Building STD Program Evaluation Capacity: Introducing STD PETT (Program Evaluation Tools & Trainings)

NCSD Engage 2017
11/16/2017
10:20 – 11:30 AM
Session Objectives

• Describe how these evaluation trainings and resources were developed through collaboration and partnership.

• Provide participants with information on how to effectively access and use the trainings and resources to support and enhance STD Program Evaluation.

• Provide participants with a real world example from a peer on how program evaluation can improve STD prevention outcomes.

• Engage participants in several activities to increase their knowledge and skills regarding STD program evaluation.
Presenters

- Charlie Rabins, National Coalition of STD Directors
- Dr. Marion Carter, Centers for Disease Control and Prevention
- Wendy Nakatsukasa-Ono, Cardea Services
- Samantha Feld, Cardea Services
- Nicole Olson Burghardt, California Department of Public Health
Poll Question #1

How would you describe your level of experience with STD program evaluation?

1) beginner
2) intermediate
3) advanced

App Poll Results:
https://www.confpal.com/surveyliveview.do?confid=1185&indicatorid=1327&objectsurveyid=671&type=bar
Rationale for STD PETT

Dr. Marion Carter

Centers for Disease Control and Prevention

Division of STD Prevention
Motivations for the PETT Project

Marion W. Carter
CDC/Division of STD Prevention
Program Development and Quality Improvement Branch
Program Evaluation Team

NCSD Annual Meeting
November 2017
We require awardees to do some evaluation

TEPs or Targeted evaluation plans/projects

- Submitted annually
- Topic of awardee’s choosing
- Scope according to awardee’s capacity
- Plans implemented independently
- TA/support from assigned CDC evaluator
We found ourselves wanting more resources to offer

- Awardees who wanted more orientation than we could offer
- Certain parts of the TEP tripped up folks
  - Logic model development
  - Identifying strong evaluation questions
- We had a good manual from 2007, but not as user-friendly as should be
  - https://www.cdc.gov/std/program/pupestd.htm
Awardees told us they wanted more resources

From an informal assessment from late 2016

- Examples of Evaluation Plans, Tools, Products
- Short Guides (2-3 page briefs)
- Brief Video Tutorials (<15 minutes)
- Checklists or Job Aids
- In-Person Training
- Online Self-study Modules
- Slide Sets
- Virtual STD Program Evaluation Study Group
- Webinars

 preferential ratings:
- High Preference
- Moderate Preference
- Low Preference
Many awardees still feel weak in evaluation

From interim assessment of AAPPS

How strong or weak would you rate your STD program at conducting TEPs?

<table>
<thead>
<tr>
<th></th>
<th>Weak</th>
<th>Somewhat Strong</th>
<th>Very Strong</th>
</tr>
</thead>
<tbody>
<tr>
<td>28%</td>
<td>40%</td>
<td>32%</td>
<td></td>
</tr>
</tbody>
</table>
Awardees volunteered mixed views on the TEPs

From interim assessment of AAAPPS

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enjoyed and appreciated it (9 mentioned)</td>
<td>Burden on top of everything else (6)</td>
</tr>
<tr>
<td>Tool for program improvement (5)</td>
<td>Redundant because already do QA and evaluation (2)</td>
</tr>
<tr>
<td>Positive shift in AAAPPS (3)</td>
<td>Too much paperwork involved (3)</td>
</tr>
<tr>
<td>Appreciated flexibility (3)</td>
<td>Wished for more clarity on when/how to report findings (1)</td>
</tr>
<tr>
<td>Liked template structure (1)</td>
<td>Wished there was more sharing of findings (1)</td>
</tr>
</tbody>
</table>
Awardees volunteered mixed view on TEP

From interim assessment of AAPPS

“I like the TEPs. . . . It kind of makes you think outside of the box on how you want to do a process improvement for the entire year. . . . we don’t do great at them always but it gets us thinking and even if you fail you’ve learned something.” (A17)

“It’s like another grant.” (A33)

“It’s just something that we’re doing to appease them. It’s not helping to make our program better.” (A39)
Awardees have mixed results from the TEPs

Based on 59 recent interim progress reports on 2017 TEPs:
20%  A = nearly done or done, with real results to show
24%  B = doing okay, more work to do but promising
31%  C = started but stalled or encountering some difficulties/lack of info
17%  D = not really started or delayed almost entirely
8%  N/A = didn’t submit or TEP bomb
PETT = One way to improve evaluation climate and capacity

- Tools for us to use in TA conversations
- Tools for programs to use with new and existing staff

Other steps and plans
- 2018 TEP is optional so folks can complete what they started
- Better integrate TEPs into work plans and other TA and program support from DSTDP
- Streamline templates so less burdensome/different
Acknowledgments

- **National Network of Public Health Institutes (NNPHI)**
  - Texas Health Institute
  - Cardea
  - NCSD

- **Who produced**
  - A lot
  - What we had in mind
  - In a short time
  - On a shoe string budget

THANK YOU!
Poll Question #2

What has been the biggest challenge to developing and implementing an STD evaluation project in your STD Program?

