



REQUEST FOR APPLICATIONS

Community Engagement to Strengthen Approaches to Decreasing Syphilis Among American Indian/Alaska Native Populations

National Association of County and City Health Officials (NACCHO)

Release Date: Feb 3, 2023

Due Date: March 3, 2023

For questions about the Request for Applications (RFA), contact Rebekah Horowitz, Director, STI Programs, at rhowitz@naccho.org.

Summary Information

Project Title: Community Engagement to Strengthen Approaches to Decreasing Syphilis among American Indian/Alaska Native Populations

Proposal Due Date and Time: March 3, 2023

Informational Webinar: February 22, 2023 ([registration](#))

Source of Funding: Centers for Disease Control and Prevention

NOA Award No.: 5 NU38OT000306-05-00

Funding Amount: \$75,000-150,000 per jurisdiction

Estimated Period of Performance: 12 months

Point of Contact for Questions: Rebekah Horowitz (rhowitz@naccho.org)

Key Dates

Event	Date
RFA Release	February 3
Informational Webinar for Prospective Applicants	February 22
Application Submission Deadline	March 3
Anticipated Award Notification	April 3
Project Period	12 months

Overview

The National Association of County and City Health Officials (NACCHO) is the voice of the nearly 3,000 local health departments (LHDs) across the country. These city, county, metropolitan, district, and tribal departments work to protect and improve the health of all people and all communities. NACCHO provides capacity-building resources that support LHD leaders in developing and implementing public health policies and practices to ensure communities have access to the vital programs and services that protect them from disease and disaster. Additionally, NACCHO engages with federal policymakers on behalf of LHDs to ensure adequate resources, appropriate public health legislation, and sensible policies are in place to address the myriad of public health challenges facing communities.

In partnership with the Centers for Disease Control and Prevention's (CDC) Division of STD Prevention (DSTDP), **NACCHO is pleased to offer a funding opportunity to county, city, or tribal health departments (including IHS facilities) to engage the community to develop or tailor a plan to decrease syphilis in American Indian/Alaska Native (AI/AN) population.** Through this opportunity, NACCHO will fund up to 3 health departments to examine their local syphilis burden and implement a community engagement process that leads to the development of a plan to reduce syphilis burden in their jurisdiction specifically in the AI/AN community. Plans to reduce syphilis burden and barriers to sexual health services for uninsured, underinsured, and other populations disproportionately affected by syphilis, may be considered for implementation if support becomes available. Applications should be submitted via [this portal](#).

Background

Community engagement is pivotal for public health, and the cornerstone of this funding opportunity. It is a process that seeks out insight from the community into their own needs and priorities. In the case of syphilis, involving community members, including people with lived experience, in a community engagement and planning process can identify challenges that contribute to the increases in syphilis, reduce stigma and help improve sexual health literacy, as well as facilitate opportunities to develop or enhance interventions that can contribute to better sexual health outcomes (e.g., decreasing syphilis,

congenital syphilis, HIV, and/or other STIs).

Since the community is the recipient of syphilis prevention and control services, their engagement in service design improves responsiveness and effectiveness and promotes service buy-in and utilization. Involving community in a public health response promotes awareness in the community of the epidemic and builds community capacity and understanding of how to respond. Community involvement also builds community leadership and human resources: it places community advocates in positions where they can learn about the epidemic, how to work with others in the community, how to articulate a position, etc.

In the case of syphilis reduction, community engagement is particularly relevant as health care systems built for the general population often exclude those marginalized and disenfranchised populations, which are most at risk for syphilis. As CDC's [Call to Action: Let's Work Together to Stem the Tide of Rising Syphilis in the United States](#) describes, promoting testing and treatment to providers and performing partner services/intervention activities alone has not worked to curb rising syphilis rates over the last 10-12 years. Therefore, it is especially important that community input is gathered to design systems that work for them.

