STDPCHD

Strengthening STD Prevention and Control for Health Departments
STD PCHD 19-1901: Kickoff Webinar (Year 1)

January 17, 2019

Today’s speakers:
Ricardo Albarran – Evaluation Team, PDQIB
Marion Carter – Evaluation Team, PDQIB
Mary McFarlane – PDQIB
Kenya Taylor – Program Team, PDQIB
Lizzi Torrone – Surveillance and Data Management Branch
Today’s Agenda

- STD PCHD program support
- STD AAPPS closeout information
- STD PCHD application review process
- Technical assistance planning
- Dates to remember
- Questions and Answers
Program Support Model

- Facilitate Information Sharing
- Facilitate and Provide TA / CB
- Guide and Monitor Award
- Continuous Quality Improvement
Conduct chlamydia (CT) surveillance
Conduct gonorrhea (GC) surveillance
Conduct syphilis surveillance
Conduct congenital syphilis (CS) surveillance
Conduct surveillance of adverse outcomes of STDs

- Respond to STD-related outbreaks
- Conduct health department disease investigation and intervention for pregnant women with syphilis and other reproductive-age women with syphilis
- Promote Expedited Partner Therapy (EPTI) (where permissible) to partners of chlamydia and/or gonorrhea cases
- Conduct health department syphilis disease investigation and intervention for men with primary and secondary syphilis

- Promote quality STD specialty care services
- Promote CDC-recommended treatment for gonorrhea and syphilis
- Promote CDC-recommended screening, diagnosis, and treatment of STDs among high priority populations
- Promote STD prevention to the public
- Promote STD prevention and reporting to provider community
- Monitor STD-related policies and policy development

- Conduct epidemiologic analysis, translation, and dissemination
- Conduct data-driven planning, analysis, monitoring, and evaluation for program improvement

For more info: e-mail STD_PCHD@cdc.gov
Collaboration
Before we discuss STD PCHD

Closing out STD AAPPS
Check GrantSolutions!

The Technical Review for Annual Performance Report (APR)

- Program team has reviewed all of the documents submitted in August 2018
  - 2017 Final progress report
  - 2018 Midyear progress report

- All technical reviews will be available in GrantSolutions by January 25, 2019.

- **Responses to the technical review are not required**

- Comments or questions about technical reviews can be addressed to the Prevention Specialist or **STD_PCHD@cdc.gov**
STD AAPPS 14-1402 Closeout

- **Submission Method**
  - GrantSolutions.gov as a Grant Note
  - Grant Note Category Type: Closeout

- **Submission Deadline is** **March 30, 2019**

- **Questions or Concerns**
  - Programmatic documents: Email your assigned Prevention Specialist or **STD_PCHD@cdc.gov**
  - Administrative documents: Email your assigned Grants Management Specialist Portia Brewer **yfa2@cdc.gov**
STD AAPPS 14-1402 Closeout continued

- **Required documents**
  - ✔ Final Federal Financial Report (FFR)
  - ✔ Invention Statement
  - ✔ Equipment Inventory Form
  - ✔ Final Performance Report
  - ✔ STD AAPPS Supplemental Funding report
  - ✔ Reporting of Publications (citations for journal articles and major conference presentations)
  - ✔ 2018 AAPPS Work Plan Annual Progress Update

- **If Applicable:**
  - ✔ Congenital Syphilis Progress Report
  - ✔ GISF Final Progress Report
  - ✔ Evaluation Final Report Summary Narrative
STD PCHD Application Technical Reviews
Your REVISIONS due February 4

- Technical reviews conducted by Division of STD Prevention staff New Approach for Application Reviews
  - Each application received an in-depth review by
    - Prevention Specialist *(comprehensive review)*
    - Surveillance Team *(reviewed work plan Strategy Area I)*
    - Evaluation Team *(reviewed evaluation components)*
    - PDQIB Branch Chief *(final review)*

- STD PCHD Kickoff calls for each site with their prevention specialist or primary reviewers

- Revisions due February 4, 2019 – discuss how to upload your revisions with your Prevention Specialist
Revisions due on February 4

- You have received from us:
  - Technical Review
  - Recommendations Summary
  - “Unlocked” Work Plans for editing

- What’s required?
  - Revised Work Plans
  - Revised Budgets (if applicable)
  - Cover letter
  - Narrative Response: Responses to the Recommendations Summary

- Ask your prevention specialist how to submit your response in GrantSolutions
Technical Review Findings

- In the Five-Year Work Plan, you told us, on a scale of 1 (low) to 5 (high):
  - How *important* is the strategy?
  - How *strong* is your program in this strategy?