1) Lack of staff expertise/training in evaluation
2) Lack of staff time to conduct evaluation
3) Not a omnibet program priority
4) Not Applicable

App Poll Results:

https://www.confpal.com/surveyliveview.do?confid=1185&indicatorid=1328&objectsurveyid=671&type=bar
Project Overview

Wendy Nakatsukasa-Ono

Cardea Services
STD Program Evaluation
Tools & Trainings
Partners

- National Network of Public Health Institutes
- Public Health Learning Network
- Texas Health Institute
- Cardea Services
- National Coalition of STD Directors
Project Phases

1. Environmental scan
2. eLearning courses and tools
3. Marketing
Engage Stakeholders

Describe the Program

Focus the Evaluation

Gather Credible Evidence

Justify Conclusions

Ensure Use and Share Lessons Learned

Source: Centers for Disease Control and Prevention.
https://www.cdc.gov/eval/framework/
Environmental Scan

• Review and use resources that support CDC’s *Framework for Evaluation*
• Include resources for each step in the *Framework*
• Use STD-specific content or content that can be readily adapted for use by STD program staff
• Focus more on simple and easy-to-use tools and resources vs. evaluation trainings
eLearning Course

- Content adapted from *Practical Use of Program Evaluation among Sexually Transmitted Disease (STD) Programs* by Yamir Salabarría-Peña, Betty S. Apt, and Cathleen M. Walsh (2007)
- Six, self-paced modules focused on each step in the *Framework*
- 30-60 minutes to complete each module
Target Audience

- STD program staff responsible for evaluation activities
- Extensive, limited, or no previous program evaluation experience
Course Objectives

• Understand the benefits of evaluation
• Establish a common language across project areas
• Build evaluation capacity of STD programs
• Integrate evaluation into routine practice
STD Program Evaluation Tools & Trainings

Marketing

STD Program Evaluation Tools & Trainings
Build STD program evaluation capacity in six steps

Step 1: Engage Stakeholders
Step 2: Describe the Program
Step 3: Focus the Evaluation
Step 4: Gather Credible Evidence
Step 5: Justify Conclusions
Step 6: Ensure Use, Share Lessons

Six online training modules & 21 downloadable resources available free at:
www.ncsddc.org/STD-PETT

Just Launched: STD Program Evaluation Tools & Trainings (STD PETT)

With support from the Centers for Disease Control and Prevention (CDC), the National Coalition of STD Directors, Centers for Disease Control and Prevention, and National Network of Public Health Institute, STD PETT a collection of six online training modules and 21 downloadable resources providing step-by-step guidance to enhance STD program evaluation capacity. STD PETT emphasizes practical, user-friendly methods and features real-world success stories from 7 different local and state STD programs across the nation. With logic model templates, data analysis tutorials, and checklists for every phase of evaluation, STD PETT aims to make evaluation an accessible core activity among STD programs of any size and scope.

Access the tools today!
Environmental Scan and Linkage to Programs

Charlie Rabins

National Coalition of STD Directors
“Conduct a **brief** environmental scan to review and evaluate the quality of existing course materials, trainings, educational resources, and lessons learned related to program evaluation training for STD and infectious disease programs.

Before creating any new tools, trainings, or resources conduct a brief scan

• to support the work
• to arrive at a clear understanding of needs and priorities
• to inform the development of the overall efforts.”
Environmental Scan Methods - 1

• Search for existing resources focused on:
  • Materials provided by STD Programs in response to requests published by NCSD or direct solicitation by core team members
  • Materials found on the Internet
Environmental Scan Methods - 2

- Criteria for selecting, reviewing and cataloging materials were based on:
  - RFP requirements
  - Findings from a grantee and field staff needs assessment conducted by DSTDP
  - CDC DSTDP Recommendations
    - Review and use materials that support the CDC Six Step Evaluation Framework
    - Include tools and resources from every framework step
    - Use STD specific content or adapt to STD
    - Focus more on simple and easy to use tools and resources rather than evaluation trainings
Environmental Scan Methods - 3

