

# Identifying Promising Practices for Congenital Syphilis Prevention

December 17, 2019

# Agenda

1. Welcome
2. Introduction from CDC's Division of STD Prevention (DSTDP)
3. Presentation of the RFA
4. Q&A

# Addressing Congenital Syphilis

- National increases in congenital syphilis
  - 1,306 reported cases in 2018, up from 918 cases in 2017
  - Parallels increases in P&S syphilis among women
- Congenital syphilis is occurring at the local level
  - Highly concentrated geographically in a few states and counties
  - In 2018, 41 states (82%) reported  $\geq 1$  case of CS\*
  - In 2018, 322 counties (10%) reported  $\geq 1$  case of CS\*\*
    - $\uparrow$  from 2017, 255 counties (8%) reported  $\geq 1$  case of CS
  - In 2018, 47 counties reported at least 5 or more CS cases\*\*
    - $\uparrow$  from 2017, 42 counties reported 5 or more CS cases

\*National CS case report data; all states reporting

\*\*Unpublished CS case report data; all states reporting

# Local Efforts are Key

- Support implementation of interventions to address congenital syphilis
  - Focus on key areas of congenital syphilis prevention
  - Innovative or novel approaches
- Help evaluate strategies and identify promising practices
  - Build the evidence base for STD programs around certain program activities/strategies and of related outcomes





# Intended Outcomes

## Primary

- Stronger evidence base for certain STD program strategies
  - What works (outcomes associated with strategies)
  - How to do it (barriers and facilitators to implementation)

## Secondary

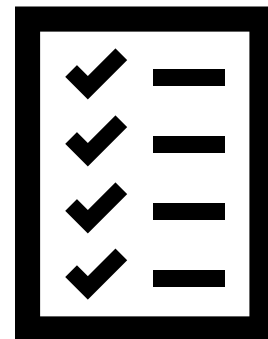
- Increased collaboration and communication among awardees about effective interventions

# Identifying Promising Practices for Congenital Syphilis Prevention

## Request for Applications



- **What:** to support potential interventions for addressing congenital syphilis
- **Who:** local health departments
- **Funding available:** up to \$25,000 per health department
- **Timeframe:** plan for approximately 12 months of implementation with initial phase to be completed by July 31, 2020



# Request for Applications

## Intervention Guidance and Requirements







# Guidance and Requirements

Project will fund implementation and evaluation of scalable interventions that focus on one or more of the following areas:

- Improving support for pregnant people with syphilis
- Improving support for pregnant people without syphilis
- Improving support for individuals with syphilis who could become but are not currently pregnant

### **Pregnant, with syphilis**

- STD treatment
- Partner services
- Primary STD prevention
- STD retesting
- Prenatal care
- Case management, referrals, and linkages

### **Pregnant, without syphilis**

- STD testing
- Primary STD prevention
- Prenatal care
- Case management, referrals, and linkages

### **Not pregnant, with syphilis**

- Pregnancy testing
- STD treatment
- Partner services
- Primary STD prevention
- Pregnancy intention assessment
- Family planning (delay/avoid pregnancy) or preconception care (seek pregnancy)
- Case management, referrals and linkages

### **Not pregnant, without syphilis**

- Pregnancy testing
- STD testing
- Primary STD prevention
- Family planning (delay/avoid pregnancy) or preconception care (seek pregnancy)
- Case management, referrals and linkages

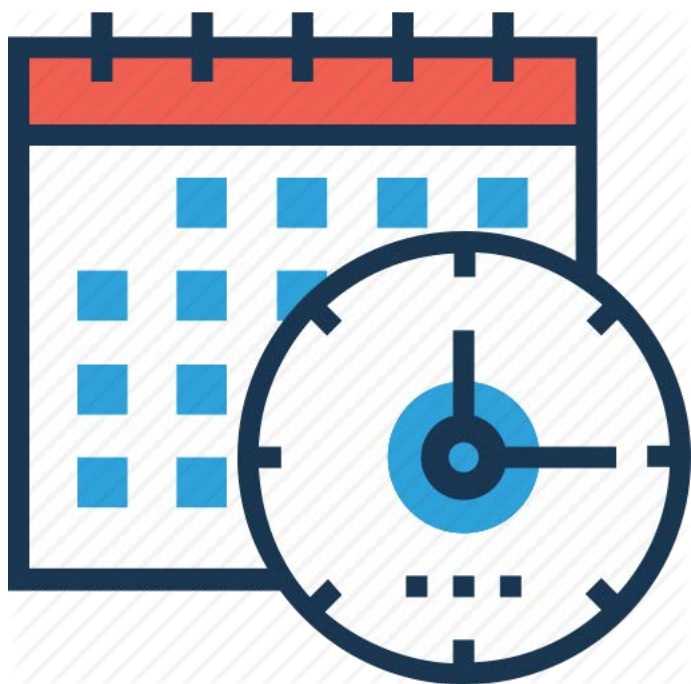
**Not a focus of this project**

# Priority will go to proposals that are:

- ✓ Ready for implementation.
- ✓ Feasible across the country.
- ✓ Promising, to affect outcomes.

