

Surveillance for Emerging Threats to Mothers and Babies

Local Health Department Field Support Frequently Asked Questions (FAQs)

Surveillance for Emerging Threats to Mothers and Babies & Local Health Department Initiative Program Background and Information Questions

1. What is the Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET)?

In fiscal year 2019, CDC received \$10 million to carry out Surveillance for Emerging Threats to Mothers and Babies. Through this effort, state, local, and territorial health departments awarded funds will work with CDC to identify the impact of emerging health threats to pregnant women and their infants by conducting longitudinally linked mother-infant surveillance (ELC CK19-1904: Project W). The objectives of the program are to

- Monitor and improve the health of pregnant women and infants;
- Link families to medical and social services to receive recommended care;
- Strengthen laboratory and clinical testing to find emerging health threats quickly; and
- Ensure public health experts are ready and prepared to meet the needs of pregnant women and infants during emergencies.

2. What exposures does “emerging threats” refer to?

The surveillance approach is designed to be flexible and adaptable to any public health threat affecting pregnant women and babies, both infectious and non-infectious. Emerging threats targeted in year 1 by the Surveillance for Emerging Threats to Mothers and Babies Network (ELC Project W) grantees are hepatitis C, syphilis, and/or Zika. These threats were targeted due to current epidemiologic and public health priorities, as determined by funded jurisdictions. Grantees may focus on other exposures, but CDC is primarily providing technical assistance with these exposures.

3. Why would my local health department apply for contractual field support?

Local jurisdictions can apply for contractual field staff to support the Surveillance for Emerging Threats to Mothers and Babies Network surveillance activities, including identification of cases and medical record abstraction of follow-up data related to hepatitis C, syphilis, and/or Zika within their community. Contractual field staff will be hired locally within the community they will be supporting and trained by CDC for their specific placement. Contractual field staff will be placed in local health departments, which will continue to report surveillance data through regional and/or state departments and points of contact, as is currently managed within each state.

4. What is the Local Health Department Initiative?

The Local Health Department (LHD) Initiative places contractual field staff in local health departments responding to emerging threats, such as hepatitis C, syphilis, and/or Zika, in order to build the capacity to

- Provide educational outreach about emerging threats to healthcare providers and the community;
- Monitor pregnant women and infants affected by emerging threats;
- Report emerging threats data to the appropriate state health agency and CDC; and
- Refer women, infants, and families affected by emerging threats to additional services, as needed.

Placed within the LHD, contractual field staff are locally hired staff with expertise in public health who help respond to local needs regarding the emerging threats.

Application Process and Eligibility Criteria Questions

5. Who is eligible to apply?

All local health departments within the Surveillance for Emerging Threats to Mothers and Babies Network jurisdictions are eligible to apply. Surveillance jurisdictions include states, cities, and counties funded through ELC Project W (ELC CK19-1904: Project W). LHD jurisdictions will be selected based on burden of disease, existing capacity, risk for increased transmission, demonstrated evidence of collaboration with the relevant state- or regional-level department/point of contact, ability to leverage networks or create new local networks to support surveillance activities, and availability of CDC funding and resources.

6. When do applications open and close?

Applications open November 13, 2019 and close December 13, 2019.

7. Can my jurisdiction apply if they are not in a Surveillance for Emerging Threats to Mothers and Babies Network site?

No, only local jurisdictions within currently funded surveillance jurisdictions are eligible to apply. Current Surveillance for Emerging Threats to Mothers and Babies Network jurisdictions include states, cities, and counties.

8. Can only city and county health departments apply? What about our state health department and tribal organizations?

We will evaluate all applications. The program is designed, and has been proven effective, at the local level, but based on burden and capacity, regional placements and other adaptations may be considered. Tribal organizations and other governing bodies will also be considered in the application process.

9. Can a jurisdiction apply for more than one contractual field staff?

Yes, we will evaluate all applications. We will consider placing more than one contractual field staff at your local health department if your health department requires additional support. Your need for more than one contractual field staff will be evaluated during the application review and follow-up interview.

10. Can you provide more details on the eligibility criteria?

Site eligibility is determined by a range of factors related to disease burden and local capacity. All sites are encouraged to apply. Phone calls will be held with each site that applies to gather more details on the following elements:

- **Burden of disease(s)** based on incidence of hepatitis C, syphilis, and/or Zika during pregnancy and/or prevalence of perinatal hepatitis C and/or congenital syphilis within their community;
- **Existing capacity** and opportunities to capitalize on an embedded contractual field staff to address improving surveillance and referral to service for hepatitis C, syphilis, and/or Zika within their community;
- **Risk** for increased transmission of hepatitis C, syphilis, and/or Zika among pregnant women within their community;
- **Networks** that could be leveraged, or the potential to create new local networks, to support surveillance activities (e.g., providers, partners);
- **Collaboration** with the relevant state or regional department/point of contact; and
- **Legal** ability to accept a contract for technical assistance (e.g., a previous Memorandum of Understanding with CDC, letter of support from their legal entity).

11. When will contractual field staff be placed in local sites?

While this process may vary for each site, we expect contractual field staff to be onboarded locally in early 2020. Because we are using a contract mechanism, we have seen rapid placements in 1–2 months, depending on the jurisdiction.

12. Can states recommend local health departments to apply?

Yes, state health departments are encouraged to recommend local health departments within their states to apply if they meet the eligibility criteria, and state health departments feel that additional capacity would assist their jurisdiction.

