



Increasing the Capacity of Health Departments to Prevent HIV and STDs in Adolescents (10-19 years old) through CDC-Developed School-Based Approaches for Health Education, Health Services, and Safe and Supportive Environments

REQUEST FOR APPLICATIONS (RFA)

*****Applications are Due Friday, June 9, 2017, at 11:59 PM ET*****

OVERVIEW

The National Coalition of STD Directors (NCS D) is a partnership of public health professionals dedicated to promoting sexual health through the prevention of STDs. NCS D provides dynamic leadership that strengthens STD Programs by promoting effective policies, strategies, and sufficient resources, and by increasing awareness of their medical and social impact. NCS D supports state, local, and territorial health department STD directors, their staff, and community-based partners.

NCS D has received funding from the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) to increase education of key stakeholders on CDC-developed school-based programs to advance HIV/STD prevention among adolescents (10-19 years old). As part of this initiative, NCS D aims to increase the capacity of health departments to implement school-based approaches for HIV and STD prevention in partnership with education agencies. The CDC-developed school-based approaches are:

Health education: Systematic approach to health education that is informed by scientific research and effective practice to help adolescents acquire the essential knowledge and critical skills needed to prevent HIV and STDs. It emphasizes planned, sequential learning across elementary, middle and high

school grade levels and the use of grade-specific lessons and materials that are medically accurate and developmentally and culturally responsive.

Health services: Facilitating access to critical health services including HIV and STD testing and treatment, contraceptive services, pregnancy testing, condom provision, human papillomavirus (HPV) vaccines, and free football betting tips anticipatory guidance and health counseling. This work may include referral system development.

Safe and supportive environments: Promoting and providing safe and supportive district and school policies and practices to create positive learning and teaching environments for students and school staff by focusing in three areas: 1) preventing bullying and sexual harassment, including electronic aggression; 2) promoting school connectedness; and 3) promoting parent engagement in schools.

NCSd invites health departments to submit applications to participate in an action planning project that aims to:

- 1) Strengthen partnerships between health departments, education agencies, and other stakeholders, and
- 2) Implement projects that align with the school-based approaches listed above to improve adolescent HIV/STD outcomes.

Health departments and their education agency partners will engage in a project kick-off orientation in **Washington, DC in August 2017**, as well as other training and technical assistance (TA) activities.

Funded health departments will:

- 1) Attend and participate in a project kick-off orientation facilitated by NCSd staff in Washington, DC;
- 2) Develop draft action plans to support effective and evidence-based adolescent HIV/STD prevention programs, practices, and services;
- 3) Host an in-person site visit with NCSd staff, and participate in ongoing training and TA calls and emails;
- 4) Participate in evaluation activities, including surveys, interviews, and writing success stories, and contribute to conference sessions as needed;
- 5) Develop and maintain partnerships and/or coalitions to support improved adolescent health outcomes for HIV/ STD prevention; and

- 6) Work with education agencies and other key stakeholders to implement the action plans to prevent adolescent HIV/STD infections.

This action planning project will involve two phases. During Phase I of the project, selected health departments will participate in the NCSDDC kick-off orientation meeting to learn about the CDC-developed school-based approaches for HIV/STD prevention through health education, health services, and safe and supportive environments, and to begin the process of developing a draft action plan for implementing the school-based approaches. NCSDDC will provide ongoing training and TA through site visits, calls, and emails. Selected health departments will be responsible for identifying and inviting partners and stakeholders to site visits and submitting a draft action plan by the conclusion of Phase I. Phase I of the project will begin on the date of contract execution (anticipated for August 2017) and end by September 29, 2017.

Pending successful completion of Phase I deliverables, Phase II of the project will support implementation of the action plan developed during Phase I and partnership/coalition building efforts to support the long-term success and sustainability of adolescent HIV and STD prevention activities in the selected jurisdictions. Phase II will begin on or around September 30, 2017 and end by September 29, 2018.

APPLICATION PROCESS & IMPORTANT DEADLINES

The following are important deadlines for this RFA:

1. **Letters of Intent (LOI)** should be **submitted by May 19, 2017 at 11:59 PM ET**. Letters of intent are not required, but preferred. If submitting an LOI, please submit via email to Lilly Pinto at lpinto@ncsddc.org.
2. **Applications** must be **submitted no later than June 9, 2017 at 11:59 PM ET**. Selections will be made on or around **July 28, 2017**.

