



***Form Approved***

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**Introduction and Instructions**

Welcome! The Cloudburst Group, with funding and support from the Centers for Disease Control and Prevention's (CDC) Division of STD Prevention (DSTDP), are conducting this assessment 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.

Completing the questionnaire is voluntary and takes approximately 60 minutes. Cloudburst will not publish or share any identifying information about individual respondents with CDC. There are no known risks or direct benefits to you from participating or choosing not to participate, but your answers will help CDC improve and inform partner engagement practices and case studies for STD programs nationwide on how to develop effective partnerships to further STD prevention and control goals.

This assessment is distributed to one county/city STD program with significant STD morbidity in all 59 DSTDP funded project areas. Aggregated results of the assessment will be shared with other DSTDP funded programs and CDC. The assessment should be completed by the county/city STD Program with assistance from management of the STD Clinic. If you have more than one STD clinic, we will ask you to select one for the purposes of completing this assessment. Portions of the assessment relate to the selected STD Clinic, and other portions are related to the STD program in general.

After beginning the online assessment, you can save your responses and continue the assessment later, if necessary. If you need to return to a previous page that you have already completed, please use the previous button at the bottom of each page (rather than the internet browser back arrow at the top of the screen).

Your responses should be answered on behalf of your county/city health department.

Thank you in advance for your time and attention to this assessment. If you have any questions or concerns about this assessment, please contact Dr. Steven Sullivan, Senior Project Director, at [steven.sullivan@cloudburstgroup.com](mailto:steven.sullivan@cloudburstgroup.com) or 301-385-6693.

By clicking the OK button, you are providing your consent to participate voluntarily in this activity. To begin, please click next.

*CDC estimates the average public reporting burden for this collection of information as 60 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).**



Assessment of Partnerships Impacting Sexually Transmitted Diseases Outcomes in Areas of Service Reduction

**Program context/background**

1. Jurisdiction Name:

2. In your county/city, is/are there specialized STD Clinics? (These are defined as those that provide specialized STD care, delivering more comprehensive and expert STD clinical services beyond risk assessment, screening and treatment services such as: on-site stat diagnosis, advanced diagnostics, or on site injectable antibiotics to treat syphilis and gonorrhea.)

Yes

No



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**Program context/background**

3. In your county/city, have any specialized STD clinics permanently closed in the last 3 years? [If no, skip to question 4.]

Yes

No



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**Program context/background**

4. If you answered yes to question 3, how many specialized STD clinics have permanently closed in the last 3 years?



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5. Currently, what is the primary point of care for safety net STD services in your county/city? 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. Please select the clinic type that best describes this clinic.

- |  |  |
|--|--|
| <input type="checkbox"/> Specialized STD clinic  | <input type="checkbox"/> HIV prevention or care clinic       |
| <input type="checkbox"/> Family planning/reproductive health clinic                                | <input type="checkbox"/> Hospital-affiliated health clinic   |
| <input type="checkbox"/> Federally-qualified health center (FQHC) or other community health center | <input type="checkbox"/> University-affiliated health clinic |
| <input type="checkbox"/> General public health clinic  | <input type="checkbox"/> Other, please specify:              |
| <input type="checkbox"/> Other (please specify)  |  |

6. What is the name of the clinic you selected in the previous question? (This is the clinic you will be answering questions about in this assessment)



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7. In addition to STD screening/testing and treatment, which of the following services does this STD clinic offer onsite? Select all that apply.

- 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

8. Over the last 3 years, what kind of change or trend has there been in the STD clinic's staff and funding? Please fill out the table below.

	Resources are increasing a lot	Resources are increasing somewhat	No change in resources	Resources are decreasing somewhat	Resources are decreasing a lot
Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Over the last 3 years, what STD clinical services have decreased as a result of the decrease in resources? Select all that apply.

