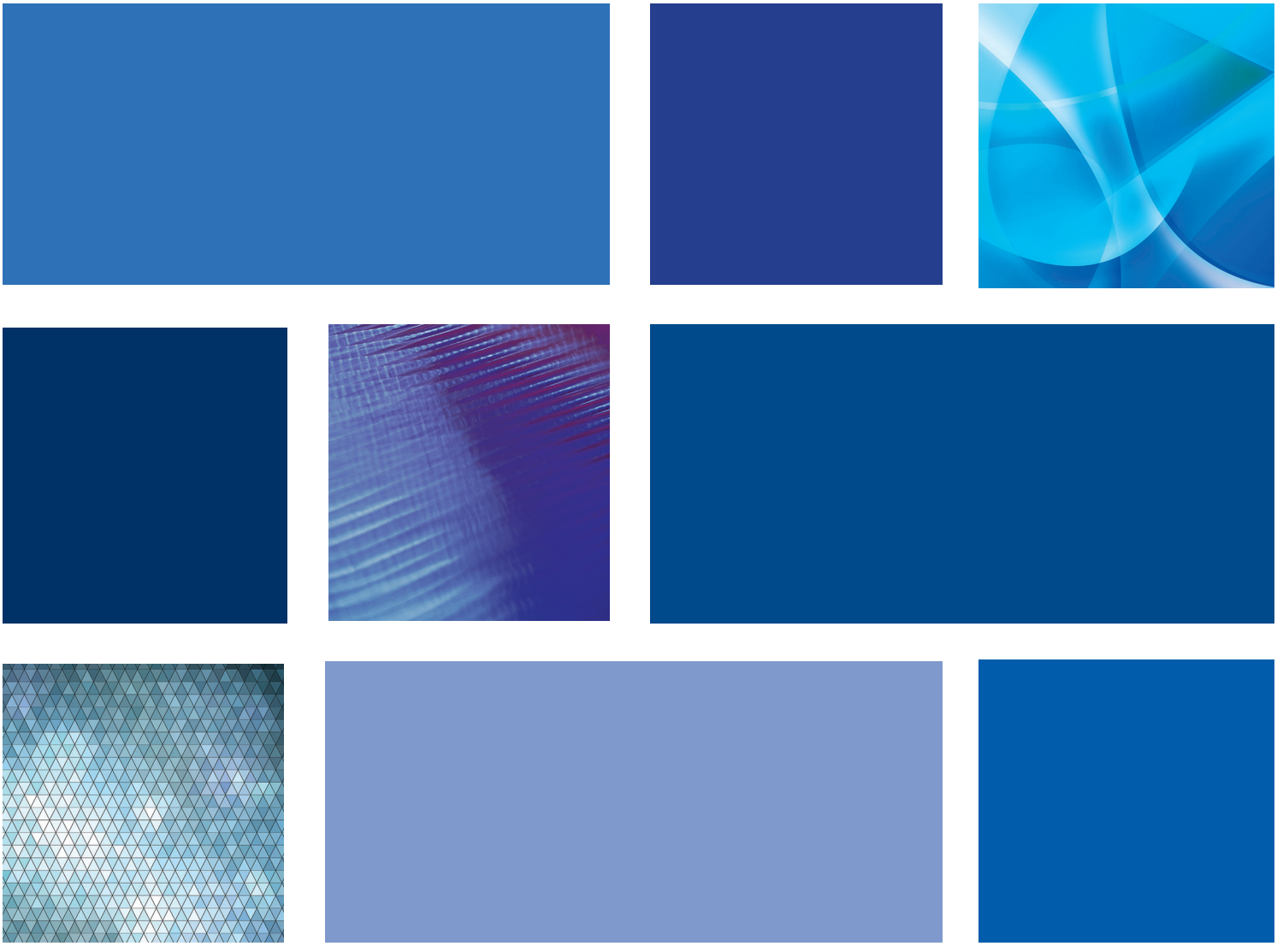
Sexually Transmitted Disease (STD) Preventive Services

GAP ASSESSMENT TOOLKIT

2016



Centers for Disease Control and Prevention

This toolkit was prepared by the following members of the Division of STD Prevention in the National Center for HIV, Viral Hepatitis, STD and TB Prevention, Centers for Disease Control and Prevention, Atlanta, Georgia.

Matthew Hogben, PhD
Carla Alexander-Pender, MHSA
Jennine Kinsey, MS
Karen Kroeger, PhD
Samantha P. Williams, PhD

Corresponding preparers:
Samantha P. Williams (e-mail: stw8@cdc.gov)
Matthew Hogben (e-mail: yzh5@cdc.gov).

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Available at: http://wwwdev.cdc.gov/std/program/gap/default.htm.

Contents

I. Introduction

A. Purpose

Persons in need of sexually transmitted disease (STD) prevention services frequently also need other health and social services. STD prevention programs and certain other health care facilities offer an array of preventive services and often link persons they encounter with services provided by other agencies (e.g., homeless shelters or substance abuse treatment centers). Persons seeking STD care, however, often seek care at facilities other than public STD clinics or other settings with high capacity to manage these patients. This might affect the type of STD care they receive and the extent to which they are linked with other needed services. This toolkit provides STD program staff and others a resource for conducting a gap assessment of STD clinical and other preventive services.