All necessary information regarding the project and application process may be found in this RFA. A call to answer questions about the funding opportunity and application process will be held on **May 12, 2017**. Potential applicants may also e-mail questions to Lilly Pinto at lpinto@ncsddc.org.

BACKGROUND

Adolescents are disproportionately impacted by HIV and STDs. While rates of HIV infections have decreased among young people,¹ those aged 13-24 still account for 22 percent of new HIV infections,² illustrating a need for sustained commitment. Adolescent STD infections are on the rise, and cases of chlamydia, gonorrhea, and syphilis all increased among adolescents in 2015.³ In fact, adolescents account for 50 percent of new STD infections nationally. Behavioral, biological, and social factors contribute to adolescents' risk for HIV and STDs, and lack of access to culturally responsive information and services about HIV/STD prevention are compounding factors.

As 91 percent of adolescents attend public or private school during critical years of their social and physical development, schools are critical partners in shaping students' health knowledge and behaviors; school-based approaches to HIV/STD prevention through health education, health services, and safe and supportive environments can effectively reduce sexual risk behaviors and adverse health outcomes while providing students with resources and spaces to become healthy and productive adults. As HIV and STD epidemics vary regionally and by race/ethnicity and sexual orientation/gender identity, the implementation of relevant, inclusive, and tailored adolescent health initiatives is integral to reducing the disease burden among this population.

As leaders of HIV and STD prevention efforts in their communities, health departments are key partners for education agencies and schools in their efforts to increase prevention of HIV and STDs among adolescents. Health departments can strengthen school-based approaches for health education, health services, and safe and supportive environments by developing processes for selecting and implementing health education curricula, implementing referral systems and guides for adolescents to access critical health services and providers through school staff, and facilitating parent engagement in school-based HIV/STD prevention-related activities, among other crucial activities.

¹ Centers for Disease Control and Prevention. (2017). *New HIV infections drop 18 percent in six years*. Retrieved March 1, 2017, from <https://www.cdc.gov/nchhstp/newsroom/2017/croi-hiv-incidence-press-release.html>

² Centers for Disease Control and Prevention. HIV Among Youth webpage. Retrieved March 1, 2017, from <https://www.cdc.gov/hiv/group/age/youth/index.html>

³ Centers for Disease Control and Prevention. (2016). *Sexually Transmitted Disease Surveillance 2015*. Retrieved March 1, 2017, from <https://www.cdc.gov/std/stats15/std-surveillance-2015-print.pdf>

See DASH’s 1308 program guidance for more information on the school-based approaches to HIV/STD prevention through health education, health services, and safe and supportive environments at the following link:

https://www.cdc.gov/healthyouth/fundedpartners/1308/pdf/program_guidance_final.pdf.

ELIGIBILITY

Eligible applicants include health department STD programs that are:

- Either a tribal nation or one of the following states or territories*:
 - Alabama
 - Alaska
 - American Samoa
 - Arizona
 - Colorado
 - Georgia
 - Hawaii
 - Idaho
 - Indiana
 - Iowa
 - Kansas
 - Kentucky
 - Louisiana
 - Marshall Islands
 - Maine
 - Maryland
 - Micronesia
 - Missouri
 - Montana
 - Nebraska
 - Nevada
 - New Hampshire
 - New Jersey
 - New York
 - North Dakota
 - Northern Mariana Islands
 - Ohio
 - Oklahoma
 - Oregon
 - Puerto Rico
 - Republic of Palau
 - South Carolina
 - South Dakota
 - Tennessee
 - Texas
 - Utah
 - Virgin Islands
 - Virginia
 - West Virginia
 - Wyoming
- In jurisdictions that demonstrate need based on epidemiological data;
- Able to demonstrate interest to work on this project from the education agency, as evidenced by the inclusion of a letter of support from the education agency as part of this application; and
- Able to demonstrate the commitment of health department leadership and capacity to implement this project.

**The eligible areas listed are not currently funded by DASH.*

AVAILABLE FUNDING

NCSD will select up to **three health departments** and award up to **\$20,000** per selected agency for the project award period of August 2017-September 2018. NCSD will pay each selected health department

in one installment of \$20,000 upon award. Phase I of the project will begin on the date of contract execution (anticipated for August 2017) and end by September 30, 2017. Phase II will begin on or around October 1, 2017 and end by September 29, 2018.