- Decreased clinic hours
- Decreased patient volume
- Decreased STD screening/testing
- Decreased STD treatment
- None of the above decreased
- Other clinical services (please specify)

10. Which of the following funding sources currently contribute to the funding of any of the services provided by that clinic? Select all that apply

- |   |  |
|---|--|
| <input type="checkbox"/> STD program funding        | <input type="checkbox"/> Health insurance claims |
| <input type="checkbox"/> HIV prevention funding     | <input type="checkbox"/> Patient self-pay        |
| <input type="checkbox"/> HIV care/treatment funding | <input type="checkbox"/> I don't know            |

11. In the past 3 years, which of the items below has the clinic received in-kind (free/donated) from a partner organization? Select all that apply.

- Care coordination and case management
- Clinical staff time
- Clinical supplies (e.g. test/diagnostic kits, drugs for treatment)
- Clinic or office space
- Assistance with data collection, analysis, or assessment
- Patient education materials
- Lab services
- Marketing and outreach efforts to promote the clinic
- Staff training or professional development
- Other (please specify)

12. In the past 3 years, has there been any change or trend in in-kind resources for the clinic?

- |   |   |
|---|---|
| <input type="radio"/> Resources are increasing a lot    | <input type="radio"/> Resources are decreasing somewhat |
| <input type="radio"/> Resources are increasing somewhat | <input type="radio"/> Resources are decreasing a lot    |
| <input type="radio"/> No change in resources            |   |

13. In the past 3 years, how has this change in in-kind resources affected the services provided by the clinic?

- |   |  |
|---|--|
| <input type="radio"/> Decrease in clinic hours                          | <input type="radio"/> Decreased STD treatment          |
| <input type="radio"/> Decreased patient volume                          | <input type="radio"/> None of the above have decreased |
| <input type="radio"/> Decreased STD screening/testing                   |  |
| <input type="radio"/> Other clinical service decreased (please specify) |  |



**[This portion of the assessment applies to the STD program, not the clinic.]**

14. Over the last 3 years, what kind of change or trend has there been in the STD program's staff and funding? Please fill out the table below.

	Resources are increasing a lot	Resources are increasing somewhat	No change in resources	Resources are decreasing somewhat	Resources are decreasing a lot
Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Which of the following funding sources currently contribute to the funding of the STD program? Select all that apply.

- STD program funding
- HIV prevention funding
- HIVE care/treatment funding
- I don't know

16. In the past 3 years, which of the items below has the STD program received in-kind (free/donated) from a partner organization? Select all that apply.

- Care coordination and case management
- Office space
- Assistance with data collection, analysis, or assessment
- Patient/client educational materials
- Lab services
- Marketing or outreach efforts to promote the clinic
- Staff training or professional development
- Other (please specify)

17. In the past 3 years, has there been any change or trend in in-kind resources for the STD program?

- Resources are increasing a lot
- Resources are increasing somewhat
- No change in resources
- Resources are decreasing somewhat
- Resources are decreasing a lot

18. In the past 3 years, have the STD program's services increased or decreased?

- Non-clinical STD program services are increasing
- Non-clinical STD program services are decreasing
- No change in Non-clinical STD program services



Assessment of Partnerships Impacting Sexually Transmitted Diseases Outcomes in Areas of Service Reduction

A partnership is defined as a collaborative relationship between organizations. For the purposes of this assessment, a clinical partner is defined as an entity that supports STD clinical services and may include private health care provider or organization, community health center or federally qualified health center, correctional facility, educational institution, family planning/ reproductive health clinic, HIV/AIDS prevention or care program, hospital, maternal and child health program, behavioral or mental health agency, tribal organization or other community based organizations. The purpose of this relationship is to work toward shared goals through a division of labor that all parties agree on. A partner is an entity with which you work on clinical or programmatic activities regularly. A partner is not someone with whom you exchange information with infrequently.

19. Does the STD program currently have any collaborative partnerships with other organizations, for the purpose of maintaining or supplementing STD clinical services available in the city/county?

- Yes
- No (If no, skip to the end of assessment)



Assessment of Partnerships Impacting Sexually Transmitted Diseases Outcomes in Areas of Service Reduction

20. Please indicate the types of agencies/organizations that the STD program has partnerships with to maintain or supplement clinical STD services for at-risk populations in the community. Please click yes or no for each partner type.