Conducting a gap assessment enables an STD program to (1) document the array of STD clinical and other preventive services inside and outside the health department in a defined geographic area or for a defined population; (2) identify service gaps and duplication; (3) learn more about other facilities providing STD and other preventive services; (4) learn more about the associations and partnerships among these organizations; and (5) use the information to improve STD clinical and preventive services. The logic model in Figure 1 outlines these points in more detail.

Note: Who Should Conduct a Gap Assessment?

Assessing gaps in STD prevention services is one of the four priority assessment activities required of recipients of program funds from the Division of STD Prevention (DSTDP) at the Centers for Disease Control and Prevention (CDC). For more detailed information about the requirements for program funding, see announcement CDC-RFA PS14-1402, "Improving Sexually Transmitted Disease Programs Through Assessment, Assurance, Policy Development, and Prevention Strategies (STD AAPPS FOA), available here.

Throughout this toolkit, our comments are intended for STD program staff. However, any group (e.g., hospital networks or community health centers) with the means and mission of conducting gap assessments for STD prevention services might find this guidance useful, and such groups are welcome to use it.

Notes and Tips in boxes throughout this toolkit provide extra details (Notes) or specific tools or advice (Tips).

B. Facilities and Assessment Tools

Those using this toolkit will be assessing the availability of STD prevention services in a defined geographic area or for a defined population. The primary tool included here is a checklist of services that are either directly related to STD prevention (e.g., screening) or that might be offered in conjunction with STD prevention services (e.g., substance abuse referrals). We also offer an interview guide for talking with staff at facilities. The tools (contained in the Appendices) are described in more detail as we outline how to conduct a gap assessment.

The fundamental process for a gap assessment is to visit facilities in which a person might expect to find STD services and ascertain which services are available by using the checklist. By *facility*, we mean a physical location where a service is offered. For example, a hospital infectious disease clinic is a facility. That facility might include multiple staff members who can administer the service, and we use provider to describe people. (Note that a facility need not be defined as a place devoted

exclusively to providing clinical services.) A facility might also be part of a larger network (e.g., a family planning clinic in a community health center network). In instances where we are referring to networks or groups of facilities, we use agency or organization. We use facility as our default term for the gap assessment because the facility is the basic unit of the assessment.

Another element of a gap assessment is to uncover the connections among facilities and therefore map the distribution of services and referral patterns across the area in which the program is conducting a gap assessment. The remainder of this toolkit outlines the steps in the gap assessment process that will enable STD program staff to conduct a gap assessment activity, as shown in Figure 2. The steps are organized into three stages: (1) planning the assessment, (2) conducting the assessment, and (3) managing and analyzing the data. The tools for conducting the assessment are included in Appendices and are described in more detail where we outline the second stage. Both the logic model and process model are useful to have to hand while using this toolkit.

Note: A Short History of the Gap Assessment Tools and Procedures

The gap assessment tool and its associated guidance were developed by CDC/DSTDP staff. We conducted interviews with subject matter experts (SMEs) with prior experience in STD/human immunodeficiency virus (HIV) clinical services or programs to develop the pilot version of the STD Preventive Servic sted the tool and procedures at a single site. Revised tools were used in a return visit to generate a full gap assessment report. Those tools are provided in this toolkit.

Moreover, four project areas (programs receiving STD prevention funds from CDC) used the tools and a minimal protocol and technical assistance from the CDC team to adapt and develop gap assessments tailored to their own context and needs. Practices and procedures from all these sites guided development of this toolkit.

II. Planning The Gap Assessment

As noted previously, conducting a service gap assessment is not exclusive to STD prevention programs, although we are framing our recommendations for them in particular. This means that, although the majority of the guidance applies to other organizations, certain recommendations are specifically for STD programs. Any organization, including STD programs, should consider working with partnering organizations to conduct the gap assessment.

A. Demonstrating a Need for a Gap Assessment

The crucial first step is reviewing existing data to establish a need. We emphasize a broad approach to using existing data. STD surveillance statistics typically are accessible to programs and often are used to establish zones of high morbidity. Other possible sources of information include patient health records and other clinical service data, disease investigation records (i.e., Disease Investigation Specialist interview and field records), existing organizational and community assessments, and other surveillance databases. Other types of data that might be publicly available include insurance coverage information and health disparities indicators.

All of these sources and others can be used as the basis for establishing need. Demonstration of a substantial need among a population or a geographic area with a high burden of infection also implies higher potential for impact in any subsequent program action.

Tip: Data Sources

An increasing number of Internet sites aggregate validated health data and other information for populations at the national, state, or local level. Many are relational databases that allow searches for combinations of data.
Examples include,

- http://www.census.gov/ — World and U.S. Census data.
- http://www.countyhealthrankings.org/ — Health and other community data at the county level, the majority of which is based on U.S. Census data.
- http://healthstats.azurewebsites.net/#/ — Sortable statistics at national and state levels from CDC, including Behavioral Risk Factor Surveillance System data.
- http://wonder.cdc.gov/ — Public health statistics, including STD morbidity data and other.

B. Selecting the Scope of the Gap Assessment

After establishing the need, the parameters of the assessment activity need to be defined (i.e., define the scope). Elements of the scope include selecting one or more target populations, a geographic focus (e.g., statewide, a city or county, or a set of zip codes or census tracts), a timeframe for assessment, and any boundaries on types of services assessed. The scope also guides the practical aspects of conducting a gap assessment (e.g., staffing or adapting the tools).

