Overview of STD Prevention, Control, and Program Management - Part 2


STD Program Management

Leadership Pyramid
Why am I here?

Core Public Health Skills
STD Specific Content
Management Skills
Core Leadership Skills
Leadership in Practice
Leadership in Crisis
Best Practice


Session Topics and Objectives -1

Participants will be able to:

- Discuss at least three distinctions between the key elements of management and leadership.
- List five Key Skills for STD Program Managers.
- List "Essential" and "Important" Activities for STD Programs, explain you ranking of each, and the importance of budget prioritization.
- Identify Key STD Program staff roles & functions
- Describe how Program Collaboration and Service Integration (PCSI) increases public health impact and available resources.
Session Topics and Objectives - 2

Participants will be able to:

- List at least 5 reasons for funding your STD program
- Explain how STD-related data can be used to advocate for your STD program
- Discuss how evaluation can improve the effectiveness of STD programs & services
- Discuss three evaluation tools the assist program managers in monitoring and improving their program's services & activities.
- Develop a Professional Self Development Plan

Administration, Management, Leadership

Key Roles for STD Program Directors

- **Administration**
  - Conducting a common set of functions to meet the organization's goals.

- **Management**
  - Organizing people, projects and systems to maintain order and control and achieve agency mission.

- **Leadership**
  - Mobilizing others to want to struggle for shared aspirations and alter the status quo.
### Core Elements of STD Administration

- **Personnel** (Recruiting, Training, Evaluation, Development)
- **Reporting** (Agency, State/local, Community and CDC)
- **Data Collection/Analysis** (incidence, prevalence, outcomes)
- **Accounting** (fiscal and programmatic)
- **Logistics** (space, technology, infrastructure, etc.)
- **Organizing** (people, projects, systems)
- **Quality Assurance** (organizational/staff performance)
- **Communication** (staff & management meetings, written)
- **Compliance for all of above**

### Core Elements of STD Management

- **Planning & Budgeting**
- **Evaluating**
- **Communicating**
- **Advocating**
- **Managing Change**
- **Making Decisions**
- **Solving Problems**
- **Managing Projects**
- **Managing Diversity**
- **Managing Conflict**
- **Building Capacity** (staff, resource, organization development)
- **Collaborating**
- **Networking**
- **Developing partnerships** (internal & external)
- **Grant and Report Writing**
- **Managing Time**

### Core Elements of STD Leadership

- **Strategic analysis**
- **Setting direction**
- **Achieving organizational performance** (influencing others to follow direction)
- **Communicating** (written & oral)
- **Instituting organizational change**
- **Managing conflict**
- **Maintaining mission awareness**
- **Facilitating** (group-based problem-solving and decision-making, running meetings, etc.)
- **People Skills:**
  - Interpersonal Communication
  - Counseling
  - Training
  - Coaching
  - Mentoring
- **Networking skills**
- **Community involvement**
Comparison of Characteristics and Responsibilities of Managers and Leaders

<table>
<thead>
<tr>
<th>The Manager</th>
<th>The Leader</th>
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</thead>
<tbody>
<tr>
<td>Administers</td>
<td>Innovates</td>
</tr>
<tr>
<td>Maintains</td>
<td>Develops</td>
</tr>
<tr>
<td>Focuses on systems and structures</td>
<td>Focuses on people</td>
</tr>
<tr>
<td>Relies on control</td>
<td>Inspires trust</td>
</tr>
<tr>
<td>Has short-range view</td>
<td>Has long-range view</td>
</tr>
<tr>
<td>Asks how and when</td>
<td>Asks what and why</td>
</tr>
<tr>
<td>Eye on bottom line</td>
<td>Eye on horizon</td>
</tr>
<tr>
<td>Imitates</td>
<td>Originates</td>
</tr>
<tr>
<td>Accepts the status quo</td>
<td>Challenges the status quo</td>
</tr>
<tr>
<td>Linear thinker</td>
<td>System thinker</td>
</tr>
<tr>
<td>Does things right</td>
<td>Does the right thing</td>
</tr>
</tbody>
</table>


Key Skills: STD Program Managers and Directors

- Management and Leadership
- Resource Allocation
- Program Planning
- Evaluation
- Advocacy

Resource Allocation: Ranking STD Program Activities Conducted at the State & Local Level

- Essential
  - Every program must conduct these activities regardless of size or funding