American Indian/Alaska Native Populations in the United States

American Indian/Alaska Native (AI/AN) tribes are recognized as sovereign political nations within the United States. Currently, there are 574 federally recognized tribes and over 100 more that are state recognized. Federally recognized tribal nations have the sovereign right to self-governance of their lands and members and maintain a direct political relationship with the US federal government.¹

AI/AN tribes have their own cultures, histories, languages, and world views that are visible and flourishing in the present. An estimated 9.7 million persons – 2.9% of the US population – identify as AI/AN, either alone or in combination with other races or ethnicities.² Approximately 70% of AI/AN people live in urban spaces and 30% live on tribal lands including reservations, off-reservation land trusts, tribal statistical areas, or within an Alaska Native Regional Corporation's land holding.³

Today's healthcare facilities for AI/AN people, known as the Indian Health System, have emerged as 'the first and largest prepaid health plan in history, paid for by the land and resources given up by tribal nations'.⁴ This decentralized constellation of federal, tribal, and urban medical centers serves 2.6 million AI/AN people in 37 states, and is administered by the Indian Health Service (IHS), a federal agency.⁵ Although AI/AN people can access health care outside the Indian Health System, its facilities are often the only option on geographically isolated tribal nations and for AI/AN people who do not have public or private health insurance.⁶ Medical services within the Indian Health System are provided at no financial cost to the individual AI/AN person. Healthcare resources are limited across the Indian Health System in the context of annual per capita healthcare expenditures of approximately US\$4000, compared with the US national average of US\$9409.⁷ The Indian Health System is also understaffed, with 25% of provider positions vacant.⁸ These and other resource limitations severely constrain the ability of Indian Health System facilities to provide ambulatory, emergency, and inpatient services.

The higher rates of STIs, including syphilis, among racial and ethnic minority groups as compared to whites has long been shown.^{9,10} These higher rates are not caused by ethnicity or heritage but by social conditions that are more likely to affect minority groups such as poverty, wealth and income gaps, fewer jobs, and lower levels of education.¹¹ American Indians and Alaska Natives are likelier to face barriers to accessing healthcare and those barriers are associated with increased risk for syphilis

as well as a host of other preventable health conditions.

Collaboration between Indian Health System clinics and state and county STI programs are required to facilitate testing/screening, treatment, case investigation, and the delivery of partner services (notification of exposure and referral to care) to persons diagnosed with STIs.¹² Tribal, county, state and federally assigned disease intervention specialists can deliver partner services and treatment referrals for AI/AN populations, and providers within all these systems can provide testing and treatment to these populations. [The 2021–25 National STI Strategic Plan](#) calls for improved support to AI/AN populations, and recent increases in federal funding for public health capacity building include disease intervention staff.¹³ Tribal and federal Public Health Nurses (PHN) frequently serve in many roles to combat the spread of STIs in AI/AN communities; these include case-finding, therapeutic and preventive interventions. Per patient referral and follow up, field staff may be needed to conduct home visits for STIs and other communicable disease investigation and assess and treat patients according to established protocols, in consultation with their referral provider. This is critical to manage and prevent the spread of STIs in part because of the ability to conduct visits outside of clinical settings such as a in patient’s home, homeless shelters, on the streets, in corrections, or at health fairs where patients may be more comfortable receiving services.

Syphilis

Syphilis is a sexually transmitted infection (STI) that develops through several stages and can spread through direct contact with a syphilis sore during vaginal, anal, or oral sex, and from a pregnant person to a fetus. When syphilis goes untreated among pregnant people, it can result in serious illness and [congenital syphilis](#), a severe fetal outcome that can be fatal and is the 2nd leading cause of preventable stillbirth globally. In adults, syphilis in its late stages can cause damage to the brain, heart, eyes, nerves, blood vessels, liver, bones, and joints, and can be fatal. Additionally, STIs and syphilis have been linked to an increased chance of developing HIV. In one study, men who tested positive for syphilis had an increased chance of acquiring HIV by the end of the study period when compared with those who tested negative for syphilis.¹⁴ Fortunately, syphilis can be treated with penicillin. However, access to timely treatment is important to avoid serious health effects that are associated with the infection.