Tip: Scoping

The focus of a given assessment — the 1-sentence description of the scope — should be concise and concrete. A scope that is too broad risks exceeding the grasp of the program in terms of understanding and potential for action. A scope that is too narrow reduces impact. Examples include the following:

- What are the gaps in STD clinical and preventive services among lesbian, gay, bisexual, and transgender (LGBT) youth in City Y?
- What are the gaps in STD clinical and preventive services among young black men who have sex with men (MSM) in rural Area X?
- What STD services are being provided in federally qualified health centers in a midsized metropolitan area?
- What STD services are being provided in the HIV care clinics in my state?

Other influences on defining scope include the level at which the assessment will be conducted. On the basis of the need assessment, the program will have chosen populations and target areas. The program might also decide to focus on particular organizations or facility type, although we caution that assessing referral patterns among organizations and facilities can make limiting the assessment by organization type difficult. Finally, the program might consider whether the primary focus for future action will lie in the area of changes in processes or programmatic rules, or whether the primary focus will be on policies and regulations.

The program might discover that reviewing the data will stimulate more questions about population needs than there may be time to examine in one assessment activity. Because the majority of programs have substantial resource constraints, we recommend settling on a clearly defined focus and avoid a broad or continually expanding assessment. We recommend that the program define the scope for one project that the entity is able to plan, execute, and complete within a specified time. After the program has established the scope, steps can be taken to begin to build the resources needed to conduct the activity.

III. Conducting The Gap Assessment

A. Key Roles

The number of staff involved in a gap assessment will vary by scope and resources. The team's key roles will include someone with overall responsibility for managing the activity, along with team members who assess the needs as described in the previous section, and who engage providers, collect the checklist data, and possibly conduct interviews. The team will also need someone to manage and analyze the data.

The person who manages the overall assessment activity is vital and acts as the key point of contact, as well as being the person who knows all aspects of the activity, including the team members and their respective roles and responsibilities. Team members also are needed who can interact effectively with providers and facilities when scheduling appointments and conducting the assessment. Persons with clinical service delivery, health education, or program evaluation experience can be valuable for the gap assessment team. The team will also need members with diverse skillsets who can be responsible for collecting different types of data, either electronically or through other means. Such skills as experience with qualitative and quantitative methodology, as well as strong interviewing skills will be useful if there are plans to administer the assessment tool in person or by telephone. If the survey will be administered electronically only, strong quantitative skills will be important. Finally, the team will need to have a member who can manage the collected data (a data manager), even if the data are analyzed by a different person.

Tip: How the Scope Influences the Sampling Frame

The 1-sentence description of the scope (or as close to that as possible) is a guide to the initial sampling frame for facilities. For example, if the scope is, "What are the gaps in STD clinical and preventive services among LGBT youth in City Y?" the initial sampling frame should include LGBT-oriented health centers and community-based organizations. If the STD clinic serves LGBT youth, they are another initial sampling frame. Depending on the results of the data review when establishing the need, primary care facilities might be optimal places to start.

Certain scopes lend themselves to easier sampling frame choices than others. For the example, with a scope of "What STD services are being provided in federally qualified health centers in a midsized metropolitan area?" the starting point is obvious.

B. The Sampling Frame: Identifying Facilities for the Gap Assessment

Much of the utility in a gap assessment lies in the referral process by which staff at one facility name other facilities with which their facility has working associations. These associations might take the form of referring patients to other facilities, receiving referrals from other facilities, or having joint responsibility for managing patients. However, a gap assessment starts with a set of facilities generated by the STD program conducting the gap assessment. As program staff begin a list of facilities for assessment, they will rely on the scope to guide their initial list.

Therefore, the first resource a program has is its own STD program staff (e.g., clinical nurses, linkage coordinators, disease intervention specialists, and program managers). STD program staff who work directly with providers in other facilities can be excellent resources for initiating the list

of networked facilities to assess for STD prevention services. Which facilities to include in the initial sampling frame is determined by the scope of the gap assessment. If, for example, the data review reveals that migrant workers in a set of three counties have high morbidity and might be a key link in a transmission chain, the scope will include that population, and the first approach will be to identify facilities that serve that specific population.

The list of facilities generated from program staff can be supplemented through searches of online databases. The search choice is also dependent on the scope, but the following are common options:

- CDC National Prevention Information Network (NPIN), which includes a database that is searchable by geographic area and different STD-related services.
- An STD test locator widget is available but might be labor-intensive, because searches are performed by one zip code at a time.
- The Health Resources Services Administration's Ryan White Internet site is also a helpful resource for facilities who serve persons living with HIV.

STD program staff are likely to have insights into service gaps beyond simply naming facilities for the sampling frame. These insights are a data source that can contribute to a gap assessment's value. Recommendations for questions to ask to obtain these data are contained in the Staff Interview Guide in the Appendices. That guide, which is designed to be used with the STD program or health department staff, includes questions about the staff's STD work history in the project area, their insights regarding the facilities or organizations that offer STD prevention, treatment, and other services to the chief focus populations for the assessment. It should be used to gather information about frequent patient referrals. The referrals should be collated and used as an initial list of providers to be contacted.

