**2014 AAPPS Work Plan Template: (Project Area Name)**

Template guidance

* Applicants must submit one table for each program strategy (e.g. Surveillance, Screening & Treatment, etc.) under each of the core activity domains of Assessment, Assurance, and Policy Development.
* All of the required activities noted in the FOA must be represented in the table with at least one activity or objective. Provide up to 3 activities or objectives per required or recommended activity . What are the main (top 3) things you plan to accomplish in the first year of this award for that part of the program strategy? These tables are intended to reflect the highlights of your program’s plans, not the minutiae.
* The limit of 3 objectives per required activity is a guide, not a strict requirement. If you want to provide (a few) more, that is ok.

Definitions of the template’s fields

* *Rationale*: Use that space to briefly justify the activities proposed. Do the proposed activities clearly build on your programs’ current capacity? Do they align your prevention efforts with your project area’s epidemiology? Address how the scale of the activity is sufficient to achieve the intended goal. Provide epidemiologic data whenever relevant or possible.
* *Additional context*: Use that space to provide any additional information you think is necessary to understand what you have proposed. These may include project area-specific barriers or facilitators. Using this space is optional.
* *Required activity link*: List the number of the required or recommended activity that each proposed activity/objective relates to, using the numbered list at the top of each table.
* *Year 1 activities or objectives*: These should be as SMART (specific, measurable, achievable, relevant, and time-bound) as possible. Focus on the main (top 3 or fewer) activities or objectives you need to accomplish in the first year of this award, for each of the required activities and any recommended or other activities you propose to implement.
* *Target populations*: List who the target population for that activity is (e.g., HIV+ MSM, young women ages 15-24, STD program staff), and where they are (e.g., in the health department, in certain high morbidity zip codes, in certain counties, jurisdiction-wide)
* *Staff persons responsible:* Denote who from the project area’s staff will be primarily responsible for overseeing this activity.
* *Key partners for implementation*: List what other partners will be engaged to complete this activity (e.g., certain CBOs, another unit in the health department, medical association)
* *Performance measures*: List measures that your program proposes to use to assess whether each activity was completed (process measures) or whether activities had the intended outcomes (outcome measures).
* *Data sources:* List the sources of data or information that will be used to assess the corresponding performance measures.
* *Plans for years 2-*5: Briefly describe what your project plans to do in that program strategy area in years 2-5 of the award. This should be high-level and not very detailed.

Relationship to the narrative in the application

* Applicants should complete this and provide it as a separate attachment as part of their final application (20 page limit maximum for the AAPPS attachment + 3 page maximum for GISP). This instructions page does not count towards the 20 pages and can be removed from the final version submitted.
* The application narrative should refer to this work plan but should not repeat the information. They should be complementary.

**Assessment: Surveillance**

Required activities include:

1. Ensure confidentiality and security guidelines for the collection, storage, and use of all surveillance data according to NCHHSTP guidance.
2. Improve the quality of case-based data collection to include routinely obtaining information on gender of sex partners, pregnancy status, HIV status, treatment given, patient address and provider information.
3. Geocode case-based surveillance data to target interventions to providers serving a high volume of patients with STDs and to populations in geographic areas with high numbers of reported infections.
4. Conduct automated matching of STD and HIV cases for identification of syndemics and for targeting partner services for co-infected individuals to identify new HIV infections and other HIV infected individuals who are not in care.
5. Disseminate surveillance information with affected populations, communities, providers and key stakeholders.

Other suggested activities include:

1. Increase the number of STD cases and surveillance data received through electronic laboratory reports and electronic health records in the surveillance system.
2. Increase surveillance systems beyond case-based reporting to sentinel systems and population-based approaches.

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| **Rationale**: (Briefly describe current capacity or epidemiology and why the activities below make sense for your program) | | | | | | |
| **Additional context** (e.g. barriers, facilitators, special factors) | | | | | | |
| **Required activity link (#)** | **Year 1 activities or objectives** | **Target population**  **(include who and where)** | **Staff person/unit responsible** | **Key partners for implementation** | **State/local performance measures**  **(output, process, or outcome)** | **Data or verification sources** |
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| **Plans for years 2-5:** (Briefly describe plans for this program strategy area for years 2-5 of the award) | | | | | | |

**Assessment: Monitor Screening Rates**

Required activities include:

1. Measure annual Chlamydia screening rates among young females (15-24 years) enrolled in Medicaid programs and Title X and other family planning clinics, ideally using the Chlamydia HEDIS measure
2. Measure annual syphilis and rectal gonorrhea screening rates among MSM seen in high volume HIV care settings.

