

2008-N-04

CIO Name: National Center for Chronic Disease Prevention and Health Promotion

Project Title: Pilot Testing a Toolkit to Assess Reproductive Health (RH) Needs Among Women Affected by Disaster in the United States

Project Description and Objectives:

Every year millions of Americans experience disaster and its terrifying consequences. Although these events can take many forms, this project is directed toward natural disasters including hurricanes, tornadoes, earthquakes, flood, or fire.

Following a disaster, adult women of reproductive age, i.e. 18-44, are vulnerable to physical, psychological, economic, and family stresses that can affect their health. For women who are pregnant or postpartum, the health of their babies and infants can also be greatly affected. Furthermore, healthcare services, including prenatal/postpartum services, where these stresses can be identified and addressed, are often disrupted by the disaster. Local health departments will be better equipped to address these stresses if they have reliable reproductive health (RH) data that can be used to develop, enhance, and promote targeted local programs, services, and policies.

The Division of Reproductive Health (DRH) at the Centers for Disease Control and Prevention (CDC) has developed quantitative assessment tools that can provide local decision-makers and program planners with information about the RH needs of women affected by disaster. The assessments cover the following topics: family stressors, safe motherhood, infant and child health, family planning, sexually transmitted infections, and violence. DRH is developing a set of procedures to accompany these assessment tools that can be routinely implemented by local health departments throughout the U.S. early in the disaster recovery phase (3-6 months post disaster). The assessment tools and procedures will be subsequently referred to as the "Toolkit".

However, developing a systematic approach to collecting information from women post-disaster has proven to be challenging due to implementation and sampling issues. Currently, the Toolkit includes two approaches: 1) using a population-based sampling strategy to gather information that is representative of all women of reproductive age in a defined

geographic area and 2) using an additional strategy to sample currently pregnant and postpartum women in a defined geographic area. One strategy for sampling pregnant and postpartum women up to six month post-delivery is a "waterhole" approach, surveying at a common location that people frequent or where they gather. Internationally, nomads on the move in the desert have been surveyed at waterholes. Following a disaster, a waterhole could be a shop where people go to purchase supplies or an agency where they seek services. Identifying and collaborating with a local waterhole can create effective partnerships and help to support the successful implementation of the Toolkit in disaster-affected communities.

The purpose of this project is to develop, implement, and evaluate the components of a Toolkit to assess the RH needs of women following a disaster so that health departments can appropriately target local programs and/or policies for disaster-affected women. The goal is for CDC to use lessons learned from these pilot tests to create a final version of the Toolkit that could be used by state or local public health departments after a disaster. Ultimately, data from the Toolkit could be used to inform local public health programming and advocacy.

The objectives of this non-research project are to:

1. Develop feasible and replicable procedures for and pilot test a population-based sampling strategy to assess the reproductive health needs of women age 18-44 in 3 disaster-affected communities
2. Develop feasible and replicable procedures for and pilot test a waterhole strategy to assess the reproductive health needs of currently pregnant and postpartum women age 18-44 in 3 disaster-affected communities
3. Develop a Toolkit for state or local health departments to assess the needs of women of reproductive age after a disaster

Awardee Activities:

DRH will work collaboratively with the awardee to adapt the Toolkit components for the pilot tests. The awardee will be responsible for partnering with local organizations to complete the activities described below.

Awardee activities include but are not limited to:

- Designate a lead staff member for coordination and collaboration with local health departments and CDC;

- Identify three(3)local health departments to assist with pilot testing both sampling methodologies of the Toolkit in their communities following disaster;
- Assist the local health departments with identifying and working with a local "waterhole" organization;
- Assist the local health departments with planning and implementation of all Toolkit components at each pilot site, including: identify and train interviewers, identify and provide thank you gifts for participants, oversee data entry, analysis, and report writing;
- Assist the local health department with human subjects issues and research determination;
- Provide input to CDC on barriers and facilitators of implementing the Toolkit in each of the pilot tests; and
- Deliverables could include, but are not limited to: revised Toolkit components and methodologies, a prototype referral list and procedure for accessing mental health support services during data collection, results of data analysis, final report on each pilot test, and input to CDC.

