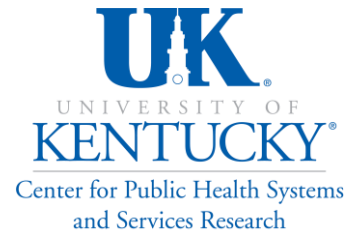


Systems for Action

Systems and Services Research to Build a Culture of Health



PHSSR Research in Progress Webinar Series Speaker Biographies

[Improving the Reach and Effectiveness of STD Prevention, Screening, and Treatment Services in Local Public Health Systems](#) *Wednesday, December 9, 2015, 12:00–1:00pm ET*

Presenter



[Lynn Silver, MD, MPH, FAAP](#) is Senior Advisor for Chronic Disease and Obesity at the [Public Health Institute](#) in Oakland, California. Formerly the Assistant Commissioner of Health in New York City and the local Health Officer of Sonoma County, she led innovative programs and policies in chronic disease prevention, after earlier work in health care quality and pharmaceutical access. She coordinates the [California Public Health Practice Based Research Network](#) and collaborates with UC Berkeley researchers on this study. lsilver@phi.org

Commentary



[Robert Weech-Maldonado, PhD](#), is a Professor of Health Services Administration, and is the L.R. Jordan Endowed Chair in Health Administration at the School of Health Professions, University of Alabama at Birmingham. He is a national authority on cultural competency tools for healthcare organizations, racial and ethnic differences in patient experiences with care, and long-term care. Dr. Weech-Maldonado's research activities include 24 federal, state and foundation research projects on topics including a patient assessment of cultural competency survey, and the relationship of quality of care and financial performance of nursing homes.

He also coordinates the activities of the [Alabama Public Health Practice Based Research Network](#). rweech@uab.edu



[Anthony Merriweather, MSPH](#), directs the STD Prevention and Control Division at the [Alabama Department of Public Health](#). Mr. Merriweather has over 20 years' experience in communicable disease tracking and control and has led the division since 2009 including management, planning, organizing, and coordination of the division's activities. His responsibilities include improving program quality and increasing the number of persons receiving STD Partner Services, and collaborating with medical care providers and other state and local agencies to reduce the number of STD cases in Alabama. anthony.merriweather@adph.state.al.us

Systems for Action

Systems and Services Research to Build a Culture of Health



PHSSR Research-In-Progress Webinar

Wednesday, December 9, 2015

12:00-1:00pm ET/ 9:00-10:00am PT

Cost, Quality and Value of Public Health Services

Improving the Reach and Effectiveness of STD Prevention, Screening, and Treatment Services in Local Public Health Systems

Note: *Download today's presentation and speaker bios from the 'Resources' box in the top right corner of the screen.*

Agenda

Welcome: C. B. Mamaril, PhD, *Systems for Action* National Program Office;
Research Assistant Professor, U. of Kentucky College of Public Health

***“Improving the Reach and Effectiveness of STD Prevention, Screening,
and Treatment Services in Local Public Health Systems”***

Presenter: [Lynn Silver, MD, MPH](#), Senior Advisor for Chronic Disease and
Obesity, Public Health Institute, California lsilver@phi.org

Commentary: Robert Weech-Maldonado, PhD, Professor, Health Services
Administration, U. of Alabama at Birmingham rweech@uab.edu

Anthony Merriweather, MSPH, Director, STD Division, Alabama Department
of Public Health anthony.merriweather@adph.state.al.us

Questions and Discussion

Dissemination and Implementation Research to Improve Value (DIRECTIVE)

- [Four 24-month studies](#), awarded to consortia of two or more PBRNs in 2014
- Builds on MPROVE and DACS measures and methods
- Examine facilitators for implementation of evidence-based prevention programs
 - Resources and infrastructures
 - Partnerships & inter-organizational coordination

Dissemination and Implementation Research to Improve Value (DIRECTIVE)

- Assess quality & costs of public health services delivery strategies
- Draw conclusions about comparative effectiveness and value
- Today's CA-AL PBRN presentation is second in the DIRECTIVE study series
 - Oct. 14: [CT-MA PBRN study](#)
 - Feb. 3: [WA-WI-NY-OR PBRN study](#)
 - Feb. 18: [CO-KS-NE PBRN study](#)

Presenter



[Lynn Silver, MD, MPH](#)

Senior Advisor

Chronic Disease and Obesity

Public Health Institute

Oakland, California lsilver@phi.org

Project **DIRECT**: Dissemination and Implementation **R**esearch for **E**vidence-Based STD **C**ontrol and **T**reatment

Lynn Silver, MD, MPH

December 9, 2015



Berkeley



UCMERCED

Project Aims

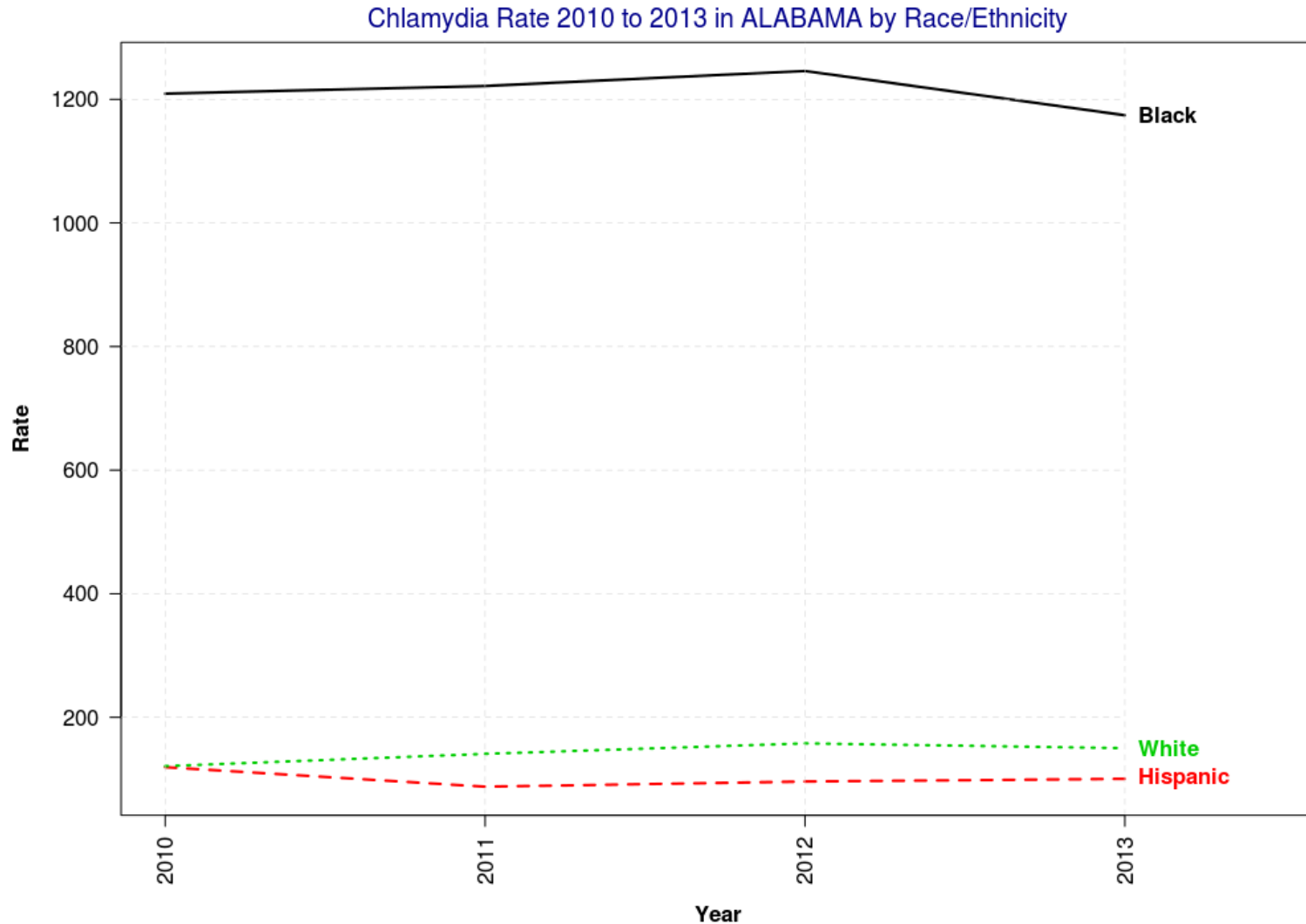
To examine:

