Strengthening STD Prevention and Control for Health Departments (STD PCHD)

CDC-RFA-PS19-1901

Informational Webinar for Applicants

Program Development and Quality Improvement Branch
Division of STD Prevention
U.S. Centers for Disease Control and Prevention

Repeat Webinar Sessions: May 11th & May 15th, 2018

About this webinar

- **Intended for eligible applicants for CDC-RFA-PS19-1901**
  - Strengthening STD Prevention and Control for Health Departments (STD PCHD)
- **All callers are on mute until lines are open at the end of the webinar**
- **You may enter questions via the Chat feature on the webinar**
  - We will pause periodically to answer questions
  - Phone lines will be open at the end of the webinar for Q&A
- **Slides and webinar recordings will be available after the Webinar on the STD PCHD website https://www.cdc.gov/std/funding/pchd/default.htm**

Key Terms

- **NOFO**: Notice of Funding Opportunity
- **STD PCHD**: Strengthening Prevention and Control for Health Departments – (PS19-1901)
- **STD AAPPS**: (PS14-1402) current funding through December 31, 2018
- **PDQIB**: Program Development and Quality Improvement Branch, Division of STD Prevention
- **Prevention Specialist**: Project Officer, Program Team, PDQIB

Strengthening STD Prevention and Control for Health Departments (STD PCHD) CDC-RFA-PS19-1901

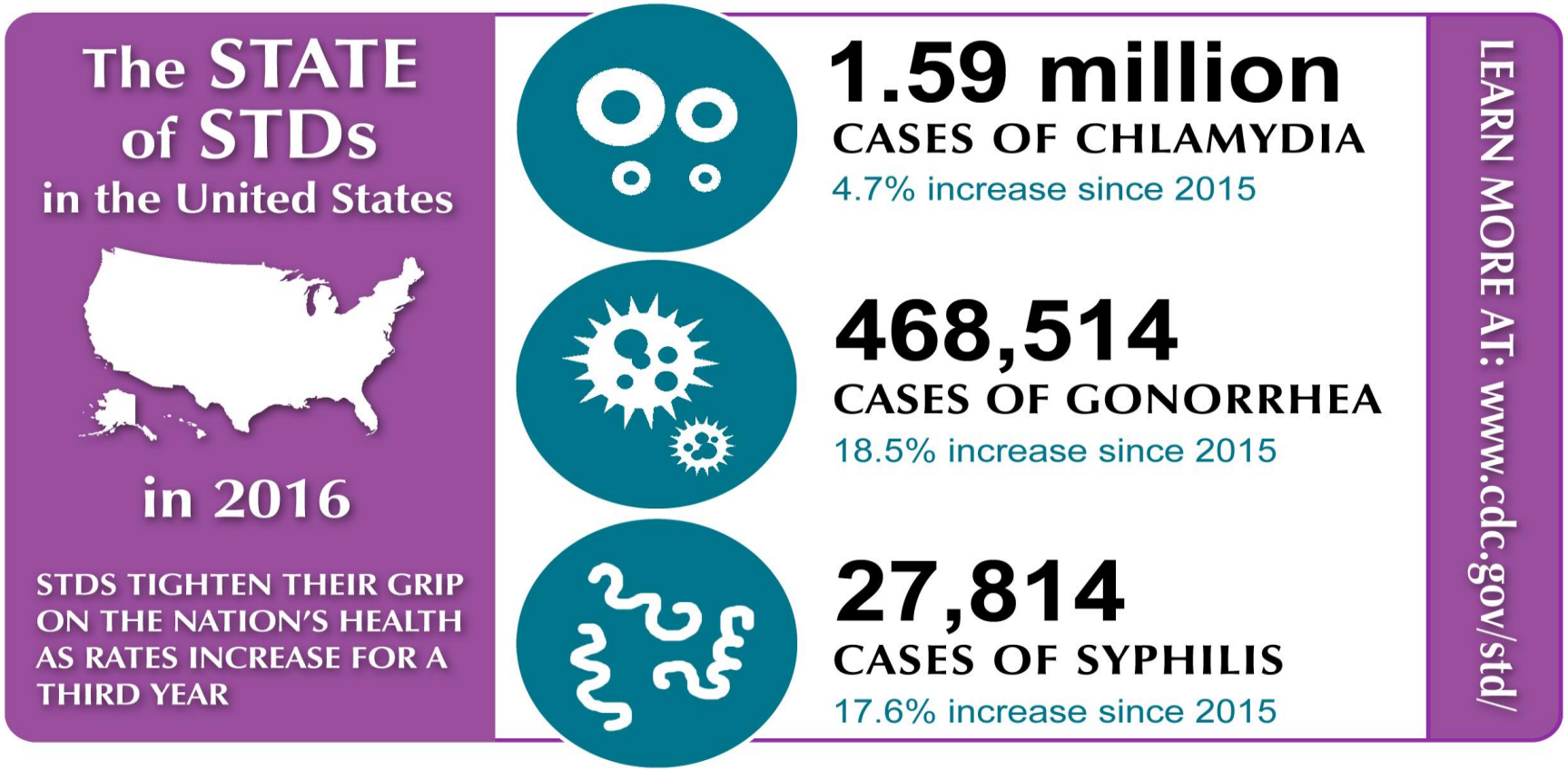
- NOFO publication date: April 30, 3018 (Grants.gov)
- **Application deadline: July 31, 2018**
- Eligible applicants: State/local/territorial health departments currently funded under PS14-1402, STD AAPPS
- Period of Performance: January 1, 2019 – December 31, 2023
- Funds subject to availability
- Important Resources (will be regularly updated) on the STD PCHD website:
  - https://www.cdc.gov/std/funding/pchd/default.htm
- Questions: Email **STD_PCHD@cdc.gov**