C. Engaging Facilities

After facilities have been identified for inclusion in the assessment activity, use previously established associations to introduce them to the gap assessment. Identifying the correct contact at each facility or agency having multiple providers is crucial for collecting information from the most knowledgeable person. For a comprehensive assessment of services offered at each facility, providers or other staff completing the checklist or answering interview questions need to know about services, patients, facility-level descriptive data, and which other facilities are considered partners (e.g., for referral patterns). Not identifying the correct person or persons to complete the tool will likely result in incomplete or low-quality data.

First contact with a facility provides the opportunity to explain the rationale for the gap assessment and to establish practical next steps (e.g., who will follow up with which providers or other staff to conduct the actual assessment. Within larger organizations, the person with knowledge about services offered at the point of care will need to be identified for collection of the most useful information. STD programs can contact facilities in person, by telephone, or by e-mail; however, a relationship close enough to support an unannounced personal visit is valuable, but rare. E-mails are typically easier to send, but also easier to ignore. Therefore, we recommend telephone contact as a preferred option. When making that initial telephone call, a basic script that covers essential details will be helpful.

D. Data Collection Tools

The assessment tools included here are designed so that they can be administered in person or by telephone. In-person interviewing is typically more valuable, although more labor-intensive. If in-person interviewing is not possible for all facilities, we recommend prioritizing facilities on the basis of salient variables (e.g., patient load or centrality in a network of referrals). The checklist can also be sent by e-mail to facilities to complete themselves, although this approach eliminates the opportunity to probe further into a provider's answers. A checklist that is partially completed through one method can be finished through another. The checklists contains cover letter scripts for the in-person interview, and the other is for providers completing a checklist sent by e-mail.

i. The STD Preventive Services Gap Assessment Tool

The STD Preventive Services Gap Assessment Tool (see Appendices) is the primary tool for collecting STD services data. By using this tool, an STD program can capture basic information about the facilities (e.g., hours of operation, patient load, and billing practices), the range of services offered, and routine partners in STD prevention or other services. The tool, which contains three sections, is modifiable on the basis of the scope of the gap assessment (e.g., in the choice of populations).

NOTE: An Internet-Based Checklist

Project areas have previously expressed to us an interest in versions of the assessment tool other than Microsoft® Word® (Microsoft Corp., Redmond, Washington). A Microsoft Excel® version is available, and an Adobe® Acrobat® (San Jose, California) version is planned.

Interest has also been expressed in SurveyMonkey® (Palo Alto, California). To use SurveyMonkey, each project area must have its own account and adapt the checklist (or use someone else's).

Hint: If using SurveyMonkey, the Gold option is likely the most useful basic option, given the number of questions on the assessment tool.

- Section A contains questions about the organization, their capacity, and their data management system. It also includes questions about how many cases of STD/HIV-morbidity they serve in their facility. Each blank should have an answer, even if that answer is 0 or "Not applicable" (e.g., a social service agency would not be conducting STD testing), because a blank space cannot be distinguished from missing data.
- Section B is a checklist of services, listed in rows that facilities might offer. Populations are listed in columns. Additional columns can be added, or the three default populations listed (MSM, adolescents, and general) can be changed to fit the scope of the assessment. For each service, place an "X" in the box in the corresponding column for the population that is served. In addition to these tools, the Appendices also has line-by-line instructions for completing the checklist. A blank space in Section B connotes no service offered.
- Section C captures the facilities and organizations with which the assessed facility has an association, specifically referrals to and from and co-management of patients. From these data, the STD program should contact organizations that were not populated on their original list of possible interviewees. This is the chain-referral process that improves the quality of the gap assessment and also yields information on how patients can be connected

to services across facilities and organizations. Include as much contact information as is feasible about the facilities or organizations that are named, including addresses, telephone numbers, contact persons, and e-mail addresses. If more space is needed for Section C, it can be printed or photocopied so that more organizations can be added.

TIP: Use Organizations' Internet Sites

The majority of organizations that are part of the gap assessment will have an Internet site, although individual facilities might not. If not enough information is available to establish contact with a referred facility, check the parent organization's Internet site.

ii. Provider Interview Guide

As with the Staff Interview Guide described previously, the Provider Interview Guide (see Appendices) is a source of qualitative data to complement the checklist data, especially when conducting in-person interviews. This guide includes questions about the facility or organization, its mission, their insights on the populations they serve, any changes they have observed over time, perceived gaps, and services that they believe are needed or are unnecessary. This guide is suitable for any gap assessment, but might be better used for those of smaller scope or for a subset of providers in a larger gap assessment.

E. Conducting the Assessment

The more thorough the assessment team's preparation, the more efficiently the assessment interviews should be. The tools can be sent to the facility before the interview, allowing the responding providers and other staff some familiarity with interview content beforehand. Even more important, the assessment team should try to gather data in Sections A (facility data) and C (referrals) before the assessment interviews. Doing so prepares for the interview and acknowledges the value of the responding providers' time. This preparation should also increase the assessment team's familiarity with the facility, enabling additional useful questions.

NOTE: Does This All Seem Vaguely Familiar . . . But Not Completely Familiar?

We anticipate that these tools will seem familiar and ready for use by STD program staff. This is because, in certain respects, assessing services among facilities and associations among them are analogous to contact tracing and notification for STD partner services.

However, the analogy is not perfect. Interviewing providers about services and patients, especially their opinions about services and patient needs, is not the same as interviewing contacts about sex partners.

