

Small-Group Breakout: Advocating for Funding, and Developing Strategies for Private Provider Collaboration

Topic 1: Advocating for Funding

Consider these questions:

1. What are the opportunities and limitations each state and/or partner has for advocating for funding?
2. What types of information could/should be included in a tool that would be used to advocate for funding?

Group 1 Notes:

- Advocating through health department administration.
 - State program can't lobby, so state department directors must [do so].
- Provide data to "powers that be" to show what prevention work has saved in funding for states.
- Using an emotional "hook," i.e., infertility in a population that large families are a priority.
- Pro bono work by media agencies to assist in campaigns.
- Partnering with like programs (HIV/Hepatitis) to share traveling, training, testing costs.
- Regional office advocates for regional work when states can't advocate for themselves – using Title X funds to advertise.
- Use manufacturers for brochures, tests, promotion of events, TA.

Group 2 Notes:

Opportunities and Limitations

- State Level:
 - Limit: No state funding, harder to ask for more.
 - Opportunity: If state funded, easier to ask for more.
- Local Level, Partnerships:
 - Limit: Scope would be local/narrow.
 - Opportunity: Ask for funding from local government, foundations.
- Regional Level:
 - Limit: Individual agency having to do their own grant writing – may [not] have staff time at this level.
 - Opportunity: Regional application for grant writing/fact finding, who has money.

Information for Tool

- Model of what percent of cases lead to infertility.
- Impacts of screening.
- Cost of complications of chlamydia -
 - Personal: PID/Infertility
 - Health care system: Medicare, EP, insurance, hospital

- Screening for chlamydia – 25 most preventative health services – cost:benefit
- Information showing \$ management is “correct”/proper – currently being used.
- Information on testing resource allocation
 - Numbers tested that should not be tested.

Topic 2: Private Provider Outreach and Collaboration Strategies

Consider these questions:

1. As a region, or within each state, what are some groups we could partner with (i.e., APHL, NCSD, other similar groups), and how could we work with them to help move Region 8 initiative forward?
2. What are some templates or tools we could create to use with those groups?

Group 1 Notes:

- In Utah:
 - CHC meet yearly
 - NP meeting/newsletter/conference
- In Colorado:
 - Target Kaiser Permanente
 - Use Kees [Rietmeijer]? MD can open doors
- In Utah, the following strategies were used:
 - Outreach to political candidates, profiled by county and district.
 - Organized a forum to bring all people in the community interested in STDs – need a spearheaded advocate.
- Other potential strategies & tactics:
 - Outreach to laboratorians, church groups and other organizations dealing with certain racial/ethnic groups.
 - Data sells the story:
 - Trends at county and state level
 - Teen pregnancy rates
 - Use the JSI template – fill in by zip code
 - PSAs
 - Use drug vendors, pharmaceutical representatives to go to physicians with information.
 - Bulletin board/poster – colorful, eye-catching
 - “Get Yourself Tested” posters – send out with collection kits
 - Labs to send data/educational information out with test kits.
 - Brochure – state statistics sheets.
 - Find out which private providers actually see patients <25 years old.
 - Find out which private providers have higher positivity rates and target them.

Potential Action Steps:

- Target mid-level practitioners through state annual conferences, newsletters, meetings

- Target medical schools, residency training
- Outreach to student health service – increasing testing
- Determine those private providers who have higher positivity rates and target them
- Approach diagnostic manufacturers for marketing materials or funding to develop our own
- Provide information at urgent care centers (young adults access care there)
- Create 10-minute video, iPod download for provider information
- Provide CEU webinars for providers
- Jay Leno – STD/Jay-walking
- HAN - network
- Find test “PMO” offer 50 free tests to find out data

Group 2 Notes:

- Contact GenProbe about collection instruction DVDs to send to each private provider that we are approaching (is there an electronic form of this we could email them?).
- Make the tri-fold Ct screening guide into an actual poster. This would include Ct/GC statistics for each state.
- Make a half-fold (tent) guide with patient information on one side and provider guidance and questions to ask on the other side.
- State-wide registry of providers in a data system in which we could ask “who the providers are.”
- Choose appropriate providers – find their emails.
- Who reports to the state reportable disease registry – target these (already have a relationship with them).
- Contact local chapters of larger professional groups to get them involved to do the push and have it trickle down.
- Create a standardized [data request] form to ask for specific variables, questions and time frames – use this whenever needed, or quarterly, etc., as own tool and/or to approach private providers.
- First look at areas for morbidity and approach providers who are in that area, regardless of venue.
 - Use CDC maps (maybe on websites) to identify morbidity areas.