STD PREVENTION AND CONTROL FOR HEALTH DEPARTMENTS

STD PCHD AGENDA

- Introducing STD PCHD
- Overview of STD PCHD Strategy Areas & Strategies
- Other Components
- Application Development
- Resources
- Q&A

STIs are on the Rise in the United States



628 Congenital Syphilis Cases in 2016 28% ↑

Purpose, Goals, and Outcomes
(NOFO p. 5-7)

- **Purpose: Implement and strengthen STD prevention and control programs in state, local and territorial health departments**
  - Focus on 3 major STDS: chlamydia, gonorrhea, and syphilis
- **Support strategies and activities to:**
  - Eliminate congenital syphilis
  - Prevent antibiotic resistant gonorrhea
  - Reduce primary and secondary syphilis
  - Prevent STD-related pelvic inflammatory disease, ectopic pregnancy, and infertility
  - Address STD-related outbreaks
  - Reduce STD-related health disparities
  - Strengthen STD-related HIV prevention

Logic Model
(NOFO p. 5-6)

- A high level representation of what the work under this NOFO is intended to do and support
- BOLD = there is a proposed measure listed later in the NOFO
  - Under Evaluation and Performance Measurement

Strategy Areas	Short-term outcomes	Intermediate outcomes	Long-term outcomes
Conduct surveillance	**Improved completion and timeliness of data on reportable STDs**	Increased targeting of high impact STD prevention and care resources and activities	Increased effectiveness, efficiency, and impact of STD prevention
Conduct disease investigation and intervention	Faster response to STD transmission increases and outbreaks by STD programs **Increased treatment of cases and their partners** **Increased identification of persons living with HIV** Increased knowledge and skills to offer expedited partner therapy (EPT) by targeted providers	Reduced outbreak-related STD transmission Increased use of STD, HIV, and other services by cases and partners Increased offering of EPT by providers Increased use of EPT by partners	Reduced STD transmission and related adverse health outcomes Reduced HIV transmission
Promote CDC-recommended screening, diagnosis, and treatment	Increased knowledge and skill to use recommended screening, diagnosis, and treatment practices by targeted providers	**Increased screening for STDs** Increased diagnosis of STDs **Increased use of recommended, timely treatment** **Increased identification of persons living with HIV**	Reduced STD transmission and related adverse health outcomes Reduced risk of gonorrhea antibiotic resistance Reduced HIV transmission
Promote STD prevention and policy	Increased knowledge of STDs and STD services by public and provider community Stronger STD program role in policy discussions	Increased use of STD services by public Improved STD clinical and reporting practices **Improved health department policies for STD prevention**	Reduced STD transmission and related adverse health outcomes
Analyze and use data for program improvement	**More efficient targeting of STD prevention and care resources and services by STD programs**	Increased effectiveness of high impact STD prevention and control activities	Increased effectiveness, efficiency, and impact of STD prevention