1. Variation in the differentiation, integration, and concentration (DIC) of STD prevention, screening and treatment services in local public health systems in CA and AL
2. Association of DIC of evidence-based STD with the quality of community and agency-level STD services and outcome measures, including STD incidence and racial disparities in STD incidence
3. Facilitators and barriers through in-depth key informant interviews in positive deviant jurisdictions
4. Cost variation in STD screening and partner notification programs across positive deviant jurisdictions

Overview of Methods

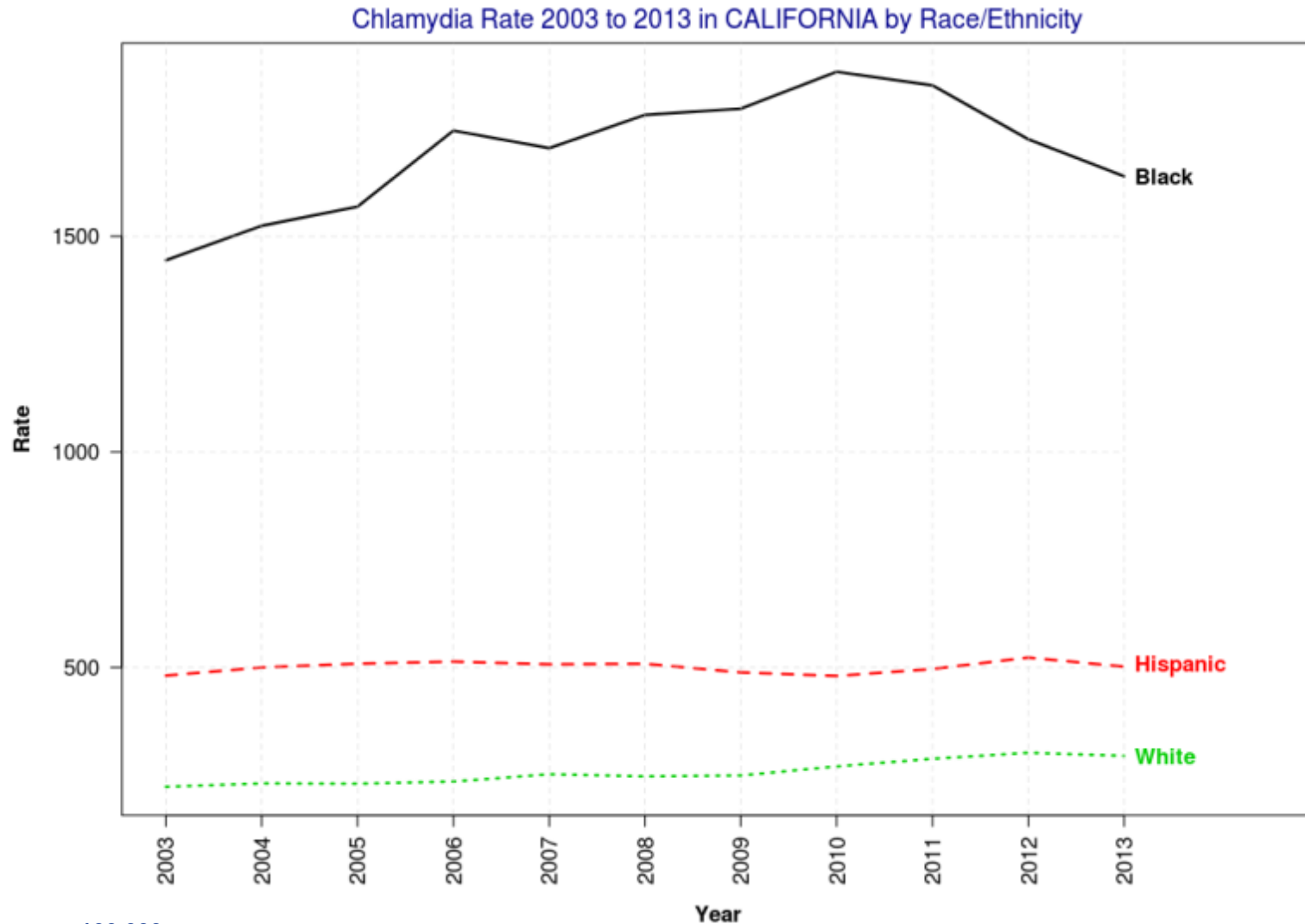
- Phase I: Online survey of STD controllers and program managers
 - To assess organizational structure and partnerships for evidence-based and promising interventions and policies (EBPs), including
 - Routine screening for targeted populations
 - Community provider trainings
 - Partner notification and follow-up activities
- Analysis of existing surveillance data
 - To clarify relationships between organizational partnerships and STD control
- Phase II: Key informant interviews
 - To understand organizational partnerships, perceptions on county trends, & STD screening costs in 10 “positive deviant” jurisdictions

The Context: Deep Disparities and Little Progress in Chlamydia Rates in Alabama, 2010-2013