	Yes	No	Don't Know
Private health care provider or organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community health center or federally qualified health center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning/reproductive health clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS prevention or care program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal and child health program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral or mental health agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other community based organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)



Assessment of Partnerships Impacting Sexually Transmitted Diseases Outcomes in Areas of Service Reduction

**In the next set of questions, we would like you to focus on the STD programs' top three clinical partnerships that the program has developed to maintain or supplement clinical STD services, including addressing service gaps, for at-risk populations in the community.**



21. Please select the top three clinical partnerships that the STD program developed to ensure maintenance of or strengthen/expand clinical STD services. To help fill out this assessment in Survey Monkey, you might want to write down the name of each partner and its number as you fill out the rest of the assessment to remind you which partner you are referring to.

Partner 1	<input type="text"/>
Partner 2	<input type="text"/>
Partner 3	<input type="text"/>

22. Please select the type of organization for Partner 1, 2, and 3

	Partner 1	Partner 2	Partner 3
Private health care provider or organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community health center or federally qualified health center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning/ reproductive health clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS prevention or care program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal and child health program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral or mental health agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other community based organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. About how long has this priority partnership been in place?

	Partner 1	Partner 2	Partner 3
Less than one year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 - 4 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. What is the primary reason that you selected this partner as high priority? Select one answer for each partner

	Partner 1	Partner 2	Partner 3
STD Clinic closures/reduction in services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funded to work together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long history of working together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mission alignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

25. How formal are the agreements with your priority partners? Select one for each partner?

	Partner 1	Partner 2	Partner 3
Formal, written agreement (e.g., MOU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal, contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informal, verbal agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informal, just part of the culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

26. Please indicate which STD clinical services outcomes the STD program **hopes to improve through each partnership**. Select all that apply for each partner.

	Partner 1	Partner 2	Partner 3
Expand clinic hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase number of providers offering STD services for at-risk populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce duplication of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase community outreach/education efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in STD screening/testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in STD treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in new cases identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in partner services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in counseling/patient education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in expedited partner therapy (EPT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in HPV vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in HCV testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in HIV PrEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in linkages to HIV care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in HIV treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve data sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase lab services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Please indicate which STD clinical services outcomes **have been improved** as a result of this partnership, over the past 12 months? Select all that apply for each partner.

	Partner 1	Partner 2	Partner 3
Expand clinic hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase number of providers offering STD services for at-risk populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce duplication of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase community outreach/education efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in STD screening/testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in STD treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in new cases identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in partner services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in counseling/patient education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in expedited partner therapy (EPT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in HPV vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in HCV testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in HIV PrEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in linkages to HIV care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in HIV testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in HIV treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve data sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase lab services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Which **priority** at-risk population(s) are these partnerships meant to serve? Select up to three at-risk populations for each partner.

	Partner 1	Partner 2	Partner 3
Adolescents and young adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incarcerated persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men who have sex with men (MSM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who inject drugs or in drug treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racial/ethnic minorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All persons at risk of STDs (not population-specific)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

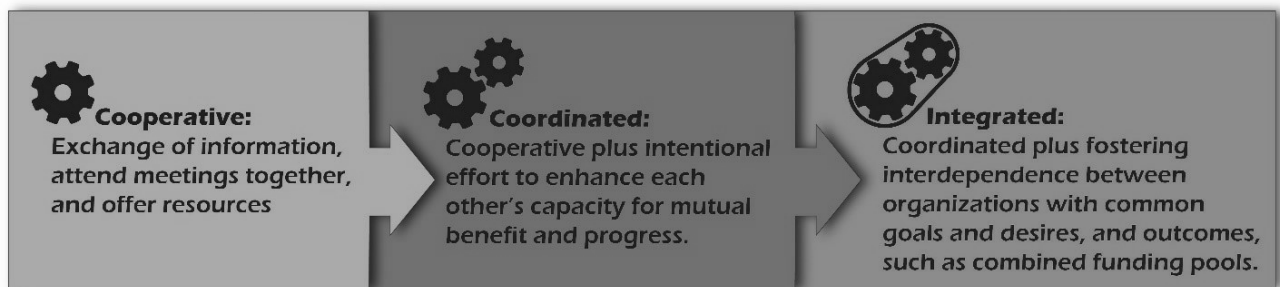
29. In the past 12 months, what resources and collaborative activities have your priority partners provided?

