

**Minutes of
DoD Sexually Transmitted Diseases Prevention Committee (STDPC)
Meeting of 24 August 00**

Attending

Maj. Christine Bader, J4
PN2 David Brewer, BUPERS
Bill Calvert, NEHC, Chairman
LCDR Marco Garcia, NEHC Preventive Medicine
Barry Hoag, CNET
Lt.Col. Fred Kelsey, USAF
CDR Sharon Ludwig, USPHS/USCG
Lt.Col. Victor MacIntosh, USAF
LTC David D. Peterson, USACHPPM
Donna Ruscavage, Henry M. Jackson Foundation
Phil Renzullo, Ph.D., Henry M. Jackson Foundation
Maj. Steve Vieira, AFMOA/SGOP

Attending by Phone

Phone Connection Failed

1. Bill Calvert convened the meeting at 0930 at the Walter Reed Army Medical Center, 7100, Georgia Ave. NW, Washington, DC, Building Number 41 , Room 045.
2. The minutes of the 24 July 00 meeting were reviewed, corrected and approved. A copy of the corrected minutes will be posted on the STDPC Home Page and sent to all members.
3. Bill Calvert submitted the name of Vickie Brannan, USCG, to serve as Secretary of the STDPC. The responsibilities of the Secretary are listed in the STDPC Charter and include recording attendance and minutes, maintaining current membership and contact information, and maintenance of other historical information of the STDPC. The STDPC approved the appointment of Ms. Brannan as Secretary. Ms. Brannan was unable to attend today's meeting due to scheduling conflicts but has indicated she will adjust her calendar to support future STDPC meetings. Maj. Christine Bader accepted responsibility to record minutes for today's meeting.
4. Participation of STDPC members at STDPC and subcommittee meetings was discussed. It is important that member participate regularly. This allows for input from each Service and various Intra-Service programs. Equally important, it spreads the workload and responsibility from a few to all members. While it is recognized that participation at the STDPC is a collateral duty, it is a formal appointment. Appointment letters have been sent from Lt. Gen. Carlton, Prevention, Safety, and Health Promotion Council (PSHPC) Chairman, to all STDPC members through their chain of command. Several members stated they had received their letters of

appointment. STDPC members should make attendance at meetings and subcommittee meetings a high priority. A consensus was reached to include in the STDPC and subcommittee minutes those members present as well as absent. The concern was raised that this may be perceived as punitive if members are noted absent. Additionally, some participants are not formal members and their participation is voluntary. The majority of the STDPC members did not see this as punitive and it was decided to list members present or absent in the future minutes.

5. CDR Sharon Ludwig gave a progress report on the Surveillance subcommittee meeting. The STDPC discussed proposed changes to the goals and strategies they will utilize to implement the STDPC Action Plan for the subcommittee's area of responsibility. The subcommittee minutes (Attachment 1) and their working action plan (Attachment 2) will be provided as attachments to the STDPC Minutes.
6. LTC David Peterson gave a progress report on the Health Promotion Education Subcommittee meeting. The subcommittee met via VTC on 23 August to review and refine the goal statements. Minutes of the meeting will be forthcoming. All in attendance agreed upon the goal statements (Attachment 3). The subcommittee will continue, by next selecting Goal Champions. A copy of the subcommittee minutes and changes to action plan will be sent to Bill Calvert who will submit then to the next STDPC meeting for review.
7. STDPC members discussed who is responsible for implementing changes or recommendations made by the STDPC. A review of our function in relation to the PSHPC was held. The USD(P&R) has approved the STDPC Action Plan. The STDPC must now work at implementing this plan which largely requires gathering of information and acting on this information to recommend policy changes consistent with the Action Plan. Through the PSHPC, these recommendations should be implemented.

STDPC members noted that it is not possible for us to study all STDs. By consensus, deciding which STDs are studied will be based on morbidity/mortality data and how that STD effects readiness.

8. The STDPC addressed the Action Area of Clinical Preventive Services (CPS). Bill Calvert reported that the Education Subcommittee feels it is appropriate for them to be responsible for the educational aspects of this section. Additionally, Bill Calvert and the Education Subcommittee were working with the Put Prevention Into Practice (PPIP) Committee to coordinate efforts of the STDPC Action Area for CPS with the PPIP Committee since their efforts largely involve CPS. The STDPC recommended contacting CDR Josephine Brumit (who also serves on the Education Subcommittee) to see if she would be a Goal Champion for this section. Additionally, STDPC members were tasked to identify instructions/directives pertaining to PPIP/CPS for their respective service. Bill Calvert will meet with CAPT Debbie McKay, Chair of the PPIP Committee, to discuss coordination of the STDPC with her committee. Mr. Calvert will report back to the STDPC at the next meeting.

9. The STDPC addressed the Action Area of STD Prevention Products. STDPC members decided that this was a largely a retail action. Members discussed roadblocks pertaining to availability and free distribution of condoms and other prevention products. Barry Hoag was selected to champion this section. Bill Calvert offered to assist with this endeavor. They will address military policy for condom distribution and work with the military exchange system to address this section.

10. The STDPC decided to establish a Research Subcommittee to address the Best Practices/Research Initiatives Action Area. This subcommittee will have an ongoing time frame to operate. The STDPC recommended Dr. Joel Gaydos to Chair this subcommittee and established the following membership.

CORE MEMBERSHIP

- NHRC (CDR Rick Shaffer)
- HMJF (Donna Ruscavage/ Phil Renzullo)
- WRAIR (Dr. Joel Gaydos)
- Air Force Research representative (TBA)

AD HOC

- COL Kelly McKee
- Other interested

Mr. Calvert will contact Dr. Gaydos to discuss his serving as Chair.