- Strategies that were very *important*, but where programs felt less *strong*:
  - Conduct data-driven planning, analysis, monitoring and evaluation for program improvement
  - Respond to STD-related outbreaks
  - Conduct congenital syphilis surveillance
  - Promote STD prevention and reporting to provider community
  - Promote STD prevention to the public
Technical Assistance Planning

- Priority strategies as noted by review of the proposals
  - Enhanced surveillance for gonorrhea
  - Using program and epi data in decision-making
  - Outbreak response
  - Congenital syphilis

- Goal for 2019: provide technical assistance on priority strategies
  - Meet the need for effective and timely technical assistance within the time constraints of busy programs
  - Collaborating with partners to provide technical assistance that will best serve programs
  - Affinity Groups and other peer-to-peer sharing
Types of Technical Assistance

- Fact sheets
- Guidance documents
- E-newsletter
- Technical notes
- Conference calls
- Webinars
- Video conferences
- Short courses
- Communities of practice
- Quality improvement cohorts
- Learning collaboratives
- Regular calls with prevention specialists
- Site visits
- On-site consultations
Strategy-specific Technical Assistance Plans: Surveillance Strategies
Surveillance-related resources

- **STD Surveillance Report**
  - [https://www.cdc.gov/std/stats/default.htm](https://www.cdc.gov/std/stats/default.htm)

- **STD Surveillance Coordinator’s quarterly calls**
  - Next call: Monday, January 28th 1 pm EST
  - Contact Ashley Vineyard (avineyard@cste.org) to be added to list

- **NCSD User Groups (Maven, PRISM, NBS)**
  - Contact Marvin Fleming (mqf6@cdc.gov) to be added

- **CSTE STD Surveillance Capacity Framework**
  - Coming soon!
1. Conduct chlamydia (CT) surveillance
2a. Conduct gonorrhea (GC) surveillance
3a. Conduct syphilis surveillance

Collect, manage, analyze, interpret and disseminate data on identified cases of CT/GC/syphilis (all stages) ensuring timely capture of core epidemiologic variables

<table>
<thead>
<tr>
<th>Core variables</th>
<th>CT</th>
<th>GC</th>
<th>Syphilis (all stages)</th>
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<tbody>
<tr>
<td>Age</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
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<td>✓</td>
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<tr>
<td>County</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Diagnosing facility type</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Specimen collection date</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Anatomic site of infection</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
1. Conduct chlamydia (CT) surveillance
2a. Conduct gonorrhea (GC) surveillance
3a. Conduct syphilis surveillance

Suggestions

- Focus on processes to improve data quality and timeliness
- Begin discussions about transition to the STD Message Mapping Guide (MMG)

TA Resources

- STD Data Management & Information Technology website
  Updates coming soon on LGV reporting and coding of the case status variable
  https://www.cdc.gov/std/program/data-mgmt.htm
- NNDSS modernization Initiative (NMI) technical assistance
  https://www.cdc.gov/nmi/ta-trc/index.html
Conduct provider follow-up and, if needed, brief patient interviews of a random sample of GC cases from a well-defined high morbidity area or the project area as a whole. Ensure timely and quality capture of core epidemiological variables:

- Age
- Sex
- County
- Diagnosing facility type
- Specimen collection date
- All anatomic site(s) of infection
- Race/ethnicity
- Gender identity/sexual orientation
- Sex of sex partner(s)
- Clinical Symptoms and signs
- Pregnancy status
- HIV status
- Previous history of GC
- PID
- Disseminated gonococcal infection
- Treatment provided
- Date of treatment
- Co-infection with other STDS
- History of substance abuse
- Partner treatment (e.g., EPT provision)
2b. Conduct enhanced GC surveillance

