Program Operations
Guidelines for STD Prevention

Leadership and Program Management

CDC
Centers for Disease Control and Prevention

Table of Contents

Foreword

The development of the Comprehensive STD Prevention Systems (CSPS) program announcement marked a major milestone in the efforts of CDC to implement the recommendations of the Institute of Medicine report, *The Hidden Epidemic, Confronting Sexually Transmitted Diseases, 1997*. With the publication of these STD Program Operations Guidelines, CDC is providing STD programs with the guidance to further develop the essential functions of the CSPS. Each chapter of the guidelines corresponds to an essential function of the CSPS announcement. This chapter on leadership and program management is one of nine.

With many STDs, such as syphilis, on a downward trend, now is the time to employ new strategies and new ways of looking at STD control. Included in these guidelines are chapters that cover areas new to many STD programs, such as community and individual behavior change, and new initiatives, such as syphilis elimination. Each STD program should use these Program Operations Guidelines when deciding where to place priorities and resources. It is our hope that these guidelines will be widely distributed and used by STD programs across the country in the future planning and management of their prevention efforts.

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Introduction

These guidelines for STD prevention program operations are based on the essential functions contained in the Comprehensive STD Prevention Systems (CSPS) program announcement. The guidelines are divided into chapters that follow the eight major CSPS sections: Leadership and Program Management, Evaluation, Training and Professional Development, Surveillance and Data Management, Partner Services, Medical and Laboratory Services, Community and Individual Behavior Change, Outbreak Response, and Areas of Special Emphasis. Areas of special emphasis include corrections, adolescents, managed care, STD/HIV interaction, syphilis elimination, and other high-risk populations.

The target audience for these guidelines is public health personnel and other persons involved in managing STD prevention programs. The purpose of these guidelines is to further STD prevention by providing a resource to assist in the design, implementation, and evaluation of STD prevention and control programs.

The guidelines were developed by a workgroup of 18 members from program operations, research, surveillance and data management, training, and evaluation. Members included CDC headquarters and field staff, as well as non-CDC employees in State STD Programs and university settings.

For each chapter, subgroups were formed and assigned the task of developing a chapter, using evidence-based information, when available. Each subgroup was comprised of members of the workgroup plus subject matter experts in a particular field. All subgroups used causal pathways to help determine key questions for literature searches. Literature searches were conducted on key questions for each chapter. Many of the searches found little evidence-based information on particular topics. The chapter containing the most evidence-based guidance is on partner services. In future versions of this guidance, evidence-based information will be expanded. Recommendations are included in each chapter. Because programs are unique, diverse, and locally driven, recommendations are guidelines for operation rather than standards or options.

In developing these guidelines the workgroup followed the CDC publication "CDC Guidelines—Improving the Quality", published in September, 1996. The intent in writing the guidelines was to address appropriate issues such as the relevance of the health problem, the magnitude of the problem, the nature of the intervention, the guideline development methods, the strength of the evidence, the cost effectiveness, implementation issues, evaluation issues, and recommendations.

STD prevention programs exist in highly diverse, complex, and dynamic social and health service settings. There are significant differences in availability of resources and range and extent of services among different project areas. These differences include the level of various STDs and health conditions in communities, the level of preventive health services available, and the amount of financial resources available to provide STD services. Therefore, these guidelines should be adapted to local area needs. We have given broad, general recommendations that can be used by all program areas. However, each must be used in conjunction with local area needs and expectations. All STD programs should establish priorities, examine options, calculate resources, evaluate the demographic distribution of the diseases to be prevented and controlled, and adopt appropriate strategies. The success of the program will depend directly upon how well

program personnel carry out specific day to day responsibilities in implementing these strategies to interrupt disease transmission and minimize long term adverse health effects of STDs.

In this document we use a variety of terms familiar to STD readers. For purposes of simplification, we will use the word patient when referring to either patients or clients. Because some STD programs are combined with HIV programs and others are separate, we will use the term STD prevention program when referring to either STD programs or combined STD/HIV programs.