	Partner 1 Provides	Partner 2 Provides	Partner 3 Provides
Care coordination and case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical staff time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical supplies (i.e. test/diagnostic kits, drugs for treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community/public education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-location of services (i.e. office space)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data collection and analysis (i.e. conduct program assessments, develop questionnaires, prepare reports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data sharing with other public health programs (i.e. HIV, primary care, school health)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient educational materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing and outreach efforts to promote STD services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring clinical outcomes (i.e. conducting research, providing recommendations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional trainings and staff development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

30. Over the past 12 months, how frequently has your STD program engaged in these partnerships? Engaged can be defined as working together on shared objectives, holding frequent meetings with each other, working together on funding proposals, etc. Select one for each partner.

	Partner 1	Partner 2	Partner 3
Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quarterly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bi-annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



31. In the past 12 months, which of the following best describes the structure of the partnership? Select one for each partner.

	Partner 1	Partner 2	Partner 3
Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**For this last set of questions, please think about those three priority partnerships as a group and provide responses based on your role as STD Program Manager.**

32. Thinking about your priority partnerships, what barriers or issues have you encountered in those partnerships in the prior 3 years? Select all that apply.

- Cultural barriers
- Cultural competency
- Different agendas and priorities
- Lack of financial resources
- Lack of partner organization leadership support
- Lack of staff resources (staff time, competing priorities of staff)
- Lack of STD program leadership support
- Political and historical issues/barriers
- Turf protection (protecting organization's control of certain projects or areas of work)

33. Thinking about your priority partnerships, how important are the following components? Please rank the components for this group from 1—5, with 1 being the most important to 5 being the least important.

#### Group One

	<input type="text"/>	<b>Mutual trust and respect:</b> partners do not fear ridicule or reprisal.
	<input type="text"/>	<b>Compatibility:</b> open to discussion and mission alignment.
	<input type="text"/>	<b>Open communication:</b> partners openly communicate with each other.
	<input type="text"/>	<b>Common understanding:</b> understand each other's organizational framework, culture, values, and approach, individual members' roles, responsibilities, and the partnership's division of labor
	<input type="text"/>	<b>Mutual support:</b> partners give and receive support.



34. Thinking about your priority partnerships, how important are the following components? Please rank the components for this group from 1—4, with 1 being the most important to 4 being the least important.

### Group Two

<input type="text"/>	<b>Use of resources:</b> each partner's knowledge, ability, and experience are fully utilized
<input type="text"/>	<b>Purpose:</b> guided by a shared vision and purpose that builds trust and recognizes the value and contribution of all members
<input type="text"/>	<b>Leadership:</b> shared leadership among respected individuals who are recognized and empowered by their own organizations to build consensus and resolve conflicts
<input type="text"/>	<b>Culture and values:</b> Shared "can-do" values, mutual understanding, and an acceptance of differences (e.g., norms, ways of working)

35. How often, in the last 3 years, has the STD program **explicitly defined the desired outcomes or explicit goals** of those priority partnerships?

- We always defined the desired outcomes or goals
- We sometimes defined the desired outcomes or goals
- We rarely or never defined the desired outcomes or goals

36. How often, in the last 3 years, has the STD program **assessed any aspect of those priority partnerships, in any way?**

- We always **assessed** these partnerships in some way
- We sometimes **assessed** these partnerships in some way
- We rarely or never **assessed** these partnerships in some way

37. How often, in the last 3 years, has the STD program **measured any quantitative outcomes associated with those priority partnerships?**

- We always measured quantitative outcomes
- We sometimes measured quantitative outcomes
- We rarely or never measured quantitative outcomes

38. How often in the last 3 years has the STD program **assessed the economic value or costs associated with those priority partnerships?**

- We always measured economic value or costs
- We sometimes measured economic value or costs
- We rarely or never measured economic value or costs



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