- Data elements selected to describe and rate materials for initial scan include:

<table>
<thead>
<tr>
<th>Examples of Data Elements Collected for Scan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tool name, description and purpose</td>
</tr>
<tr>
<td>Tool type and format</td>
</tr>
<tr>
<td>Target audience</td>
</tr>
<tr>
<td>Usefulness to STD Programs</td>
</tr>
<tr>
<td>STD specific content</td>
</tr>
</tbody>
</table>
Environmental Scan Methods - 3

Example of Programmatic Data Collection Tools

<table>
<thead>
<tr>
<th>Tool Name or Description</th>
<th>Purpose of Tool</th>
<th>Type of Tool</th>
<th>Tool Format</th>
<th>Target Audience</th>
<th>Target Level</th>
<th>Tool Specificity</th>
<th>Tool Usefulness to Target Audience</th>
<th>Adaptability of Tool for STD</th>
<th>Evaluation Framework Step Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas DIS Time and Activity Evaluation Protocol</td>
<td>Evaluate time DIS spend on activities related to syphilis and HIV investigation and counseling</td>
<td>Policy, Procedure or Protocol</td>
<td>PDF</td>
<td>Multi-Audience</td>
<td>Elementary</td>
<td>STD/HIV</td>
<td>High</td>
<td>High</td>
<td>4: Gather credible evidence</td>
</tr>
<tr>
<td>Texas DIS Time and Activity Evaluation Tool</td>
<td>Evaluate time DIS spend on activities related to syphilis and HIV investigation and counseling</td>
<td>Data collection tool</td>
<td>Spreadsheet</td>
<td>Multi-Audience</td>
<td>Elementary</td>
<td>STD/HIV</td>
<td>High</td>
<td>High</td>
<td>4: Gather credible evidence</td>
</tr>
<tr>
<td>Texas DIS Time and Activity Evaluation Tool</td>
<td>Evaluate time DIS spend on activities related to syphilis and HIV investigation and counseling</td>
<td>Data collection tool</td>
<td>PDF</td>
<td>Multi-Audience</td>
<td>Elementary</td>
<td>STD/HIV</td>
<td>High</td>
<td>High</td>
<td>4: Gather credible evidence</td>
</tr>
<tr>
<td>ETA Evaluation Brief (#4 2/2009) Developing Process Evaluation Questions</td>
<td>Defines evaluation questions and addresses steps to develop them</td>
<td>Policy, Procedure or Protocol</td>
<td>PDF</td>
<td>Multi-Audience</td>
<td>Intermediate</td>
<td>Multi-Program</td>
<td>Medium</td>
<td>High</td>
<td>4: Gather credible evidence</td>
</tr>
<tr>
<td>Wyoming Communicable Disease Program Outcome, Outputs and Efficiencies</td>
<td>Provides Grid for Displaying Program Outcomes, Outputs and Efficiencies for Written Report and Website</td>
<td>Results and Outcome Reporting</td>
<td>PDF</td>
<td>Multi-Audience</td>
<td>Elementary</td>
<td>Multi-Program</td>
<td>Medium</td>
<td>High</td>
<td>6: Ensure use and share lessons learned</td>
</tr>
</tbody>
</table>
Program tools by adaptability and needs assessment priority addressed

<table>
<thead>
<tr>
<th>Tool adaptability</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>31 (84%)</td>
</tr>
<tr>
<td>Medium</td>
<td>4 (11%)</td>
</tr>
<tr>
<td>Low</td>
<td>2 (5%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Needs assessment priority addressed</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost Analysis</td>
<td>3 (9%)</td>
</tr>
<tr>
<td>Training Course</td>
<td>2 (5%)</td>
</tr>
<tr>
<td>Concrete Tool</td>
<td>30 (81%)</td>
</tr>
<tr>
<td>Training Material</td>
<td>2 (5%)</td>
</tr>
</tbody>
</table>
Conclusions and Recommendations From Programmatic Scan -1

- Challenging to solicit evaluation resources and tools from STD Programs
- Very few STD specific evaluation trainings found – none were video-based
- STD cost analysis - very few tools found – no trainings identified
- Concrete tools are readily available for framework steps 2 (Program Description) and 4 (Gather Evidence)
Conclusions and Recommendations From Programmatic Scan - 2

• Need to identify more tools/resources for framework steps 1 (Stakeholders), 3 (Evaluation Design) and 5 (Conclusions)

