

CoAg Title:	Enhancing STI and Sexual Health Clinics
CoAg Number:	RFA PS23-0011
Agency:	
Funded for Strategy C?	
Reporting Period:	
Date completed:	

Click a named tab at the bottom of the workbook to jump to the corresponding

## Instructions:

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Please use this template to submit performance measures for **ESSHCI Activities**. This template will be completed twice a year, within the coag period.

**Please refer to the performance measures guidance document for additional information and definitions** for some measures are also included in footnotes, annotated by numbers, at the bottom of the reporting template.

If you need assistance or have ANY questions about completing this template, please send an email to [ESSHCI@DSTDP.org](mailto:ESSHCI@DSTDP.org).

## Notes on Data Entry:

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**All unshaded cells are available for user input.**

Drop-down lists included in the worksheets will be identifiable through a downward arrow that appears in the cell. Gray cells are auto-calculated and do not require data entry. Blacked-out cells are not required and do not require data entry.

**ONLY Recipients** funded for **strategy C** are required to complement the strategy C tab. **Data for other recipients is not required.**

## Saving and Submitting Your Work:

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Please save this file as "**[Agency Name]\_Evaluation Report.Period[number]\_Date of Submission**".

To submit your report, save and upload a copy of the completed workbook ending in .xls or .xlsx. Please send a courtesy email to your DSTDP project officer to notify them of your submission.

## Relevant Links:

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To find general information on using Microsoft Excel, click here:

[Microsoft Excel Basics](#)

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Public reporting burden of this collection of information is estimated to average **40 hours per response**, including the time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road N

<b>Infrastructure</b>

Form Approved  
OMB Control No. 0920-1282  
Exp. Date: 06/30/2026

onding worksheet.

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**d definitions for completing the template.**  
ottom of the respective tables in this

email to **your DSTDP project officer.**

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it appears when you select it.

**or strategies A and B are required for all**

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ix as a Grant Note in GrantSolutions by **xxx**

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**onse per year**, including the time for reviewing instructions, searching existing data sources, ation. An agency may not conduct or sponsor, and a person is not required to respond to a regarding this burden estimate or any other aspect of this collection of information, including E, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1282).

# Community Engagement and Patient

## Aggregate Data Tables for PM-1 - 5

**Table A1.**

For each type of engagement with your community advisory group, please enter the number of engagements during this reporting period (*PM-1a, PM-1b*)

Type of engagements with community advisory group	Number of engagements with community advisory group
<sup>1</sup> Regular, In-person meetings	
<sup>2</sup> Regular, Virtual meetings	
<sup>3</sup> Hybrid meetings	
<sup>4</sup> Listening sessions	
<sup>5</sup> Surveys	
<sup>6</sup> Focused discussion groups	
Other (Please specify)	

**Table A2.**

Please provide the total and representative numbers of your community advisory group

<i>Gray cells: Auto-calculated and do not represent a reportable value</i>	
<b>Total number of community advisory group members</b>	
<b>Number of community advisory group members that identify as belonging to priority population(s) your clinic(s) serves.</b>	
<b>Proportion of community advisory group representing priority population(s) served by the clinic.</b>	% Auto-Calculate

<p>Please provide a summary of the actionable, community-informed, clinic-level plan developed, with input from the community advisory group, to increase access to quality comprehensive sexual health services in your clinic.</p> <p>The description should include how your clinic involved and incorporated your community advisory group in developing the actionable clinic-level plan.</p>	
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**Table A3.**  
 For each type of community partnership, please enter the number of partners that coll this reporting period (PM-4a, 4b & 5)

Type of community partners engaging in STI prevention collaboration	Number of community partners engaging in STI prevention collaboration
STI Clinics	
Clinics (Other)	
Hospitals	
Community-based organizations	
Faith-based organizations	
Academic institutions	
Pharmacies	
Other (Please specify)	
<p>Please describe the partnerships and activities conducted to address STIs. Including a description of any assessment(s) conducted and outcomes achieved for the clinic-level plan.</p>	
<p>Please provide details outlining each partner's role in the actionable clinic-level plan.</p>	<p>Name of partner</p>


