



REQUEST FOR APPLICATIONS

Community Engagement to Strengthen Local Health Department Approaches to Decreasing Syphilis

National Association of County and City Health Officials (NACCHO)

Release Date: August 28, 2023

Due Date: September 29, 2023

For questions about the Request for Applications (RFA), contact Daisha Washington, STI Program Analyst, STI Programs, at dWASHINGTON@naccho.org; Rebekah Horowitz, Director, STI Programs, at RHOROWITZ@naccho.org.

Summary Information

Project Title: Community Engagement to Strengthen Local Health Department Approaches to Decreasing Syphilis Cohort 2

Proposal Due Date and Time: September 29, 2023

Informational Webinar: September 12, 2023 ([registration](#))

Source of Funding: Centers for Disease Control and Prevention

NOA Award No.: 5 NU38OT000306-05-01

Funding Amount: up to \$150,000 per jurisdiction

Estimated Period of Performance: 9 months

Point of Contact for Questions: Daisha Washington (dWASHINGTON@naccho.org)/Rebekah Horowitz (rhOROWITZ@naccho.org)

Key Dates

Event	Date
RFA Release	August 28
Informational Webinar for Prospective Applicants	September 12
Application Submission Deadline	September 29
Anticipated Award Notification	October 27
Project Period	Must be completed by 7/31/24

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 LHDs to engage the community to develop or tailor a plan to decrease syphilis.** Through a second cohort, NACCHO will provide funding for up to 5 health departments (not already funded through cohort 1) 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. 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.

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. 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.

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.

Recipient Activities

Recipients will develop a syphilis reduction plan for their community based on their 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 formative data collection and other planning activities that will inform the development of a local health department plan to decrease syphilis. 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. Strengthen 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.
 - Conduct formative data collection (e.g., assessments), as needed.

- Design an equitable process to ensure meaningful community involvement (e.g., members, stakeholders, advisory groups) 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 existing community advisory group(s) and other groups 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 existing partners that work with the identified priority populations.
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.
 - With the community, design and conduct or utilize an existing environmental 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 to 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 stakeholders across the country.

Funding Overview and Timeline

Up to 5 local health departments will be awarded up to \$150,000 to enhance their community engagement and planning activities. 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, as well as ability to complete the project deliverables within the established timeline.

Applications must be submitted via email by September 29 to sti@naccho.org, and selections will occur by the end of October 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 September 12, 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 significant burden of primary and secondary syphilis and/or congenital syphilis or a trend indicating a rapid increase in rates of either within a priority population or geographic area over a specific time. This should be demonstrated via the most recent available data for 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, including relevant surveillance, epidemiologic, and sociodemographic data describing the syphilis burden, as well as available healthcare resources in the community. Indicate if your location is in an EHE jurisdiction.

Applicants should plan for 9 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, and 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, and for 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.

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 current interventions implemented, services offered, and healthcare resources available within your community to address and decrease syphilis rates.
 - c. 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.).
 - d. Describe existing partnerships and explain 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. If new partnerships are proposed, describe the feasibility of establishing the partnerships within a short (30 day) timeframe. Please include letters of support from proposed partners.
 - e. Describe your plan to measure progress against project goals, objectives, and outcomes.
 - f. Include a work-plan 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 an 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 implement and manage the project. Include information regarding 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. Describes how the selected geographic area and/or priority populations were identified for this project including changes in syphilis burden within the selected priority populations or geographic area and how this project will address the target population(s) identified.
 - b. Describes an approach that clearly makes sense given the applicant's local context and STD epidemiology.
- 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.

The applicant’s budget will also be taken into consideration. While not scored, it will be evaluated based on how it is aligned with the proposed strategies and activities outlined in this RFA.

Submission Instructions

The deadline to submit applications is September 29, 2023, at 11:59pm PT. Proposals should be submitted via email to sti@naccho.org.

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 \(lww.com\)](#)
- [Chapter 7: Evaluating the Community Engagement Process | Principles of Community Engagement | ATSDR \(cdc.gov\)](#)
- [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](#)