• Need to develop criteria to rate evaluation trainings, tools and resources for quality

• Consider checklists for each framework step

• Use peer stories and examples from the “real world” of STD program evaluation to foster relatability and uptake.
## Environmental Scan Methods

### Example of Internet Data Collection Tool

<table>
<thead>
<tr>
<th>Website or Organization Name</th>
<th>Website URL</th>
<th>Tool Name and Description</th>
<th>Type of Tool</th>
<th>Tool Format</th>
<th>Target Audience</th>
<th>Target Level</th>
<th>Identified or Documented By</th>
<th>Usefulness to STD Programs</th>
<th>STD Program Specific Content</th>
</tr>
</thead>
</table>
## Internet tools by target level & audience

<table>
<thead>
<tr>
<th>Target Level</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary</td>
<td>15 (44%)</td>
</tr>
<tr>
<td>Intermediate</td>
<td>16 (47%)</td>
</tr>
<tr>
<td>Advanced</td>
<td>3 (9%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Audience</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-Audience</td>
<td>25 (74%)</td>
</tr>
<tr>
<td>Program Evaluator</td>
<td>5 (15%)</td>
</tr>
<tr>
<td>Program/Unit Manager</td>
<td>3 (9%)</td>
</tr>
<tr>
<td>Program Director</td>
<td>1 (3%)</td>
</tr>
</tbody>
</table>
Conclusions and Recommendations
From Internet Scan

• Evaluation guides and tool kits represented the majority of tools identified
• Over half of tools were in PDF format; videos, webinars and e-learning courses were less common
• Most tools were aimed at elementary-intermediate level users across multiple audiences
• While the majority of tools identified through the internet-based scan were not STD-specific, most were relevant or customizable to STD programs
Introducing STD PETT

Samantha Feld

Cardea Services
STD PETT Overview
This brief introductory module provides an overview of the six module course, including the course goals and objectives. It describes CDC’s framework for program evaluation, which serves as the foundation of this course.
Module 1 - Engage Stakeholders

This module establishes the important role stakeholders play in program evaluation, and guides users in identifying, engaging, and retaining key stakeholder groups. The accompanying checklist, tracker, and conversation guide provide a clear framework for briefing stakeholders and responding to their input.
Importance of Stakeholder Involvement

Brandy Maddox, MPH, MCHES
Health Scientist

Division of STD Prevention
Centers for Disease Control and Prevention
Module 1: Engage Stakeholders

Expedited Partner Therapy in South Dakota

Amanda Gill, MS
STD Program Coordinator

Office of Disease Prevention
South Dakota Department of Health
Module 1: Engage Stakeholders

Lessons from the Field—Pennsylvania

Nenette Hickey, MS
Senior Medical Economist

Steve Kowaleski
Senior Federal Public Health Advisor
Module 2 - Describe the Program

This module aids users in developing goals and SMART objectives based on a program needs assessment. To set up a successful evaluation, users can draw upon templates and examples provided to construct a logic model for their program.
Module 2: Describe the Program

Lessons from the Field — California

Nicole Burghardt, MPH
Epidemiologist

Joan Chow, MPH, DrPH
Chief of SEAE

Surveillance, Epidemiology, Assessment, and Evaluation (SEAE)
Sexually Transmitted Disease Control Branch | California Department of Public Health
Module 2: Describe the Program

Logic Model Advice from Texas

Tammy Foskey, MA
HIV/STD Public Health Follow Up Manager

Samuel Goings, MPH
HIV/STD Public Health Follow Up Consultant

HIV/STD Public Health Follow Up
HIV/STD Prevention and Care Branch | Texas Department of State Health Services
Module 3 - Focus the Evaluation

This module discusses ways to adapt evaluation plans to meet various program and stakeholder needs, assess resources available for evaluation activities, and construct meaningful evaluation questions. An Evaluation Questions Prioritization Tool is provided to assist users in focusing evaluations on questions of highest importance.
Module 3: Focus the Evaluation

Example – Process Evaluation

Kate Washburn, MPH
Director of Planning & Strategic Initiatives

Christine Borges, MPH
Director of HIV Programs

Preeti Pathela, DrPH, MPH
Director of Research & Evaluation

Bureau of STD Control | New York City Department of Health and Mental Hygiene
Lessons from the Field – North Carolina

Victoria Mobley, MD, MPH
HIV/STD Medical Director,
Field Services Unit Director

Communicable Diseases | Public Health Division | North Carolina Department of Health and Human Services
Module 4 - Gather Credible Evidence

This module reviews how to select reliable indicators aligned to evaluation questions, choose appropriate data sources, and establish clear data collection methods and procedures. Using the Evaluation Plan Template, users can compile selected strategies into a thorough plan of action.