**Suggestion**

Take an incremental approach based on level of experience with enhanced surveillance. For example, for a jurisdiction with no experience:

**Year 1**
- Identify well, defined geographic area; gain local jurisdiction support
- Develop and validate methods for taking a random sample of all cases in that area

**Year 2**
- Finalize data collection protocols, hire interviewers
- Modify (if needed) surveillance information system to store and export enhanced data
- Pilot interviews and methodology for weighting

**Year 3**
- Conduct interviews
- Conduct non-response analyses to monitor implementation
- Analyze data using weights to generate representative estimates

**Years 4 & 5**
- Ongoing implementation & quality improvement activities
2b. Conduct enhanced GC surveillance

TA Resources

- PCHD Technical assistance (TA) note on enhanced surveillance

- STD Surveillance Network (SSuN) protocol
  https://www.cdc.gov/std/ssun/default.htm

- Webinar on random sample methodology and best practices (early March)

- CSTE Enhanced Gonorrhea Surveillance Tool Kit (fall 2019)

- Investigating options for peer-to-peer TA
3b. Conduct P&S syphilis surveillance

Conduct provider follow-up and, if needed, brief patient interviews of all cases of P&S syphilis. Ensure timely and quality capture of core epidemiologic variables.

<table>
<thead>
<tr>
<th>Core variables</th>
<th>Syphilis (all stages)</th>
<th>All P&amp;S syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
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</tr>
<tr>
<td>Sex</td>
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<td>County</td>
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<td>Diagnosing facility type</td>
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<td>Specimen collection date</td>
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<td>Race/ethnicity</td>
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<td>Sexual orientation</td>
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<td>Pregnancy status</td>
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<td>Clinical signs/symptoms</td>
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<td>HIV status</td>
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<td>Substance use</td>
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<tr>
<td>Treatment received</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Date of treatment</td>
<td></td>
<td>✓</td>
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<tr>
<td>History of syphilis</td>
<td></td>
<td>✓</td>
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</tbody>
</table>
3b. Conduct P&S syphilis surveillance

**Suggestions**

- Focus on improving percent complete of variables with lowest percent complete
- Match with eHARS to improve completion of HIV status

**TA Resources**

- Recommendations for syphilis surveillance in the U.S.
  [https://www.cdc.gov/std/syphsurvreco.pdf](https://www.cdc.gov/std/syphsurvreco.pdf)
- CSTE webinar on syphilis staging
  [https://www.cste.org/page/WebinarLibrary](https://www.cste.org/page/WebinarLibrary) (CSTE/CDC Syphilis Webinar 1)
- NCSD User Groups
  Email Marvin Fleming to be added (mqf6@cdc.gov)
4. Conduct congenital syphilis (CS) surveillance

All recipients

*To better understand CS epidemiology, conduct provider and mother follow-up and review medical records of all reported CS cases*

**Suggestions**

- Use correct CS case report form
- Ensure complete treatment & testing information on case report

**TA Resources**

- CS case report form & reporting instructions
  - [https://www.cdc.gov/std/program/ConSyphInstructions2013.pdf](https://www.cdc.gov/std/program/ConSyphInstructions2013.pdf)
  - More guidance coming soon via CSTE CS workgroup
- Contact Sarah Kidd ([hgk9@cdc.gov](mailto:hgk9@cdc.gov)) with CS reporting questions
4. Conduct congenital syphilis (CS) surveillance

Recipients with ≥10 CS cases

*Improve methods to match syphilis surveillance data and vital statistics birth and mortality data*

*Strengthen CS morbidity and mortality case review boards*

**Suggestions**
- Start with retrospective matches
- Consider semi-annual matching

**TA Resources**
- Protocols, tools, lessons learned, and best practices from CS supplement areas
- List of commonly-requested Vital Stats variables
- FIMR-HIV resources from CityMatCH
- CS Special Interest Group: to be continued
5. Conduct surveillance of adverse outcomes of STDs

Conduct active surveillance of adverse outcomes of adult syphilis including neurosyphilis and otic and ocular syphilis

Suggestions

- Consider how to collect, store, and report these clinical manifestation data elements

TA Resources

- Syphilis case definitions, including definitions of clinical manifestations
  https://www.cdc.gov/STD/program/data-mgmt.htm

- CSTE webinar
  https://www.cste.org/page/WebinarLibrary
  (CSTE/CDC Syphilis Webinar 2)
Wow. That was a lot of information!

