

# PS19-1901 Sexually Transmitted Disease Prevention and Control for Health Departments (STD PCHD)

CDC's Division of STD Prevention supports 59 state, local, and territorial health departments to conduct STD surveillance, prevention, and control through the PS19-1901 STD PCHD cooperative agreement.

## Purpose and focus

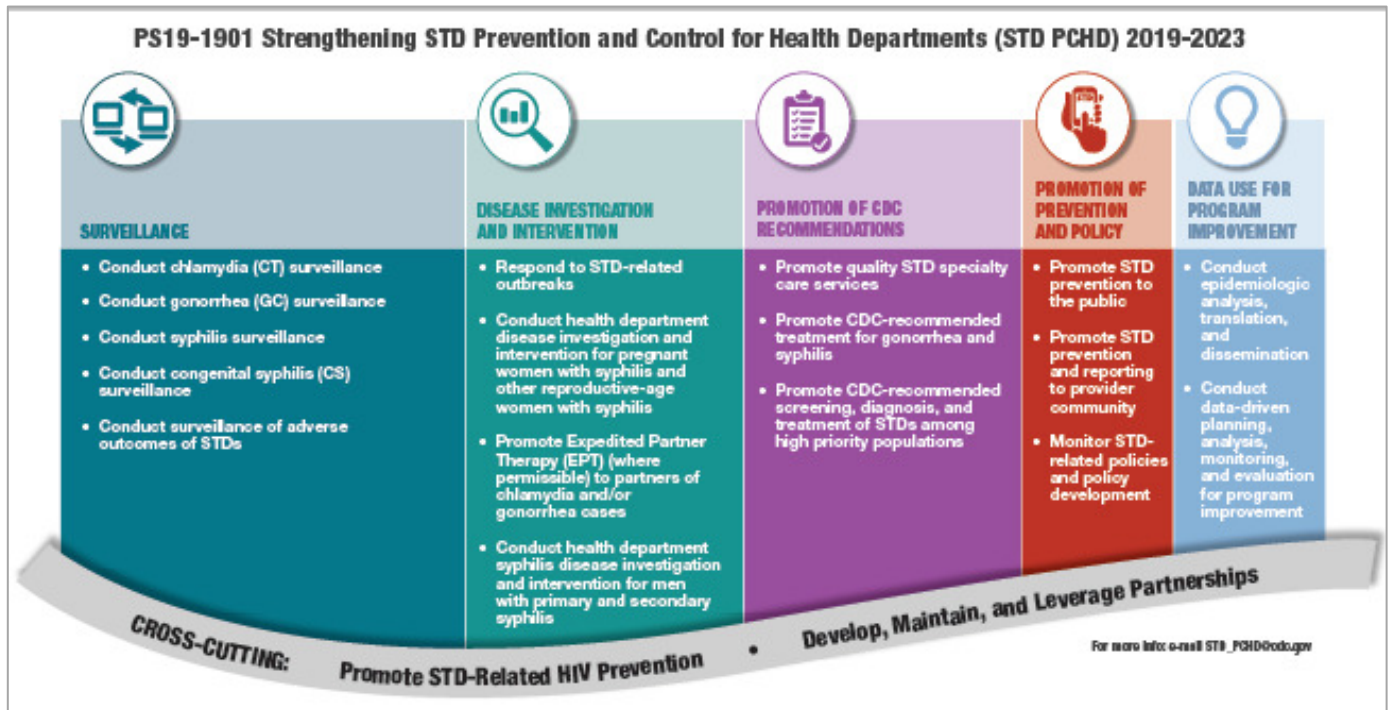
- To prevent and control three major STDs: chlamydia (CT), gonorrhea (GC), and syphilis
- To contribute towards the following national aims:

Elimination of congenital syphilis	Prevention of STD-related reproductive health problems
Prevention of antibiotic resistant gonorrhea	Effective response to STD-related outbreaks
Reduction of primary and secondary syphilis	Reduction of STD-related health disparities

- Priority populations include adolescents and young adults, men who have sex with men, and pregnant women

## Strategies

- Represent a core program of STD prevention and control for health department STD programs
- Are organized into five Strategy Areas, with surveillance as the top priority, followed by disease investigation and the promotion of CDC-recommended clinical prevention services
- Affirm the need for recipients to tailor and prioritize their work to their own context
- Promote collaboration with CDC-funded HIV programs, National Network of STD Prevention Training Centers, and National Coalition of STD Directors, and various other federally-funded and non-governmental partners at national, state, and local level



## Administration

- Total 2019 funding was \$92,500,000, with awards ranging from \$300,000 to over \$7,000,000, calculated from a funding formula based on population and STD morbidity

- Recipients include the 50 states, District of Columbia, Puerto Rico, US Virgin Islands, Los Angeles (CA), San Francisco (CA), Baltimore (MD), Philadelphia (PA), New York City (NYC), Chicago (IL)
- Period of performance runs 5 years, from January 1, 2019-December 31, 2023
- DSTDP’s Program Development and Quality Improvement Branch (PDQIB) administers the cooperative agreement, in collaboration with numerous other Branches in the Division

## STD PCHD Logic Model

Strategy Areas	Short-term outcomes	Intermediate outcomes	Long-term outcomes
<b>Conduct surveillance</b>	Improved completion and timeliness of data on reportable STDs	Increased targeting of high impact STD prevention and care resources and activities	Increased effectiveness, efficiency, and impact of STD prevention
	Faster response to STD transmission increases and outbreaks by STD programs	Reduced outbreak-related STD transmission	Reduced STD transmission and related adverse health outcomes
<b>Conduct disease investigation and intervention</b>	Increased treatment of cases and their partners	Increased use of STD, HIV, and other services by cases and partners	Reduced HIV transmission
	Increased identification of persons living with HIV	Increased offering of EPT by providers	
	Increased knowledge and skills to offer expedited partner therapy (EPT) by targeted providers	Increased use of EPT by partners	
<b>Promote CDC-recommended screening, diagnosis, and treatment</b>	Increased knowledge and skill to use recommended screening, diagnosis, and treatment practices by targeted providers	Increased screening for STDs	Reduced STD transmission and related adverse health outcomes
		Increased diagnosis of STDs	
		Increased use of recommended, timely treatment	Reduced risk of gonorrhea antibiotic resistance
<b>Promote STD prevention and policy</b>	Increased knowledge of STDs and STD services by public and provider community	Increased use of STD services by public	Reduced HIV transmission
	Stronger STD program role in policy discussions	Improved STD clinical and reporting practices	Reduced STD transmission and related adverse health outcomes
		Improved health department policies for STD prevention	
<b>Analyze and use data for program improvement</b>	More efficient targeting of STD prevention and care resources and services by STD programs	Increased effectiveness of high impact STD prevention and control activities	Increased effectiveness, efficiency, and impact of STD prevention