EXPLORE ➤
Module 4 Overview

Shauntà Wright, MPH
Health Scientist

Division of STD Prevention
Centers for Disease Control and Prevention
Lessons from the Field — New Hampshire

Kirsten Durzy, MPH
Epidemiologist and Evaluator

Bureau of Infectious Disease | New Hampshire Division of Public Health Services
Module 5 - Justify Conclusions

This module reviews simple, accessible data analysis tools and methods to help users make sense of their findings, and use those findings to tell the story of their program. Accompanying data analysis aids can be used for practice or adapted for full implementation in the field, and do not require advanced statistics.
Module 5: Justify Conclusions

Lessons from the Field — Iowa

Katie Herting  
Ryan White Quality Coordinator

George Walton, MPH, CPH  
STD Program Manager

Colleen Bornmueller  
Community-Based Screening Services Coordinator

Bureau of HIV, STD, & Hepatitis  
Division of Behavioral Health  
Iowa Department of Public Health
Module 6 - Ensure Use & Share Lessons Learned

This module recommends strategies for disseminating evaluation findings, and communicating expected actions to be taken as a result of the evaluation. Several communication tools and a checklist are provided to support sharing lessons learned.

EXPLORE
## Tools and Resources

- Checklists
- Resource guides
- Workbooks
- Forms and templates
- Samples

### Module 4: Gather Credible Evidence

<table>
<thead>
<tr>
<th>Tools developed</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CHECKLIST - GATHER CREDIBLE EVIDENCE</td>
</tr>
<tr>
<td>• EVALUATION PLAN GUIDANCE TOOL</td>
</tr>
<tr>
<td>• EVALUATION PLAN TEMPLATE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>External Links</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CONDUCTING SURVEYS (COMMUNITY TOOL BOX)</td>
</tr>
<tr>
<td>• CONDUCTING INTERVIEWS (COMMUNITY TOOL BOX)</td>
</tr>
<tr>
<td>• CONDUCTING FOCUSING GROUPS (COMMUNITY TOOL BOX)</td>
</tr>
<tr>
<td>• COLLECTING EVALUATION DATA: DIRECT OBSERVATION (U OF WISCONSIN)</td>
</tr>
<tr>
<td>• DATA COLLECTION METHODS FOR EVALUATION METHODS (CDC)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Short guides</th>
</tr>
</thead>
<tbody>
<tr>
<td>• DEVELOPING EVALUATION INDICATORS</td>
</tr>
<tr>
<td>• SELECTING DATA COLLECTION METHODS</td>
</tr>
<tr>
<td>• PUTTING TOGETHER AN EVALUATION MATRIX</td>
</tr>
</tbody>
</table>

### Module 5: Justify Conclusions

<table>
<thead>
<tr>
<th>Tools developed</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CHECKLIST - JUSTIFY CONCLUSIONS</td>
</tr>
<tr>
<td>• DATA VALIDATION INSTRUCTIONS</td>
</tr>
<tr>
<td>• PIVOT TABLE INSTRUCTIONS</td>
</tr>
</tbody>
</table>
Knowledge Check #2 — Process Objectives

Which of the following are **process** objectives?

- The prevalence of chlamydia among high risk female adolescents within County B will decrease from X% in 2016 to Y% in 2019.

- By May 2018, the percentage of medical staff who conduct chlamydia prevention counseling in family planning clinics in County B will increase from X% to Y%.

- By December 2017, STD program staff will disseminate protocols for chlamydia screening for female adolescents to all family planning clinics in County B.
Knowledge Check #4 — Logic Model Sort

Goal: Reduce Gonorrhea (GC) in State X

Inputs
Activities
Outputs
Short-Term Outcomes
Intermediate Outcomes
Long-Term Outcomes

Screen, treat, and counsel patients
Increased rates of condom use among patients
Increased awareness of GC transmission and prevention among patients
$150,000 in health department funds
Increased rate of abstinence until treatment is complete
Patients screened, treated, and counseled
Decreased prevalence of GC
Certificate of Completion

NCSD
National Coalition of STD Directors

This is to certify that

Charlie Rabins

successfully completed the STD Program Evaluation Training and Tools (STD PETT) eLearning Course

Module 1: Engaging Stakeholders

September 21, 2017

This eLearning course was developed by Cardea Services, National Coalition of STD Directors, Public Health Learning Network, National Network of Public Health Institutes, and Texas Health Institute and was supported by the U.S. Centers for Disease Control and Prevention (CDC).
Accessing STD PETT

• http://www.ncsdddc.org/std-pett/
• http://www.ncsdddc.org/std-pett-tools/
Poll Question #3

Have you or anyone in your program accessed the STD PETT elearning modules or tools and resources?

