

RFA Number 0808120934

**2009-2014 Sexually Transmitted Disease Control Infrastructures in High Morbidity Areas
New York State Department of Health-Division on Epidemiology, Center of Community
Health, Bureau of Sexually Transmitted Disease Control**

Questions and Answers

1. In regard to the Demonstration of Need section referring to the number of case investigations which were dispositioned as A (Epi treated) or C (infected and brought to treatment for syphilis, gonorrhea and *Chlamydia* for the calendar years 2003-2007) we are assuming this is referring to A and C disposition of partners since there are no A or C disposition of cases, could you please confirm.

Answer: The C disposition may refer to reported cases who are infected, failed to return for treatment and require public health staff intervention to bring them to medical care. Partners may be dispositioned as either A or C.

2. In regard to the Demonstration of Need section referring to the number of case investigations which were dispositioned as A (Epi treated) or C (infected and brought to treatment for syphilis, gonorrhea and *Chlamydia* for the calendar years 2003-2007), since the LHDs were only required to collect and report case investigation data for all 3 reportable STDs beginning in 2008, only 2008 is available. Can 2008 data be submitted instead of 2003-07?

Answer: 2008 data cannot be submitted. LHDs have been required to collect and report case investigation data for Chlamydia since August of 2000. Regardless of whether the counties have been keeping individual worker level data, Central Office has been providing quarterly and year end worker level data for reportable STDs. This data has been provided either directly to the counties or via regional supervisors, for comparison purposes. Per the RFA, all counties must provide 2003-2007 data, which will need to be independently collected and analyzed by the applicant. To collect this data counties can review all interview records on STDs during the 2003-2007 time period and notate A and C dispositions.

3. In regard to Patient/ Partner Services section which requests us to identify what proportion of infected individuals, in need of therapy, were located and successfully tested for the calendar years 2003-2007, since the LHDs were only required to collect and report case and partner investigation data for all 3 reportable STDs beginning in 2008, only 2008 data is available. Can 2008 data be submitted instead of 2003-07?

Answer: Please note, the question should read, the number of individuals that were "treated" not "tested". This was a typo on our part and we apologize for any confusion this may have caused.

As noted, 2008 data cannot be submitted. LHDs have been required to collect and report case investigation data for Chlamydia since August of 2000. Regardless of whether the counties have been keeping individual worker level data, Central Office has been providing quarterly and year end worker level data for reportable STDs. This data has been provided either directly to the counties or via regional supervisors, for comparison purposes. Per the RFA, all counties must provide 2003-2007 data, which will need to be independently collected and analyzed by the applicant. To collect this data counties can review all field records on positive test results during the 2003-2007 time period and notate C dispositions.

4. In regard to the Patient/ Partner Services section which requests us to describe the proportion of non-infected individuals that received the correct preventive therapy for the calendar years 2003-2007, since the LHDs were only required to collect and report case

and partner investigation data for all 3 reportable STDs beginning in 2008, only 2008 data is available. Can 2008 data be submitted instead of 2003-07?

Answer: Again, 2008 data cannot be submitted. LHDs have been required to collect and report case investigation data for Chlamydia since August of 2000. Regardless of whether the counties have been keeping individual worker level data, Central Office has been providing quarterly and year end worker level data for reportable STDs. This data has been provided either directly to the counties or via regional supervisors, for comparison purposes. Per the RFA, all counties must provide 2003-2007 data, which will need to be independently collected and analyzed by the applicant. To collect this data counties can review all interview records on STDs during the 2003-2007 time period and notate A dispositions.

5. There are five items under the Quality Assurance section. Do all the items under this section refer specifically only to funded staff and do the items only need to be addressed if relevant to funded staff?

Answer: Each item should be addressed in relation to the positions and activities that will be supported by these funds. For example, if nurses are being supported by this funding there should be a method/system in place to ensure quality care services such as, qualifications, licensures, etc. In addition, if an activity such as a screening program is chosen for funding, quality assurance must be reported on for that activity as described in the RFA.

6. Page 10 of the RFA calls for an analysis of LHDs data from 2003-2007. Would the BSTDC consider allowing applicants to submit more recent data such as 2006-2008 instead of 2003-2007?

Answer: No, per the RFA all counties must provide 2003-2007 data.

7. In the bulleted points in the Application Content section, located on page 10, are you asking for responses which refer to only activities which are currently funded Public Health Campaign STD grant funds or are you asking that responses include activities supported by ALL grant and county STD funding?

Answer: Responses should include all grant and county STD funding.

8. The program announcement, on page 5, states that the funding can be used for STD screening, testing and treatment, but the bulleted points on pages 10-12 mainly refer to DIS activities. Can the PHC funds be used to provide expanded STD screening, testing and treatment in the County juvenile/criminal justice facilities and/or the County STD clinic?

Answer: Yes the PHC funds can be used to provide expanded STD screening, testing and treatment in the County juvenile/criminal justice facilities and/or the County STD clinic.

9. The program announcement states the funds can be used to hire nurses and nurse practitioners, however, the Training and Professional Development section, on page 11 of the application, is specific to DIS/PHP staff training. If the funds are used for nurses and nurse practitioner staff, should this section be used to describe their training and professional development?

Answer: Yes this section can be used to describe nurses and nurse practitioner's training and professional development if the funds are used for nurses and nurse practitioner staff.

10. We currently use PHC funds to support expanded STD screening, testing, and treatment. How do you suggest that we respond to the bulleted points on pages ten and eleven if we propose to continue to use the PHC funding in the same way that it is currently being used?

