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**CDC RFA PS23-0011: Enhancing STI and Sexual Health Clinic
Infrastructure**

Performance Measures Guidance

Version 2.0

**CDC/NCHHSTP/DSTDP: Program Development and Evaluation Branch
10-1-2024**

Table of Contents

INTRODUCTION AND PURPOSE	3
ORGANIZATION OF GUIDANCE	4
OVERVIEW OF PERFORMANCE MEASURES	5
PERFORMANCE MEASURES: STRATEGY B	7
PM-6. Summary of QCS assessment, using <i>CDC’s Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services</i> (STD QCS) assessment tool.....	7
PM-8. Number of persons provided sexual health services by each clinic stratified by demographics and priority population.	8
PM-9. Number of persons who received biomedical HIV and STI prevention services: HIV PrEP; HIV nPEP; Doxy PEP for Bacterial STIs.	9
PM-12. Number of persons tested for HIV and STIs: Syphilis, Gonorrhea, Chlamydia, Mpox.....	10
PM-13. Number of new (persons testing positive) HIV and STI cases: Gonorrhea, Chlamydia, Mpox.	11
PM-14. Number of new (persons testing positive) for Syphilis, including by disease stage.....	11

INTRODUCTION AND PURPOSE

The revised Enhancing STI and Sexual Health Clinical Infrastructure (ESSHCI) Cooperative Agreement (CoAg) aims to strengthen clinic infrastructure and expand access to comprehensive sexual health services in high-burden and underserved areas. ESSHCI supports clinics by:

1. Fostering community engagement and strategic partnerships to support the expansion of sexual health services.
2. Strengthening clinic infrastructure and provision of sexual health services.
3. Conducting short-term activities to expand access to STI prevention and other sexual health services supporting a syndemic approach.

Project outcomes include increased community involvement in clinic-level planning, increased engagement with public health partners, increased access to & capacity to provide comprehensive sexual health services, improved patient clinic experience, increased identification of new STIs, and increased linkage to prevention and care services for co-occurring conditions.

CDC will use performance measures for PS23-0011 to monitor this project's outcomes. This guidance ensures recipients understand each measure, its relevance to their work, and the reporting process throughout the performance period.

Performance measures for years 2 to 5 have been reduced in line with the revised program requirements, focusing solely on Strategy B. This guidance outlines these measures but may be updated during the performance period due to shifting priorities or to enhance performance monitoring. Additional data may be required, and new measures could be developed. The CDC will strive to minimize any changes or reporting burdens on recipients.

We encourage recipients to review this guidance and share it with relevant staff members in each jurisdiction who are involved in reporting performance measures.

For questions related to these performance measures, please contact your designated project officer.

ORGANIZATION OF GUIDANCE

For the performance measures listed, the following components are included in this guidance:

- **Measure:** Fully defined title of the performance measures and abbreviated variable name of the performance measure as listed in the reporting template.
- **Definition/Guidance:** Information to help understand the measure, such as definitions for specific terms, inclusion/exclusion criteria, limitations to the measure, and other applicable information.
- **Rationale:** As applicable, specific measures may include additional context and reasoning for monitoring the listed performance measure.
- **Data elements:** Applicable numerator, denominator, or other variables required to calculate the measure.
- **Unit of measurement:** The unit of measurement or calculation for applicable performance measures (e.g., number, percentage). Most calculations will auto-populate when the appropriate numerator and denominator values are entered as ascribed in the pre-populated formula.
- **Key stratification:** Levels of interest for assessing performance within selected measures (e.g., race/ethnicity, age, gender, gender/sex of sex partners).
- **Applicable recipients:** Recipients to whom the performance measures apply.
 - All recipients will be required to provide performance measures related to strategies B
- **Reporting mechanism:** Specifications on what tool will be used to report data.
Unless otherwise specified, performance measures will be reported through reporting templates in Excel workbooks provided by the CDC, or through REDCap.
- **Reporting frequency:** Guidance on how often the data will be reported:
 - Unless otherwise specified, all performance measures will be reported annually, at the end of the grant year.

