

Division of STD Prevention Strategic Plan 2008 – 2013

October 1, 2008



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National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention
Coordinating Center for Infectious Diseases
Centers for Disease Control and Prevention



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Guide to Acronyms

AA	African Americans or African-American
CCID	Coordinating Center for Infectious Diseases
CDC	Centers for Disease Control and Prevention
CSPS	Comprehensive STD Prevention Services
CT	Chlamydia
DASH	Division of Adolescent and School Health
DHAP	Divisions of HIV/AIDS Prevention
DoD	Department of Defense
DRH	Division of Reproductive Health
DSTDP	Division of STD Prevention
FDA	Food and Drug Administration
GC	Gonorrhea
HBV	Hepatitis B Virus
HEDIS	Healthcare Effectiveness Data and Information Set
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
HRSA	Health Resources and Services Administration
MSM	Men Who Have Sex With Men
NCHHSTP	National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention
NCIRD	National Center for Immunization and Respiratory Diseases
NHANES	National Health and Nutrition Examination Survey
NIH	National Institutes of Health
PID	Pelvic Inflammatory Disease
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
USG	United States Government
WHO	World Health Organization

Introduction

Overview of Process

During the past 12 months, the Division of STD Prevention (DSTDP) Senior Staff led the Division's strategic planning process to produce this five-year strategic plan meant to guide DSTDP's decision making, human and financial resource allocation, and programmatic direction. The process included collaboration across DSTDP through its six branches, with its six cross-disciplinary workgroups, and with units within the Office of the Director. In addition, selected external colleagues were asked in structured interviews to react to draft goals and objectives, and senior staff from National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) reviewed the final draft. Comments, suggestions, concerns and questions from all of these contributors were taken into account in finalizing this plan. DSTDP underwent a comprehensive external review of its research portfolio in October of 2007, and the report from this review also informed the strategic planning process. Previous DSTDP Strategic Plans from 1995 and 2000 provided useful platforms for development of this plan. Throughout the process, DSTDP benefitted from the outside advice and facilitation of consultants Harry Chambers and Becky Setliff of DB Consulting.

Completion of the plan ends only the first phase of the process. The plan is meant to be a living document, used regularly by DSTDP decision makers to prioritize work and evaluate opportunities as they arise. DSTDP intends to incorporate regular review of the utility of the objectives and strategies to assure the document remains both a current roadmap for the future, as well as a useful guide for key management decisions. It is purposely short and focused to optimize regular use and review. While the goals, objectives, and strategies outlined in the plan are not intended to comprehensively cover all current and future divisional activities, they do indicate the priority areas on which the division will focus the majority of its resources.

Context

Sexually transmitted diseases (STDs) remain a major public health challenge in the United States. While substantial progress has been made in preventing, diagnosing, and treating certain STDs in recent years, CDC estimates that approximately 19 million new infections occur each year, almost half of them among young people ages 15 to 24. In addition to the physical and psychological consequences of STDs, these diseases exact a tremendous economic toll. Direct medical costs associated with STDs in the United States are estimated at up to \$15.3 billion annually in 2007 dollars. STDs are also health outcomes for which the greatest disparities exist. Contributing to the magnitude of these disparities may be the fact that racial and ethnic minorities are more likely to seek care in public health clinics, and these clinics report STDs more completely than private providers. However, this reporting bias does not explain these differences. Another contributing factor is higher prevalence of disease in these populations, perhaps attributable to societal factors such as limited access to quality health care, poverty, higher incarceration rates, unequal educational access and achievement, high unemployment rates, and racism. The DSTDP Strategic Plan was developed in the context of these social realities; the current condition of the nation's inadequate public health infrastructure at the federal, state and local levels; and current scientific knowledge and program focus.