Answer: It is appropriate to use PHC funds to support STD screening, testing, and treatment however, systems must be in place for linkage to partner services, including patient interviews, partner elicitation and partner notification. Each category must be addressed in relation to positions/activities supported by these funds (i.e. - If nurses are being supported by this funding there should be a method/system in place to ensure quality care services such as, qualifications, licensures, etc.).

11. Will NYSDOH consider a short extension of the RFA due date as a result of the declaration of a public health emergency by WHO and CDC/NYSDOH from swine flu. To respond to this threat, many counties deployed STD DIS staff into Communicable disease control.

Answer: Unfortunately because of time constraints the BSTDC cannot consider an extension.

12. For counties that have procured CDC MIS, will NYSDOH provide a data dump from 2003-2007. We are not requesting analysis of the data by NYSDOH, only the raw output files necessary to populate the LHDs MIS system so that analysis can be conducted locally.

Answer: Per page 10 of the RFA the NYSDOH BSTDC will not provide data to the counties.

13. The RFA discusses that these funds are not to be used to supplant existing STD services and infrastructure (Section III, A, second paragraph on page 5 and Section V, A Budget, last paragraph, page 12). The expansion of services is discussed in Section V, A under the Patient/Partner Services heading on page 10 and 11. Our County is a current recipient of PHC funds and we are planning to submit an application under this RFA. Our intention is to continue to fund the same activities as are currently funded by these grant funds. Our question is whether this is considered supplanting and will there be an expectation that we will expand program activities beyond current levels if we are awarded this funding?

Answer: This is not considered supplanting because previous RFA funds are not a continuation of funding for counties that were granted PHC monies in the past. If your county was previously awarded PHC funds those activities being supported constitutes your expansion, so maintaining these services is acceptable.

14. In regard to the Demonstration of Need section referring to the number of case investigations which were dispositioned as A (Epi treated) or C (infected and brought to treatment each for syphilis, gonorrhea and Chlamydia for the calendar years 2003-2007). This data will need to be independently collected and analyzed by the applicant, do not contact the NYSDOH, BSTDC to obtain this data. In 2004, I was instructed by the NYSDOH BSTDC that it was not necessary to keep track of statistics that were available from NYSDOH BSTDC. Those statistics included the number of cases dispositioned (closure status) as A or C. As a result, we have not kept track of such data internally.

Answer: Regardless of whether the counties have been keeping individual worker level data, Central Office has been providing quarterly and year end worker level data. This data has been provided either directly to the counties or via regional supervisors, for comparison purposes. Per the RFA, all counties must provide 2003-2007 data, which will need to be independently collected and analyzed by the applicant. To collect this data counties can review all interview records on STDs during the 2003-2007 time period and notate A and C dispositions.

15. In 2006 the dispositions definitions were changed. Prior to 2006, the disposition “G” definition was “insufficient information to begin the investigation”. The “A’ disposition definition was “preventative treatment given”. Prior to 2006, the “A” disposition encompassed all individuals who received treatment regardless of testing. In 2006, new field manuals were distributed and the “G” disposition was changed to “treated but no test”. Only those who tested negative and were preventatively treated were to be dispositioned as “A”. This change in the disposition definitions has a tremendous impact on the accuracy and reliability of the information being requested.

Answer: The disposition definitions have changed, however all changes were communicated to every county at the same time. Therefore, new dispositions were implemented simultaneously statewide so all counties have been using the exact same measures for the same period of time.

16. Are you requesting information about cases or contacts? It is logically impossible to ‘epi treat’ a case. If on the other hand, BSTDC is asking for this information on contacts, we will still not be able to provide and or gather this information because we do not have access to the STD*MIS system. Can a sample size be used?

Answer: We are requesting information on patients who are infected and brought to treatment and partners who are identified as an A or C. The STD*MIS access is not necessary to obtain this data, the Central Office has been providing quarterly and year end worker level data. This data has been provided either directly to the counties or via regional supervisors, for comparison purposes. To tabulate this data, counties can review all interview records on STDs during the 2003-2007 time periods. A sample size cannot be used.

17. In regard to the Patient/Partner Services section in which it asks us to identify what proportion of infected individuals, in need of therapy, were located and successfully tested for the calendar years 2003-2007. Describe how you will expand the number of individuals reached, shouldn’t this question ask for the number of individuals infected that were “treated” not “tested? We do not routinely re-test individuals that are known to be positive. If, however, it is requesting “treated,” this data is also available via the STD*MIS system. Can a sample size be used?

Answer: The question should read, the number of individuals that were “treated” not “tested”. This was a typo on our part and we apologize for any confusion this may have caused. The STD*MIS access is not necessary to obtain this data, the Central Office has been providing quarterly and year end worker level data. This data has been provided either directly to the counties or via regional supervisors, for comparison purposes. To tabulate this data, counties can review all interview records on STDs during the 2003-2007 time periods. A sample size cannot be used.

18. In regard to the section in which it ask us to describe the proportion of non-infected individuals that received the correct preventive therapy for the calendar years 2003-2007? Describe how you will expand the number of individuals reached. This data is also available via the STD*MIS system. We have not kept internal track of this data. Can a sample size be used?

Answer: The STD*MIS access is not necessary to obtain this data, the Central Office has been providing quarterly and year end worker level data. This data has been provided either directly to the counties or via regional supervisors, for comparison purposes. To tabulate this data, counties can review all interview records on STDs during the 2003-2007 time period. A sample size can not be used.