Strengthening STD Prevention and Control for Health Departments (STD PCHD)

CDC-RFA-PS19-1901

Work Plan Template Orientation for Eligible Applicants

Two Identical Sessions:
   Friday, May 18, 2018 | 2:30-3:30 pm EST
   Thursday, May 24, 2018 | 2:30-3:30pm EST

Program Development and Quality Improvement Branch
Division of STD Prevention
Centers for Disease Control and Prevention
About this webinar

- Intended for eligible applicants to PS19-1901 STD PCHD
- Focus is on providing guidance on how to use the STD PCHD Work Plan templates
- Questions:
  - All callers are on MUTE until lines are open at the end of the webinar
  - Please use the chat feature for any questions
- Slides and webinar recordings will be available on the STD PCHD website
Strengthening STD Prevention and Control for Health Departments (STD PCHD) CDC-RFA-PS19-1901

- NOFO publication date: April 30, 2018 (Grants.gov)
- **Application deadline: July 31, 2018**
- Eligible applicants: State/local/territorial health departments currently funded under PS14-1402, STD AAPPS
- Period of Performance: January 1, 2019 – December 31, 2023
- Funds subject to availability
- Important Resources (will be regularly updated) on the STD PCHD website: [https://www.cdc.gov/std/funding/pchd/default.htm](https://www.cdc.gov/std/funding/pchd/default.htm)
- Questions: Email STD_PCHD@cdc.gov
Key Terms

- **NOFO**: Notice of Funding Opportunity
- **STD PCHD**: Strengthening Prevention and Control for Health Departments – (PS19-1901)
- **STD AAPPS**: (PS14-1402) current funding through December 31, 2018
- **PDQIB**: Program Development and Quality Improvement Branch, Division of STD Prevention
- **Prevention Specialist**: Project Officer, Program Team, PDQIB
SESSION OBJECTIVES

› **Rationale** for Work Plan Templates
› **Structure** of the Work Plan
› **Navigation** Basics
› **Tips** for Completion
› Other **Resources** Available
› Q&A
Refresher on Work Plan basics

- **Work plans should serve to:**
  - Make the case for how you plan to implement the work
  - Reflect your priority investments
  - Reflect your priority areas for improvement
  - Direct future conversations between you and CDC prevention specialists

- **Work plans should **not** be used for**
  - Tracking staff performance
  - Listing all work done under the program
Templates: Familiar Information, New Format

- Work plan fields should look familiar
- Do **not** require Excel expertise (User guidance is embedded)
- PDQIB will provide ongoing help to use the templates
  - Note: No assistance on strategy or objective development during application period
- Intend to have future IPR, APR, and continuation applications in this format
Template Orientation
STD PCHD: Organization of Strategies

<table>
<thead>
<tr>
<th>Surveillance</th>
<th>Disease Investigation &amp; Intervention</th>
<th>Promotion of CDC-Recommended Screening, Diagnosis, &amp; Treatment</th>
<th>Promotion of Prevention &amp; Policy</th>
<th>Data Use for Program Improvement</th>
</tr>
</thead>
</table>

Cross-cutting: STD-Related HIV Prevention Strategic Partnerships

Templates have been developed for:

- ✔ 5 Year Plan
- ✔ Year 1 Context & Partnerships
- ✔ Year 1 Detailed Work Plan

{part of the same file}
Demo walkthrough

- Template Home Pages
- Basic navigation
- Entering information, viewing tooltips & dropdowns
- Copying & pasting text
- Adding objectives
- Printing & saving your files
- Online Resources
- Error messages
Live Demonstration

https://www.cdc.gov/std/funding/pchd/guidance.htm#work-plan-templates
## Error messages you might see...

<table>
<thead>
<tr>
<th>Issue</th>
<th>Issue Description</th>
<th>Issue Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Image](Error Message 1.png)</td>
<td>User typed a response into cell with a drop-down menu instead of selecting the appropriate response from the drop-down menu.</td>
<td>Click “Cancel” and select the appropriate response from the drop-down menu.</td>
</tr>
<tr>
<td>![Image](Error Message 2.png)</td>
<td>User typed or copied a response into a cell that is limited to 255 characters.</td>
<td>Click “Cancel” and retype the response in less than 255 characters. If you are copying the response from another document, highlight the response and click Word Count under the Review Ribbon. Edit response so that it does not exceed 255 characters.</td>
</tr>
<tr>
<td>![Image](Error Message 3.png)</td>
<td>User typed or copied a response into a cell that is not in the MM/DD/YYYY format.</td>
<td>Click “Cancel” and retype the response in the MM/DD/YYYY format.</td>
</tr>
</tbody>
</table>
Demo walkthrough

- Template Home Pages
- Basic navigation
- Entering information, viewing tooltips, opening dropdowns
- Copying & pasting text
- Adding objectives
- Printing & saving your files
- Online Resources
- Error messages
Template Tips, in general