In terms of racial and ethnic disparities, one of the greatest increases was among non-Hispanic American Indian/Alaska Native people.¹ In 2021, among women, non-Hispanic American Indian or Alaska Native women had the highest rate of reported syphilis (21.3 per 100,000). This was a 57.5% increase from 2020 a year in which the population was also the highest burdened. Non-Hispanic American Indian or Alaska Native persons had the greatest 5-year increase in rates of reported cases of primary and secondary syphilis (11.0 to 42.2 per 100,000; 283.6% increase from 2017).

At the same time, [congenital syphilis](#) continues to be a concern in the United States.¹ According to the *Preliminary 2021 STD Surveillance Data*, there were 2677 cases of congenital syphilis reported in 2021, and this included 149 congenital syphilis-related stillbirths and infant deaths.¹⁵ In 2021, the highest rate of reported cases of congenital syphilis was among mothers who were non-Hispanic American Indian or Alaska Native (363.7 cases per 100,000 live births, 76.8% increase from 2020). Between 2014 and 2018, the rate of reported congenital syphilis among American Indians and Alaska Natives (AI/AN) had also increased 500% (13.2 to 79.2 cases per 100,000 live births.) These higher rates are not caused by ethnicity or heritage but by social conditions that are more likely to affect minority groups such as poverty, wealth and income gaps, fewer jobs, and lower levels of education.¹⁶

Interventions to Decrease Syphilis Cases

Given the high and increasing rates of syphilis and congenital syphilis in AI/AN populations, additional interventions are needed to decrease syphilis cases across the United States. Historically, public health efforts to address syphilis have consisted of disease investigation efforts, as well as encouraging syphilis testing throughout pregnancy to avoid transmitting the infection from pregnant person to fetus—especially via post-incident case reviews or physician detailing. New, community-identified, and community-led, targeted interventions are needed, and the goal of this funding is to enable LHDs to support the community in determining them.

There is a growing shift to approaches to program implementation and health research with AI/AN communities, whereby emphasis is placed on community participation that promotes indigenous epistemologies and wellness practices. The focus of this project is a community-informed approach to designing, adapting, and/or tailoring intervention efforts to decrease syphilis cases among AI/AN communities. The complex factors that influence STIs in AI/AN communities require novel, tribe-specific interventions and likely will demand a cross jurisdictional approach including tribal health departments, county/city health departments, state health departments, regional health boards, and others. Interventions that are identified will need to elevate culturally relevant approaches and leverage the interconnectedness of the individual, family, community, and larger systems to prevent STIs. Current research on Indigenous-centered intervention science recommends multi-level approaches to reduce health disparities that are: (1) multi-sectoral; (2) evidence-based and grounded in historical, contemporary, and cultural contexts; (3) sustainable with adequate financial resources; and (4) engage tribal governance in implementing trauma-informed policies and programs.¹⁷ Innovative community solutions to address sexual health will need to leverage websites and mobile health (mHealth) technologies to make culturally relevant education and prevention resources accessible to AI/AN people regardless of how rural the area is in which they reside.¹⁸

Scope of Work and Requirements

This project requires a community-informed approach to design, adapt, and/or tailor intervention efforts to decrease syphilis cases in local jurisdictions. Funded jurisdictions must engage community members for input and feedback in developing or adapting a plan to reduce syphilis burden in their jurisdiction. Additionally, funded jurisdictions will participate in an evaluation of the project approach and plan development. The evaluation will include interviews with staff conducted by NACCHO staff to understand how the process worked and what would have made it work better. The results of this evaluation will inform the implementation of the plan and quality improvement efforts for their own and other jurisdictions.

