

Workshop Series

STI Service Integration into Incarceration Facilities

Part 3: Assessing Impact & Evaluation



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Housekeeping

- 3-part workshop series
- Recordings and slides will become available by Friday on event page
- Please be mindful of mute unless asking a question 😊
- Accessibility needs – DM or email Leo Parker at lparker@ncsddc.org
- Chat is enabled – we encourage engagement!
- Survey will pop up at the end of the meeting

Overview

- Goals
- Recap of part 1 & 2
- Erin Sainato with evaluation basics
- Sonya Khan with DIS role in assessing impact
- Sustainability and use of data collected
- Discussion
- What to expect next

Goals for this Workshop Series



Identify needed partnerships, staff, and resources to integrate a set of STI services in incarceration facilities.

Identify logistics to effectively implement a set of STI services.

Assess ways to measure impact of service delivery.

Part 3 Learning Goals

Understand the importance of assessing impact of service delivery

Utilize data collection tools to fine tune and expand services

Part 1 Recap

- Public Health – Seattle & King County, Dr. Dombrowski and DIS Luis Enrique
- Pilot testing in SCORE jail
- Implementation process
- Reactive follow up of treatment and partner services

Part 2 Recap



- Erin Fratto, TA Consultant, NCSO on 340B basics
 - IFs must partner with a hospital or federal grantee (includes FQHCs and STI programs) to be eligible to receive 340B funding
 - IFs must receive direct financial support or in-kind contributions
 - 340B eligible patients and care once the IF is enrolled in the program
 - Covered meds
- Public Health Nurse Corrie Westwood PDPHE and DIS Elsa Huber, CDPHE
 - CS prevention, RN tests and treats
 - 27% of those tested were re-a, 25% pregnant; 73% completed treatment
 - Field delivered therapy successes in preventing CS
 - 340B cost savings for BIC

Why assess impact?

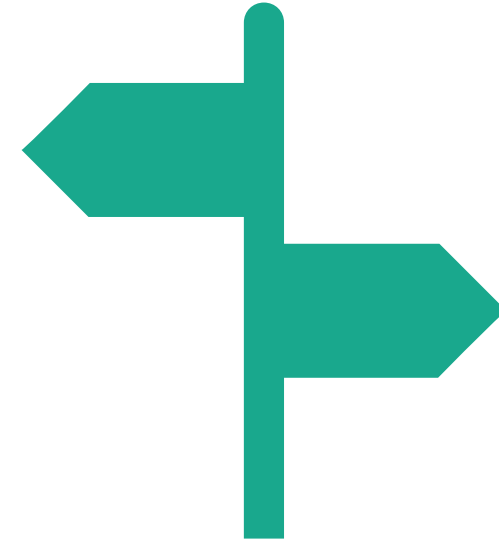


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Why Assess Impact?

Data-driven decision making

- Evaluate program effectiveness
- Inform resource allocation
- Sustainability and scalability
- Learning and improvement



Why Assess Impact?

Accountability

- Stakeholder engagement
- Trust and integrity
- Transparency
- Compliance



Why Assess Impact?

Policy and advocacy

- Provide evidence to support policy changes
- Demonstrate the effectiveness of the interventions
- Influence policy decisions
- Drive broader systemic change



What does this look like?

- Data-driven decision making
 - Are we identifying enough positive cases of infection to be impactful?
 - Rapid versus blood draws
 - What is working for the DIS and what isn't?
- Accountability
 - Are we working to provide equitable care?
- Policy and advocacy
 - Do we need to conduct provider detailing with certain area providers to encourage better testing?
 - Do we need to provide more comprehensive services in IFs?

When Should I Evaluate?

| | |
|-----------------------|---|
| Before implementation | <ul style="list-style-type: none">- Assess needs, resources, feasibility, and effectiveness of program design- Ensure program is aligned with needs of priority population |
| During implementation | <ul style="list-style-type: none">- Identify areas for improvement- Ensure program is being implemented as planned |
| After implementation | <ul style="list-style-type: none">- Assess effectiveness of program- Identify any unintended outcomes or impacts |
| At regular intervals | <ul style="list-style-type: none">- Monitor program progress and identify areas for improvement- Ensure program remains relevant and effective over time |

Impact in IFs

Before implementation

- Data to support need for testing in IFs
- accessibility of key partners needed
- required resources
- services to prioritize

During implementation

- New infections identified
- Treatment delivered
- Quality and success of partner services

At regular intervals

- Challenges with testing, treatment, or partner services
- New infections identified over a set time period

Standardized Data Collection



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Standardized Data Collection



Start with clear objectives

- Clearly articulate the purpose and goals of data collection efforts
- Focus on specific information you need
- Guide data collection process

- *Do you need client PII? How should that data be handled?*
- *Only collect what you truly need*

Standardized Data Collection



Maintain data quality

- Train data collectors, conduct regular checks for accuracy and consistency (data cleansing), etc.
- Document data collection process thoroughly