It is important to note the hierarchical relationship of the Division within CDC, CCID and NCHHSTP. Appendix A contains a table summarizing the relationship of the DSTDP goals and

objectives to CDC, CCID and NCHHSTP goals. In addition, much work relevant to STD prevention is conducted through other divisions at CDC (e.g., primary prevention/youth education—DHAP, DASH; viral hepatitis prevention—DVH; immunization programs—NCIRD; pregnancy prevention—DRH, DASH) which broadly complements the STD prevention efforts of DSTDP outlined in this plan. Of equal importance is the reality that most STD prevention activities occur in communities, involving multiple and varied contributors whose activities reflect local priorities, capacities, and resources which may be only marginally or indirectly affected by DSTDP.

Mission

DSTDP's mission is *to provide national leadership, research, policy development, and scientific information to help people live safer, healthier lives by the prevention of STDs and their complications*. This mission is accomplished by assisting health departments, healthcare providers and non-government organizations (NGOs) through the provision of timely science-based information and by clearly interpreting such information to the general public and policy makers. The Division's specific disease prevention goals are contextualized within the broader frameworks of the social determinants of health, the promotion of sexual health, and the primary prevention of sexually transmitted infections.

Guiding Principles

Additional context for both the process of creating the strategic plan and its content are core organizational values that guide our everyday work and actions:

- Because we value our staff, we will
 - Provide professional challenge and professional opportunities for growth
 - Provide clear roles and responsibilities
 - Emphasize equity in our decisions
 - Delegate to appropriate levels
 - Respect diverse opinions

- Because we value scientific expertise, we will
 - Base decisions, information, and guidance on scientific evidence
 - Encourage critical thinking, innovation, constructive questioning, initiative, and excellence
 - Mentor new scientists and public health professionals
 - Promote robust interaction among program, science, and policy

- Because we value collaboration and science/program integration, we will
 - Create a work environment that encourages collaborative critical thinking and excellence
 - Endeavor to translate science-based knowledge to program practice
 - Develop and support teamwork
 - Catalog and support crosscutting initiatives
 - Support/respect local authority
 - Seek ways to integrate science and program

- Because we value accountability and seek to maximize public health benefit, we will
 - Favor decisions that call for actions that improve public health
 - Foster efficient and effective program surveillance, research, and policy
 - Hold ourselves accountable to all whom we serve at all levels
 - Practice open, transparent decision making
 - Seek out and implement ways to reduce redundant processes
 - Continuously review our operational processes
 - Identify gaps and develop appropriate solutions

Organization of Strategic Plan

DSTDP's Strategic Plan is organized around seven goals, with supporting objectives and strategies for each. While the plan captures the goals, objectives and strategies, in the process of developing the strategic plan, many existing and potential new activities were identified and discussed. These activities provide further specificity and begin to outline the work of the division. The work of the Division in the first several months of implementation, and regularly throughout the next five years, will be to identify and develop new activities to support the strategies, as well as to support existing activities which serve these purposes.

Seven Strategic Goals

- Prevent STI-related infertility
- Prevent STI-related adverse outcomes of pregnancy
- Prevent STI-related cancers
- Prevent STI-related HIV transmission
- Strengthen STD prevention capacity and infrastructure
- Reduce STD health disparities across and within communities and populations
- Address the effects of the social and economic determinants and the costs of specific STDs and associated *sequelae* among specific populations

The objectives and strategies that will be pursued to achieve the goals are specified in the table on the following pages.

Implementation of the Strategic Plan

To serve DSTDP well, the plan will be used to:

- Organize and structure our work
- Communicate DSTDP priorities within the division, across CDC, and to external partners
- Guide management decisions about research and program agendas and human and financial resource allocation
- Ensure alignment with NCHHSTP and CDC goals and direction
- Provide a platform for collaboration across CDC and with external partners

The plan will be reviewed regularly to ensure it continues to reflect appropriate priorities in the context of a changing environment. DSTDP will evaluate the effectiveness of the strategies and activities in meeting the objectives and will make necessary changes to reflect completion of work, revision of work to incorporate new knowledge, and inclusion of new opportunities that can contribute to further progress on meeting the objectives.