In-person interviews typically take 30–45 minutes to complete, including the checklist, but might take longer if the program is using the Provider Interview Guide. Time can be saved if some data are gathered ahead of time (e.g., some of the facility data in Section A). The scheduled interview time should be confirmed before arrival. Plan for an early arrival and leave sufficient time for travel between interviews. The checklist can be completed by a single person interviewing the staff answering the questions about the facility. However, the time of more than one staff person at the facility might be needed, because different staff might be knowledgeable about different aspects of facility data or services offered. The checklist has a place for brief comments; therefore, the interviewer can ask for clarification, if needed.

Become familiar with the definitions for the services that will be asked about in Sections A and B before the interview. Also have the document on hand during the interview for reference. At the end of the interview, review completed checklists immediately to ensure data completeness and quality. If time permits, review any areas of uncertainty with the respondent for best quality assurance. Inform the person interviewed that there might be a follow-up call if more information is needed — and be sure to thank all staff for their time.

What we have provided so far for conducting the assessment applies to in-person, onsite interviews. If the assessment is managed remotely, for example, by e-mail or an Internet-based checklist, the assessment team should expect more follow-up to ensure data quality and completeness. A mix of remote assessment and in-person follow-up might address such concerns.

F. Data Management

How the data will ultimately be managed should be considered and planned before a single interview is conducted. Data files should be constructed so that aggregating information from the checklist and any interview guides that the program uses is possible. For checklist data, this requires line-level data (i.e., each facility's complete data on a single line with an identifier). Analytic programs vary in the analytic tools they have available; therefore, a program should choose accordingly. Nearly every program allows basic arithmetic and descriptive operations (e.g., summing data or calculating proportions). For data from the provider or staff interview guides, small amounts of qualitative data can be maintained in text files. Multiple programs are available that facilitate management of qualitative data, if needed.

IV. Using The Data

A gap assessment reveals gaps and duplications in STD preventive services for the populations specified in the scope. It is the first step in meeting the objective of improving STD services by filling in gaps and reducing duplication — that is, program improvement. The precise analysis plan for any given gap assessment is likely to vary. Broad analyses that might address include (1) a summary of the types and availability of STD and other preventive services offered by providers in the scoped area; (2) a description of provider types and their locations in relation to the health department or other medical facilities and public transportation; (3) a description of the types of referrals the providers offer and whether an association between referral networks and the available services exists.

A. Data Analyses

The simplest conceptual analyses are aggregates of such characteristics as patient capacity and services (e.g., onsite treatment across facilities). All of these are on the checklist. Depending on the nature of the data, these will take the form of means or proportions. Looking for associations among the variables on the checklist (e.g., the extent to which screening is associated with onsite treatment or at least referral to a clinical facility) might also be useful for programs. These data will usually take the form of cross-tabulated data with summary statistics (e.g., correlations and significance testing through chi-squares). These are relatively simple analyses that require basic statistical proficiency similar to that found in an undergraduate survey text and a program that can manage the analyses.

In all cases, key data are conveyed more effectively in visual form. For example, a table with the proportion of facilities offering gonorrhea screening, onsite treatment, and referrals is valid, but a cascade diagram flowing from facilities through the proportion screened to the proportion (a) treated and (b) referred to other services is a more convincing portrayal.

i. Qualitative Analysis

Basic qualitative analytic methods should be used to handle qualitative interview data (i.e., staff and provider interview guides). This includes identifying codes, developing a codebook, and identifying concepts, patterns, and themes in the data, by using an iterative process. Substantial amounts of qualitative data will need to be managed with a qualitative data management software program. However, limited amounts of qualitative data (e.g., notes or short answers collected from participants) can sometimes be effectively managed by using a word-processing program to code, summarize, and aggregate data. Qualitative data can be used to supplement or complement quantitative data collected through the checklist.

ii. Service Mapping

The facility location data and the referral data from the checklist can be used to create maps that illustrate the distribution of services. If the STD program has geocoding capacity for morbidity, data regarding transport availability, and perhaps sociodemographic data at a sufficiently granular level, facilities and services can be mapped as a distribution across the area in which the gap assessment was conducted. Moreover, certain sociodemographic markers are available at a zip code or similar level through such sources as real estate databases (e.g., crime rates or median house sale prices). Such analyses present an illustration of gaps and duplication that the quantitative approach described previously does not. Free Internet-based map services can be used to estimate distances and travel times between facilities.

Most important is that the STD program use the data and the connections or patterns within and between the different types of data to present an integrated portrait of the gap assessment. This portrait should lead to informed programmatic planning for action.

V. Closing Comments

A gap assessment can seem to be a complex task, but it is manageable with an organized step-by-step process that involves the relevant stakeholders. If need is established and the scope clearly defined, the gap assessment can result in its key purpose — action that produces program impact. We encourage STD programs to take further advantage of parallel tools and guidance and to evaluate the actions they take. Finally, we hope that STD programs or any other entities conducting an STD preventive services gap assessment will share their adapted tools and procedures, as well as the information they gather and conclusions they make with other STD programs or relevant groups. Internet site postings, reports, conference presentation slides, and journal article citations are all valuable resources. We hope that this toolkit and the associated resources will assist STD programs and others in making the process clearer, the tools accessible, and the data collected more valuable.

