

Thoughts on Program Science Priorities

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Three issues to consider

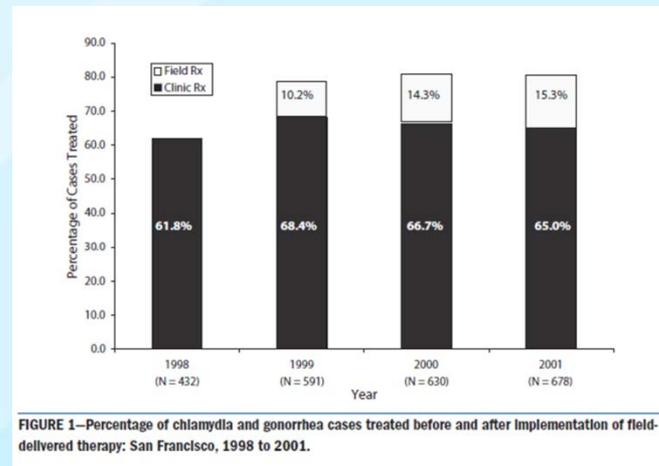
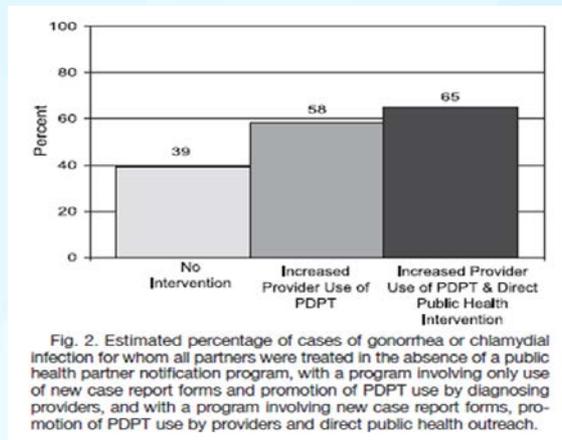
- ❑ Concrete examples that reflect program science principles
- ❑ Routine methods to conduct program science
- ❑ How do we integrate program science with other “expanded thinking” about STD control?

Concrete Examples: Expedited Partner Therapy

- ❑ **“...the treatment of partners without an intervening medical evaluation...”**
- ❑ **Attentive to a perennial population-level STD control issue: a meaningful level of treatment of partners of infected persons**
- ❑ **RCT-backed data based on the integration of a treatment protocol into the existing busy operations of a clinic**
- ❑ **Subsequent operational R&E to expand coverage**
 - availability (> 60% of US population: conservative estimate)
 - Uptake (varies by location from <25% of eligible to ~70%)

EPT, continued

- ❑ Characterized by continuing operational research and evaluation



- ❑ Characterized by adaptation to varied infrastructure and public health environments
 - It's not one size fits all

Golden et al. Evaluation of a population-based program... *Sex Transm Dis* 2007;38:598-603

Steiner et al. Field-delivered therapy increases treatment... *AJPH* 2003;96:882-4.

Routine Program Science

- **How to use existing information infrastructure to embed Program Science into STD prevention and control.**
 - A US example: the Comprehensive STD Prevention Services periodic reports
 - Cover program activities (e.g., surveillance, program metrics), but also challenges, responses and solutions
 - The mix of data, actions, and challenges are fertile grounds for generating program science

For more information, don't miss Hood J, et al. later in this very conference.

Program Science and “Expanded Thinking”

- ❑ Program Science *is* expanded thinking, but will be more effective and have more impact in conjunction with other innovations and efforts
- ❑ For example:
 - Winnable Battles – both US and Global
 - Expanded thinking that takes us across geographic boundaries and levels of infrastructure
 - Methods and data: what appears to be a rapidly expanding quantity and quality of health metrics
 - Social determinants: this makes us think about what *non-STI* variables influence STI rates and what other variables are influenced *as well as* STI rates
 - Elimination of congenital syphilis

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