# Intervention Timeframe

- Plan for approximately 12 months of implementation with an initial phase to be completed by July 31, 2020



# Request for Applications

## Requirements and Evaluation Guidance



# Awardee Requirements

During project period, awardees will:

- Ensure that relevant local stakeholders are aware, engaged, and informed appropriately
- Finalize a plan to implement the innovation or improvement
- Finalize a plan to evaluate the implementation
- Implement the innovation or improvement
- Implement the evaluation plan
- Provide relevant staff and enough staff time to manage the project in collaboration with NACCHO and CDC/DSTDP

# Components and Outcomes

Program Components	Menu of Outcome Measures
Pregnancy testing	<ul style="list-style-type: none"> <li>More timely and complete identification of pregnancy status</li> </ul>
Determination of pregnancy intention	<ul style="list-style-type: none"> <li>Increased assessment of pregnancy intention</li> </ul>
STD testing	<ul style="list-style-type: none"> <li>Increased syphilis screening rates</li> <li>Increased syphilis case finding</li> </ul>
STD treatment	<ul style="list-style-type: none"> <li>More timely and adequate syphilis treatment</li> </ul>
Partner services	<ul style="list-style-type: none"> <li>Increased syphilis case finding</li> <li>Increased partners treated (or prophylactically treated) for syphilis</li> <li>Increased disease intervention rate</li> </ul>
Case management, referrals or linkages to prenatal care, case management, family planning, preconception health services, or other services (as needed)	<ul style="list-style-type: none"> <li>Increased linkage - i.e. completed referrals - to these services (family planning, preconception health, others)</li> <li>More timely and adequate prenatal care</li> </ul>

# Evaluation Questions

- How feasible was the innovation or improvement to implement?
- What barriers and facilitators affected successful implementation?
- To what extent did the innovation or improvement reach its intended targets and outcomes?





# Evaluation Design

- Evaluation design will depend on intervention approach.
- Applicants should propose basic evaluation design in their application. If funded, applicants will work with NACCHO and DSTDP to finalize and implement design.
- Priority will go towards proposals whose evaluation plans are:
  - Mixed methods
  - Streamlined
  - Outcome-oriented



# NACCHO/CDC Role



During the project period, NACCHO and CDC will provide:

1. Technical assistance to facilitate project planning, implementation, data collection and analysis, and reporting
2. Analysis of reported data
3. Synthesis of evaluation findings across jurisdictions
4. Provision of templates for dissemination/summary products
5. Coordination of dissemination back to recipients and to the broader community of STD programs

# Timeframe and Key Project Deliverables



# Key Dates

Event	Date
RFA Release	November 2019
Informational Webinar for Potential Applicants	December 17, 2019
Application Submission Deadline	January 10, 2020
Telephone Interviews with Finalists (as needed)	Late January 2020
Anticipated Award Notification	February 2020
Anticipated Contract Start	March 2020
Implementation and evaluation period	Ongoing
Dissemination of results	Ongoing

# Key Project Deliverables

- Final implementation plan
- Final evaluation plan
- Clean, aggregate summaries of all data collected under the evaluation plan
- Electronic copy of written protocols, procedures, tools, or job aids that were used to implement/guide the innovation or improvement
- Written summaries of results and lessons learned

# Review and Selection



# Proposal Format

- Application should not exceed 8 pages (single-spaced in Times New Roman 12-point font)
- Should include:
  - Background
  - Description of innovation/improvement
  - Initial Evaluation Plan
  - Key Staff and Partners

Deadline to submit applications is 1/10/20 by 11:59pm PDT and should be submitted as single PDF via email.

# Attachments

- Required: proposed budget, with justification
- Optional:
  - Letters of support from any key partners critical to implementation or evaluation
  - Additional information including but not limited to logic models, theories of change, evaluation instruments, educational materials, etc.



# Selection


NACCHO and CDC will review and score applications in accordance with:

- Evidence of need
- Extent to which proposed activity is ready for implementation, feasible, and promising for affecting outcomes
- Extent to which proposed evaluation is mixed methods, feasible, and outcome-oriented
- Amount and relevant experience of key staff or partners responsible for carrying out project activities



# Questions and Answers





If you have additional questions after this webinar, please reach out to Rebekah at NACCHO ([rhowitz@naccho.org](mailto:rhowitz@naccho.org)).

A recording of this webinar will be posted on the NACCHO website as well a Q&A document.

Thanks!

# MIP Collaborative Workgroup

To facilitate the coordination and planning of these efforts, NACCHO will convene the **Maternal-Child, Infectious Disease, Preparedness (MIP) Collaborative Workgroup**. The Workgroup will discuss the persistent and emerging issues in the field and explore the variations, gaps, and promising practices in coordinating response and surveillance activities among preparedness, infectious disease, maternal-child health, and birth defects programs.

**Membership:** The MIP Collaborative Workgroup will be comprised of local health department officials and health department staff with expertise and interest in the intersectionality of preparedness, infectious disease, maternal-child health, and/or birth defects.

**Time Commitment:** The workgroup will convene bi-monthly via conference call. In addition, members will be requested to contribute to reviewing tools, resources, best practices, and other programmatic materials. The workgroup term is through August 31, 2020. Continuance of the workgroup beyond this term period is dependent upon available funding.

**If you would be interested in joining the MIP Collaborative Workgroup, please contact Kimberly Scott ([ksharpe-scott@naccho.org](mailto:ksharpe-scott@naccho.org)) by Friday, December 20 with a brief description of your experience and the issue(s) that you are interested in addressing on the workgroup.**