REQUEST FOR APPLICATIONS

IDENTIFYING PROMISING PRACTICES FOR CONGENITAL SYPHILIS PREVENTION

National Association of County and City Health Officials (NACCHO)

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Due Date: January 10, 2020

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 at least five LHDs up to $25,000 to implement and evaluate promising approaches to congenital syphilis prevention. Pending official approval and funding availability from CDC, additional time and funding may be available to LHDs to continue efforts. Findings will be shared broadly with STD programs across the country.

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 have major health impacts on babies from stillbirth to newborn fatality. The impact of congenital syphilis depends on how long a pregnant person had syphilis and if — or when — treatment for the infection was received. Congenital syphilis can cause miscarriage, stillbirth, prematurity, low birth weight, or death shortly after birth. 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 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.

Congenital syphilis raises 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. Interventions to prevent and control congenital syphilis span a wide continuum, from treating pregnant people with syphilis and providing services for them and their sex partners, to community awareness-raising

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

and policy changes to support prenatal care practices. Similarly, like many public health prevention and control efforts, congenital syphilis interventions could be focused on pregnant people, their partners, healthcare providers and systems, public health providers and systems, communities, and/or policies. Much of this work occurs at the city/county level. Across this spectrum, there is much room for innovation and improvement to address rising rates of syphilis among individuals who are or can become pregnant and congenital syphilis.

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:

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

Interventions funded under this project must involve innovations or improvements in one or more of the program components outlined below, as appropriate to the purpose and population of focus. The specific approach used to address one or more of those components is up to each applicant, as is the level of the intervention. Innovations and improvements could focus on services provided directly to individuals with syphilis or who are pregnant, or they could focus on providers, community partners, policies, or other aspects of the public health response that can help prevent congenital syphilis.

Improving support for individuals who are:

Pregnant, with syphilis	**Pregnant, without syphilis**
▪ STD treatment ▪ Partner services ▪ Primary STD prevention ▪ STD retesting ▪ Prenatal care ▪ Case management, referrals, and linkages	▪ STD testing ▪ Primary STD prevention ▪ Prenatal care ▪ Case management, referrals, and linkages
Not pregnant, with syphilis	Not pregnant, without syphilis
▪ Pregnancy testing ▪ STD treatment ▪ Partner services ▪ Primary STD prevention ▪ Pregnancy intention assessment ▪ Family planning (delay/avoid pregnancy) or preconception care (seek pregnancy)	▪ *Pregnancy testing* ▪ *STD testing* ▪ *Primary STD prevention* ▪ *Family planning (delay/avoid pregnancy) or preconception care (seek pregnancy)* ▪ *Case management, referrals and linkages*

▪ Case management, referrals and linkages	Not a focus of this project

Improvements and innovations can take many forms, and this project encourages areas to use these funds to pilot or scale-up promising approaches. Priority 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. This project does not have the funding or timeframe to support a long period of time for start-up and building core infrastructure or partnerships for an intervention to occur.
- **Feasible across the country**. Proposed innovations or improvements need to represent 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, 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 time period that guarantees enough programmatic experience with the innovation or improvement that the program can adequately describe outcomes.

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 preference for funding, but areas that can demonstrate that they are at high risk of congenital syphilis cases are encouraged to apply.

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., plan-do-study-act [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**. The evaluation design should also be straightforward and feasible for the funded jurisdiction to carry out, with NACCHO and CDC/DSTDP assistance. Resources and 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 at least one outcome measure from the list below, for each of the program components that they are trying to innovate or improve. 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
Determination of pregnancy intention	▪ Increased assessment of pregnancy intention
STD testing	▪ Increased syphilis screening 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, family planning, preconception health services, or other services (as needed)	▪ Increased linkage - i.e. completed referrals - to these services (family planning, preconception health, others) ▪ More timely and adequate prenatal care

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 efforts to disseminate ongoing lessons learned. Pending official approval and funding availability from CDC, additional time and funding may available to the LHDs to continue the intervention beyond the currently stated funding period; however, this is not guaranteed.

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 Execution	March 2020
Implementation and evaluation period	Ongoing
Dissemination of lessons learned	Ongoing

Funding can be used for personnel, subcontracts, partner agencies, supplies, meeting costs, training, indirect costs, and other needs. Funding should not be used to purchase food.

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.

Applicants should plan for approximately 12 months of implementation with an initial phase to be completed by July 31, 2020 and demonstrate incremental, measurable achievement. Projects

will begin on the date of contract execution. 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 3 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. Applicants should plan for approximately 12 months of implementation with an initial phase to be completed by July 31, 2020 and demonstrate incremental, measurable achievement. Projects will begin on the date of contract execution.
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 ongoing lessons learned and 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 enough 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 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 do 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 on congenital syphilis (~2 pages)
   a. Brief background on jurisdiction including congenital and related adult syphilis epidemiology and the need for change in the jurisdiction including, why now, why there, and what partners will be engaged
   b. 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

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

b. The extent which it is ready for implementation
c. The extent which it is feasible
d. The extent 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

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. The extent to which it uses mixed methods.
    i. Provide copies or screenshots of existing data collection instruments (i.e. questionnaires, interview guides, etc.) if available (as an attachment, optional)
d. The extent to which it is feasible
e. The extent to which it is outcome-oriented, including reference to outcome measures from the menu provided above
    i. Include any existing baseline data for those measures, if available (as an attachment, optional)
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. Attachments - Required

a. Proposed budget, with justification

G. Attachments – Optional

a. Letters of support from any key partners critical to implementing the innovation or improvement, or evaluating the innovation or improvement
b. 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 (30 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 (25 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)

NACCHO and CDC/DSTDP may conduct telephone interviews with finalists. Interviews would be conducted in January-February 2020.

XI. Submission Instructions

The deadline to submit applications is **January 10, 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."

XII. Additional Information

An informational webinar will be hosted for potential applicants on **December 17, 2019** at 1-2PM ET. Please note that advanced registration is not required, simply click on the link below. Questions may be submitted in advance to rhorowitz@naccho.org, and will be accepted until 11:59PM Pacific Daylight Time (PDT) on December 16, 2019.

Webinar URL: https://naccho.zoom.us/j/342082840.
Audio: +1 929 205 6099, Meeting ID: 342 082 840

For questions, contact:
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