These guidelines, based on the CSPS program announcement, cover many topics new to program operations. Please note, however, that these guidelines replace all or parts of the following documents:

- Guidelines for STD Control Program Operations, 1985.
- Quality Assurance Guidelines for Managing the Performance of DIS in STD Control, 1985.
- Guidelines for STD Education, 1985.
- STD Clinical Practice Guidelines, Part 1, 1991.

The following websites may be useful:

• CDC	www.cdc.gov
• NCHSTP	www.cdc.gov/nchstp/od/nchstp.html
• DSTD	www.cdc.gov/nchstp/dstd/dstdp.html
• OSHA	www.osha.gov
• Surveillance in a Suitcase	www.cdc.gov/epo/surveillancein/
• Test Complexity Database	www.phppo.cdc.gov/dls/clia/testcat.asp
• Sample Purchasing Specifications	www.gwu.edu/~chsrp/
• STD Memoranda of Understanding	www.gwumc.edu/chpr/mcph/moustd.pdf
• National Plan to Eliminate Syphilis	www.cdc.gov/Stopsyphilis/
• Network Mapping	www.heinz.cmu.edu/project/INSNA/soft_inf.html
• Domestic Violence	www.ojp.usdoj.gov/vawo/
• Prevention Training Centers	www.stdhivpreventiontraining.org
• Regional Title X Training Centers	www.famplan.org www.cicatelli.org www.jba-cht.com
• HEDIS	www.cdc.gov/nchstp/dstd/hedis.htm
• Put Prevention Into Practice	www.ahrq.gov/clinic/ppipix.htm

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Leadership and Program Management

INTRODUCTION

As the Institute of Medicine's report The Hidden Epidemic: Confronting Sexually Transmitted Diseases indicates, state and local health departments are the logical agencies to lead area-wide STD prevention efforts. STD program managers within these agencies carry out the primary responsibilities of developing, implementing, and supporting comprehensive STD prevention systems throughout their jurisdictions. In collaboration with health care and community partners, these agencies provide leadership to determine and define STD prevention needs and priorities of the communities based upon analyses and interpretation of local data, relevant research, and other pertinent information. They also furnish program management the opportunity to direct and administer program operations and program resources.

LEADERSHIP AND PROGRAM MANAGEMENT: THE WHAT AND THE HOW

Leadership and program management are necessarily related but have very distinct concepts. Although attentive to both content and process, leadership is much more related to the concept of effectiveness--doing the right things--while management must attend to efficiency--doing things right. One definition that seems particularly appropriate for use by public health programs is "Public leadership is the inspiration and mobilization of others to undertake collective action in pursuit of the common good" (Bryson 1992). Leadership tasks laid out by Bryson include the following:

- Understanding the context
- Understanding people involved, including oneself
- Sponsoring the process
- Championing the process
- Facilitating the process
- Fostering collective leadership
- Using dialogue and discussion to create a meaningful process
- Making and implementing decisions in arenas
- Enforcing rules, settling disputes, and managing residual conflicts
- Putting it all together.

STRATEGIC PLANNING

"Strategic planning is a set of concepts, procedures, and tools to help leaders, managers and others think and act strategically on behalf of their organizations and their organizations's stakeholders" (Bryson, 1995). This chapter is not intended to be a primer on strategic planning as many public health agencies already employ various models of strategic planning that can be extended to STD prevention programs. Strategic planning is essential to effective leadership and program management. It is the continuous process of systematically evaluating the organization, defining its long-term objectives, identifying quantifiable goals, developing strategies to reach these objectives and goals, and allocating resources to carry out these strategies. References are provided at the end of this chapter to inform managers about the strategic planning process. Additionally, universities, management institutes, and others provide specific training in the strategic planning process. Nonetheless, the following con-

cepts are key to successful strategic planning, that STD prevention leaders and managers should consider as they conduct long-range planning.