<b>Are there missing/unavailable data for any performance measures in the table(s) above?</b>
<b>Please explain the issues with the missing data, including variable names, and your plans to enhance the completeness of your data (if applicable).</b>

- 1 Regular, In-person meetings: Scheduled/standing meetings where most attendees were in-person in one m
- 2 Regular, Virtual meetings: Scheduled/standing meetings taking place in a virtual meeting room such as, Zo
- 3 Hybrid Meetings: Regular meetings hosted simultaneously in an in-person location and a virtual meeting/v
- 4 Listening sessions: Gathering hosted to garner feedback on one or more issues related to the project, wheti
- 5 Surveys: questionnaire administered to solicit responses to questions related to the project; either web-bas
- 6 Focused discussion groups: Gathering hosted for an interactive discussion on a specific topic, related to the

## Partnerships

Number of times each engagement occurred in
<i>Optional Field</i>
<i>Enter text specifying the type(s) of engagement with the community advisory group</i>

Number of members (PM-2 & 3)
<i>Reporting burden</i>



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laborated on STI prevention with your clinic, in

<b>Optional Field</b>	
<i>Enter text specifying the type(s) of community partner</i>	

<b>Level of previous partnership (Select dropdown)</b>	<b>Type of Partner (Select dropdown)</b>	<b>If "Other," please specify.</b>


Data Quality

meeting place.

om, Microsoft Teams, Google meet etc.

ideo-conferencing platform.

her taking place in-person or virtually.

ed or paper format

: project, whether taking place in-person or virtually.





## Sexual Health Services and Patient

### Aggregate Data Tables for PM-7, 10, 18

Gray cells: Auto-calculated and do not represent a reporting burden

<b>Table B1: Patient Satisfaction with Clinic S</b> Please enter data summarizing results from the				
Survey Question	0		1	
<b>Q1:</b> Using a rating of 0 to 5, where 0 is the worst clinical care and 5 is the best clinical care, how would you rate the STI care you received in today's visit?	N	%	N	%
	<b>Very poor</b>		<b>Poor</b>	
<b>Q2:</b> I would describe my overall experience during the clinic visit as:	N	%	N	%

<b>Table B2: Providing Comprehensive Sexual Health Se</b>	
Performance Measure	
<p><b>Please describe the strategies developed to improve clinic systems for referrals, lab systems, linkages to care, treatment, and/or record keeping.</b></p> <p><b>Description should include clinical services, laboratory services, staffing strategy, and clinical training plans.</b></p>	

<p><b>Please describe the formal linkage agreements established with community partners collaborating for sexual health and co-occurring conditions.</b></p>	
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<b>Data Quality</b>	
<p><b>Are there missing/unavailable data for any performance measures in the table(s) above?</b></p>	
<p><b>Please explain the issues with the missing data, including variables names, and your plans to enhance the completeness of your data (if applicable).</b></p>	

## Patient Satisfaction

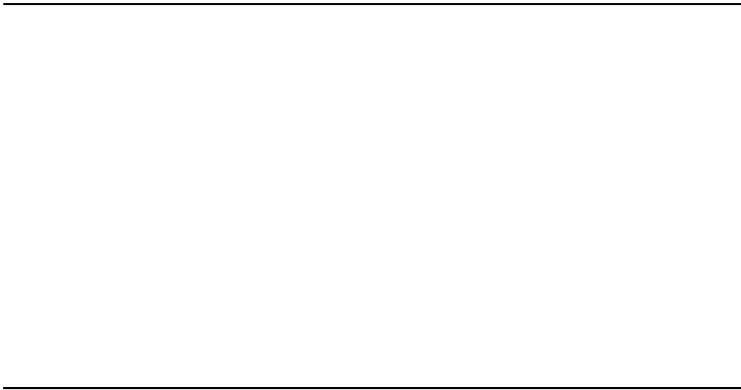
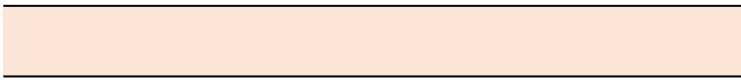
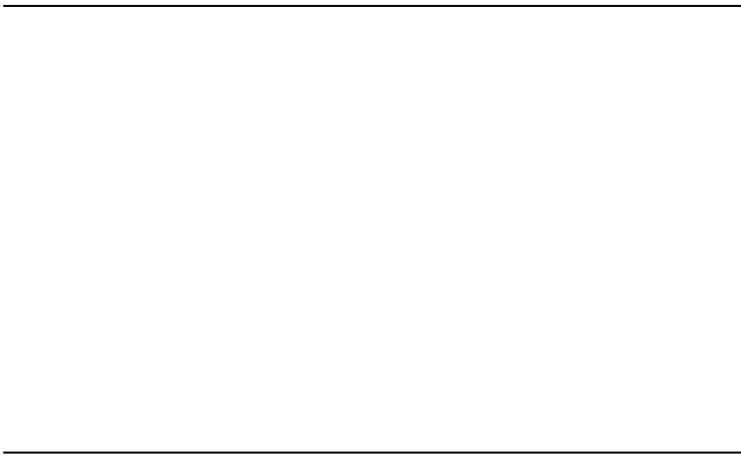
**Services and STI Care. (PM 11)**  
 CDC Patient Satisfaction Measures.