VI. Appendices: STD Preventive Services GAP Assessment Tools

A. Checklist

Section A: Organization Data

Date: _____

Name: _____

Address: _____

Hours of Operation: Day: _____ Evening: _____ Weekend: _____

How long has the organization been established? <2 years < 5 years 5 years or more

Note: *Please note estimates with an asterisk (*)*

Provider Type (Check all that apply):

PHC – Public Health/STD Clinic
PP – Private Provider Type: _____
ACO – Accountable Care Org
HMO – Health Maintenance Org
CBO – Community Based Org
CHC – Community Health Clinic
CP – HIV Clinic
IDC – Infectious Disease Clinic

Patient/client capacity: _____ patients seen per week

- Specialize in adolescent/youth populations? No Yes
- Specialize in MSM or LGBT populations? No Yes
- Specialize in Other: _____ No Yes

STD/HIV morbidity (past 3 months):

- GC _____ cases
- Syphilis _____ cases
- HIV _____ cases (new)
- CT _____ cases
- HIV _____ cases (in tx)

Records Management approach (If Yes, please indicate Vendor):

- Electronic Medical Records (EMR) No Yes

Vendor: _____

- Electronic Health Records (EHR) No Yes

Vendor: _____

Insurance/payments management capacity (Check all that apply):

Private Medicaid Medicare Patients charged directly We do not bill for services

What type of resources do you receive from the Health Department (check all that apply)?

Funding Bicillin Condoms Informational brochures or pamphlets
Training/CEUs Staff Screening support Assistance with partner services
Laboratory services Other (Other please specify here _____)

Section B: Services Checklist

These services are offered for:				Comments
Screening or testing: Sample collected onsite	**MSM**	**Adolescents**	**General**	
If NO screening or testing skip to Other Services				
HIV/Rapid				
HIV/Mouth Swab				
HIV/Blood				
IF HIV Testing Site Only Skip to **Outreach Screening/Testing**				
Chlamydial infection				
Gonorrhea				
Extra-genital testing (Throat/anal) for chlamydia or gonorrhea				
Syphilis (Blood draw)				
Syphilis (finger stick rapid test)				
Herpes simplex virus, type 1 or 2				
Human papillomavirus				
Bacterial Vaginosis				
Trichomoniasis				
Hepatitis A				
Hepatitis B				
Hepatitis C				
Other (Please specify)				
History and Physical Exam	**MSM**	**Adolescents**	**General**	
Sexual History & Risk Assessment				
Physical Examination				

Onsite treatment	MSM	Adolescents	General	Onsite Pharmacy/Medications	Prescription Given
Chlamydial infection					
Gonorrhea					
Syphilis					
Herpes, type 1 or 2					
HPV (genital warts)					
Bacterial vaginosis					
Trichomoniasis					
Hepatitis B					
Hepatitis C					
Outreach Screening/ testing	**MSM**	**Adolescents**	**General**		
Jails					
Screening on College/high school Campuses					
Bars/ Night Clubs/ Bathhouses					
Other community venues					
Use of a mobile testing unit					
Other community outreach to promote STD services				Check if outreach includes using social media [ ]	
Onsite Vaccination	**MSM**	**Adolescents**	**General**		
Human papillomavirus					
Hepatitis A					
Hepatitis B					
Onsite Reproductive Health Services	**MSM**	**Adolescents**	**General**		
Long-acting reversible contraception (LARC) or Birth Control Pills					
Emergency Contraceptive Provision					
Family planning counseling					
STD testing for pregnant women					

Onsite STD/HIV Patient Management and other Services	MSM	Adolescents	General		
Website with STD information					
STD prevention written guidance					
Sex Education					
Contact infected patient's sex partners to notify of exposure & suggest care.				Check if ever done through email, text, or social media [ ]	Check if done through collaboration with HD [ ]
Interview patients for partners and inform health department					
Patients receive notification letter(s) to give to their partner(s)					
Brief interactive counseling to encourage infected patients to notify partners of exposure					
Patients can get meds or prescriptions to give to partners				Please name infections for which this is done here, if applicable (e.g., gonorrhea, chlamydia).	
Brief STI/HIV behavioral counseling intervention sessions (up to 30 minutes)					
STI/HIV behavioral counseling intervention sessions (more than 30 minutes)					
PrEP counseling					
PrEP medication					
PEP counseling					
PEP medication					
HIV Case Management (including re-linkage to care)					

Non STD Services	MSM	Adolescents	General	Onsite	Referred to other provider
				Check below for any of these options if your facility directly provides this service onsite.	Check below for any of these options if your facility provides a written referral to a separate organization that directly provides the service.
Substance abuse treatment					
Primary Care medical services					
Health management services (e.g., chronic disease prevention)					
Mental health services					
Social service programs (e.g., job-seeking assistance, WIC, SNAP)					
Health insurance enrollment					
Community-located protective services (e.g., shelters, domestic violence)					

Section C: Partnership and Referral List

Please list the organizations or facilities **with which you work most frequently or most closely to provide services for your patients or clientele**.

These organizations do not have to provide the same types of service as your facility.

Referral means you advise patients to seek services at a given organization (or vice versa).

Co-management of patients means an ongoing relationship that allows for sharing information or taking joint action on individual patients.

Name:	Address/contact:	__ I refer patients to them. __ They refer patients to us. __ We co-manage patients.
Name:	Address/contact:	__ I refer patients to them. __ They refer patients to us. __ We co-manage patients.
Name:	Address/contact:	__ I refer patients to them. __ They refer patients to us. __ We co-manage patients.
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Name:	Address/contact:	__ I refer patients to them. __ They refer patients to us. __ We co-manage patients.
Name:	Address/contact:	__ I refer patients to them. __ They refer patients to us. __ We co-manage patients.