CDC Activities: CDC/DRH activities may include but are not limited to:

- Prepare Toolkit components and methodologies for local testing such as: population-based and waterhole sampling strategies, assessment tools, timeline for training, data collection, and report writing, interviewer training manual, procedures for pregnant women and non-pregnant women, data entry program, and pre-programmed data analysis;
- Provide guidance on which disasters meet the criteria for pilot testing the Toolkit;
- Seek CDC IRB research determination;
- Provide technical assistance via phone and email to the awardee and respective local health departments regarding how to implement the Toolkit components and methodologies;
- Compile results from all pilot tests into a 'Lessons Learned' document; and
- Use input from awardee and results from each pilot test to finalize the Toolkit.

Special Requirements:

The assessment should be conducted in the early recovery period of a disaster. The target population selected for each of the three pilot tests should have been affected by a disaster 3-6 months prior to when the Toolkit components will be pilot tested. The awardee should document previous experience and eligibility in the project proposal by demonstrating the following:

- Collaboration with and provision of technical assistance to state or local health departments;
- Partnerships with local and national partners, including the business sector or disaster response agencies, for possible waterhole locations;
- Established partnership with at least one state health department that has been active in disaster response within the past five years;
- Demonstrated ability to implement a project on short notice
- Epidemiologic and analytic support to perform data analysis using pre-programmed SAS;
- Ability to travel one time to each respective local pilot test site, as well as conduct remote technical assistance via phone and email; and
- Willingness to work closely and collaboratively with CDC/DRH team.

The awardee is expected to have letters of support that document the above factors. At least one of these letters must be from a state health department that has been active in disaster response within the past five years and document their commitment to partner with the awardee.

Review Criteria:

Plan (30 points) Is the plan adequate to carry out the project objectives and complete the deliverables? How complete and comprehensive is the plan? Does the plan anticipate and address possible obstacles related to working in post-disaster settings?

Methods (20 points) Are the proposed methods feasible? To what extent will the methods accomplish the stated project objectives and contribute toward the overall goal of creating a final Toolkit?

Backgrounds (30 points) Does the applicant clearly and adequately describe and document its experience and eligibility as outlined in the "Special Requirements" section above?

Project Staff (20 points) Do the staff member(s) have appropriate experience? As described, will the staff be sufficient to accomplish the project activities and complete the deliverables?

Budget and Budget Narrative (reviewed but not scored) Does the applicant provide a detailed budget and justification for all operating expenses that are consistent with the proposed project objectives and activities?

Human Subjects (reviewed but not scored) Does the applicant have a plan for protecting the rights of human subjects, including local appropriate IRB approvals, if needed?

Funding Preferences: The following factors may affect the funding decision:

- The awardee must be located in the United States; and,
- Preference will be given to awardees that demonstrate disaster response activities in their local areas during the past five years.

Other Information:

DRH/CDC has developed the Reproductive Health Assessment (RHA) Toolkit for Conflict-Affected Women which is used internationally among refugees and displaced populations. The existing international RHA Toolkit may help applicants visualize the types of components that a domestic version could include, and can be viewed at www.cdc.gov/reproductivehealth/Refugee

Project Period Length: No more than 2 years

Approximate Total Project Period Funding: \$220,000 (This amount is an estimate, and is subject to availability of funds and includes direct and indirect costs, excluding the additional academic partner administrative costs). The CIO should set the anticipated funding cap, including direct and indirect cost per year.

Approximate Average Award: \$110,000 (This amount is for the first 12-month budget period, and includes both direct and indirect costs, excluding the additional academic partner administrative costs).

Approximate Number of Awards: 1

NOTE: Please note that applications must not exceed either the stated Project Period Length or the Approximate Total Budget Period funding per year. Applications in excess of these limits will be considered non-responsive and therefore will not be reviewed.