OVERVIEW OF PERFORMANCE MEASURES

Recipients' work plans may focus on multiple strategies of A, B, and C. Recipients are not required to work in all three strategy areas and are expected to report only on the measures that align with strategy B.

CDC will use performance measures for ESSHCI PS23-0011 to monitor and evaluate the outcomes of this project. CDC understands there may be some overlap in data from various funding streams. Please pay attention to the specifics of what is required for ESSHCI PS23-0011 measures and ensure data related to this cooperative agreement is reported. To support recipients in reporting for the project, CDC will update performance measures and guidance based on data validation, quality checks, and input from recipients.

CDC recognizes that there are limitations to using performance measures to evaluate the scope of work being conducted by recipients, especially considering the varying work plans among recipients and associated contextual factors. For this reason, CDC will use other methods of collecting information to assess performance more robustly (e.g., work plan updates, success stories, progress calls, and focused evaluation projects). CDC will rely on a combination of these sources to assess progress throughout the period of performance.

The performance measures associated with this cooperative agreement are intended to be used by CDC and recipients to:

- Monitor implementation and progress toward achieving intended outcomes.
- Demonstrate accountability to interested parties (e.g., funders, public) by showing how funds are being spent.
- Maximize learning opportunities and technical assistance needs associated with the implementation and
- Assess the impact of this cooperative agreement to strengthen clinic infrastructure and expand access to comprehensive sexual health services.

Strategies and Activities	Outcomes	Measures
Strategy B: Strengthen clinic infrastructure and provision of comprehensive sexual health services (Required strategy – Years 1-5)		
<ul style="list-style-type: none"> ▪ B1. Conduct clinic infrastructure assessment to document available comprehensive sexual health services and identify and address gaps. 	<ul style="list-style-type: none"> ▪ Increased clinic capacity to provide quality comprehensive sexual health services. 	<ul style="list-style-type: none"> ➤ PM-6. Summary of QCS assessment; using QCS assessment tool. ➤ PM-7. Description of strategies to improve clinic systems for referrals, lab systems, linkages to care, treatment, and /or record keeping.
<ul style="list-style-type: none"> ▪ B2. Implement clinic-level plan to increase access to sexual health services. 		<ul style="list-style-type: none"> ➤ PM-8. Number of patients provided sexual health services by each clinic stratified by demographics and priority population. ➤ PM-9. Number of patients who received biomedical HIV and STI prevention services (e.g., HIV PrEP, HIV

Strategies and Activities	Outcomes	Measures
	<ul style="list-style-type: none"> ▪ Increased identification of new STIs by clinic. 	<p>PEP, doxy-PEP for bacterial STIs) identified by clinic, stratified by demographics and priority population.</p> <ul style="list-style-type: none"> ➤ PM-12. Number of persons tested for STI (syphilis, gonorrhea, chlamydia- by anatomic site, mpox, HIV) by clinic stratified by demographics and priority population. ➤ PM-13. Number of new (persons testing positive) STI cases (gonorrhea, chlamydia, mpox, HIV) identified by clinic, stratified by demographics and priority population. ➤ PM-14. Number of new (persons testing positive) for syphilis by disease stage (primary, secondary, EL, LLS, Neurosyphilis) identified by clinic, stratified by demographics and priority population. ➤ PM-15. Number of new STI cases (syphilis, gonorrhea, chlamydia, mpox) treated with recommended CDC treatment. ➤ PM-16. Number of persons testing positive for HIV who were initiated on ART.
<ul style="list-style-type: none"> ▪ B3. Implement additional evidence-based approaches to enhance clinic sexual health services. 	<ul style="list-style-type: none"> ▪ Increased linkage to public health partners for prevention and care services for co-occurring condition. 	<ul style="list-style-type: none"> ➤ PM-17. Number of new (persons testing positive) STI/HIV cases who were referred to or offered partner services. ➤ PM-18. Description of formal linkage agreements with community partners.
<ul style="list-style-type: none"> ▪ B4. Assess and improve patient clinic experience and satisfaction. 	<ul style="list-style-type: none"> ▪ Improved patient clinic experience. 	<ul style="list-style-type: none"> ➤ PM-10. Confirmation of patient satisfaction survey or assessment plan established. (To include specific Likert-scale questions from CDC, assessing patient satisfaction.) ➤ PM-11. Patient satisfaction level with the clinic services and STI care. (Results of CDC patient satisfaction measure(s)).

