

Public Health and Primary Care: Forging Partnerships That Matter

STD Prevention
**SUCCESS
STORIES**



The Institute of Medicine (IOM) recognizes that public health professionals and primary care providers (PCPs) can achieve more together than they can separately. Yet too often, they work independently of each other, missing valuable opportunities to share resources, experience, and knowledge.

STD and HIV prevention efforts can be particularly challenging in this regard — PCPs, for example, may not be aware of the latest screening or treatment recommendations for STDs. And although CDC's Division of STD Prevention works to educate providers through trainings and clear guidelines, that is only one piece of the puzzle.

1 in 3

surveyed physicians have not received post-medical school training in STDs

29%

of syphilis, chlamydia, and gonorrhea cases were reported by private physicians

1 in 3

surveyed physicians could not identify the correct treatment for gonorrhea

Increasing STD screening and treatment across the United States requires partnerships between public health and primary care, with state and local STD programs playing a crucial role. Here are two stories of public health programs working with PCPs to improve the lives of the people they serve.



Quality Improvement in California

Holly Howard is the Program Director of Health Promotion and Healthcare Quality Improvement of the STD Control Branch at the California Department of Public Health. In 2015, Howard and her team developed a quality improvement program designed to increase chlamydia screening in Fresno County through provider education.

This particular effort included working with PCPs — a partnership that Howard calls “non-traditional,” though she hopes to help change that.

“We spent hours learning the playing field: the terms, the partners, who they’re accountable to, what they’re accountable for, their priorities.”

Howard’s team is learning how to prevent primary care and public health programs from working in silos. They recognized early on, for example, that PCPs may respond better to a program that aims to improve overall sexual health — not just screening rates for a particular disease.

So far, the program’s benefits have been two-fold: PCPs are learning about the latest chlamydia screening guidelines, and Howard’s team is collecting valuable information about how to help increase screening rates. “We’re learning a lot from Fresno,” she says, which has some of the highest chlamydia rates among youth in the state. And she hopes to eventually scale the work to a statewide program.

One thing they know for sure, no matter the scale of the program: success hinges on understanding their audience. “It’s about tailoring our priorities to make sure we’re meeting their needs,” says Laura Kovaleski, who works closely with Howard. Howard agrees, emphasizing the importance of flexibility. “You can’t come in with your blinders on. When PCPs say ‘we need this,’ you stop and change right there.”

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Public Health Detailing in New Hampshire

Lindsay Pierce is the Chief of Infectious Disease Prevention, Investigation, and Care Services at the New Hampshire Department of Health. When funding changes left New Hampshire with limited options for targeted sexual health care, Pierce and her team knew that more people would be turning to PCPs who may be less versed in STD and HIV care.

Inspired by similar successful efforts in Rhode Island and New York City, Pierce and her team launched a primary care outreach initiative — called public health detailing — in New Hampshire.

“We wanted to make sure that we’re able to support our community partners who are providing direct services,” says Pierce.

Key to the program are the in-person trainings at PCP offices facilitated by Provider Relations Manager Sue Myers. In her trainings, she focuses on high-need topics such as integrating HIV screening into routine care and improving STD testing and treatment practices.

Myers’ first step is to find out how they can best serve a practice. “We want to know what sort of support they need,” she says. That approach has paid off: the program has reached 43 practices to date, with many PCPs requesting follow-up trainings.

Pierce and Myers know that there’s still more work to do, and more PCPs to reach. But both recognize the value in appreciating the progress they’ve made so far. Says Myers: “I feel incredibly fortunate for the opportunity — in a small way and hopefully over time in larger ways — to work toward really integrating public health and primary care.”

- [STD Training Information](#)
- [National Network of STD Clinical Prevention Training Centers](#)