Recipient Activities

Recipients will develop a syphilis reduction plan for the community based on the identified high-priority subpopulation. This should be done using [community engagement principles](#) to guide the approach, involve the priority population(s), and inform the tailoring of intervention strategies. Recipients are expected to include the affected community as active participants in their activities to inform the development of a health department plan to decrease syphilis, including the formative data collection process. Several activities may be involved in the formative data process including but not limited to establishing a community advisory board or task force, identifying community liaisons, or convening community partners, such as via town hall meetings, focus groups, etc. Recipients should propose activities that implement the strategies listed below, including the identified sub-activities:

Applicant strategies and activities should include:

1. Build community connections to identify, reach and involve populations disproportionately affected by syphilis and mobilize public health partners to actively engage in addressing syphilis.
 - Identify a specific subpopulation, affected by syphilis or congenital syphilis, to involve in community engagement activities. (e.g., people who are unsheltered, who use drugs, are in corrections, or are pregnant, youth, men who have sex with men (MSM), or others as identified via local data.)
 - Conduct formative data collection (e.g., assessments), as needed, of the community engagement process. Data will be used to inform the development of a plan to decrease syphilis, including development or adaptation of existing interventions.
 - Design an equitable process to ensure meaningful community involvement in developing the plan and designing or adapting interventions to decrease syphilis that are tailored for the prioritized population(s).
 - Establish and/or engage with community advisory group(s) that reflect the populations affected by syphilis disparities.
 - Inform community members and stakeholders of the impact of syphilis and public health efforts, by utilizing local data.
 - Leverage collaborations with public health partners and other partners that work with uninsured and other populations disproportionately impacted by syphilis (e.g., non-profits, community-based organizations, correctional facilities, academic institutions, social services, etc.) to increase future linkage to support services associated with syphilis risk (e.g., pre-exposure prophylaxis (PrEP) referral, substance use treatment, mental health services, housing instability, etc.). **If the applicant is not a tribal health provider (tribal health department or IHS facility), partnership with an organization that works with the community is required and must be shown.**
2. Develop a community-informed plan to decrease syphilis that is tailored to the affected community and addresses the issues identified during the community engagement process.
 - Focus the plan to reduce syphilis burden on the specific subpopulation(s) who were involved in community engagement activities.
 - With community members, explore innovative intervention strategies that could be adapted and utilized in syphilis prevention efforts among the prioritized population(s), this may include communication/social marketing strategies.
 - Sites may have the opportunity to receive additional technical assistance to support communication activities as part of the development of their plan to reduce syphilis burden.
 - With the community, design and conduct or utilize an existing environment scan of the local healthcare infrastructure, community-based organizations, and associated services that support syphilis prevention
 - Conduct or utilize an existing recently conducted community needs assessment among populations disproportionately affected by syphilis.
 - Describe how prevention resources and services will be adapted to increase access to quality syphilis screening and treatment by:
 - Adopting and adapting evidence-informed intervention strategies, identified during the engagement process, that could decrease syphilis and promote sexual health practices within the target community.

Support and Technical Assistance

NACCHO will collaboratively work with CDC. NACCHO will provide ongoing support to awardees in the form of:

- Technical assistance via conference calls and/or webinars to facilitate project planning, implementation, data collection and analysis, and reporting;
- Review and discussion of project planning, as well as provide technical assistance (as needed);
- Input and feedback on community engagement and plan development activities, protocols, workplans, and evaluation;
- Analysis and evaluation of data/findings;
- Provision of templates for reports, as well as dissemination/summary products; and
- Coordination of dissemination back to recipients and to the broader community of STD Programs.

Additionally, NACCHO will develop resources and materials based on project findings to disseminate broadly to LHDs and other STI and pharmacy stakeholders across the country.