LETTER OF INTENT

Letters of intent (LOI) are not required, but are preferred. The LOI is not binding and does not enter into the review of a subsequent application. LOIs should include agency name and division, NCSD membership category, and how the applicant found out about this opportunity. Letters should be submitted via email to Lilly Pinto at lpinto@ncsddc.org by **May 19, 2017 at 11:59 PM ET**. Use as the Subject Line: "DASH Action Planning: LOI."

EXPECTATIONS/SCOPE OF WORK

Selected health departments will be required to do the following in implementing this project:

- Participate in a kick-off orientation in Washington, DC with NCSD to learn more about the school-based approaches, action plan development, measuring success, and sustaining successful partnerships. **Funding for travel expenses to the orientation will be provided by NCSD, and should not be included in the budget proposal.**
- Plan and convene, in collaboration with NCSD, an in-person meeting of project stakeholders (e.g. health department leadership/representatives, education agency representatives, school health staff, healthcare providers, community partners, youth leaders, parents' groups, etc.). The stakeholders invited will vary depending on the type of project proposed. The purpose of the convening will be to identify priority areas and action steps to increase HIV and STD prevention activities in collaboration with the education agency. The health department will be responsible for identifying space for the meeting, identifying and inviting participants, and collaborating with NCSD to ensure that the participants are prepared to participate in the convening.
- Develop a draft action plan for how the health department plans to implement initiatives that align with the CDC-developed school-based approaches to HIV/STD prevention through health education, health services, and/or safe and supportive environments. The process of developing the action plan should involve what can be realistically accomplished in one year, such as

creating and/or revising the scope of a formal Memorandum of Understanding (MOU) with education agency partners, developing sustainability strategies, mapping resources, fostering areas for continued partnership, etc. Health departments should engage identified partners in the action plan development process. Applicants are expected to collaborate with the education agency and key stakeholders throughout Phase I and Phase II of the project.

- After receiving feedback on the draft action plan, implement strategies and activities outlined in the plan in collaboration with the education agency. Activities may extend beyond September 29, 2018, when the project period ends, though NCSO may not be able to provide technical assistance after this date.
- Participate in monthly project calls and ongoing training and TA calls and emails with NCSO.
- Attend the NCSO Annual Meeting in November 2017 in Washington, DC and participate in a structured public health/education agency conference session. **Funding for travel expenses to the Annual Meeting will be provided by NCSO, and should not be included in the budget proposal.**
- Contribute to and participate in conference presentations and evaluation activities, including 6-month feedback survey, other surveys, interviews and success story writing.
- Communicate progress and any major changes to the proposed work to NCSO, including work plan and budget (~February 2018).
- Document and share lessons learned and any tools or resources used or developed during the project period with NCSO.

As part of this award, NCSO will provide:

1. Funding to attend the in-person kick-off orientation with all grantees (provided in addition to the \$20,000 award);
2. Funding to attend the NCSO Annual Meeting in November 2017 (provided in addition to the \$20,000 award);
3. Site visits to project jurisdictions; and
4. Training/TA by phone and email.

APPLICATION PROCEDURE & REQUIREMENTS

Applications should be e-mailed to lpinto@ncsddc.org in ONE attachment **by 11:59 PM ET on June 9, 2017**. NCSDDC will confirm receipt of the application within one business day of submission. Please use the subject line "DASH Action Planning RFA." Please call 202-715-3870 if you do not receive a confirmation of receipt within one full business day after submission. NCSDDC will not accept any applications received after the deadline.

Applications must be prepared according to specifications provided in this announcement. The application should use 1 inch margins and a legible, 11 point sans serif font, such as Calibri or Arial. Any tables may be single-spaced, but must be easily readable. Include a cover page with contact information (name, e-mail, phone number) for the primary contact for the application as well as the name, address, city, and state of the health department applicant. The application (i.e., problem statement, proposal overview, organizational capacity and experience, and project narrative) must not exceed 6 single-spaced 8 ½" x 11" pages. The cover page, education agency letter of support, and budget and budget justification do not count against the page limit. All pages, charts, figures, and tables should be numbered. The application file should be saved in PDF format.