PERFORMANCE MEASURES: STRATEGY B

- **Applicable recipients:** All recipients will be required to provide performance measures related to strategies B.
- **Reporting mechanism:** Performance measures for strategy B will be reported through the evaluation reporting templates provided by the CDC and the STD QCS tool. Both tools are formatted as Excel workbooks.

Measure	<i>PM-6. Summary of QCS assessment, using CDC’s Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services (STD QCS) assessment tool.</i>
Guidance	<p>The STD QCS tool should be used to assess the recipient’s clinic infrastructure for each of the seven domains of recommended STD clinical services for the stipulated performance period. Instructions for completion are included on the 1st sheet of the QCS tool.</p> <p>The assessment summary sheet will auto-populate with data entered in the individual sheets. CDC will collate data from recipients’ assessment summary sheet, so please ensure those tables are populated.</p>
Reporting mechanism	<p>CDC will provide recipients with a copy of the toolkit prior to each reporting period. The assessment tool can also be downloaded from NACCHO’s website here: STD QCS Tool</p> <p>Information and additional resources can be found here: STD QCS Resources</p>
Rationale	<p>In alignment with the aim of the ESSHCI cooperative agreement, CDC will use this measure to assess changes in clinic infrastructure over time within the cooperative agreement period.</p> <p>Recipients are also encouraged to integrate the STD QCS tool to conduct interval assessments of their clinic’s infrastructure beyond the cooperative agreement period.</p>

<p>Measure</p>	<p>PM-8. Number of persons provided sexual health services by each clinic stratified by demographics and priority population.</p>
<p>Guidance</p>	<p>Please enter the total and disaggregated number (for each level of stratification) of UNIQUE people who received ANY sexual health services at your clinic in the specified reporting period.</p> <p>The number of people provided sexual health services should include people tested, screened, diagnosed, and/or treated or linked to care.</p> <p>For unavailable or missing values, please enter the applicable numbers in the ‘unknown’ fields. You are not required to enter values for fields not listed in the table. Values for fields which are known to your clinic but not included in the reporting tool should be counted in the total value.</p>
<p>Key Stratification</p>	<ul style="list-style-type: none"> • Age group: Persons of ages <15 years, 15-19 years, 20-29 years, 30-65 years, ≥ 66 Years, *unknown. • Gender: Persons identifying as Female, Male, Transgender, non-binary, or another gender, *unknown. <ul style="list-style-type: none"> ○ Transgender includes all persons whose gender identity or expression is different from their sex assigned at birth. Transgender persons may self-identify as transgender male to female or transgender female to male. • Sexual Orientation: Persons identifying their sexual attraction and/or behavior as: <ul style="list-style-type: none"> ○ Gay ○ Lesbian ○ Bisexual ○ Straight ○ Other: Includes sexual orientation not defined within any of the listed categories. • Race and Ethnicity: Race and ethnicity are to be collected at the local level in accordance with OMB standards. Current OMB definitions and categories are as follows: <ul style="list-style-type: none"> ○ American Indian or Alaska Native. Individuals with origins in any of the original peoples of North, Central, and South America, including, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, and Maya. ○ Asian. Individuals with origins in any of the original peoples of Central or East Asia, Southeast Asia, or South Asia, including, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese. ○ Black or African American. Individuals with origins in any of the Black racial groups of Africa, including, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali. ○ Hispanic or Latino. Includes individuals of Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, and other Central or South American or Spanish culture or origin. ○ Middle Eastern or North African. Individuals with origins in any of the original peoples of the Middle East or North Africa, including, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, and Israeli. ○ Native Hawaiian or Pacific Islander. Individuals with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands, including, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese.