Overview of Goals and Objectives

1. Prevent STI-related infertility
 - a. Increase CT screening in women
 - b. Decrease CT prevalence in men
 - c. Reduce GC incidence
 - d. Monitor/respond to multi-drug-resistant GC
 - e. Reduce PID
2. Prevent adverse outcomes of pregnancy
 - a. Reduce congenital syphilis in the U.S.
 - b. Support global congenital syphilis elimination
 - c. Reduce *sequelae* of neonatal herpes
3. Prevent STI-related cancers
 - a. Enhance impact of HPV vaccine
 - b. Increase use of HBV vaccine in STD clinics
4. Prevent STI-related HIV transmission and acquisition
 - a. Reduce domestic HSV-associated HIV transmission
 - b. Reduce new HIV infections in international settings
 - c. Reduce adult syphilis
 - d. Increase HIV screening and associated prevention services in STD clinics
 - e. Increase STD screening and associated prevention services in HIV care settings
5. Strengthen STD prevention capacity and infrastructure
 - a. Improve prevention impact
 - b. Provide training
 - c. Leverage partnerships
 - d. Improve CDC systems and capacity
6. Reduce STD health disparities
 - a. Produce comprehensive DSTDP framework
 - b. Reduce syphilis in MSM
 - c. Reduce GC in African Americans
7. Address effects of social and economic determinants and costs of STDs and associated *sequelae* among specific populations
 - a. Characterize effects of determinants and costs
 - b. Develop capacity to address determinants

Goals, Objectives, and Strategies

Goals and Objectives	Strategies
Goal 1: Prevent STI-related infertility	
Prevent STI-related infertility due to Chlamydia	
<p><i>Objective 1a:</i> Increase CT screening among women under 26 years of age by 30 % from 2007 to 2012 as demonstrated by</p> <ul style="list-style-type: none"> • HEDIS CT screening data 	<ol style="list-style-type: none"> 1. Develop provider-specific interventions and resources to normalize chlamydia screening of sexually active women < 26 and increase provider provision and initiation of chlamydia screening and treatment in private and public healthcare settings. 2. Expand targeted screening of at-risk female populations (e.g., correctional populations) 3. Develop approaches to monitor chlamydia incidence and prevalence at the local, state, and/or national level. [Note: Activities under this strategy will include assessment of existing data systems that could be used to estimate incidence in selected communities or populations.] 4. Increase patient demand for chlamydia screening (e.g., efforts to increase awareness, health communication and social marketing campaigns, development of educational materials, developing and expanding partnerships). 5. Develop dynamic mathematical models of chlamydia transmission that can be used to evaluate the expected impact of a variety of prevention strategies on chlamydia incidence and prevalence. 6. Develop evaluation approaches to assess community-level impact of CT screening on <i>sequelae</i>. 7. Assess, improve, develop and evaluate data to monitor and inform strategies and activities to increase CT screening, including performance measures, surveillance and evaluation data (e.g., in particular screening coverage and proportion of infections identified).
<p><i>Objective 1b:</i> Decrease national prevalence of CT in men by 30% by from 2005 – 2006 to 2011-2012 as demonstrated by:</p> <ul style="list-style-type: none"> • NHANES prevalence data for CT in men 	<ol style="list-style-type: none"> 1. Evaluate public health role of targeted male screening. 2. Increase the number of jurisdictions where the legal status of EPT is clear. 3. Increase use of EPT by health care providers in those jurisdictions where EPT is legal. 4. Assess, improve, develop and evaluate data to monitor and inform strategies and activities to decrease CT prevalence in men, including performance measures, surveillance and evaluation data.