- Get familiar with the templates now, so you can get help or troubleshoot issues before submission
- Use templates to guide, not define, your NOFO process
- Save often!
- Use the 5-Year Plan to strategize, and think about your “big-picture” goals as a program

- Where your program is now in each strategy area, where your program wants to be in 5 years
  - (Not looking for 5-year SMART objectives here)

- The “Program Priorities” section is a chance for you to tell us more about how prepared your program is to address PCHD primary strategies & what your priorities are
Fill out in tandem with Year 1 Work Plan objectives

Use the Context & Risk fields to highlight key points you want us to know, to better understand why you’ve proposed particular objectives

Be concise; no need to write or paste in paragraphs
Brainstorm both funded and unfunded partners who are essential to your work, and how they differ by strategy area.

Provide basic category descriptions for partners, no need for great detail.
**Surveillance**

**Strategy Area Point of Contact** (if different from Principal Investigator)
Jessica Jones, Director, Surveillance and Evaluation Branch

**Strategy Area Context**
Use the space below to describe any contextual factors, cross-cutting issues, changes, or priorities that impact your PCHD 2019 Year 1 objectives for this area.

We’ve been in the process of transitioning from our home-grown surveillance system to MAVEN, so many of our objectives for Year One focus on monitoring and improving data quality measures, since we’ve encountered some issues with EHR/HL7 data mapping appropriately in our system. However, we hired a new STD epidemiologist to help us develop more routine QA reports. In addition to assisting with annual surveillance reporting to CDC in April, and our statewide STD surveillance report, which comes out in August. We also produce a special supplement every other year on CT/Gc screening in school-based health centers, which is scheduled to come out on Sept 2019.

Our STD program is integrated with HIV, and more recently, Hepatitis. There is a lot of support for more data matching to identify HCV+ individuals with HIV or recent STDs, to support better linkage to care and treatment. While the STD program won’t be leading these data matches, we anticipate new data requests from other state programs throughout the year.

**Strategy Area Risks**
Use the space below to describe any major risks associated with implementation of the objectives under this strategy area for PCHD 2019 Year 1.

Previous SDHC reports were generated from the old surveillance system, and may require significant recoding to run properly with the new MAVEN system. Depending on the timing of STD data requests for matching, and the turnaround priority from our leadership, we may have to dedicate significant resources to preparing those throughout the year. However, we have strong staff with the expertise necessary to extract and review this data, so we don’t anticipate it will significantly impact our ability to meet Y1 workplan objectives.

**Strategy Area Partnerships**
What partners (funded and unfunded) are key and essential to meeting the strategies and activities proposed in this area?

<table>
<thead>
<tr>
<th>Partner Type</th>
<th>Brief Partner Details</th>
<th>Is this a New Partnership for Your Program?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labs</td>
<td>One state lab and 2 private labs</td>
<td>N</td>
</tr>
<tr>
<td>Public Health Care Providers</td>
<td>12 SHHCs</td>
<td>N</td>
</tr>
<tr>
<td>Labs</td>
<td>MAVEN/Consilience Software</td>
<td>Y</td>
</tr>
<tr>
<td>Local Health Dept</td>
<td>15 contract-funded SHHCs in high-morbidity areas</td>
<td>N</td>
</tr>
</tbody>
</table>
Year 1: Detailed Work Plan

- For each strategy: consider where your program is in the “continuum” of implementation (e.g., just getting started, standing it up, routinizing, expanding)
  - Focus on 1-2 key areas for improvement, and design S.M.A.R.T objectives around them (vs. providing an objective for each work step)
  - This also means selecting just 1-2 key measures for each strategy

- Utilize POMs, Surveillance Data quality, and other existing data sources to develop achievable baselines & targets

- Routine or ongoing activities can be described on the “Program Context” page, in addition to any other objective-specific considerations
# Year 1: Detailed Work Plan

## Conduct Surveillance

### Strategy 2: Conduct Gonorrhea (GC) surveillance

2A: Collect, manage, analyze, interpret and disseminate data on identified cases of gonorrhea, ensuring timely capture of core epidemiological variables available on laboratory reports: age, sex, county, diagnosing facility type, specimen collection date, and anatomic site(s) of infection.