Target Populations
(NOFO p. 20)

- **Priority populations for STD PCHD**
  - Pregnant women
  - Adolescents and young adults
  - Men who have sex with men (MSM)
- **Specific priorities and issues within these target populations may vary across eligible applicants**
- **Eligible applicants expected to use surveillance and other program data to identify populations at highest risk for STDs and to generate plans for addressing those populations**

Funding Table

- Funding for eligible applicants is based on a funding formula
- The funding table includes list of eligible applicants and associated funding estimates for year 1
- As always, funding is based on availability of funds
- See STD PCHD website for funding table

Funding Formula

- **Updated from STD AAPPS funding formula**
  - 50% based on population
  - 50% based on morbidity (**2012-2016**)
- **Assumes $95,000,000 total available for year 1**
- **Funding floor: $300,000, an increase from the $200,000 in AAPPS**
- **Funding over 5 year period of performance: recipients will lose no more than 5% funding from the previous year, for each of the five years of the period of performance**
  - Assumes flat funding; funds subject to availability

Break for questions (chat box only)

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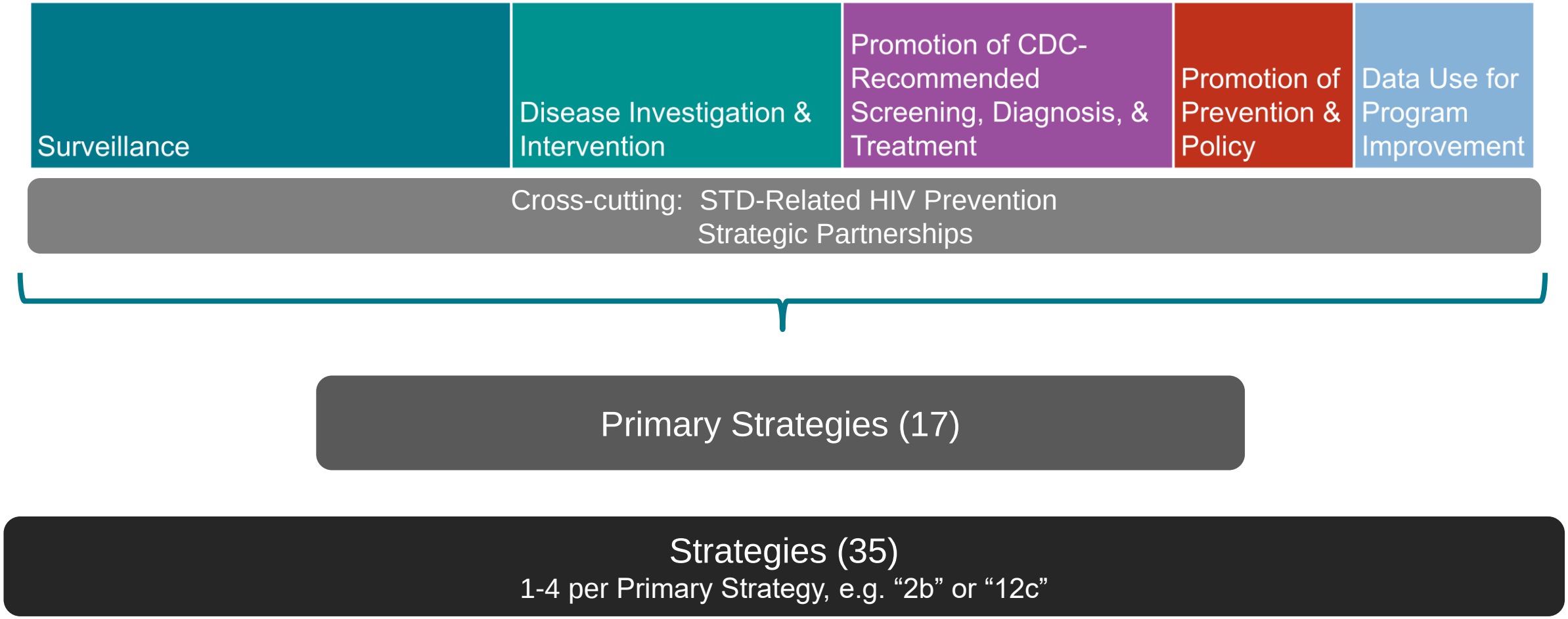
About the NOFO's Strategies