Other suggested activities include:

1. Measure annual Chlamydia screening rates among young females (15-24 years) seen in large health plans, ideally using the Chlamydia HEDIS measure
2. Measure syphilis and rectal gonorrhea screening rates among MSM seen in settings providing health care to MSM.
3. In jurisdictions with congenital syphilis: measure screening for syphilis among pregnant females in prenatal care and birthing facilities

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| **Plans for years 2-5:** (Briefly describe plans for this program strategy area for years 2-5 of the award) | | | | | | |

**Assessment: Assess Gaps in Safety Net Services**

Required activities include:

1. Determine where uninsured clients, or underinsured, at-risk clients are receiving safety net services
2. Identify the clinical and prevention service gaps for at-risk individuals who are receiving care (e.g., missed opportunities by providers, including safety net providers)

Other suggested activities include:

1. Estimate the proportion of uninsured, or underinsured, at-risk individuals in the jurisdiction

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| **Plans for years 2-5:** (Briefly describe plans for this program strategy area for years 2-5 of the award) | | | | | | |

**Assessment: Monitor Antibiotic-Resistant Gonorrhea, Congenital Syphilis and Other Emerging STD Threats**

Applicants with jurisdictions with high gonorrhea morbidity or gonorrhea health disparities are required to:

1. Assess the proportion of GC cases that are treated correctly according to current CDC STD Treatment Guidelines, stratified by provider type.
2. Determine the number of private or public health laboratories in the jurisdiction that have the capacity to conduct *N. gonorrhoeae* culture and AST. Specify the transport/culture media used. If AST is done, specify whether the method is disk diffusion (Kirby-Bauer), Etest, or agar dilution.

Applicants with jurisdictions with high number of congenital syphilis cases are required to:

3. Assess congenital syphilis cases to determine the epidemiologic and health care factors associated with the cases to inform interventions.

Other suggested activities include:

1. Establish surveillance capacity to detect emerging STD threats.

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| **Plans for years 2-5:** (Briefly describe plans for this program strategy area for years 2-5 of the award) | | | | | | |

**Assurance: Screening and Treatment of Individuals per CDC guidance**

Required activities include:

* 1. Increase Chlamydia screening rates among young females (15-24 years) seen in Medicaid programs and Title X and other family planning clinics, using the Chlamydia HEDIS measure.
  2. Provide assistance (at least 13.5 percent of the overall award amount) to non-profit organizations that have demonstrated their ability to provide such safety net STD clinical preventive services. This assistance could be used to screen and treat women and their partners for Chlamydia and gonorrhea to prevent infertility.
  3. Increase syphilis and rectal gonorrhea screening rates among MSM seen in high volume HIV care settings.
  4. Increase the proportion of patients with GC that are correctly treated according to current CDC guidelines in areas of high GC morbidity.

Other suggested activities include:

1. Increase annual Chlamydia screening rates among young females seen in large health plans, ideally using the Chlamydia HEDIS measure
2. Increase syphilis and rectal gonorrhea screening rates among MSM seen in settings providing health care to MSM.
3. In jurisdictions with congenital syphilis: increase screening for syphilis among pregnant females in prenatal care and birthing facilities

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| **Plans for years 2-5:** (Briefly describe plans for this program strategy area for years 2-5 of the award) | | | | | | |

**Assurance: Partner services/outreach services and linkage to care**

Required activities include:

* 1. Increase the provision of targeted and effective health department Disease Intervention Specialist (D)S) partner services for:
     1. Primary and secondary syphilis cases.
     2. HIV co-infected GC and syphilis cases.
     3. GC cases with possible GC treatment failure, or suspected or probable cephalosporin-resistant *N. gonorrhoeae* isolate using the criteria in the Cephalosporin-Resistant *N. gonorrhoeae* Public Health response Plan

2. Link STD contacts newly diagnosed with HIV to HIV care.

Other suggested activities include:

3. Within state law, increase the provision of expedited partner therapy (EPT) for CT and GC according to current CDC STD Treatment Guidelines.

4. Increase the provision of effective partner services provided through social media websites and other digital or communication technologies (e.g. Internet Partner Services).

5. Link new identified HIV-infected individuals in STD clinics to HIV care.

6. Link uninsured or underinsured partners to safety net services.

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| **Plans for years 2-5:** (Briefly describe plans for this program strategy area for years 2-5 of the award) | | | | | | |

**Assurance: Health promotion and prevention education**

Required activities include:

1. Maintain a website where surveillance information and basic information about STDs is available to the public, health care providers, health planners and policy makers.
2. Collaborate with other organizations to implement STD health promotion and prevention education activities for safety net or other clinical providers who see many at-risk patients.

Other suggested activities include:

1. Collaborate with other organizations to implement STD health promotion and prevention education activities for at-risk populations or communities
2. Provide and promote the use of high intensity behavioral counseling (HIBC) in appropriate clinical settings

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| **Plans for years 2-5:** (Briefly describe plans for this program strategy area for years 2-5 of the award) | | | | | | |

**Policy**

Required activities include:

1. Monitor and evaluate impact of relevant policies.
2. Educate public, providers and key stakeholders on the positive potential or proven impacts of policies on reducing sexually transmitted infections.
3. Work with external partners and other agencies within the executive branch of state or local governments to improve access and quality of STD prevention services through enhanced collaboration with primary care.

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