Notes/Additional Information

Is there anything else that we did not ask, that you think we should consider or know?

Thank you again for participating. Please return completed checklist back to: _____ by _____.

B. Provider Interview Guide

STD Preventive Services Gap Assessment
Provider Interview Guide

Interviewee(s): _____

Interviewer(s): _____

Location: _____

Date: _____

Introduction (Read this statement to the respondent before you begin the interview.)
Good morning/afternoon. I want to thank you for taking the time to talk with us today.

My name is _____ and I'm from _____ .

We are talking with providers to better understand the array of STD services available in the community. We are interested in the kinds of services that are offered or not offered, the differences among sites where such services are provided, and where the availability of services can be enhanced. We are also interested in hearing your thoughts about partnering with other providers in the project area who also provide STD preventive and associated sexual health services. The discussion should take about 30 minutes.

Please be open in your responses. The information that we discuss today will remain confidential. The information will be useful in informing and improving STD prevention. The interview will not be recorded, but we will be taking notes during the interview. Although we will write down what you say, your name will not be connected with your comments, and will not appear in any report we write. At the end of the interview, you will be able to ask any additional questions.

Do you have any questions before we begin?

Thank you for talking with us. Let's start with a few background questions about the organization.

1. What's the organization's primary mission? Has it changed over time?
2. Tell us about the populations you primarily serve.
    a. Have you observed any changes in who you served over time?
    If No, skip b. If Yes, go to b.
    b. What do you think contributed to the changes?
3. What services do you think would be helpful to have that you don't currently offer?
4. What services are offered that you think people don't need as much or anymore?
5. Where do clients who do and don't have insurance go when they need STD care?
6. What are your most common referrals given to clients, and to whom do you refer clients?
7. Is there anything else that we did not ask that you would like us to know?

CLOSING STATEMENT: Thank you again for participating. We sincerely appreciate your insights.

C. Staff Interview Guide

STD Preventive Services Gap Assessment
Staff Interview Guide

Interviewee(s): _____

Interviewer(s): _____

Location: _____ Date: _____

For the Project Area's *STD Preventive Services Gap Assessment* activity, there may be a need to develop a list of **facilities (e.g. agencies, organizations, providers)** serving populations of interest. Getting assistance from the local area STD program staff has been found to be an efficient method of identifying a significant proportion of the providers who serve the at-risk populations. It's also helpful to get insights from the staff regarding the populations served and changes in services that they may have observed. This guide can be used as an individual interview or as a group interview guide.

Part I: *Use when conducting **individual interviews** with STD program staff.*

Let's starts with information about you.

1. How long have you been working in STD prevention?
2. How long have you been working in this project area?
3. What would you say is your primary area of expertise?

Part II: Can use w*hen conducting **individual or group interviews** with STD program staff.*

1. Tell us about the primary populations your program serves.
    a. Have you observed any changes in who you served over time?
    If No, skip b. If Yes, go to b.
    b. What do you think contributed to the changes?

Part III: Can use *when conducting **individual or group interviews** with STD program staff.*

1. What are the facilities, other than the STD clinic or other health department clinics, in your area that provide STD prevention, care, or sexual health services to [insert gap assessment target population]?
    a. **Note:** Change the target population(s) per the assessment scope.
    b. **Note:** Service agency can be community health centers, HIV providers, CBOs, or private providers.
2. What are your most common referrals given to patients and to whom do you refer them?
    a. Which facilities do you currently refer [insert gap assessment target population] patients to when they need medical care?
    b. Which facilities do you currently refer [insert gap assessment target population] patients to when they need other care (e.g., social services)?
3. Which facilities do you think would be good partners to address the STD prevention needs of [insert gap assessment target population]?
4. What services do you think would be helpful to have that are not offered?
5. What services are offered that you think people don't need as much or anymore?
6. Is there anything else that we did not talk about that you would like us to know?

CLOSING STATEMENT: Thank you again for participating. We sincerely appreciate your insights.