- Important*
  - Most if not all programs should conduct some level of these activities

- Desirable*
  - Programs should conduct these activities if the need exists and resources and staff are available

* Depends on amount of available resources and staff
Resource Allocation: Essential Activities

- **Surveillance and Evaluation**
  - Lab and Health Care Provider Reporting
  - Incidence and Prevalence Monitoring
  - Co-morbidity with HIV and other CDs
  - Outcomes of Program Activities
  - Dissemination of Data to Stakeholders

- **Counseling Infected Persons and Conducting Sex Partner Notification and Referral Services**

- **Outbreak Identification and Response**

- **Policy Development and Assurance**

Resource Allocation: Important Activities*

- Assuring STD and HIV Screening and Linkage to Care Services in the Public Sector
- Providing or Assuring Timely, Accessible and Affordable STD Diagnostic Testing, Treatment and Partner Services in the Private Sector
- Providing Training and Technical Assistance
- Health Education (Health Communication and Behavioral Interventions) including provision of condoms and educational materials
- Consulting and Collaborating with Stakeholders

Resource Allocation: Desirable Activities*

- Encouraging Screening in Private Sector
- Supporting Timely and High Quality Diagnostic Testing and Treatment in Private Sector
- Conducting or Participating in Research

* If resources and staff are available
Ideally, What Key Program Roles or Staff Should STD Programs Have?* -1

- Program Director
- Surveillance Coordinator (Epidemiologist**)
- Screening & Testing Coordinator
- Counseling & Partner Services Coordinator
- Evaluation Coordinator**
- Information Systems Coordinator**

*Staff may have to perform multiple roles depending on program size and available resources.
**May not be feasible for project areas with small budgets or lack of program-specific federal, state or local funding.

Ideally, What Key Program Roles or Staff Should STD Programs Have?* -2

- Disease Intervention Specialists (DIS) and Supervisors
- Administrative and Data Entry Staff
- Medical Director, Clinic Operations Coordinator and Clinic Support Staff (If program is responsible for STD clinics)**
- Outbreak Coordinator**

*Staff may have to perform multiple roles depending on program size and available resources.
**May not be feasible for project areas with small budgets or lack of program-specific federal, state or local funding.
Ideally, What Key Program Roles or Staff Should STD Programs Have?* -3

- Health Education Coordinator**
- Program Operations Manager**
- Syphilis Elimination** and Infertility Prevention Project Coordinators
- Program Collaboration and Service Integration and Viral Hepatitis Prevention Coordinator(s)**
- Research Coordinator**

*Staff may have to perform multiple roles depending on program size and available resources.
**May not be feasible for project areas with small budgets or lack of program-specific federal, state or local funding.

Resource Allocation: Program Collaboration and Service Integration (PCSI)

What Is It?

- A mechanism of organizing and blending inter-related health issues, separate activities, and services in order to maximize public health impact through new and established linkages between programs to facilitate the delivery of services

Why Do It?

- To provide prevention services that are holistic, science based, comprehensive, and high quality to appropriate populations at every interaction with the health care system.

Improving Systems and Services Through PCSI

- Health Protection
- PCSI
- Integrated and Holistic
- Increased Connectivity
- Client Focused
- Leveraged

- Limited Connectivity
- Program Centered
- Unleveraged

- Independent Specialist Services

Overview of STD Prevention, Control, and Program Management
Program Planning Steps:

- **Documenting the Problem**
  - Surveillance Data (Epi and Behavioral)
  - Community Assessments & Input

- **Developing Objectives**
  - Process
  - Outcome

- **Planning Evaluation**

- **Developing Interventions**
  - Disease Intervention
  - Health Communication & Behavioral Interventions

- **Budgeting**

Logic Models: A Program Planning Tool

- **A Diagram** depicting interrelationships between
  - goal - longer term public health outcomes
  - objectives - shorter term intervention impacts priority populations
  - action strategies