13. We would like to submit a joint application for support with another local health department in our state. Is this permissible?

Yes. When using public funds, sharing limited resources is encouraged.

14. Can a local health department apply on behalf of a region or metropolitan statistical area?

Whether or not a jurisdiction can apply on behalf of a region or metropolitan statistical area (MSA) depends on the extent to which the local health department that is applying can make decisions on behalf of a region or MSA. Relevant documentation of existing agreements could be included in the application. But when using public funds, sharing limited resources is encouraged.

15. Can a state health department apply on behalf of the local health department?

We require state health department (SHD) involvement in each local health department (LHD) application; if chosen, we expect that the LHD and SHD will work collaboratively throughout the period of support. Whether the SHD can apply on behalf of the LHD depends on how the jurisdiction is structured, whether or not the LHD meets the criteria for field support, and the LHD's willingness to host contractual field staff.

16. Right now, our local jurisdiction has a low emerging threat burden. However, we are at a high risk for an increase in cases/burden (e.g., geographic proximity, sexually transmitted infection rates, rates of injection drug use). Is an application encouraged?

Yes, given that your jurisdiction is in an area with a high risk of transmission, CDC encourages submission of an application. If you apply, CDC will review your request for assistance and speak with your health department to better understand your needs and the level of risk in your area.

17. We already have CDC-contracted support. Would that disqualify us from this opportunity?

No. If you currently receive support through another grant or other CDC-contracted assistance, your department is not disqualified from this opportunity. This opportunity is focused on capacity and support in the areas of surveillance and referral to services that we identify in the application. Field placement is intended to enhance your department's ongoing work in surveillance and referral to services for pregnant women and babies with evidence of any of the emerging threat exposures.

18. What can we expect after our application is submitted?

- After applications are received, CDC will conduct calls with all applicants to review applications and gather additional information (December 2019 – January 2020).
- CDC will select sites in early 2020.
- After sites have been selected to receive contractual field support, CDC will conduct site visits and develop the scope of work for each site. These will occur in January–February 2020.
- After the site visit, CDC will hire and train contractual field staff for placement at local sites. While this process may vary for each site, we expect contractual field staff to be onboarded locally in early 2020. Because we are using a contract mechanism, we have seen rapid placements in 1–2 months, depending on the jurisdiction.

Contractual Field Support and Team Questions

19. Are we required to name all proposed members of our local health department/state health agency Emerging Threats team in the application?

As part of the application, we ask that you submit the names and titles for those people who will be members of your team. We understand that people may be added to or removed, but we would like your best approximation of all team members as of the date of the application. As the application indicates, active participation from a state-level employee is expected. For example, many state agencies have an ELC-funded Project W (ELC CK19-1904: Project W) primary investigator and supporting staff.

20. Can the local health departments provide input into the selection of contractual field staff (e.g., recommendation or referral of a specific candidate)?

The CDC-contracted vendor will work collaboratively with your local health department (LHD) to ensure contract field staff meet all necessary requirements. The LHD may recommend candidates for consideration by the CDC-contracted vendor. The contractual field staff are ultimately the employee of the CDC-contracted vendor, and hiring and employment decisions will be made by the CDC-contracted vendor.

21. We need contractual field staff with experience with medical record abstraction. Can we request someone with this type of background?

Yes. CDC will work with your local health department (LHD) to determine the appropriate resource to meet your needs. If your LHD requires support with medical record abstraction, then the appropriate resource may be a nurse with medical record abstraction work experience. Other resources could include epidemiologists or public health educators.

22. What were the types of skills provided by contractual field staff for previous programs?

For previous programs, many of the contractual field staff have been public health nurses or epidemiologists working closely with the clinical community to help expand provider awareness and understanding of testing and reporting guidelines. They also helped to streamline processes related to data collection, including abstracting data for infant follow-up or case identification relevant to the US Zika Pregnancy and Infant Registry and Zika Birth Defects Surveillance system.

23. Are there contractual field staff who are bilingual?

Yes. If it is deemed necessary based on the needs of your population, a bilingual contractual field staff could be placed in your department.

24. Does this opportunity include funding?

No. This opportunity does not include funding to the local health department (LHD). CDC will provide contractual field staff, via a CDC-contracted vendor, who will support LHD capacity.

SET-NET Contact Information

25. Where can we obtain more information about eligibility and the application process?

Information can be found on the [CDC website](https://www.cdc.gov/ncbddd/aboutus/pregnancy/emerging-threats.html). Additionally, if you have specific questions that were not addressed during the webinar, you may email your Area Point of Contact (POC), listed in the table below.

Jurisdiction	Area POC	Email Address
Arizona	Megan Reynolds	Xah6@cdc.gov
California	Elizabeth Lewis	Kov3@cdc.gov
Los Angeles County	Elizabeth Lewis	Kov3@cdc.gov
Florida	Elizabeth Lewis	Kov3@cdc.gov
Georgia	Amanda Akosa	Kcq9@cdc.gov
Kentucky	Amanda Akosa	Kcq9@cdc.gov
Massachusetts	Elizabeth Lewis	Kov3@cdc.gov
New York	Amanda Akosa	Kcq9@cdc.gov
New York City	Amanda Akosa	Kcq9@cdc.gov
Pennsylvania	Megan Reynolds	Xah6@cdc.gov
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