Mission and Goals

The statement of mission provides a sense of direction and purpose as well as a common statement against which to weigh all future decisions for compliance. A mission is a statement of what an organization is (character) and what it wants to do (quest, contribution, achievements). Goals are broad statements of desired future conditions with specific results. Mission statements and goals provide members of the organization with a sense of direction and facilitate effective interaction in other strategic planning processes.

Vision

A statement of vision articulates a view of a realistic, credible, and attractive future for the group -- a condition that is better in some important ways than what now exists. Building a shared vision is a way of finding common purpose.

Organizational Values

Articulating and clarifying the shared values of an organization are important to the integrity and ultimate effectiveness of that organization. Shared values form part of the foundation of an organization's culture. Research has found that shared values make a significant difference in work attitudes and performance (Kouzes, 1995). Among other things, the development of shared values facilitates both the understanding of job expectations and the achievement of consensus about key organizational goals and strategies. Shared values should not be construed as minimizing diversity of opinion within an organization.

Strategy

Strategy is the overall plan of action for achieving a particular goal. Strategy formulation must be based on sound scientific knowledge, a thorough understanding of the constituency and its health needs, and full awareness of STD prevention services capacity within the project area. Important factors in determining strategy are:

- identifying organizational strengths and weaknesses
- determining public health environment opportunities and constraints
- matching organizational strengths and weaknesses with environmental opportunities and constraints
- setting policy, the critical factor being deciding what the program is not going to be.

The strategic plan should show the detailed strategies selected to meet goals. Successful strategies build on strengths, overcome weaknesses, take advantage of opportunities, and minimize threats. Each strategy selected in the strategic plan should include:

- Goals addressed
- Expected effects of the strategy and when they are expected
- Critical assumptions on which the expectations are based
- Critical information used in selecting the strategy and its sources
- A brief description of how the strategy was selected and by whom.

Strategies selected should also be consistent with National STD Prevention strategies as outlined in the IOM Report—The Hidden Epidemic, Chapter 6. These are:

- Overcome barriers to adoption of healthy sexual behaviors
- Develop strong leadership, strengthen investment, and improve information systems for STD prevention
- Design and implement essential STD related services in innovative ways for adolescents and underserved populations
- Ensure access to and quality of essential clinical services for STDs.

Once the context and direction of the program is set through the strategic planning process, it is management's duty to effect the strategies articulated in the organization's strategic plan. This is typically accomplished through the development of the organization's operational plan. The success of STD prevention programs depends directly upon how well

personnel carry out specific day-to-day responsibilities in implementing tactics that will prevent the acquisition of STD, interrupt transmission of STD, and minimize long-term adverse health effects of STD. STD program management must possess accurate information about the performance of individuals and prevention program components. This information is essential to interpreting events correctly and making appropriate policy decisions that ensure a program's success.

Process Effectiveness

An assessment is made to determine the extent to which the existing processes serve the mission and goals. Processes are assessed, discussed, and confirmed, as appropriate, or shaped to enhance what the organization is attempting to accomplish.

Recommendations

- STD program management should develop and maintain statements of mission, vision, and values.
- STD program management should develop strategic plans.

PROGRAM MANAGEMENT: OPERATIONAL PLANNING AND EVALUATION

Operational Plan

An operational plan organizes and directs program efforts to prevent disease, provides feedback on the progress of those efforts, and should be developed in collaboration with relevant public, private, and community partners. A plan should accomplish the following:

