

Introduction

The Evaluation and Program Improvement Scholars Program (EPIS) aims to enhance the capacity of STD program staff. The program offers individual coaching, virtual peer coaching, and a virtual learning exchange. To improve community health, participants engage in quality improvement discussions, real-life case studies, and performance improvement topics.

Below are short case studies about five of the 13 health departments that presented real-life examples, setting the stage for transformative projects in their communities. This year marks the sixth and final cohort.

For other comprehensive, engaging training resources about public health practice and population health improvement, **visit the National Coordinating Center for Public Health Training:** <https://nnphi.org/nccpht>.

Michigan Department of Health & Human Services



BACKGROUND

In Michigan, **Black people make up 14% of the population, but they are disproportionately affected by sexually transmitted infections (STIs), accounting for 55% of all reported cases.** These numbers highlight the fact that the need for public health agencies to focus on tackling STI and HIV disparities head-on is more crucial than ever.

LEARNING

The Michigan Department of Health & Human Services (MDHHS) is working on improving data collection in its efforts to make healthcare more accessible. MDHHS is also expanding its mobile health unit initiative, which addresses HIV and sexually transmitted infections (STI) prevention, treatment, and overall healthcare in Detroit (Wayne County). MDHHS has six operational mobile units.

IMPACT

These units eliminate healthcare barriers by serving rural and urban communities at community centers, churches, and other locations. The mobile health units are strategically placed to provide healthcare to individuals without transportation or living in areas without public transportation. This community-centered approach to healthcare delivery aims to serve as a model that can be replicated across the entire state and potentially nationwide.

California Department of Public Health

BACKGROUND

Over the recent years, California has observed a significant surge in syphilis cases among females and a concerning rise in congenital syphilis (CS) cases. **Alarmingly, numerous local health jurisdictions (LHJs) have recorded high CS morbidity for three consecutive years, surpassing the threshold of more than 8.4 CS cases per 100,000 live births.**

LEARNING

To address this public health concern, the California Department of Public Health (CDPH) has collaborated with the state and LHJs to identify key priority disease intervention metrics for STIs.

IMPACT

CDPH has established an internal, structured, and efficient process for reviewing these priority metrics through a cross-disciplinary workgroup at the state level. This process encompasses devising methods to offer feedback, technical assistance, and persistent data monitoring support for 61 LHJs based on an internal data review of the priority metrics reported by each LHJ. This process will enable a more timely, accurate, and high-quality implementation of congenital syphilis disease intervention at the LHJ level.



San Francisco Department of Public Health

BACKGROUND

San Francisco estimated that 10 percent of residents were living below the poverty line in 2022. This issue disproportionately affects older residents, particularly those aged 65 and over, who may lack access to transportation for essential appointments, which is a significant challenge. Additionally, poverty rates vary across different racial and ethnic groups, with Black residents experiencing poverty at a rate nearly three times higher than the average.

LEARNING

The San Francisco Department of Public Health is working to enhance access to clinical services for patients who lack transportation or who can't attend pre-scheduled appointments for other reasons.

IMPACT

The department's goal is to create a low-barrier, same-day appointment system that aligns with the clinic's values of accessibility, equity, and accommodating patient preferences. By integrating innovative scheduling capabilities within electronic health records (EHR), leveraging data through epidemiological partnerships, and employing direct patient feedback, the department seeks to meet diverse patient needs more effectively.

Texas Department of Health and Human Services



BACKGROUND

The HIV prevalence in Texas shows notable disparities among racial and ethnic groups. Approximately 1 in every 287 Black Texans, 1 in 98 Hispanic Texans, and 1 in 331 White Texans are living with HIV. Furthermore, it is observed that men and Hispanic Texans are more likely to undergo late HIV testing, thus indicating delayed detection of HIV infection in these demographic subgroups.

LEARNING

The Texas Department of Health and Human Services aims to enhance the quality of data collected from local providers and laboratories by focusing on identification, training, and documentation.

IMPACT

To achieve this, the department will update its electronic reporting form to simplify the reporting process for providers, labs, and staff by clearly identifying and making essential fields mandatory for form submission. The department will conduct statewide training sessions to educate and promote the new form.

Utah Department of Health and Human Services



BACKGROUND

In 2021, most STIs were reported along the Wasatch Front, a metropolitan region in the north-central part of Utah. Specifically, 86% of HIV infections, 85% of chlamydia infections, 90% of gonorrhea infections, and 87% of P&S syphilis infections were reported in this region. Even though only 75% of the state's population lives in this area, it had more STI infections than other regions.

LEARNING

The Utah Department of Health and Human Services is actively working to enhance sexually transmitted infections (STI) prevention and treatment outcomes through better data collection and reporting.

IMPACT

By assessing how contracted sites collect STI treatment data and evaluating reporting mechanisms, they intend to enhance the quality of STI treatment data, ultimately supporting improved treatment outcomes and better connections to care.