Successful applications will contain the following information:

A. Cover Page

Include a cover page with contact information (name, e-mail, phone number) for the person who should be notified about the application as well as the name, address, city, and state of the health department.

B. Problem Statement (15 points)

Describe the population served by your health department, including community demographics and population size. Describe the current landscape of adolescent HIV and STD infections and relevant initiatives in your jurisdiction, using epidemiological data. Describe the needs of public health and educational partners related to implementing evidence-based and innovative programs and services and developing and maintaining partnerships supportive of adolescent HIV and STD initiatives.

C. Organizational Capacity and Experience (20 points)

- Explain how your health department's current efforts align with the goal of this project.

- Describe your organizational/agency and staff qualifications and experience engaging in adolescent HIV and STD prevention efforts that involve (a) implementing and supporting effective and evidence-based prevention programs, practices, and services, and (b) developing and maintaining partnerships to support adolescent health initiatives, particularly in relation to your education partners (this can be in table form).
- Describe how your health department leaders and/or community decision makers are engaged in helping to accomplish and sustain goals related to adolescent HIV/STD prevention.
- Describe your health department's capacity and experience convening meetings, with an emphasis on experience involving the education agency and community partners.
- Describe your health department's capacity and ability to leverage additional resources to support future adolescent HIV/STD prevention efforts after the project period.
- Describe your health department's sustainability strategy to support

D. Project Narrative (20 points)

Develop a narrative spanning a fourteen-month project period, describing how your health department will identify, invite, and engage partners in an action planning process to implement an adolescent HIV and STD prevention project in Phase I (two months), and briefly describe how your health department will implement the action plan in Phase II (twelve months). List key community partners/stakeholders and briefly describe your experience working with them and the roles they will play in implementing this project. Describe how your action planning project will advance the goal of increasing the capacity of your health department to implement CDC-developed school-based approaches for health education, health services, and safe and supportive environments; as well as your work with education agencies and other key stakeholders to implement strategies that improve adolescent health and well-being in your jurisdiction.

E. Letter of Support (5 points)

The health department responding to this RFA must attach a Letter of Support from the education agency indicating their interest in and commitment to being involved in this project. The letter should outline the intent to work together to implement the proposed project. The letter should also demonstrate that the education agency is committed and working toward improving adolescent health.

F. Budget (10 points)

Develop a fourteen-month line-item budget proposal for Phases I and II, not to exceed \$20,000, which clearly outlines the dollar amount and a narrative cost justification for each line item. The budget justification should include all staff listed on the budget. Please note that funds cannot be used for research, food, policy/lobbying activities, propaganda, or equipment/furniture. Funding may be used for reasonable program purposes, including personnel, supplies, and travel. No indirect costs may be included.

G. Overall Application Assessment (15 points)

Applicants will also be scored on the overall strength of their application and ability to demonstrate commitment to the goals of the project and to serving the target population in their community; readiness and capacity to implement the proposed project activities; and overall contribution to the community's existing practices and programs related to health education, health services, or safe and supportive environments.

H. Application Checklist

The following application components should be included and submitted in one PDF document:

- Cover page
- Project Narrative
- Line-item budget
- Budget narrative
- Education agency Letter of Support

SELECTION PROCESS

An application review team composed of representatives from NCS D will review and score applications for this RFA. Applications will be reviewed according to the criteria and specifications listed below and scored on an **85 point scale**:

- Completeness (i.e., the extent to which the applicant’s proposal fulfills NCS D’s stated requirements for the application)
- Evidence of agency capacity to carry out the proposed activities
- Realistic and appropriate application describing project activities
- Realistic and appropriate budget
- Appropriate staffing

SCHEDULE OF EVENTS

Please note the following deadlines and events for this application:

KEY DATES

Event	Date
Request for Applications Release	May 1, 2017
Informational Call	May 12, 2017 at 2PM EST
Letters of Intent (optional)	May 19, 2017 by 11:59 PM ET
Application Submission Deadline	June 9, 2017 by 11:59 PM ET
Anticipated Award Notification	July 28, 2017
Project Start	August 2017
Kick-Off Meeting	August 2017
NCS D Staff Site Visits	August - September, 2017 (TBD)