	<ul style="list-style-type: none"> ○ White. Individuals with origins in any of the original peoples of Europe, including, for example, English, German, Irish, Italian, Polish, and Scottish. <ul style="list-style-type: none"> ● Insurance status: Please enter the number of persons covered under health insurance as follows- <ul style="list-style-type: none"> ○ Private insurance includes plans provided through an employer or union, purchased by an individual, TRICARE, or other military coverage. ○ Public insurance includes plans funded by government at the federal, state, or local level. E.g., Medicaid, Medicare, and Indian Health Service. ○ Combination includes persons with a combination of both private AND public insurance coverage. ○ Uninsured includes persons not covered under any health insurance. ○ Other includes persons who have insurance coverage not covered under any of the defined categories. <p>*Unknown: values for which the stratified data is missing or unavailable, e.g., numbers of people for whom their age groups are identified. You are not required to enter values for fields not listed in the table. Values for fields which are known to your clinic but not included in the reporting tool should be counted in the total value.</p>
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Measure	PM-9. Number of persons who received biomedical HIV and STI prevention services: HIV PrEP; HIV nPEP; Doxy PEP for Bacterial STIs.
Guidance	<p>Please enter the total numbers of people who received biomedical prevention services for HIV and Bacterial STIs in the specified reporting period.</p> <p>Count all persons who received one or more prescriptions for PrEP, nPEP, and/or DoxyPEP, including those who received it once and may have discontinued by the end of the reporting period.</p> <p>The number of people who received preventive services should be a subset and cannot be greater than the number of people served (PM-8).</p> <p>For unavailable or missing values, please enter the applicable numbers in the 'unknown' fields. You are not required to enter values for fields not listed in the table. Values for fields which are known to your clinic but not included in the reporting tool should be counted in the total value.</p>

Measure	PM-12. Number of persons tested for HIV and STIs: Syphilis, Gonorrhea, Chlamydia, Mpox.
Guidance	<p>Please enter the total and disaggregated number (for each level of stratification) of people who were tested for: <u>Syphilis, Gonorrhea, Chlamydia, Mpox, and HIV</u> in the specified reporting period.</p> <p>For HIV, please include persons previously known or reported to be HIV positive, e.g., persons tested for confirmation prior to initiating treatment, in each reporting period.</p> <p>For unavailable or missing values, please enter the applicable numbers in the 'unknown' fields. You are not required to enter values for fields not listed in the table. Values for fields which are known to your clinic but not included in the reporting tool should be counted in the total value.</p>
Key Stratification	<p><i>Stratification by symptom status and anatomic sites refers to the number of tests. For multiple tests and diagnoses for the same infection, count the person each time they are tested and diagnosed in the same reporting period.</i></p> <ul style="list-style-type: none"> • <i>Symptom Status:</i> Refers to the number of persons tested for STI due to the presence or absence of symptoms at the time of patient visit. <i>(For example, a patient presenting with no throat or rectal symptoms but with urethral discharge, testing negative after urethral testing and positive for pharyngeal gonorrhea, after a 3-site gonorrhea/chlamydia screening, should be counted as symptomatic with reference to the gonorrhea diagnosis.)</i> <p>If *unknown and/or the stratified data was not collected, please enter the number of persons in the unknown field.</p> <ul style="list-style-type: none"> ○ <i>Symptomatic (Tested): Number of persons presenting with symptoms who were tested and positive for listed STIs and/or HIV.</i> ○ <i>Asymptomatic (Screened): Number of persons with no symptoms and thus screened for listed STIs and/or HIV.</i> <ul style="list-style-type: none"> • <i>Anatomic Site:</i> Persons tested for Gonorrhea and/or Chlamydia at the <u>pharyngeal, rectal, urogenital</u> sites. If *unknown and/or the stratified data was not collected, please enter the number of persons in the unknown field. <hr style="border-top: 1px dashed black;"/> <p><i>Persons Tested and Diagnosed for STIs and HIV (Table B4b) refers to the number of unique persons tested in the same reporting period. For multiple diagnosis for the same infection, count the person once in the reporting period.</i></p> <p><i>*Unknown:</i> values for which the stratified data is missing or unavailable, e.g., numbers of people for whom their age groups are identified. You are not required to enter values for fields not listed in the table. Values for fields which are known to your clinic but not included in the reporting tool should be counted in the total value.</p>

