

Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies: FAQ Webinar- June 26, 2013

Gail Bolan, M.D.

Director, Division of STD Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention
Centers for Disease Control and Prevention

Today's Q & A webinar

- ❑ Due to time constraints, only a subset of the questions received will be covered in today's webinar.
- ❑ Only questions related to posted/current version of FOA will be addressed.
- ❑ A recording of the webinar and slides will be available by July 3rd.
- ❑ Questions from this webinar will be posted to the FAQ section of the website over the next week.
<http://www.cdc.gov/std/foa/aapps/default.htm>
- ❑ CDC will periodically post additional FAQs on the website.

How was the funding formula applied to states with independently funded cities?

- *The independently funded city counts were EXCLUDED from the state calculation.*
- *For example, California's funding calculation:*
 - *did NOT include the population for Los Angeles or San Francisco; and*
 - *did NOT include the burden for Los Angeles or San Francisco.*
 - *San Francisco and Los Angeles were calculated separately.*

What does CDC consider a high number of congenital syphilis cases for a project area?

- ❑ *Applicants should treat any number of cases greater than zero as a high number of congenital syphilis cases.*
- ❑ *Congenital syphilis is a serious but rare disease, with fewer than 500 cases reported nationwide for each of the last 10 years (range of 339 – 460 cases).*
- ❑ *In 2011, only 23 states reported any cases.*

What is CDC's definition of high gonorrhea morbidity?

- ❑ *Applicants should treat counties and independent cities with more than 1,000 reported cases of gonorrhea in the previous calendar year as high gonorrhea morbidity jurisdictions.*
- ❑ *Applicants can consider counties and independent cities to be jurisdictions.*
- ❑ *Jurisdictions with more than 1,000 reported cases of gonorrhea have accounted for approximately half of all cases reported nationwide for the last five years.*

The minimum required activities for monitoring screening rates are very similar to SSuN grant activities for facility-based sentinel surveillance. Unlike SSuN, there are no minimum facilities mentioned in the STD AAPPS FOA. Does that mean applicants have to assess chlamydia, syphilis and rectal gonorrhea screening rates throughout our entire jurisdiction?

- ❑ *Programs must describe how they will monitor chlamydia screening rates:*
 - *among young females enrolled in Medicaid (preferably using the HEDIS measure); and*
 - *those seen in Title X and other family planning clinics.*
- ❑ *Programs must also describe how they will monitor annual syphilis and rectal gonorrhea screening among men who have sex with men seen in high volume HIV care settings.*

Should jurisdictions applying for SSuN, or waiting for decisions regarding the use of carry forward funds include those activities as part of the AAPPS application?

- ❑ *SSuN is a fully competitive cooperative agreement with a completely separate scope of work and should be considered distinct and separate from AAPPS.*
- ❑ *Applicants for AAPPS should make no assumptions about additional funding, including SSuN.*
- ❑ *AAPPS supports the state core infrastructure for STD prevention, therefore the application should include all staff needed to support the core infrastructure.*

What is the definition of “health disparities”? Is there a specific case rate or number of cases that will determine which project areas are required to perform these activities?

- *Health disparities may be defined as:*
 - *Differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes.*
 - *Disparities must be measured from a reference point.*
 - *What constitutes an important disparity that deserves attention and programmatic action may be influenced by the size of the differences involved and the populations impacted by the disparity.*

Do state applicants need to fund all counties in the state, or can they fund certain counties to carry out STD-AAPPS grant activities?

- ❑ *Applicants must consider state and local needs when proposing counties that will be supported by this grant.*
 - *Applicants should use data to identify communities that are disproportionately affected by burden of disease and focus resources accordingly.*
 - *Applicants should consider supporting counties providing safety net STD clinical preventive services in high need areas.*

Once we've accounted for the minimum required activities, can applicants fund activities not included in the suggested list?

- ❑ *Yes, however, the applicant must address how the required activities will be handled.*
- ❑ *The applicant should also include any suggested activities they plan to undertake with an explanation of why those activities have been selected.*
- ❑ *The applicant may propose activities not included in the FOA, in order to address state/local needs; however, justification for these activities should be included.*

In the application review section, the criteria for the *Organization Capacity of Awardees to Execute the Approach* section mentioned having a strong evaluation and performance measurement plan in part *b. i.*. Wouldn't an evaluation and performance measurement plan go in the **Evaluation and Performance Measurement section?**

- ❑ *The **Evaluation and Performance Measurement** section in the review criteria (pp 51-52) describes how the Evaluation and Performance Measurement Plan is going to be scored.*
- ❑ *Under the **Organizational Capacity** section, applicants are scored based on their ability to execute the plan, not the plan itself.*

The FOA states, “at least 13.5% of the award must go to non-profit organizations that provide safety net STD clinical services.”