1) Yes
2) No/Unknown
3) Never heard about STD PETT before today

App Poll Results:

https://www.confpal.com/surveyliveview.do?confid=1185&indicatorid=1329&objectsurveyid=671&type=bar
Discussion

• Feedback? Reactions?
• How and where to promote STD PETT utilization in the field?
STD Program Evaluation in the Real World

Nicole Olson Burghardt

California Department of Public Health
Notes from the Field: California’s Evaluation Project Experience

Nicole Olson Burghardt, MPH

California Department Of Public Health
National Coalition of STD Directors Annual Meeting
11/16/2017
Outline

- Background
- Overview of our evaluation project + framework for program evaluation
- Benefits of “real-life” programmatic examples highlighted in the modules
Background: California

- California Project Area or CPA = 59 local health jurisdictions (LHJs)
- CPA 2015 population = 28.7 million
- CPA 2015 STDs:
  - Chlamydia = 129,072 cases
  - Gonorrhea = 33,262 cases
  - Early syphilis = 4,983 cases
Gonorrhea (GC) is the second most common reportable STD in both the United States and California.

Long history of GC developing resistance to antibiotics used for treatment.

- Highlights the importance of using the correct current treatment to prevent resistance and ensure infection is adequately treated.
Background: Gonorrhea Trends

Gonorrhea, Incidence Rates by Gender, California, 1990–2015
Rationale For GC Treatment Evaluation Project

- Adherence to recommended treatment guidelines is essential
- Treatment monitoring in our state surveillance system indicated that improved provider adherence and reporting were needed
  - Overall CPA adherence = 70%
  - Selected large LHJ adherence = 50%
California’s GC Treatment Evaluation Project + Framework for Program Evaluation
Framework for Program Evaluation

STANDARDS
Utility
Feasibility
Propriety
Accuracy

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
# Project Logic Model

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Short Term Outcomes</th>
<th>Intermediate/Long Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>STDCB staff</td>
<td>• Assess GC case volume, tx data completeness and adherence by LHJ and develop reports</td>
<td>• Reports on GC case volume, tx data completeness and adherence developed</td>
<td>• Increase the #/% of GC case reports with complete tx data</td>
<td>• Increased proportion of GC cases that receive appropriate tx</td>
</tr>
<tr>
<td>Target LHJ staff</td>
<td>• Recruit LHJs to participate in enhanced TA intervention</td>
<td>• List of participating LHJs for enhanced TA intervention generated</td>
<td>• Increase awareness among providers of the importance of GC tx data completeness and adherence</td>
<td>• Decreased GC morbidity</td>
</tr>
<tr>
<td>LHJ providers</td>
<td>• Implement provider contact protocols for use by targeted LHJs</td>
<td>• Reports on GC case volume, tx data completeness and adherence developed by provider</td>
<td>• Increased adherence to GC tx</td>
<td></td>
</tr>
<tr>
<td>Surveillance data</td>
<td>• Assess high volume providers to target for intervention</td>
<td>• Provider performance reports sent to targeted LHJs staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC treatment guidelines for GC</td>
<td></td>
<td>• Logs of providers contacted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Increase the #/\% of GC case reports with complete tx data
- Increase awareness among providers of the importance of GC tx data completeness and adherence
- Increased adherence to GC tx
- Decreased GC morbidity
In 2014, three LHJs (intervention group) were prioritized based on:
- GC morbidity (>1,000 GC cases)
- Geographic representation
- Low GC treatment data completeness
- Low GC treatment adherence

Three similar (in morbidity and geography), non-intervention LHJs were identified for comparison.
## Project Logic Model