Prevent STI-related infertility due to gonorrhea	
<p><i>Objective 1c:</i> Reduce GC incidence as demonstrated by</p> <ul style="list-style-type: none"> • A decrease in GC among 15 – 44 year old women to < 276 per 100,000 by 2010 	<ol style="list-style-type: none"> 1. Develop a programmatic approach to optimize diagnosis, treatment, and control of GC. 2. Increase GC screening and treatment among targeted populations. 3. Improve accessibility and acceptability of STD care for males, particularly symptomatic males from populations bearing increased burden of gonorrhea in areas with high gonorrhea rates. 4. Expand effective partner services for persons diagnosed with GC. 5. Assess, enhance, develop and evaluate data to monitor and inform strategies and activities to reduce GC incidence, including performance measures, surveillance and evaluation data.
<p><i>Objective 1d:</i> Monitor and respond to increases in multi-drug resistant GC as demonstrated by</p> <ul style="list-style-type: none"> • Strengthened domestic and international surveillance systems 	<ol style="list-style-type: none"> 1. Maintain and enhance domestic surveillance systems to monitor and respond to cephalosporin-resistant GC. 2. Collaborate with partners (e.g., WHO, DoD) to enhance global surveillance and reporting systems and responses to drug-resistant GC. 3. Develop a plan to identify and effectively respond to the presence of cephalosporin-resistant GC in the U.S. 4. Develop, evaluate and improve molecular assays for drug resistant gonorrhea to advance gonorrhea resistance testing at local reference laboratories domestically and internationally. 5. Enhance capacity of domestic and international laboratories to support detection and containment of cephalosporin-resistant GC to inform domestic and international STI treatment guidelines. 6. Collaborate with partners (e.g., NIH, FDA, industry) to identify and support development of effective and appropriate treatment for cephalosporin-resistant GC.
Reduce PID	
<p><i>Objective 1e:</i> Reduce PID as demonstrated by</p> <ul style="list-style-type: none"> • less than 150,000 cases annually by 2015 (NDTI) 	<ol style="list-style-type: none"> 1. Improve surveillance of serious adverse outcomes associated with CT/GC as determined by completion of a monitoring plan by mid-year 2009 and implementation of plan by end of year 2010 2. Clarify genetic factors and the immunologic processes associated with (repeat) chlamydia infection and with PID. 3. Assess, enhance, develop, and evaluate data to monitor and inform strategies and activities to reduce PID.

Goal 2: Prevent STI-related adverse outcomes of pregnancy	
<p><i>Objective 2a:</i> Reduce congenital syphilis in U.S. as demonstrated by</p> <ul style="list-style-type: none"> • <8.5 per 100,000 live births by 2010 as measured by morbidity data reported to CDC and published in the STD Surveillance Report 	<ol style="list-style-type: none"> 1. Expand screening and treatment of pregnant women, particularly at-risk women in areas with elevated female or CS cases. 2. Reduce P&S syphilis among women of child-bearing age through heightened prevention and control activities (e.g., access to screening and treatment, patient and provider education, partner services) in high prevalence areas 3. Promote access to prenatal care 4. Improve congenital syphilis surveillance 5. Develop, evaluate and improve syphilis diagnostics
<p><i>Objective 2b:</i> Develop and support implementation of a comprehensive plan for monitoring, evaluation and surveillance for the global elimination of congenital syphilis as a public health problem.</p>	<ol style="list-style-type: none"> 1. With global partners, by 2011, conduct operational research studies that identify effective and feasible program progress and impact measures for the global elimination of congenital syphilis. 2. With global partners, by 2013, develop and support implementation of surveillance and reporting systems for national, regional and global monitoring, evaluation and surveillance in order to measure progress toward the global elimination of syphilis. 3. By 2013, develop, evaluate and improve syphilis diagnostics to allow prompt identification and treatment of syphilis infected women in resource-constrained settings. 4. By 2013, identify model international programs for service integration in the perinatal and post-partum period to promote healthy mothers and babies.
<p><i>Objective 2c:</i> Reduce <i>sequelae</i> associated with neonatal herpes by developing, assessing and disseminating strategies to enhance prevention, early diagnosis, and treatment among pregnant women and their babies</p>	<ol style="list-style-type: none"> 1. Develop approaches to monitor occurrence, track burden of disease associated with, and better define epidemiology of neonatal herpes 2. Develop, assess and disseminate strategies to reduce time to diagnosis and treatment of neonatal herpes 3. Increase provider awareness concerning and index of suspicion regarding neonatal herpes
Goal 3: Prevent STI-related cancers	
<p><i>Objective 3a:</i> Enhance impact of HPV vaccines by monitoring impact and evaluating biologic parameters affecting use</p>	<ol style="list-style-type: none"> 1. Monitor vaccine impact on HPV related outcomes, including monitoring prevalence of HPV infection, genital warts, and cervical cancer precursors. 2. Support development of HPV vaccine recommendations in the U.S. 3. Support implementation of vaccine in U.S. through assessment of biologic parameters and other factors that could affect use of the vaccine. 4. Support international introduction of HPV vaccines and evaluation of their impact.
<p><i>Objective 3b:</i> Increase use of HBV vaccine among adults at-risk for HBV infection as demonstrated by</p> <ul style="list-style-type: none"> • An increase of 10% between 2007 and 2010 in the quantity of 317-funded HBV vaccine administered in STD clinics 	<ol style="list-style-type: none"> 1. Collaborate with other CDC divisions (e.g., ISD and DVH) to implement and evaluate the Adult Hepatitis B vaccine initiative in STD clinics. 2. Promote use of HBV vaccine among MSM.

