REQUEST FOR APPLICATIONS

IDENTIFYING PROMISING PRACTICES FOR CONGENITAL SYPHILIS PREVENTION, COHORT 2

National Association of County and City Health Officials (NACCHO)

Release Date: August 17, 2020

Due Date: September 14, 2020*

*if this due date is a problem for your jurisdiction,
please reach out well in advance of the deadline to discuss options.

For questions about the Request for Applications (RFA), contact Rebekah Horowitz, Senior Program Analyst, HIV, STI, & Viral Hepatitis, at rhorowitz@naccho.org.

I. Overview

The National Association of County and City Health Officials (NACCHO) represents the nation's nearly 3,000 local health departments (LHDs), which work to protect and improve the health of all people and all communities. NACCHO's HIV, STI, and Viral Hepatitis program aims to strengthen the capacity of LHDs to prevent, control, and manage HIV, STIs, and hepatitis in their communities. NACCHO supports these efforts by providing technical and capacity building assistance, developing and disseminating tools and resources, facilitating peer information exchange, and providing learning opportunities.

To galvanize local efforts to address rising rates of congenital syphilis, NACCHO, with support from the Centers for Disease Control and Prevention (CDC) Division of STD Prevention (DSTDP), will fund four (4) LHDs up to $25,000 to implement and evaluate promising approaches to congenital syphilis prevention over a 12-month period. Findings will be shared broadly with STD programs across the country.

An initial cohort of LHDs was funded under a similar RFA issued by NACCHO in November 2019. This RFA funds a second cohort to conduct a narrower scope of work.

II. Problem Statement

Congenital syphilis is a disease that occurs when a pregnant person with syphilis passes the infection to the fetus during pregnancy. Congenital syphilis can cause miscarriage, stillbirth, prematurity, low birth weight, or death shortly after birth. The impact of congenital syphilis depends on how long a pregnant person had syphilis and if — or when — treatment for the infection was received. Up to 40% of babies born to pregnant people with untreated syphilis may be stillborn or die from the infection as a newborn.[1]

After a steady decline from 2008–2012, data show a sharp increase in congenital syphilis rates. Since 2013, the rate of congenital syphilis has increased each year. In 2018, there were a total of 1,306 reported cases of congenital syphilis, including 78 syphilitic stillbirths and 16 infant deaths. The national rate of 23.7 cases per 100,000 live births in 2018 represents a 185% relative increase over 2014. This increase in the congenital syphilis rate has paralleled increases in primary & secondary syphilis among all women and reproductive-aged women during 2013–2018.[2] Congenital syphilis occurs across the United States but is also highly concentrated geographically in a few states and counties. From 2014-2018, rates of reported congenital syphilis cases increased for all race/ethnicity groups but the burden is still held disproportionately among Black, American Indian/Alaska Native, and Hispanic births.[3] In 2017, the rate of reported cases of congenital syphilis was significantly higher in all these communities

[1] https://www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm
[2] https://www.cdc.gov/std/stats18/syphilis.htm
[3] https://www.cdc.gov/std/stats18/figures/y.htm

than among whites. It was 6.1 times higher among Blacks, 3.7 times higher among American Indians/Alaska Natives, and 3.5 times the rate among Hispanics.[4]

A review of national surveillance data revealed the two most commonly missed prevention opportunities were a lack of adequate maternal treatment despite the timely diagnosis of syphilis during pregnancy (30.7%) and a lack of timely prenatal care (28.2%), but there were variations by geographic region.[5] Racial and ethnic disparities were evident in high morbidity areas, particularly in the south where the most commonly missed prevention opportunity among white mothers of infants with congenital syphilis was a lack of timely prenatal care (31.6%), whereas among Black and Hispanic mothers, lack of adequate maternal treatment was most common (37%).

Even pre-COVID-19, congenital syphilis raised new challenges and opportunities for STD programs' work in disease surveillance, investigation, and intervention, as well as for their partnerships with providers, communities, and the maternal-child and reproductive health sectors. Across the spectrum of upstream and downstream interventions that can help prevent and control congenital syphilis, there is much room for innovation and improvement. The era of COVID-19 has only accentuated some of the challenges to such public health interventions as well as the need for further innovation and improvement.

