

Sexually Transmitted Diseases Prevention Committee (STDPC)

Under the auspices of the Prevention, Safety, and Health Promotion Council

Chartered by
Secretary William Cohen

STDPC Action Plan

**Approved by the Under Secretary of Defense for
Personnel and Readiness (USD(P&R))**

April 4, 2000.

STDPC Action Plan

Goals/Tasks	Metrics/Objectives	Requirements (Policy, Programs, Practices, Resources)	Time-Line
<p>A.1. Identify and evaluate existing surveillance tools</p> <p>A.2. Decreased burden of STDs for the total force (i.e., include Guard, Reserve, civilian employees and all health beneficiaries)</p>	<p>A.1. Complete a review of existing tools.</p> <p>A.2. Reduce absolute STDs by 5% per year.</p> <p>A.3. Reduce STD incidence in the population at or below the rate in local civilian populations.</p> <p>A.4. Reduce the prevalence of asymptomatic STDs by 5%.</p> <p>A.5. Provide annual progress report to PSHPC.</p>	<p>A.1. DoD policy to establish multidisciplinary Sexually Transmitted Disease Prevention Committee (STDPC) that coordinates, prioritizes and monitors progress of implementation and outcomes. Resource committee as specified in STDPC Charter. STDPC requires funding and administrative support from USD/P&R. POM money needs to be requested over the long term to ensure standardization for human resourcing (e.g. staffing guidelines).</p> <p>A.2. Improve existing, or develop new reporting system, which accurately identify incidence cases, as indicated.</p> <p>A.3. Develop random screening mechanism to measure STD/HIV prevalence.</p>	<p>2 months to implement and convene STDPC</p> <p>12 months to select a tool and to begin with annual measurement</p>
<p>B.1. Promote an environment and culture of individual sexual responsibility through targeted education and leadership</p> <p>B.2. Promote the importance of military readiness and how STDs and HIV impact readiness</p> <p>B.3. Increase awareness, knowledge, risks, and consequences of STDs, HIV</p> <p>B.4. Promote positive attitudes about responsible sexual behavior</p> <p>B.5. Promote individual responsible sexual behavior, including influencing decisions regarding alternatives to sex and sexual</p>	<p>B.1. Survey leadership and health related educational programs to identify opportunities for STD/HIV prevention modules and increase the percentage by 10%</p> <p>B.2. Evaluate STD/HIV education programs for compliance with best practices; identify deficiencies in existing programs and make recommendations for improvement. Increase by 5% per annum programs in alignment with best practices.</p> <p>B.3. Increase “condom use at last encounter among sexually active unmarried personnel” by 10% per year as documented by the</p>	<p>B.1. Ensure basic training and leadership training programs will have targeted education regarding policy, risks, and consequences of STDs and HIV including instruction for personnel in leadership positions on appropriate model behaviors to exhibit on and off duty.</p> <p>B.2. Implement STD/HIV Train the Trainer programs to provide ongoing training of peer educators.</p> <p>B.3. Deglamorize the association of sexual activity and alcohol use through education and STDPC partnership with resale activities and MWR to discourage advertisements that promote this association.</p> <p>B.4. Integrate STD and HIV prevention programs into existing health promotion activities. Assure education consists of strong and regular messages that promote:</p> <ul style="list-style-type: none"> • Individual sexual responsibility • Don’t drink and risk unsafe sex • Alternatives to risky sexual behavior 	<p>6 – 9 months to draft policy</p> <p>12 months for policy signatures</p> <p>120 days for implementation</p> <p>Annual program review</p>

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intercourse, safer sex practices, and the relationship of sexual behavior and alcohol use	Department of Defense Survey of Health Related Behaviors Among Military Personnel. The 1998 survey will serve as the initial baseline.	<ul style="list-style-type: none"> • It's OK to delay sexual activity <p>B.5. Continue to link use of MWR programs such as libraries, fitness and recreation programs, to healthy life styles that promote responsible attitudes toward sexual behavior.</p>	
C. Military health system actively identifies STD/HIV cases and provides targeted interventions	<p>C.1. Increase to 90% of medical records noting sexual risk assessment with documentation of appropriate counseling on DD Form 2766 (Adult Preventive and Chronic Care Flowsheet) and/or SF600 (Health Record: Chronological Record of Medical Care)</p> <p>C.2. Increase to 90% the proportion of all STD clients treated for STDs that provide information on partners for provider referral services at an annual rate of 10% (absolute).</p> <p>C.3. Increase to 90% the proportion of at risk women under age 25 who are screened annually for genital chlamydia infections in primary health care settings at an annual rate of 10% (absolute).</p> <p>C.4. Increase to 90% the proportion of pregnant women screened for STDs including HIV infection during prenatal health care visits according to recommendations in the most recent edition of</p>	<p>C.1. Establish a centralized, Joint Service reporting and surveillance system to track STDs.</p> <p>C.2. Draft for ASD(HA) a policy memo requiring MHS utilize all avenues to identify and document individuals at risk for STD/HIV infection, their readiness to change/modify their behavior and offer appropriate interventions.</p> <p>C.3. Utilize HRA/HEAR or other self reporting tools for AD.</p> <p>C.4. Provide and document sexual risk assessment during each medical visit and provide brief counseling and/or referral for appropriate services(s).</p> <p>C.5. Require routine screening of all beneficiaries as part of PPIP. Health care providers will follow PPIP Clinician Handbook and/or Guide to Clinical Preventive Services for procedures to screen for STDs.</p> <p>C.6. Require that health care providers and educators, especially those responsible for STD counseling, get annual education on most current practices and updated knowledge about STD prevention, diagnosis and treatment and counseling skills.</p> <p>C.7. Develop a plan to facilitate provider access to CDC guidelines.</p>	<p>6 – 9 months to draft policy memo</p> <p>12 months for policy signatures</p> <p>120 days for implementation</p> <p>Annual program review</p>

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	<p>the Guide to Clinical Preventive Services at an annual rate of 10% (absolute).</p> <p>C.5. Increase to at least 90% the proportion of health care providers treating patients with STDs who manage cases according to the most recent CDC guidelines for the treatment of STDs at an annual rate of 10% (absolute).</p> <p>C.6. Increase to 90% the proportion of individuals with behavior risks for STDs/HIV who have risk reduction plans developed at an annual rate of 10% (absolute).</p>		
D. Increase accessibility and availability of STD prevention products e.g. male and female condoms	D.1. Establish baseline and increase by 10% the number and variety of military retail locations where STD prevention products are available.	<p>D.1. Draft policy memorandum for DoD to establish and/or reinforce:</p> <p>D.1.A. Promote STD prevention products use in all environments i.e., CONUS, OCONUS, deployments.</p> <p>D.1.C. Promote prevention product availability at retail locations on military installations. Support pricing of prevention products below the local competitive price.</p> <p>D.1.D. Increase number and types of locations on all military installations where free condoms are available.</p>	12-24 months to implement policy changes
<p>E.1. Identify and incorporate best practices for STD/HIV prevention</p> <p>E.2. Identify gaps in best practices and develop research priorities to address these gaps, if any</p>	E.1. STDPC reviews and recommends best practices to the PSHPC.	<p>E.1. STDPC solicits, reviews and recommends Line and Medical best practices/research initiatives.</p> <p>E.2. Utilize various research agencies to assess prevention and early intervention strategies to answer the question, “What works for whom in which setting?”</p>	Ongoing

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		E.3. STDPC, under auspices of PSHPC, requests Line and Medical organizations submit innovative proposals.	