Funding Overview and Timeline

Up to 3 entities will be awarded between \$75,000 and \$150,000 to enhance their planning activities to support the priorities and goals of CDC's [Call to Action: Let's Work Together to Stem the Tide of Rising Syphilis in the United States](#) supporting a multi-sector response. The selection of sites will be based on demonstration of need and background, including a high burden of congenital syphilis and/or high rates of syphilis.

Applications must be submitted by **March 3, 2023, at 11:59PM PT** via [this link](#), and selections will occur by the end of March 2023. All necessary information regarding the project and application process is outlined in this Request for Applications (RFA).

NACCHO will host an optional informational webinar for potential applicants on February 22, 2023, to review the RFA and respond to questions. Interested participants can register [here](#) to attend. Please note that no new information will be shared during the webinar and applicants do not need to wait for this optional webinar to begin or submit applications.

Eligibility and Contract Terms

This RFA is open to health departments that demonstrate either a burden of primary and secondary syphilis and/or congenital syphilis or a trend indicating a rapid increase in rates of either within the priority population or geographic area over a specific time. This should be demonstrated via 2020, 2021, or 2022 data (whichever is the most recently available) of congenital and/or primary and secondary syphilis. Within the application, please state the selected geographic area and priority population(s) which will be the focus for engagement in this project, and how they were identified, including the syphilis burden. This should include relevant surveillance, epidemiologic, and sociodemographic data describing the syphilis burden, as well as available healthcare resources in the community. Indicate if the priority population(s) or geographic area is in an EHE jurisdiction, and the syphilis burden in the local area.

Applicants should plan for 12 months of project activity including community engagement, process evaluation efforts, and the development of an actionable plan for decreasing syphilis which is responsive

to input from the community. Projects will begin on the date of contract execution. NACCHO will pay the selected project areas upon receipt of deliverables per the payment schedule identified in the scope of work. Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

Sites should focus on developing a plan to address syphilis that is in alignment with their local epidemiology, healthcare infrastructure and supportive services environment, as well as identified community needs. Sites should have the capacity to fully implement the planning process, even if that means bringing in resources from outside the health department (e.g., state, academic, or other partners). Funding may not be used to hire a new DIS to work cases or to provide cash incentives to participants. Funds may be used to support staff activities focused on supporting this project or gift card incentives for community members. NACCHO standard contract language can be found [here](#) if needed.

Information that should be included in the application is outlined below. Applications should be submitted here.

1. Background and Need (500-750 words)

- a. Describe your jurisdiction, including an overview of your community, epidemiological and socio-demographic data describing the population(s) affected by syphilis, and a description of syphilis positivity rates or trends in increases of syphilis or congenital syphilis in your community. Also, indicate if your jurisdiction is an EHE jurisdiction and whether there is a community engagement process currently happening as part of that work.
- b. Describe the area(s), and characteristic(s) of the population affected by syphilis based on surveillance data
- c. Describe current interventions implemented, services offered, and healthcare resources available within your community to address and decrease syphilis rates.
- d. Describe how this project will help eliminate health disparities in your community.

2. Project Design, Implementation, and Monitoring (1000-1500 words)

- a. Describe project goals and objectives and state how those objectives will be achieved during the project period.
- b. Describe the plan to engage community stakeholders in the development process.
 - i. Explain how you will ensure that people with lived experience and/or most impacted by syphilis are a part of the plan development process, and what steps you will take to make the planning process accessible to them.
 - ii. Explain how the role the community will have in the planning process will be meaningful (i.e., how you will remain accountable to community input and/or assure community power in decision-making).
- c. Describe your capacity to implement the community engagement process and/or who you will partner with to do this (e.g., local university students, community-based organization partners, etc.). If you are applying and are not a tribal health department or IHS facility, describe what organizations within the AI/AN community you will partner with to engage the community.
- d. Describe existing and/or proposed partnerships. Describe how these partnerships will be critical to the implementation of the approach outlined in this proposal, especially existing relationships with state-level public health, academic, and/or community partners that can assist with community engagement/planning efforts. Please include

letters of support from proposed partners.