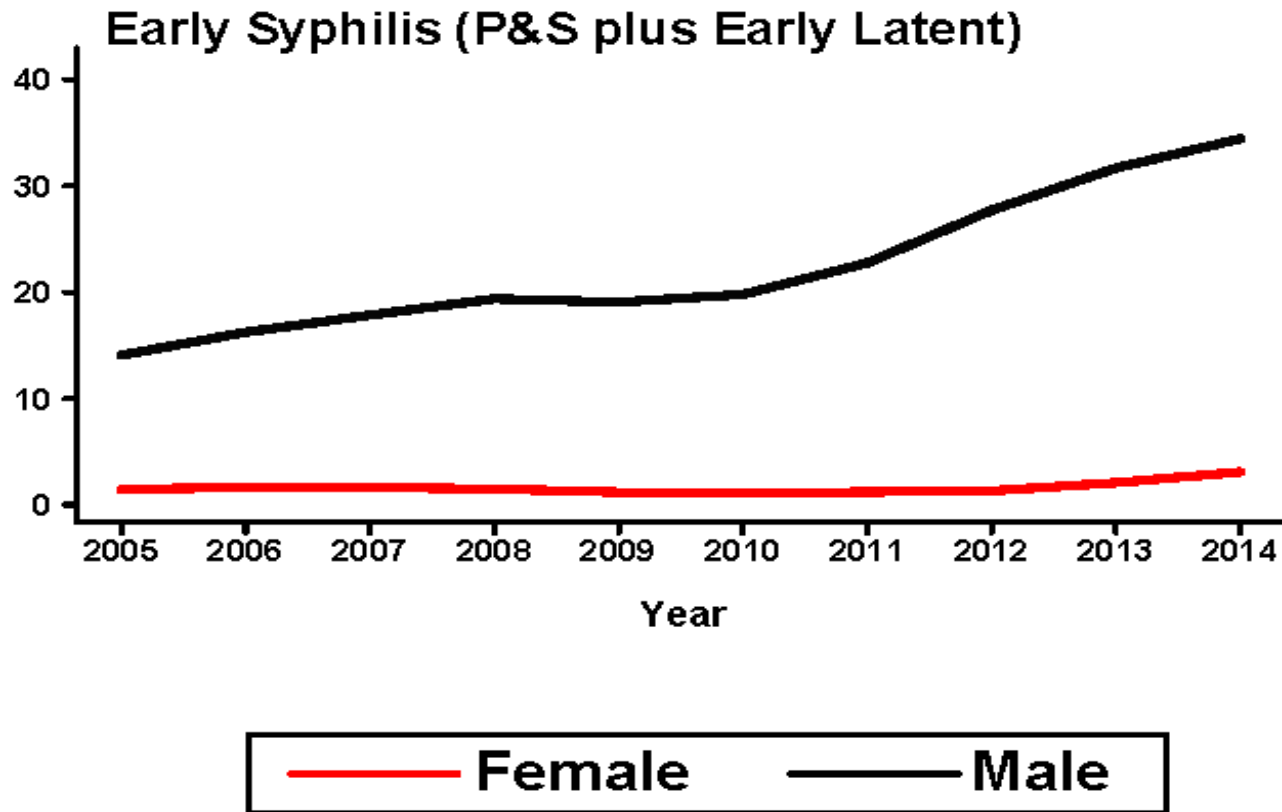
*Chlamydia rate per 100,000

The Context: Deep Disparities and Little Progress in Chlamydia Rates in California, 2003-2013



*Chlamydia rate per 100,000

CA Rising Syphilis in Men (2006-2014)

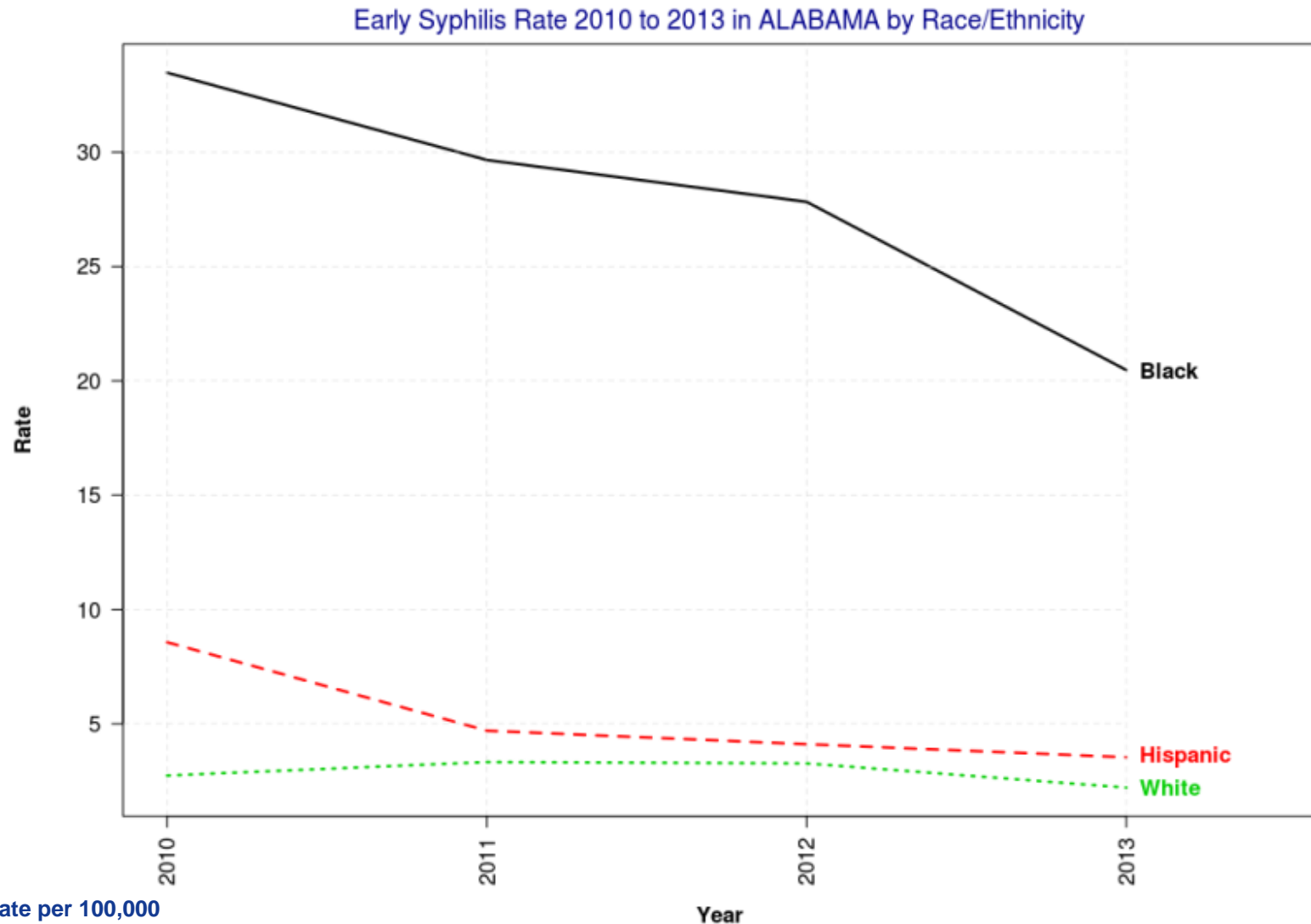


*Syphilis rate per 100,000

*Source: California Local Health Jurisdiction STD Data Summaries, 2014 Provisional Data (July 2015)