2		3		4		5	
N	%	N	%	N	%	N	%
<b>Fair</b>		<b>Good</b>		<b>Very Good</b>			
N	%	N	%	N	%		

**Services (PM 7 & 18)**

**Data Fields**

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## Sexual Hea

### Aggregate Data Tables for PM-8 & 9

Black-out cells: Are not required for those measures and do not represent a repor

<b>Table B3. Persons Served and</b>	
	<b>Number of Unique Persons Served<sup>1</sup></b>
<b>Total</b>	
<b>Age Group</b>	
<15 Years	
15-19 Years	
20-29 Years	
30-65 Years	
≥ 66 Years	
<sup>5</sup> Unknown	
<b>Gender</b>	
Male	
Female	
Transgender , Male to Female	
Transgender, Female to Male	
Transgender, Not Specified	
<sup>5</sup> Unknown	
<b>Gender of Sex Partners</b>	
Men who have sex with only men (MSM)	
Women who have sex with only women (WSW)	
Sex with both genders	
Sex with opposite gender	
Other	
<sup>5</sup> Unknown	
<b>Race and Ethnicity</b>	
Hispanic or Latino	
Not Hispanic or Latino	American Indian or Alaska Native
	Asian
	Black or African American
	Native Hawaiian or Pacific Islander
	White
	More than one race selected

<sup>5</sup> Unknown	
<b>Population Groups</b>	
Persons who inject drugs/Persons with substance use disorders	
Women of reproductive age (15-49 years)	
Persons experiencing homelessness	
Sex workers	
<b>Insurance Status</b>	
<sup>6</sup> Private	
<sup>7</sup> Public	
<sup>8</sup> Uninsured	
<sup>5</sup> Unknown	

<b>Are there missing/unavailable data for any performance measures in the table(s) above?</b>	
<b>Please explain the issues with the missing data, including variable names, and your plans to enhance the completeness of your data (if applicable).</b>	

- <sup>1</sup> *This is the number of UNIQUE people who received ANY sexual health services at people tested, screened, diagnosed, and/or treated or linked to care. The number of people who received preventive services should be a subset and c For unavailable or missing values, please enter the applicable numbers in the 'ur*
- <sup>2</sup> *This is the number of people who received PrEP for HIV, in the specified reporting may have discontinued by the end of the reporting period. The number of people who received preventive services should be a subset and c For unavailable or missing values, please enter the applicable numbers in the 'ur*
- <sup>3</sup> *This is the number of people who received nPEP for HIV, in the specified reportin, may have discontinued by the end of the reporting period. The number of people For unavailable or missing values, please enter the applicable numbers in the 'ur*
- <sup>4</sup> *This is the number of people who received DoxyPEP for bacterial STIs, in the spec received it once and may have discontinued by the end of the reporting period. For unavailable or missing values, please enter the applicable numbers in the 'ur*
- <sup>5</sup> *Unknown values for which the stratified data is missing or unavailable, e.g., nur*

- 6 *Private insurance includes plans provided through an employer or union, purcha:*
- 7 *Public insurance includes plans funded by government at the federal, state, or lo*
- 8 *Uninsured includes persons not covered under any health insurance.*




<b>Data Quality</b>

at your clinic in the specified reporting period. The number of people provided sexual health services should include  
 cannot be greater than the number of people served.  
 unknown' fields.