- **The NOFO is organized around the core work of health department STD programs: ALL strategies are required**
  - Unless N/A to specific project areas
  - Or written approval from CDC to opt-out of specific strategies
- **The NOFO includes recommendations on how to allocate program effort**
  - Effort = Resources = Staff time and budget
  - Allocations may vary across programs, or year to year within the same program

STD PCHD: Strategy Areas

STD PCHD: Organization of Strategies



Cross-cutting Strategies

(NOFO p. 8)

- **STD-related HIV prevention**
  - Part of all STD work is STD-related HIV work
  - Can involve up to 10% of your total budget
  - Not a separate strategy, but critical to include within all five Strategy Areas
- **Creating, maintaining, and leveraging partnerships**
  - STD programs cannot do the work alone
  - The success of each of the five Strategy Areas will depend on partnerships

STD PCHD Strategy Area I: Conduct Surveillance

(Logic Model NOFO p.5)

Strategy Areas	Short-term outcomes	Intermediate outcomes	Long-term outcomes
Conduct surveillance	**Improved completion and timeliness of data on reportable STDs**	Increased targeting of high impact STD prevention and care resources and activities	Increased effectiveness, efficiency, and impact of STD prevention

STD PCHD Strategy Area I: Conduct Surveillance

(NOFO p. 10-11)

1) Conduct Chlamydia (CT) surveillance
2) Conduct Gonorrhea (GC) surveillance
3) Conduct syphilis surveillance
4) Conduct congenital syphilis (CS) surveillance
5) Conduct surveillance of adverse outcomes of STDs

STD PCHD Strategy Area I: Conduct surveillance -- Notes

- **NOFO encourages**
  - Adoption of efficient technologies
  - Improve methods of collecting and managing data
  - Increase capacity to receive and process electronic data
- **Core surveillance variables are listed for each disease**
- **New to this NOFO**
  - Enhanced surveillance among a random sample of gonorrhea cases (2b)
  - Surveillance of adverse outcomes of STDs, i.e., neurosyphilis, ocular/otic syphilis (5a)

Relationship between STD PCHD 2B and SSuN

- **STD PCHD strategy 2b to sample and conduct enhanced surveillance of GC cases**
  - Intended primarily to generate data for state/local use in working with high-morbidity areas
  - Supplements routine case surveillance activities, with focused additional variables
- **SSuN investigations**
  - Comprehensive, protocol driven activities designed to inform national surveillance needs
  - SSuN sites report data directly to CDC following rigorous, standardized protocols
- **SSuN enhanced GC investigations will continue in funded project areas**
- **These activities are designed to be complementary rather than overlapping**

STD PCHD Strategy Area I: Conduct surveillance – Congenital Syphilis

4. Conduct CS Surveillance

- Conduct provider and mother follow-up and review medical records of all reported CS cases
- Manage, analyze, and disseminate date on reported CS cases, ensuring capture of epidemiologic core maternal, fetal, and neonatal variables

For areas with **10 or more cases of CS in the previous calendar year**

- 4b. Improve methods to match vital statistics birth and mortality data with syphilis surveillance data
- 4c. Strengthen CS morbidity and mortality case review boards at the local and/or state level

STD PCHD Strategy Area II: Conduct Disease Investigation and Intervention

(Logic Model p. 5)

Strategy Areas	Short-term outcomes	Intermediate outcomes	Long-term outcomes
Conduct disease investigation and intervention	Faster response to STD transmission increases and outbreaks by STD programs **Increased treatment of cases and their partners** **Increased identification of persons living with HIV** Increased knowledge and skills to offer expedited partner therapy (EPT) by targeted providers	Reduced outbreak-related STD transmission Increased use of STD, HIV, and other services by cases and partners Increased offering of EPT by providers Increased use of EPT by partners	Reduced STD transmission and related adverse health outcomes Reduced STD-related HIV transmission

STD PCHD Strategy Area II: Conduct Disease Investigation and Intervention

(NOFO p. 11-14)

6) **Respond to STD-related outbreaks**
7) **Conduct health department disease investigation for pregnant women and other reproductive-age women with syphilis**
8) **Promote Expedited Partner Therapy (EPT) (where permissible) to partners of chlamydia and/or gonorrhea cases**
9) **Conduct health department syphilis disease investigation and intervention for men with syphilis**

STD PCHD Strategy Area II: Conduct Disease investigation and Intervention -- Notes