- Don’t worry if you missed something or couldn’t copy down a link, slides will be available
- We are here to help!
  - Start with your prevention specialist, but DSTDP surveillance and data management staff are available as needed
  - Suggest other surveillance-related TA resources that would be useful
Strategy-specific Technical Assistance Plans: Outbreak response
6. Respond to STD-related outbreaks

*Review STD surveillance data at regular intervals to identify outbreaks*
*Develop and maintain an outbreak capacity plan*

**TA Resources**

- CSTE Syphilis Outbreak detection guidance & webinar
  https://www.cdc.gov/std/program/data-mgmt.htm
  https://www.cste.org/page/WebinarLibrary (Overview of Syphilis Outbreak Detection Guidance)
- DSTDAP STD Outbreak Response and Coordination Effort (SOURCE)
  If you suspect an outbreak: contact your prevention specialist who will connect with SOURCE
- Template HANs (in preparation)
- Table top exercise focusing on resistant GC (in preparation)
- Best practices for responses (in preparation)
Strategy Specific Technical Assistance
Plans: Data Use for Program Improvement
Introducing . . . the Evaluation and Program Improvement Capacity Project

- New project with the National Network of Public Health Institute and its affiliate, the Rocky Mountain Public Health Training Center
- For any STD PCHD project area staff that want to strengthen skills and capacity in evaluation and program improvement
- Supports implementation of Strategy Area V, Strategy 17
  - Conduct data-driven planning, analysis, monitoring and evaluation for program improvement
Evaluation and Program Improvement Capacity Building Project: Overview

- Prepared to support up to 30 project areas
- Flexible participation and support model
- No cost to participate, except for time
- No prerequisites, except interest and intent to commit
- Run throughout 2019, starting in March
Interested? How to find out more

- **Jan 24**: Informational webinar by NNPHI (optional)
  - Overview and registration information were sent out earlier this week through STD_PCHD email
- **Feb 8**: Registration to join, due to NNPHI
  - Brief & online
- **Mar 1**: Engage participants with coaches
Update on Evaluation and Performance Measurement for STD PCHD
Refresher on NOFO requirements

“Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a Data Management Plan, within the first 6 months of award . . . .” (p.26)

- What are these?
- What will be required?
- When?
- What next?
Evaluation and Performance Measurement Plan

- For STD PCHD, we are only requesting a Targeted Evaluation Project (TEP) Plan
- Performance measures are still under development, so we cannot ask for a plan around those at this time
Targeted Evaluation Project or TEP: What is this?

- A small-scale, feasible evaluation project that helps you better understand or improve your program
- Topic, scope, methods, timeframe will vary across project areas
- Planning tool greatly simplified compared to STD AAPPS
- The planning tool, with guidance, will be issued in next few weeks

Targeted Evaluation Project (TEP) Plan Overview & Template User Guide

PS19-1901
STD Prevention and Control for Health Departments (STD PCHD)

Program Development & Quality Improvement Branch (PDQIB)
Division of STD Prevention
U.S. Centers for Disease Control and Prevention

More guidance: Coming soon to an inbox near you!
Targeted Evaluation Project or TEP: Next steps?

- Each project area will have its own TEP TA provider
- TEP TA providers will reach out in February to start to help you understand the TEP requirement and plan a good TEP
- Complete, final TEP plan due by June 30, 2019

We’ll help walk you through all this
Refresher on NOFO requirements

“Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a Data Management Plan, within the first 6 months of award . . . .” (p.26)

- What are these?
- What will be required?
- When?
- What next?
Data Management Plan or DMP: What to expect?

