Attachment B—Instrument: Assessment Tool -Word version

Form Approved
OMB No. 0920-0879
Expiration Date 03/31/2018

Thank you for participating in this assessment. Your responses will help CDC/DSTDP better understand your experiences under STD AAPPS, characterize progress, and plan future funding programs. For each strategy listed in the STD AAPPS FOA, please answer the following three questions located in each box (green, yellow and red). For each question, please select the box that best describes your STD program's status (Q1) and changes (Q2) from your perspective, and your feelings about the inclusion of that strategy in the FOA (Q3). While some activities are only recommended and not required, please answer all of the questions for both required and recommended strategies. The comment boxes at the end of each section are optional. Please email your completed form to Tunicia Walker at twalker@karna.com. If you have questions, please contact Aisha Rios at arios@karna.com. Thank you for your time and assistance.

	Q1: How strong or weak is your STD program in implementing the following strategies?					Q2: How much has your STD program strengthened or weakened in the last 3 years for the following strategies?					Q3: Do you wish the following strategies were required, recommended, or dropped from the FOA?		
STD AAPPS' Strategies	We are very strong in this area.	We are some-what strong in this area.	We are some-what weak in this area.	We are very weak in this area.	Can't judge - we don't do much in this area	Strength-ened a lot	Strength-ened some	No/ little change	Weak-ened some	Weak-ened a lot	Required	Recom-mended	Dropped
Surveillance													
1) (Required) Ensure **confidentiality and security guidelines** for the collection, storage, and use of all surveillance data according to NCHHSTP guidance.													
2) (Required) Improve the **quality and timeliness of case-based data** collection to routinely obtain information on gender of sex partners, pregnancy status, HIV status, treatment given, patient's address and provider information													
3) (Required) **Geocode** case-based surveillance													

	Q1: How strong or weak is your STD program in implementing the following strategies?					Q2: How much has your STD program strengthened or weakened in the last 3 years for the following strategies?					Q3: Do you wish the following strategies were required, recommended, or dropped from the FOA?		
STD AAPPS' Strategies	**We are very strong in this area.**	**We are some-what strong in this area.**	**We are some-what weak in this area.**	**We are very weak in this area.**	**Can't judge - we don't do much in this area**	**Strength-ened a lot**	**Strength-ened some**	**No/ little change**	**Weak-ened some**	**Weak-ened a lot**	**Required**	**Recom-mended**	**Dropped**
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) (Required) Conduct **automated matching** of STD and HIV cases for identification of syndemics and for targeting health department partner services for co-infected individuals to identify new HIV infections and other HIV infected individuals who are not in care.													
5) (Required) **Disseminate** surveillance information to affected populations, communities, providers and key stakeholders													
6) (Recommended) Increase the number of STD cases and surveillance data received through **electronic laboratory reports and electronic health records** in the surveillance system													
7) (Recommended) Expand surveillance systems beyond case-based reporting to **sentinel systems and population-based approaches**.													
Comments: (optional)													
Monitoring screening rates													
8) (Required) Measure **annual CT screening rates**													

	Q1: How strong or weak is your STD program in implementing the following strategies?					Q2: How much has your STD program strengthened or weakened in the last 3 years for the following strategies?					Q3: Do you wish the following strategies were required, recommended, or dropped from the FOA?		
STD AAPPS' Strategies	**We are very strong in this area.**	**We are some-what strong in this area.**	**We are some-what weak in this area.**	**We are very weak in this area.**	**Can't judge - we don't do much in this area**	**Strength-ened a lot**	**Strength-ened some**	**No/ little change**	**Weak-ened some**	**Weak-ened a lot**	**Required**	**Recom-mended**	**Dropped**
among young females (15-24 years) **enrolled in Medicaid programs, and seen in Title X and other family planning clinics**, ideally using the CT HEDIS measure.													
9) (Required) Measure **annual syphilis and rectal GC screening rates** among MSM seen in high volume **HIV care settings**.													
10) (Recommended) Measure **annual CT screening rates** among young females (15-24 years) **enrolled in large health plans**, ideally using the CT HEDIS measure.													
11) (Recommended) Measure **syphilis and rectal GC screening rates** among MSM seen in **settings providing health care to MSM.**													
12) (Recommended) In jurisdictions with **congenital syphilis**: **measure screening** for syphilis among pregnant females in prenatal care and birthing facilities.													
Comments: (optional)													
Assessing gaps													
13) (Required) Identify the clinical and prevention **service gaps** for at-risk individuals who are													