- **Types of strategies found in this Strategy Area**
  - Outbreak response
  - Health department-based strategies
    - Disease intervention for women of reproductive age with syphilis
    - Disease intervention for men with syphilis
  - Health care-based strategies implemented by our partners in the provider community
    - Expedited Partner Therapy (required where permissible)
- **Linkage to HIV testing, care, or PrEP is included in the disease investigation and intervention framework**

STD PCHD Strategy Area III: Promotion of CDC-Recommended Screening, Diagnosis, and Treatment

(Logic Model p. 6)

Strategy Areas	Short-term outcomes	Intermediate outcomes	Long-term outcomes
Promote CDC-recommended screening, diagnosis, and treatment	Increased knowledge and skill to use recommended screening, diagnosis, and treatment practices by targeted providers	**Increased use of recommended, timely treatment** **Increased screening for STDs** Increased diagnosis of STDs **Increased identification of persons living with HIV**	Reduced STD transmission and related adverse health outcomes Reduced risk of gonorrhea antibiotic resistance Reduced HIV transmission

STD PCHD Strategy Area III: Promotion of CDC-Recommended Screening, Diagnosis, and Treatment (Language pp. 14-16)

10) **Promote quality STD specialty care services**
11) **Promote CDC-recommended treatment**
    - GC
    - Syphilis
12) **Promote CDC-recommended screening, diagnosis, and treatment of STDs among high priority populations**
    - Pregnant Women
    - Adolescents and Young Adults
    - MSM

STD PCHD Strategy Area III: Promotion of CDC-Recommended Screening, Diagnosis, and Treatment -- Notes

- **The NOFO requires the promotion of CDC STD Treatment Guidelines and related practices among providers**
- **New in this NOFO:**
  - Working with STD specialty care clinics to promote quality STD care
  - Assess and assure syphilis treatment
  - Monitor inventory of syphilis treatment (Benzathine Penicillin G)
  - Deliver/provide Benzathine Penicillin G to patients whose providers cannot adequately treat them

STD PCHD Strategy Area III: Promotion of CDC-Recommended Screening, Diagnosis, and Treatment -- Notes

"Funding can be used to purchase and dispense Benzathine penicillin G for the treatment of syphilitic infections among uninsured and underinsured patients and their sex partners whose clinical service providers are not able to administer timely treatment with Benzathine penicillin G." (NOFO p. 15)

- **Operated under medical direction/orders of the public health department or STD program**
- **Requires careful monitoring and documentation of each purchase/use**

STD PCHD Strategy Area III: Promotion of CDC-Recommended Screening, Diagnosis, and Treatment -- Notes

- **No more than 10% of the overall budget amount may be used to support safety net services at governmental or not-for-profit clinics**
  - Unless written approval from CDC
- **Promote comprehensive CDC-recommended STD clinical preventive services for highest priority populations**
  - Pregnant Women
  - Adolescents and Young Adults
  - MSM
- **Programs are expected to prioritize among the Primary Strategies in Strategy Area III, based on local data and context**

STD PCHD Strategy Area IV: Promotion of STD Prevention and Policy

(Logic Model p. 6)

Strategy Areas	Short-term outcomes	Intermediate outcomes	Long-term outcomes
Promote STD prevention and policy	Increased knowledge of STDs and STD services by public and provider community Stronger STD program role in policy discussions	Increased use of STD services by public Improved STD clinical and reporting practices **Improved health department policies for STD prevention**	Reduced STD transmission and related adverse health outcomes

STD PCHD Strategy Area IV: Promote STD Prevention and Policy

(NOFO p. 16-17)

13) Promote STD prevention to the public
14) Promote STD prevention and reporting to provider community
15) Monitor STD-related policies and policy development

STD PCHD Strategy Area IV: Promotion of STD Prevention and Policy -- Notes

- **Cross-cutting role for health department = Serving as a reliable resource on STD prevention and control more generally**
- **To Public**
  - At minimum, a strong website
  - Does not preclude participating in campaigns or other outreach efforts
- **To Provider Community**
  - STD-related news (trends, clinical practices, reporting)
  - Broader, more general than strategies in Strategy Area III
- **To Policy Stakeholders**
  - Monitor, educate, be a resource on relevant policies
  - Policies include health department policies, not just state/local regulations or legislation
  - Lobbying of any kind not permitted