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Short Term Outcomes</th>
<th>Intermediate/Long Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• STDCB staff</td>
<td>• Assess GC case volume, tx data completeness and adherence by LHJ and develop reports</td>
<td>• Reports on GC case volume, tx data completeness and adherence developed</td>
<td>• Increase the #/% of GC case reports with complete tx data</td>
<td>• Increased proportion of GC cases that receive appropriate tx</td>
</tr>
<tr>
<td>• Target LHJ staff</td>
<td>• Recruit LHJs to participate in enhanced TA intervention</td>
<td>• List of participating LHJs for enhanced TA intervention generated</td>
<td>• Increase awareness among providers of the importance of GC tx data completeness and adherence</td>
<td>• Decreased GC morbidity</td>
</tr>
<tr>
<td>• LHJ providers</td>
<td>• Implement provider contact protocols for use by targeted LHJs</td>
<td>• Reports on GC case volume, tx data completeness and adherence developed by provider</td>
<td>• Increased adherence to GC tx</td>
<td></td>
</tr>
<tr>
<td>• Surveillance data</td>
<td>• Assess high volume providers to target for intervention</td>
<td>• Provider performance reports sent to targeted LHJs staff</td>
<td></td>
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</tr>
<tr>
<td>• CDC treatment guidelines for GC</td>
<td></td>
<td>• Logs of providers contacted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Methods - Intervention: Provider Contact

- In 2015, intervention LHJs contacted high volume provider offices using visits, phone calls, and/or faxes
  - A total of 93 provider offices were contacted
## Project Logic Model

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<tr>
<td>STDCB staff</td>
<td><strong>Assess GC case volume, tx data completeness and adherence by LHJ and develop reports</strong>&lt;br&gt;Recruit LHJs to participate in enhanced TA intervention&lt;br&gt;Implement provider contact protocols for use by targeted LHJs&lt;br&gt;Assess high volume providers to target for intervention</td>
<td><strong>Reports on GC case volume, tx data completeness and adherence developed</strong>&lt;br&gt;List of participating LHJs for enhanced TA intervention generated</td>
<td><strong>Increase the #/% of GC case reports with complete tx data</strong>&lt;br&gt;<strong>Increase awareness among providers of the importance of GC tx data completeness and adherence</strong>&lt;br&gt;<strong>Increased adherence to GC tx</strong></td>
<td><strong>Increased proportion of GC cases that receive appropriate tx</strong>&lt;br&gt;<strong>Decreased GC morbidity</strong></td>
</tr>
<tr>
<td>Target LHJ staff</td>
<td><strong>Surveillance data</strong></td>
<td><strong>List of participating LHJs for enhanced TA intervention generated</strong>&lt;br&gt;Reports on GC case volume, tx data completeness and adherence developed by provider&lt;br&gt;Provider performance reports sent to targeted LHJs staff&lt;br&gt;Logs of providers contacted</td>
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</tr>
</tbody>
</table>
Did contacting low-performing providers in targeted LHDs result in improved GC treatment adherence and data completion?
Results - Data completion, pre (2013) vs. post (2016)

While GC data completion increased for both groups, the magnitude of improvement in the intervention group was much higher.

- **Intervention**
  - Pre: 29%
  - Post: 52%

- **Non-Intervention**
  - Pre: 40%
  - Post: 48%
While GC data adherence increased for both groups, the magnitude of improvement in the intervention group was much higher.
Framework for Program Evaluation

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
Disseminate Key Findings: local stakeholders

- Two page summary for stakeholders (e.g., program management, California LHJs, etc.)

The Need
The threat of emerging drug resistant gonorrhea (GC) obligates a robust public health assessment and assurance that medical providers are using dual treatment regimens. Treatment data in the state surveillance system were incomplete and efforts were needed to increase provider reporting and adherence.

TARGETED EVALUATION spotlight

Improvements in recommended GC treatment in three California local health jurisdictions

The Sexually Transmitted Diseases Control Branch (STDCB) at the California Department of Public Health wanted to mitigate the threat of cephalosporin resistant gonorrhea (GC) by increasing recommended treatment.

In 2013, 25% of GC cases were treated with non-standard medications and GC treatment data was missing for 54% of GC cases reported in the state of California, excluding San Francisco and Los Angeles, with variation in these measures across the remaining 59 local health jurisdictions (LHJs).