III. Intervention guidance and requirements

This project is focused on a subset of potential interventions for addressing congenital syphilis at the local level. Specifically, it will fund the implementation and evaluation of scalable interventions that focus on one or more of the following areas of congenital syphilis prevention:

1. **Linkage to prenatal care:** Innovations or improvements should focus on efforts to improve risk assessments for congenital syphilis, referrals and linkages to prenatal care, and/or follow-up of prenatal care for individuals diagnosed with syphilis and who are pregnant. Intervention components may involve identification of pregnant individuals for syphilis screening and linkage to care, implementation and management of linkage to care processes, re-engagement with prenatal care, and support for maintenance of prenatal care.

2. **Syphilis and/or pregnancy screening in non-STD care/clinic settings:** Innovations or improvements should focus on efforts to increase screening for syphilis and/or pregnancy in settings outside of the STD or other health department clinics, such as emergency departments, jails, and substance abuse treatment centers. The settings should be established venues, where routine integration of syphilis and pregnancy screening could theoretically be incorporated (not venues that would provide one-off screening events). These settings should be appropriate for the local congenital syphilis morbidity and population. The proposed

[4] https://www.cdc.gov/std/stats17/minorities.htm
[5] https://www.cdc.gov/mmwr/volumes/69/wr/mm6922a1.htm

intervention should include appropriate provision of, or linkage to, treatment, for individuals who need treatment for syphilis.

3. **Telehealth/medicine for individuals with syphilis who are pregnant:** Innovations or improvements should focus on reducing barriers to participating in health department syphilis case management, including case investigation, partner services, and referral provision, through the adoption or integration of some form of telehealth/telemedicine technology.

Other types of proposed program changes or components will likely not be considered for funding through this mechanism at this time. Potential applicants who have questions about whether what they hope to do under this project fits in one of these three focus areas should reach out to NACCHO (see end of this document for contact information).

Across the three focus areas, priority for selection will go towards proposals for interventions that are:

- **Ready for implementation**. Proposed innovations or improvements need to be ready to be implemented or already being implemented to some extent, even in the current COVID-19 context
- **Feasible across the country**. Proposed innovations or improvements need to describe an approach that many other jurisdictions could implement, if shown to be promising or effective. This project aims to help not only the funded jurisdiction address congenital syphilis better, but also to provide lessons to counterparts in other jurisdictions.
- **Promising, to affect outcomes.** Proposed innovations or improvements need to be approaches that, if effective, would likely make a meaningful impact on congenital syphilis prevention in the jurisdiction by affecting a sizeable number of individuals who are pregnant and/or have syphilis.

Interventions should be implemented over a period that guarantees sufficient programmatic experience with the innovation or improvement that the program can adequately describe outcomes. However, this project generally cannot fund interventions beyond 12 months.

Recipients are expected to ensure that key community partners and stakeholders are aware of the work being planned and implemented, and that they are engaged appropriately in the intervention, evaluation, and dissemination of findings. Recipients may include costs associated with this engagement in their proposals.

Applicants should make a good case for the proposed innovation or improvement by outlining the current epidemiology of congenital and related adult syphilis in the jurisdiction and describing how the proposed innovation or improvement builds on the current congenital syphilis prevention portfolio. **Areas that have had numerous congenital syphilis cases in recent years will have a strong preference for funding (see selection criteria below)**.

IV. Evaluation guidance and requirements

Each funded area will be expected to work with CDC/DSTDP and NACCHO to answer the following evaluation questions using scientific methods:

- 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?

Funded areas will also have project-specific evaluation questions to guide their work. While NACCHO and CDC/DSTDP will provide substantial evaluation assistance to all funded jurisdictions, all funded areas need to have the capacity and bandwidth to collaborate on evaluation.