STD PCHD Strategy Area V: Analysis and use of data for program improvement

(Logic Model p. 6)

Strategy Areas	Short-term outcomes	Intermediate outcomes	Long-term outcomes
Analyze and use data for program improvement	**More efficient targeting of STD prevention and care resources and services by STD programs**	Increased effectiveness of high impact STD prevention and control activities	Increased effectiveness, efficiency, and impact of STD prevention

STD PCHD Strategy Area V: Analyze and Use Data for Program Improvement

(NOFO p. 17-19)

16) Conduct epidemiologic analysis, translation, and dissemination

16C) N/A for directly funded cities

17) Conduct data-driven planning, analysis, monitoring, and evaluation for program improvement

STD PCHD Strategy Area V: Analyze and Use Data for Program Improvement -- Notes

- **Elevates data analysis and use to the same level as the other four Strategy Areas to emphasize its importance**
- **Use of epidemiologic and surveillance data to drive decisions and activities**
  - Understand, share, interpret trends in disease, service use, and disparities
  - Complements one under Outbreak, Strategy #6b
- **Use of data-driven planning, analysis, monitoring and evaluation for program and quality improvement**
  - Reviewing other program, cost, & contextual data, as well as surveillance and epidemiology
  - Data should guide allocations of resources and program planning

STD PCHD: Strategy Recap

- **Strategies all required, but flexibility built in**
  - Applicants should prioritize strategies according to local data and context
- **New compared to STD AAPPS**
  - Enhanced surveillance
  - Enhanced treatment programs
  - Promoting quality care in STD specialty care clinics

Gonococcal Isolate Surveillance Project (GISP)

- **Currently "Part B" of STD AAPPS, now moving to ELC cooperative agreement**
  - Required capacity is unchanged from GISP under STD AAPPS
- **Project areas participating in ELC J1: Threat of Antibiotic-Resistant Gonorrhea: Rapid Detection and Response Capacity (SURRG) may not be eligible**
  - Contact Dr. Sancta St. Cyr, GISP Project officer (oew3@cdc.gov) with questions
- **Some project areas may be different under ELC than with the prior STD AAPPS cooperative agreement**
  - Review ELC eligibility prior to applying
- **Complete online application submission using ELC application templates**
  - Applications due: **May 18, 2018**
  - Project areas that were not prior GISP sites are eligible to apply for FY 2018 GISP participation through ELC

Break for questions (chat box only)

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Collaborations

(NOFO p. 19-20)

- **Highlight collaborations with 3 CDC-funded programs**
  - HIV prevention programs
  - NNPTCs
  - NNECS awardee (currently, NCSD)
- **Develop and strengthen collaborations with non-CDC funded federal and non-federal programs to address appropriate strategies across all 5 Strategy Areas**

National Network of Prevention Training Centers (NNPTC): Potential Roles

- Important for Strategy Area III, Promote CDC-recommended screening, diagnosis, and treatment of STDs
- Training, National STD Curriculum, Clinical Consultation Network, QI

www.nnptc.org

National Network of STD Clinical Prevention Training Centers

NNPTC Regional Coverage

NNPTC Regional Coverage	
Alabama/North Carolina PTC	Alabama, Georgia, North and South Carolina
Baltimore PTC	Delaware, District of Columbia, Maryland, Pennsylvania, Tennessee, Virginia, West Virginia
Boston PTC	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, Florida
California PTC	California, Nevada, Arizona, and New Mexico
Denver PTC	Arkansas, Colorado, Louisiana, Mississippi, Oklahoma, Texas, Utah, and Wyoming
New York City PTC	New York, New Jersey, Ohio, Indiana, Michigan, Puerto Rico and the US Virgin Islands
Seattle PTC	Alaska, Idaho, Oregon, Washington, Montana, Minnesota, North & South Dakota
St. Louis PTC	Illinois, Iowa, Nebraska, Kansas, Kentucky, Wisconsin, and Missouri

* Directly-funded cities have the same regional PTC are their state

Evaluation

(NOFO p. 22-27)

- Targeted Evaluation Plans are continuing
- Required 3 TEPs over 5 years
- Project areas can choose any strategies from STD PCHD portfolio
- For application: Just describe proposed topic for 1st TEP and rationale for that topic
- Evaluation Plan due within 6 months of award
- Additional evaluation encouraged

Performance Measurement

(NOFO p. 22-27)