### Objective 2A-1

**Annual Objective:** Describe one objective for this strategy, using the S.M.A.R.T. objectives format.

By December 2019, increase the proportion of positive gonorrhea laboratory results received via ELR that have the anatomic site of the specimen documented from 40% to 65%. [Data Source: MAVEN]

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Activity Timeframe</th>
<th>Output Indicator</th>
<th>Assigned To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the top 3 high-volume labs that have low percent completeness for the variable (via review of 2018 data)</td>
<td>Jan-Mar 2019</td>
<td>Completed data report shared with STD leadership</td>
<td>Lead Epi (J Jones)</td>
</tr>
<tr>
<td>Coordinate with state laboratorian to conduct direct outreach to identified labs to identify barriers to reporting variable</td>
<td>Mar-Aug 2019</td>
<td>Meetings with identified labs completed</td>
<td>Lead Epi (J Jones) and Prog Director (A Shrestha)</td>
</tr>
<tr>
<td>Develop and implement quality improvement activities to increase the proportion of specimens sent from these labs that have this variable complete</td>
<td>Aug-Dec 2019</td>
<td>Plans in place and/or reporting issues resolved</td>
<td>Prog Director (A Shrestha)</td>
</tr>
</tbody>
</table>
Year 1: Detailed Work Plan

Conduct Surveillance
Strategy 2: Conduct Gonorrhea (GC) surveillance

2B: To better understand GC epidemiology, conduct provider follow-up and, if needed, brief patient interviews of a random sample of GC cases from a well-defined morbidity area or the project area as a whole. Ensure timely and quality capture of core epidemiological variables including, but not limited to: age, sex, county, diagnosing facility type, specimen collection date, anatomic site(s) of infection, race/ethnicity, gender, identity/sexual orientation, sex of sex partner(s), clinical signs/symptoms, pregnancy status, HIV status, partner treatment (i.e., EPT provision), gonorrhea-related sequelae (i.e., presence of pelvic inflammatory disease (PID), disseminated gonococcal infection (DGI), etc.), substance use, date of diagnosis, treatment received (including names and doses of treatment), date of treatment, co-infection with other STDs, and history of GC infection.

Objective 2B-1
Annual Objective: Describe one objective for this strategy, using the S.M.A.R.T. objectives format.

By August 2019, identify key stakeholders and prepare a validated GC sampling protocol.

<table>
<thead>
<tr>
<th>Activity Description</th>
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</thead>
<tbody>
<tr>
<td>Review 2015-2018 GC morbidity data to identify high-morbidity areas of interest (based on case counts, case rates, and populations of interest)</td>
<td>Jan-Feb 2019</td>
<td>Well-defined geographic areas to be targeted for enhanced GC surveillance</td>
<td>Epi II (B Adeyemi)</td>
</tr>
<tr>
<td>Establish cross-sector enhanced GC surveillance workgroup that includes local health jurisdiction leadership in prioritized areas, DIS, epidemiologists, and data management/IT staff.</td>
<td>Feb-Mar 2019</td>
<td>Workgroup established and routine meetings scheduled</td>
<td>PH Educator (TBD)</td>
</tr>
<tr>
<td>Develop written protocols for 1) random sampling methodology, 2) data collection, and 3) data management.</td>
<td>Apr-Jun 2019</td>
<td>Draft protocol approved by STD program leadership and workgroup</td>
<td>Prog Director (A Shrestha)</td>
</tr>
<tr>
<td>Conduct a dry run of sampling protocol, assess if sampled cases are representative of all cases in the prioritized areas by age and gender, and modify protocol if needed.</td>
<td>July-Aug 2019</td>
<td>Finalized sampling protocol with validated sampling methodology for HD approval.</td>
<td>Epi II (B Adeyemi)</td>
</tr>
</tbody>
</table>

Baseline | Target
--- | ---
N/A | Protocol Approved by HD leadership
Year 1: Detailed Work Plan

Strategy Area Risks

Use the space below to describe any major risks associated with implementation of the objectives under this strategy area for PCHD 2019 Year 1.

Previous SBHC reports were generated from the old surveillance system, and may require significant recoding to run properly with the new MAVEN system. Depending on the timing of STD data requests for matching, and the turnaround priority from our leadership, we may have to dedicate significant resources to preparing those throughout the year. However, we have strong staff with the expertise necessary to extract and review this data, so we don’t anticipate it will significantly impact our ability to meet Y1 workplan objectives.

Our HD does not routinely follow-up on gonorrhea cases, and it will take some time for us to get leadership buy-in (and staff time/resources) necessary to begin a sampling protocol, particularly in LHDs, where we do not directly fund any DIS to support the work. Delays in approval, or lack of LHD resources, may impact our ability to implement a Gc sampling protocol.
Year 1: Detailed Work Plan

- Include higher stakes milestones or steps for the activities; tell us what’s really important or different for Year 1

- If you need to spend time in Year 1 planning work around a strategy, include that as one of your objectives for that strategy

- Include objectives related to cross-cutting issues (e.g., IT system upgrades), if those are high priority/high investment activities in upcoming year

- Avoid repeating objectives across different strategy areas or strategies; objectives should be tailored to each issue or population
If you opt against using the Excel-based templates

- Please cover the information described in the NOFO regardless
- P. 29 of NOFO “Work Plan”
  
  “Applicants are required to provide a work plan that provides both a high-level overview of the entire five-year period of performance and a detailed description of the first year of the award.”
At submission time

- Upload to grants.gov with other documents
- Email courtesy copy of work plan (Excel-format or otherwise) to STD_PCHD@cdc.gov
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