- Identify problems, needs, and resources.
- Develop problem statements that describe what is occurring, what should be occurring according to project area data and objectives, the deviation between what is and what should be occurring, and whether the deviation is significant enough to commit or, in some cases, divert resources (needs assessment).
- Develop overall prevention strategies that describe general program approaches to solve the problem and monitor progress.
- Develop objectives consistent with prevention strategies that, if achieved, will address or correct the problems.
- Develop a plan of operation consisting of interventions, activities, program organization infrastructure, time lines, and funding that will accomplish the objectives.
- Develop an evaluation mechanism that will periodically monitor progress, indicate necessary modifications, and measure objectives.
- Describe the procedures for gathering and analyzing outcome and process performance information.
- Include instruments, time lines, and frequencies for reporting process and outcome information to each level of management.
- Describe how outcome and performance information are used to provide quality assurance for various program activities.
- Establish and maintain a quality assurance system for all appropriate components that support disease prevention.
- Specify acceptable levels of productivity from each essential component and the qualitative standards of performance expected.

Operational plans are elaborated in documents periodically prepared by state and local health agencies and in their annual STD prevention project grant applications to CDC. Careful consideration should be given to the organization and contents of such documents because each has the potential to influence decisions about resources needed for program operations. Plans should be current, consistent, realistic, and should address factors that affect disease intervention. Plans may be developed at different levels depending on the amount of oversight a program has over particular areas. These are described below.

- Those areas over which the program can exert direct influence, e.g., the quality of clinical services and disease intervention outreach activities

- Those areas over which the program has indirect influence, e.g., the sexual behavior of patients and the performance of health service providers who participate in STD prevention program activities such as screening, morbidity reporting, and serologic reactor notification
- Those areas which involve individuals or groups who are beyond the program's purview, but whose behaviors affect disease intervention. For example, STD educational outreach efforts may be necessary to reduce the congenital syphilis morbidity among high risk populations, such as undocumented workers who frequently do not seek prenatal care.

Periodically, an STD prevention program must carefully review its operational plan for achieving various long-term objectives. This plan should relate to each short-term objective and should detail specifically how various activities will be conducted to achieve the expected results that the objectives stipulate. As new objectives are established, or as current ones are revised with different levels of expected achievement, the operational plan needs to be amended. The operational plan is revised when problems result in unsatisfactory achievement of any established short-term objectives or when improved methods are devised to pursue particular objectives.

Goals and Objectives

Goals, long-term objectives, and short-term objectives are related in a hierarchy of levels. Goals form the broadest level of a program's purpose and are developed in the strategic planning process. They are in turn supported by levels of objectives that become successively more specific and explicit. Long-term objectives contribute directly to the attainment of program goals; short-term objectives support the achievement of long-term objectives. Long-term and short-term objectives and goals form a blueprint for the design and implementation of a program. Their articulation becomes the basis for the development of a plan of work for each project area activity.

Program Evaluation

Program evaluation is the systematic collection and analysis of information to determine the quality of a given program's design, implementation, or effectiveness, with the intent of using that analysis to improve program performance. Measuring how much activity is taking place, how quickly it is occurring, and the quality with which it is being accomplished is a critical function of management. Managers at all organizational levels must routinely monitor process performance along with output to accurately identify strengths and weaknesses affecting overall program performance. This is accomplished by establishing an evaluation plan for each program component that supports disease intervention efforts, e.g. surveillance, screening, case management, etc.

Evaluation should always be incorporated from the beginning of the planning stages for all program activities. Evaluation plans should clearly relate to objectives, methods employed to accomplish them, procedures for gathering and analyzing outcome and process performance information, and instruments, time lines, and frequencies for reporting to each level of program management.

Outcome indicators are used to assess a program's effectiveness, identify strengths, and identify areas that may need improvement. However, they cannot explain why a problem is occurring. Operational plans should not be revised on the basis of outcome evaluations alone. Placing too much emphasis on outcome indicators runs the risk of creating an environment where the indicator becomes a goal in and of itself, resulting in pressure to achieve an ideal number rather than focusing on process performance or the overall program goals. Program goals that were developed in the strategic planning process should always be kept in mind when analyzing outcome indicators.

Recommendation

- The STD program should establish and maintain a system for evaluating each component of the intervention program.