- **Section mirrors logic model**
- **Bolded items in logic model have Outcome Measures proposed here**
- **Also includes some related Process Measures**
  - Not evident in Logic Model

Performance Measurement

(NOFO p. 22-27)

- PDQIB desires more, and more proximal measures , than we had for STD AAPPS
- Measures deliberately not defined in this NOFO
- PDQIB will work with recipients to finalize set of measures, definitions, and reporting schedule

Organizational Capacity

(NOFO p. 27-29)

Applicants need appropriate

- Organizational structure
- Infrastructure (e.g. IT systems)
- Staffing plan
- Staffing development plan
- Management approach

Work Plan

(NOFO p. 29-30)

- **Application work plan requires two parts**
  - 5-year high-level work plan
  - More detailed Year 1 work plan
- **Templates for these are on STD PCHD website**
  - Recommended, not required
- **Templates intended to streamline application and facilitate use of information**
- **Template orientation webinars scheduled:**
  - Two identical trainings offered twice: May 18 and May 24

Funding Restrictions (NOFO p. 43-44)

In additional to common funding restrictions, STD PCHD funding may not be used for:

- HIV PrEP medication
- Family planning medication
- STD treatment other than Benzathine Penicillin G

Break for questions (chat box only)

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Application Components

(NOFO p. 58)

- **Narrative (15 pages)**
  - Approach
  - Evaluation & Performance Measurement Plan
  - Organizational Capacity
- **Work plan (25 pages)**
  - 25 page limit, as PDF version of a table format such as Excel template
  - Reach out to PDQIB if having trouble with this recommended limit
- **Required attachments**
- **Budget**
- **Other required administrative documents**

Correct information on page limits is on page 58

Approach

Where to look for guidance	• Outcomes (NOFO p. 6-7) • Strategies and Activities (p. 8-19) • Collaborations (p.19-20) • Target Population and health disparities (p.20-21)
What to include in application narrative	• Cogent background on project area's STD epidemiology • Cogent statements about project area's priorities and target populations • Describe collaboration status with NNPTCs, NNECS (NCSD), and HIV surveillance and prevention awardees • Describe collaboration status with other highest priority non-CDC funded partners • Add only pertinent information not included in work plan
Related documents	• Work plans

Evaluation and Performance Measurement

Where to look for guidance	• CDC Evaluation and Performance Measurement (NOFO p. 22-25) • Applicant Evaluation and Performance Measurement (p. 26-27)
What to include in application narrative	• Feedback on proposed outcome (not process) measures • Suggestions for other measures • Proposed topic for first TEP (not a full plan) • Other evaluation work you plan to pursue
Related documents	• None

Organizational Capacity

Where to look for guidance	• Organizational capacity of recipients to implement the approach (NOFO p. 27-29)
What to include in application narrative	• Description of organizational and IT infrastructure • Outline of key staff, skills/ experience, ability to do work in each of 5 Strategy Areas • Description of project management infrastructure and approach
Related documents	• Org charts • CVs of key personnel • Letter of concurrence/agreement (if relevant) • Confidentiality certificate

Budget and Budget Narrative

Where to look for guidance	• NOFO p. 41-44 • Budget Preparation Guidance: https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.pdf
What to include in application narrative	• All items listed in the Budget Preparation Guidance • Proper justification for all budget elements and their relationship to NOFO requirements
Related documents	• See CDC Grants website https://www.cdc.gov/grants

Suggested Approach to Developing the Application

- **Read NOFO entirely**
  - Flag directions provided for each section
- **Ask questions to DSTDP as needed (std_pchd@cdc.gov)**
  - Consult STD PCHD websites
- **Attend a work plan template training**
- **Start with high level 5-year work plan, then move to year-one work plan**
- **Complete narrative to complement, not repeat, the work plan content**

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NOFO main website

https://www.cdc.gov/std/funding/pchd/default.htm

You will find:

- Link to NOFO
- Funding Table
- Work Plan templates
- NOFO-related webinar slides/recordings
- NOFO fact sheet
- Q&A

Grants.Gov

- **Instructions for using Grants.Gov**

https://www.grants.gov/web/grants/applicants/apply-for-grants.html

- **Official designation in Grants.Gov:**

  CDC-RFA-PS19-1901

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  Department of Health and Human Services
  Centers for Disease Control - NCHHSTP

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