Goal 4: Prevent STI-related HIV transmission and acquisition	
<p><i>Objective 4a:</i> Reduce HSV-associated HIV transmission through</p> <ul style="list-style-type: none"> • Primary prevention of HSV as an HIV prevention strategy • Preventing HIV among HSV-infected persons 	<ol style="list-style-type: none"> 1. Define potential primary HSV prevention strategies based on use of valacyclovir suppressive therapy in HSV-infected persons. 2. Define potential primary HSV prevention opportunities based on impact of knowledge of serostatus on sexual behavior. 3. Identify and promote approaches to prevent HIV acquisition among HSV-2-infected persons. 4. Evaluate and improve diagnosis of HSV through addressing performance of HSV serologic tests.
<p><i>Objective 4b:</i> Reduce new HIV infections in international settings through use of integrated HIV/STD approaches</p>	<ol style="list-style-type: none"> 1. With USG, international, and local partners, develop and enhance STD screening among HIV-infected persons. 2. With USG, international, and local partners, develop and enhance strategies that increase HIV testing among STD-infected persons. 3. With USG, international, and local partners, develop and enhance behavior change and other HIV prevention strategies among STD-infected persons. 4. With USG, international, and local partners, develop and enhance primary HIV/STD prevention strategies in persons at high risk for HIV.
<p><i>Objective 4c:</i> Reduce P&S syphilis as determined by a reduction in reported syphilis rates by 2010 to:</p> <ul style="list-style-type: none"> • < 0.9 per 100,000 population in women • < 5.4 per 100,000 population in men 	<ol style="list-style-type: none"> 1. Assess, enhance, develop, and evaluate data to monitor and inform strategies to reduce P&S syphilis in targeted populations, including performance measures, surveillance and evaluation data. 2. Increase access to syphilis treatment and screening services early in disease course. 3. Develop and leverage media and other partnerships to increase demand for STD testing and treatment among targeted populations. 4. Develop, evaluate and improve syphilis diagnostics for U.S. settings.
<p><i>Objective 4d:</i> By 2013, increase to 80% the number of CSPS grantees providing opt-out HIV testing in 90% of the STD clinics in their jurisdictions</p>	<ol style="list-style-type: none"> 1. Collaborate with other CDC divisions (e.g., DHAP) to implement and evaluate routine HIV testing in STD clinics. 2. Develop approaches (e.g., performance measure, quality of care standards) to support and measure implementation of opt-out HIV testing in STD clinics.
<p><i>Objective 4e:</i> Increase adherence to recommended STD screening among HIV+ persons as determined by syphilis screening among persons attending Ryan White Care Act-funded HIV care settings</p>	<ol style="list-style-type: none"> 1. Collaborate with relevant partners to conduct research to develop feasible, acceptable and cost-effective models for STD screening in HIV care settings. 2. Develop, evaluate, and improve STD diagnostics for use in HIV care settings (e.g., rectal/pharyngeal testing) and collaborate with relevant partners to promote their use. 3. Collaborate with HRSA HIV/AIDS Bureau to develop and implement tools to ensure that Ryan White grantees routinely screen HIV+ persons in care for STDs. 4. Assess, enhance, develop and evaluate data to inform strategies and activities in target populations, including performance measures, surveillance and evaluation data.