<https://www.cdph.ca.gov/data/statistics/Pages/STDLHJData.aspx>

The Context: Declining Early Syphilis but deep disparities in Alabama, 2010-2013



Survey Data Collection (Phase I)

➤ Web-based survey fielding period in two states

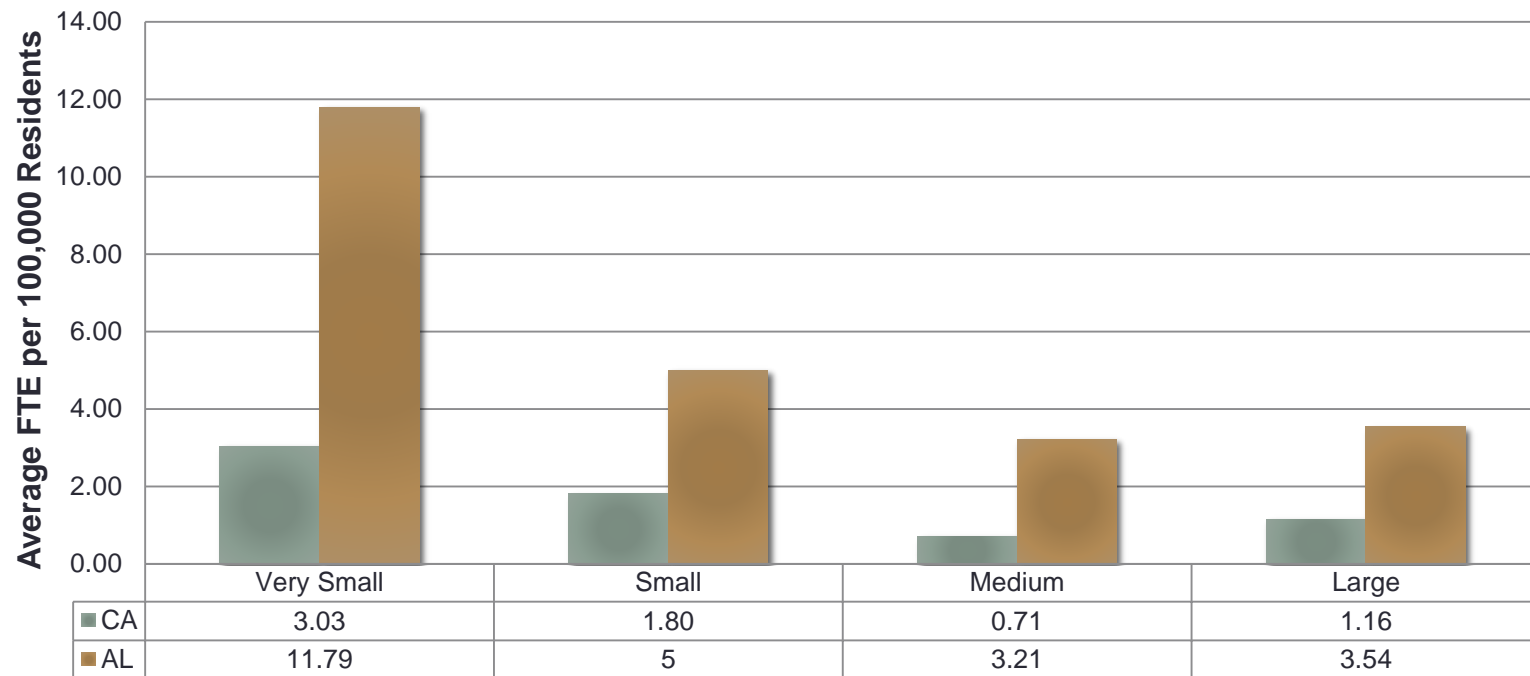
- California (county and city jurisdictions): March – May 2015
 - 94% response rate; 58 out of 62 local health jurisdictions
- Alabama: July – August 2015
 - 91% response rate; 11 out of 11 Public Health Areas representing 61 of 67 counties

➤ County size categories:

	Very Small Less than 25,000	Small 25,000 – 99,999	Medium 100,000 – 500,000	Large More than 500,000
CA:	n=11	n=13	n=19	n=15
AL:	n=23	n=26	n=11	n=1

The Phenomenon of 1

**County STD Program Full Time Equivalent (FTE) Staff
by County Size**



PRELIMINARY ANALYSIS

California STD Clinics: Tendency towards closure

- Half counties surveyed had at least 1 county-run STD clinic
- Of counties operating clinics, in the past 10 years:
 - **17** have closed a clinic and **3** had opened one



