

Attachment F- EPP- In-Person Interview Guide STD Program Manager and STD Program Coordinator

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Instructions to Cloudburst Analyst: Read introduction, take notes, and ask permission to record interview.

Hello –

My name is _____ from The Cloudburst Group.

Thanks so much for taking the time to talk with me today. I am currently working with the Division of STD Prevention (or DSTDP) at CDC to assess the value, need, gaps, and impact of strategic partnerships between territorial and local health departments (LHD) with the highest STD morbidity (syphilis, chlamydia and gonorrhea) and their STD clinical partners. As part of this project, we previously conducted an online assessment to find out more about STD programs' resources, service delivery, and partner status and outcomes. As an extension of that assessment, you've been identified as someone who could help us learn more about partnerships. The findings will be used to inform LHD partnership building efforts to ensure effective strategies for achieving desired outcomes for priority STD clinical partnerships, and thereby, quality local STD services nationwide. Results of the in-depth assessments from these site visits in aggregate will be shared with other STD programs and CDC.

This interview will last no longer than 60 minutes. Your responses will be aggregated with the other interviews and all data will be shared in aggregate form. Is it ok if I record this interview just so that I can be sure to capture everything accurately?

Do you have any questions for me before we get started? [Record questions in transcript.]

Great, let's begin.

[\(Each of the sites receiving an in-person interview will receive a summary of the online assessment questions and their responses one week prior to the interview\)](#)

I sent you a summary of questions and your program's response from the online assessment in [add date here]. Hopefully, you had a chance to review it. Many of the questions I'll ask today build upon the questions and responses to the online assessment in an attempt to gain context, depth and clarity.

I will start by asking you some questions about your background and experience.

Section 1: Background and Experience

1. How long have you been with this organization? With the STD program in particular?
2. Could you please provide a brief description of your role with the organization?

3. How involved are you with partner organizations that provide STD clinical services (never, seldom, sometimes, or often?) The following services are considered STD clinical services:
 - Behavioral sexual risk reduction counseling /patient education
 - Community education/outreach
 - Expedited partner therapy
 - HCV testing
 - Hep B vaccine
 - HIV PrEP or PEP (referral, re-engagement, or actual meds/prescription provided)
 - HIV testing
 - HIV treatment (excluding PrEP and PEP)
 - HPV vaccine
 - Linkage to HIV care (referral to case manager/navigator for linkage or staff actually do it)
 - Partner services
4. Tell me about some of your roles and responsibilities associated with your involvement as it relates to those partnerships.

(For each of the remaining interview questions, if there is a related online assessment question and program response, the interviewer will preface the interview question with a quick summary of the online assessment question and program response for context)

The next set of questions is about partnership selection and development.

Section 2: Partnership Selection and Development
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5. **[For respondents who indicated STD clinic closures on assessment]** What precipitated the STD clinical closures?
6. **[For respondents who indicated STD clinic closures on assessment]** How, if at all, have STD clinic closures (or reductions) affected partnership selection or development in the community?
7. **[For respondents who indicated STD clinic closures on assessment]** How were the top three STD clinical partnerships (that your program identified in the assessment) selected?
 - a. What was the selection process? What were the criteria?
8. **[For respondents who indicated budget cuts on assessment]** What precipitated the local STD program budget cuts?
9. **[For respondents who indicated budget cuts on assessment]** How, if at all, have local STD program budget cuts affected partnership selection or development?
 - a. What precipitated the local STD program budget cuts?

10. **[For respondents who indicated budget cuts on assessment]** How has your organization's ability to sustain STD clinical services for at-risk populations been affected by budget cuts?
11. Please describe the reasons for maintaining partnerships with the top three partners that your program identified in the assessment.
12. **[Only for respondents who indicated formal agreements in assessment]** In the assessment, your program identified that you have formal agreements with your top three STD clinical partnerships. How did your formal agreements come about?
13. What partner-specific guidelines, procedures, and protocols have you put in place for **developing** partnerships?
 - a. With which partners, and what policies/procedures/protocols?
 - b. **If there are none**, what do you use to guide your partnership development efforts?
14. What partner-specific guidelines, procedures, and protocols have you put in place for **sustaining** partnerships?
 - a. With which partners, and what policies/procedures/protocols?
 - b. **If there are none**, what do you use to guide your efforts to sustain partnerships after they are implemented?

