



## **FUNDING IDEAS CATEGORIZED BY KEY NOFO ACTIVITIES**

*This document is an initial completion of ideas by the NCSD membership on how they could use expanded DIS funding. It was compiled ahead of the release of updated funding guidance and does not imply CDC approval of ideas listed below. It is incumbent on project areas to make the case on why the activities they propose fit within the guidance and all activities are subject to a technical review by CDC.*

### **Conduct Programmatic and Community Needs Assessment and Gap Analysis**

#### **Enumerate Current Staffing and Future Staffing Needs**

#### **Support and Expand DIS Workforce (Hiring and Contracting) Including Retention and Supervision**

- Hire DIS, reclassify if needed.
- Institute AmeriCorps type funding for new staff, with loan forgiveness
- Investment in DIS supervision
- DIS pay raises
- Better funding for local health departments for DIS
- Hire Epidemiologists
- More DIS in regional programs
- DIS who are RNs to provide treatment and COVID vaccinations in the field
- Hepatitis C DIS
- Revisiting previous patients to connect them with COVID vaccines
- Assign a DIS to the syringe service programs
- Directly funding tribal nations in jurisdiction
- Leveraging COVID contact tracing infrastructure
- More DIS in central office for quick deployment
- Regional STD prevention coordinators to provide technical assistance and training for DIS
- Embedded DIS and DIS with non-traditional hours

#### **Address Community Resilience Needs (Health Equity, Cultural Competency, Vaccines, tests, Treatment)**

- Create a pediatric unit
- Provide more services to injection drug users, potentially bring in social workers to support DIS work

#### **Support DIS Training Education**

- Expanding workforce training, especially in health disparities
- Different skills expertise for different DIS

#### **Train, Equip, and Maintain Staff to Respond to Incident Infections and Outbreaks**

- HIV specific navigators for long-term care, cluster response, and partner services
- Field GC/CT testing that DIS can do
- Public health/provider detailing
- Purchasing telehealth platforms and providing comprehensive trainings on them
- Cross-train or support medical staff and clinicians



### **Focus on Diversity, Health Equity and Inclusion – DIS and Communities Served**

- Community based assessment of gay and bi men of color
- PSAs for STIs
- Funding for more comprehensive work by DIS, for example, re-engagement work
- Fund community health centers to incentivize women’s partners to come in for testing
- School-based projects
- DIS task force to address injection drug users

### **Case Detection, Treatment, Reporting, Contact Tracing, Linkage to Care Including Surveillance and Data Management**

- Self-notification systems
- Opt in partner service systems
- Build out surveillance system and case management system to handle EvaluationWeb reporting
- Syndromic surveillance systems – case-based reasons to connect providers with detailers who missed patient symptoms, etc.
- Health navigators
- Integrated condition navigators
- Expanding emerging infections work in the lab
- Expand and collaborate with contact tracing unit and services
- Expand field phlebotomy program
- Partner with clinics and put out RFR to pay them for direct or remote access to clinic electronic medical records
- Create team to investigate multiple infections for risk reduction
- Create warm line to provide clinical consultation and manage patients through telemedicine
- Buy PRISM or other partner service software
- Integrated linkage to care workers to help folks who use access services
- Community assessment of partner services work
- Hire clinical consultant
- Contact tracing paired with home STI kits
- Warm referral for deployment for epi treatment
- Offload data entry through electronic case recording
- Add more surveillance resources to be able to go paperless

### **Program Evaluation**

- Beef up DIS evaluation team (creating supervisor and whole team) to address trends
- Quality assurance and improvement for DIS

### **Miscellaneous**

- Cross-state work
- Translating expanded COVID technological infrastructure to other diseases, which will greatly expand capacity
- Recreate IPP

### **About NCSDD**

National Coalition of STD Directors is a national organization representing health department STD directors, their support staff, and community-based organizations across 50 states, seven large cities, and eight US territories. NCSDD advances effective STD prevention programs and services in every community across the country.

### **Contact**

For more information of questions, please contact Stephanie Arnold Pang at [sarnold@ncsddc.org](mailto:sarnold@ncsddc.org).