The evaluation design will depend on the intervention approach. Applicants should propose a basic evaluation design in their application. All evaluation work should draw directly from the CDC Evaluation Framework or a well-known Quality Improvement framework (e.g., PDSA). If funded, applicants should work with NACCHO and CDC/DSTDP to finalize and implement that design. Priority will go towards proposals whose evaluation plans are:

- **Mixed methods**. Funded projects should include both a process and short-term outcome evaluation component and should include mixed methods (qualitative and quantitative). Various types of data are needed to create a multi-dimensional description of what intervention approaches are tried and what occurred as a result.
- **Streamlined**. A mixed method, thoughtful evaluation design is not necessarily complicated. The evaluation design should also be straightforward and feasible for the funded jurisdiction to carry out, with NACCHO and CDC/DSTDP assistance. Resources/time should be devoted towards evaluation, but those resources should not dwarf the effort put towards implementing the program innovation or improvement or require extensive capacity building or additional staff at the jurisdiction level to carry out.
- **Outcome-oriented**. As part of their evaluation approach, funded jurisdictions must propose <u>at least one</u> outcome measure from the list below, depending on their focus area. This requirement ensures that each area should be able to report on at least one important outcome of interest in its evaluation of the innovation or improvement. Exact specification of the outcome(s) selected will be determined by the funded LHDs, in consultation with NACCHO and CDC/DSTDP.

Program Components	Menu of outcome measures
Pregnancy testing	▪ More timely and complete identification of pregnancy status
STD screening/ testing	▪ Increased syphilis screening or testing rates ▪ Increased syphilis case finding

STD treatment	▪ More timely and adequate syphilis treatment
Partner services	▪ Increased syphilis case finding ▪ Increased partners treated (or prophylactically treated) for syphilis ▪ Increased disease intervention rate
Case management, referrals or linkages to prenatal care, case management, or other services (as needed)	▪ Increased linkage - i.e. completed referrals - to these services ▪ More timely and adequate prenatal care ▪ Increased engagement with case management

NACCHO is committed to working with funded jurisdictions to refine evaluation plans as needed. Applicants are encouraged to provide as much detail as possible in their applications in order to facilitate project timelines upon funding (e.g., attach a program implementation logic model, description of existing baseline data, draft data collection instruments). However, proposals that contain evaluation plans that meet the criteria above (mixed methods, streamlined, and outcome-oriented)—but for which detailed information is unavailable—will still be considered for funding. The presence of those additional evaluation materials in an application will not count for/against a proposal in the scoring.

V. Funding and timeframe

Selected LHDs will be awarded up to $25,000 to implement their approach and to evaluate and document lessons learned from implementation. Recipients will also participate in dissemination of findings. Additional funding may be available to extend the timeframe for participation in the project.

Selected LHDs will enter a contract with NACCHO to complete the deliverables specified in the application. NACCHO will pay each awarded LHD demonstration site in payments in exchange for completion of the assigned scope of work and accepted deliverables. Deliverables will be priced as a percentage of the total award amount. For contracts up to $25,000, NACCHO will provide a payment schedule in accordance with the assigned completion percentage (estimated 3 payments). Please note: NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

KEY DATES

Event	Date
RFA Release	August 17, 2020
Application Submission Deadline	September 14, 2020
Telephone Interviews with Finalists (as needed)	End of September 2020
Anticipated Award Notification	Mid-October 2020
Anticipated Contract Start	November 2020
Implementation and evaluation period	Ongoing for 12 months following Start Date
Dissemination of results	Ongoing

Funding can go towards personnel, subcontracts, consultants, partner agencies, supplies, meeting costs, training, indirect costs, and other needs. The funding should be directly associated with the primary improvements or innovations being proposed, or with the evaluation of those improvements or innovations. Most of the funding should not be directed towards peripheral or minor elements of the proposed innovation or improvement. In no case should funding be used to purchase food, hire new staff, or do construction or renovations to buildings or vehicles.

VI. Eligibility and Contract Terms

Eligible applicants include LHDs that are active NACCHO members. To confirm membership status, or to become a dues-paying NACCHO member, visit http://www.naccho.org/membership. Sites that applied for NACCHO's prior congenital syphilis RFA and were not funded are encouraged to apply.