	Q1: How strong or weak is your STD program in implementing the following strategies?					Q2: How much has your STD program strengthened or weakened in the last 3 years for the following strategies?					Q3: Do you wish the following strategies were required, recommended, or dropped from the FOA?		
STD AAPPS' Strategies	**We are very strong in this area.**	**We are some-what strong in this area.**	**We are some-what weak in this area.**	**We are very weak in this area.**	**Can't judge - we don't do much in this area**	**Strength-ened a lot**	**Strength-ened some**	**No/ little change**	**Weak-ened some**	**Weak-ened a lot**	**Required**	**Recom-mended**	**Dropped**
receiving care (e.g., missed opportunities by providers including safety net providers).													
14) (Recommended) Determine where uninsured or underinsured, at-risk clients are receiving **safety net services**.													
15) (Recommended) Estimate the proportion of **uninsured or underinsured**, at-risk individuals in the jurisdiction.													
Comments: (optional)													
Monitoring AR GC and other emerging STD threats and congenital syphilis													
16) (Required) Assess the proportion of **GC cases that are treated correctly** according to current CDC STD Treatment Guidelines, stratified by provider type.													
17) (Required) 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 the method such as disk diffusion (Kirby-Bauer), Etest, or agar dilution.													
18) (Required) Where high number of CS cases:													

	Q1: How strong or weak is your STD program in implementing the following strategies?					Q2: How much has your STD program strengthened or weakened in the last 3 years for the following strategies?					Q3: Do you wish the following strategies were required, recommended, or dropped from the FOA?		
STD AAPPS' Strategies	We are very strong in this area.	We are some-what strong in this area.	We are some-what weak in this area.	We are very weak in this area.	Can't judge - we don't do much in this area	Strength-ened a lot	Strength-ened some	No/ little change	Weak-ened some	Weak-ened a lot	Required	Recom-mended	Dropped
Assess congenital syphilis cases to determine the epidemiologic and health care factors associated with the cases to inform interventions													
19) (Recommended) Establish surveillance capacity to detect **emerging STD threats**													
Comments: (optional)													
Assuring screening and treatment rates													
20) (Required) **Increase CT screening rates** among young females (15-24 years) enrolled in Medicaid programs, and seen in Title X and other family planning clinics, as ideally measured by the CT HEDIS measure.													
21) (Required) **Increase syphilis and rectal GC screening rates** among MSM seen in high volume **HIV care settings**.													
22) (Required) **Increase the proportion of patients with GC that are correctly treated** according to current CDC guidelines in areas of high GC morbidity													
23) (Recommended) **Increase annual CT screening rates** among young females seen in **large health plans**, ideally using the CT HEDIS measure.													
24) (Recommended) **Increase syphilis and rectal**													

	Q1: How strong or weak is your STD program in implementing the following strategies?					Q2: How much has your STD program strengthened or weakened in the last 3 years for the following strategies?					Q3: Do you wish the following strategies were required, recommended, or dropped from the FOA?		
STD AAPPS' Strategies	**We are very strong in this area.**	**We are some-what strong in this area.**	**We are some-what weak in this area.**	**We are very weak in this area.**	**Can't judge - we don't do much in this area**	**Strength-ened a lot**	**Strength-ened some**	**No/ little change**	**Weak-ened some**	**Weak-ened a lot**	**Required**	**Recom-mended**	**Dropped**
GC screening rates among MSM seen **in settings providing health care to MSM**.													
25) (Recommended) **In jurisdictions with congenital syphilis: increase screening for syphilis** among pregnant females in prenatal care and birthing facilities													
Comments: (optional)													
Partner services/outreach services and linkage to care													
26) (Required) Increase targeted and effective PS for: **Primary and secondary syphilis cases**.													
27) (Required) Increase targeted and effective PS for: **HIV co-infected** GC and syphilis cases.													
28) (Required) Increase targeted and effective PS for: **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.													
29) (Required) **Link partners** contacted who have not been diagnosed previously with HIV **who test positive for HIV to care**.													