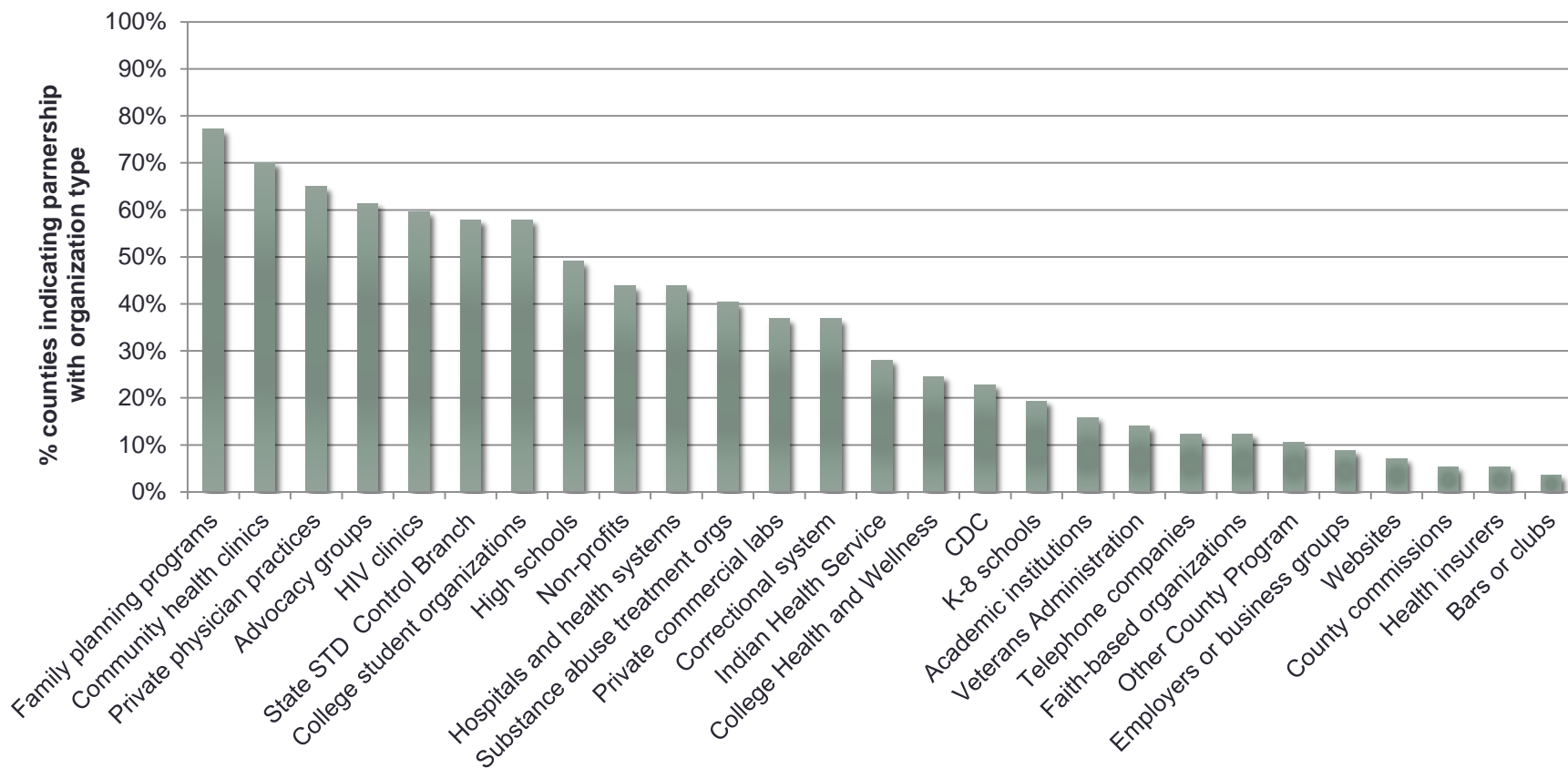
PRELIMINARY ANALYSIS

Limited tapping of available funding – County-run STD Clinics' Acceptance of Insurance

- In California's 25 counties with clinics, 12 accepted Medi-Cal and 5 accepted private insurance
- In Alabama's 13 counties with clinics, 3 accepted both Medicaid and private insurance

PRELIMINARY ANALYSIS

STD Organizational Partnerships for Prevention, Screening, Treatment, and/or Follow-up in California: Family Planning, Community Clinics, and Private Physician Practices Lead

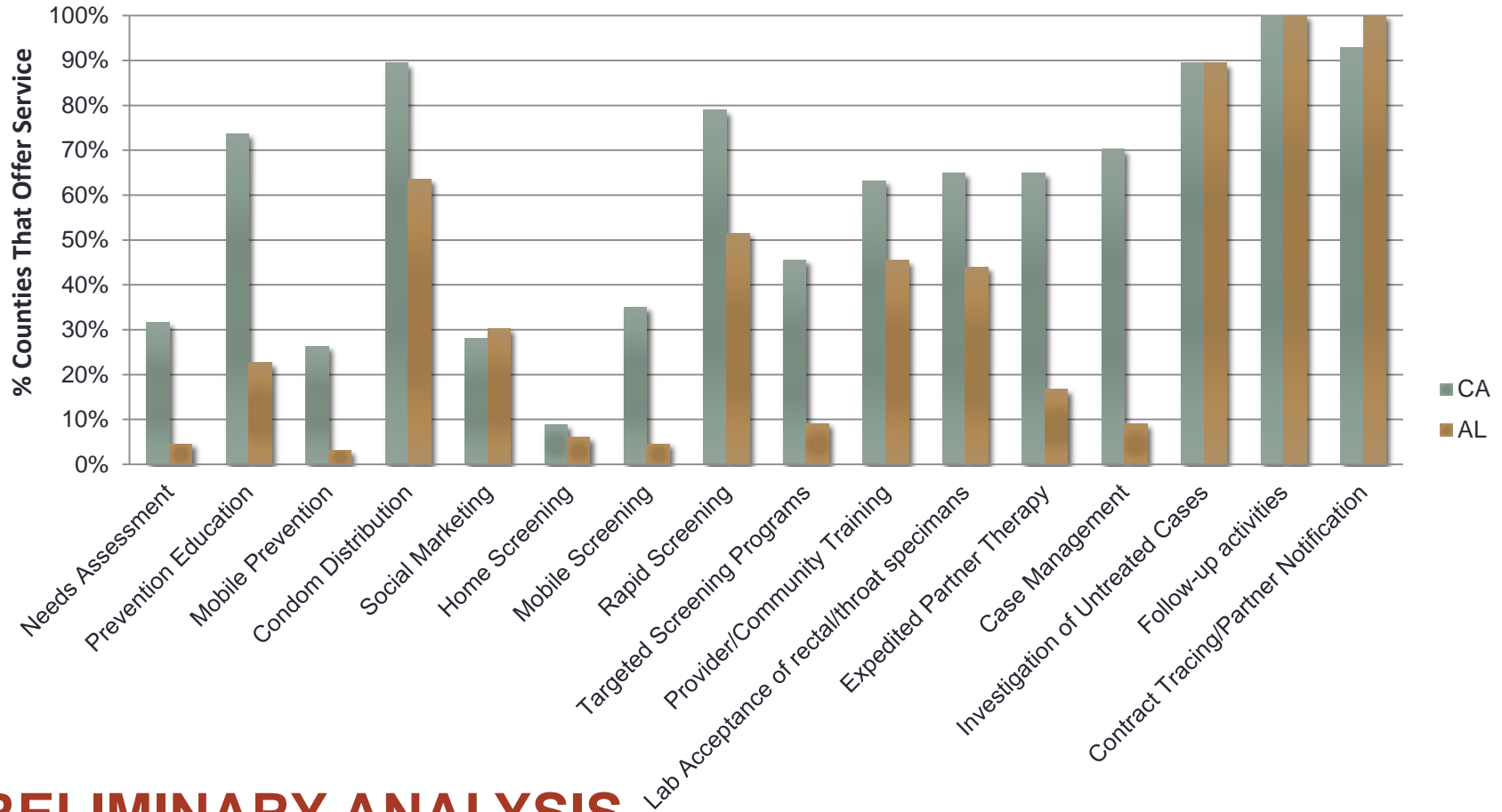


*CA data only, AL data forthcoming

PRELIMINARY ANALYSIS

Evidence Based Practices: Treatment and Partner Notification more available than Prevention, CA & AL