D. Figure 1

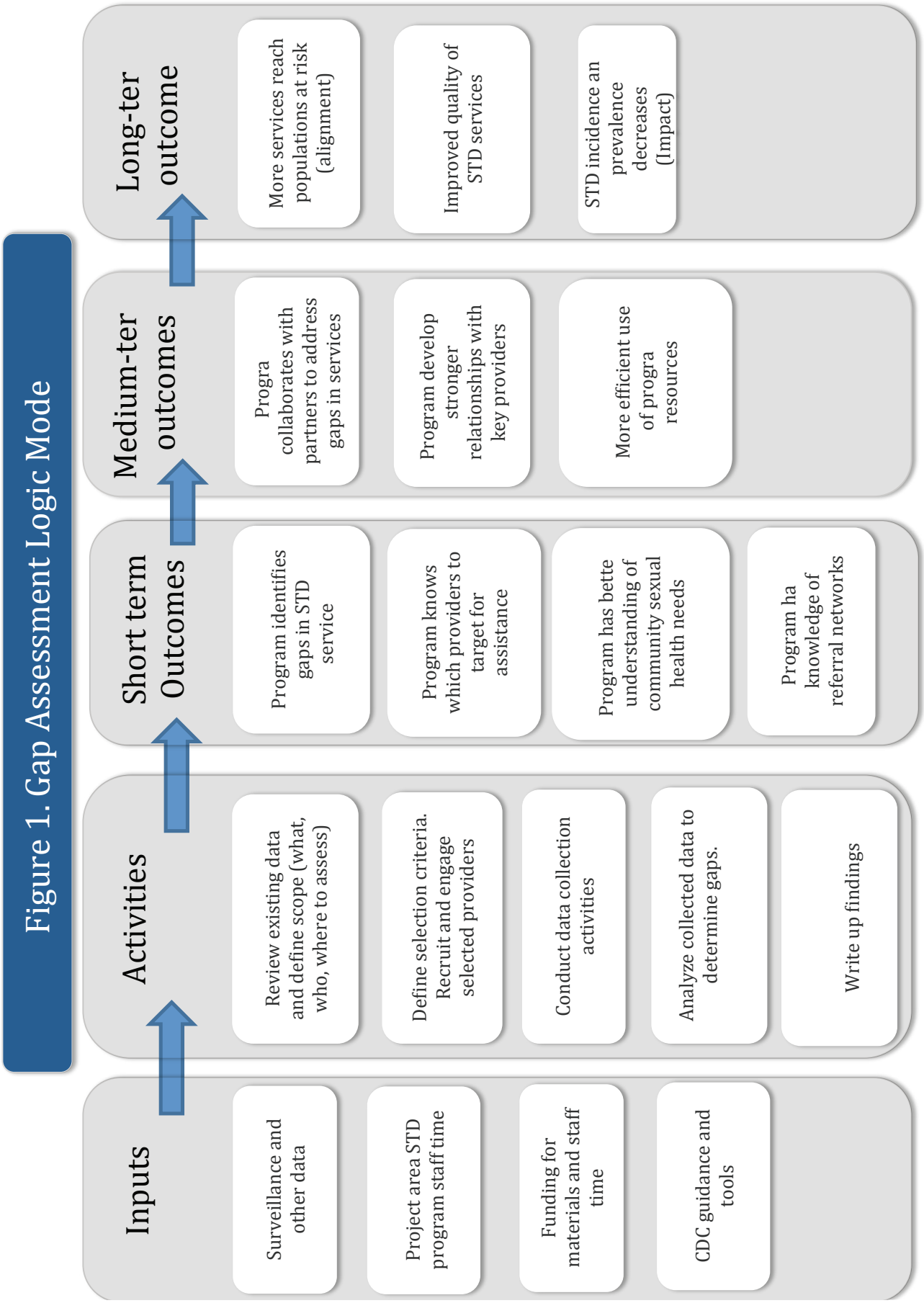

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Figure 2. PROCESS MODEL FOR PROJECT AREA GAP ASSESSMENT

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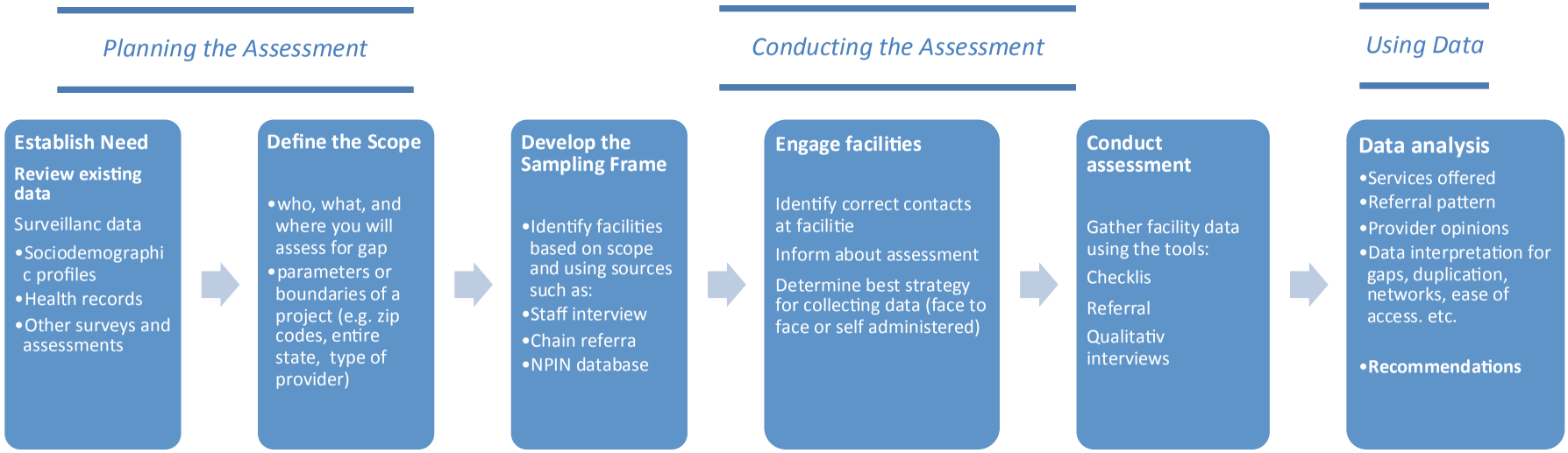
E. Figure 2



National Center for HIV, Viral Hepatitis, STD and TB Prevention
Division of Sexually Transmitted Disease Prevention

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