Disseminate Key Findings: wider audience

- Conference abstract and in-progress manuscript to share with other project areas

Increases in adherence to gonorrhea treatment recommendations in three California local health jurisdictions associated with a targeted provider intervention


California Department of Public Health, California County Department of Public Health, Santa Clara County Department of Public Health, Fresno County Department of Public Health

Background
- To counter emerging gonorrhea antimicrobial resistance (AMR) and reduce outbreaks, adherence to gonorrhea treatment guidelines is essential
- Treatment monitoring in the California state surveillance system indicated that improved provider adherence and reporting were needed
- California experience of harm reduction partnerships with local health jurisdictions aimed to increase provider treatment adherence and reporting

Objective
- Increase AMR-related data completeness and adherence to treatment guidelines by linking high-volume providers

Methods
- Three AMR intervention groups were prioritized based on AMR prevalence in each area and geographic proximity
- Nonintervention clinics were included for comparison
- All clinics selected for intervention had high-volume providers who were not reporting AMR treatment or were poorly adherent with surveillance guidelines
- A subset of refill providers were contacted, monthly due to not using electronic treatment data or consistent use of high AMR
- Intervention clinics received the measures at start of the intervention and were supported to meet intervention requirements
- Staff and providers were monitored to ensure intervention adherence

Results
- Intervention clinic providers increased detection of AMR and provided targeted intervention plans for high-volume providers who had not reported AMR treatment or were poorly adherent with surveillance guidelines
- There were significant improvements in gonorrhea treatment data completeness across intervention sites

Limitations
- This evaluation was conducted in select areas and the results may not be generalizable
- Provider adherence was not measured, although intervention plans for high-volume providers who were not reporting AMR treatment data or were poorly adherent were provided

Conclusions
- The intervention was successful in increasing the completeness of gonorrhea treatment data and adherence
- Providers who prioritized the intervention were more likely to report AMR and treatment adherence
Overall Summary: Strengths, Challenges, and the Benefits of the eLearning Modules
Overall Strengths and Lessons Learned

- Materials generated and best practices gleaned have been used to inform new evaluation projects
- These projects have fostered building interdisciplinary relationships within our program and with LHJs
Overall Challenges and Barriers

- Can be difficult to conduct projects given limited resources
- Necessary to balance our program’s goals and desired outcome measures with local capacity and priorities
  - Requires flexibility and customization at the design stage
  - Means that successful interventions can’t always be scaled-up
Benefits of “Real-life” Examples in the eLearning Modules

- Highlights the application of a formal process using familiar examples
- Facilitates peer-to-peer learning
- Describes how to implement an evaluation project in a wide range of local settings (low to high resource, low to high morbidity, diverse geographic range, etc.)
Thanks to...

- STDCB staff
  - Joan Chow
  - Heidi Bauer
  - Juliet Stoltey

- LHJ staff
  - Jim McPherson, Santa Clara County
  - Carolyn Lieber, Riverside County
  - Jared Rutledge, Fresno County

- Icons from the Noun Project
Thank You!

Nicole Burghardt, MPH
Nicole.Burghardt@cdph.ca.gov
Evaluation of STD PETT Usage

Charlie Rabins

National Coalition of STD Directors
Survey of elearning Course Participants

• eLearning Course Participants Completing Each Module Requested to Complete Brief 13 Question Survey

• Key Results from Survey (10/2-11/4/2017)
  • 5 Surveys Completed
    • 80% (4) from State HD
    • 80% (4) completed Module 1
    • 80% (4) rated modules useful or very useful
    • 60% (3) satisfied and 40% (2) very satisfied with elearning modules
# STD PETT Website Analytics

**10/2 – 11/4/2017**

<table>
<thead>
<tr>
<th>Web Page</th>
<th>Pageviews</th>
<th>Unique Pageviews</th>
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</thead>
<tbody>
<tr>
<td>All Pages</td>
<td>1,496</td>
<td>1,164</td>
</tr>
<tr>
<td>Main Landing Page</td>
<td>1,020</td>
<td>758</td>
</tr>
<tr>
<td>Introduction</td>
<td>138</td>
<td>108</td>
</tr>
<tr>
<td>Module 1</td>
<td>134</td>
<td>111</td>
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<td>Module 2</td>
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<tr>
<td>Module 6</td>
<td>23</td>
<td>22</td>
</tr>
<tr>
<td>STD Tools and Resources Page*</td>
<td>124</td>
<td>52</td>
</tr>
</tbody>
</table>

Concluding Question #1

What other resources or tools have been useful in supporting STD program evaluation projects in your jurisdiction?
Concluding Question #2

What does your STD program need to foster and encourage evaluation of activities and interventions?
Thankyou for attending this session!

• We hope you found it helpful.
• Please encourage your colleagues to use these program evaluation training modules and tools in their STD prevention work.
• Let us know if you have found a useful program evaluation tool or resource that we should add to STD PETT.
• Please complete the session evaluation survey in the NCSD Engage 20017 App.