RESOURCE DEVELOPMENT AND MANAGEMENT

STD program managers are responsible for ensuring that human, material, financial and technological resources are used in the most cost-effective way to reach the program's stated objectives.

Personnel

STD Program Managers are responsible for the appropriateness and the quality of services provided by STD programs' clinical, intervention, and support staff. Managers must ensure that staff members are adequately trained to perform their assigned tasks efficiently and effectively. Quality assurance reviews, needs assessments, and other monitoring systems must be in place so that managers obtain information to help them identify and address skill deficiencies that may exist. Three systematic approaches supporting the development of high quality personnel performance are training, professional development, and career development. First line supervisors and program managers have a key role in the development of new employees.

Training

A training program is essential to developing individual job-related skills. It is the responsibility of management to assure that employees have received appropriate training to perform assigned tasks, and that the training has been successful. Needs assessments may indicate that specific performance problems should be addressed through training.

Professional Development

Professional development efforts include training, as well as orientation, formal education, information seminars, and on-the-job work experiences designed to develop or enhance expertise. A systematic approach should be applied to the development of employees involved in the delivery of STD prevention services.

Career Development

Career development includes professional development, but it is a more comprehensive management commitment to staff development. It is an important component of STD prevention programs because it provides advancement opportunities to help ensure that trained, experienced employees are available to move into higher-level positions.

For details on training, professional development, and career development, see the chapter "Training and Professional Development."

Recommendation

- Management should establish appropriate policies and actions that recognize the importance and requirements for training, professional development, and career development programs.

Fiscal & Material

Program managers are responsible for assuring that resources are allocated according to program priorities and managed according to rules and conditions as specified by the funding agency. When developing budgets, program managers should clearly describe line-items and document within the budget justification the relationship between all costs and specific objectives and activities. Detailed budgets are generally developed for 12-month periods; however, it is important to plan for up to five years so that anticipated changes in funding levels can be reflected in program plans.

STD programs often contract with other agencies, public or private, to carry out program activities. When developing contracts, it is important to identify the contractor, the period of performance, the method of selecting a contractor, the description of activities and deliverables, and an itemized budget. Different project areas may have different methods by which they may contract for services. It is important that program managers explore all of the contracting options and choose the one most appropriate for the scope of work and type of contractor.

Research and Technology

Program management is responsible for assuring that prevention strategies are based on sound research findings and scientific principles. Managers should stay abreast of current, relevant research findings and in-

corporate these appropriately into program practice. As relevant research findings will modify program practice so, too, will the development of new technologies. The transfer of research concepts and the implementation of new technologies require the systematic involvement of staff who will have primary responsibility for implementing the change.

ADVOCACY, MEDIA RELATIONS, & LEGISLATION

Advocacy

Unlike many other health problems , there are limited patient-based constituent groups for STD who advocate publicly or lobby for STD-related programs. This is primarily because having a STD is still considered by some to be socially unacceptable. This stigma hinders public discussion and community activism around the issue of STD prevention. In addition to tapping into existing groups it is important for STD programs to identify and reach out to public and private agencies that have a demonstrated or potential stake in STD prevention because of constituents they represent or serve. As STD prevention programs improve awareness and knowledge of STDs and encourage the adoption of healthy behaviors, stakeholders will need to be aware of the potential benefits that will be gained as a result of becoming actively involved in STD prevention.

Media Relations

For many years and with few exceptions, STD programs have reacted to news media, responding to inquiries regarding STD topics and issues and reacting to breaking news stories rather than initiating them. A broader approach is needed to communicate key STD messages. STD programs must consider how to develop more proactive media efforts and how to build relations with key media representatives so that target audiences may be reached. Within each state or local public health agency, there exists a mechanism for communicating with the media, often through a person or office that coordinates such activities. It is important that STD program managers understand this mechanism for communicating strategies in their agencies and use it to cultivate relationships with media representatives that will promote the prevention goals of the STD program.