- e. Describe your plan to measure progress against project goals, objectives, and outcomes.
- f. Include a workplan with activities outlined to achieve your goals and objectives, as well as a clear timeline of those activities.
- g. Indicate agreement to work with NACCHO/CDC to conduct a process evaluation of the community engagement process.

3. Long-term Sustainability Plan (500 words)

- a. Describe how the project aligns with or will contribute to the ongoing activities of your program and any possible enhancements.
- b. If no additional funding becomes available to implement your plan, describe how this process will inform future activities at your health department.

4. Key Staff (500-750 words)

- a. Describe key staff that will manage the project. Include information regarding staff roles, as well as relevant experience.
- b. Describe key staff that will be responsible for the implementation of the project, including staff roles, as well as relevant experience.

Selection Criteria

Applicants will be reviewed and scored in accordance with the following criteria (out of 50 points):

- The extent to which the applicant: (15)
 - a. Clearly describes how the selected geographic area and priority populations were identified for this project **including** changes in syphilis burden within the selected priority populations or geographic area
 - a. Describes an approach that clearly makes sense given the applicant’s local context and STD epidemiology
 - b. Defines and addresses the target population(s) based on geographic area and priority population identified by the purpose of this project, including relevant surveillance, epidemiologic and sociodemographic data as well as available health care resources in the community
- The extent to which the applicant: (15)
 - a. Describes strategies and activities that could reasonably be expected to develop a syphilis reduction plan that reflects the community priorities within the implementation period.
 - b. Presents a project approach that is likely to engage and retain community members with lived experiences and/or most impacted by syphilis in the planning process and assures them a meaningful role in the decision-making process for the plan.
 - c. Describes strategies and activities that could reasonably be expected to achieve the engagement and retention of partners that can assist with community engagement and planning efforts in the period of performance.
 - d. Provides a reasonable and feasible plan for measuring progress against project goals and objectives.
- The extent to which the applicant: (20)
 - a. Provides a coherent and complete work plan, including [evaluation](#), that aligns with the applicant’s proposed strategies and activities, and outcomes for required strategies
 - b. Describes existing relationships with state-level public health, academic, and community partners that can assist with community engagement efforts. **If the applicant is not a**

tribal health department, demonstrates meaningful partnership with AI/AN organization.

Beyond these scored areas of the application, the applicant’s budget will also be taken into consideration. Although the budget will not be scored, it will be evaluated based on how it is aligned with the proposed strategies and activities outlined in this document.

Submission Instructions

The deadline to submit applications is March 3, 2023, at 11:59pm PT. Proposals should be submitted via [this application portal](#).

Supplemental Resources for Application Development

- [Home | Principles of Community Engagement | ATSDR \(cdc.gov\)](#)
- [Engage the Community | Tools for Successful CHI Efforts | CDC](#)
- [Community Engagement | HIV | CDC](#)
- [A Practitioner’s Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease; Section 1 \(cdc.gov\)](#)
- [Critical Elements of Community Engagement: Sexually Transmitted Diseases \(lww.com\)](#)
- [USING COMMUNITY-BASED PARTICIPATORY RESEARCH TO DEVELOP AN INTERVENTION TO REDUCE HIV AND STD INFECTIONS AMONG LATINO MEN - ProQuest](#)
- [Community Engagement and HIV Prevention with American Indian/Alaska Native Communities: Working with the Whole Person | SpringerLink](#)
- [Using community-based participatory research to address STI/HIV disparities and social determinants of health among young GBMSM and transgender women of colour in North Carolina, USA - Mann-Jackson - 2021 - Health & Social Care in the Community - Wiley Online Library](#)
- [Chapter 7: Evaluating the Community Engagement Process | Principles of Community Engagement | ATSDR \(cdc.gov\)](#)

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