Projects will begin on the date of contract execution, which is anticipated to be November 2020. It is expected that project periods will last no more than 12 months (see Scope of Work section below). Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

VII. Scope of Work and Project Requirements

During the project period, awardees will:

A. Ensure that relevant local stakeholders are aware of this project and are engaged and informed appropriately throughout the duration of the funding period
B. Finalize a plan to implement the innovation or improvement to address congenital syphilis
    a. Within one of the three focus areas of congenital syphilis prevention described above
    b. The innovation of improvement should be ready for implementation, feasible across the country, and promising for affecting outcomes
C. Finalize a plan to evaluate the implementation of the innovation or improvement
    a. With process and outcome evaluation components, including At least one of the outcome measures described above
    b. An evaluation plan that should be: mixed methods, feasible, and outcome-oriented
D. Implement the innovation or improvement
    a. To such a scale that the evaluation can assess some short-term outcomes
    b. Implementation should not last more than 12 months
E. Implement the evaluation plan
    a. Such that findings and lessons learned can be compared/contrasted with those from other funded areas and shared with areas not funded by this project
F. Collaborate with NACCHO and CDC/DSTDP to collect, analyze, interpret, and synthesize evaluation findings. See SUPPORT AND TECHNICAL ASSISTANCE section below

for additional detail on the evaluation and analysis support that will be provided by NACCHO and CDC/DSTDP.

G. Collaborate with NACCHO and CDC/DSTDP to share findings, through reports, webinars, and limited 1:1 technical assistance with other areas interested in learning more about the innovation or improvement.
H. Participate in regularly scheduled project conference calls, as well as site visit(s) and other potential project or dissemination meetings, as appropriate.
I. Provide relevant staff and sufficient staff time to manage the project in collaboration with NACCHO and CDC/DSTDP

Summary of key project deliverables for funded LHD:

- Final congenital syphilis innovation/improvement implementation plan
- Final evaluation plan
- Clean, aggregate summaries of all data collected under the evaluation plan
    - e.g. Excel worksheets of any aggregate data collected and summaries of any interviews or focus groups conducted.
    - Note: raw, line-listed datasets or transcripts/detailed notes of all qualitative interviews or observations are not expected deliverables
- Electronic copy of written protocols, procedures, tools, or job aids that were used to implement/guide the innovation or improvement and which other jurisdictions might benefit from seeing
- Written summaries of results and lessons learned
    - E.g. 1-2 short "Spotlights" and at least 1 longer "lessons learned" document per LHD

VIII. Support and Technical Assistance

NACCHO and CDC/DSTDP will provide ongoing support to awardees in the form of:

1) Technical assistance via conference call and webinar to facilitate project planning, implementation, data collection and analysis, and reporting
2) In-person and/or virtual site visits to observe the program model, review and discuss implementation plans and evaluation data, and provide technical assistance, as applicable
3) Analysis of reported data
4) Synthesis of evaluation findings across jurisdictions
5) Provision of templates for dissemination/summary products
6) Coordination of dissemination back to recipients and to the broader community of STD programs

While NACCHO and CDC/DSTDP expect to be substantially involved in evaluation, they do not expect to be so in program implementation.

IX. Proposal Format

The application should use single-spaced Times New Roman 12-point font, not to exceed eight (8) pages in length, and should include the following sections:

A. Cover page

Provide a cover sheet that includes the applicant's contact information.

B. Background (~2 pages)

a. **Congenital Syphilis**

i. Brief background on jurisdiction, including congenital and related adult syphilis epidemiology, and why the jurisdiction needs to address congenital syphilis now

ii. Past or current experience with addressing congenital syphilis and syphilis among the proposed population of focus, which provides relevant context to proposed innovation or improvement

iii. Rationale for selecting the specific intervention or improvement proposed, among the other options that the jurisdiction could have considered

iv. How will this project be used to address ethnic/racial and other health disparities in your jurisdiction

C. Description of the Innovation or Improvement (~3 pages)

a. Description of the aspect(s) of congenital syphilis prevention the approach focuses on (referring to sections above)

i. Include a logic model if one is available (as an attachment, optional)

ii. Describe any activities that are currently in place or already planned as part of this proposed innovation

b. Description of the extent to which it is ready for implementation

c. Description of the extent to which it is feasible

d. Description of the extent to which it is promising for affecting outcomes

e. Description of implementation timeline

f. Description of risks or barriers to successful implementation of the innovation or improvement

g. Description of how this project be used to address ethnic/racial and other health disparities in your jurisdiction

