Policy Title: Community Outreach for STD Surveillance and Education

Purpose: To establish best practice guidelines for community outreach to healthcare providers and constituents.

Policy: The local health department will establish and maintain active communication with local healthcare providers and community constituents regarding STD surveillance and education.

Procedural Guidelines
- STD prevention programs should have a written protocol that outlines the following:
  - Health department procedures for interacting with community providers
  - Provider responsibilities and procedures for case reporting to the health department
  - Data review and utilization process
  - Health department activities involving collaboration with community stakeholders, i.e. community-based organizations, hospitals, etc.
  - Health department outreach activities for community education, i.e. presentations, health fairs, community screening, etc.

- STD prevention programs should facilitate provider-based reporting by making available multiple methods for receiving STD case reports including dedicated phone numbers and secure FAX machines.

- STD prevention programs should:
  - Identify and monitor via NC EDSS for those providers who test for STDs, report significant STD morbidity and/or serve high-risk populations.
  - Develop strategies to interact and collaborate with identified providers of STD services in the community.
  - Regularly communicate with community providers of STD services in order to provide information about:
    - Reporting requirements
    - Reportable STDs
    - The importance of reporting and the impact on public health prevention efforts
    - STD testing and treatment guidelines
  - Routinely provide feedback via statistical reports to providers.
Outreach to community providers may include:
  o STD needs assessment via survey or data review
  o periodic office visits and direct interaction to enhance communication and visibility
  o presentations at hospital in-services, medical conferences, grand rounds, etc.
  o sponsorship and invitation to inservices on communicable diseases, such as incidence and prevalence of diseases in the community
  o distribution of monthly newsletters, community alerts, etc.

Outreach for community education should:
  o utilize surveillance data for planning
  o identify and target high risk populations or high morbidity areas
  o identify and include other community partners in the planning process, i.e. CBO, lay representatives, etc.