

Themes generated in Thursday small groups

Presented Friday am
June 13, 2014
AAPPS Awardee Meeting

ESB: Epi and Statistics

- ❑ Guidance + TA on developing and implementing analytic best practices to aid in prioritization and decision-making activities.
 - Examples DIS utilization, geocoding , SAS coding, quantifying incidence and prevalence)
- ❑ Crossed with capacity-building for standardized analyses, data collection, money and staffing

FSB-Field Services

- ❑ Capacity: How do we assure a well-trained and capable work force?
- ❑ How to enable smooth administration of federal assignees?

Social & Behavioral (SaBRE)

- ❑ Sharing (and hearing) success stories, providing demographics of the place so you can determine how it may work for the specific area.

- ❑ Partner Services:
 - How and where do we go with P.S. 2.0?
 - How can we refine P.S. so that it can continue to be effective and focused; as well as of regional significance.
 - Use of social media, internet, and mobile app were discussed in relation to P.S.

Office of Science (ADS)

- ❑ How do we account for STD program work doing HIV prevention? This may be useful for documenting that more funding is required from DHAP to cover the amount of HIV prevention being done.
 - E.g., work that has to do with HIV prevention including STD prevention for persons with HIV, etc.

- ❑ For black MSM (discussion focused in part on YMSMOC); How do we quickly obtain the data that we need to understand why STDs are increasing in this group (and in MSM overall). What are the issues contributing to these increases? What can be done to facilitate prevention efforts now (e.g., internet use)

Lab Research and Reference (LRBB)

- ❑ TA for lab validation
- ❑ Establish partnership with APHL and FDA

Surveillance and Data Management (SDMB)

- ❑ Data systems
- ❑ Uniform definitions
- ❑ De-duplication algorithms

Health Services research & eval (HSREB)

- ❑ Tools to assess the impact of DIS
- ❑ Tools to improve use of and placement of DIS
- ❑ What is safety net, how to assess?

Office of Policy (OPPER)

- ❑ Ways/how to work with FQHCs?
- ❑ How to determine and define uninsured, underinsured and low income. When will we be the payer of last resort?

Office of Health Equity (OHE)

- ❑ How to address/support/ provide services for rural communities and how to help rural/small states address disparities/equality
 - (Mentioned: MSM, AI, IHS Services and supporting rural DIS, nurses)
- ❑ How can STD/DHAP project areas work together to address HIV PREVENTION?
 - Is there a shared outreach plan? (Collaborations specific to MSM? Transgender?)

Program Development & Quality Improvement (PDQIB)

- ❑ Peer-to-peer: How can we share/ learn from what other areas are doing? Can we read your grant proposal? Develop FAQs from P2P TA requests?
- ❑ Training: how can we link training activities to AAPPS project areas?

Discussion topics

- Data systems- standard collection, definitions, integration
- Define safety net, un-insured, under-insured, reaching this population
- Best practices, lessons learned, stealing from each other, not wasting time on things that don't work
- Opportunities for more P2P, regional meetings
- Integrate HIV and STD at the local level/ Integrate HIV STD at the CDC level (and HRSA)
- DIS- (PS) program efficiencies, what works, How do we develop a model for Prioritizing DIS work, changing reactor grids, etc
- Reaching populations in rural areas
- Local HD, FQHC- role in delivering services
- Reaching minority HR populations (MSM, AI, YMSMOC), eg, PS etc
- Collaboration between ID and STD, substance abuse, MH, chronic disease