Also called

- Analytic framework
- Causal frameworks

http://www.cdc.gov/std/Program/

Example of Logic Model for Reducing STDs Among Teens

<table>
<thead>
<tr>
<th>Problem</th>
<th>Activities</th>
<th>Outcome Objectives</th>
<th>Impact of Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Rates of Teen STDs</td>
<td>Screening EPT, Clinic-based RX, Social Marketing, Advocacy with School Boards, EBIs in schools &amp; CBOs</td>
<td># Teens Getting Treated, condom use by Teens, Teen Sexual Abstinence</td>
<td>Reduced Rates of Teen STDs</td>
</tr>
</tbody>
</table>

http://www.cdc.gov/eval/resources.htm
**S.M.A.R.T. Objectives**

- **Specific** (concrete, detailed, well-defined)
- **Measurable** (numbers, quantity, comparison)
- **Achievable** (feasible, actionable)
- **Relevant** (realistic resources & time frame)
- **Time-Bound** (timed, timely, in a defined time line)


- **Effective** (Achieving the objective leads to the desired result)

http://www.thepracticeofleadership.net/2006/03/11/setting-smart-objectives/

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**What is Program Evaluation?**

"...the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program effectiveness, and/or inform decisions about future development."

Michael Quinn Patton - *Utilization Focused Evaluation*, 1997

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**CDC’s Evaluation Framework**

Steps
1. Engage Stakeholders
2. Describe the program
3. Focus the evaluation design
4. Gather credible evidence
5. Justify conclusions
6. Ensure use and share lessons learned

Standards
- Utility
- Feasibility
- Propriety
- Accuracy

STD Evaluation Resource

- Division of STD Prevention
  [http://www.cdc.gov/std/Program/](http://www.cdc.gov/std/Program/)

Narrative Description of Process
- Step-by-step Instructions
- STD Examples
- Case Studies
- Exercises with Answer Key

Some Types of Evaluation

- **Formative** – pilot or field testing something new
- **Process** – determines if staff implements program activities and output as planned
- **Outcome** – determines if an intervention achieved the planned/desired results with the targeted population
- **Program** – determines effectiveness and efficiency of program activities and outcomes and informs decisions about needed adjustments as well as future development
- **Research** – strict methodology and control to determine causal relationships between variables and interventions

Applied Evaluation Methods

- **Monitoring Programs**
- **Assuring Quality of Programs**
  - Performance Measures (PMs)
  - Program Improvement Plans (PIPs)
  - Evidence-Based Action Plans (EBAPs)
CSPS Performance Measures*  

Organized into 3 Categories  
- Medical and Laboratory Services  
- Partner Services  
- Surveillance & Data Management  

Each Grantee Must  
- Capture complete, accurate data  
- Utilize quality assurance mechanisms  
- Use PM data to inform program planning, implementation, evaluation and improvement.

http://www.cdc.gov/std/Program/

Example of 2011 Lab and Medical Services Performance Measures*  

- CSPS MLS2a: Among clients of IPP family planning clinics, the proportion of women with positive CT tests that are treated within 14 and 30 days of the date of specimen collection.  
  - Example  
    - Numerator: 80 women RX for CT within 14 days of specimen collection  
    - Denominator: 100 women screened for CT  
    - Performance Measure Outcome: 80/100 = 0.80

* Performance measure is calculated and posted semi-annually by project area on CDC PM Website

Program Improvement Plans (PIPs)  

CSPS grant requirement to use surveillance and evaluation data to improve program performance at least annually. PIPs should:  
- Address program gaps and needs identified through review of data and evaluation findings.  
- Identify steps necessary to build on program strengths and remedy weaknesses.  
- Include key milestones, timelines, champions for implementation, and indicators for evaluating success.  
- Include a request for technical assistance from outside sources, as needed.
Sample Project Area
IPP Program Improvement Plan (PIP)

<table>
<thead>
<tr>
<th>Program Indicator</th>
<th>Data Source</th>
<th>Program Outcomes and Service Activities</th>
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<td>Treatment Timeliness Rates</td>
<td>Prevalence Monitoring Sites</td>
<td>Increase to 100% of cases treated within 14 days</td>
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Sample STD Intervention Activity Improvement Plan

Program Area: CSIP 1, IPP SEE Program Goal Statement: Increase Chlamydia treatment timeliness rates at Family Planning and STD Clinics

Essential Program Function: Medical and Laboratory Services

Objective: By December 31, 2010 increase by five percent the percentage of female FP and STD clinic clients treated for Chlamydia within 14 days of initial test. (Baseline: 2008: Family Planning Clinics: 74% treated within 14 days, STD Clinics: 71% treated within 14 days)

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Use Evaluation and Data to Improve Program Outcomes and Services

Data Interpretation | Information Dissemination | Program Evaluation | Program Implementation
Evidence-Based Action Planning (EBAP)*