<p>Measure</p>	<p>PM-13. Number of new (persons testing positive) HIV and STI cases: Gonorrhea, Chlamydia, Mpox. PM-14. Number of new (persons testing positive) for Syphilis, including by disease stage</p>
<p>Guidance</p>	<p>Please enter the total and disaggregated number (for each level of stratification) of new STI cases identified: Syphilis, Gonorrhea, Chlamydia, and Mpox, in the specified reporting period. This may include cases diagnosed in any previous reporting period and reinfected, then diagnosed in this reporting period. Please count only persons who had a positive test AND confirmed clinical diagnosis.</p> <p>For HIV, please count only persons that are newly diagnosed and were not tested and diagnosed in a previous reporting period.</p> <p>New STI and HIV cases are the numbers of people who, at minimum, test positive after being tested in the specified reporting period, and should not be greater than the number of people tested (PM-12).</p> <p>For unavailable or missing values, please enter the applicable numbers in the ‘unknown’ fields. You are not required to enter values for fields not listed in the table. Values for fields which are known to your clinic but not included in the reporting tool should be counted in the total value.</p>
<p>Key Stratification</p>	<p><i>Stratification by symptom status, disease stage, and anatomic sites refers to the number of tests. For multiple tests and diagnoses for the same infection, count the person each time they are tested and diagnosed in the same reporting period.</i></p> <ul style="list-style-type: none"> • <i>Symptom Status:</i> Refers to the number of positive tests for STI due to the presence or absence of symptoms at the time of patient visit. <i>(For example, a patient presenting with no throat or rectal symptoms but with urethral discharge, testing negative after urethral testing and positive for pharyngeal gonorrhea, after a 3-site gonorrhea/chlamydia screening, should be counted as symptomatic with reference to the gonorrhea diagnosis.)</i> <p>If *unknown and/or the stratified data was not collected, please enter the number of persons in the unknown field.</p> <ul style="list-style-type: none"> ○ <i>Symptomatic (Tested): Number of persons presenting with symptoms who were tested and positive for listed STIs and/or HIV.</i> ○ <i>Asymptomatic (Screened): Number of persons with no symptoms and thus were screened and subsequently positive for listed STIs and/or HIV.</i> <ul style="list-style-type: none"> • <i>Disease Stage:</i> This stratification only applies to positive tests for Syphilis at stages confirmed by laboratory testing and/or clinical signs and symptoms at the <u><i>primary, secondary, early latent, late/tertiary latent, and neurosyphilis</i></u> stages of syphilis. If *unknown and/or the stratified data was not collected, please enter the number of persons in the unknown field. • <i>Anatomic Site:</i> Persons tested and positive for Gonorrhea and/or Chlamydia at the <u><i>pharyngeal, rectal, urogenital</i></u> sites. If *unknown and/or the stratified data was not collected, please enter the number of persons in the unknown field. <hr style="border-top: 1px dashed black;"/> <p><i>Persons Tested and Diagnosed for STIs and HIV (Table B4b) refers to the number of unique persons tested in the same reporting period. For multiple diagnosis for the same infection, count the person once in the reporting period.</i></p>

	<p>*Unknown: values for which the stratified data is missing or unavailable, e.g., numbers of people for whom their age groups are identified. You are not required to enter values for fields not listed in the table. Values for fields which are known to your clinic but not included in the reporting tool should be counted in the total value.</p>
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