State Target Area and Action Plans

STATE	TARGET POPULATION	ACTION PLAN
Alabama	African American Females <26 & African American Males *Huntsville* *Montgomery* *Mobile* *Jefferson (Birmingham)* *Tuscaloosa*	Identify core geographic areas including census tracts consisting of 50% GC morbidity. Develop a GC Epi Profile to identify private providers in high morbidity and target areas to target GC prevention efforts. Encourage health care providers within target areas to improve GC screening rates and promote/maintain commitment to GC partner services. Encourage private providers to refer partner contacts to county health departments for testing and treatment. Conduct partner services interviews for at least 65% of GC cases reported in target areas and refer named partners for timely treatment. Target CT/GC screening in HBCUs and high schools within target areas.
Mississippi	15-24 African American Females 4 counties in top 10 highest rate # and case rate *Hinds* *Washington* *Lauderdale* *Leflore*	Expanded screening in high schools – found significant CT/GC morbidity. Have screened in 18 colleges and universities – will continue screening. Collaborate with CHC to increase screening. Hinds County: Look at capacity of the school system to provide STD services. Schools have nurses but don't know what they do. Conduct a survey with schools to determine what services they provide and explore opportunities to partner. Conduct EPT pilot in 1 STD clinic in Jackson. Review findings and expand; share information and approach officials to promote EPT.

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Georgia	15-24 African American Males & Females *3-3 Clayton District: (1 county)* *Clayton* *8-2 Albany District: 14 counties* *Baker* *Calhoun* *Colquitt* *Decatur* *Dougherty* *Early* *Grady* *Lee* *Miller* *Mitchell* *Seminole* *Terrell* *Thomas* *Worth*	Better assessment of screening coverage needed in target area by Census track. Work more closely with private providers to promote screening. We need to partner to ensure that they are following CDC screening and treatment guidelines. Do a better job of working with community leaders. Currently not giving appropriate messages to appropriate groups. Improve development and dissemination of STD prevention messages to the community. Engage in more thorough examination of data available. Disseminate a GC Alert Notice Letter to providers describing burden of GC along with specific break-down of data by zip code [3-6 months]. Develop a GC Letter and disseminate through existing AAFP (American Academy of Family Physicians) partnership. Utilize this partnership to spread the word. Not currently interviewing cases of GC and are relying on nurses to do follow-up. Develop a system to monitor efficacy of current efforts by nurses in bringing partners to treatment (develop a referral card systems that is color coded). Currently only 4 DIS located in Albany (highest rate of GC). Other DIS are currently being utilized in an area that has low Syphilis: consider deploying them to Albany for GC interviews. Provider Visits will now focus on GC.

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Florida	15-24 African American Females & Males *Miami-Dade County* *Statewide interventions*	Identify ways to work more efficiently. Break the barrier of doing phone interviews to verify treatment rather than going to the index patient's residence. Develop statewide referral card system for index patient to give to partners. The card will be universally recognized by non-county health department providers. Develop a tracking system. DIS currently verify treatment on all STDs reported to Florida DOH. Create a decentralized phone bank staffed by clerical support to verify treatment instead of having DIS conduct this activity.
Kentucky	15-24 African American Males & Females *Jefferson County (Louisville)* *Fayette co (Lexington) is an area that is also a concern, but not part of the "defined" GC Action Plan.*	Partner with Family Health Centers in Jefferson County. In January 2009 initiated interviewing of symptomatic males who tested positive via gram stain for GC. Continue this effort and monitor. 8 DIS personnel for the whole state of Kentucky and 3 for Jefferson County. Enhance communication with STD and FP clinics about time to treatment rates utilizing the IPP PM. Engage in a closer examination of data. Examine screening coverage among CHD sites with some influence within target area.

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Tennessee	15-24 African American Females & Males *Davidson (Nashville)* *Shelby (Memphis)* 56% of GC (also HIV and Syphilis)	Rates for men have always been higher; now rates for women are higher. Not sure why and will investigate. Currently implementing PRISM to replace STD/MIS. Utilize the new system to examine data. Initiate conversations with TENCARE to engage them and encourage adding GC to contractual requirements. Previously worked with them to include a CT screening component in contracts with Managed Care Organizations. Engage CHCs in census tracks containing the majority of GC cases [look at data a bit more closely to determine location]. Engage CHCs to get a better understanding of how they approach GC screening and treatment. Can currently do EPT for CT and want to add GC (would take a rule change). Engage a CBO in Memphis who currently partners with DOH on Syphilis Elimination to propose adding GC to their efforts. Need to get more info to private providers re: rates of GC. Develop and disseminate an article on GC in Newsletters to providers in target communities.

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North Carolina	15-25 African American Males & Females Top 10 counties – 7 in top 20 for highest rates in the US *Cumberland* *Durham* *Edgecombe* *Forsyth* *Guilford* *Mecklenburg* *Pitt* *Robeson* *Wake* *Wilson*	Assess GC screening coverage: work with key providers in high morbidity areas to assess screening coverage. State lab to contact LabCorps to obtain data to assess screening coverage. Increase provider awareness and education about morbidity. Expand screening coverage. Ensure community partners are aware and increase education. As part of routine site assessments conducted by DOH to facilitate county health department accreditation, examine triage processes to ensure that all symptomatic patients are provided appropriate services same day and not turned away.
South Carolina	15-25 African American Males & Females 8 counties where prevalence of disease is alarming: *Charleston* *Richland* *Greenville* *Spartanburg* *Orangeburg* *Horry* *Florence* *Anderson*	Conduct a Stakeholders Meeting with private providers in 8 counties to get buy-in and input in GC control strategy [80% of GC cases are diagnosed in private provider settings]. Implement a zero budget plan.