3 period. Count all persons who received one or more prescriptions for PrEP, including those who received it once and  
 cannot be greater than the number of people served.  
 unknown' fields.

g period. Count all persons who received one or more prescriptions for nPEP, including those who received it once and  
 who received preventive services should be a subset and cannot be greater than the number of people served.  
 unknown' fields.

ified reporting period. Count all persons who received one or more prescriptions for DoxyPEP, including those who  
 unknown' fields.

ibers of people for whom their age groups are identified.

sed by an individual, TRICARE, or other military coverage.  
cal level. E.g., Medicaid, Medicare, Indian Health Service.

**Aggregate Data Tables for PM-12, 13, 14**

*Black-out cells: Are not required for those measures and do not represent a reporting burden*

Table B4. Pers			
	Syphilis		Chlar
	Number of Persons Tested <sup>1</sup>	Number of New Diagnosis <sup>2</sup>	Number of Persons Tested <sup>1</sup>
<b>Total</b>			
<b>Symptom Status</b>			
<sup>4</sup> Symptomatic (Tested)			
<sup>5</sup> Asymptomatic (Screened)			
<sup>6</sup> Unknown			
<b>Disease Stage</b>			
Primary			
Secondary			
Early Latent (EL)			
Late Latent (LLS)			
Neurosyphilis			
<sup>6</sup> Unknown			
<b>Anatomic Site</b>			
Pharyngeal			
Rectal			
Urogenital			
<sup>6</sup> Unknown			
<b>Age Group</b>			
<15 Years			
15-19 Years			
20-29 Years			
30-65 Years			
≥ 66 Years			
<sup>6</sup> Unknown			
<b>Gender</b>			
Male			
Female			
Transgender, Male to Female			
Transgender, Female to Male			

Transgender, Not Specified			
<sup>6</sup> Unknown			

**Gender of Sex Partners**

Men who have sex with only men (MSM)			
Women who have sex with only women (WSW)			
Sex with both genders			
Sex with opposite gender			
Other			
<sup>6</sup> Unknown			

**Race and Ethnicity**

Hispanic or Latino				
Not Hispanic or Latino	American Indian or Alaska Native			
	Asian			
	Black or African American			
	Native Hawaiian or Pacific Islander			
	White			
	More than one race selected			
<sup>6</sup> Unknown				

**Population Groups**

Persons who inject drugs/Persons with substance use disorders			
Women of reproductive age (15-49 years)			
Persons experiencing homelessness			
Sex workers			

<b>Are there missing/unavailable data for any performance measures in the table(s) above?</b>	
<b>Please explain the issues with the missing data, including variable names, and your plans to enhance the completeness of your data (if applicable).</b>	



<sup>1</sup> This is the number of people who were tested for: Syphilis, Gonorrhea, Chlamydia, Mpox, and HIV in the spec  
For HIV, please include persons previously known or reported to be HIV positive, e.g., persons tested for confi  
The number of people receiving preventive services should be a subset of, and cannot be greater than, the nu

<sup>2</sup> This is the number of new STI cases identified: Syphilis, Gonorrhea, Chlamydia, and Mpox, in the specified rep  
Please count only persons who had a positive test AND confirmed clinical diagnosis.  
New STI cases are the numbers of people who, at minimum, test positive after being tested in the specified re  
applicable numbers in the 'unknown' fields.

<sup>3</sup> This is the number of persons that are newly diagnosed and were not tested and diagnosed in a previous rep  
New HIV cases are the numbers of people who, at minimum, test positive after being tested in the specified r  
applicable numbers in the 'unknown' fields.

**Symptom Status:** Refers to the number of persons screened, tested, and/or diagnosed due to the presence or  
patient presenting with no throat or rectal symptoms but with urethral discharge, testing negative after uret  
gonorrhea/chlamydia screening, should be counted as symptomatic with reference to the gonorrhea test.)