Legislation

Public health law should be viewed primarily as a tool of prevention. State legislation related to STD and other infectious diseases acts as a framework for promoting public health and assisting public agencies in creating conditions in which people can maintain sexual and reproductive health. The careful exercise of state laws can be an effective and cost beneficial opportunity to improve the prevention and treatment of STD. Law can define the objectives of public health and set its policy agenda, authorize and limit public health actions, serve as a tool for prevention, and facilitate the planning and coordination of governmental and nongovernmental health activities.

Congress has specifically authorized and appropriated federal funds for projects and programs to prevent and control sexually transmitted diseases. These appear in section 318 of the Public Health Service Act, 42 U.S.C. section 247C. There are no federal laws mandating domestic STD prevention and control activities. All legal authorities emanate from statutes or regulations enacted by states or their political subdivisions. Although laws vary widely, certain authorities are common to most states and are necessary for STD programs to operate effectively. The first general category of authority involves enabling legislation or regulations that allows program administration and operations and generally includes:

- Definition of STDs
- Administrative requirements and rule-making authority (e.g., how health regulations are established)
- Funding
- Investigation of disease occurrence and outbreaks
- Quarantine, isolation, or compulsory testing and treatment of persons refusing needed examination and treatment
- Diagnostic, treatment, and counseling services to be provided
- Case and partner notification
- Provision for minors to consent to testing and treatment

- STD prevention education (e.g., as part of the public school curriculum)
- Authorization for field staff to collect specimens in non-clinical settings (e.g., venipuncture)
- Court proceedings, penalties, criminal exposure
- Confidentiality of STD patient services and STD records and consent for record release

The second general category of STD legislative authority contains case detection and disease surveillance statutes or regulations that allow for disease intervention activities. They typically include four areas of concern:

- Reporting of test results indicative of STD by clinical laboratories
- Reporting of disease occurrence by health care provider
- Premarital testing—IOM strongly recommends against this. Most states have rescinded this law
- Appropriate screening protocols for certain at-risk populations

The third general category contains medical and public health practice authorities or those authorities that address appropriate procedures necessary to ensure optimal patient care and preventive medicine. They typically include the following:

- Prenatal STD
- Ophthalmia neonatorum prophylaxis requirement by health professionals attendant at childbirth
- Prophylactic methods, principally condoms, which may be advertised and sold in localities other than through licensed pharmacies

STD program managers should review existing laws and statutes to assess their current utility and contribution to STD prevention policy, goals, and objectives. Consideration should be given to the reform of laws that no longer contribute to the goals of STD prevention and to the promotion of laws that reflect both sound scientific and technological developments. When revisions are needed, the program manager normally takes the initiative and works in concert with the state health department's legal counsel to bring about the needed revisions.

Recommendations

- Each program should have a system to ensure that laws affecting STD prevention are routinely reviewed and revised, or developed, as necessary.
- Each state should have a complete set of legal authorities (statute or regulation with statutory authority) that contributes to the goals of STD prevention and reflects both sound scientific and technological developments. This set of legal authorities should include, but are not limited to, the following:
  - STD definitions
  - Morbidity reporting of defined diseases to include reporting of name, address, disease, sex, age, race, and source of report, date of report, and date of test
  - Laboratory reporting of positive tests to include date of report, date of test, name of physician, patient's name, age, race, sex, test performed, and test results
  - Confidentiality of STD records to the maximum extent legally possible including exemption from subpoena
  - Prenatal testing for STDs to include at least one serologic test for syphilis. In high morbidity areas and outbreak situations, serologic tests should be performed during the first and third trimester of pregnancy and at delivery
  - Ophthalmia neonatorum prophylaxis
  - Permission for minors to authorize their own STD examinations and treatment without parental consent and holding this and related information absolutely confidential

PARTNERSHIPS AND COLLABORATIONS

Project areas face multiple public health concerns, including sexually transmitted diseases, HIV infection, tuberculosis, adolescent pregnancy, and substance abuse. In this environment, it is clear that STD prevention programs must develop, cultivate, and maintain effective working relationships with a growing network of public and private entities that work in both health and non-health sectors. Many STD prevention programs have recognized the need to expand their efforts and budgets to improve interaction and collaboration with various relevant partners.