Goal 5: Strengthen STD prevention capacity and infrastructure	
<i>Objective 5a:</i> Support the ability of CDC-funded STD prevention programs to improve STD prevention impact and efficiency	<ol style="list-style-type: none"> 1. Assess, enhance, develop, and evaluate data to monitor and inform strategies and activities to support STD prevention programs including performance measures, surveillance and evaluation data. 2. Develop approaches to enhance operational efficiency by STD programs (e.g., leadership development, promulgation of best practices, enhancing TA). 3. Develop and disseminate most current information on prevention strategies, treatment recommendations, and program operations (e.g., guidelines and other tools). 4. Increase and improve research translation activities that can be implemented in STD prevention programs. 5. Provide program evaluation tools and training to Project Areas to support program evaluation and improvement. 6. Continue development and use of Performance Measures system to enhance program performance.
<i>Objective 5b:</i> Develop and implement sustainable strategies to provide training to improve STD prevention program capacity	<ol style="list-style-type: none"> 1. Provide self-directed and widely available STD program data access, management, and analysis courses (including program evaluation). 2. Develop and deliver training in STD program management for program management staff. 3. Develop, revise, and deliver training on new and revised clinical, surveillance, and programmatic guidance and recommendations. 4. Develop and deliver training on use of innovative technologies in STD programs. 5. Develop approaches to ensure that STD prevention program staff receive adequate assistance from their programs both before and after they complete training courses. 6. Periodically assess STD program staff's training needs and evaluate impact of DSTDP-funded training to improve training effectiveness.
<i>Objective 5c:</i> Develop and leverage partnerships to optimize STD prevention capacity and program collaboration/service integration	<ol style="list-style-type: none"> 1. Develop and implement a strategic roadmap for an appropriate mix of sustainable partnerships with organizations external to CDC to support division priorities 2. Develop and implement approaches to enhance program collaboration and service integration with other programs, divisions and centers at CDC (e.g., integrate recommendations and guidance for program activities, use of internet for STD prevention and control; partner notification guidelines) 3. Maintain robust and innovative partnerships with organizations dedicated to STD prevention 4. Provide leadership to maximize collaboration with other federal agencies to support division priorities and enhance public health impact 5. Enhance partnerships with international organizations to further global STD prevention