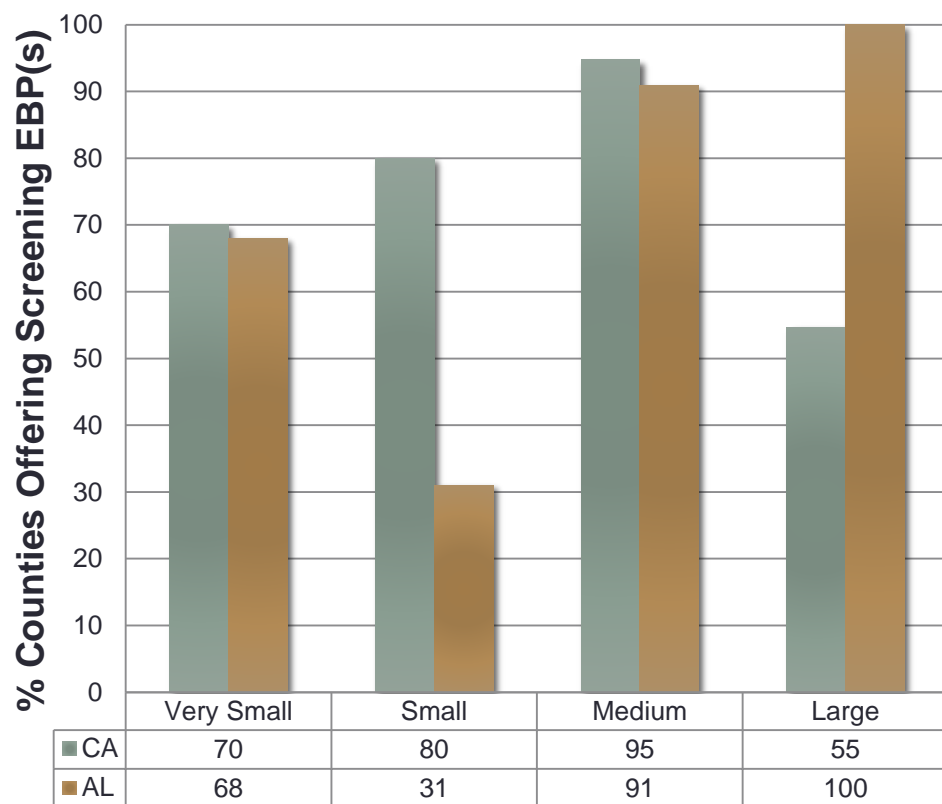
% Counties Offering EBPs



PRELIMINARY ANALYSIS

CA and AL Survey Findings

% Counties With 1 or More STD Screening Practice Available



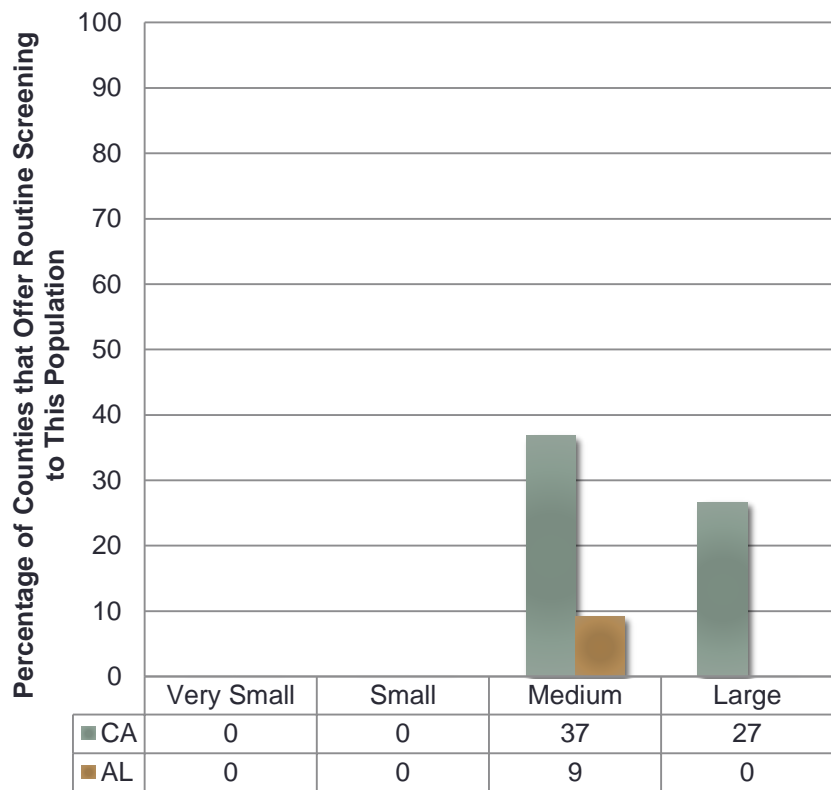
• Screening EBPs examined:

- Routine screening programs for at-risk populations
- Rapid STD screening programs
- Mobile screening services
- At-home screening for gonorrhea and chlamydia

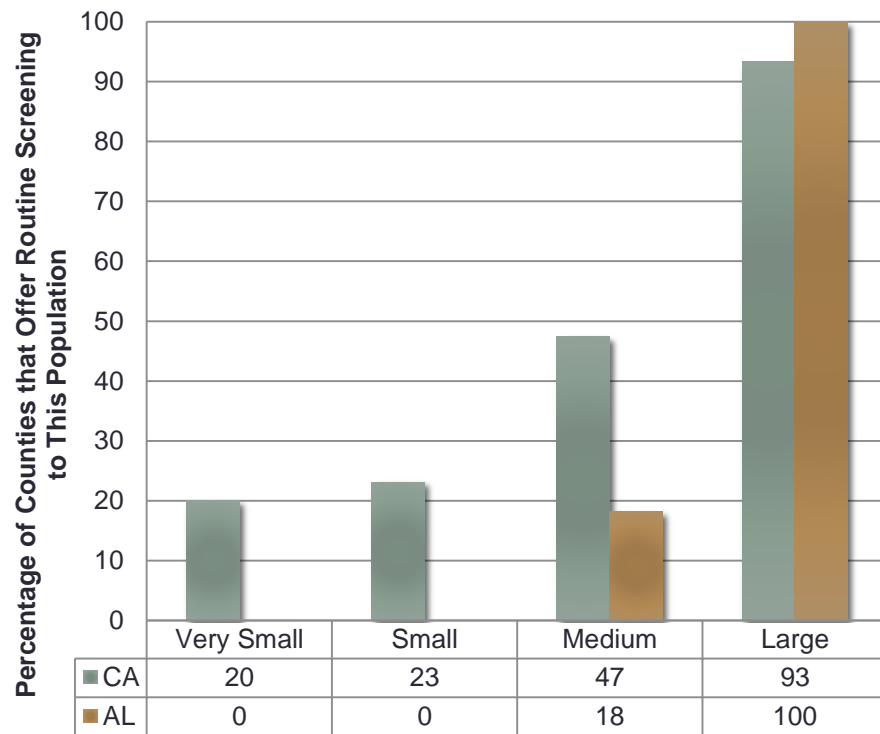
PRELIMINARY ANALYSIS

Routine Screening for Targeted Populations: Scant in medium & small counties and for sex workers