	Q1: How strong or weak is your STD program in implementing the following strategies?					Q2: How much has your STD program strengthened or weakened in the last 3 years for the following strategies?					Q3: Do you wish the following strategies were required, recommended, or dropped from the FOA?		
STD AAPPS' Strategies	We are very strong in this area.	We are some-what strong in this area.	We are some-what weak in this area.	We are very weak in this area.	Can't judge - we don't do much in this area	Strength-ened a lot	Strength-ened some	No/ little change	Weak-ened some	Weak-ened a lot	Required	Recom-mended	Dropped
30) (Recommended) Within state law, increase the provision of **expedited partner therapy (EPT)** for CT and GC according to current CDC treatment guidelines.													
31) (Recommended) Increase the provision of effective partner services provided through **social media websites and other digital or communication technologies** (e.g. internet partner services).													
32) (Recommended) Link newly identified **HIV-infected individuals in STD clinics** to HIV care.													
33) (Recommended) Link **uninsured or underinsured partners** to **safety net services**.													
Comments: (optional)													
Health promotion and prevention education													
34) (Required) Maintain a **website** where surveillance information and basic information about STDs is available to the public, health care providers, health planners and policy makers.													
35) (Required) Collaborate with other organizations to implement STD health promotion and													

	Q1: How strong or weak is your STD program in implementing the following strategies?					Q2: How much has your STD program strengthened or weakened in the last 3 years for the following strategies?					Q3: Do you wish the following strategies were required, recommended, or dropped from the FOA?		
STD AAPPS' Strategies	We are very strong in this area.	We are some-what strong in this area.	We are some-what weak in this area.	We are very weak in this area.	Can't judge - we don't do much in this area	Strength-ened a lot	Strength-ened some	No/ little change	Weak-ened some	Weak-ened a lot	Required	Recom-mended	Dropped
prevention education activities **for safety net or other clinical providers who see at-risk patients**.													
36) (Recommended) Collaborate with other organizations to implement STD health promotion and prevention education activities **for at-risk populations or communities**.													
37) (Recommended) Provide and promote the use of **high intensity behavioral counseling (HIBC)** in clinical settings serving at-risk patients.													
Comments: (optional)													
Policy													
38) (Required) **Monitor and evaluate** impact of relevant policies.													
39) (Required) **Educate public, providers and key stakeholders** on the positive potential or proven impacts of policies on reducing sexually transmitted infections.													
40) (Required) Work with external partners and other agencies within the executive branch of state or local governments to improve access													

	Q1: How strong or weak is your STD program in implementing the following strategies?					Q2: How much has your STD program strengthened or weakened in the last 3 years for the following strategies?					Q3: Do you wish the following strategies were required, recommended, or dropped from the FOA?		
STD AAPPS' Strategies	**We are very strong in this area.**	**We are some-what strong in this area.**	**We are some-what weak in this area.**	**We are very weak in this area.**	**Can't judge - we don't do much in this area**	**Strength-ened a lot**	**Strength-ened some**	**No/ little change**	**Weak-ened some**	**Weak-ened a lot**	**Required**	**Recom-mended**	**Dropped**
and quality of STD prevention services through **enhanced collaboration with primary care**.													
Comments: (optional)													
Other/cross-cutting requirements and issues													
41) (Required) Submit and use program outcome measures (POM)													
42) (Required) Develop and implement targeted evaluation plans (TEP)													
Comments: (optional)													