<p><i>Objective 5d:</i> Improve DSTDP systems and capacity to enhance support of STD prevention activities</p>	<ol style="list-style-type: none"> 1. Improve administrative processes by end of FY 2009, as demonstrated by the development of a plan for each of the top five management/administrative activities and subsequent implementation of the plan. 2. Develop a staffing plan for field staff and headquarters personnel to identify staffing needs (numbers of staff in specific organization units by skill set, KSAs for specific jobs) as determined by completion of the plan by end of FY 2008. 3. Prioritize and implement recommendations from FY 2008 DSTDP OPM Human Capital Assessment. 4. Improve availability, access and usability of data and datasets for STD programs and the general public. 5. Improve DSTDP staff understanding of DSTDP data collections content and characteristics. 6. Develop open, collaborative approaches and systems to support effective programmatic research and surveillance during project planning, initiation and operations within DSTDP. 7. Develop and implement policy initiatives that support division priorities. 8. Develop and disseminate health information to support division priorities, ensuring optimal use of web and other innovative and interactive technologies. 9. Develop and implement a strategic communication plan to support division priorities.
<p>Goal 6: Reduce STD health disparities across (within) communities and populations</p>	
<p><i>Objective 6a:</i> By end of 2009, produce a comprehensive DSTDP framework for reducing STD disparities</p>	<ol style="list-style-type: none"> 1. Develop measures to evaluate health disparities for STDs. 2. Develop new programs, guidelines, tools, and evaluation approaches to strengthen prevention capacity to reduce health disparities and provide technical assistance on their application. 3. Develop collaborative partnerships with key internal and external stakeholders to expand access to health education and care to promote sexual health. 4. In partnership with affected community stakeholders and health care providers, conduct cross-NCHHSTP and cross CDC joint awareness/health communication activities (e.g., STD Awareness Month, World Aids Day and TB Day) on STD prevention initiatives. 5. Develop and provide training on topics relevant to reducing health disparities.
<p><i>Objective 6b:</i> By 2013 achieve a reduction in P&S syphilis incidence among MSM by 15%, as determined by the national STD surveillance data</p>	<ol style="list-style-type: none"> 1. Improve syphilis monitoring and quality of surveillance data. 2. Improve evidence-based use of prevention strategies (e.g., screening, partner services, public and provider awareness) among MSM. 3. Improve community awareness of symptom recognition, diagnosis and healthcare seeking. 4. Increase proportion of MSM with syphilis that are diagnosed and treated in the primary stage. 5. Develop, evaluate and improve syphilis diagnostics. 6. Evaluate use of syphilis rapid tests, when licensed, in settings where MSM can be accessed. 7. Evaluate and improve partner services for MSM.

<p><i>Objective 6c:</i> Between 2007 and 2013 reduce GC rate among AA by 10% as determined by national STD surveillance data.</p>	<ol style="list-style-type: none"> 1. Improve community awareness and understanding of gonorrhea and the associated racial disparity. 2. Provide updated guidance on gonorrhea control strategies likely to be effective, cost-effective, and acceptable to African-American communities. 3. Develop approaches to enhance access of African-American populations to acceptable and high-quality treatment of gonorrhea.
<p>Goal 7: Address the effects of the social and economic determinants and the costs of specific STDs and associated <i>sequelae</i> among specific populations</p>	
<p><i>Objective 7a:</i> By 2009 develop a framework for describing and understanding the effects of social and economic determinants and costs of specific STD among specific populations</p>	<ol style="list-style-type: none"> 1. Develop an approach to assess costs of STDs by specific STD and specific populations and disseminate the results. 2. Perform comprehensive assessment of impact of critical social and economic determinants on STDs. 3. Identify points of intervention to reduce effects of social and economic determinants on STD and disseminate findings in a published report by 2009.
<p><i>Objective 7b:</i> By 2013, incorporate structural interventions to address the effects of social and economic determinants on STD into STD prevention approaches.</p>	<ol style="list-style-type: none"> 1. Collaborate with relevant partners within and external to CDC to develop and assess interventions that address social and economic determinants. 2. Develop methods for addressing legacies of social and economic discrimination and stigma related to STD.

