

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>
- 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



Templates have been developed for:

- ✓ 5 Year Plan
 - ✓ Year 1 Context & Partnerships
 - ✓ Year 1 Detailed Work Plan
- } part of the same file

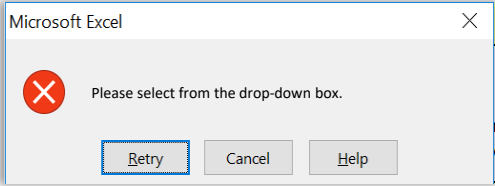
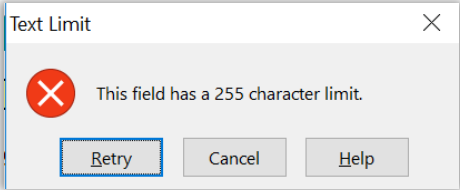
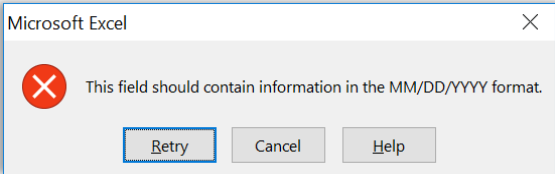
Demo walkthrough

- ✓ 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...

Issue	Issue Description	Issue Resolution
	User typed a response into cell with a drop-down menu instead of selecting the appropriate response from the drop-down menu.	Click “Cancel” and select the appropriate response from the drop-down menu.
	User typed or copied a response into a cell that is limited to 255 characters.	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.
	User typed or copied a response into a cell that is not in the MM/DD/YYYY format.	Click “Cancel” and retype the response in the MM/DD/YYYY format.

Demo walkthrough

- ✓ Template Home Pages
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STD PCHD | Work Plan Tips



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!



5 Year Plan

- 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

[Home Page](#) [Spell Check this Sheet](#)

PCHD 5 Year Plan

This five year planning page is an opportunity for you to step back and reflect on how your STD program's context, goals, and objectives are related to the key strategies and activities put forth in this award. Applicants will only need to complete and submit the PCHD 5 Year Plan once during the five year period of performance of the award.

Surveillance

Current Capability
What is the current capacity of your STD program, in this Strategy Area?

Strengths
What are the key strengths of your program in the STD Surveillance Strategy Area?

Limitations
What are the key limitations of program in the STD Surveillance Strategy Area?

Progress and Change
What major changes do you plan to make over the next 5 years in the STD Surveillance Strategy Area?

Program Priorities			
Use the space below to rate the importance of the primary strategies to your STD Surveillance program, and your program's level of strength in implementing them.			
Surveillance Primary Strategy	Importance: Among Surveillance strategies, how would you rate the relative importance of this strategy to your STD program, based on your resources, morbidity, and local priorities?	Implementation: How strong or weak would you say your STD program is in implementing the following strategies?	Comments (Optional): If needed, use the space below to provide additional information on the strategy importance or implementation.
Conduct Chlamydia (CT) surveillance			
Conduct Gonorrhea (GC) surveillance			
Conduct syphilis surveillance			
Conduct congenital syphilis (CS) surveillance			
Conduct surveillance of adverse outcomes of STDs			



Year 1: Program Context & Partners

Home Page	Surveillance		Disease Investigation and Intervention		Screening, Diagnosis, and Treatment	Prevention and Policy	Data Use and Utilization
Program Context & Partners	Chlamydia	Congenital Syphilis	Outbreak	EPT	STD Specialty Care	Community Health Promotion	Analysis, Translation, Dissemination
	Gonorrhea	Adverse Outcomes	Partner Services for Women		Gonorrhea & Syphilis Tx	Provider Education & Reporting	Data-Driven Planning
	Syphilis		Partner Services for MSM		Priority Pop. Screening & Tx	Policy	

- 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



Year 1: Program Context & Partners

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	Gonorrhea	Adverse Outcomes	Partner Services for Women		Gonorrhea & Syphilis Tx	Provider Education & Reporting	Data-Driven Planning
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- 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

This page is an opportunity for you to describe some of the cross-cutting issues and partners related to your work plan activities during PCHD Year 1.

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

We've been in the process of transitioning from a 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 ELR/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 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.

Strategy Area Partnerships

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

Partner Type	Brief Partner Details	Is this a New Partnership for Your Program?
Labs	One state lab and 2 private labs	N
Public Health Care Providers	12 SHBCs	N
Labs	MAVEN /Consilience Software	Y
Local Health Dept	15 contract-funded LHDs in high-morbidity areas	N



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]

Description: Briefly describe the baseline and target measures of your objective

Baseline

40%

Target

65%

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



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 high 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

Description: Briefly describe the baseline and target measures of your objective

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

Baseline

n/a

Target

Protocol Approved by HD leadership

Activity Description	Activity Timeframe	Output Indicator	Assigned To
Review 2015-2018 GC morbidity data to identify high-morbidity areas of interest (based on case counts, case rates, and populations of interest).	Jan-Feb 2019	Well-defined geographic areas to be targeted for enhanced GC surveillance	Epi II (B Adeyemi)
Establish cross-sector enhanced GC surveillance workgroup that includes local health jurisdiction leadership in prioritized areas, DIS, epidemiologists, and data management/IT staff.	Feb-Mar 2019	Workgroup established and routine meetings scheduled	PH Educator (TBD)
Develop written protocols for 1) for random sampling methodology, 2) data collection, and 3) data management.	Apr-Jun 2019	Draft protocol approved by STD program leadership and workgroup	Prog Director (A Shrestha)
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.	July-Aug 2019	Finalized sampling protocol with validated sampling methodology for HD approval.	Epi II (B Adeyemi)



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 leaderships 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”

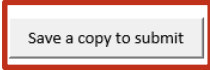
“Applicants are required to provide a work plan that provides both a high-level overview of the entire five-year period of performance and a detailed description of the first year of the award.”

At submission time

Saving and Submitting Your Work:

Click "File" from the ribbon above and then "Save" from the menu. If this is your first time saving this document, you will be prompted to choose a location for where this file will be saved. **Please save this file as "[ProjectAreaName]_WorkplanY1_yy-mm-dd" and as an .xslm version.** (Note: you will see a warning message reminding you that if you change the format of the document, you may lose some of the functionality. Click "Ok" and save the file in your preferred location.)

When you are finished with this document, there are two ways to package it for submission. **Option 1** - click the button below, select a folder for where you would like the final file saved, and the file will be saved with an automatically-generated filename. You will no longer be able to edit any text, but you will be able to print out the work plan template.



Save a copy to submit

Option 2 - click "File" from the ribbon above and then "Save As" from the menu or use the button below. Choose the .xls or .xlsx file type from the "Save as type" drop-down menu. You will see a warning sign that says "The following features cannot be saved in macro-free workbooks: VB project". Click "Yes" to save the file as a .xls or .xlsx file type. You will still be able to edit light yellow cells, but a few features from this workbook will no longer be available.

To submit this document, attach the file ending in .xls or .xlsx to your application for this NOFO in Grants.gov.

- 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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Thank you!

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For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 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.