Collaborations with relevant partners can increase the visibility, momentum, and effect of STD prevention efforts by uniting diverse elements and combining talents and resources. Partnerships can reduce duplication of efforts, maximize the effectiveness and efficiency of various groups and individuals interested in STD prevention, and can improve the overall health status of particular target populations. The selection of agencies to collaborate with should be determined by factors such as the services they provide to similar target populations or program efforts between agencies that are complementary and mutually reinforcing. Potential partners include family planning programs, corrections facilities, managed care providers, prenatal programs, HIV prevention programs, community-based organizations serving at-risk populations, schools, drug treatment facilities, and medical societies. The Agency for Healthcare Research and Quality publishes an initiative called Put Prevention Into Practice (PPIP). The PPIP contains many guidelines and recommendations on reproductive health. This information can be found at www.ahrq.gov/ppip.

STD program referrals to agencies that offer individual and community support, substance abuse treatment, tuberculosis skin testing, family planning, and early intervention services have resulted in the reciprocal and consistent referral of clients who are at risk for STD/HIV infection and are in need of counseling, testing, and partner services. Additionally, coordination of STD screening, counseling, and partner services with local corrections facilities and community agencies has enabled STD disease intervention staff to expand patient access to STD services.

Most effective STD prevention programs have established linkages and complementary efforts with HIV prevention and early intervention programs. Persons testing HIV-positive require referral to a wide range of services including medical, mental health, social support, prevention counseling, STD treatment, drug treatment, and reproductive health counseling.

Successful STD prevention efforts are more easily achieved when barriers to services are removed through collaboration, establishment of memorandums of understanding, Memoranda of Agreement (MOA) or Qualified Service Organization Agreements (QSOA), and the development of mutual goals and objectives. QSOA's have been instrumental in overcoming confidentiality barriers in a number of project areas. An example occurred during the early 1980s, when CDC initiated a Pelvic Inflammatory Disease (PID) program that emphasized the need for collaborations that extended beyond the traditional partnerships. Liaison positions were established in which staff carefully reviewed hospital records for results suggestive of PID and other STDs. Such close relationships with hospital emergency rooms, outpatient departments, and hospital administrative staff facilitated the prevention of PID.

Syphilis, gonorrhea, and chlamydia screening initiatives have demonstrated the importance of maintaining close ties with family planning, prenatal care, corrections facilities and maternal and child health programs, as well as with private and public hospitals and laboratories. In addition to effective surveillance and public education programs, the prevention of congenital syphilis continues to require coordinated efforts with agencies that provide services to women of childbearing age, and to pregnant females. With high HIV seroprevalence in STD patients, collaboration and coalition building with community-based organizations and other non-health care providers that can best reach particular segments of the community are crucial. Public health attempts to educate those at-risk must be complementary and mutually beneficial to all parties.

The STD prevention program cannot expect to successfully prevent or control disease in the community by themselves. Experience has taught programs that they must collaborate with key personnel in community based institutions to influence those parts of the

program they do not maintain themselves. Administrators change, as do emergency room directors, nurse epidemiologists, and CBO directors. It is, therefore, essential for STD prevention programs to have active ongoing interaction with all agencies that have the potential to affect disease intervention outcomes and STD program objectives. The collaboration should be maintained even though key personnel may change.

Recommendations

- STD prevention programs should be partners with groups such as reproductive health, schools, corrections facilities, and religious organizations.
- STD programs should have a system to assure ongoing interaction with all agencies, including CBOs, that may affect STD prevention.
- STD programs should establish referral arrangements for STD prevention activities with appropriate service providers.

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