How do we account for STD program staff who conduct testing at the non-profit clinic?

- ❑ *STD programs are required to provide assistance (at least 13.5% of the overall award amount) to non-profit organizations that have demonstrated their ability to provide safety net STD clinical preventive services.*
- ❑ *This assistance may include in-kind support (including federally funded STD program staff time and/or resources) to screen and treat women and their partners for CT and GC to prevent infertility. This can be reported as part of the 13.5% contribution.*
- ❑ *Programs must also collect data documenting the number of uninsured and underinsured screened and treated with this portion of the award.*
- ❑ *If 13.5% is not spent on safety net services, a justification must be provided.*

The FOA states that the 13.5% funding can be provided to non-profits providing clinical services, what about local health departments or similar settings?

- ❑ *For the purposes of this grant, clinical sites must be:*
 - *non profits with 501(c)(3) designation*
 - *non-profits without 501(c)(3) designation*
 - *health department clinics*
- ❑ *If applicant proposes to support other clinical sites, a justification must be provided.*

If an awardee has, for example, a 5% increase in the first year of funding (2014), according to “average award” listed in the funding table, should that awardee expect an increase each year of 5% after 2014?

- ❑ *Funding is dependent upon the Division of STD Prevention’s budget in future years.*
- ❑ *The funding formula phases in changes in funding evenly over the five year project period.*
- ❑ *For example, if your program has a listed increase of 5% in 2014 (not including the sequestration reduction), you should plan for similar increases each of the following years.*
- ❑ *The same logic can be applied to programs with decreases listed for year one.*
- ❑ *These anticipated amounts do not include any additional sequestration or other budget reductions that may occur.*

The FOA contains very little language regarding the support of Hepatitis B and C services. Can applicants use these funds to support Hepatitis B and C services in our jurisdiction?

- ❑ *This grant is primarily to support STD core infrastructure and to address limited clinical services for uninsured and underinsured populations.*
- ❑ *In areas with documented syndemics (syphilis and GC with hepatitis C) where STD infrastructure needs have been met, applicants may consider supporting hepatitis B and C services.*
 - *Applicants are expected to articulate their needs and leverage resources by working with the state immunization program.*

Which HIV data need to be integrated with STD data?

- ❑ *STD cases reported through notifiable disease surveillance should be matched with reported cases of HIV.*
- ❑ *Demographic, mode of transmission, and risk factor information should be included in the match.*

Under Assurance activities, B.1 states that Partner Services activities conducted by DIS do not include early latent syphilis unless they are HIV co-infected. Should awardees provide partner services to a 16 year old female patient with a 1:512 but no signs/symptoms of syphilis, who is not pregnant, and HIV negative?

Awardees should use local epidemiology and policies to follow up with those most likely to transmit disease in the community.

What is the rationale behind conducting partner services for HIV co-infected gonorrhea cases? Does CDC have any recommendations on how to prioritize gonorrhea cases when the volume of cases is so high?

- ❑ *Partners of HIV co-infected GC cases should be prioritized for Disease Intervention Specialist (DIS) partner services because they represent a group at high risk for HIV infection, and provision of partner services should facilitate diagnosis and linkage to care.*
- ❑ *Other GC cases that should be prioritized for partner services are cases with possible GC treatment failure or suspected or probable cephalosporin-resistant *N. gonorrhoeae* infection, using the criteria in the Cephalosporin-Resistant *N. gonorrhoeae* Public Health Response Plan (<http://www.cdc.gov/std/treatment/Ceph-R-ResponsePlanJuly30-2012.pdf>).*
- ❑ *STD programs are encouraged to conduct automated matching of STD and HIV cases to identify co-infected individuals and target these cases for partner services, and to improve data available for additional epidemiologic studies.*
- ❑ *CDC staff can assist awardees with prioritization.*

Please provide examples of “STD clinical preventive services” that can be supported with grant funds.

- ❑ *STD clinical preventive services are those services that are provided in clinical settings to:*
 - *prevent the onset of an STD (e.g. high intensity behavioral counseling);*
 - *identify (screen) and treat asymptomatic persons at risk of acquiring an STD;*
 - *treat and manage persons diagnosed with an STD.*

(Source: Guide to Clinical Preventive Services, Report of the USPSTF)

- ❑ *Awardees should focus on those clinical preventive services that have been outlined under the Assessment and Assurance sections of the FOA.*

What is high intensity behavioral counseling?