Now I will ask you several questions about partnership contributions and outcomes.

Section 3: Partnership Contributions and Outcomes

Now I'd like you to provide some additional context around some of these answers that you provided on the assessment, related to your top three clinical partners.

15. What are some examples of how you use your partners' resources to fill in clinical gaps or address clinical needs from the assessment? Gaps are the ability to offer STD clinical services. The following services are considered STD clinical services:
 - Behavioral sexual risk reduction counseling /patient education
 - Community education/outreach
 - Expedited partner therapy
 - HCV testing
 - Hep B vaccine

- HIV PrEP or PEP (referral, re-engagement, or actual meds/prescription provided)
- HIV testing
- HIV treatment (excluding PrEP and PEP)
- HPV vaccine
- Linkage to HIV care (referral to case manager/navigator for linkage or staff actually do it)
- Partner services

- a. What, if any, clinical services would not occur if you did not have the top three clinical partnerships?
- b. What would you do if those partnerships were not in place?

16. What are the specific roles/contributions from each of your top three clinical partnerships?

- a. What type of feedback have you received from the priority clinical partners regarding their contribution to desired STD prevention outcomes?

17. How has your program used partnerships to meet desired STD clinical outcomes?

- a. To what extent have partnerships played a role in improving STD screening and positivity rates?

18. What are some examples of desired clinical outcomes you hope to achieve (or have achieved) with your top three partnerships?

19. How do you measure success with your top three clinical partnerships?

- a. What are some metrics/indicators that were used to measure success?
Examples of metrics/indicators are: number of people tested, increasing resources, number of people in treatment

- b. **If no metrics/indicators:** What are some of the barriers to developing metrics/indicators to measure success with your top three priority partnerships?

20. What type of feedback have you received from the priority clinical partners regarding their contribution to desired STD prevention outcomes?

Section 4: Partnership Effectiveness and Essential Constructs

[The last set of questions focuses on partnership effectiveness and essential constructs for your three top partnerships that you mentioned in the online assessment.]

21. How would you define “successful partnerships” as related to your top three STD clinical partnerships?
22. What specific successes were achieved as a result of your top three clinical partnerships? (besides those mentioned above)
23. Which, if any, of your top three clinical partnerships have not worked well, and/or have been unsuccessful in any way?
 - a. What are the barriers, if any, to developing and/or maintaining your top three STD clinical partnerships for your program?
24. When you think about the essential characteristics of effective partnerships, what comes to mind?
25. In thinking about your top three STD clinical partnerships and the essential characteristics that you just mentioned, what components or characteristics were most important for success (specifically for your top three STD clinical partnerships)?
 - a. What made them successful (ask for each top three STD clinical partnership)?
26. Below are the top three aggregate partnership components/characteristics from the assessment. Can you say more about how these characteristics look in practice? If a partnership has these characteristics, how do you know? *[We will add the top three aggregate partnership characteristics from the assessment below].*
 - a.
 - b.
 - c.
27. **[For those who indicated assessment of priority partnership cost]** What types of costs are associated with your top three priority partnerships?
 - a. What types of cost does your program incur?
 - b. What types of cost does your partner incur?
 - c. How often do you assess partner costs?
28. What agencies are not currently in your top clinical partners of your program that perhaps should be and would be mutually beneficial?
 - a. What has held those partnerships back?
29. What, if anything, makes your program unique in how it has developed and maintained partnerships in the community?

[This is a lot of questions to go through. Be sure that interviews manage time and know which questions to skip over, if needed, to stay within the time frame.]

Closing

30. This concludes the interview. Is there anything else that you would like to share that I missed, or any additional items that you would like to expand upon?

Thank you for your time. Your feedback will help CDC to better understand effective partnership development and the essential characteristics of partnerships that are needed to further STD prevention and control goals. We will transcribe and analyze the results, which will be reported to CDC in aggregate. Do you have any questions about the next steps? I will now stop the recording.