Appendix A: DSTDP Strategic Plan Map to Organizational Goals

DSTDP Goals/Objectives	CDC Goals	CCID FY 2009 Priorities	NCHHSTP Program Imperatives
<p>1. Prevent STI-related infertility</p> <p>a. Increase female CT screening</p> <p>b. Decrease male prevalence</p> <p>c. Reduce GC incidence</p> <p>d. Monitor/respond to multi-drug resistant GC</p> <p>e. Prevent PID</p>	<p>Healthy People in every stage of life</p> <p>Adolescents. Objectives 17, 18, 20</p> <p>Adults. Objectives 24, 25, 26, 28, 30</p> <p>People prepared for health threats.</p> <p>Objectives 66, 67, 68, 69, 70</p> <p>Healthy People in a healthy world</p> <p>Objectives 71, 76</p>	<p>Expand capacity in pathogen discovery; improve infectious disease monitoring, detection, preparedness and outbreak response.</p> <p>Increase global capacity for preventing and controlling infectious diseases and the emergence of resistance to all types of anti-infective agents.</p>	<p>Reducing health disparities</p> <p>Maximizing global synergies</p>
<p>2. Prevent STI-related adverse outcomes of pregnancy</p> <p>a. Reduce congenital syphilis in the U.S.</p> <p>b. Support global congenital syphilis elimination</p> <p>c. Reduce <i>sequelae</i> of neonatal herpes</p>	<p>Healthy People in every stage of life</p> <p>Infants. Objectives 1, 5</p> <p>Adults. Objectives 24, 25, 26, 28, 30</p> <p>Healthy People in a healthy world</p> <p>Objectives 71, 72, 77, 78, 79</p>		<p>Reducing health disparities</p> <p>Maximizing global synergies</p>
<p>3. Prevent STI-related cancers</p> <p>a. Enhance impact of HPV vaccine</p> <p>b. Increase use of HBV vaccine in STD clinics</p>	<p>Healthy People in every stage of life</p> <p>Adolescents. Objectives 17, 20</p> <p>Adults. Objectives 25, 26, 27, 28, 30</p>	<p>Implement new vaccines and new vaccine recommendations.</p> <p>Eliminate acute HBV transmission in the U.S.</p>	<p>Program collaboration and service integration</p> <p>Maximizing global synergies</p>
<p>4. Prevent STI-related HIV transmission</p> <p>a. Reduce domestic HSV-associated HIV transmission</p> <p>b. Reduce new HIV infections in international settings</p> <p>c. Reduce adult syphilis</p> <p>d. Increase HIV screening and associated prevention services in STD clinics</p> <p>e. Increase STD screening and associated prevention services in HIV clinics</p>	<p>Healthy People in every stage of life</p> <p>Adults. Objectives 24, 25, 26, 28, 30</p> <p>Older adults. Objectives 31, 32, 35, 37</p> <p>Healthy People in a healthy world</p> <p>Objectives 71, 78</p>		<p>Reducing health disparities</p> <p>Maximizing global synergies</p> <p>Program collaboration and service integration</p>
<p>5. Strengthen STD prevention capacity and infrastructure</p> <p>a. Improve prevention impact</p> <p>b. Provide training</p> <p>c. Leverage partnerships</p> <p>d. Improve CDC systems and capacity</p>	<p>CDC's strategic imperatives in support of the health goals</p>	<p>Expand disease prevention and control strategies through ecologic approach to infectious diseases.</p> <p>Improve the quality and safety of the healthcare system.</p>	<p>Program collaboration and service integration</p>
<p>6. Reduce health disparities</p> <p>a. Produce comprehensive DSTDP framework</p> <p>b. Reduce syphilis in MSM</p> <p>c. Reduce GC in African Americans</p>	<p>Healthy People in every stage of life</p> <p>Adolescents. Objectives 17, 18, 20</p> <p>Adults. Objectives 24, 25, 26, 28, 30</p> <p>Older adults. Objectives 31, 32, 35, 37</p>	<p>Reduce health disparities for all infectious diseases, especially HIV, viral hepatitis, STDs and TB.</p>	<p>Reducing health disparities</p> <p>Program collaboration and service integration</p>
<p>7. Address effects of social/economic determinants and costs of STDs and associated <i>sequelae</i> among specific populations</p> <p>a. Characterize effects of determinants and costs</p> <p>b. Develop capacity to address determinants</p>	<p>Healthy People in every stage of life</p> <p>Adolescents. Objectives 17, 18, 20</p> <p>Adults. Objectives 24, 25, 26, 28, 30</p> <p>Older adults. Objectives 31, 32, 35, 37</p>	<p>Reduce health disparities for all infectious diseases, especially HIV, viral hepatitis, STDs and TB.</p>	<p>Reducing health disparities</p> <p>Program collaboration and service integration</p>