Standardized Data Collection



Develop well designed instruments

- Ensure data collection instruments are clear, concise, and relevant to your objectives
- Only collect data you truly need
- Use drop down or multiple-choice options to standardize responses
- Pilot test to identify any issues or improvements needed

Data Collection for DIS in IFs - During Testing



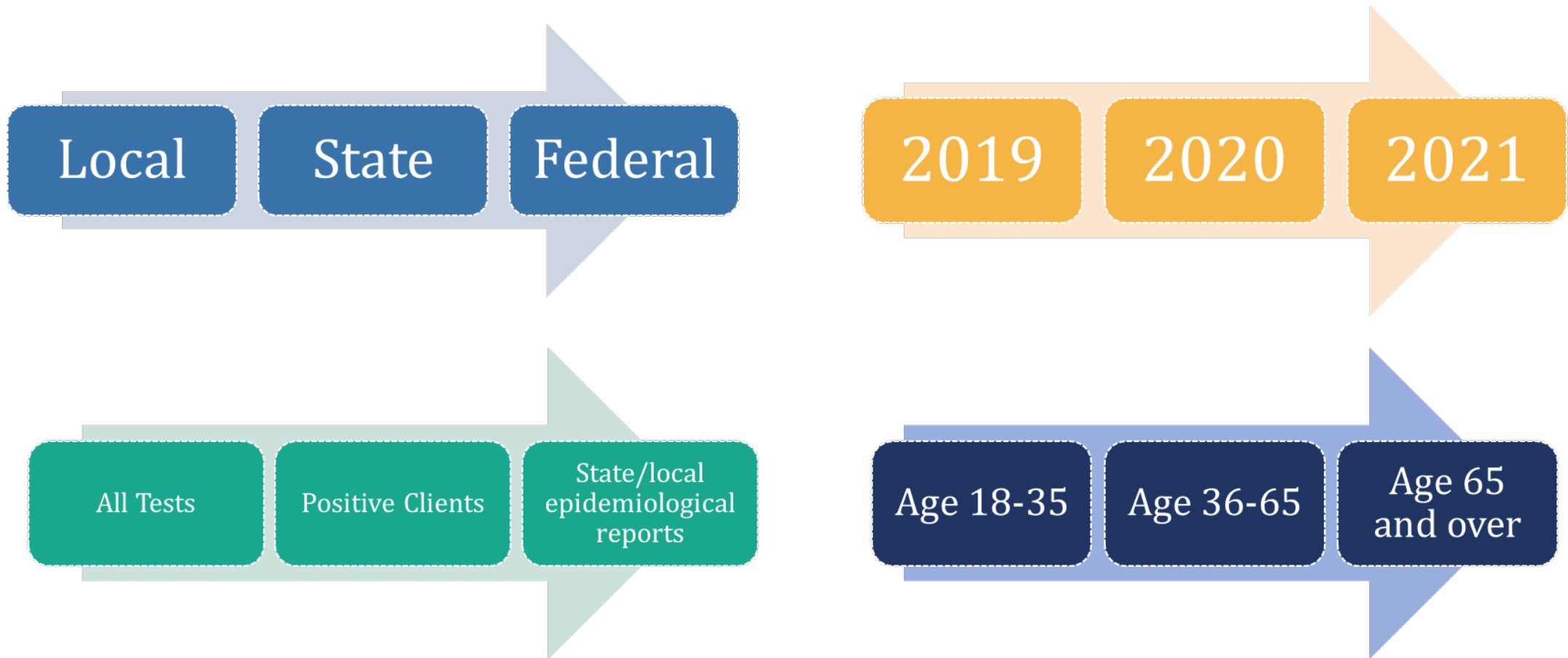
- Identify possible trends
 - Lifestyle factors, clusters, social networks, positivity rate
- Patient info
 - Race, ethnicity, age, sex, gender, gender of sex partners
 - Lifestyle factors: drug use(what kind, how), sex work, etc.
 - Risk factors: housing status
- Testing details
 - Testing history (R and NR), treatment history
 - Signs, symptoms present or recalled, known exposures
- Locating details
 - Release date, if known
 - How to find them after release

Data Collection for DIS in Ifs – Post-testing



- Trends in testing to assess efficacy of intervention
 - E.g.: Wednesdays we're able to test more people because Officer Joe is working
 - E.g. Jail health services testing vs. public health worker (DIS)
 - E.g.: Meal times we're unable to test more than one or two people
 - People less inclined to "opt-out" than to actively choose to be tested
- Treatment
 - Completion
 - Timeliness
 - Who is treating (JHS vs. LHD)
 - During incarceration or post-release follow-up by DIS

Interpreting Program Evaluation Data



Sustainability Planning



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Harnessing Data for Sustainability



1. Well organized and maintained data *protects* programs from heavy budget cuts
 - Readily available data: curate this on a period basis
 - Capacity to do basic analysis
 - Tell a story
 - Simple is effective
2. Maximizing human, fiscal, and tech investments [[1](#)]
3. Discontinuation of services without planning or intention = future obstacles to mobilization [[1](#)]

1. Walugembe, D., Sibbald, S., Le Ber, M. *et al.* Sustainability of public health interventions: where are the gaps?. *Health Res Policy Sys* **17**, 8 (2019). <https://doi.org/10.1186/s12961-018-0405-y>

What do we do with all this information?