D. Initial Evaluation Plan (~2 pages)

a. Description of framework for evaluation and high-level description of approach

b. List of key evaluation questions, specific to the proposed project

c. Description of the extent to which it is mixed methods

d. Description of the extent to which it is feasible

e. Description of the extent to which it is outcome oriented

f. Description of evaluation timeline

g. Description of risks or barriers to successful implementation of the evaluation work

E. Key Staff and Partners (~2 pages)

a. Proposed key staff to manage the project overall, their role, and relevant experience

b. Proposed key staff to implement the innovation or improvement, their role, and relevant experience
c. Proposed key staff to evaluate the project, their role, and relevant experience
d. Description and relationship to any partners critical to implementing the innovation or improvement
    i. Include letter(s) of support from critical partners (as an attachment, optional)
e. Description and relationship to any partners critical to evaluating the innovation or improvement

F. Cost Proposal - Required

a. Refer to the budget template and instructions (note: this will appear in your browser's downloads). The budget will not be included in the scoring criteria but is required for complete application submissions.
b. Include a budget narrative (one page or less) to explain each line-item and how the amounts were derived. See detailed guidance below.
    i. Personnel: List all staff positions by title (both current and proposed). Give the annual salary or hourly rate of each position, the percentage of each position's time devoted to the project, and the activities you anticipate these staff persons to conduct.
    ii. Fringe Benefits: Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, etc.
    iii. Travel: Specify the purpose and details of the travel.
    iv. Supplies: Identify supplies in the detailed budget and the intended use for these supplies (i.e. what activities will the supplies support).
    v. Contractual: Identify each proposed contract and specify its purpose and estimated cost.
c. Respond to the following two questions at the end of the budget narrative (does not count towards the page limit):
    i. Do you have a prior experience in Federal Contracting?
    ii. Have you completed a Single Audit?

G. Attachments

a. Required: Complete and submit the Vendor Information Form (Appendix C)
b. Required: Complete and submit the Certification of Non-Debarment
c. Required: Submit a W-9
d. Required: Complete and submit the FFATA data collection form. *(This form will be required for all contracts over $25,000, but if you are not able to complete the form in time for the application deadline, this form can be submitted up to three weeks after the application deadline*.)
e. Optional: Letters of support from any key partners critical to implementing the innovation or improvement, or evaluating the innovation or improvement
f. Optional: Additional information on program or evaluation plans including but not limited to logic models, theories of change, evaluation instruments, educational materials, etc.

The cover page, budget and justification, resumes/CVs, and other optional attachments do not count against the total page limit. All pages, charts, figures, tables, and any additional information/attachments should be numbered.

X. Selection Criteria

NACCHO and CDC/DSTDP will review and score applications for this RFA in accordance with the following criteria (out of 100 points):

- Evidence of need for addressing congenital and related adult syphilis in the jurisdiction, and experience addressing congenital syphilis prevention in the LHD (25 points)
- The extent to which the proposed innovation or improvement is ready for implementation, feasible, and promising for affecting outcomes (25 points)
- The extent to which the proposed evaluation of the innovation or improvement is mixed methods, feasible, and outcome-oriented (20 points)
    - Note: NACCHO is committed to working with funded jurisdictions to refine evaluation plans if needed. The evaluation plan should include as much detail as is available in order to facilitate project timelines once funded; however, NACCHO and CDC/DSTDP expect to receive applications from sites in varying stages of evaluation readiness. Sites who are unable to furnish more detailed information related to logic models, data collection instruments, and/or baseline data sources will not be penalized, provided that overall evaluation plan meets the stated criteria.
- Amount and relevant experience of key staff or partners responsible for carrying out project activities (20 points)
- Appropriateness and completeness of proposed budget (10 points)

NACCHO and CDC/DSTDP may conduct telephone interviews with finalists. Interviews would be conducted in late September 2020.

XI. Submission Instructions

The deadline to submit applications is **September 14, 2020** by 11:59 PM Pacific Daylight Time (PDT). Proposals should be submitted as a single PDF in an email to rhorowitz@naccho.org with subject line: "Congenital syphilis prevention RFA, Cohort 2."

For questions, contact:
Rebekah Horowitz, JD/MPH
Senior Analyst, HIV, STI, and Viral Hepatitis
rhorowitz@naccho.org