Sex Workers



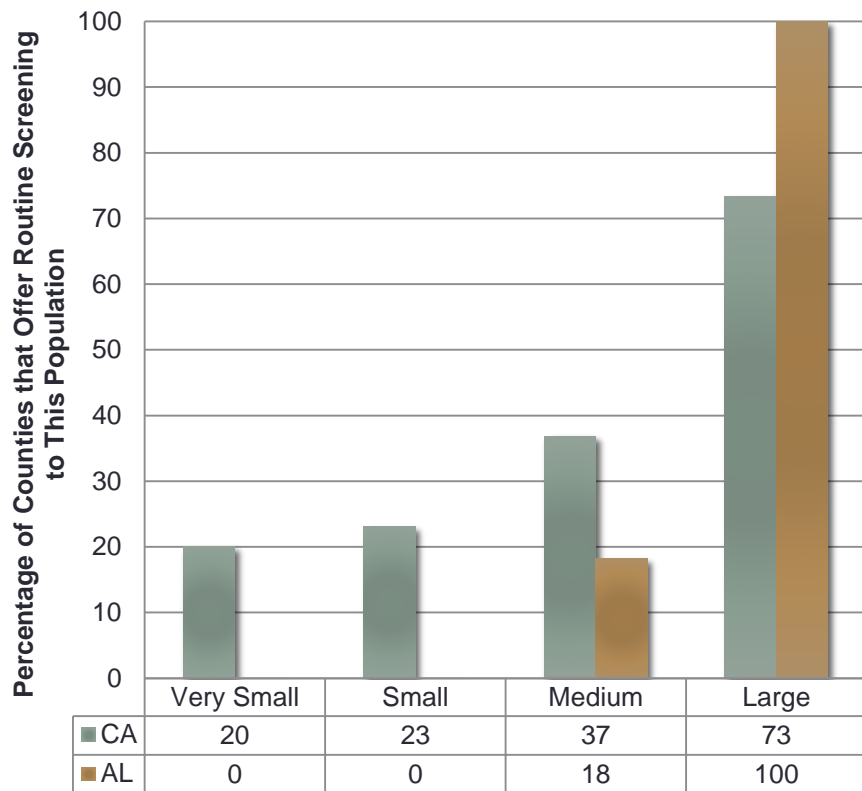
Individuals in Jails or Juvenile Detention Settings



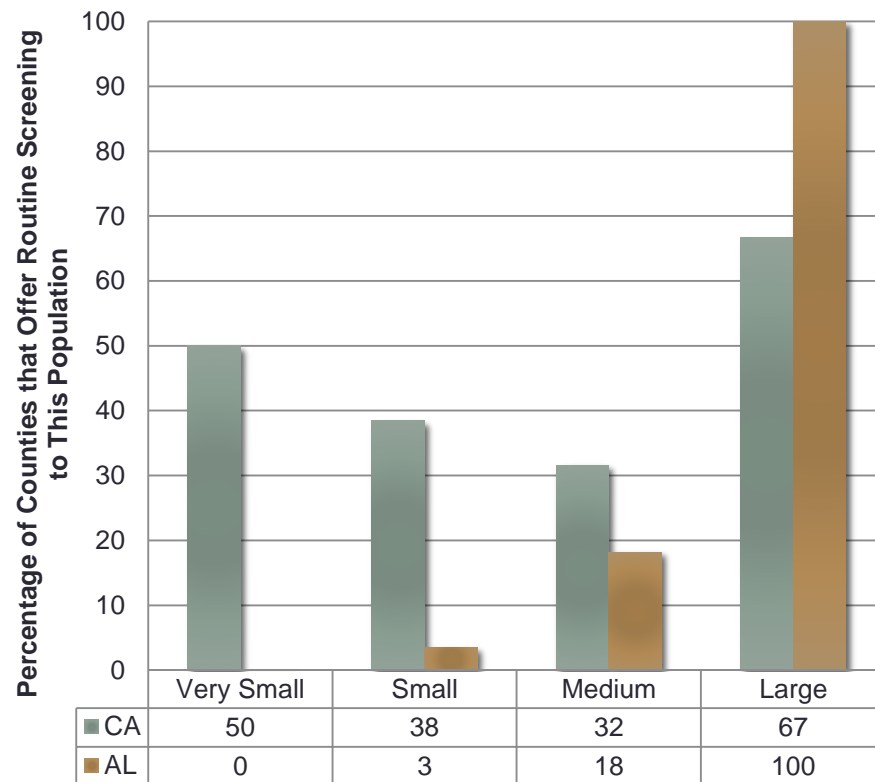
PRELIMINARY ANALYSIS

Routine Screening for Targeted Populations CA & AL Scant in Medium & Small Counties and for MSM