How can we use data collected?

1. Expanding services

- E.g.: expanding to include HCV testing if IVD use was identified as a trend
- Programmatically - Syringe exchange in combination with rapid syphilis testing
- more testing in this setting
 - Are there populations we're not reaching

2. Improving quality of services

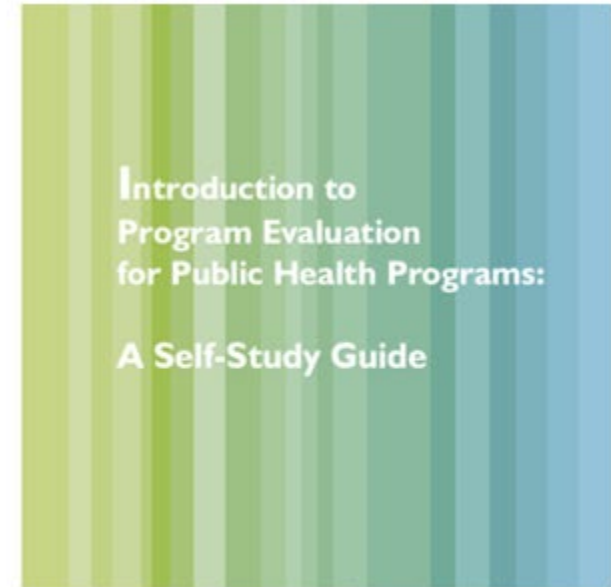
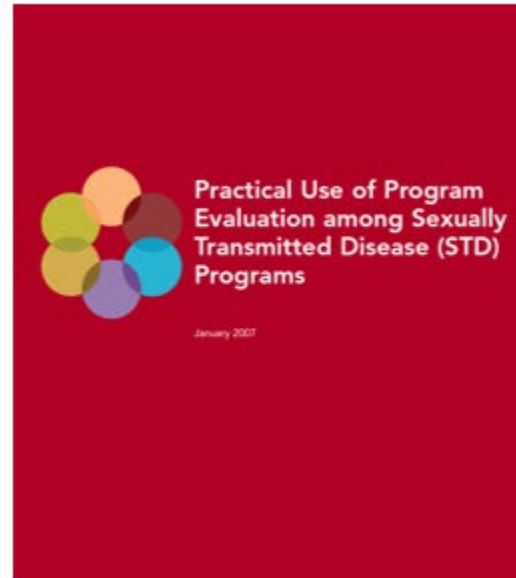
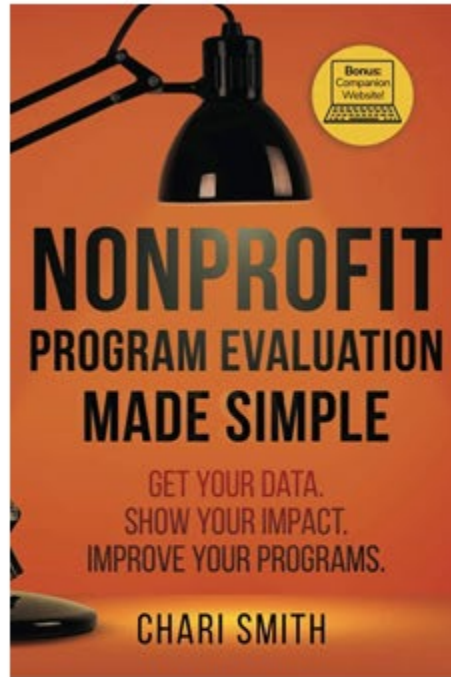
- Equity - More specialized outreach needed?
- Enhanced Bicillin delivery (MA-DIS, PHN instead of JHS)
- Substance use disorder treatment referrals

How can we use data collected?

2. Demonstrate success with data to request funding
 - including data points in applications to strengthen grant funding requests
 - Sharing data with program managers and directors to emphasize need for funds

3. Demonstrating continued need for testing in Ifs/outreach settings
 - Longer term data review
 - Quality of intervention
 - Identified social networks and clusters

Recommended Reading



October 2011
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Office of the Director, Office of Strategic and Innovation
Introduction to program evaluation for public health
programs: A self-study guide. Atlanta, GA: Centers
for Disease Control and Prevention, 2011.

OCTOBER 2011



Discussion



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What to Expect Next

- Service delivery toolkit available by end of July
- View Parts 1 and 2 slides and recordings [here](#)
- Series evaluation will be sent out for feedback

Thank you for joining us!

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