11. Bill Calvert asked the STDPC membership to discuss the need to continue convening the STDPC on a monthly basis. The STDPC Charter requires convening the STDPC at least every other month. Since subcommittees and Goal Champions have been identified, including responsibility assignment for specific Action Plan items, the STDPC will convene at subsequent meetings largely as an “executive board” to review and approve the work of subcommittees and Goal Champions and address ongoing issues. The STDPC decided that since a few items remain to be addressed (CPS Action Item assignment of responsibility), subcommittee work has just begun, and Mr. Calvert will be briefing the PSHPC on the progress of the STDPC on October 11th, the STDPC will continue to meet monthly through November 2000.

12. The **STDPC set the September STDPC meeting for the 14th, location TBA, and the October meeting for the 12th, location TBA.** Information regarding location will be distributed as soon as Bill Calvert confirms with potential host sites.

13. The meeting adjourned at 1230.

Minutes taken by: Maj. Christine Bader and edited by Bill Calvert.

ATTACHMENT 1

suggest deleting “begin measurement” since that is an operational strategy, whereas we are a policy recommending organization.

3. To begin identifying and evaluating existing surveillance tools, subcommittee members will work with the experts in each of the services. Our own deadline for compiling this information is 31 Dec 00.
 - a. Dr. Gaydos will call CDR Brian Murphy at NEHC (regarding Navy and Marine Corps) and someone at AFRESS.
 - b. Dr. Renzulo will talk to LTC Rubertone at DMSS
 - c. CDR Ludwig will evaluate the USCG STD surveillance.
4. For the second objective under the first goal, we would change the strategy to “Identify current opportunities to measure STD/HIV prevalence and ways to improve them.” We would delete “select tool” and “begin measurement.”
5. We agreed there is a paucity of military STD prevalence information. Dr. Gaydos, with a group from JHU, is collecting reports of recent and ongoing military STD prevalence studies to supplement their AFEB presentation in September. The subcommittee will use these articles to begin to characterize the level of prevalence data in the military.
6. We agreed to work on rewording the second goal, and fill out the rest of the matrix individually and over e-mail prior to the next subcommittee meeting.
7. The next subcommittee meeting will be 6 Sep 2000 at 0800 at WRAIR or by teleconference.

Submitted by
Sharon L. Ludwig,
CDR, USPHS

ATTACHMENT 2

STDPC Action Plan

ACTION AREA: Surveillance (From A Section)

Time Frame begins August 1, 2000

Goal	Objective	Strategy	Metrics	Time Frame	Responsibility	Progress
Be able to describe military sexually transmitted disease burden (incidences and prevalences) to provide evidence-based guidance and evaluation for public health interventions and research strategies.	Accurate, standardized surveillance of military STD/HIV incidences.	Identify and evaluate existing surveillance tools Select standardized method Establish baseline incidences	Base line established	31 Dec 00 to id & eval tools 12 months to select a tool and to begin with annual measurement	CDR Sharon Ludwig	STDPC Surveillance/ Epidemiology Subgroup established July, 2000 Subcommittee of CDR Ludwig (Chair) Col. Kelly McKee Joel Gaydos Col. Bradshaw, (JPMPG Chair) CDR Murphy Lt.Col. McIntosh Committee Members will contact surveillance experts in the individual services.
	Accurate, comprehensive characterization of military STD/HIV prevalence	Identify and evaluate recent and ongoing screening strategies and prevalence studies Develop recommendations for improving prevalence tracking Establish baseline	Baseline established	15 Sep 00 to begin review of prevalence studies 12 months to develop recommendations	CDR Sharon Ludwig	Committee members will review recent and current prevalence studies.
	Centralized Joint Service plan for military STD/HIV incidence and prevalence			[LONGER THAN] 12 months	CDR Ludwig	

Goal	Objective	Strategy	Metrics	Time Frame	Responsibility	Progress
	surveillance (From Requirements C.1.)					

ATTACHMENT 3

Goal 1: comments: too broad

Recommendation: Revise Goal 1 to:

Ensure targeted education

- a. Accessions/BCT
- b. GMT/annual/periodic
- c. High risk
 - i. Drug and alcohol education
 - ii. STD clinics
 - iii. Deployments/redeployments
- d. Clinical
 - i. Women's Health Clinics
 - ii. Put Prevention Into Practice
 - iii. General Outpatient Clinical Encounters
- e. Leadership
 - i. Officer
 - ii. Enlisted

Goal 2: Comments: What and who makes effective training/trainers? Experts, peers, command representatives; types of curricula??? How do we define 'peer'?

Recommendation: Revise Goal 2 to:

Each Service will define and implement a process to train instructors and ensure quality education.

Goal 3: Comment: This could be a strategy of the revised Goal 1, as part of targeted education. As it stands, it would be almost impossible to address and measure. The term 'deglamorize' is not as clear, from a public health perspective- don't we mean reduce rate of unsafe sexual practices while drinking? So, this becomes more of a strategy to help increase use of safer sexual practices or condom use under these conditions. Therefore,

Recommendation: Delete as a separate goal.

Goal 4: Again, the goal as stated is too long. While the examples of messages for health promotion are clearly stated, the larger issue is that health promotion programs now may not include STD/HIV prevention messages as part of their core mission. The basic premise is that HIV/STD education should be an intrinsic part of all health promotion programs. Basically, this would entail policy directives to that effect (The USMC has already done it)

Recommendation: Rephrase the goal to read: Integrate HIV/STD prevention education into existing Health Promotion Programs.

Goal 5: Again, this is a part of targeted education, e.g., setting the command climate, orienting young sailors to recreational opportunities, health promotion programs encouraging healthy lifestyles. In any case, it is not a goal, but a strategy and a process

Recommendation: Delete as a goal, to be included within goal 1.