Include <u>all</u> regular full-time and part-time employees, <u>including contractors</u>. If an employee is shared with another health department program, count only the time devoted to STD activities. Do <u>not</u> include federal assignees, such as Public Health Advisors and Public Health Associate Program (PHAP) associates.

In calendar year 2016, how many FTEs, including contractors, were in your STD workforce?

	Number of FTEs	Unsure
Current STD workforce	<input type="text"/>	<input type="checkbox"/>

Did your STD program experience a change in staffing levels during calendar year 2016?

- Yes, there was a net decrease in staffing levels.
- Yes, there was a net increase in staffing levels.
- No, there was no change in staffing levels.
- Unsure

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If respondent selects “Yes, there was a net decrease in staffing levels,” or “Yes, there was a net increase in staffing levels,” proceed to the next question. Respondents who select “Yes, there was a net decrease in staffing levels” will also answer “Please indicate any staffing categories in which FTEs, including contractors, decreased in calendar year 2016. Select all that apply,” while respondents who select “Yes, there was a net increase in staffing levels” will skip this question. If respondent selects “No, there was no change in staffing levels” or “Unsure,” skip to “What percentage of your current STD workforce are DIS/CDI?”

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Please provide the number of FTEs gained or lost.

FTEs gained or lost

Please indicate any staffing categories in which FTEs, including contractors, decreased in calendar year 2016. Select all that apply.

- DIS/CDI
- Clinician (MD or nursing)
- Epidemiologist
- IT staff
- Program manager
- Non-managerial administrative staff (i.e., administrative and clinical support staff)
- Health educator
- Community health worker/patient navigator
- Other, please specify:
- Unsure

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If respondent selects "DIS/CDI," proceed to the next question. If respondent does not select this option, skip to "What percentage of your current STD workforce are DIS/CDI?"

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How many DIS/CDI FTEs were lost in calendar year 2016?

	Number	Unsure
DIS/CDI FTEs lost	<input type="text"/>	<input type="checkbox"/>

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What percentage of your current STD workforce are DIS/CDI?

	Percent	Unsure
Percentage of STD workforce that are DIS/CDI	<input type="text"/>	<input type="checkbox"/>

During calendar year 2016, were any of your STD workforce detailed or pulled for non-STD-related activities (e.g., to provide surge capacity for non-STD outbreak responses, adverse events, or other public health emergencies like Zika)?

- Yes
- No
- Unsure

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If respondent selects “Yes” proceed to the next question. If respondent selects “No” or “Unsure,” skip to “From January 2016 to the present, has the STD program had any budget cuts?”

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How would you characterize the impact on your STD programmatic activities of having these staff detailed or pulled?

- No impact
- Minor impact
- Major impact
- Unsure

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From January 2016 to the present, has the STD program had any budget cuts?

- Yes
- No
- Unsure

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If respondent selects “Yes” proceed to the next question. If respondent selects “No” or “Unsure,” skip to “Please describe your STD program’s greatest success in 2016. If possible, please include the impact of this success, such as impact on local STD rates/cases or the impact on quality of STD services in your jurisdiction.



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Have these cuts negatively impacted STD programmatic activities in any of the following ways? Select all that apply.

- STD program was eliminated

Reduced clinical services

- Specialized STD clinic closures
- Fewer specialized STD clinic hours
- Reduced hours available for STD care (at non-specialized STD clinics)

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
- Reduced partner services for early latent syphilis cases (including limiting to partners in the past 3-6 months vs. 12 months)
- Fewer STD cases (excluding early syphilis) followed-up for treatment
- Reduced partner services for chlamydia or gonorrhea

- Other, please specify:

- Although our health department experienced budget cuts, programs were not negatively impacted in any of the above ways.
- Unsure

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If respondent selects “STD program was eliminated,” skip to “Before submitting your responses, is there anything else you would like to share?” If respondent selects “Specialized STD clinic closures,” proceed to the next question. If respondent does not select either of these options, skip to “How did you determine which programmatic activities to cut? Select all that apply.”



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How many **specialized STD clinics** in your jurisdiction closed from January 2016 to present?

	Number	Unsure
Number of specialized STD clinics	<input type="text"/>	<input type="checkbox"/>

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How did you determine which programmatic activities to cut? Select all that apply.

- Cut or did not fill vacant positions
- Cuts were made **across the board**
- Cuts were designed to preserve clinical services to the greatest extent possible
- Cuts were made to contracts
- Other, please specify:
- Unsure

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Please describe your STD program's greatest success in 2016. If possible, please include the impact of this success, such as impact on local STD rates/cases or the impact on quality of STD services in your jurisdiction.

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Before submitting your responses, is there anything else you would like to share?

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Thank you for your time and effort to complete this survey. Please press SUBMIT to confirm your submission.

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SUBMIT