- ❑ *High Intensity Behavioral Counseling (HIBC) is a service intended to promote sexual risk reduction or avoidance, and may include:*
 - ❑ *education;*
 - ❑ *skills training; and*
 - ❑ *guidance on how to change sexual behavior.*
- ❑ *HIBC is a suggested activity under the Assurance/Health Promotion and Prevention Education section of the FOA and therefore is not required.*
- ❑ *The U.S. Preventive Services Task Force (USPSTF) recommends HIBC to prevent STIs for all sexually active adolescents, and for adults at increased risk for STIs. HIBC is considered a USPSTF grade "B" recommendation.*

If the applicant's jurisdiction is not considered high morbidity for gonorrhea, what activities are required?

- ❑ *Document that the jurisdiction is not a high morbidity area in the application.*
- ❑ *Applicants must follow CDC's GC Response Plan before allocating resources to other activities.*

Are applicants required to complete and submit the work plan template posted on the STD AAPPS resource page, or is the template meant to serve as a guide?

- ❑ *Yes, CDC expects all applicants to complete and submit the provided work plan template as a PDF attachment.*
- ❑ *CDC is trying to harmonize evaluation and performance measurement with workplan to reduce paperwork.*
- ❑ *CDC is interested in your feedback on the template; please share any concerns via email (STDAAPPSFOA@cdc.gov).*
- ❑ *There will also be a webinar on Thursday, July 11, 2-3 pm (ET) to discuss the work plan template as well as the FOA program evaluation requirements.*
- ❑ *For more information about the webinar, visit the STD AAPPS web page: <http://www.cdc.gov/std/foa/aapps/default.htm>*

The FOA suggests that the *Awardee Evaluation and Performance Measurement Plan* is not meant to be submitted with the initial application but will be developed later, during year one of the project period. Please confirm that only the *Applicant Evaluation and Performance Measurement Plan* is to be submitted with the initial application and not the *Awardee Plan*.

- ❑ *Applicants should focus only on the **Applicant** Evaluation and Performance Measurement Plan during the application process.*
- ❑ *The **Awardee** Evaluation and Performance Measurement Plan is not part of the initial application (done during 1st year of grant).*
- ❑ *This information is noted in the FOA so that applicants are aware that, if awarded funds, a more detailed Evaluation and Performance Measurement Plan will be required as a work product for the cooperative agreement.*

The FOA mentions public/private partnerships; can you list some examples?

Yes, examples are provided on page 21 of the FOA:

- Health Resources Services Administration (HRSA) programs such as Ryan White HIV/AIDS programs; federally qualified health centers; and state maternal and child health programs.*
- Programs funded by the HHS Office of Population Affairs and Office of Adolescent Health, such as family planning clinics and teen pregnancy prevention programs, and their state Medicaid program.*
- Other organizations may include: 1) health plans; 2) state primary care associations; 3) professional medical and nursing organizations; 4) state and local education agencies; 5) organizations providing services to incarcerated populations; and 6) schools of public health and other academic institutions.*
- Innovative partnerships with the business community or others are also encouraged.*

What appropriate and evidence-based interventions are available to reduce reinfections among high-risk clients?

- ❑ *DSTDP recognizes the need to build upon the evidence base for STD interventions and is in the planning process for how to do so.*
- ❑ *We are compiling existing evidence for a variety of interventions and have developed a resource that is available on the FOA resource webpage.*
- ❑ *This resource will be updated as additional evidence becomes available.*

Are jurisdictions with large syphilis morbidity required to conduct HIV/gonorrhea co-infected partner services?

Yes, jurisdictions with large syphilis morbidity are required to do HIV/gonorrhea co-infected partner services.

When is the FOA due?

- *All FOA applications are due by 11:59 pm current Eastern Time on September 12, 2013.*
- *CDC encourages applicants to submit well in advance of the deadline, in case there are any technical difficulties that need to be resolved.*
- *Applications received after the deadline will not be considered. There will be no exceptions.*
- *Allow time for the validation process (page 47 of FOA).*

When is the next webinar?

- ❑ *Thursday, July 11th, 2:00-3:00pm (ET)*
 - *STD AAPPS work plan and evaluation*
- ❑ *Submit questions related to evaluation to the STD AAPPS mailbox by July 8 to be considered for the July 11 webinar.*
- ❑ *Webinar registration information as well as recordings and slides from previous STD AAPPS webinars are available at*
www.cdc.gov/std/foa/aapps/webinars.htm

Additional Information

- ❑ All FOA resources, including these slides and a recording of this webinar will be posted at:
<http://www.cdc.gov/std/foa/aapps/default.htm>
- ❑ Email box for questions – all questions should be sent to STDAAPPSFOA@cdc.gov.

Timeline

- ❑ **2013**
 - **September 12, 2013:** Applications Due
 - **December 2013:** Awards Announced

- ❑ **January 1, 2014:** Awards Begin



Thank you!

STDAAPPSFOA@cdc.gov

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.