- CDC funded syphilis elimination grantees must submit annual plan describing their syphilis elimination interventions.
- EBAPs guide the collection of information on target populations, interventions provided, resources allocated, and outcomes in order to:
  - Direct efforts toward emerging at-risk populations
  - Improve effectiveness
  - Inform decisions about future program development

*2009 Guidance for Syphilis Elimination Effort Evidence-based Action Planning
http://www.cdc.gov/std/Program/

Evidence-Based Action Planning (EBAP)

- The target population for the intervention.
- The intervention.
- The implementation plan - the type, amount and cost of the resources to conduct the intervention.
- The performance indicators used to evaluate the intervention.
- The expected outcomes - short term, immediate and long term outcomes expected from the intervention.
- The outcomes achieved.
- The examination and evaluation of the data and reconsider the intervention.

Importance of STD Prevention & Control: Advocating for Your Program
What Rationales do You Use in Advocating for Your STD Program? - 1

- High Incidence and Prevalence of STDs
- STDs Facilitate HIV Acquisition & Transmission
- STDs Cause Serious Complications in Women and Adverse Pregnancy Outcomes
- STD Related Costs are Very High

What Rationales do You Use in Advocating for Your STD Program? - 2

- Preventing STDs Reduces Health Disparities and Inequities
- STDs Disproportionately Affect Specific Communities and Subpopulations
- STD Prevention is Cost Effective and Past Successes in Reducing Incidence and Prevalence
- Provision of STD Services can Provide a Gateway to Other Health and Social Services

Examples of Data for STD Program Advocacy

- Person
- Place
- Time
- Cost
- Multifactorial
2008 Estimated Population

- 2007 CT Prevalence = 8,643

CT Prevalence by Age Compared to Iowa's Population

- All Other Ages
- 15-19
- 20-24
- 25-29
- 30-34
- 35-39

Rates of Chlamydia, Gonorrhea, and Primary/Secondary Syphilis by Selected Age Groups and Gender, Missouri, 2007

Health Disparities in Reported STDs in the US (1997-2009)

B/W Rate Ratios

- P & S Syphilis: 42:1
- Gonorrhea: 32:1
- Chlamydia: 10:1

Percentages are calculated from numbers rounded to one-tenth.
Overview of STD Prevention, Control, and Program Management

**Chlamydia Complications**

- **Untreated Genital Chlamydia Infection**
  - 70-80% Asymptomatic
  - 20-50% Asymptomatic

- **Female Urethritis**
  - 18%

- **Male Urethritis**
  - 14-20%

- **Neonatal Infection**
  - 14%

- **PID (Acute & Silent)**
  - 9%

- **Chronic Pelvic Pain**
  - 14%

- **Infertility**
  - 18%

- **Ectopic Pregnancy**
  - 18%

Source: CDC, Chlamydia in the United States. April 2001

**Annual Direct Medical Cost (DMC) of STDs**

- **$12-$20 Billion** in USA for All Age Groups (CDC 2010)*
- **$6.5 Billion** in USA for 15-24 Year Olds (Chesson, et al 2004)*
- **$1.1 Billion** in CA for 15-24 Year Olds (Jerman et al 2007)*
- **$36.5 Million** in IL for 15-24 Year Olds (Pultorak et al 2009)**

* Reportable and Non-Reportable STIs, including HIV, HSV, HPV
** Chlamydia, Gonorrhea, Syphilis only

**New Realities of Leadership**

- Power Shift from Titles to Technology and Skills Resulting in Hierarchy Flattening
- Knowledge is the New Currency and has Replaced Land and Capital as the New Economic Resource

5 Fundamental Leadership Practices
10 Leadership Learning Behaviors

- Challenge the Process
- Inspire a Shared Vision
- Enable Others to Act
- Model The Way
- Encourage the Heart


STD Prevention, Control and Management Overview Module: Key Take Home Messages

- Be able to:
  - Identify and justify the essential activities for your STD Program.
  - List and describe and justify the essential and appropriate staff/roles for your program.
  - Effectively practice administrative, management, and leadership skills to maintain and improve STD program performance and STD prevention.
  - Plan, implement, and evaluate effective STD programs and to make appropriate program adjustments based through use of program planning and evaluation tools.
  - Know where and how to obtain information, technical assistance and training on the bullets above.