



Assessment of Partnerships Impacting STD Outcomes in Areas of Service Reduction: Project Overview

Background

In support of DSTDP's focus on the value of partnerships, PDQIB executed a contract with The Cloudburst Group, LLC to assess strategic partnerships between city/county STD programs with the highest STD morbidity and their three priority clinical partners.. The purpose of this data collection to assess strategic partnerships between local health departments (LHD) with the highest STD morbidity (syphilis, chlamydia and gonorrhea) and their three priority STD clinical partners to better understand: 1) what factors led to LHD to develop strategic clinical partnerships; 2) how LHD are using priority clinical partners to provide STD clinical services to at-risk populations and whether STD clinic reduction, declining resources and/or limited resources have led to clinical partnerships; 3) what the essential components and characteristics of successful clinical partnerships are; specific successes achieved as a result of priority clinical partnerships; 4) what specific contributions of clinical partners and desired outcomes of STD clinical partnerships are; and 6) what types of costs are associated with the priority clinical partnerships.

The results 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.

Data Collection Methods



To provide a broad view of STD programs' strategic, clinical partnerships, an assessment will be administered to 59 counties/cities with the highest morbidities of syphilis, gonorrhea and chlamydia in each of the 50 states, 2 US territories (the US Virgin Islands and Puerto Rico), and the 7 directly-funded cities (Baltimore, Chicago, District of Columbia, Los Angeles, New York City, Philadelphia and San Francisco).

The contractor then will conduct in-person interviews with key STD Program and partner organization staff, in a subset of 15 cities/counties that responded to the assessment.

Dissemination

Data analyses from all project components will be synthesized into a final report and summary presentations. The contractor will present aggregate findings to DSTDP and local health departments.

Key Questions

- 1) **What factors led STD Programs to develop priority clinical partnerships to assure access to and quality of STD clinical services? How were the partners selected?**
- 2) **To what extent have STD programs developed strategic clinical partnerships to address clinical gaps and ensure maintenance of STD clinical services for at-risk populations? What extent do recent STD clinic reductions contribute to this?**
- 3) **What are the essential components of those priority clinical partnerships? What components were most important for success, what made them successful? What priority clinical partnerships did not work well, and/or were ineffective?**
- 4) **What specific successes were achieved as a result of the priority clinical partnerships? What metrics/indicators were used to determine success, if any? To what extent did priority clinical partnerships play a role in high (or improving) STD clinical services?**
- 5) **What specific contributions were made by partners to help reach desired STD prevention outcomes? What are the desired outcomes of priority clinical partnerships? What specific roles did partners play?**
- 6) **What types of costs are associated with the priority clinical partnership? To what extent were priority clinical**

partner resources utilized/ leveraged?