Men Who Have Sex with Men



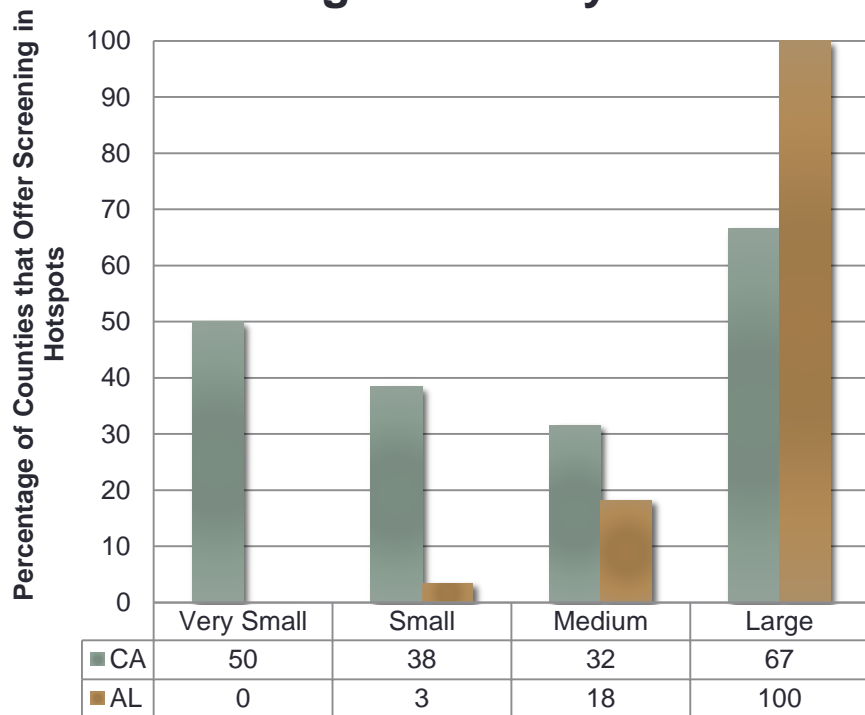
Sexually Active Young Women



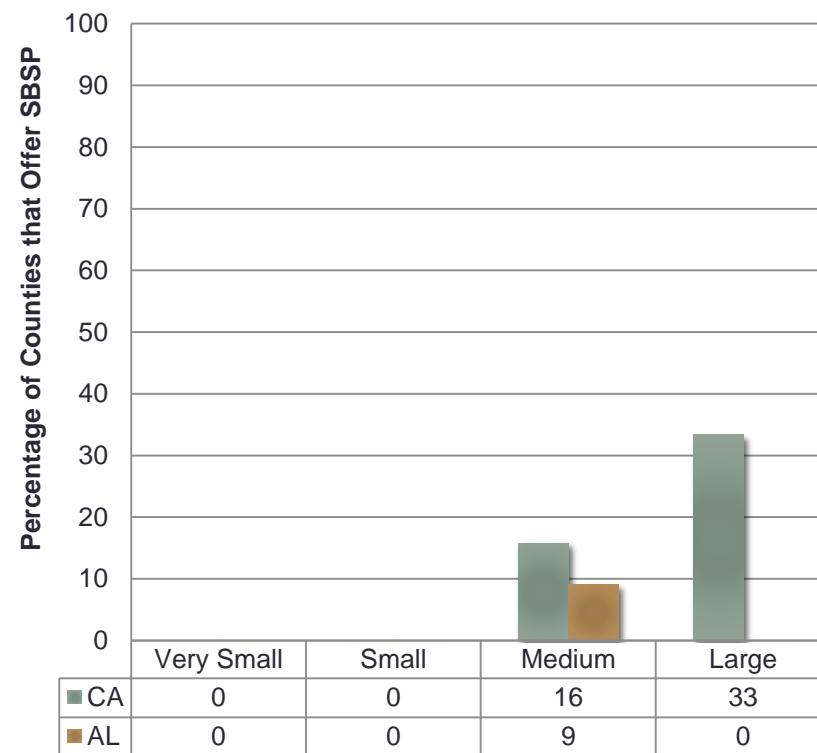
PRELIMINARY ANALYSIS

Routine Screening for Targeted Populations: Scant in Medium & Small Counties and Schools

Geographic Hotspots/Communities with High Morbidity



School Based Screening Programs



PRELIMINARY ANALYSIS

Phase II: Interviews in “positively deviant” counties

➤ Qualitative interviews and analysis

- All responding counties ranked in CA on measures of performance with size and resource considerations:
- Criteria included:
 - Scope of evidence-based practices and screenings for at-risk groups in counties
 - Trends in county for gonorrhea cases in last 5 years
 - FTE per 100,000 residents
 - Operation of a county-run STD clinic

PRELIMINARY ANALYSIS

Phase II: Interviews in “positively deviant” counties, cont.

➤ Qualitative interviews and analysis, cont.

- 5 selected for on-site, 1-hour interviews with STD Controllers and clinic staff
- 3 interviews completed: 2 large counties and 1 small
- CA interviews will conclude December 2015
- Alabama currently conducting preliminary data analysis for positive deviance selection

PRELIMINARY ANALYSIS

Phase II: Initial themes & findings, CA

➤ **Changes in STD Care and Partnerships**

- Both large and small counties now have more STD patients in their county-run clinics as ACA has insured more people
- Primary care clinics are an important source for STD care, but waiting times are long and physician shortages are a problem
- Large counties have consolidated STD and HIV programs
- County partnerships for screening delivery very specific to county geography and resources, irrespective of size

PRELIMINARY ANALYSIS

Phase II: Initial themes & findings, CA

➤ Perceptions about STD Trends

- All counties noted increases in syphilis, both inside and outside the MSM patient base
- Large counties more frequently noted increase reported morbidity for syphilis resulting from both less condom use and more robust STD surveillance data
- Small counties cited increases in syphilis morbidity due to changes in social norms, new residents

PRELIMINARY ANALYSIS

Phase II: Initial themes & findings, CA

➤ Clinic operations

- Counties in CA are not tracking partner notification efforts
 - No numbers of partners followed or treated are reportable
- All counties considered the introduction of partner packs as part of routine treatment a big success
- All counties noted how the shortage of primary care physicians makes clinic efficiency and partner notification efforts difficult
 - Some large counties are moving to a nurse practitioner (NP) model

PRELIMINARY ANALYSIS

Phase II: Initial themes & findings, CA

➤ Adapting Partner Notification Efforts for Changing Social Norms



- All counties integrating social site profiles into their syphilis prevention and partner notification strategies
 - Large counties sitting with patients to identify sexual partners on hookup sites and issuing notifications as a direct message through the site (Grindr)

PRELIMINARY ANALYSIS

Challenges From the Field

- County STD staff interviewed have a hard time estimating STD program clinic costs and division of effort
- Unable to estimate costs of STD care integrated into county run primary care (not STD) clinics
- Hard for respondents to separate STD clinic care from family planning and HIV care in budgets
- Partner notification activities not tracked, hard to measure
- Counties generally note resource constraints, shrinking FTE on STD activities among staff

Thank You

This project is a partnership of:
University of California Berkeley
Public Health Institute
University of Alabama Birmingham
University of California Merced, and the
Public Health Practice Based Research Networks of CA
and AL

With support from the
Robert Wood Johnson Foundation (#72052)

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Questions and Discussion

Systems for Action

Systems and Services Research to Build a Culture of Health



Announcing: 2015 Call for Proposals

<http://systemsforaction.org/funding-opportunities>

- 12 or 24 month projects, up to \$100 or 250K funding
- Informational webinar on Dec. 18, 2015
- Letters of Intent due January 12, 2016
- Invited full proposals due March 2016
- Grants initiated June 2016

Funded by the Robert Wood Johnson Foundation

Webinar Archives

<http://www.publichealthsystems.org/phssr-research-progress-webinars>

Next Month's Webinars

Wed, Jan 13 (12-1pm ET/ 9-10am PT)

INTEGRATING HEALTH CARE AND PUBLIC HEALTH TO IMPROVE EARLY HIV DETECTION AND CONTROL

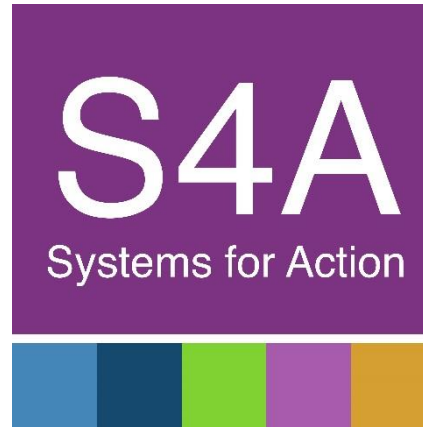
Deborah Porterfield, MD, RTI International, North Carolina

Thurs, Jan. 21 (1-2pm ET/ 10-11am PT)

LEVERAGING A HEALTH INFORMATION EXCHANGE INNOVATION TO IMPROVE THE EFFICIENCY OF PUBLIC HEALTH DISEASE INVESTIGATION

Janet Baseman, PhD, MPH, Debra Revere, MLIS, MA, and Ian Painter, PhD
University of Washington

Thank you for participating in today's webinar!



For more information about the webinars, contact:

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