<sup>4</sup> Symptomatic (Tested): Number of persons presenting with symptoms and tested for listed STIs and/or HIV, at

<sup>5</sup> Asymptomatic (Screened): Number of persons with no symptoms and thus screened for possible Syphilis, Gor

<sup>6</sup> Unknown values for which the stratified data is missing or unavailable, e.g., numbers of people for whom the

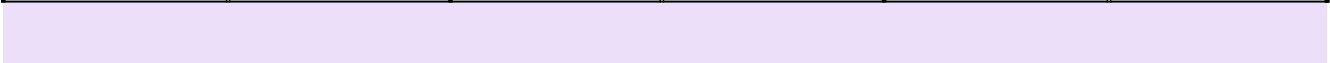


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**Data Quality**

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ified reporting period.

rmation prior to initiating treatment, in each reporting period.

umber of persons served. For unavailable or missing values, please enter the applicable numbers in the 'unknown' fields.

orting period. This may include cases diagnosed in any previous reporting period and reinfected, then diagnosed in this reporting period.

reporting period, and should not be greater than the number of people tested. For unavailable or missing values, please enter the

orting period.

reporting period, and should not be greater than the number of people tested. For unavailable or missing values, please enter the

r absence of symptoms at the time of patient visit. (For example, a  
hral testing and positive for pharyngeal gonorrhoea, after a 3-site

t time of visit.

gonorrhoea, Chlamydia, Mpox, and/or HIV, at time of visit.

ir age groups are identified.





## STI/HIV Treat

### Aggregate Data Tables for PM-15, 16 & 17

Black-out cells: Are not required for those measures and do not represent a reporting burden  
 Gray cells: Auto-calculated and do not represent a reporting burden

<b>Table B5. Persons Treated for Syphilis</b> Please enter the values for the number of new cases treated. Please enter the values for the number of new persons testing positive for HIV initiated on ART.	
Syphilis	
Number of new cases treated	N
Number of new persons testing positive for HIV initiated on ART	
<sup>1</sup> Number of new cases referred to or offered partner services	N
% of New Cases Treated/Initiated on ART	%
% of New cases referred to or offered partner services	%

Are there missing/unavailable data for any performance measures in the table(s) above?

Please explain the issues with the missing data, including variable names, and your plans to enhance the completeness of your data (if applicable).

<sup>1</sup> Partner Services are a broad array of services that should be offered to persons with STI/HIV. Please enter the values of the total number of STI cases and persons newly diagnosed. This can include persons referred to health departments (or other health partners) for services. For any disease areas for which your site/jurisdiction does not offer partner services, enter 0.

## ment and Partner Services

at a reporting burden

<b>ed for STI/HIV; Persons offered Partner Services</b> new STI and HIV cases treated and/or initiated on ART. <b>(PM-15,16)</b> /philis and Mpox cases interviewed and offered partner services. <b>(PM-17)</b>			
Gonorrhea	Chlamydia	Mpox	HIV
N	N	N	
			N
N	N	N	N
%	%	%	%
%	%	%	%

Data Quality

with STIs or HIV and their sexual or substance-use equipment (i.e., needles, syringes, etc.)-sharing partners.  
 osed with HIV who were referred to or offered partner services in the specified reporting period. This number  
 r partner services.  
 ices, please leave blank and note this in the data quality field.



## Expanded Access

### Data tables for PM-19, 20 & 21

*Optional strategy, only completed by select clinics*

<b>Table C1: Expanded Access</b>	
<b>Performance Measure</b>	
	<p>Please describe the activities conducted in this reporting period to improve/increase access to quality sexual health services of local interest.</p> <p><i>Description should include methods, progress, and outcomes.</i></p>
	<p>Please describe the demonstration or pilot projects conducted, in this reporting period, that addressed emerging and unaddressed STI/HIV/Viral hepatitis issues.</p> <p><i>Description should include methods, progress, and outcomes.</i></p>
	<p>Please provide a summary of progress made to deliver alternative models of quality and comprehensive sexual health services.</p> <p><i>Description should include an overview of the project and progress achieved.</i></p>

## to STI Prevention Care in Syndemic Approach

ccess to STI Prevention Care in a Syndemic Approach (PM-19 - 21)

Data Fields