- A plan that helps ensure that all data collected under a NOFO are accessible and stored appropriately
- Complements PCSI confidentiality and security guidelines
- Must be more than a checklist or statement of assurance
- Sample template, with instructions, will be issued in a few weeks
- Also due by June 30, 2019
TEPs and DMPs: Recap

February 2019
- Guidance issued for both

Feb-May 2019
- Consult your local colleagues and your DSTDP TEP TA provider on TEP
- Consult your local data stewards and your DSTDP prevention specialist on DMP

June 2019
- Submit both, together, to DSTDP = “Evaluation and Performance Measurement Plan” required within 6 months of award

Bottom line:
- Don’t worry about these for now
- Stay tuned for more
- There is time to both understand and work on them
Update on STD PCHD Performance Measures Development
Refresher from the NOFO

“CDC expects recipients to send data to CDC on a regular basis, so that CDC can track progress towards achieving certain key outcomes of the NOFO. CDC will finalize these measures, their specific definitions, benchmarks, submission frequency, and submission templates in consultation with recipients within 6 months of award.” (p.22)
Aim for STD PCHD Performance Measures

A common set of measures that is:

- Relatively small in number
- Within the control of each project area to obtain and calculate
- Reflective of more of the work that STD PCHD funds in your area
- Useful for you and us to see in comparative perspective and over time
Performance Measures: Where are we?


More feedback from recipients (Jan) → Prep discussions with recipient work group (Oct-Dec)
Another feedback opportunity

- Current list of measures ≠ List provided in NOFO
- Optional and anonymous feedback on feasibility, utility, other suggestions or concerns
- Survey link will be sent out next week to all project areas
- Results of feedback will be included in deliberations of recipient work group meeting (mid-Feb)

### Performance Measures

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<th>Work Group reps are from:</th>
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<tbody>
<tr>
<td>California</td>
</tr>
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<td>New York City</td>
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<tr>
<td>Puerto Rico</td>
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<tr>
<td>Vermont</td>
</tr>
<tr>
<td>Wyoming</td>
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Performance Measures: Where are we?


More DSTDP discussion → Recipient work group in-person meeting (Feb) → More feedback from recipients (Jan) → Prep discussions with recipient work group (Oct-Dec)

OMB → First data submission (TBD)
Resources & Important STD PCHD Dates
Resources

- Work Plan templates and other helpful documents for communicating with DSTDP
- Internal protocols and plans for supporting the programs
- Plans for creating a web space for sharing program information among all recipients
- Commitment to providing clear and helpful reports and feedback to programs
- Plans to collaborate externally to provide optimal support to programs
## Deadlines for STD PCHD 19-1901

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<tr>
<th>Requirement/Deliverable</th>
<th>Submission Method</th>
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<td>March 31, 2020</td>
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</tbody>
</table>
Program Contacts

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PS19-1901 Strengthening STD Prevention and Control for Health Departments (STD PCHD) 2019-2023

**SURVEILLANCE**
- Conduct chlamydia (CT) surveillance
- Conduct gonorrhea (GC) surveillance
- Conduct syphilis surveillance
- Conduct congenital syphilis (CS) surveillance
- Conduct surveillance of adverse outcomes of STDs

**DISEASE INVESTIGATION AND INTERVENTION**
- Respond to STD-related outbreaks
- Conduct health department disease investigation and intervention for pregnant women with syphilis and other reproductive-age women with syphilis
- Promote Expedited Partner Therapy (EPTI) (where permissible) to partners of chlamydia and/or gonorrhea cases
- Conduct health department syphilis disease investigation and intervention for men with primary and secondary syphilis

**PROMOTION OF CDC RECOMMENDATIONS**
- Promote quality STD specialty care services
- Promote CDC-recommended treatment for gonorrhea and syphilis
- Promote CDC-recommended screening, diagnosis, and treatment of STDs among high priority populations

**PROMOTION OF PREVENTION AND POLICY**
- Promote STD prevention to the public
- Promote STD prevention and reporting to provider community
- Monitor STD-related policies and policy development

**DATA USE FOR PROGRAM IMPROVEMENT**
- Conduct epidemiologic analysis, translation, and dissemination
- Conduct data-driven planning, analysis, monitoring, and evaluation for program improvement

**CROSS CUTTING:** Promote STD-Related HIV Prevention • Develop, Maintain, and Leverage Partnerships

For more info: e-mail STD_PCHD@cdc.gov